Respect us.

insights • inclusion

Black Women for Wellness

Manifesto

for Reproductive Justice

featuring recommendations and findings from 10 years of research and outreach!
What the Body Remembers
by pam ward

What the Body Remembers
what it sees with teeth
what it knows
from bone
from birth
from that first blackest breath
inside womb
What the body remembers
what it hears
is not always
measured in drums
not heard only through ears
it is stirred
in the belly
that big mixing pot
between soft flesh and rib
not through ears
but with gut
through the pit
of each stomach
it can see
with that third eye
that tiny antennae
that hides under each
of our belts
the body can feel
the cold slam of a door
the ambulance scream
the glass that you dropped
when the hospital called
the slow hum
a wheelchair makes
what remains in the brain
can bring blood pressure up
can turn dad diabetic
lock half your mama’s
whole body in stroke
can leave you alone
by yourself late at night
with the phone cut off
all of your lightbulbs burnt out
on that hard kitchen

floor of despair
what we store
what we horde
between muscle and teeth
what we pepper
our tears with
what season’s our flesh
should be good
like your lover’s thighs
wedged inside yours while
you sleep
or your children’s soft
breathing in bed
it recalls things by smell
things by touch
things like home
and mom’s fingers
massaging your hair
the scent of her
warm baking hands
and whole families huddled
near stoves
it remembers your first kiss
your first eager lick
of young love
running up like
a whole gang of puppies
what the body remembers
what we can not forget
what we sweat out at night
between sheets
between jobs
between good men
and no man at all
it recalls every kindness
every pie someone brought
every rainbow bouquet
every time someone
saved you some cake
your body remembers
how to cure

how to mend
how to heal itself up
like your mother does
cocoa buttering scars
every keloid
becoming new skin
it erodes the most lonely
most bleakest of nights
with one call
out the blue from a friend
the body knows
how to horde
how to put pain in storage
how to stuff those bad days
into thick freezer bags
how to chew
how to spit out life’s bad
ugly meat
how to laugh
how to slap
the wet face of self-pity
how to weep
when it needs to
and wake the next day
feeling fresh
it can heal
it can swallow
those rough pills
that life dishes out
walk twenty five miles
of bad road in the rain
work forty hour weeks
at some low paying job
and show up everyday
with a grin
see the body’s a woman
who tucks in her kids
fixes piping hot plates
like a fuckin’ magician
and she hums to herself
cuz she healing y’all
hums while she ironin’
or yankin’ up weeds
every song
is an ointment
each note a stiff tonic
see, the body is strong
it can stand in the mud
and still paint
a whole house
it can live on a diet
of thick blood and gristle
it can bend
arch its back
tilt its throat up to God
say a prayer to each hip
in those difficult moments
taste the moon
with its tongue
when the sun
has left town
bite the sweet flesh of life
with one tooth in its head
close both eyes
and still see
become hummingbird
dreaming in eight
different tongues
see, your lungs
can read things
written only in womb
they can still feel
their wings
and remember rich skies
recall everything.
ALL that is pitch-black
and good
see the body remembers
every pore tells a story
every follicle speaks
and it never forgets
how to breath.
Black and African American women have a unique experience and history in the United States as well worldwide. Histories of slavery, oppression, and institutional racism are whispered, shared and less often hollered about, amongst us. This knowledge and struggle have shaped our perspectives on health, the institutions offering health services and our government that regulates both the health care professionals and institutions providing services. Our experience of exploitation, exclusion and humiliation influences not only our physical but mental, emotional, financial and spiritual health but also our willing to seek health care.

This manifesto gives witness to the resiliency, spirit and light of our lives and work.

Words written about our bodies, our sexuality, our community and our lives aim to control, degrade, and silence the strength and beauty of our being, this manifesto gives witness to the resiliency, spirit and light of our lives and work.
What is Reproductive Justice?

Reproductive Justice sheds light on how race, gender, class, sexuality and institutions work together to either uplift or oppress a woman’s ability with reproductive life decision making. By using a justice framework we acknowledge and make known that racial, gender and class oppression cannot be viewed as single or separate entities or incidents but must be considered together as multi-layered contributors to our personal and community health.

Reproductive Justice creates space to build a movement that is inclusive of social justice, environmental justice, critical public policy, and addresses social determinants to health as well the intersections for decision making by women and girls. It brings into conversation the empowerment process, influences of history, media bias and controlled resource distribution that impede our access to health care services and treatment. A key factor in achieving positive non-coerced reproductive decision-making is the respect that comes with quality culturally competent gender and age appropriate affordable care.

Reproductive Justice brings focus to a complete woman and girl, not as silos isolated by funding streams or special interest. Reproductive Justice insists that justice will only be achieved when women and girls have the power and resources to make healthy, informed, non-coerced decisions about our bodies, sexuality and families.

**Reproductive Justice:** Women’s reproductive health is connected to and affected by conditions in their lives that are shaped by their socioeconomic status, human rights violations, race, sexuality, and nationality. Women cannot have full control over their reproductive lives, unless issues such as socioeconomic disadvantage, racial discrimination, inequalities in wealth and power, and differential access to resources and services are addressed.
Race, Gender, Class

Critical Ingredients to Reproductive Justice

As the reproductive rights movement gained popularity in the mid 60's and 70's Black women and other women of color began to critique mainstream feminists and activists who failed to account the ways race and racism affected not only their abortion rights but also their rights to have healthy pregnancies and children due to racist legislation and social norms that produced dual health systems. Not more than two generations away from segregation, race continues to be a crucial variable in determining access to health services. Diverse neighborhoods with dense Black and African American populations continue to be underfunded, under staffed and equipped with fewer hospitals and clinics. As a result race became a place to offer critique and build a social justice movement within the reproductive rights movement.

Gender in U.S., as it relates to femininity and womanhood, is an area where women continue to be discriminated against. Women are charged more for insurance, excluded from purchasing policies if already pregnant, paid less wages, and offered fewer opportunities for professional advances when compared to men. For Black women gender is an integral component to Reproductive Justice agendas. Moreover, gender stereotypes of Black women increases the stigma of seeking effective birth control and family planning; reinforces bias and personal burdens with decision making for reproduction and sexuality and influences the options available or shared with women in health care settings.

Class analysis, when combined with race and gender reveals the numerous ways discrimination can affect a community’s ability to determine their health and well-being. Government programs, which penalize low-income women, as well as those battling addictions or formerly incarcerated, limit services available to those most dependent upon aid for survival. From shackling pregnant women, enacting abortions restrictions, dismantling the state safety net to forced sterilizations and the rising cost of care, our government needs a Reproductive Justice framework to address the egregious wrongs instituted against Black and African American women.
Historical Analysis

Critical to Black Women’s Reproductive Justice Framework

Africans were brought to the Americas as objects to build the wealth of White land holding Americans and English colonizers. As enslaved women, the use of Black bodies not only included manual labor in the fields or around the house, but also mental and physical abuse by rape, sexual assault, and medical experimentation became everyday occurrences that ensured Black women’s continued degradation and humiliation. This type of treatment dehumanized Black women and subjugated our autonomy as always ready and available for the use and pleasure of others. ‘Normalization’ of reproductive and sexual exploitation of Black women continues to affect the spiritual, mental and physical health of African women. Forcing Black women to ponder and assert the question, at what point does a women’s body become her own?

Memory of trauma unaddressed lives in the bodies and memories of a people’s culture and community. In the case of Black and African American women, slavery was not the first, nor the last state sponsored and institutionalized oppression. Slavery, followed by the abandonment of reconstruction, share cropping, Black Codes, Segregation, Welfare Reform and the rolling back of Civil Rights gains has perpetuated inequalities in access to health care as well created dual and unequal health systems.

Health insurance companies have a history of discrimination against African Americans negatively impacting health status by decreasing access to culturally appropriate health services. Across medical data and health indicators, Black and African American women experience growing reproductive disparities despite advances in medical technology. In fact if not for advances in medical technology, the disparity experienced by African American women & girls would be deeper. Data demonstrating this situation demands a deeper analysis into the social conditions that affect Black women and girls. However, factors including social determinants, stress from racism and gender bias and overall community health should be examined.
Historically the very same medical institutions that deny access, coverage, and care to Black and African American women often use our bodies, families, and communities to further medical technologies. Universities and medical schools have consistently used low income Black women and girls as research subjects with and without consent. In addition, the practices dehumanize African American women and girls among medical professionals who learn skills at the expense of Black women and girls. This practice creates victims, who then share the stories with families often resulting in a community who learns to mistrust medical professionals and health institutions. These justifiable suspicions can unfortunately lead to a delay in seeking care, increasing mistrust as more aggressive and untreated disease lead to shorter life expectancy, increase disease burden and morbidity. Combined research and medical students have exasperated and influenced the health status of women and girls that without analysis would be a negative mitigating factor impacting reproductive justice for Black women and girls.

A social justice framework addresses the unique history of Black women through an acknowledgment of the multiple atrocities that have been levied at Black communities from several directions. Only through a race, class, gender, and sexual lens can the distinctive conditions Black women have endured be acknowledged, honored and addressed. Reproductive Justice brings a lens that includes race, ethnicity, gender, socio economic status, history and education to the conversation. It creates space for a movement that is inclusive of the social determinants, policy and environment both build and physical that influence or impede our access to health care services, education and treatment.

**Dr. Marion Sims**—(photo above) considered the father of gynecological surgery—perfected the techniques for gynecological surgery on slaves. (33) He addicted the women to narcotics in order to sedate and immobilize them post-operatively. (34) Furthermore, he performed the surgery repeatedly on the same women.
Reproductive Justice recognizes that women’s reproductive health is connected to and affected by conditions in our lives where we are either offered respect and dignity that promotes our health or suffer humiliation and stigma that hinders our health. A social justice framework supports analysis and insight into how the ability of any women or girl to determine her own reproductive destiny is linked directly to the conditions in her community and the historical experience of the community that she is a part of—and these conditions are not simply a matter of individual choice and access.

Media

Contemporary Challenges Exasperate Historical Problems

Black women face particular challenges at the crux of racial and gendered inequities that build from histories of slavery and oppression, continuing to contemporary media exploitation, objectification, and stereotyping of Black women and girls. Images of always ready sexually available Black women and girls plague media outlets.

In addition media images often portray the economic challenges of living on state assistance as a Black woman’s epidemic. When policy, legislation, and services aim to target racially gendered outcomes that are created out of disproportionate inequalities, these stereotypes have a profound affect on the quality of reproductive care provided, policy developed and resources allocated to Black women in general and low income women in specific.

A content analysis of rap music video states, “the fact that rap music is largely consumed by white individuals suggest that these images can be especially

Hattie McDaniel, (photo above) played a maid on stage and became the first black woman to win an Academy Award but her real accomplishment was in real life where her fight against “restrictive covenants” legalized the right for black people to buy property anywhere in the United States.
detrimental to attributions made about African American women. The images of misogyny that surrounds women in the videos may assist in the cultivation of women as sexual objects..."the bombardment of negative images of black women provided in music videos, coupled with the lack of positive images to compensate produce psychological responses that can lead to low self-esteem and low self worth among African American women.” (Harris-Lacewell, Ward, Hansbrough & Walker 2005)

When the images of Black women are broaden out to look at all television and video media an overlaying theme occurs. Black women are portrayed in three major components, the emasculating sapphire, the desexualized mammy and the over sexualized jezebel (Jones & Gooden 2004). With only a few positive images in general to compensate for the negative ones, these three stereotypes of Black women are reinforced by the mainstream media continuously. With regard to sexual health and HIV/AIDS there is direct connection between body image and the willingness to engage in risky behaviors (Wingood et al 2002). A study looking at HIV/AIDS prevention for African American girls suggest that exposure to repeated negative media images at a young age might influence their sexual decision and identity (Shambley-Ebron, 2009).

Movement Building
with a Reproductive Justice Framework

A Reproductive Justice framework produces critical analysis about the ability of any Black woman or girl to determine her own reproductive destiny by making clear that the historical, environmental, and social conditions of her community are deeply linked to her personal heath, yet understands that an individuals health status is not representative of the entire community’s health. To do this WE must build a collective understanding of the ways history, race, class and gender can determine our access to health and then push the boundaries of those limits by insisting, creating and calling for the following:

Leadership Development – Empowering women and girls - We need to be informed and engaged to begin to understand and participate in addressing the reproductive injustices facing our communities. Every Black girl, woman and man should know their history, be aware of the role community and government play in access to affordable appropriate health services and education and that this is a collective struggle with collective impacts on health and well being.
Policy Advocacy – Black Women need to be at the table advocating, writing, and implementing policy and legislation that speaks to a racial, social, and reproductive justice agenda that brings resources to our communities and prohibits racist, sexist, and classist laws that limit our life chances and produce high premature mortality rate. We need to revise public health education curriculum and books to reflect our struggle, histories and contributions. This must lead to societal shifts where every student in a public health program receives a list of mandatory readings, insights into the barriers and challenges race, gender and class present to public health.

Research – We must produce research that is conducted from a Reproductive Justice lens with intentional concern, ethical procedures, and a moral obligation with the full knowledge of our community to help mitigate the growing health disparities. Research should NOT be conducted under economical coercion, misinformation, without the full understanding of the participant. Research should not be conducted ON us but WITH Black communities. Building trust in the African American community one female at a time will allow researcher to begin, “fair and just” research to help better develop treatments that meets the needs of our bodies.

Alliance Building – The time for separate movements is over. A Reproductive Justice framework is at its most successful when organizations, activists, policy makers, community members and elected official are working across differences towards a common goal of social justice and human rights. Building upon each others strengths, histories, and recognizing oppressions that may be common yet singularly experienced by each community provides a critical base for understanding how to work with, for, and next to each other.

I want to live in a world where every woman/girl can have access to reproductive health care; can decide, when and how many children that she wants to birth; be treated respectfully as a patient in every health care setting; and to be informed through culturally and linguistically accurate health education material.

A Black Women for Wellness member

In spite of these histories of inequality that continue today Black women are still standing and demanding changes be made.
ACKNOWLEDGEMENTS

A MANIFESTO on
REPRODUCTIVE JUSTICE
& HUMAN RIGHTS
for BLACK WOMEN

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     reproductive rights of black women ranges
     from the era of slavery to the welfare reform
     acts of the 1990s that penalize women on
     welfare for having babies.

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   concise piece of basic insights into survival as a
   black woman.

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   – Rebecca Sckoot Publisher: Crown;
   (February 2, 2010) - She was a poor Southern
   tobacco farmer who worked the same land as
   her slave ancestors, yet her cells--taken without
   her knowledge--became one of the most
   important tools in medicine.

This publication/briefing was written by:
Julie Grigsby, Nourbese Flint, Erika Gist Siever
and Janette Robinson Flint
Production: Denishia Clark
Graphic Design & poem: Pam Ward
Printing: Alternative Resources
5. Medical Apartheid – Harriet Washington
Publisher: Doubleday (January 9, 2007)
American blacks have long suffered from health adversities not shared by whites, and the problem persists even today, decades after the end of state-sanctioned racism.

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Publisher: Harper Paperbacks (August 16, 1996) -When and Where I Enter is an eloquent testimonial to the profound influence of African-American women on race and women’s movements throughout American history.

7. Body & Soul – Linda Villarosa
Publisher: Perennial (October 1994)
-Sponsored by the National Black Women’s Health Project, this honest, straight-from-the-heart guide addresses the physical, emotional, and spiritual health issues and concerns of Black women today.

Publisher: South End Press (November 1, 2004)-Undivided Rights presents a fresh and textured understanding of the reproductive rights movement by placing the experiences, priorities, and activism of women of color in the foreground.

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## Black Women for Wellness – Framework Comparison Chart

<table>
<thead>
<tr>
<th>Framework</th>
<th>Reproductive Health</th>
<th>Reproductive Rights</th>
<th>Reproductive Justice</th>
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</thead>
<tbody>
<tr>
<td><strong>MODEL</strong></td>
<td>Focus is on meeting individual woman/girl reproductive health needs through increasing access to reproductive health services</td>
<td>Focus continues on meeting the needs of women/girls through advocacy &amp; legal avenues</td>
<td>Creates a framework that is inclusive of social justice, race, gender and class determinants with reproductive decision making for women and girls</td>
</tr>
<tr>
<td><strong>CENTRAL THEME(S)</strong></td>
<td>Increasing service provision &amp; education surrounding of birth control, family planning and abortion for women and girls</td>
<td>Seeks to increase access, education and resources to community through primarily driving resources to health providers</td>
<td>Builds movements to promote change in structural inequities that affect women reproductive health and ability to control their reproductive lives</td>
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<td></td>
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<td>Increasing policy that promotes access to health services</td>
<td>Shifts responsibility burden from the individual to community and governmental</td>
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<td>Increases governmental obligation to provide health services and resources to women and girls</td>
<td>Highlights intersectionality of social and racial justice movements with reproductive health/ rights</td>
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<td></td>
<td></td>
<td>Links positive choices with personal responsibility and accountability in making reproductive decisions</td>
<td>Includes race, class &amp; gender analysis with access to reproductive health design</td>
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<tr>
<td><strong>STRATEGIES</strong></td>
<td>Improving and expanding free and low cost specific reproductive health services, education</td>
<td>Provides legal recourses to women and girls who are discriminated through bad policy</td>
<td>• Challenging mainstream thinking on reproductive health and rights for women and girls of color</td>
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<td></td>
<td>Emphasis on increasing access</td>
<td>Social legal and policy advocacy,</td>
<td>• Challenges mainstream thought on access to reproductive health for low-income women, culture, age and gender appropriateness of services and education</td>
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<td>• Combines policy, advocacy and alliance building across social and reproductive justice organizations and leadership</td>
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<td>• Includes developing leadership, youth voices and other marginalized voices at the decision making table</td>
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<td></td>
<td></td>
<td>• Shifts center of responsibility from the individual to society increasing options and choices for women that are obtainable</td>
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<tr>
<td><strong>GENERAL ASSUMPTIONS</strong></td>
<td>Increased services will increase utilization</td>
<td>Assumes that health disparity will decrease with expanding health services and education</td>
<td>• Relationship building between social &amp; racial justice, reproductive justice movements</td>
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<td></td>
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<td>• Shared opposition to racism and sexism as well shared definitions of racism and sexism</td>
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<td>• Willingness to recognize and give up privilege offered by race, class and education</td>
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<tr>
<td><strong>KEY PLAYERS</strong></td>
<td>Health providers, community clinics</td>
<td>Advocates, legal experts, mainstream family planning organizations and reproductive health agencies</td>
<td>Women of Color Reproductive Justice/Health organizations Community Organizers, Social Justice Allies, policy makers stakeholders and elected officials</td>
</tr>
<tr>
<td><strong>LIMITING FACTORS</strong></td>
<td>Burden is the individual Government &amp; community not held responsible Minimum consideration of race, racism, history and class with increasing health services</td>
<td>Assumes that women are on an equal field with making reproductive health decisions, presumes access to education and influence Requires access to and influence of policy makers and health providers Emphasis on controlling generic material and preventing unintended and/or unwanted pregnancies</td>
<td>Asks organizations and individuals to take personal financial social and legal risks to challenge current environment, racist and sexist culture and laws, Assumes value clarification and unity across movements Long term, labor and resource intensive</td>
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sponsors

California Family Health Council
L.A. Care Health Plan
The California Wellness Foundation
The California Endowment
Watts Healthcare Corporation
Charles R. Drew University of Medicine and Science

Lavender Mint Tea

1 teaspoon fresh lavender flowers
or 1/2 teaspoon dried lavender flowers
1 1/2 to 2 tablespoons fresh mint leaves
or 2 teaspoons dried mint
1 cup boiling water

Combine lavender flowers & mint in pot. Pour hot water over mixture; steep 5 minutes.

Breath Deep • Stay Well!