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The Scholar and The Feminist XIX
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Afternoon Panel
2. Health and Reproductive Rights

Prof. Eugenia Acuna, Hunter College: My name is Eugenia Acuna and I've been asked to chair the panel today on reproductive rights. Welcome to everybody.

First of all I want to thank you all for accommodating the change in seats, but I think when we do anything that has to do with feminism we also have to change structures, because that's what we're talking about. And I think one of the first structures that we need to change on any kind of panel or anything we talk about is how we sit and how we look at each other. Because then when we're in a circle we're all the experts, which I think is the major point in reproductive rights as opposed to having the audience there and the experts here. So thank you.

We have three speakers today who are going to be talking about reproductive rights. Rhonda Copelon who was originally scheduled to be here sends her apologies that she could not make it and Cynthia Newbille is going to be representing the National Black Women's Health Project instead of Julia Scott who is listed in the program as the original speaker.

Cynthia Newbille is the Executive Director of the National Black Women's Health Project, headquartered in Atlanta, Georgia. She has spent her entire professional career in management and administration of community based programs serving children, such as Head Start, youth, such as the Juvenile Diversion Project, and adults and women. She has a B.A. and a M.A. in Psychology from the State University of New York at Stony Brook. And I think there are many more things that I'm leaving out that she can tell you or else that you will learn about her as she speaks.

Cynthia Newbille, Executive Director, National Black Women's Health Project: Hello. Thank you for inviting me. You'll have to just bare with me a bit. This was a little bit last minute, but I'm certainly going to try to share with you our organization's concerns regarding reproductive health and reproductive rights.

In January of 1993 President Clinton reversed the abortion gag rule, lifted prohibitions on federal funding for international programs that allowed abortions, rescinded the fetal tissue research restrictions, and also promised to review the ban on the importation of RU486. Some supporters took this one stroke of the President's pen as a signal that the years of attacks on women's health rights were near an end and that we could breathe easier. Nothing could be further from the truth. The momentous political successes enjoyed by the Pro-Choice movement in 1992 obscured the disturbing reality that American women, particularly the poor, young, and Black women, either do not have

the right to choose an abortion or are at great risk of losing the ability to act on their private decisions as to whether or not to continue an unwanted or unintended pregnancy.

Not only do they receive inadequate healthcare but they can't afford what they do receive. Much of what they get is not good for them and too many of them get no healthcare at all. Although a woman's right to choose abortion continues to receive federal Constitutional protection, the legislative and executive branches of the federal government have limited women's access to the procedure by prohibiting the use of federal funds for virtually all abortions. Over the years Congress has attached funding prohibitions to both the authorization statutes as well as the appropriations measures of various domestic federal agencies and their respective programs affecting approximately 50 million women.

Although the prohibition on funding of most abortion services for Medicaid recipients is the most commonly cited example of discriminatory funding measures, many other women rely on the federal government for their healthcare: Native American women, Peace Corps volunteers, federal employees and their dependents, military personnel and their dependents, residents of the District of Columbia, and women in federal prisons. I single out abortion as the only pregnancy-related procedure denied to Medicaid recipients. The Hyde Amendment has had devastating consequences for low income women's lives. After the cut-off of federal funding for abortion services, most state legislatures also adopted similar restrictions. Today only 19 states provide for abortion services beyond those necessary to save a woman's life. Fourteen states continue voluntarily or under court order to pay for low income women's abortions that are necessary to protect the woman's physical or mental health. Six additional states fund in cases of rape or incest, and three of them also provide funds in the cases of fetal deformity.

We often hear how when any woman is at risk, all women are. This is true. And therefore the National Black Women's Health Project has joined a campaign to restore public funding of abortion. What we're doing is moving beyond the rhetoric and developing models for women and especially low income women to actively discuss and promote their choices. It has all the elements of empowerment.

In 1993 poor, young, and women of color, disproportionately Black women, faced with the decision whether or not to continue an unintended or unwanted pregnancy will be confronted with a large array of obstacles which include the possibility of further diminishing their chances for educational and economic success. Although some do complete high school, some do complete college, do get well-paying jobs, do stay off welfare, and do raise children who do well in school, the challenge of parenthood, giving the child needed time, finances, transportation, arrangement and paying for childcare and sick and well baby exams, make further educational and career goals difficult. Issues of cost, quality, and accessibility confront all people regardless of race, gender, or socio-economic status. Yet, poor women and Black women are

disproportionately affected by the problem of unavailable and unaffordable resources such as healthcare insurance, employment, housing, transportation, and childcare services.

For Black women the survival of their families is at the center of their concern. Survival is far more serious and compelling than choice. No one really chooses when there are few options. Many essential health needs of Black women are not being met at all. Life-saving mammographies, prenatal care and pap smears are frequently excluded from health insurance coverage along with family planning and abortion. The very word "pro-choice" rings with irony and insensitivity to poor women who have few choices. Yet we cannot afford to have any segment of women left out of a pro-choice agenda that will impact other policy.

We must trust in a woman's judgement and a woman's right to exercise it. This does not mean that we will automatically agree with every choice every woman makes, nor does it mean that mistakes will not be made. What we do know is that abortion will continue whether it is legal or not as it has throughout history. The only question is whether or not there will be safe, affordable, and accessible abortions for all women. That means women within poverty, working poor, and young women living in rural areas.

A pro-choice agenda in its broader context means more than just the right to choose abortion. It is expanded for us to include access to quality information as well as services for prenatal care, safe, effective contraceptive technology and options, affordable infertility treatment, AIDS research and treatment, cultural- and age-appropriate family life education, and an end to sterilization abuse, as well as access to safe legal abortion.

Support for reproductive rights within the Black community is often rooted in the distance to all forms of oppression and the recognition that the decision to end a pregnancy may be the only way a woman can feed her family herself. The expression of support needs to be mixed with an awareness of the unique experience of Black women in this country. Without AIDS prevention, without prenatal care, and without safe, effective, affordable contraceptive options, without access to safe legal abortions, without comprehensive reproductive healthcare services our families will not be healthy and the quality of lives will be greatly diminished.

Eighty-three percent of the Black women surveyed in the Women of Color Reproductive Health poll released in 1991 said each woman must decide for herself whether to have an abortion. Ironically, however, while national opinion polls such as this consistently show that large numbers of Black women support choice, few are active or visible in the reproductive health movement. While many Black women support the availability of legal abortions, they also see conflict in the idea of actively fighting for abortions when many Black women struggle to survive in a society that allows children to go hungry and homeless. For them the fight for basic needs often

overrides the luxury of battling single issues like abortion rights.

I would like to briefly share with you a few of the obstacles that have inhibited young women and women of color, especially poor women from taking hold of their own lives and actions. Rather than deal with reform, judicial and legislative endeavors that target specific groups of women like HIV-positive women, mothers on welfare, women of color (particularly Black women), and women in federal prisons, have been introduced. Some of you are familiar with them. The New Jersey Family Care, the Georgia Family Care, the Ohio plan are those kinds of measures. These proposals for us often feel more like punishment rather than an attempt to provide change such that there can be successful improvement in women's lives. Too many of these programs have other agendas besides empowering women. Too many proposals are being made by people who don't bother to ask those people who are most affected, primarily because they don't respect the opinions of those people they are supposedly trying to support and assist.

The federal government has played a substantial role in influencing and limiting poor women's choices by funding only prenatal care and sterilization, but not abortion. As a result of the Hyde Amendment, the number of federally funded abortions plummeted from approximately 300,000 in 1977 before the federal restrictions to 165 in 1990. While everyone would agree that they would rather women would not have to deal with the problem of an unintended or an unwanted pregnancy the truth is we're not perfect human beings. We make mistakes about people and situations even with the best of intentions. There is currently no contraceptive method that is available that is 100 percent effective and safe for all women. No one is for abortion. There is a distinction between being pro-abortion and being pro-choice. A pro-choice woman may never consider abortion as an option for herself, but would never ever consider making that decision for another woman. The issue is not preventing or banning abortion but finding ways to decrease the need for it. Insuring that women have access to quality healthcare and full information including access to safe and affordable abortion services should be our goal.

Available data today confirms that restrictions on federal funding for abortion, including funding for abortion in public hospitals, have had devastating consequences for low income women. Unless poor women have the basic right to determine whether or not and under what circumstances they will bear children and will be able to take advantage of educational, employment, and other opportunities they will not then be able to improve the quality of their lives and the quality of their children's lives.

What has often been ignored is the non-financial barriers as well as inadequate financial support that are embedded in the persistent social problems endured by many poor families. Our challenge for the future is to move the priorities of the policy makers and healthcare professionals closer to the concerns of the women who are affected so that actions are taken that improve the quality of their lives and the lives of their children. Poor women want and need reproductive freedoms that range from

terminating unplanned and unwanted pregnancies to being freed from sterilization abuse and the punitive and coercive abuse of contraceptive technology to delivering healthy babies under healthy circumstances. In order for poor women to be able to make genuine choices this process must involve answers not only to abortion but to culturally sensitive, age appropriate, quality sex education, safe contraception, protection from sexually transmitted diseases, prenatal care, maternal, infant, and child healthcare, employment, housing and a responsive healthcare system.

Reproductive freedom presupposes political power. In order for poor women and women of color to take control of their bodies they must be at the table where the decisions are being made. Conventionally, social service programs are not designed to address these conditions. Entitlement programs are obviously necessary in our society, but their structure and their operation are just the symptoms of hunger and disease as opposed to the conditions that create them. What is needed is an intervention that replaces despair with self-respect and self-knowledge, replaces cynicism with hope, replaces helplessness with a sense of personal power, replaces social isolation with personal connectedness and a sense of community, and replaces the legacy of shared shame with a vision of shared confidence in the future. The National Black Women's Health Project's self-help concept is the basic acceptance of Black women as worthy individuals. It encourages and empowers them to trust their decisions about their lives and understand themselves and the reaction of others to the realities created by the social injustices of race, class, and gender.

Black women are not all alone. It is important to recognize our diversity, to understand and appreciate what factors contribute to the quality of our lives and what factors diminish the quality of our lives. Health educators, medical providers, and service program planners can benefit greatly from the involvement of women as the participants in their own healthcare rather than as passive recipients of the services. Indeed, the success of the services depend upon the acceptance and active involvement of those expected to benefit from them. We recognize that most women often affected by a problem and who live it daily often carry the solutions within themselves. Our challenge for the future is to make the priorities, again, of policy makers and healthcare professionals closer to the concerns of the women who are affected so that actions can be taken to improve their lives.

Some specific actions for us and that we would propose are as follows: At the grassroots level we must strengthen and support poor women in organizations and networks to insure their voices are heard. We must elevate their level of participation and leadership in the decision-making processes. At the program level we must ground women and children's health programs in collaborative, ongoing relationships with the women we seek to serve. We must encourage the widespread use of comprehensive culturally and ethnically appropriate and participatory community-wide approaches to gain a better understanding of poor women's perspectives, their needs, and solutions. At the policy-making level, we must insist upon universal access to healthcare and education programs that are flexible enough so that they can respond to the priorities

Roe v. Wade in 1973 put the pro-choice adherents to sleep. We had a Constitutional right and it seemed to us as if everything we needed was achieved. Of course, we could not have been more wrong. As you probably are all aware, and I don't want to go through chapter and verse of what happened after that, but you're surely aware that as we went to sleep, the anti-choice groups became fully awake. And they began to organize at a grassroots level. They began to put together a coalition that effectively attacked choice, and a women's Constitutional right to it, through barring or putting up barriers to access. Just as Cynthia has pointed out, there were a variety of ways that they could do so, mostly affecting young women and poor women.

In 1989 the *Webster* decision came down. That was the Court decision about a Missouri law in which the Supreme Court decreed that it was Constitutional for a state to put limitations on a woman's right to obtain an abortion. We woke up about then and realized that even though we had a Constitutional right, it was in danger. And, as I said, it's been downhill since then.

The access question was tried over and over again in various state courts. And limitations, in the form of waiting periods, informed consent, parental notification, and/or lack of funding in state after state after state were enacted. We had by then an anti-choice government at the federal level. We had Ronald Reagan, who seemed to have changed his mind, in power, and followed by that, of course, we had George Bush. However, you can't blame the Republicans entirely. The Hyde Amendment was passed by a Democratic legislature and a Democratic president, Jimmy Carter. This was devastating for many, many women as Cynthia pointed out. And actually it was from the Jimmy Carter years that Ronald Reagan went to school. He learned how you could put together a political coalition that drew upon the most conservative and the most evangelical voters. Ronald Reagan learned his lesson well and it's unfortunately still with us in the Republican Party.

I'm not going to go through the whole history of what happened after that because you'll have time to ask questions if you wish to. But I'm going to tell you two or three stories and hope they illustrate what is happening now.

I was active in the Republican Party and I had friends that were active in the Republican Party. We thought that it was quite obvious that in order to secure choice for all women we had to go to the state and local legislatures. We had to convince the elected officials that their constituency was best served by choice. After all, 82% of the women in the United States are pro-choice. We also believed that it was absolutely necessary that we find candidates and encourage candidates for political office who were pro-choice. This seemed to be the logical and most effective way to go.

It's fairly easy to get involved in a political party if you're willing to do fund-raising and, if you're willing to buy tickets to political dinners -- which, let me tell you, are disastrous and boring. But if you go, if you show a willingness to be involved, it's

fairly easy to get pretty well up in the party hierarchy. This we achieved. I and three of my friends were on the Republican State Finance Committee. But it didn't in the least bit affect the power structure. The power structure was the old boy network. When we asked questions about how the money that was raised through the Finance Committee was spent we got no answers. It was supposedly going to candidates, but which candidates? We got no answers. So we broke. We had a news conference and we were fortunate. *The New York Times* covered it and put it on the front page of the second section. In that news conference we announced that we Republican women, we Republican fundraisers, would no longer raise money for Republicans across the board. We would only raise money for pro-choice Republicans.

Well, it was wonderful. The big boys looked up and said, "Humph. What are we going to do about them?" But what happened is our phones rang off the hook. There were so many people that called and said, "Bravo! How can I work too? What can I do? How do I get involved?" And that's when our real trouble began because we had to organize. We had to put together something within the Republican Party -- and it could have been any party -- that would really make a grassroots and strong political structure. It's been hard work. I think we've done quite well. We have committees that do lobbying, that write letters. If something appears in the paper that we disapprove of or disagree with, we instantly respond. We put together campaign committees. We've worked hard to raise money to support pro-choice Republican candidates and, I think, we've been fairly effective. We are making a great effort to expand our base and to reach out to women across the state to help them get organized, to help them be just as effective as possible. The road blocks are still there. They're very definitely there.

Oddly enough, with all this talk about feminism and getting involved in politically active roles, we can't find enough candidates. People aren't willing to run for office. Why are women not willing to step forward to be political candidates? Maybe you can answer that question. I have a few ideas, but I don't know why. There is an opening on the north shore of Long Island. They're not running against an incumbent. We can't find anybody to run. Cecile Singer, who is here speaking at another panel, is an assemblywomen from Westchester. The numbers of women in the legislature are diminishing. Cecile has told me that when she began her career she thought, "Well, I'm in the forefront. There will be a flood following me." And she looked around and there was nobody there. I don't know. Is it because you don't think there is a future? Is it because you're not sure you want to get into this dirty game of politics? Probably. Probably, but how are you ever going to change the power structure?

Now I'm going to underline the question that Tanya was asked today about why do you remain a Republican. I remain a Republican because I believe in the two party system. I believe it is always important to have a responsible, responsive, educated, strong opposition voice throughout the whole political spectrum. Let's keep the other guys honest, I think, is the cliche.

I'm terrified of what's happening in the Republican Party. I'm terrified about the way the extreme right is seizing control and, believe me, they are. As a moderate, middle-of-the-road Republican I feel it is only we who can effectively combat that. It won't come from the Democrats and it won't come from the liberals and it won't come from the unregistered. It has to be done within the party. Somebody said to me recently, "Oh, I have great confidence in the common sense of the American electorate." I do too, but it's sort of down the road, I feel. In the meantime you can have your school boards taken over and, as you heard this morning, we are in danger of that. I was in California when the Vista School Board had its first meeting. That's a school board in Southern California that was elected and is extremely right wing. They immediately instituted prayer in the schools and began teaching creationism. Good-bye Darwin. It's unbelievable, but it can happen. And the Republican Party, I'm afraid, is the most vulnerable. Why? Because not enough of us are willing to get out there and fight the boys in the back room. They no longer smoke, they've read the cancer ads, but they're still in the back room and they do control the structure. You have to stand up to them. Numbers count and we have the numbers with us if we start counting properly and if we organize properly. This is the only way that we will really make a difference.

And I'll close in just a second, but I want to read you something that Tanya faxed me yesterday:

> Women in Politics: New PAC for GOP women. Ex-Labor Secretary Lynn Martin, U.S. Representative Susan Molinari, Judy McLennon, who served as the Bush Administration ambassador to the UN Commission on the Status of women, are scheduled to announce the formation of RENEW, which is an acronym for Republican Network to Elect Women. RENEW is a new organization to provide funding, training, and campaign resources for Republican women candidates with an emphasis on local, state, and federal races.

Sounds great, doesn't it? But, where's anything about choice? This is what we resigned from 5 years ago and here are our leaders. All of them are pro-choice. Is there a word about not funding anti-choice candidates? No, and they're good women. So we're back to square one.

However, I want to encourage you. Come join us. Get busy. You don't have to work for the Republican Party. It's very discouraging to do so. Thanks.

Acuna: Thank you very much. When you've been asked to be the chair you end up being in this funny situation of how to introduce yourself. As I said before, my name is Eugenia Acuna. I am the Director of the Reproductive Rights Education Project at Hunter College. We have many projects, but one of the main purposes of our project is to expand the meanings of reproductive rights so that they're inclusive of the needs of all women around women's health issues, including class, race, age, sexual orientation, and cultural backgrounds, language, etc. And also to go beyond what has

been traditionally spoken about in terms of reproductive rights. I've been working in reproductive rights and women's health issues for the last 20 years, since I was in college, in one capacity or another. A lot of my work has been in Latin America and most of my work has been with women of color, particularly with Latinas both in New York City and also in Connecticut. I'm one of the founding members of CESA, the Committee to End Sterilization Abuse's chapter in New Haven, Connecticut. So, you may remember that from way back. And I'm also a founding member of De La Salud, which is a women's health collective in Puerto Rico that has been active for the last 12 years. I'm also the mother of two young children and have been through the abortion clinic a few times, so my experience in reproductive health is not only working with other women but also in my own body. I think it's true of all women.

I want to attempt to answer some of the questions about why women sometimes don't get involved in issues of reproductive rights and women's health. And I also want to talk about what I see as some of the present major issues in reproductive rights. And at the same time, because most of my work presently is around the issue of empowerment, I also want to talk about some of the strategies that I've been using, and that other women, other women's groups, have been using, to help women empower themselves around their own health and around working to change the healthcare system.

I want to tell you a couple of definitions of reproductive rights that I think are important. I think one of the major ones, particularly for women of color (as Cynthia already mentioned), is the right to prenatal care, to adequate, accessible prenatal care and perinatal care. Among the other ones I think need to be added to this list, which I think is a growing list and it's an evolving list, is the rights of women who are substance users to not be jailed for being pregnant or for giving birth. I think that's an issue that sometimes we only remember when it comes out in the newspapers when some woman is jailed because she was using cocaine or crack during her pregnancy, but I think it's a real important issue in terms of the rights of women, particularly with disenfranchised women. It's also an issue we need to think about when we are working in pro-choice battles. Anti-abortion forces have begun working on this issue as a "rights of the fetus" issue.

The other area that I think is important to consider under the heading reproductive rights is the rights of women who are either HIV-positive or who have AIDS to decide to bear children or to have an abortion. Women who are HIV-positive have been limited on both ends of this right. Not to mention that they have limited access to information. And when I say information about women's healthcare, I mean both information that all women need to have, including information for young people, and information in a language that's adequate so that immigrant women can receive vital information in either their own language or in a language that all people can understand.

I think before I start talking about our present situation I just wanted to take a break

and have you all do a little exercise. The purpose of this exercise is to put the "us" in the "them" because generally when we talk about women we talk about "them" the women, and somehow forget to put ourselves in it. And in my introduction I wanted to say a little bit about myself also because I think it's key that if we're working with other women, if we're working to organize other women, we always keep ourselves in the picture so that it's not just "them," it's also "us." And I think one of the speakers said this morning also that we should really be doing this work out of self-interest. It is really in our own interest wherever we are in our lives.

So what I want you to do is basically just breathe, but I want you to put your papers down first or your pens down. And take a deep breath and you can yawn if you want. You can also moan if you want. Right. And you can shake around if you want, whatever. And just feel -- take another breath -- just feel where the breath goes in your body and what the areas that are real tired are. Some of you are probably ready for the nap that you didn't have out in the sun, so wake your minds up and just breath and relax. And feel all the tired parts in your body and then kind of take the breath to those parts that are real tired. Okay. And now just stretch your arms up in the air and stretch. Should have done this this morning. Okay. I do this is because in talking about how it is that we get women to join us and how it is that we ourselves take steps in the direction of empowerment, it's real important that we begin from noticing our own selves and our own bodies.

In terms of our present situation I would go with the people on the panel this morning who talked about being optimistic and I'm also one of those that's very optimistic right now. I think it's very positive to have a president that's pro-choice with a partner who has almost said that she's a feminist and who has taken on many of the issues that I think are important. I think as it was said this morning, we have many more women in leadership positions and women that I respect. I don't think that just because a woman is a woman her position is one that I agree with. As a person of color it's very heartening to have a large number of people of color, not as many as I want, but a large number of people of color who are in leadership positions and who are in Congress. People that I and people that I work with feel we have access to. That's new. I don't know if it was a presidential election or if it was the results of all the elections -- but I think that many more people feel that they have access to their elected representatives than ever before. And I think that that's really important and it gives us some keys about how do we also take power within our own lives.

The other thing that I'm optimistic about is that for the first time we have a very public, very large discussion on healthcare reform that's bringing up all kinds of important issues. It's bringing up the issue of the quality of care, of access, of who pays for healthcare services, and also it's bringing up the issue of the enormous profit that pharmaceutical companies make at the expense of health consumers. The discussion hasn't been framed in the way that I would like for it to be framed: that they're making a lot of money out of us. It's important for women because women make up a large percentage of consumers of all kinds of different pharmaceutical drugs.

You know, we're the ones who are at the mercy of the contraceptive industry's position. RU-486 is a case in point right now. The debate is also talking about the access to care. Who has access to care and how do we equalize that around the country? Now, I'm not saying that what we're going to end up with is a healthcare program that's really going to provide access to everyone. But I think at least the fact that these issues are being discussed is really important and is new, and that they're being discussed both at local levels as well as national levels is important.

At the same time though -- and I think some of these issues have already been talked about this morning -- we have a right wing that has become very militant, very active around a number of issues of reproductive rights. I think the one that we most hear about is the issue of blocking the access to clinics. I think for those of us who live in New York City sometimes we have a different picture of it because New York is a unique situation. We have greater access to both healthcare and particularly to abortion services, but New York City is not a complete exception; our clinics, too, have at least one or two people that stand there singing, praying, and showing unrealistic pictures of fetuses.

Q: Excuse me, but, there are no abortion clinics in Staten Island. Years ago there were two and the anti-abortionists burned crosses on the lawns of the physicians who worked there, at their homes on Staten Island. So when you talk about New York City don't forget there are other boroughs.

Acuna: Okay. Thank you. But what I'm saying is that in New York City sometimes we have a tendency to forget that abortion clinics are being blocked and both women and doctors are being harrassed. We've all heard about the case of Dr. Gunn who was murdered in Florida.

The other issue is the issue of blocking sex education in the schools. The religious right wing coalition, was effective in removing Joseph Fernandez as the Chancellor. Clearly the issue of sex education is an important issue for right-wingers who are involved in selecting the new Chancellor.

Right wing activists have worked hard to block the distribution of condoms in schools. One of the things we know is that a large number of adolescents are becoming HIV-positive or are developing AIDS. So condom distribution in the schools takes on a whole different meaning when viewed in the context of AIDS.

Currently there are attacks being made, and I think you mentioned this Cynthia, on welfare and women on welfare under the banner of welfare reform. And many of these reforms will affect women's reproductive rights choices when women are penalized for having additional children as in New Jersey or in other cases where it has been suggested that women on welfare be paid some incentive to use Norplant.

Which brings me to Norplant. We have a whole new set of contraceptive technologies

being discussed and used in the United States at this time. One is Norplant, the other is Depoprovera, both of which, on the one hand, have tremendous potential as effective birth control. On the other hand, they have a tremendous potential to be and have already been used as, coercive methods, as punitive methods. Some of you have probably heard of the cases. The most notorious was in California where a judge, as part of a sentence in a plea bargain, sentenced a woman to use Norplant because she was convicted of child abuse. When the question was raised about whether or not the woman would have any negative health effects from Norplant, the judge decided to leave it in the hands of the doctor. Again, control was completely removed from the woman; two males made a decision about this particular woman's reproductive life.

Do people know what Norplant is? I'm assuming that everybody knows. It's a set of 6 rods that are inserted under the arm. There are a number of unresolved questions about the removal of Norplant. One of the things we've learned from its use in other countries is that the healthcare providers that implant it are not always around when it's time to remove it. For immigrant women who move around, particularly women from the Caribbean who move around back and forth between the U.S. and their countries of origin, it raises problems when they travel places where there are no trained health providers trained to remove Norplant. And again, there is the issue of informed consent. If Norplant is the only method that is being made available to a woman we cannot say that she was really informed of all the options before she decided to use Norplant. Cynthia talked about the situation of women, particularly poor women and many women of color, where for financial reasons a woman may decide to use Norplant because there is nothing else available. Most women do want to have some control over their own fertility and want to be able to space their children according to their needs and their decisions.

So all these issues are going on. If we're all being affected by issues of reproductive rights and health, then why aren't we as women coming out in record numbers to insist that quality healthcare services are provided for our benefit in ways that would make sense to us? Why do we go to the doctor and then forget to ask all the questions that we asked our girlfriends or that we had in our minds before we walked through the door? Why don't we insist that we get enough time with a healthcare provider, that we be afforded respect from our healthcare providers? And I think part of the answer is that the healthcare system that we have doesn't take women's needs, or people's needs, into consideration in providing services. So I think a large part of the answer is there in the kinds of healthcare systems.

I say systems because in this country we have just such a range of different systems. If you go to East Harlem to a clinic, which is a low income neighborhood in New York City, the kinds of clinics you're going to get are the ones where women come in, get seen, have to wait all day, get seen for a little while by a doctor who may have good credentials, may not have a lot of experience, and then get shuffled out with some kind of prescription. If you go to Mount Sinai Hospital, which is a major teaching hospital and you happen to come from East Harlem, you're going to be seen by a resident, each

time a different one. Probably they're going to use this session to teach the other residents something and possibly you may end up in some experiment that you really didn't know was an experiment and come out thinking you received quality healthcare services. For instance, in East Harlem Depoprovera was already being used as a contraceptive even though it was still experimental. And women were talking about, you know, just going in and getting an injection. So that the different kinds of healthcare services that women get are very disproportionate and really have to do with income.

So why aren't women fighting back? I think part of it also has to do with the effects of sexism, the effects of classism, and the effects of racism on women. One of the effects of oppression is that it makes us believe certain things that are not true and that affect our health. We end up believing that we're not good enough, that we can't make a difference, so why get involved? Why speak out? Latinas in this country have not been very visible. That invisibility is the result of the way that we've been treated in this country. When you add sexism to racism, then we're invisible and silent also. Regaining our voices is, I think, for all women is very difficult, but I think for Latinas it is particularly difficult to begin to speak out.

Now, this issue about speaking out also affects women when they go in for healthcare. She's not going to say something to the doctor. I mean, I've had stories of women who tell me all kinds of things that have happened to them while they're lying there with their legs spread out and, I mean, that's what you do when you go in for a pap test. You lay and you spread your legs out. Generally there is very little sensitivity on the other end. And I think as women we're taught to be good girls. I mean, I still have this idea that I want to be a good patient when I go in because I was taught to be a good girl so I do what I'm told. And it's taken me a tremendous effort to speak out and say, "Wait a second. You're not going to treat me that way. Where are you going? What is your name? What are you going to do next? Can you explain this?" And those are all ways in which we're treated as an object and we allow ourselves to be treated as an object rather than a subject and a person. Thank you.

Questions and Answers

Q: I'm not sure how to frame my question exactly, but I'll tell you the two things in my head. One is, now that we are able to put U.S. money back into the third world to fund abortions there are people involved in that area that are debating about whether or not money should go strictly for funding abortion services in the third world versus funding more broadly based women's healthcare clinics or services.

My other thought is that I read an article about Pamela Moralda, the new head of Planned Parenthood, and it briefly said that she was trying to move the organization away from just the focus of abortion to a broader focus on women's health. And I guess my question is: Is there a conflict here? And is this going to take away from the

focus on abortion as an important single issue or can the two things go together well? And are those of you who are leaders in this field thinking about that and trying to work it out or is it not a hot issue? You know what I'm saying?

Newbille: I think failure to bring those together will insure the demise of legal abortion for women in this country. It is a formidable task. It is not by accident that women of color are not visible and not verbal around the issue of abortion. They don't feel included. The definition is broader than just about abortion. It's not just abortion. It's about a choice, fundamental rights. It's about health. It's about all those other issues. So there's not a conflict at all. If there's going to be a movement, it's going to be because those two things are put on the same plate or the plate is more completely or comprehensively defined in order for all women to address the issue.

Some of what you talked about, what we're beginning to do is form coalitions that become very critical to moving any strategy. We've now formed a coalition, National Women of Color, that will be expanding in hopes of forging a common agenda around reproductive health rights as we define them, which is a broader issue. It's broader than just about the issue of abortion. And I think that will be critical to moving the issue in the country.

Q: In an American sense, is that the way it should be in your view?

Gimbel: I think we have to be aware of Title 10. You know what Title 10 is? It's the federal funding for the family planning clinics. And the minute you say "family planning" the extreme right lay their ears back and prepare for battle. No abortions are done at these federally funded clinics and for many, many women it's their first access to the healthcare system. It provided everything from programs for diabetes testing to pre and post-natal care. And although it has been in place for many years, funding now is debated yearly. And it's vital for the rural woman. For a huge percentage of the counties it's the only form of healthcare available publicly.

So we must get behind the broader healthcare system and because abortion has become such an emotional word and has become such a touchstone it has affected the big picture which you're talking about and which Cynthia's talking about.

Acuna: I think among women of color organizations in this country there is pretty much consensus that it has to be an inclusive issue. And it's not either or. We want the range of women's health services which also includes abortion but it also includes prenatal care and it includes the whole gamut. I think that among traditional pro-choice organizations such as NARAL, the National Abortion Rights Action League, it's being debated. I know that New York State NARAL is looking to see how it can expand its work and its mission statement to include issues beyond just abortion, and the national NARAL is also doing the same thing. So I think the consensus pretty much is with the women of color. And, you know, I think we're moving towards that and I think more and more organizations are seeing -- as Cynthia said -- that that is the only way to go.

I think internationally there are also other issues that come into the picture. My viewpoint is that groups need to define for themselves what their needs are. They cannot be imposed from the outside. I think we have enough experience at this point with population control within the United States where there have sometimes been very well-meaning people, sometimes very clear people who know what they're doing, who've gone in and made a decision that this particular population needs to hold down its numbers. Therefore, let's give them such and such. And I think that the debate internationally is also about what ends does the right to abortion serve. In some countries the issue still is basic health services or basic survival issues. And you can't just impose abortion from the outside, you know, where women in a particular country believe that their basic needs are something else at that point. It's a very hot issue within the international women's health movement also.

Newbille: I want to add also the issue of the Freedom of Choice Act. I think that's a prime example of having a very narrow definition of reproductive health rights. What's happened is that there's been a fall out, if you will, conflict, if you will, because FOCA as it's going forth now has some language that is considered by poor women and women of color certainly not to be in our best interest. And so to the extent that FOCA codifies *Roe v. Wade* we just throw the deck. The fact that it will not cover funding for of poor women created a major schism around support of that piece of legislation as NARAL primarily was not willing to go back in and do some language change which now we have the opportunity to do. So the support now is a little weakened. I think it's very symptomatic of not having a broader definition. And women of color are squaring off because we're being told, "just push this through so it's codified." We're told, "wait on the next thing and wait until we'll work towards healthcare reform or we'll work towards repealing the Hyde Amendment or Medicaid reform." No we're not going to wait. In fact, we've had that strategy and it hasn't worked.

Q: If you're mainly New Yorkers you might feel a little proud of the New York Pro-Choice movement, because the New York Pro-Choice movement has been meeting and has taken the position that any legislation that passes that does not provide protection to poor and young women is not acceptable. And what has happened is that the New York NARAL people, the New York Planned Parenthood people, have had an enormously difficult time with the Washington NARAL people and the Washington Planned Parenthood people.

Newbille: Other people have had difficulty with the Washington NARAL people, too.

Q: New York has been the leader in this discussion since it started to blow up right after the elections in November. This is one of those stories in the newspapers that you don't find out about until -- what was it? -- about March or April because the pro-choice people kept their mouths shut and didn't talk to the press. The bottom line is that you New Yorkers, and that includes the organization that Barbara Gimbel and I are

a part of, we all have said it is unacceptable if it is not going to protect the young and the poor. And it's unfortunately a tie-up again with the politics in Washington versus the politics around the rest of the country.

Q: I would like to refer back to your point and, to the title of this morning's plenary session, which is "Whither Feminism." And I think as you spoke about a abortion being a touchstone word, I think "feminism" is also a touchstone word, and as we talk about Hillary Rodham Clinton who is almost a feminist but won't say so, I wonder, "whither feminism?" How can we stop diminishing the debate on women's healthcare in general by focusing on touchstone words that end up not being inclusive, like "abortion" or "feminism"? And focus on the real issue of women's self-esteem. We need to educate women to be proud of who they are. And I think it's the education of women being proud of who they are. Once they get to be adults they'll demand what they need for their reproductive rights if we start early. And I think this has to include men because women don't get pregnant on their own. I think we have to include men in the responsibility, not just reproductive rights, but reproductive responsibility. We must have esteem for women. We have to have our own self-esteem but we have to also have their being able to view us as their equals. And I think the packing of the school boards is the first step in not allowing this very basic education process. . . And I think about feminism. If you say to the women all over the country, "Are you a feminist?" "Absolutely not." "But do you support these issues, all feminist issues?" "Absolutely yes." And I wonder how we can get away from the touchstones to become more inclusive -- Republican, Democrat, Black, White, whatever -- to make this a stronger movement.

Acuna: I think we all want to answer.

Newbille: Our organization is a self-help and a health advocacy organization. What we understand is just what Eugenia talked about before and certainly it's been our experience as Black women, that we are groomed and socialized to take care of everybody except ourselves (including the pets!). And by the time we get ourselves into the health provider setting we're usually so far gone. For example, breast cancer is something we're looking at where Black women's incidence is much lower than White women but the mortality rate is much higher because we are not getting ourselves in there early enough. And so what we talk about, the under-pinning of the work we do, is self-help as a means of empowering women to make healthy choices and decisions, using a self-help support environment for women to come together and sit down to be validated, to begin to build on their sense of self-esteem and self-worth, because we know that it's only the power of individuals who get the chance to form any kind of community.

And so it's that individual work that is critical and at the crux of changing the attitudes and behavior of women that they demand some things. They demand that you get more than 10 minutes in a healthcare setting. They demand that the questions be asked because they think they're worth it now. They have a sense of self and value that goes

with that. So we're doing the individual work. At the same time the issues don't stand so we're also having to deal at the community level. So it's kind of on both fronts.

Gimbel: I agree completely. And I do think the next step then is working together and there's no satisfaction greater than feeling that you have made even a small bit of change. And that can happen. And even if you don't make the change, to feel that you're not just sitting by, that you're not just passive, that you're part of the action and passion of your time. And that I think is very important.

Newbille: I just want to add, just quickly in terms of coming together, I think the coalitions are critical, but I think we shouldn't be lulled into some kind of false sense of we'll all sit down and then we will magically, wonderfully work it out. It is work. Even as we sit at the table with other women of color, the process is as important as the outcome, that we take time to deal up front about our own business, our own myths, our own prejudices, we take time in this coalition and talk. That process becomes critical to any product that we'll ever have.

Acuna: When I lived in Puerto Rico and we had this organization, De La Salud, that worked with many other women's organizations, we talked about whether or not to call ourselves feminists and what that would mean, etc. So it's a debate that's been around for a while, and I think Alice Walker coined a new term which is wonderful. She called herself "womanist." And I said, "Yeah, that makes sense." For women of color, one issue has to do with the fact that for the most part the feminist movement in this century, in this country, and in this last part of the century has been mostly a White middle class movement and has defined itself that way at least by its issues. And I think that so many women of color organizations decided to just go on our own and form our own women's organizations. And I think now the time is really right for coalitions. It's a time when we're saying, "Well, we can't push our own agenda on our own, whatever that agenda is. We need each other." And I think that's what has happened. I think that whether or not women call themselves feminists, it's irrelevant. Sometimes I do, sometimes I don't. It depends how I feel that particular day. I think what's important are the issues we're working towards.

I think the other part of it -- I'm concerned it didn't get touched on this morning at all -- it's a big issue, it's the issue of money, it's the issue of class. We don't talk about it and sometimes we assume that as long as we all come together, I mean, we're talking more about race, we come together and we work things out. But it's still a middle class movement for the most part, even though there are some of us in there that are women of color. We're still not talking about the issues that not only affect poor women of color, but also a lot of ethnic white women, who also have not been included. We haven't even begun to think about, you know, what are their issues? The new immigrant women who are coming from all over the world, you know, that we haven't begun to look at. So I think one of the things that's important is to look at, you know, yes, we have tremendous commonalties and we also have a tremendous diversity that can make this a very rich movement, rich in terms of the kinds of people

that we are.

Unfortunately today everybody that was going to talk about gay and lesbian issues went off to Washington, but also we need to think about the kinds of diversity that exists within our own movement. Within the reproductive rights movement lesbian women have been and are a major part of the women who have moved the movement forward. And I think as a reproductive rights movement we also haven't addressed the issues that affect particularly lesbian women. I mean, a lot of the issues of fertility are not issues for lesbian women. They are for some but not for all of them. I think we're not yet talking about it. So I think there's a lot of dialoguing that we need to do around who we are and who women are.

And the last thing I want to say, like Cynthia said, I don't think it's easy. I think it's a real hard dialogue. It's not always the friendly kind of disagreement we saw this morning which was, it was wonderful to watch but unfortunately it's not always like that. And I think that people are going to feel sometimes that they are giving up something. I think that when we think about power we've been taught to think, "Either I have it or I don't. And if I let you have some of your power that means I have less." I don't agree with that. I think that if we all have power then each one of us has more power. But I think that this also has been an issue in the women's health movement and also within the feminist movement.

Q: With regard to jailing pregnant substance abusers, what would you see as an alternative practise?

Acuna: Instead of putting them in jail?

Q: No, I mean is there some much more humane practise?

Acuna: There are very few substance use treatment centers around the country for women. Even though there's been a growing number of women who are substance users, there are very few places that admit women. A lot of them have been made for men and...

Q: Isn't part of the reason that they would have liability for the fetus whatever the treatment was?

Acuna: There's a tremendous need for it. When I used to work with drug treatment programs what would happen was if a women let them know she was pregnant she would get kicked out essentially to wherever. She was in the program already because there was no other place to send her. So I think that the immediate solution is to have -- and this is something that actually New York City is looking to do -- is to have more drug treatment programs for women who are pregnant that will accommodate women and their children. Because a woman can't go into a program if she has other kids, if she's pregnant. Where's she going to leave her children? The interesting thing about it

is that in my experience, and it's been the experience of people that have worked intensively with pregnant women who use drugs, is that that's probably the best time to help women get off drugs. Because most women will make some changes for the sake of their babies. When they're most willing to go into programs is the time they can't get into a program. I think that there's a whole lot of other issues that have to be dealt with about what drives people to drugs in this society anyway, about economic issues. Did you want to say something?

Newbille: I concur. I think that's what really is at the heart of the matter, what needs to be addressed, are facilities that are designed for women and where the programming is women oriented, not just something set up for men that will allow entry for women that are pregnant.

Q: I think the real issue here is a program designed for women, not for the fetus. I think what we've got to think about is the autonomy of our own bodies. And I think that's where it gets really to the point. If we're going to think about getting drug programs to pregnant women only because we're worried about the fetus, there's once again where the fetal life becomes primary over the woman's life. And I really don't believe that a woman should be told to get off drugs for the sake of the fetus. I think a woman makes a choice to get off drugs for the sake of herself. And I think that we really have to think about abortion in terms of our own autonomy of our own lives.

Gimbel: And the other group of women that are ignored are the HIV-positive ones. Where are the treatment centers for them? Women are too often just regarded as a vector instead of as a person. It's another aspect about health...

Q: I have a question for Barbara. I felt compelled when you posed the question to the audience about why women aren't running for office. And I was born and brought up in the generation of Reagan and Bush and all I know from the Republican side is that they are against me as a woman.

Gimbel: I don't disagree. I think they've been very anti-woman.

Q: One morning my mouth dropped open when I opened *The Times* and saw a pro-choice PAC and I'm very intrigued by what you're trying to do.

Gimbel: Well, we're trying to save the Party from itself.

Q: I guess what, the challenge is to reach more people of my age -- I'm in my twenties -- who are going to be the next people who run for office. I don't trust you quite yet. I don't trust the Republican Party.

Gimbel: You have no reason to trust the Republican Party. They betrayed us. I mean, I started, as I told you, with Nelson Rockefeller who was a liberal Republican. Do they exist today accept for a handful of people such as Tanya mentioned this

morning? Bill Weld, Pete Wilson: a handful. You have no reason to trust us and as far as I'm concerned they can keep their big tent. I don't want in their tent until they change enough on the issues.

Q: What is your prescription for funding abortions? Or do you as a Republican have an opinion on that?

Gimbel: Yes, I think they should be federally funded just as child birth is federally funded. Actually, it is a combination of state and federal funding. And what happens in New York, where the federal funding doesn't exist the state picks up.

Acuna: You wanted to say something.

Q: 750 million a year is spent on foster care for children who are born from women who cannot afford to take care of them and probably, therefore, cannot afford an abortion at least some of them. And so what I think is so sad is that they're so short-sighted about this, because if those things could be altered across the board in the long run it would be better for everybody economically.

Acuna: You get the last question or comment, which ever it is.

Q: It's just a comment and it gets back to what you were saying about human versus woman issues and that is that Carol Gilligan says very clearly that we've always been characterized as caretakers of the world, of everyone. And I don't think that we should fall into that trap any longer. We have to start taking care of ourselves and building our self-esteem first. And all these other things, I think, will tend to work out eventually if the focus is here first.

Acuna: The only thing that I would add to that is that I think that we shouldn't lose perspective, though, that we're still in charge of the world. You know, that we're still responsible for everything else that happens so that we don't just take it to ourselves and not create the changes necessary in society to make sure that everybody's self-esteem is raised, not just our own.

Okay. Thank you very much.