

Empowerment Through Wellness

Byllye Avery[†]

Thanks for giving yourself a hand because you're hanging in there pretty good. My share of this thing this afternoon will be in a real different kind of fashion, so kind of change over to the other side of your brain. And let's see if we can work around a topic a little more personal. Because you're future leaders here. You're the ones that are going to help get rid of some of those old white men that you've been hearing about. Because I think that this is the way we have to go. And I'm glad to know that fifty percent of law school students are women. And that makes me feel good, and we're moving on to doctors. You know, we got it.

I want to share with you a little bit about the work that I've been doing with National Black Women's Health Project, and how we have come to form perspectives around reproductive health, and some of the ways in which you as individuals can work. Don't let me forget to tell you about our new office in Washington. I've been talking to a lot of people, and we could use some help with that. And I'll try to share a little bit of what the dialogue has been among us as women of color.

I got started at this in 1974, when three of us decided to set up the Women's Health Center in Gainesville, Florida. We had already been involved in helping women get abortions, by them going up to New York. And when white women came in, we'd give them a telephone number to go to New York and get abortions. This was the early seventies. But when a black woman came in, we'd try to give her the phone number and she'd say, "That's not what I need, I need money to get to New York, I need somewhere to stay, I need money for the abortion," et cetera, et cetera. After that, we really learned

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The National Black Women's Health Project is a non-profit organization committed to defining, promoting, and maintaining the physical, mental and emotional well-being of African-American women. A dreamer, "visionary," and grassroots realist, Byllye Avery has combined activism and social responsibility in developing a national forum for the exploration of health issues of African-American women, the gathering and documenting of African-American women's health experiences in America, and the provision of a supportive atmosphere for African-American women.

This article is a transcript of Ms. Avery's presentation at the *Feminism in the 90s: Bridging the Gap Between Theory and Practice* Conference. Ms. Avery participated on a panel on *Reproductive Issues*.

about access, you know? And what's the need of having something legal; if I can't get it, then I don't have it.

Then, we started taking women over to Jacksonville, Florida, literally, every other weekend, either to get an abortion or for their two weeks check-up. And we decided to open up a clinic in Gainesville. We did not ask the medical community for permission because they had refused Planned Parenthood for several years. And so when they woke up one Sunday morning, and they read about it in the Gainesville, Florida Sunday newspaper, then they said to us, "Well, didn't you know you were supposed to ask for permission?" And we said, "Oh, we didn't know that." All I know is when we designed the clinic and when we designed the care, what we said is that we want to design a facility that we want to come to. So if any of you are ever working in a place, doing whatever you do, ask yourself the question, "Is this the type of place I would want to come to?" If the answer is no, then you need to say, "What in the world am I doing here?" Figure out why you're there, and where you want to go.

What I noticed though, is that while my sisters, my black sisters, came in in higher numbers than our twenty percent that we were of the Gainesville population to the abortion clinic, we were not coming in to regular women care. And that was quite disturbing. And whenever I would say, "Will you please fill out this postcard so that we can send it in saying that we should keep abortion safe and legal?" we couldn't get folks to do that. So that was quite hard.

And in 1978 we opened up Birthplace, which is an alternative birthing center that brought in friends and families, to have babies with certified nurse-midwives, and a freestanding birthing center. What we wanted to do was to show that we have total reproductive cycles. And that sometimes we have babies and sometimes we don't. And we deserve to have that, us, seen in the whole context of who we are. Because back in the old days, before abortion became legal, you'd say to a doctor—now, some people were always getting them—but you could say to a doctor, "I want to have an abortion," and he would say to you, "Well, I'll give you an abortion if you have a hysterectomy." Well, you're not saying you never want to have a baby, you're just saying, "I don't want to have this one." So we had to do something to try to counteract that kind of thinking.

I learned so much about abortion at the birthing center. I learned so much about life and death, I learned so much about what poor women need to have a healthy baby. They need the same things that rich white women need. They need peace of mind, they need good health, they need access to care, they need somewhere to stay, they need all those basic kinds of things. What happened at the birthing center, because it was not subsidized by any health insurance—the only health insurance that was paid to the birthing center, that reimbursed the birthing center for services, was Blue Cross and Blue Shield

of New York. And in Gainesville, the University of Florida is the largest employer, and they have Blue Cross and Blue Shield of Florida. So most people who didn't have cash money had to go to the hospital, even though at the birthing center we charged \$1800 (this was in 1978, it's gone up now a little bit). We charged \$1800 for your prenatal care and your delivery, and it would cost over \$3000 to go to the hospital, but most people would have to go to the hospital because they didn't have the money.

What we created at Birthplace (and I'm going to talk about it for a few minutes, because there's a whole resurgence of interest in birthing centers), what we did at Birthplace was to create a total birth environment where the entire family came in to have a baby. I'm saying that the men were also included. Most of the men came on every single prenatal visit. And at the time of birth, the whole families moved in, and when the head was born, the fathers helped catch the rest of the baby, they cut the cord, they did the jello bath. The children were also present, so that we helped to create a generation of young people who don't have to ask the question, "Where do babies come from?" We cut costs, because the families went home three hours after the baby was born. We provided exquisite care, and once again, the care was designed with us in mind—how did we want to be treated. Women delivered on their sides, with their legs up on the midwives' shoulders. We very seldom did episiotomies. Some women delivered on the floor, some women delivered on all fours, some women delivered standing, squatting, any variety of positions. The important thing here is that the woman and her family were in control and equal participants in this process.

Now, I left there and started working at a community college in the CETA [Comprehensive Employment and Training Act] program where I came in contact with young black women who had been pushed out of other schools for whatever reason, to have babies, et cetera. It was the first time that I had come face to face with my sisters, in a way that I could say to a young woman who was nineteen years old with four children, "Sister, what happened?" And have her say to me, "Well, you know my mother had me when she was a teenager. And I had to raise her children. And I was ready to leave home. I wanted to be out on my own, so I got pregnant." And I said, "But there are other ways that you can get out on your own." And for her to say to me, "But they were not known to me when I made my decision." And we had that knowledge, that she made the best decision that she could make with the information she had.

So it was then that the concept of black women's health issues was born in my mind. Because I'd been in the women's health movement since the early seventies, working with white women. So I started thinking, what's the difference between black women's health issues and white women's health issues, how do we look at them? And I didn't know what it was. There was also something else I didn't understand: the fact that we had a program that

provided child care, that provided transportation, that provided stipends, that provided everything for the participants, and still most didn't come to school. I would have done anything to be paid \$3.35 an hour for every hour that I went to class. You know, it seemed kind of wonderful. But what I didn't know, I knew that something was missing, and I knew that it wasn't just self-esteem, but that was really before I had explored empowerment.

So it was really in that setting that National Black Women's Health Project was born. What we did first off was to come together as a group of black women to start talking about the realities of our lives. Now, it was a lot like consciousness-raising although not exactly the same thing. Part of consciousness-raising, the group I was in, we would meet once a week or so, and we would give a certain topic, and you had about ten rules that you had to follow in our group. The thing about consciousness-raising that was a serious mistake is that there was a concept that your consciousness got raised. And it was the end point, and that's just not true. That was a mistake. Think about it: if from the early seventies, if women's groups had continued to meet, monthly, weekly, or whatever, continued to keep the dialogue open for each other, we would not be in this fix we're in today. I'm willing to bet you we would not be in this fix we're in today.

So the one thing that we instilled in our self-help groups was that our talking is an ongoing process, because that talking represents our self-growth. And that there is no state as being grown-up, that it is an evolving state, and so our groups continue to meet for life. And people get upset when they say, "Well, how long will our self-help group meet?" and you say "You continue to meet as long as you're alive. Because you don't want to stop growing. And if you move away, you just go somewhere and organize you another one." And you know, it keeps going, just keep that concept going.

But then we sat down, and kicked our shoes off, and started to break the conspiracy of silence that kept us apart. And we have silence around our health issues, and this is the same for other women of color. We've done this work with Latinas, we've done this work with Native Americans, we've done this work with women in Belize, we've done this work with women in Brazil, we're doing this work with women in Africa and it's all the same. So it's quite cultural, which is real different for my black sisters. I found out that working with white women, white women will tell you in great detail more than you ever wanted to know about every single problem with anything they've ever had. Which the good side of that is, you do get a lot of learning. You do learn about it. On the other hand, culturally, we have participated in this silence that has been passed down through generations. A sister will tell you, "I've got to have surgery." And you say, "What kind of surgery?" "Well, female surgery." Well, you're female from your head to your toe, what is the problem?

So that's what we had to break down. We could not go in and start talking

about abortion. That is not where they were coming from. When you think about it, in most of our families, we have not had discussions about sex. I know this. How many of y'all got started out the same way I did, when I got my period my momma said, "Mmm-hmm, it's here. First thing, these things happen. If you get pregnant I'll kill you. And the third thing was you're going to Taladega College." And in the fifties, that was a very effective birth control method for Byllye Yvonne. It worked.

But I knew that that would not work with my daughter. So I had to make a conscious decision to do something different with her. See what I mean? So I had to make a conscious decision to break that cycle of not being able to talk to the next generation. Because these are things that are intergenerationally linked. These are the things that would pass from mother to daughter to granddaughter or father to et cetera, et cetera. And we had to make conscious efforts to do that. So what we had to find out, we had to back up and talk about, we must first learn how to talk about sex. We started thinking about ourselves. What happened with us? What do we know? How do we share? Because if you don't ever talk about sex, then you can't talk about birth control. And if you don't talk about birth control, then you won't talk about abortion. So if you're going to go in and organize a group of women to go to a march, you can't go around and say, "We need y'all to come to an abortion march." People will look at you like you're nuts! Because it doesn't go that way.

We also have to continue to explore and talk to our sisters who are other sisters of color. See, what is happening there? So that when we start working with our Native American sisters, reproductive health for them—well, you notice that I don't use the term reproductive rights anymore. But I'm going to come back to the Native American women.

The reason I don't use the term reproductive rights any more is because part of our analysis as African American women, when we look at, or do the analysis with, race, sex, and class, there are a lot of us for whom it is not a right. We don't have the right to have a baby, because that is denied to so many of us. We don't see great hordes of people taking to the streets because blacks and poor whites don't have these things as rights though they are called rights. And that is an indicator of the status of our world view. So many of us have lost the right to have an abortion. Making a decision about reproductive control is a very high-level decision-making process. What I mean by that is you can entertain that notion when there are a lot of other things in place, but for most people who are black and poor, who are Puerto Rican and poor, who are all of the nationalities—who are Native American and poor, these choices are not of their own. People are not in control of their lives. If they were in control of their lives, they would have all their basic needs being met. We're talking about decent housing. I'm talking about peace of mind.

Do you know how important peace of mind is? You know, there are people

who are victims of all kinds of abuse, physical, sexual abuse; it's just an abusive life. There are men and women who work who have to deal with intense racism every single day of their lives. Women have to come out, put up with you and all your stuff and then go home and put up with the men and all their stuff. There is no peace of mind, and that is real important. When you talk about enough food on the table, you can't go in and talk to these people about "you have a right to an abortion," because they don't have a right to these very basic needs. So these things must be put in place.

I wish we did have a universal health care plan. We need health care like you would not believe. We have to, as a nation of people, get our agenda straight. What amazes me is no matter, we got a two billion dollar deficit or whatever it is, that there is never enough money for health care, there's never enough money for child care, but there's always enough money for fighting yet another war. And what do they say on the television, that "we stand up for rights?" It's killing that whole culture, and they still don't understand that it's a—this [the 1991 Gulf War] is a war about destruction of a culture of people, that that's what we're talking about. And now they're saying that, they're trying to say that we have to rebuild this country. Well, what about right here in New Haven? The communities that you wrecked with drugs? What's happening to our young people? We have a war going on right here, every single night. We have people being killed, and nobody's willing to do anything about it.

When I talk to my low-income sisters about what's on top for them, abortion isn't even on the list. They say get these drugs, and this crime, and this dope, and this mess out of my community. It's killing our kids. But are we taking to the streets for that? You see what I'm saying? We need to have reproductive health programs, or even abortion rights programs, that don't look like reproductive health programs, to overcome the resistance to talking about these issues. Because when we talk about low-income people and what their needs are, the first thing they're going to tell you is make it so that I can sit on my stoop at night. Make it so that I can walk in my streets at night. Make it so that there ain't bruises on every other child back here.

What are we doing about educating our young people? One of the critical needs is that the kids who need the best schools get the worst schools. I'm for all the ghetto kids being bussed out to the country day schools. What do we do with our money? And I know all the rest of y'all will find some good place to go too, because you've got the resources to find somewhere else to go. These are folks who can't go there. We know how to educate people. We know what to do. We know what good education feels like. We know what it's like. For the last two weeks, I've been traveling around to some of the best schools in the country. I am amazed that people can pay \$22,000 to come here to this place. It makes me angry that a family has to have that kind of money just to insure that their child will get a good education, so that they can live

to be able to choose abortion or birth if they want it.

When we talk about people of color, we have to look at what reproductive health means to different cultures. When I talk to my Native American sisters, the sisters say, "Well, to us, reproductive rights means if I can get the sisters to use birth control. That's reproductive rights. But our number one problem on the reservation is alcoholism. And Fetal Alcohol Syndrome. Can we get that on the agenda of pro-choice organizations? Fetal Alcohol Syndrome?" Do you see what I'm saying?

So when we talk about building coalitions, how do we really link this into a multi-racial, multi-cultural movement? What is so painful about being here in the United States, we have a chance to do something different. We are a nation of many colors. We are a nation of wonderful diversity. And what do we try to do, we try to make like all of us are the same. And we are not the same. We don't need to be the same. And one of the first things we must do is celebrate our diversity.

I'll first of all start with my white sisters and brothers here. It's very important that you as white people learn to claim all of who you are. Say, "I am proud that I am white, I am female, I am Jewish," whatever it is, stand up and say it with pride. So that when you see me say that I am proud to be an African American woman, you know that I am not saying that because I am proud, that you are not proud. I'm saying that all of us are proud. And if you don't say all of who you are, then the part that you aren't claiming is going to get in the way of our relationship, and both of our lives. I'm trying to tell you that each of us learns, that we learn how to work out of our lives. I say to my white sisters, learn how to work with poor white people. Learn how to work with the diversity that exists among white women. That's where your first-line lesson comes. Don't always be so hot to run over into the housing projects and work with poor black women. Because when you go and work with a poor black person, you don't see a reflection of yourself. When you work with that poor white person, you look at them and you're going to see a mirror of you. And you'll work with them in an empowered way. We don't need the missionary approach here. It does not work. And that is real important.

And I say to my sisters of color, we need to continue to work with each other, to find out what it takes to break the conspiracy of silence. So that we no longer have to be ashamed of what our experiences are. But talking with each other openly, taking the risk, taking the risk of speaking out. I'm amazed that in our self-help groups, we've been meeting for as much as two to three years, and talking about everything: being beaten, being raped, and being incest victims. And we just happened to send out a survey saying, "Have you ever shared your reproductive health issues?" Most women had never talked about abortions or miscarriages. Even though we've broken the silence in other areas, we are still not talking about abortion. You have to make sure that it

happens. You have to provide support. And you don't need to worry about validation, it will come, because all you have to do is look at statistics. If I'm speaking to a group this size, and there are twenty black women in it, at least five, and me, one, makes six of us have had abortions. So I know I'm talking to someone who knows what I'm talking about. So just take the risk.

Take the risk. That is what we have to do. We have to take the risk. And know that you can't change the world. You really can't change the world. The only person you can change is yourself. But that is the work of each of us, to work to continue to change yourself. And as you change yourself, always work for your higher self. And always know that you were born warm, and zestful, loving, creative, and you were not put here on earth to be messed with by anybody. And you need to know that message for yourself. Take that message as you speak, and work with other people, sharing, and know that the process of empowerment works only as you begin to feel good about yourself and you start sharing that with someone else. It is the receiving and the giving of power that keeps that flow of empowerment going on. Pass it on to someone else, each of you.

And always work to change to your higher self. Because whether life grinds you or polishes you depends on what you're made of. Thank you.