Unsung Mothers of the Movement: 
A Radical Herstory on Black Southern Networks 
Facilitating Abortion Access Before and After *Roe v. Wade*

by

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**Introduction**

“I am 52 years old; I am a registered trained nurse; I got my training at Freeman’s Hospital in Washington; I graduated in 1932.”

“I did not tell Mr. Severs I had performed other abortions; the question did not come up.”

– Florence Stallworth 1959 North Carolina

“I live at 506 Wall Street. My age is 42. I have been living on Wall Street in Fayetteville about twenty years. I am married and live with my husband. I got 17 head of grandchildren and three daughters.”

“I am not a midwife, ain’t never been to school for a midwife. I am not a doctor. Those items there, marked State’s Exhibit 6, those three rubber bags, were in my house in my bedroom and ain’t a woman in Fayetteville don’t have a water bag, colored or white.”

- Lucille Roper Furley 1956 North Carolina

I met Florence Stallworth and Lucille Furley in late October 2017. They introduced themselves after a bus ride to historian Rickie Solinger’s personal archive of abortion trial transcripts. Each woman was put on trial separately and convicted of inducing or attempting to induce an abortion in North Carolina during the 1950s. Upon the

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2. Ibid., 40.
4. Ibid., 31.

6. Lucille Furley and Florence Stallworth, were both indicted for “using an instrument to produce miscarriage or injure a pregnant woman”– violating North Carolina’s General Statutes 14-45. State of North Carolina v. Furley 577, 1, 1-49 (12th District 1956); North Carolina v. Hoover and Stallworth, 219, 2, 1-44 (26th District 1960)
recommendation of Rickie Solinger, I turned to court records to hear from the voices of Black women inadequately represented in American histories of abortion. Florence Stallworth and Lucille Furley enabled their narratives and snapshots into their communities to became publicly accessible through challenging their indictments.  

The irony is not lost on me that rich, albeit distorted, documentation of Black women’s voices and agency can be found preserved within the pages of criminality, bound behind the pillars of the US criminal justice system. I knew their voices and the voices of witnesses within the court room were going to be a grounding part of this research story.

I began this work out of frustration. Searching through sources documenting reproductive rights activism and the work of ordinary people to secure access to abortion before Roe v. Wade (1973), I was confronted with an archive dominated by white women’s agency and lived experiences. After combing through chapters, I was often left with buried footnotes or a few sentences outlining the shadows of Black women’s narratives. The majority of scholarship focused on women of color’s involvement in reproductive rights activism does not extend prior to the 1960s. As

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7 Trial transcript are printed when court decisions are appealed. Rickie Solinger, email to author, March 31st 2018.  
8 1973 Supreme Court ruling legalizing abortion in the United States.  
9 See historian Leslie Reagan’s “Linking Midwives and Abortion in the Progressive Era” and Rickie Solinger’s The Abortionist: A Woman Against the Law. Reagan examines the criminalization and organizing of white urban immigrant midwives in Chicago during the progressive era—a time when the developing obstetric medical field initiated a series of campaigns to debase lay providers as “ignorant unskilled” abortionists. The anti-midwife sentiment was propelled to buttress the medical field’s monopolization of health care and professionalization. Solinger unearths the life of Ruth Barnett, a white abortion provider in Portland, Oregon. Barnett was one of the most successful and competent abortion providers before Roe v. Wade. Solinger harnesses Barnett’s narrative to depict how the law, not unsafe practitioners, foregrounded the danger of abortion services before Roe v. Wade.  
10 See for instance, Jennifer Nelson’s Women of Color and the Reproductive Rights Movement
an African American studies major and mixed-race Black woman, I am no stranger to the erasure of the archive. Nonetheless the limited scholarship in 2017 focused on Black women’s historical assertion of reproductive freedom and bodily autonomy was sobering. This is not to suggest that there is a dearth of scholarship focused on Black reproductive politics. In *Killing the Black Body*, Dorothy Roberts provides an astute analysis of the state sanctioned criminalization of Black women’s reproduction during the Post-*Roe v. Wade* era from a critical race theory perspective. Roberts unearths how this criminalization is rooted in a history of reproduction fundamentally shaped by race and racism. Documenting and analyzing reproductive injustice is imperative to combating the erasure of Black women’s histories and addressing what reproductive freedom for every human being entails. However, as women and human rights activist Loretta Ross asserts “I want to tell the story of what we've done for ourselves” – not just what has been done to us.

The first time I encountered the need for reproductive justice language my tongue went slack for I had yet to learn its intonations. Through this thesis I have begun to understand how embodying reproductive justice is a lifelong learning process. Moreover, I have come to see the critical role historical revisionism plays within the Reproductive Justice Movement’s fight for reproductive freedom. Reproductive Justice, an intersectional theory developed by a coalition of Black women in 1994, and expanded upon by the Asian Communities for Reproductive

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11 See Jennifer Morgan’s *Reproduction and Gender in the New World Slavery*, Khiara Bridges *Reproducing Race: An Ethnography of Pregnancy as a Site of Racialization* and Patricia Hill Collins’s “Will the ‘Real’ Mother Please Stand Up?: The Logic of Eugenics and American National Family Planning.”
Justice in 2005, grounded my research process and provided a critical lens that shaped the construction of my thesis. Reproductive Justice (RJ) as related to but distinct from a Reproductive Health or Reproductive Rights framework, seeks to address reproductive oppression through movement building grounded in human rights. Unlike the mainstream pro-choice movement’s single axis focus on abortion rights, at the foundation of Reproductive Justice (RJ) is defending the human right “not to have 13

From theory to praxis: Reproductive justice in 1994 was initially conceived as an intersectional theory that grew into a defined praxis through the development of the Reproductive Justice framework. The RJ framework is, “an expansion of the theory of intersectionality developed by women of color and the practice of self-help from the Black women’s health movement …based on the application of the human rights framework to the United States.” Loretta Ross. “Understanding Reproductive Justice” (SisterSong Women of Color Reproductive Health Collective: Atlanta, 2006), https://d3n8a8pro7vhmx.cloudfront.net/rrfp/pages/33/attachments/original/1456425809/Understanding_RJ_Sistersong.pdf?1456425809.


Throughout this thesis I use various terms to categorize actions and scholarship addressing reproductive oppression. These includes, but is certainly not limited to, reproductive freedom, reproductive rights, reproductive justice and reproductive politics. The historical origins of terms are important to understand for context and connotation. However, I have exercised a degree of creative leeway in my application of terminology; fixed definitions, to an extent, are artificial and do not represent the reality of interaction. For the sake of coherence, I attempt to remain consistent with my application. Please note: First, In the context of this thesis I use the term reproductive politics in reference to scholarship, activism or events concerned with the power dynamics of reproduction. Notably, this diverges from temporally specific “reproductive politics”, as coined by second wave feminist in the 1960s to reference more contemporary power struggles over issues related to reproductive autonomy. Rickie Solinger Reproductive Politics: What Everyone Needs to Know. (New York: Oxford University Press, 2015), 1. Secondly, although they were involved in reproductive freedom activism through various avenues, I predominately categorize interviewees, Loretta Ross and Byllye Avery’s organizing during the 1970s and 1980s as reproductive rights activism since they were organizing before the mainstream Reproductive Freedom Movement and before the term Reproductive Justice was created.
children by using safe birth control, abortion, or abstinence; the right to have children under the conditions we choose; and the right to parent the children we have in safe and healthy environments.”  

15 The theoretical development of Reproductive Justice continues to evolve through the work of activists. RJ fights for the “sexual autonomy and gender freedom for every human being” and centers marginalized poor womyn of color, Indigenous womyn and their communities’ leadership. In other words, Reproductive Justice is the praxis to secure the human right to reproductive freedom. Reproductive freedom is the right to complete self-determination for oneself, one’s family and larger community. Through this holistic framework, reproductive exploitation is viewed as a tool of social control and thus requires a strategy founded on human rights and social justice principals that address the systematic injustices influencing reproductive freedom.

Loretta Ross, human rights activist and mother of the Reproductive Justice framework, asserted, “This work [unearthing the histories of Black women’s Reproductive Freedom activism] is urgent because unless we define for ourselves our own history and our impact, other’s descriptions of our contributions will never be

16 Ibid.
17 In this context I use the spelling womyn as a gender queer term, inclusive of non-binary people. I implement this term when I or individuals I cite, generally discuss history or the contemporary moment to recognize the identity, activism, contributions of gender queer folk. I predominantly use the cis gendered spelling “women” throughout this thesis, as my work and the scholarship I cite primarily centers around the lived experiences of cis-gendered women.
20 Asian Communities for Reproductive Justice, A New Vision, 2.
accurate or authentic.” 21 Revisiting history and unearthing the narratives erased is a part of the work required to demand and sustain reproductive freedom. My work rests upon the activism, writings and quotidian resistance of Black, Brown and Indigenous womyn who have come before me and fought for reproductive liberation – without them I would still be struggling to find the language to write this work.

My thesis explores the following questions: What were the networks Black women created within southern Black communities to facilitate abortion access before Roe v. Wade (1973)? How does the work and beliefs of Black women activists organizing in the South after abortion was legalized nationally reflect and build off of the work of Black southern women providers who operated pre-Roe v. Wade? For the purpose of this research, provider is defined as someone who either directly performed abortion procedures or facilitated access to abortion services via advocacy and/or communal connections. This thesis attempts to shift the North-centric historical documentation of reproductive rights activism. 22 Beyond the temporal demarcation of pre and post Roe v. Wade my analysis operates on two levels. On a micro level this work brings forth the composition of some of these historical networks and deconstructs the formative organizing years of two Black reproductive freedom activists: women’s health care pioneer Bylyle Avery and women and human


rights activist Loretta Ross. I had the great honor of interviewing both activists who were pivotal contributors to reproductive freedom activism and discourse post-1973. On a macro level I argue that Byllye Avery and Loretta Ross’s activism within anti-violence and reproductive rights during the 1970s and 1980s is a continuation of their predecessors’ work through building upon the Black Radical Tradition.

23 Interviewee’s Bios: Byllye Avery was born in 1937 in Waynesville, Georgia and raised in DeLand, Florida. A trailblazing Reproductive Rights advocate, in 1971, before abortion was legal nationally, Avery began referring women in Florida to New York for safe abortions via the Clergy Consultation Service. In 1974 she co-founded the Gainesville Women’s Health Center, providing accessible abortion care to women in Florida. Avery was a member of the National Women’s Health Network Board of Directors and went on in 1978 to co-found The Birthplace, an alternative birthing center. She orchestrated the first National Conference on Black Women’s Health Issues in 1983 and co-founded the National Black Women’s Health Project in 1984 (now known as the Black Women’s Health Imperative in Atlanta, Georgia) Byllye Avery initiated the “We Remember: African American Women Are For Reproductive Freedom, an unprecedented statement constructed in response to the 1989 Webster Supreme Court ruling. The statement was co-organized with Loretta Ross and other activists. Byllye Avery "Voices of Feminism Oral History Project.” Interview by Loretta Ross, Sophia Smith Collection July 21 and 22, 2005, Transcript of video recording.

24 Black studies scholar Cedric Robinson coined the term Black Radical Tradition to reference how the legacy of Black rebellion to obtain Black liberation is rooted in a collective Black consciousness. He argues this Black consciousness is established by a common African past of non-western epistemologies, culture, language, and a shared experience of enslavement and racialization. I discuss the Black Radical Tradition in subsequent chapters. Greg Burris, "Birth of a (Zionist) Nation: Black Radicalism and the Future of Palestine" in Futures of Black Radicalism,
anthology on the history of African American women and abortion has yet to be published – consequently those histories are not yet accessible. Filling this anthological gap is beyond the purview of this thesis. Instead, I present the Black Radical Tradition as a framing device to contextualize the agency, activism and beliefs of Loretta Ross and Byllye Avery regarding abortion access specifically and reproductive justice holistically, as a part of, not separate from the long legacy of Black women asserting and fighting for reproductive freedom.

My research focused on the period before 1973 builds upon the work of activists and historians who have begun to unearth the nuances of politics, culture and activism surrounding abortion during the pre- Roe v. Wade era. Leslie J. Reagan’s, *When Abortion Was a Crime: Women, Medicine, and Law in the United States, 1867-1973* taught me to go beyond setting historical narratives within the falsehood of a homogenous illegal era. Reproductive politics historian Rickie Solinger deepened my understanding of the relationship between the state and the fragile discriminatory privilege of “reproductive choice.” I drew upon Solinger’s *The Abortionist: A Woman Against The Law* as a model for working within the confines of court records


25 Journalist and African-American studies scholar Dr. Cynthia Greenlee, for the past several years, has been working on a highly anticipated book focused on the history of abortion within African-American communities. Activist and historian of the Reproductive Justice Movement, Loretta Ross, has been working for over twenty years on a manuscript focused on Black abortion. Forward Together. "Dr. Cynthia R. Greenlee." Our People, Forward Together, last modified 2018, https://forwardtogether.org/people/cynthia-greenlee;Ross, conversation, 21.

26 Solinger details how the politics of choice after Roe v. Wade converted reproductive autonomy to a consumer protection right where only “legitimate consumers” have the ability to secure access to abortion and claim motherhood without state intervention. I will elaboration on Solinger’s analysis in subsequent chapters. Rickie Solinger, *Beggars and Choosers: How the Politics of Choice Shapes Adoption, Abortion, And Welfare in the United States* (New York: Hill and Wang, 2001), 188-189, 224.
to bring alive the narratives and social being of people who can no longer speak for themselves.

Critical to the structuring of my thesis was Loretta Ross’s essay, “African American Women and Abortion.” Spanning from enslavement up until the late 20th century, Ross’s paper was my first encounter with a continuous documentation of Black women’s rich and extensive organizing history in reproductive rights.27 Loretta Ross’s expertise in the history of Black abortion and her overview of sources provided a road map to the spectrum of Black people involved in abortion access before 1973, including midwives, nurses and clergy.

Gertude Fraser’s research on traditional African American midwifery, Ruth Shaffer’s sociological study The Health and Social Functions of Black Midwives on the Texas Brazos Bottom (1920-1985), and Marie Schwartz’s masterful scholarship on the politics of reproduction, medicine and Black motherhood during enslavement in the US provided keen insight on the intricate networks of Black lay providers. I expanded my understanding of Black medical providers’ positions within the early to mid 20th century formal health care system though Darlene Clark’s analysis of the Black nursing profession from the late 1800s up until the mid 20th century and Black abortion provider, Edgar Keemer’s memoir. Written nearly thirty years ago, Dr. Jessie Rodrique’s dissertation The Afro-American Community And The Birth Control...
Movement 1918-1942 remains an inspirational model of masterful analysis that broke new ground in African American History.

**Theoretical Landscape**

The theoretical foundation of this thesis is woven from multiple disciplines. In addition to the Cedric Robinson’s Black Radical Tradition, I drew from Robert Putnam’s rumination on social capital to analyze the formal and informal networks within southern Black communities that enabled access to abortion services. Elaborating on Putnam’s theory, research on the role of social capital in fostering Black community resistance and strengthening communal resilience during disasters informed my analysis of the social networks. Critical race theorist, Kimberlé Crenshaw’s intersectional theory provided me grounding as I worked through my analysis. Intersectional theory is understood as a lens that enables the multifaceted aspects of power dynamics to be analyzed and depicts “the larger ideological structure in which subject’s problems and solutions [are] framed.” Referring to Crenshaw’s conceptualization of intersectionality pushed me to reflect critically on my study to see where I started to fall into the erroneous practice of preaching

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28 See the following for various applications of social capital analysis: 

intersectionality as a question of inclusion instead of a deep analysis of power structures and standpoint. Heeding to Black feminist and historian Evelyn Higginbotham’s call for feminist scholars in Black women’s history, “to bring race more prominently into their analysis of power,” I apply Higginbotham’s metalanguage of race theory by beginning my discourse in the politics of Black physical and symbolic reproduction during enslavement. Higginbotham defines race as a metalanguage in order to illuminate the fundamental role race plays in constructing other “social and power relations, namely gender, class, and sexuality.”

I incorporated throughout my analysis how the politics of Black reproduction during slavery continues to be reproduced in contemporary white supremacist society which informs Black women’s resistance tactics against forms of reproductive oppression.

It was not until the end of this research project that I understood the hardest part of this thesis was putting myself into my work. It was (and continues to be) a process of understanding my positionality not merely as an observer, distant researcher or alert listener, but as a participant in the legacy for Reproductive Justice, through actively applying the lessons I’ve learned from Byllye Avery, Loretta Ross and other womyn of color reproductive freedom fighters to my research and myself.

Understanding self-help, a Black feminist methodology of support cultivated by Byllye Avery and other cofounders of the National Black Women’s Health Project (NBWHP), aided me in my conceptualization of self as participant and not merely

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31 Ibid., 252.
researcher.\textsuperscript{32} Self-help, as conveyed by the NBWHP, is understood as a peer support structure grounded in the storytelling of one’s truth.\textsuperscript{33} In \textit{Breathing Life into Ourselves: The Evolution of the National Black Women’s Health Project} Byllye Avery identifies Black women’s “conspiracy of silence” as a fatal barrier barring Black women from living spiritually, mentally and physically healthy lives.\textsuperscript{34} Avery argues that the missing piece to the “health puzzle” is not access to information or services but Black women’s empowerment and self-healing that cannot be addressed medically.\textsuperscript{35}

Elaborating on Byllye Avery’s conspiracy of silence and self-help theory, Loretta Ross underscores the complexities of Black women’s silence and contextualizes how silence has been historically used as a tool of agency and survival.\textsuperscript{37} The self-help process cultivates spaces where the social aspects and internalized oppression affecting one’s health is brought out from behind the veil of silence and is vocalized into to communal spaces of Black women empowerment, “self-help is vital to the realization of RJ, not as an expression of individualism, but as a way to link personal stories to collective experiences to form a platform for shared political action”. Through interviewing activists Byllye Avery and Loretta Ross I incorporated the Black feminist tradition of storytelling into my

\begin{itemize}
\item \textsuperscript{32} NBWHP trainer Lillie Allen constructed the self-help praxis through remodeling Re-evaluation Counseling theory. Ross, “Conceptualizing Reproductive Justice Theory,” 204.
\item \textsuperscript{33} Ibid.
\item \textsuperscript{35} Ibid.
\item \textsuperscript{37} See for instance Black studies scholar Darlene Clark Hine’s mediation on the culture of dissemblance. Darlene Clark Hine “Rape and the Inner Lives of Black Women in the Middle West” \textit{Signs}, 14, no. 4 (Summer, 1989): 915-916.
\end{itemize}
methodological approach as a form of introspective and collaborative knowledge making that cannot be achieved through the contours of the written archive.

Methodology

The primary analysis portion of this paper was conducted in two parts; examination of trial transcripts and analysis of interviews I conducted with Loretta Ross and Byllye Avery. Research of trial transcripts was limited to cases of Black women in the South who were put on trial for attempting to or successfully inducing illegal abortions pre-Roe v. Wade. Copies of two trial transcripts (State v. Geneva Phifer Hoover and Florence Stallworth, 1959, Mecklenburg County, North Carolina and State v. Lucille Furley, 1956, Cumberland County, North Carolina) were obtained from historian Rickie Solinger’s personal archive. Original trial transcripts are stored in the North Carolina State Supreme Court Law Library, Raleigh, North Carolina.

Part two involved an in-person interview with Loretta Ross and a telephone interview with Byllye Avery. Criteria for interview participants included Black female identifying activists who were involved in reproductive rights organizing and/or specifically involved in increasing abortion access during the 15 years after the Roe v. Wade landmark decision in 1973. I limit my analysis to the 15 years post-Roe v. Wade because this was before the mainstream Abortion Rights Movement began to broaden its agenda and shift to a more holistic Reproductive Freedom Movement.

38 My conversations with Loretta Ross and Byllye Avery are at the foundation of my analysis in Chapter Three. However, I also incorporate supplemental materials, including excerpts from extensive interviews in the Sophia Smith Collection’s Voices of Feminism Oral History Project where Loretta Ross and Byllye Avery have each narrated their life’s work. Byllye Avery, "Voices of Feminism Oral History Project," interview by Loretta Ross, July 21 and 22, 2005, transcript, Sophia Smith Collection of Women’s History, Smith College Special Collections, Northampton Massachusetts; Loretta Ross "Voices of Feminism Oral History Project." Interviews by Joyce Follet, November and December 2004, February 2005, transcript, Sophia Smith Collection of Women’s History, Smith College Special Collections, Northampton Massachusetts.
This shift marked the beginning of the mainstream *starting* to address the larger health care and social economic injustices influencing poor women, Indigenous women, and women of color’s reproductive autonomy – a broadening of an agenda that women of color and Indigenous women activists had been fighting for decades beforehand. Consequently, the interview participants that were sought after had a significant portion of their activism lives post-*Roe v. Wade* take place in the southern United States. Tailored to the distinct organizing histories of Loretta Ross and Byllye Avery respectively, my interview questions generally focused on their organizing tactics, guiding principles, their journeys to self-identifying as activists invested in reproductive rights, and how abortion was talked about in and outside of their organizing circles. I transcribed my conversations with both activists and conducted thematic analysis of the transcripts using psychologists Victoria Clarke and Virginia Braun’s thematic analysis model.

Admittedly, there are aspects of my conversations with Byllye Avery and Loretta Ross that are covered in depth within the oral histories both activists conducted for the Sophia Smith Collection’s *Voices of Feminism Oral History Project*. However, interviews are active events where dialogue and meaning

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40 See Appendix B for interview questions.

41 Virginia Braun & Victoria Clarke “Using Thematic Analysis in Psychology”, *Qualitative Research in Psychology*, 3, no.2,(2006): 97-93  https://doi.org/10.1191/1478088706qp063oa
are co-created between the individuals involved. Consequently, the nuances of meaning and reflection produced throughout my conversation with Byllye Avery and Loretta Ross cannot be gathered or re-created through my reading of the oral history projects transcripts as a third person observer.

Study Limitations

A key limitation to my work is situating my research under the general label of the southern United States. The South is a distinct political space. However, it is also a diverse region composed of 16 states, the District of Columbia, and countless numbers of communities that cannot be encompassed under sweeping generalized terms. Additionally, this thesis is rooted in African American Studies and my analysis is largely cis-gendered and heteronormative. In order to achieve reproductive freedom for all and not just the few there needs to be deep analysis both historically and contemporarily of the multiple axes of power that prevent all people from having the human right to reproductive freedom. This endeavor requires intersectional approaches that derive from a variety of disciplines, including but certainly not limited to queer studies, disability studies, Indigenous studies, environmental studies, ethnic studies and gender & sexuality studies. Systems of domination through citizenship, capitalism, imprisonment, ageism and classism cannot be left out of our histories, theories or praxis. I enter this work at the intersection of race and gender – specifically through the lived experiences of cis-gendered Black women and I invite others to continue building and combating the erasure of lived experience with

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counter narratives – for the freedom for some is not freedom at all it is a privilege sustained through the oppression of others.

**Chapter Overview**

I have organized chapters chronologically. Chapter one begins with historical context, unpacking Black women’s social and physical reproduction during enslavement in the United States and how this informs the Black reproductive politics discussed throughout this inquiry. I examine enslaved Black healers’ networks, focusing specifically on the beliefs and practices of traditional midwives and the critical role they played in Black women’s reproductive health during slavery. I highlight how in the post-Civil War era the professionalization of medicine influenced Black women health care providers, and I contextualize the shifting legal landscape of abortion criminalization leading up to 1973. I conclude this chapter by articulating the reproductive injustices executed by our patriarchal white supremacist state against Black women and how understanding the re-manifestations of these injustices is essential to depicting the nuances of Black women’s reproductive freedom movements.

Chapter two explores the underground networks of Black southern abortion providers during the early and mid 20th century. I trace the networks supporting abortion access through applying a social capital analysis to the primary sources of abortion trial transcripts, ethnographies on the work and social functions of traditional Black midwives and Dr. Edgar Keemer Bass’s memoir *Confessions of a Pro-Life Abortionist*. Transitioning into the post- *Roe v. Wade* era chapter three consists of
analyzing the conversations I had with Byllye Avery and Loretta Ross about their activism in anti-violence and reproductive rights/health during the 1970s and 1980s. I focus on how their work embodies the tenants of the Black Radical Tradition and thus builds upon the work of their predecessors.
Chapter One: Historical Context

Social and Physical Black Reproduction in the Antebellum South

*I am a marked woman, but not everybody knows my name. “Peaches” and “Brown Sugar,” “Sapphire”, and “Earth Mother,” “Aunty,” “Granny” “God’s Holy Fool,” a “Miss Ebony First,” or “Black woman at the Podium:” I describe a locus of confounded identities, a meeting ground of investments and privations in the national treasury of rhetorical wealth. My country needs me, and if I were not here, I would have to be invented.*

– Hortense J. Spillers

The racialization of the Black woman in America is foundational to white supremacy’s multipronged campaign for self-preservation. Historian Evelyn Higginbotham asserts “In societies where racial demarcation is endemic to sociocultural fabric and heritage-to their laws and economy, institutionalized structures and discourses, and to their epistemologies and everyday customs-gender identity is inextricably linked and even determined by racial identity.” 43 The conditions of Black women’s social and physical reproduction during enslavement defines the distinct relationship African American women have with reproductive autonomy. Consequently, it is critical to establish the gendered experience of enslavement in order to contextualize America’s fraught investment in the reproductive lives of Black women– a racialized investment that continues to have cultural and political consequences informing Black women’s tactics of reproductive autonomy.

In this chapter I largely draw upon historian Marie Schwartz’s massive

synthesis of primary source records in *Birthing a Slave: Motherhood and Medicine in the Antebellum South*. Schwartz reconstructs through a social historian lens, the history of enslaved Black women’s reproductive health care in the Antebellum South. Although limited in her clinical analysis, Schwartz’s scholarship provides valuable insight into antebellum reproductive politics and the networks facilitating Black women’s gynecological and obstetric health care.

During slavery in North America the conditions of the child was dependent upon the conditions of the mother. Slave laws, regulating enslavement, converted maternal “blood relations into manmade political relationships” in order to sustain the institution of slavery.44 Thus, for Black enslaved mothers maternity was intricately linked to terms of bondage. Defined as mere property, at the behest of their owner, Black children could be ripped from their parents at any time and sold off to another slave holder. After the United States withdrew from the international slave trade in 1808, the cotton enterprise depended upon domestic enslaved Black women to reproduce labor forces.45 Consequently, slave holders intensified their micro management of enslaved women’s reproductive lives in order to sustain their wealth. It was not uncommon for slaveholders to invest considerable time and energy into “remediating” infertile slaves. Measures taken ranged from purchasing enslaved men

based on “breeding” potential, threatening to sell enslaved women who did not reproduce, encouraging courting and, during the 1800s, inviting medical men to perform invasive “treatments” that were often more harmful than beneficial for infertile enslaved women.⁴⁶ Despite laws and inhumane conditions designed to strip slave women of bodily autonomy, Black women continued to exert agency over their reproductive lives. Willma King’s exploration of motherhood under bondage in “Suffer With Them Till Death” depicts the dire living conditions conducive to high infant mortality rates – Black women in bondage were twice as likely than white women to have their children die.⁴⁷ However, King’s analysis of enslaved women disrupting reproductive expectations depicts how the high infant mortality rate in the antebellum South, in particular, within enslaved populations, does not negate the agency Black women exerted through using abortion, contraceptives, and infanticide to undermine the white supremacist power structure.⁴⁸ Political activist Angela Davis highlights that under the conditions of slavery Black women aborting their pregnancies were not motivated so much by a desire to end an unwanted pregnancy. Instead their decision distinctly stemmed from the oppression of slavery and a desperation not to bring a child into the harsh conditions of bondage.⁴⁹

“Choice”, a mainstream reproductive freedom buzzword implemented post 1972, must be challenged and complicated through historical and contemporary analysis that reveal

⁴⁶ Schwartz, Birthing a Slave, 68-70.
⁴⁸ Ibid., 160.
the pronounced social and economic factors denying some pregnant people the right to choice.\textsuperscript{50} Contextualizing and unearthing individuals’ distinct positionalities to reproductive freedom debases the often inappropriate, ahistorical and universal application of the right to choose.

Investment in Black women’s reproduction is both biological and symbolic. Historian Sarah Haley’s investigation into the gendered experience of Black women convicts during the 18th and 19th centuries depicts how the Black female corporeal enacted the cultural function of the symbolic other to white womanhood. This practice of othering was a performance critical to sustaining the positionality of the “white lady”, a cultural role essential to the preservation of white supremacy.\textsuperscript{51} Dr. Hayley’s analysis of cultural labor in a neo-slavery context is helpful in illuminating how enslaved Black women’s reproduction or refusal to reproduce occurred on a symbolic and cultural plane. Consequently, the work of Black women to control their terms of reproduction is a cultural and physical assertion of agency. A symbolic analysis is required to illuminate the significance of Black women controlling their reproductive lives; especially when subjugated to strong physical and symbolic power structures.

\textit{Black Lay Providers in the Antebellum South}

Economically motivated plantations sought to sustain self-sufficient health care. Enslaved midwives and herbalists tended to be the first responders to medical

\textsuperscript{50} Solinger, \textit{Beggars and Choosers}, 5-6.
needs in slave quarters. Slave owners typically invested in a doctor only when enslaved healers’ methods did not work. Deferring to enslaved lay providers cost slave owners less than calling for country doctors, who tended to be expensive and scarce.\textsuperscript{52} Additionally, enslaved people’s resistance to certain methods prescribed by doctors incentivized slave owners to use alternative healers in order to increase slave corporation.\textsuperscript{53}

The use of enslaved healers on plantations did not just introduce alternative methods of healing but facilitated holistic ideologies of healing that countered western scientific reasoning. Turning to conjurers and folk lore to cure illnesses, enslaved populations used paradigms that connected social-cultural conditions to one’s health, a level of analysis absent from physicians’ work in slave quarters.\textsuperscript{54} Another defining characteristic of enslaved healing tactics was an emphasis on preventative measures. The futural disposition of enslaved healers, for example, prescribing children to wear pungent resin to ward off illness, highlights an assertion over one’s destiny despite the proclaimed absolute power of slave owners.\textsuperscript{55} Amongst enslaved lay providers, women healers presided over reproductive health. Midwives, similar to conjurers, saw their role as a “gift from God.” The incorporation of religion and spirituality into reproductive health care positioned Black midwives in the Black

\textsuperscript{52} Lay provider, which the World Health Organization refers to as a lay health worker, is “a health worker who performs functions related to health care delivery and is trained in some way in the context of an intervention, but who has not received a formal professional or paraprofessional certificate or tertiary education degree.” World Health Organization, \textit{WHO Recommendations: Optimizing health worker roles to improve access to key material and newborn health interventions through task shifting} (Geneva: WHO Press, 2012), vii. \url{http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/978924504843/en/}

\textsuperscript{53} Schwartz, \textit{Birthing a Slave}, 51.

\textsuperscript{54} Ibid., 60-61.

\textsuperscript{55} Ibid., 63.
community with a divine social-cultural capital that operated outside of the white supremacist power structure.  

Southern medicine during the antebellum South was yet another social terrain to enforce and preserve the white supremacist patriarchal power structure. Unlike in the North where there was a rise of malpractice suits, the authority of southern doctors and slaveholders often went unchallenged. Aggressive “scientific” medical tactics fortified the ideals of elite white manhood, while folk medicine was associated with the inferior practices of women. Necessity created the paradox of a simultaneous dependence on Black enslaved lay providers and a fear that enslaved healers’ knowledge would undermine the superiority of white male scientific reasoning. Historian Marie Schwartz cites several enslaved healers who gained recognition in white communities for their healing abilities. In order to subdue Black healer recognition, states like Tennessee made it illegal for owners to allow their slaves to practice medicine. Slave owners were fined for their violation while enslaved practitioners were flogged. Enforcing laws like the one in Tennessee highlight Schwartz’s analysis that once Black healers began to gain recognition, particularly in white communities, they crossed a threshold of power that had to be repressed to sustain the system of enslavement.

57 Schwartz proposes that the higher rate of patients in the North filing malpractice suits against doctors, often in obstetric cases, can be attributed to geographic differences in how physicians were perceived as authoritative figures during the late antebellum. Schwartz, *Birthing a Slave*, 119.
59 Schwartz, *Birthing a Slave*, 57.
Unlike slaveholders’ limited insight into the folk remedies practiced in slave quarters, Black healers, through their positions as servants, patients, and assistants to slave owners who practiced medicine had a level of exposure and insight into the medical practices of white communities. ⁶⁰ Schwartz’s porous depiction of “white” medical knowledge disseminating amongst Black enslaved communities suggests that the frequent advertisement and sales of abortifacients in the 18th and 19th centuries was a source of medical knowledge enslaved healers had access to and could incorporate into their practices. ⁶¹ Abortion is a part of reproductive health. Arguably, the same decentralized informal health networks supporting limited interventions during the antebellum also facilitated the less documented practice of abortion. In this section I delved into the politics of enslaved Black women’s reproduction and the composition of southern Black health care providers during the antebellum. In the following section I progress into the post-Civil War era through defining the history of abortion law. Specifically, I explore how the medical legal regime and professionalization of medicine influenced Black reproductive health care providers.

**Medicine & The Law Post-Civil War**

_Criminalization of Abortion_

To understand the historical significance of Black agency surrounding abortion access pre- _Roe v. Wade_ and the various social dynamic effecting the

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⁶⁰ Schwartz, _Birthing a Slave_, 56.
formation of networks, it is imperative to establish the legal climate of abortion laws
during the 20th century. Anti-abortion sentiment fortified through law is a relatively
new development in the United States. During the 18th and mid 19th centuries abortion
before “quickening” (fetal movement that occurs around the fourth month of
gestation) was legal under common law. In fact, abortifacient herbs such as juniper,
cotton root and Seneca snakeroott were frequently advertised in the press and used
throughout the 18th and early 19th century.62

Historian Leslie Reagan disrupts the notion that anti-abortion policy
developed linearly in her comprehensive documentation, When Abortion Was a
Crime. Instead of reading law as a fixed entity Reagan argues for a re-interpretation
of law as a fluid concept that requires many individuals to uphold it. Through this
paradigm Reagan documents how the enforcement of anti-abortion law was
dependent upon corporation between state officials and “voluntary agencies and
individuals” – a corporative relationship that was complex and shifted over the
decades.63 By 1880 all states had passed laws criminalizing abortion. However,
physicians justifying procedures as therapeutic abortions required to protect the life of
the patient and the ambiguous definition of legal/illegal procedures continued to be
leveraged by practitioners and lay providers to perform abortions in the semi-private
areas of homes and offices.64 Forms of birth control and thus markers of woman
autonomy did not escape criminalization. Under the Comstock Law of 1873
contraceptives were deemed obscene and thus the selling and dissemination of

62 Ibid., 8-10.
63 Ibid., 3.
64 Ibid., 3,5,15.
information regarding birth control methods were outlawed. During the Great Depression of the 1930s Reagan asserts majority of state actors ignored providers of abortion because controlling pregnancies were linked to the wellbeing of the family during economic hardship rather than the feminist “freedoms of women.” The nationwide crackdown on abortion during the late 1940s and 50s was not initiated by a specific anti-abortion campaign. Instead, historian Rickie Solinger astutely notes, the criminalization of abortion during the mid-twentieth century was a part of a larger national anti-vice campaign that sought to purge America of social ills (prostitution, gambling ect.) and foreign influences in order to fortify a “national-self righteousness” during the Cold War.

States depended heavily on physicians to fortify the criminalization of abortion, and during the mid-20th century crackdown, hospitals became a main vector for reporting illegal abortions. Reagan’s analysis suggests that in areas like the deep South, where communities depended upon lay providers up until the 1950s, lay providers possessed levels of autonomy that physicians operating in established medical institutions, under the direct surveillance of the state, did not have. Practicing outside of direct oversight would provide lay providers the space to perform abortions with lower risks of prosecution and contributes to the shortage of sources documenting the historical work of lay providers operating in the rural South.

65 Ibid., 13, 88.
66 Ibid., 14.
68 Reagan, When Abortion Was a Crime, 3,15.
Professionalization of Medicine

The 1900s was an era of sweeping health reforms and the professionalization of medicine. In order to understand the construction of informal networks in southern Black communities that facilitated access to abortion care it is important to situate these networks within the landscape of health policy and the professionalization of medicine which greatly influenced Black lay providers. Women lay providers mainly fulfilled public health needs during the early 20th century. European immigrant midwives and African American midwives provided majority of obstetric and gynecological services in the early 1900s. Up until 1910 fifty percent of all babies were delivered by midwives. In 1930, when deliveries facilitated by midwives dropped in urban areas due to immigration restrictions and an increase in demand for physicians, the South remained dependent on midwifery with 80% of remaining midwives operating in southern states. Southern states, unlike urban areas in the Northeast and Midwest, did not see a significant decline in midwifery until the 1950s.

Susan Smith, in her historiography of Black women’s activism within public health (1890-1950), identifies the unique positionality of midwives. Unlike other health care workers, midwives “were simultaneously the targets and the purveyors of health reform.”72 Ushered in during the Progressive era women’s movement the Sheppard-Towner Act enacted a new epoch of public health reform in order to

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70 Ibid., 119.  
71 Ibid., 119.  
72 Ibid., 118.
address infant mortality rates and maternal health. Although federally sponsored workshops for midwives was only one aspect of the act, midwife workshops, facilitated mostly by white public health workers, and midwifery regulations were the main ways the Sheppard-Towner Act manifested its self in states who heavily depended upon midwife services. A survey of progress reports produced by white public health workers depicts the racist rhetoric, cultural insensitivity and prejudice that underlined federally sponsored initiatives to increase maternal and infant health within poor Black communities and across the nation.\textsuperscript{73} While the Sheppard-Towner Act issued in an era of health reform benefiting the lives of pregnant people and their children, the act played a key role in propelling the campaign to modernize public health through enforcing a social order of the superior white scientifically based medical provider and the trope of the ignorant, primitive and dangerous Black lay provider. Fraser Gertrude’s ethnographic study on the transformation of midwifery and public health in Green River County, Virginia from the turn of the 20\textsuperscript{th} century up until 1960 depicts how the Sheppard-Towner Act institutionalized the criminalization of Black midwives. White physicians, concerned with the portrayal of southern medicine as “backwards” and not up to par with northern modernity, envisioned Black bodies as the antithesis of modern, consequently targeting Black midwives’ traditional practices was viewed as the solution for the South’s image problem. Federal and state health officials failed to attribute high infant and maternal death rate in Black communities to impoverished conditions. Instead, Black midwifery was

often constructed as the scapegoat while physicians were projected as the enlightened saviors even though medical practices were not innately less dangerous than traditional practices during this period. The social body of the Black woman was, and continues to be, associated with filth and innate evil. One physician cautioned that providing Black midwives with new scientific medical techniques would only lead to the destruction of life (via abortions), further depicting that the scientific reasoning and benevolence is perpetually defined as the exclusive property of the white male.

Dr. Fraser asserts, “Through, the Sheppard-Towner legislation, the Children’s Bureau undertook an ambitious venture to colonize and civilize African American midwives and mothers.” Nurses largely facilitated public health programs instituted by the Sheppard-Towner Act. Under nurse supervision Black midwives were subjected to close surveillance, including random medical bag searches. Any item connoting superstitious practices were strictly prohibited. The holistic health practices and traditions of healing rooted in religious belief and folklore were written off by Sheppard-Towner administrators as primitive and dangerous. The prosecutorial environment established through this act prevented unlicensed midwives from seeking physicians help during emergencies or integrating beneficial medical tactics into their work for fear of being caught by authorities. Additionally, Black midwives participating in these programs were subjugated to random inspection of their homes by supervising nurses who investigated sanitary conditions. Introducing state surveillance of midwifery, such as requiring licensing, infringed on Black midwives’

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74 Fraser, *African American Midwifery in the South*, 35, 89, 90, 114; Ladd-Taylor, “‘Grannies’ and ‘Spinsters,’” 258, 262.
autonomy and imbedded state surveillance into the daily practice of Black midwifery.75

The development and professionalization of nursing during the 20th century is beyond the scope of this work. However, the role Black nurses played as facilitators of health care in underserved Black southern communities sheds light on another potential network Black women could turn to as a way to control their reproduction. The establishment of Black nursing institutions during the end of the 19th century and beginning of the 20th century was fueled by Black entrepreneurs. Notably, the early foundation of nurse training institutions was significantly supported by Black women clubs and other community auxiliaries. The grassroots model of communal investment in nursing schools continued throughout the 20th century and positioned Black nurses as the health care professions with the most responsibility to promote Black uplift through health care.76 Albert Dent, superintend of the New Orleans’s Black Flint-Goodridge hospital from 1930s-1940s, was adamant about addressing the rising death rates of Black infants and mothers (a trend that has since reached crisis rates in the 21st century). During Dent’s tenure he designed initiatives to increase the use of Black hospitals amongst poor Black communities. Throughout Albert Dent’s healthcare entrepreneurship endeavors he continued to emphasize the critical role Black nurses fulfilled through extending hospital services into communities of need and serving as interpreters “between doctors and patients, particularly when social differences

75 Fraser, African American Midwifery in the South, 68-77, 112-114; Ladd-Taylor, “‘Grannies’ and ‘Spinsters,’” 261, 269.
threaten to interfere with treatment.”\textsuperscript{77} Contrasting the strict administrative oversight of nurse students and the stringent policing of morality within nursing schools, a majority of southern Black nurse graduates worked in remote areas where they had a greater sense of autonomy than their northern cohorts who tended to work in populous areas under greater supervision.\textsuperscript{78} The positionality of Black southern nurses as relatively accessible and antonymous health professionals, through working in rural areas and having more in common socially and culturally with the communities they served than other health professionals, suggests certain Black nurses were viewed as resources for Black women seeking to obtain birth control and abortions. Black women in southern states sustained the backbone of gynecological and obstetric care. Consequently, Black women lay providers and nurses largely shaped the cultural fabric surrounding women’s reproductive lives in the South.

\textbf{Reproductive Injustice & Its Re-manifestations}

At the heart of the reproductive justice framework as depicted by the Asian Communities for Reproductive Justice (ACRJ) is, “1) the right to have a child; (2) the right not to have a child; and (3) the right to parent the children we have, as well as to control our birthing options, such as midwifery.”\textsuperscript{79} Unearthing the history of reproductive injustice is imperative to understanding the formulation of social and cultural tenets anchoring the assertion of reproductive agency. The historical and

\textsuperscript{77} Ibid., 73, 76.
\textsuperscript{78} Ibid., xxi, 49-50.
cultural context of reproductive injustice varies and is distinct to each community of color and each community of Indigenous people. The various forms of reproductive injustice re-manifests across different centuries. Angela Davis, in her critique of abortion rights activists’ failure to address the entangled history of reproductive health services and racism during the 1970s, unravels the history of state sanctioned corrosive birth control and sterilization efforts implemented throughout the 20th century. Between the inception of the North Carolina Eugenics commission in 1933 and Nail Cox’s monumental lawsuit against the state for sterilization abuse in 1975, the commission had performed 7,686 sterilizations. Disproportionality 5,000 of the women sterilized were Black. Furthermore, the Eugenics Commission’s proclamation that their sterilization program was implemented to prevent “mentally deficient persons” from reproducing highlights the states’ racialized and classist practice of controlling “undesirable” populations. Furthermore, legal scholar Dorothy Roberts makes the salient point that after WWII and the dismantlement of Jim Crow in the 1950s, most sterilization abuses were not enacted by eugenic commissions but by the federal government via health care initiatives. Additionally, Roberts depicts that during this time period the communities targeted for population control shifted from poor whites to institutionalized Blacks. For example, colloquially known as “Mississippi appendectomies” because of the widespread practice of preforming hysterectomies without patients’ consent nor medical cause, it was common for southern teaching hospitals to conduct “Mississippi appendectomies” on

80 Angela Davis, “The Historical Context: Racism, Birth Control and Reproductive Rights.” Race, Poverty & The Environment 4, no. 2 (Summer 1993): 22
81 Ibid.
poor Black women for the sake of teaching medical students.\textsuperscript{82} Epitomizing the spectrum of consequences federal health initiatives enacted, the same Department of Health, Education and Welfare that funded birth control clinics across that nation, enabling people to have more control over their reproductive lives, simultaneously funded sterilization abuse for young girls deemed unfit for reproduction.

Reproductive injustice as it is enacted through forced sterilization is emphasized because it was the main form of reproductive abuse enacted throughout the 20\textsuperscript{th} century. However, historian Rickie Solinger’s analysis of adoption, abortion and welfare politics depicts another manifestation of reproductive injustice that formulated in the 1960s and 1970s. With the large expansions of Welfare benefits during the 1960s and 1970s and the gains of the Civil Rights Movement, poor Black people, in particular, were granted a new level of agency that threatened the social order.\textsuperscript{83} After the legalization of birth control in 1960 and the legalization of abortion in 1973, “Americans got used to thinking of pregnancy and childbearing in terms of choice,” consequently the woman receiving welfare was viewed as the “dependent woman who makes bad choices.”\textsuperscript{84} Controlling the reproductive lives of Black women, once again becomes a primary concern of the state once majority of Americans viewed Black women receiving welfare as undeserving consumers of tax payers’ dollars.\textsuperscript{85}

\textsuperscript{83} Solinger, \textit{Beggars and Choosers}, 145.
\textsuperscript{84} Ibid., 148.
\textsuperscript{85} Ibid., 180.

Adoption became another site of reproductive injustice. Solinger depicts how the social construction of the undeserving, over populating, bad chooser making Welfare Queen trope, has material consequences. Sustaining the Welfare Queen trope contributed to the classist and racist
In this chapter I have delved into the politics of Black reproduction under enslavement, sketched the development of medical systems and Black lay providers’ networks as they relate to abortion access. Additionally, I have depicted the continued legacy of state enacted reproductive oppression and established the legal climate of abortion laws during the 19th and mid 20th century. In moving forward I will draw upon this layered history to contextualize the narratives of Black women abortion providers and illuminate how the work of Black women to secure abortion access in the mid and late 20th century interacts with the legacy of their predecessors.

In the following chapter I conduct an in depth analysis of southern Black networks that facilitated abortion access during the mid 20th century. First, I outline how the trial of two Black women convicted for inducing, or attempting to induce, an abortion during the 1950s complicates the perceived resources Black women leveraged to provide and obtain abortion services before Roe v. Wade. Second, I discuss how abortion practices were incorporated into the work of traditional midwives operating in rural southern communities. Third, I examine the memoir of Dr. Edgar Keemer as a valuable resource that allows insight into how Black physicians before Roe v. Wade provided and accessed abortion services.

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prejudice imbedded in the foster care system where impoverished families are quickly judged and children swiftly taken from homes.
Ibid., 185.
Chapter Two: Underground Networks: Black Providers of Abortion Access Before Roe v. Wade

During a Sunday lull in January 1959, I imagine 22-year-old Juanita Rozzell sighing with dread as she slipped into conversation with friends that she was “expecting.” I envision Juanita turning to an acquaintance to see if they knew someone, who knew someone, who could “help” her because a domestic worker’s wage wasn’t going to cover the doctor’s fee for an abortion. Juanita Rozzell depended upon informal communal networks for contacts in her quest for an accessible abortion procedure. Central to my analysis of primary and secondary sources in chapter two is the process of re-imagining the web of relationships constituting communities.

I harness political scientist Robert Putnam’s theory of social capital to facilitate this re-imagining. Social capital is the product collectively shared throughout networks that enables groups of individuals to access resources intertwined within the communal fabric. Defining elements that facilitate social capital are symbiotic relationships, “trust, reciprocity, and social cohesion.” The erasure of Black women’s experiences from historical records necessitates a lens where their agency is centric to one’s research endeavors. A social capital lens of analysis highlights Black

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Robert Putnam’s public good prospective of social capital is rooted within a sphere of sociology studies focused on how the positive aspects of social capital can be magnified and the negative aspects curtailed. Robert Putnam, Bowling Alone (New York: Simon & Schuster 2000), 22.
women’s agency and unearths the spectrum of power dynamics Black women harnessed for themselves. This lens helps contextualize the different forms of relationships connecting the individual to the larger social sphere that they and their actions exist within. In order to counter the trope of the victimized Black woman we can define the different types of social capital communities can produce to provide insight into the underground networks of Black women abortion providers before Roe v. Wade.

Within the African American community there are instances where intra-communal social capital has been a critical resource for survival in a society that systematically excludes African Americans from mainstream America. Networks, rooted in a complex web of relationships, have nuanced differences that influence the type of social capital produced. Social capital varies depending on “strength of relationships and composition of networks.” Consequently, different types of social capital have different effects on individuals and communities.

Several scholars have defined the three types of social capital: bonding, bridging and linking. Bonding Social Capital tends to form across networks of people who have a strong sentimental connection, usually family and friends. These types of networks tend to consist of people with similar cultural and political backgrounds who have the same level of access to resources. Unlike the close connections of bonding social capital, Bridging Social Capital networks loosely connect dissimilar social groups who tend to have different levels of access to resources and vary from

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90 Ibid., 258.
each other economically, racially and geographically. Bridging social capital is usually generated through connecting with people via organizations and institutions.  

Lastly, Linking Social Capital is cultivated within networks that span across different power dynamics, “connect[ing] regular citizens with those in power.” Fundamental to sustaining linking networks that span across authority differences is maintaining a level of trust and respect.  

Mapping out the various types of social capital produced and applying this lens to sources documenting Black female abortion providers gives insight into the various ways Black women exercised agency over their reproduction.

Largely through the work of Black female providers, in this chapter I explore the question, what were the composition of networks facilitating access to abortion services in Black southern communities before Roe v. Wade? I am concerned with the logistical aspects of creating and maintaining these networks in addition to the social-cultural significance of Black women’s agency garnering access to abortion services. The three main sources I analyze in this chapter are the trial transcripts of Black women convicted of inducing or attempting to induce illegal abortions in North Carolina during the 1950s, ethnographies on the practice and social function of traditional midwives in the South and Dr. Edgar Keemer Jr.’s memoir on his life as a Black abortion provider in the south and Midwest before Roe v. Wade.

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91 Ibid. Sociologist Mark Granovetter elaborates in his 1983 work that lose bridging ties, unlike bonding ties, are valuable in that they are more likely to connect one to a variety of distant “network segments.” Consequently, bridging connections in the labor market lead to more employment opportunities than bonding connections. Mark Granovetter, “The Strength of Weak Ties: A Network Theory Revisited,” Sociological Theory 1 (1983 ): 202, 229. doi:10.2307/202051

Trial Transcripts

Trial transcripts are archives that provide, rare, detailed documentation of Black women’s experiences attempting to obtain and provide abortions before Roe v. Wade. Although trial transcripts are rich primary sources, it is important to keep in mind that statements are well rehearsed and that narratives do not provide the holistic uncensored story but are molded to have a high impact in court. Specifically, the Black women on trial are speaking within the charged space of the courtroom where they are marked with criminality and must navigate the optics of a white supremacist patriarchal law regime. Both cases described here are in North Carolina and involve Black women allegedly attempting to or successfully providing abortions for young Black women.

State v. Geneva Phifer Hoover and Florence Stallworth (1959)

An Introduction

Florence Stallworth, a 52-year old Black Health Department nurse in Mecklenburg County, North Carolina was put on trial in 1959 for attempting to induce an abortion. The testimony of the patient, Juanita Rozzell and Florence Stallworth provide insight on the community stakeholders sought out for abortion procedures and highlights the shift in Post WW-II policing of abortion. Instead of the Pre-WWII practice of targeting abortion providers whose patients died after their procedure, the 1940s and 50s initiated an era where the targets of investigations expanded to include members of the medical community, established physicians and nurses.93

Case Background

Grill restaurant owner Geneva Hoover and public health nurse Florence Stallworth were indicted in criminal court on charges of administering a procedure to Juanita Rozzell with the intent of inducing an illegal abortion. Rozzell testified that when she asked Hoover if she knew of anyone who could perform an abortion she stated she knew someone who could induce an abortion for $75.00. A week later Hoover arranges for Rozzell to come to her house. Hoover then calls Stallworth asking her if she could come to her residence without giving a specific reason. Stallworth testifies that Hoover only asked for Stallworth to examine Rozzell to determine if the young woman was pregnant. Rozzell asserts that Stallworth performed a procedure with the intent of inducing a miscarriage and paid Stallworth $75.00. Immediately upon leaving the house Detective John Severs arrests Stallworth and searches her purse. Detective Serves is unable to locate the fee Rozzell testified paying Stallworth. Detective Serves recovers the $10.00 Hoover paid Stallworth. Stallworth testifies that she did not charge Hoover for the house call and that Hoover paid $10.00 because Hoover was paying her back for money that she borrowed over the Christmas holidays. Defendants plead not guilty. Geneva Hoover did not testify in court.94

Juanita Rozzell’s Search for an Abortion Provider

Juanita Rozzell’s process of searching for an abortion provider before contacting Geneva Hoover depicts the different types of capital Rozzell attempted to

use as a Black domestic worker seeking to terminate her pregnancy. After discovering that her menstruation is late Rozzell attempts to douche with a tablet. She was able to pick up the tablet from a pharmacy using a prescription that she obtained from a friend. In this instance, through bridging social capital the friend from “the country”, described more as an acquaintance than a friend, was the provider of access. Rozzell asserts that she had douched before with the pills occasionally over the last two years, presumably as a form of birth control. However, Rozzell’s use of the pill as an abortifacient failed. The lose regulations of drugs in the 1950s made vaginal pills an affordable first resort for women attempting to induce an abortion. Often vaginal tablets caused severe burns and failed to terminate pregnancies. Rozzell’s initial attempt to self-induce underscores, historian Leslie Reagan’s assertion that due to poverty and/or racial segregation limiting medical options low income and Black women resorted to self-induced abortion methods at higher rates than their wealthier white counterparts, who obtained majority of their abortions from skilled physicians.

After douching with a pill Rozzell turns to another resource, a Black male doctor. Obtaining the contact of a Black doctor who would perform an abortion required Rozzell to confide in and trust a friend within her bonding social capital network who had the doctor’s contact information. Reflective of inflated abortion procedure prices during the heightened inaccessibility of abortion services during the 50s and 60s, Dr. Wilkin required a $200 payment in order to perform the procedure.

95 Ibid., 7.
96 Reagan, When Abortion Was a Crime, 207.
97 Ibid., 137.
Unable to afford Dr. Wilkin’s price, Rozzell reaches out to Hoover who views a non-physician, in this case nurse Florence Stallworth, as the affordable alternative.98

Florence Stallworth’s Positionality

Contextualizing Florence Stallworth’s career history and positionality as a Black nurse in North Carolina during the 1950s unearths the particular attributes that may have made Stallworth and other public health nurses be viewed as potential abortion providers within Black communities. Stallworth’s work as a public health nurse was often conducted in community health clinics or patients’ homes. Thus, Stallworth was embedded into the community fabric through her occupation. School projects and P.T.A meetings are the institutional conduits through which Geneva Hoover met and maintained a loose bridging social capital relationship with Stallworth.99 Communal institutions provided Hoover access to medical personnel outside of her occupational domain as a restaurant manager. Underscoring a key element conducive to building social capital, trust, is the fact that Stallworth lent Hoover $10.00 over the Christmas holidays, an amount borrowed that Hoover was able to pay back.100 Additionally, the ability of Stallworth to lend funds suggests that her profession provides her with a level of financial stability.

The nuances of social capital and networks require the integration of community specific contexts into one’s analysis. Communities within North Carolina’s Piedmont Urban Crescent were prime for Black businesses and Black educational institutions – Black hospitals were no exception. By 1945, North Carolina

99 Ibid., 33.
100 Ibid., 35.
had thirteen Black hospitals, the largest number of Black hospitals than any other state in the nation.\textsuperscript{101} North Carolina’s infrastructure of Black health institutions enabled Florence Stallworth to propel her nursing career into more supervisory positions. Graduating as a trained nurse in 1932 from Freedman’s Hospital in Washington D.C Stallworth moved to Charlotte, North Carolina in 1949 and became a night supervisor at the Good Samaritan hospital. Stallworth then went on to become in charge of three “baby clinics” in Mecklenburg Country.\textsuperscript{102} Florence Stallworth’s position as an established nurse, maintaining multiple supervisory positions, indicates a level of autonomy. Tangentially, reflecting on the previous chapter where nurses operating outside of hospitals had a greater sense of autonomy, Hoover could have viewed Florence as a resource due to her profession as a semi-autonomous health care provider.

Geneva Hoover’s refusal to make a police statement or testify in court leaves out a key perspective from this trial. Consequently, the series of events are mostly narrated from Rozzell’s and Stallworth’s perspective. I can only speculate as to how police authorities became involved. Detective John Severs and Lieutenant Sykes staked out Hoover’s home. They were positioned across the street from Hoover’s house twenty minutes before she arrived with Rozzell on January 16th, 1959.\textsuperscript{103} Exactly how Detective John Severs and his colleagues were informed of Geneva Hoover and Juanita Rozzell’s arrangement remains unclear. However, Rozzell, after


\textsuperscript{102} State of North Carolina v. Hoover and Stallworth, 30, 37.

\textsuperscript{103} Ibid., 15-16.
failing to self-induce an abortion and knowing she could not afford a physician’s price for the procedure, barrowed money from her employer Bernie Stogner to allegedly pay Hoover and Stallworth. The exact occupation of Mr. Stogner is not specified though the trial transcript implies that he works within the Charlotte Police Department.°° Rozzell testifies that Mr. Stogner was under the impression that she needed funds to pay a bill not to procure an abortion.°° I surmise that Bernie Stogner acquired from Rozzell the details of her arrangement and relayed the information to the police department, subsequently leading to the arrest of Stallworth and Hoover. Despite multiple character witnesses in Stallworth’s favor, ranging from medical colleagues to her minister, Stallworth’s established career was left in shambles after the trial.°°

State v. Lucille Furley 1956 North Carolina

An Introduction

The crackdown on abortion operations in the 1940s and 50s, during the postwar era, increased the lucrative ness of procedures, thus incentivizing untrained practitioners to enter the profitable illegal abortion arena.°°° Lucille Furley’s case reveals the niches of resources that people who were not medical professionals or midwives leveraged to provide abortions.

Case Background

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104 Ibid., 11-12, 24-25.
105 Ibid, 11.
Lucille Furley, a 42-year old married Black woman in Fayetteville, North Carolina who operated a junk collecting business and provided childcare, was indicted for using an instrument to induce a miscarriage for Maline Brewington, a 17 year old “colored” girl. Furley denies ever meeting Maline Brewington before the start of the trial. Brewington testifies that a long tube was used during the procedure. Authorities recovered in Furley’s house a hot water bottle, tubes, and a few medical tools she had bought at a junkyard. Two weeks after visiting Furley, Brewington became violently ill and eventually miscarried. Notably, Brewington became severely ill at home, where she was the eldest of five siblings and lived with her mother and father. Deputy Shirley testified that shortly after Brewington miscarried he was called to the household where Brewington lay ill in bed. 108 Brewington told Deputy Shirley that Lucille Furley had induced her miscarriage. Subsequently, Deputy Shirley summoned Dr. Foster to conduct a medical examination of Brewington and collected her testimony. Throughout the trial, prosecutors highlight Mrs. Furley’s lifestyle and previous charges of disorderly conduct, assault, and violation of the liquor law in 1950. Defendant pleads not guilty. Defendant files an appeal to the North Carolina Supreme Court. 109

Accessing Materials to Induce Abortion

Furley allegedly repurposed household items to induce Brewington’s abortion. Throughout the case, prosecutors continue to ask the purpose of various items confiscated from Furley’s house that were found to be suspicious. One of these

108 Deputy Shirley testimony suggests a that a family member of Brewington called the authorities after they discovered someone had induced Brewington’s miscarriage. State of North Carolina v. Furley, 10.
109 Ibid.
objects was a hot water bottle. Deputy Shirley’s awkward description of the water bottle indicates that in his eyes this mundane object is rendered foreign to him because there is an area on the water bottle where a tube could be attached, presumably for douching or administering enema.\(^\text{110}\) Upon being questioned about the water bottle and tubing Furley scoffingly replies that all women in Fayetteville, regardless of their race, have a hot water bottle.\(^\text{111}\) Furley’s rebuke of the line of questioning illustrates her tenacity to refuse to be singled out and criminalized as a working class Black woman. The description of the hot water bottle is reminiscent of a conversation with Loretta Ross, that was conducted for this paper, where she reflected on how her mother had a hot water bottle that stayed in the bathroom, except this water bottle stood out to her because it had a long tube attached to it. It was only later on in life that Loretta Ross understood that this water bottle was used as a form of birth control.\(^\text{112}\) According to Maline Brewington’s account, Furley was able to reappropriate mundane household items, although she was not a healthcare provider, to induce an abortion,

I do not definitely know what Lucille had in her hands, but I think it was a catheter, a tube or something ... she put it in my womb. She kept it there about five minutes. Lucille worked it in a twisting position while it was in my womb. I didn’t feel any effect from it while she was doing that.\(^\text{113}\)

Catheters were common tools used to initiate a miscarriage.\(^\text{114}\) Later on in the trial Furley testifies that the hose Brewington claims was used to induce her abortion was a medical device she possessed through legitimate, legal means. After a doctor

\(^{110}\) Ibid., 11.
\(^{111}\) Ibid., 13.
\(^{112}\) Ross, conversation, 12-13.
\(^{113}\) State of North Carolina v. Furley, 6.
\(^{114}\) Reagan, When Abortion Was a Crime, 76.
performed her bowel operation fifteen years ago Furley had to use the hot water bottle and tubing device to administer enemas.115 Exhibiting a form of linking capital, Furley’s access to certain medical devices due to her operations suggests that individuals who have greater contact with medical institutions via surgery and postoperative care routines have greater access to medical supplies, some of which can be used to induce abortions.

Leveraging the Peripheral Economy and Police Connections

Another access point Lucille Furley had to medical equipment was through her occupation as a junk collector. John Godwin, an employee at Cohen and Green Salvage Company, a yard Lucille Furley frequented to buy and sell junk, testified that in the fall of 1954, the yard had a delivery of casted off hospital supplies. Godwin recalls Lucille Furley being one of many people who bought some of the medical supplies.116 The “metal gadgets and the pitcher and the ladle…the rubber tubes” detectives took into evidence were materials Furley obtained from the Cohen and Green Salvage Junk Yard.117 Furley’s employment as a junk seller placed her in the peripheral socially and economically. Through bridging social capital networks between Furely as a scrap collector and the operators of salvage companies, she gained access to a spectrum of supplies from various industries that she would not have had access to outside of the junk yard, especially as a working class Black woman.

116 Ibid., 35-36.
117 Ibid., 29.
Prior to the trial, the Fayetteville Police Department and Lucille Furley had an established working relationship. Lucille Furley’s positionality within the Fayetteville community was an asset for the local police,

‘DETECTIVE E. D. RIDDLE: At times Lucille Furley has cooperated with the Fayetteville Police Department to great extent, during the last few years. That is what I say. She has been used by the members of the Police Department in assisting in locating people and all that kind of thing.\textsuperscript{118}

Arguably Furley’s value as an informant for the Fayetteville Police department garnered her with limited, but significant linking social capital, a social capital that is not possessed by some of her counterparts. Furley possesses a level of social access to the local community that authoritative figures cannot effectively reach. Maintaining an established connection with the police authority requires a level of mutual trust and can garner (at times a false) sense of protection from certain levels of persecution. Detective Riddle’s diction “great extent” suggests a well established relationship of considerable value. Potentially, Furley’s connection to the police contributed to a level of comfort that could of factored into Furley’s decision to agree to the procedure.

Despite the limitation of court records Lucille Furley and Florence Stallworth’s trials offer unique insight into the infrastructure facilitating abortion access for working class Black women before \textit{Roe v. Wade}. However, these trial records do not include the networks of traditional Black lay providers.

\textsuperscript{118} Ibid., 37.
As touched upon in chapter one traditional Black midwifery has historically been a practice of Black resistance through sustaining healing practices and epistemologies counter to western scientific reasoning. The work of grannie midwives present a different network of abortion providers whose craft in Black women’s health care has been passed down through generations.

**Traditional Midwife Networks**

Contrasting Lucille Furley’s position as someone who did not have training in medicine or traditional healing, sociologist Ruth Shaffer’s study on traditional midwives depicts how abortion access in Black communities was at times embedded within established groups of health care providers. Scholars and activists have woven into their work narratives about traditional Black midwives who provided abortions. However, their positions as abortion providers has not been sufficiently contextualized within their unique social role as Black female health care providers whose community leadership was largely rooted in their positionality as midwives. Schaffer’s research focuses on the social functions of Black midwives who provided “traditional” health care from 1920-1985 in six rural Texas counties. The study highlights the social standing Black midwives accrued and the niche services they fulfilled as community leaders and the sole providers of health care in rural communities up until the mid 20th century.

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Interviews were conducted with 204 subjects. Out of the subjects interviewed, 24 were midwives who had practiced in the six counties, 175 were randomly selected Black men and women who lived in the counties and five were selected women who had background knowledge on midwifery. Schaffer’s study was conducted over a five year period (1985-1990). Interview questions focused on the status of Black women midwives within the community, midwifery techniques and the social interfacing between Black midwives and the white community. During the first half of the 20th century, over 180 midwives operated in the counties studied. Midwives competed amongst each other for a business that enabled them to earn higher wages and avoid menial positions in the sharecropping and domestic laboring industries. Ability to access patients, connections with white physicians, birthing techniques, healthy deliveries and patient satisfaction were defining characteristics of a successful midwife. Although none of the midwives interviewed stated that they provided abortions, 75% of respondents (135 people) asserted that midwives served as abortion providers. Interviewees identified abortion methods such as “massage, herbal teas and ‘doctor methods’ (ie. physically removing the embryo).” Arguably, midwives providing abortions up until the mid 20th-century embodied the holistic approach to

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121 Ibid.,” 95-96.

Anthropologist Laurie Wilkie in her work, *The Archaeology of Mothering: An African-American Midwife’s Tale* addressed the discrepancies in Schaffer’s study between midwife interviewees asserting that they did not induce abortions and the majority of other respondents asserting that midwives did indeed provided abortions. Wilkie maintains that this discrepancy can be partially attributed to respondents internalizing the propaganda of the era that sought to align Black midwives with images of nefarious primal women who sought destruction. However, as Wilkie elaborates, the community informants’ detailed description of abortion methods were sufficient enough for Schaffer to reason that abortion services were available in the community. Laurie A. Wilkie. *The Archaeology of Mothering*, 159-160.
abortion care, where abortion was not an isolated medical event but an aspect of one’s reproductive life that could be obtained from a routine health care provider. Furthermore, aligning with the report’s economic analysis of midwifery occupations, Dr. Shaffer asserts that the prevalence of reported abortion services align with previous studies that argue traditional midwives throughout the globe performed illegal abortions, a service which made up a significant portion of their income.122 Before midwifery started to decline in the 1950s Black midwives were a part of an established web of traditional Black healers whose roles were fortified by the federal government out of necessity.123 Physician investment in medical training sessions for Black midwives and their dependence on midwives to magnify scarce health resources in rural communities provided health care to farm workers and addressed maternal health needs without undermining the segregated hospital system – incorporating Black midwives as assets to white health officials enabled the segregated racist health system to remain quasi-efficient until the 1950s.124 Consequently, quotidian rural southern health care, including abortion care, remained heavily in the domain of Black women.

In the previous chapter medical anthropologist Fraser Gertude depicted how the Sheppard-Towner Act initiated an era of simultaneous medical professionalization and criminalization of traditional Black midwives. However, through a social capital lens Schaffer depicts how Black midwives who could maintain a balance between

123 Midwifery decline in the post WWII era is attributed to a few factors including the desegregation of hospitals, increase in medical insurance available to Blacks, shift in economy leading to more young Blacks migrating to urban centers, national emphasis on hospital births and decline in federal sponsored midwifery training programs
124 Ibid., 90.
their traditional practices and the newly issued medical requirements were able to solidify beneficial bridging capital networks with influential white physicians. Attending lectures and health workshops initiated under the Sheppard-Towner Act enabled midwives to maintain and build upon their white doctor contacts. 125 Before the decline of midwives, midwifery was a relatively elite position within the Black community. Through the health care system certain midwives were able to establish linking ties with white doctors who were apart of selective clubs and had contacts in elite positions, such as lawyers and business owners. Respondents asserted that about 20% of midwives operating in the six counties before 1940 were bridge leaders. Bridge leaders in this context is defined as midwives who had the social capital to leverage their relationships with elite white doctors in order to benefit people within their bonding networks (ie. neighbors and family members).

Respondents identified midwives’ willingness to change their traditional methods, adopt medical techniques and doctors’ confidence in their skill set as key elements to possess in order to have influence over physicians. Relationships with white physicians added to the value of their midwifery services and buttressed their endeavors to support isolated Black communities during segregation. These endeavors included helping obtain employment opportunities for others, fundraising for education fees, securing public relief during emergencies and helping Black people in jail through acquiring bail and advocating for reduced sentencing. 126 The social duties traditional Black midwives in the Texas Bottom fulfilled as community leaders and health care providers suggests that in rural Black communities, pre-

125 Ibid., 92-93.
126 Ibid., 98-100.
1950s, the isolation enforced by segregation, a decentralized medical system and the limitations of medical officials to enforce standards on traditional healers enabled lay providers to work under less surveillance than their urban counterparts. Consequently, abortion as a service could be woven into the duties of certain midwives in a way that was not possible in more urban areas amongst health professionals operating in centralized medical institutions.

In defining different historical networks, it is important to interrogate the broad application of the contemporary pro-choice/pro-life binary. For example, historian Leslie Reagan’s analysis of the distinct eras of illegal abortion in the United States from 1869-1973 emphasizes how the cultural and medical definitions of what was defined as a fetus, an abortion, a child, or “menstruation troubles” varied depending on the time period.127 Reagan’s heed to be mindful of the shifting cultural definitions of abortion and pregnancies across different eras needs to be applied to contexts that vary culturally. As feminist scholar Andrea Smith argues in “Beyond Pro-Choice versus Pro-Life: Women of Color and Reproductive Justice” not all cultures and communities subscribe to the pro-choice/pro-life binary that is deeply steeped in either defining the fetus as not life and thus the pregnant person’s autonomy is prioritized or asserting that the fetus is life and thus abortion must be criminalized.128

128 Andrea Smith cites in her paper a survey she conducted with Indigenous women in Chicago on their stance on abortion. The following survey excerpts embodies the short comings of the pro-choice/pro-life binary, “Example 1: [Smith]: Are you pro-choice or pro-life? Respondent 1: Oh I am definitely pro-life. [Smith]: So you think abortion should be illegal? Respondent 1: No, definitely not. People should be able to have an abortion if they want… Example 2: [Smith]: Would you say you are pro-choice or pro-life? Respondent 2: Well, I would say that I am pro-choice, but the most important thing to me is promoting life in Native communities” Andrea Smith, “Beyond Pro-Choice versus Pro-Life: Women of Color and Reproductive Justice” in *Radical Reproductive Justice: Foundations, Theory, Practice Critique*, ed. Loretta J. Ross et al., (New York: Feminist Press, 2017), 151-153.
Complicating the contemporary bifurcation of the abortion rights arguments provides space to see how certain networks of traditional Black healers had different cultural understandings of terminating pregnancies than other health care providers, like physicians who were often instructed through medical institutions to view abortionists as murderers, Dr. Edgar Keemer, a Black abortion provider who operated for decades before *Roe v. Wade* asserted in his memoir,

> In my years of medical school training, it had been drummed into my head that abortion was a foul deed. My professors had repeatedly fostered the image of an abortionist as a criminal, a murderer, a blight on the profession. Only greed and lack of character could lead a good doctor to perform one, they said.  

Varying definitions and cultural understandings of abortion affect the stigma individuals may face within their respective communities. Analyzing stigma amongst different communities is beyond the scope of this research. However, keeping in mind how stigma can affect access to social capital is important to maintain throughout the analysis of Black networks that facilitated abortion services before *Roe v. Wade*. Erving Goddman, a renowned sociologist known for his work on symbolic interaction defines stigma as, “an attribute that links a person to an undesirable stereotype, leading other people to reduce the bearer from a whole and usual person to a tainted, discounted one.”

Conceivably, different cultural understandings of abortion and

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health care providers’ responsibilities influence community specific stigma which in turn can influence the social capital abortion providers were able to leverage within their networks.

**Physician Networks & The Black Church**

Dr. Edgar Keemer’s memoir, *Confessions of a Pro-Life Abortionist*, is a comprehensive record of a Black abortion providers’ experience before *Roe v. Wade*. Although Keemer was a Black male abortion provider operating in the Midwest and thus is not the focus of this research, his memoir offers rare insight into how the physician networks available to Black people operated in both the Midwest and in the South. Additionally, the influence of Dr. Keemer’s wife, Dr. Bea on their first practice illustrates how some Black female doctors were perceived as allies by Black women seeking to terminate their pregnancies.

Born in 1913 in Washington, DC Dr. Keemer attended medical school in Nashville, Tennessee and eventually opened up a practice in Richmond, Indiana with his second wife Dr. Beatrice (Dr. Bea) joining him as a partner soon after its establishment. Later on Dr. Bea and he relocated to Detroit, Michigan due to racism in Richmond. Specifically, they were denied staff privileges at the local hospital because they were Black. Majority of Keemer’s clients in Richmond were poor whites. However, it was a young Black patient’s suicide that shifted Keemer’s stance on abortion and lead to him providing services beginning in 1938. The patient, referred to as Maggie X, came to Dr. Keemer and Dr. Bea’s practice to request an

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Ibid., 18, 75, 89.
abortion. Maggie specifically sought their practice because she thought a Black female doctor would be sympathetic to her case. Despite Dr. Bea’s stance that Keemer should provide the abortion he refused citing moral and legal reasons. As a result of being denied abortion services Maggie X committed suicide. In this instance Dr. Bea attempted to provide care by advocating on behalf of the patient. Furthermore Dr. Bea’s female identity made their practice more accessible to women who did not like being attended by male physicians. After Dr. Bea joined the practice the number of female patients significantly increased. Although there is no mention of Dr. Bea partaking in abortion procedures her identity opened up a channel of accessibility, providing female patients access to social capital that was not there prior to her joining the practice.

Although this paper broadly focuses on Black southern communities, it is important not to homogenize an umbrella classification that varies greatly by sex, gender identity, geography, religion, sexuality, education and class amongst other factors. Identifying the nuances between different communities is important to understanding the variances of networks. Dr. Keemer’s experience as a medical student depicts how Black students with high level of education in medicine and often from middle and upper middle classes had a different level of access to abortion services than their counterparts. For example, during his time at medical school Dr.

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133 Ibid., 24-25.
134 Ibid., 31.
135 Ibid., 20-21.
136 In When Abortion Was a Crime, Leslie Reagan highlights how working class women seeking abortions were more likely to come into contact with law enforcement. Reagan attributes this to the heightened surveillance of poor communities and because poor women often resorted to inexpensive dangerous abortion methods which alerted authorities due to higher rates of serious health complication and deaths. Reagan, When Abortion Was a Crime, 119.
Keemer was often sought after by his peers when their girlfriends needed an abortion. Because Dr. Keemer was popular and at the top of the class he was seen as someone who is accessible and would have valuable contacts. Edgar Keemer often referred students to a Nashville based surgeon who sympathized with medical students whom would be kicked out of the medical school if their partners became pregnant. The bonding capital between medical students and medical professionals provided a selective avenue of access to skilled providers within the United States. Bonding social capital also played a key role in Dr. Keemer’s practice. Dr. Keemer’s familial bond with his father, a professor and licensed pharmacist in Nashville, Tennessee enabled Dr. Keemer to work with a professional chemist to refine his Leunbach paste abortifacient, increasing the technique’s safety and effectiveness. In this instance Dr. Keemer’s abortion services was greatly supported by the familial capital he was able to tap into as a middle class Black man with highly educated parents and specifically a parent who specialized in chemistry and wanted to support his son’s work.

Another source of valuable capital Dr. Keemer leveraged to support his practice was the Black church. Initially, after moving to Detroit, Michigan in 1939 Dr. Keemer would travel to different churches in the community providing lectures on health care in order to establish more patients. Although Keemer was not advertising his abortion services, patients seeking health services, including abortion care, could gain valuable physician contacts through church events. 

137 Keemer, Confessions of a Pro-Life Abortionist, 27.
138 Ibid., 65.
139 Ibid., 91.
Loretta Ross’s research on reproductive rights advocacy within the African American community unveils how reproductive rights was embedded into the Civil Rights movement up until the post-WWII era and that often Black ministers, like Reverend Adam Clayton Powell in Harlem, New York, were leaders in family planning advocacy. Only during the post-WW II era did Black religious leaders step away from reproductive rights as the onslaught of Eugenic population control programs domestically and abroad mobilized the Black Nationalist movement to oppose family planning initiatives.\(^{140}\) The Black Nationalist patriarchal framework was unable to hold both anti-eugenic sentiments and reproductive rights. Challenging the inability of movements and organizations to embrace reproductive rights while denouncing eugenic sentiment is pertinent to contemporary history and the current Reproductive Justice Movement.\(^{141}\)

Dr. Keemer’s outreach to Black churches builds upon the legacy of Black congregations as fertile ground for political engagement and Black communal advocacy. Ethnographic studies like Hylan Lewis’s 1955 research on Black life in Kent, a rural cotton mill town in York, South Carolina depict how Black churches were (and continue to be) cornerstone institutions within Black communities. Over 90% of the Kent Black community was affiliated with a church during the course of their lifetime and nearly 60% were considered active members.\(^{142}\) Notably, although

\(^{142}\) Hylan Lewis, Blackways of Kent (Chapel Hill: The University of North Carolina Press, 1955), 130.
older men dominated church leadership positions, Black women significantly outnumbered male attendees and maintained a collective power within the institution, a trend that continues today in historically Black Protestant congregations. Sociologist R. Khari Brown and political scientist Ronald Brown’s research on the relationship between social capital generated within Black churches and African American activism suggests that religious institutions can be conducive to political engagement because values such as trust, reciprocity and collective responsibility are constantly fortified within the church. The enforcement of these values strengthen bonding and bridging ties within congregations. Arguably, the social capital networks amongst Black women congregates highlights Black religious institution’s ability to provide valuable social network connections that could be leveraged to access information about abortion and contraceptive services.

Applying the theory of social capital to the history of abortion intentionally brings the community web into the conversation. Consequently, analysis of social capital can aide in overriding the tendency to isolate abortion politically, culturally and within historiographies from the other overlapping facets of life and community. I align with Loretta Ross’s theory that, despite gaps in the archive, ever since women have been having sex with men, “they’ve always wanted to control their fertility”.

Situating abortion access within the larger context of people’s holistic lives fosters

145 Ross, conversation, 6.
new planes for counter narratives of agency to emerge. Specifically, within the histories of abortion applying a social capital lens can be a useful tool in complicating perceived notions of Black women’s reproductive agency.

In the following chapter I thematically explore the formative activist years of women health care pioneer Byllye Avery and women and human rights activist Loretta Ross. Specifically, I examine how their anti-violence and reproductive rights activism during the 1970s and 1980s is intrinsically linked to the work of Black women providers operating pre-\textit{Roe v. Wade} through stemming from the same Black Radical Tradition.
Chapter Three: The Legacy of our Foremothers: Conversations with Byllye Avery and Loretta Ross

“[What is] the fire in your soul that drew you?” - Loretta Ross

On October 13th 2017, excitedly nervous and a bit star struck I walked into the Women’s Studies Research Center at Mount Holyoke College to meet activist and co-creator of reproductive justice praxis, Loretta Ross. As a novice interviewer after a few minutes of introductions and going through the IRB consent form I was ready to dive into our conversation with my first question– but Ross stopped me. She asserted that “you always need to put your own story in your narratives” and asked to hear from me first about what compels me to do this research. After rattling off a few sentences about my experience within reproductive health advocacy Ross skillfully guided me to talk about the “fire in [my] soul” that drives me in this work. At the heart of that fire is being frustrated with the erasure of Black women’s agency in maintaining and defending our bodily autonomy. This is where Ross pushed me to reflect on my own hypocrisy of my research endeavors and the power of “holding somebody else’s truth,”

BROUGHTON-JONES: And so my grandmother, she's from Hope Hull, Alabama. But she moved up North and we are not too close. She is very religious and I am not so I didn't bring up the aspect of my work [my thesis] that deals with abortion access but I did say that part of it is incorporating midwives and she was like "midwives?!" And she was like back in my day there were no M.D's and so she was from a family of eight. She was like we were all delivered by midwives...

146 Specifically, Loretta Ross and I met at the Five College Women’s Studies Research Center.
147 Ross, conversation, 3.
148 Ibid., 4, 6.
ROSS: Can I make you a request of you?
BROUGHTON-JONES: Yes, no please do.
ROSS: Go back and have that conversation with your grandmother.
BROUGHTON-JONES: Okay.
ROSS: Because you have to in a way, give her permission to tell the real story.
BROUGHTON-JONES: mmhmm
ROSS: She has to know you're ready to hear em. So you're not actually doing her a favor by not talking about the reality of your work.
BROUGHTON-JONES: mmm
ROSS: but she needs to hear that you are ready to hear em.
BROUGHTON-JONES: mmhmm
ROSS: Now she still may say no
BROUGHTON-JONES: Yeah.
ROSS: but you, you got to give her the opportunity, the agency to say no.
BROUGHTON-JONES: Okay.
ROSS: Don't just assume that she will say no.
BROUGHTON-JONES: mhmm
ROSS: Cause that contradicts your project. Which is talking about agency.
BROUGHTON-JONES Absolutely [slightly teary eyed].
ROSS: [Laughs]
BROUGHTON-JONES: Ouf (sic) yes [Laughs] that's true, it's going to be hard but no– you're absolutely right. You are absolutely right.
ROSS: It may be easier than you thought it may be harder than you thought. There's no predicting how difficult it is to hold somebody else's truth.
BROUGHTON-JONES: mmhmm
ROSS: But I can attest to how wonderful it is to be gifted it.¹⁴⁹

I am frustrated with the mainstream monolithic projection of “pro-choice” women, a presumptuous projection that silences the nuances of lived experiences and spectrums of faith, class, race, sexuality and gender identity, yet I recycle these silencing assumptions in my relationship with my grandmother. The introspective reflection Loretta Ross initiated touches upon a pervasive theme throughout my conversations with her and Byllye Avery: the spiritual, mental and physical self being as the building block for radical revolutionary change. An interview methodology enabled Loretta Ross and Byllye Avery to depict their ethos through engaging me in praxis. I

¹⁴⁹ Ibid., 4-6.
seek to center their voices and praxis within my analysis. However, before delving into our conversations it is necessary to provide background on the theories informing my framing of their narratives within a broader historical and theoretical context.

**Theoretical Background**

“Most historians talk about runaways, write about runaways. But I became convinced that that language contained and persisted in the notion that slave agency was childlike. Children run away, but what these people were doing was achieving fugitive status.” —Cedric Robinson

The semantic distance between “runaway” and “achieving fugitive status” is the erasure of Black resistance.” Resistance, not the oppressor’s omnipresence, narrates Black history. Cedric Robinson’s groundbreaking Black Radical Tradition paradigm foregrounds the final chapter of this thesis. From a collective past, predating enslavement, birthed the tradition of resisting slavery and its contemporary legacy in order to obtain Black liberation. Robinson argues that Black radicalism is this tradition of resistance founded in the collective past and consciousness of Black people who share a history of African culture, beliefs, enslavement and racialization.  

The liberation Robinson discusses is intrinsically linked to a departure from racial capitalism, a term coined by Robinson himself, which is particularly pertinent to reproductive politics. Racial capitalism refers to how the birth of capitalism was actuated by creating racialized subjects. Subsequently, this racialization schema became imbedded into the social structures capitalism fostered. Thus it is impossible to separate capitalist discourse from racialization.  

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on how racial capitalism undergirds reproductive politics. Historian Jennifer Morgan’s *Reproduction and Gender in the New World Slavery* is a masterful analysis of African women’s central role in the formation of raced based enslavement in the early British colonial project in North America and the Caribbean. Morgan applies a much-needed gendered lens to Robinson’s androcentric Black Radical Tradition.\(^{152}\) In *Killing the Black Body*, legal scholar Dorothy Roberts, provides a critical race theory analysis of American reproductive politics that unearths how the white supremacist state continues to sanction the surveillance and criminalization of Black women’s reproductive freedom in the post-*Roe v. Wade* era. Sociologist Nicole Rousseau’s *Black Woman’s Burden: Commodifying Black Reproduction* provides an in-depth analysis of “the politics of coercion, commodification, and control over the reproductive and sexual lives of African American women” from the mid-1800s to the global and digital age of the 21\(^{st}\) century.\(^{153}\) These scholars have contributed immensely to the growing discourse of Black reproductive politics but they have not made Black women’s agency central to their research endeavors. I seek to help fill this gap in reproductive politics scholarship though focusing my analysis on the agency of Black women.

Thus far we have historicized Black women’s social and physical reproductive autonomy and provided a window into some of the Black southern networks that

\(^{152}\) Jordan T. Camp and Christina Heatherton. ”The World We Want: An Interview with Cedric and Elizabeth Robinson,” in *Futures of Black Radicalism*, ed. Gaye Theresa Johnson and Alex Lubin Johnson, (Brooklyn, Verso, 2017), 99;

http://www.jstor.org/stable/i40085717
facilitated access to abortion pre- *Roe v. Wade*. In this chapter we progress into the post- *Roe v. Wade* era through the activism of two esteemed architects of reproductive justice theory and praxis: health care activist Byllye Avery and human and women’s rights activist Loretta Ross. I apply Cedric Robinson’s Black Radical Tradition paradigm to Byllye Avery’s and Loretta Ross’s activism during the 1970s and 1980s. I argue that both women’s work builds upon the endeavors and agency of Black women abortion providers before *Roe v. Wade* because their activism is rooted in and informed by the same principals of Black radical resistance as their predecessors, “In the Black Radical Tradition [Cedric Robinson] saw a constant struggle for freedom against the forms of oppression that converted humanity and earth into objects of radically different value to be accumulated and owned. In this sense Black liberation included not just Black freedom but a break with the totality of racial capitalism.” I maintain, that the organizing tactics, beliefs, and life stories of Loretta Ross and Byllye Avery embody the tenants of Reproductive Justice which innately calls for Black liberation and a re-imagination of reproductive freedom outside the confines of racial capitalism.

Although the anthology of the history of abortion in Black communities has not been published yet, I argue the anthology should not stop at *Roe v. Wade* (1973) but rather, should continue into the formative years of the Reproductive Justice

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155 As previously delineated, Reproductive Justice praxis rests upon the universal human rights framework. RJ expands beyond abortion rights to holistically address the various forms of reproductive oppression curtailing reproductive freedom. RJ is a departure from the “choice” narrative, which narrowly focuses on abortion rights – a legal entailment upheld by the limited US constitutional right to privacy. Ross, “Conceptualizing Reproductive Justice Theory,” 172-173.
Movement during the 1990s. As several activists and scholars have asserted the legalization of abortion in 1973 did not provide reproductive freedom for all. Asserting abortion rights based on the inferred constitutional right to privacy is a single axis theory and is not sustainable to protect all people’s bodily autonomy. Historian Rickie Solinger depicts how the rhetoric defining access to abortion as a right in the 1960s and early 1970s was soon replaced by the market based term “choice.” Conceptualizing Roe v. Wade as a “consumer protection ruling” undermines every person’s fundamental right to abortion access and bodily autonomy regardless of access to resources, class, race, gender identity, sexuality, religion, disabilities, and citizenship. Instead bodily autonomy becomes a commodity to be purchased by a select few who are deemed “legitimate consumers.” Before delving into my analysis of conversations with Byllye Avery and Loretta Ross it is also critical to have a comprehensive understanding of intersectional theory as this lays at the heart of their advocacy.

Intersectional theory, grounded in Black feminist and antiracist thought, was coined in the late 1980s during an era of diversification in law institutions. Before Intersectional Theory was developed as a term, The Combahee River Collective, a Boston based Black feminist group, expressed a need for an “integrated analysis and practice” to address the many facets of systematic oppression, in their monumental

\[156\] Nelson, More Than Medicine, 9.
\[158\] Solinger, Beggars and Choosers, 4-5.
\[159\] Ibid., 64, 224.
\[160\] This increase in diversity during the late 80s and early 90s sustained a small but significant pool of progressive Black and Brown law scholars whose radical activist roots created a fertile ground for the emergence of intersectional theory. Cho, Crenshaw, and McCall “Toward a Field of Intersectionality Studies,” 789-790.
1977 “A Black Feminist Statement”. Over a decade later, critical race scholar and architect of intersectional theory, Kimberlé Crenshaw issued her groundbreaking 1989 critique of American antidiscrimination law. Crenshaw’s critique of the law’s failure to recognize the unique discrimination of Black women epitomizes the erasure propelled by overlapping power dynamics, “Although Black male and white female narratives of discrimination were understood to be fully inclusive and universal, Black female narratives were rendered partial, unrecognizable, something apart from standard claims of race discrimination or gender discrimination.”

Intersectional theory, since its inception has grown as a lens applied to various disciplines and fields, including reproductive health and reproductive rights. Often misconstrued as a lens narrowly rooted in identity politics, intersectional theory is rooted in the analysis of power dynamics and is fluid in its application. Intersectional theory goes beyond asking the question of who is not included and envisions a paradigm of analysis outside of “allegedly universal, single axis approaches.” Instead it operates on a macro level addressing, “the larger ideological structure in which subject’s problems and solutions [are] framed.”

The formative years of Byllye Avery’s and Loretta Ross’s activism within reproductive health and anti-violence work during the 70s and 80s culminated in the creation of intersectional methodologies that addressed the lived experiences of Black women. For the purpose of this work I am broadening the term providers to include

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162 Cho, Crenshaw, and McCall "Toward a Field of Intersectionality Studies,” 790-791.
163 Ibid., 791, 800.
advocates. Unlike the work of their foremothers, Avery and Ross’s leadership positions and activism as Black women during the climate of the New Left and Women’s Health Movements lends a different level of visibility to their work. Specifically, in this chapter I analyze Avery and Ross’s activism in the 15 years post the legalization of abortion and how their activism is reflective of the work of Black women abortion providers *pre- Roe v. Wade* through building upon the Black Radical Tradition. Notably, my analysis has an emphasis on Byllye Avery’s organizing as she was directly involved in reproductive health during the early 1970s.

*Introduction to Conversations*

On October 13th, 2017 I had the distinct honor of interviewing women and human rights activist Loretta Ross. On November 17th, 2017 I had the distinct honor of interviewing health care activist and women’s health pioneer Byllye Avery. I aspired for Black women’s voices and narratives to be at the center of this thesis. I hope that I have achieved this goal and invite the reader to take their time reading through the block quotes of this section. My intention is not to regurgitate the experiences and practices of Loretta Ross and Byllye Avery in the authoritative voice of “the analyst” and interviewer nor drown out their voices in theory. Instead I attempt to bear witness to their historic activism through thematically organizing and framing their narratives. I hope this framing adds nuance to their fundamental impact on the Reproductive Rights Movement, contemporary reproductive justice discourse and contributes to depicting how their work builds upon the historic legacy of Black women fighting for reproductive autonomy.
My conversations with Loretta Ross and Byllye Avery are at the foundation of my analysis. I also incorporate excerpts from extensive interviews in the Sophia Smith Collection’s *Voices of Feminism Oral History Project* where Loretta Ross and Byllye Avery narrate their life’s work. I have organized my conversations with both activists and supplemental sources into three main themes: 1) violence informing resistance against reproductive oppression; 2) the liberating power of self – the spiritual, mental and physical self being as the building block for revolutionary change; and 3) intersectionality as power. The lifelong activist careers of Loretta Ross and Byllye Avery are rich, and there are multiple events, initiatives, and movements that overlap. For the sake of clarity, below are the consolidated points in their activism lives that our conversations predominantly focused on.

**Loretta Ross**

In 1970 upon entering Howard University Loretta Ross became engaged with Black nationalist politics and involved in tenant organizing, fighting gentrification in the D.C. neighborhoods of Adams Morgan and Capitol Hill.\(^{164}\) Ross was a member of the City Wide Housing Coalition from 1974-1980. In 1976, at the age of 23 Loretta Ross survived sterilization abuse.\(^{165}\) Her doctor’s racist misdiagnosis of her illness over several months lead to her sterilization. Remarkably he was the led doctor of Obstetrics and Gynecology at George Washington University Hospital. The prolonged misdiagnosis lead to an emergency hysterectomy in order to save Ross’s life from complications due to a malfunctioning Dalkon Shield intrauterine device.

\(^{164}\) Ross, conversation, 11.

\(^{165}\) Ross, interview, 182.
Loretta Ross became involved in anti-violence activism and was one of this first plaintiffs to win a lawsuit against Dalkon Shield manufacturer, A.H. Robins. During the 1970s Ross was a part of a D.C. Marxist-Leninist Group and later became involved with the D.C. Rape Crisis Center in 1978 – the first rape crisis center in the nation lead by and serving predominately Black and Brown women. Ross went on to become the executive director of the D.C. Rape Crisis Center in 1979. From 1985-1989 Ross was involved in the National Organization for Women as the Director of Women of Color Programs. During her time as director, in 1987, Ross organized the first national conference on Women of Color and Reproductive Rights.\footnote{Ibid, 76,78.}

**Byllye Avery**

Byllye Avery became involved in Reproductive Rights activism in 1971 when she began referring women in Gainesville, Florida to abortion providers in New York via the Clergy Consultation Service, before Roe v. Wade legalized abortion nationally. During the early 1970s Avery became involved in the women’s health movement through Conscious Raising groups in Gainesville.\footnote{Ibid, “Narrator” page, 87.} Byllye Avery was a member of the National Women’s Health Network’s board of directors.\footnote{Avery, conversation, 7-8; Avery, interview, 15-16.} In 1974 she co-founded the Gainesville Women’s Health Center providing accessible abortion services to women. In 1978 Byllye Avery went on to co-develop and work at the alternative birthing center, the Birth Place until her departure in 1980. After the Birth Place Avery was a liaison within the Comprehensive Education and Training Program at Santa Fe Community College in Gainesville, Florida where she worked\footnote{Avery, interview, “Narrator” page.}
with students who were returning to complete their degrees after being pushed out of the education system. In 1983 Avery was a lead organizer of the first National Conference on Black Women’s Health Issues at Spelman College in Atlanta, Georgia. Out of this conference the National Black Women’s Health Project (now known as the National Black Women’s Health Imperative) was born, establish as an organization in 1984.

I begin my thematic analysis by examining how violence influenced Byllye Avery and Loretta Ross’s activism during the 1970s and 1980s. I then proceed to explore how Avery and Ross’s incorporation of self-reliance into their theories and practices emulates the Black Radical Tradition. I conclude by depicting how intersectionality was a source of power and a valuable organizing tool during their formative years of reproductive rights and anti-violence organizing.

**Violence Informing Resistance Against Reproductive Oppression**

After replaying and re-reading my conversations with Byllye Avery and Loretta Ross I saw how violence was a centric resistance point for their activism. I do not seek to invoke this violence in the fetishized ritual showcasing of the spectacle of Black pain, a pervasive pattern Black Studies scholar Saidiya Hartman identifies in her renowned work, *Scenes of Subjection: Terror, Slavery, and Self Making in Nineteenth-Century America*. Instead I seek to depict how the undercurrent of

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170 Ibid., 24; Avery, conversation, 15.
violence imbedded into the charged landscape Ross and Avery fought in for reproductive freedom was a point of departure for their activism but not a defining feature of their agency.

“You got to understand” was a phrase repeated throughout my conversation with Byllye Avery. Avery was trying to paint for me the climate she worked within on the cusp of Roe v. Wade and immediately after the landmark decision. In recounting the headlines filled with stories of women dying from self-induced abortions or unskilled practitioners before 1973, Avery emphasized that the death rate due to unsafe abortions was significantly higher for poor Black women who did not have the same resources as their wealthier, white counterparts. Avery paralleled the environment to the current wave of unarmed Black men (and Black women) being murdered by police officers,

*AVERY: She just went into a motel room and they found her dead on the floor in the motel room. They would also show up at the hospital with really bad infections. You know from illegal abortions or from their attempts to self-induce. So this was what the climate was and I mean you would be hearing about it. It sort of reminded me of, you known, when all of the Black men were being shot by the police... It was times sort of like that. Like every two or three days or every week or so at least, you'd hear about another, you'd hear about another. I remember when that was occurring more frequently that was the same sort of feeling that we had in the 70s when women were dying from illegal abortions.*

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173 Avery, conversation, 7, 13.

175 Avery, conversation, 5.
The rhythm and repetition of the phrase “you'd hear about another, you'd hear about another” encapsulates the unrelenting waves of women dying. Avery’s comparison of the feelings she experienced while women continued to die from inadequate abortion care before Roe v. Wade – deaths that were preventable – to the feeling of seeing the murder of unarmed Black people by law enforcement habitually displayed on news cycles contextualizes the necropolitical landscape Avery worked within.

Violence and death does not define Avery and Ross’s agency. However, the realities of reproductive injustice Black women experienced informed both activists’ work. In 1971 Byllye Avery began referring women in Gainesville to safe abortion providers in New York through New York based Clergy Consultation Service, a coalition of religious leaders who offered abortion counselling and referrals for safe procedures before Roe v. Wade. Initially only white women who had the means to travel reached out but soon Avery and her colleagues received calls from Black women who did not have the means to travel to New York. The first Black woman who contacted Avery and her colleagues could not afford to travel out of state and resorted to a fatal self-induced abortion. Her death underscored for Avery and her fellow organizers that simply having access to information was insufficient; abortion care needed to be accessible. The opening of the Gainesville Women’s Health Center in 1974 enabled a

176 See Leslie Reagan’s When Abortion Was A Crime. Reagan cites how therapeutic abortions conducted in hospitals before Roe v. Wade were extremely safe, maintaining a mortality rate lower than childbirth. Consequently, Reagan asserts that the rising maternal deaths due to abortion in the 1960s was not because safe abortion procedures did not exist. Instead, the law, criminalizing abortion created a public-health crisis where women’s access to safe procedures were severely limited. Thus, during the heightened period of abortion repression in the 1950s and 1960s, pregnant people out of desperation turned to unskilled practitioners and unsafe self-induce methods to terminate their pregnancies. Reagan, When Abortion Was a Crime, 193, 213-214.
new level of accessibility to abortion services for low income Black women in the community.\footnote{177}

Unlike Byllye Avery, Loretta Ross’s initial years of activism within reproductive rights was not within the sphere of abortion access. Ross’s experience as a survivor of rape and incest earlier in her life and of sterilization abuse at the age of 23 shaped her entryway into reproductive rights.\footnote{178}

ROSS: After I woke up in George Washington University hospital and that doctor told me "well it's a good thing you already had a baby because we had to do the sterilization to save your life." I was twenty-three years old. I mean that just pissed me off. The way he blithely assumed that I didn't want to have any kids, any more kids ... That – he probably more than anybody else pissed me off the extent that– if I could say one asshole made me a feminist it was him. [laughs] I mean I had experienced, the rape, the incest and all of that much – obviously before then. But I didn't know at that time that there was something I could do about it."\footnote{179}

... 

ROSS: that’s how I entered the reproductive rights movement, protesting sterilization abuse. It was in the mid-’70s that — ’72, ’73, was when a lot of data came out about the Indian Health Service and forced sterilization of the women. Um, I felt that I suffered sterilization abuse, not because a doctor just illegally sterilized me but the whole Dalkon Shield thing and the way it led to sterilization unnecessarily. So there was no opposition to abortion, but at the same time, we certainly were more against population control than for individual control.\footnote{180}

Ross’s identification of the doctor as the “asshole” who made her a feminist, whose racist disposition and misdiagnosis of a malfunctioning Dalkon Shield lead to her sterilization, highlights the personal experience of reproductive oppression igniting a specific inroad into reproductive rights activism. Although Avery and Ross entered
reproductive rights activism through different avenues the systematic curtailment of Black life through state sanctioned reproductive violence was a shared condition shaping their commencement of reproductive rights organizing.

The initial platform for Ross’s anti-violence organizing was the DC. Rape Crisis Center. The center’s focus on fighting sterilization abuse and population control instead of abortion rights arguably reflects the lived experiences of the staff and clients of the D.C. Rape Crisis Center who were predominantly Black and Brown women.Editors of the anthology Radical Reproductive Justice: Foundations, Theory, Practice, Critique succinctly identify how reproductive power dynamics between the State and the people vary, “Because controlling the reproduction of a community is vital to the process of controlling its destiny, the nation-state places different values on different reproductive bodies.” As discussed previously, the distinct positionality of Black women and their racialized reproduction to the state undergirds systems of reproductive oppression which inform tactics of resistance. The violence Byllye Avery and Loretta Ross addressed in their activism is a part of the longer legacy of material and symbolic violence the U.S. white supremacist settler colonial state has committed against Black women to buttress the white patriarchal power structure. Historic and contemporary violence against Black women’s reproductive autonomy is apart of reproductive freedom discourse but it is certainly not the totality of Avery’s and Ross’s work.

181 Ibid., “Narrator” page.
The Liberating Power of Self

Transitioning from the impact of violence to tactics of empowerment, I return to Ross’s and Avery’s depiction of how the spiritual, mental and physical self being is the building block for radical revolutionary change. Immediately following 1983 National Conference on Black Women’s Health Issues, before the Black Women’s Health Project was formerly established as an organization, Avery and fellow organizers of the conference started facilitating self-help groups across the nation.\(^{184}\)

\textit{AVERY: So I'll just have to tell you the whole building of the Black women's health movement was definitely in divine order. And the beginning was still with a lot of energy a lot of sudden awareness and we started doing consciousness raising. We called it something else, we called it self help. We'd bring women together ordinarily up in the north Georgia Mountains and we would talk about the stories of our lives and we learned about who we are and we learned about our issues from ourselves. And that's what I meant by breathing life into ourselves. We learned it from ourselves.}^{185}\n
Byllye Avery depicts how the self-help praxis was at the foundation of the Black Women’s Health Movement. Taking health care into one’s own hands and challenging the absolute power of the medical institution was a part of the larger feminist women’s health movement. However, centering Black women’s lived experiences enabled a framework to address the needs of Black women that could not be addressed in the white dominated feminist women’s health movement.\(^{186}\)

Specifically, Byllye Avery asserts, “we would talk about the stories of our lives and we learned about who we are and we learned about our issues from ourselves. And that’s what I meant by breathing life into ourselves.”\(^{187}\) Avery is referencing a speech

\^184 Avery, interview, 30.
\^185 Avery, conversation, 12.
\^186 Avery, interview, 87.
\^187 Avery, conversation 10-11.
she gave in 1988 in Cambridge, Massachusetts that was later edited and published as an article “Breathing Life into Ourselves: The Evolution of the National Black Women’s Health Project.” The article highlights how only increasing access to health information is insufficient to address Black women’s health issues that are symptomatic of larger social-economic problems effecting Black women in a particular way. Self-empowerment and intergenerational dialogues are imperative to address health in the long term.\(^{188}\) Loretta Ross (interviewer) and Byllye Avery expands upon this is the *Voices of Feminism Oral History Project*,

ROSS: I would suggest that the National Black Women’s Health Project married real personal empowerment to health care, because it wasn’t enough to have the information. You have to feel empowered enough to act on that information.

AVERY: Absolutely.

ROSS: Would you agree with that assessment?

AVERY: Totally. No, no, no. It’s absolutely true, because white women had a sense of entitlement that we didn’t have, and so we had to give ourselves permission to be entitled, give ourselves and give each other permission to be entitled. And that’s what made the marriage work, exactly what made it work.\(^{189}\)

The importance of empowerment through a self-help philosophy is well established by activists invested in women’s of color health, including but certainly not limited to Byllye Avery, Loretta Ross and Dázon Dixon Diallo.\(^{190}\) My analysis builds upon this dialogue by illuminating how the self-help framework, pioneered by Byllye Avery

\(^{188}\) Avery Byllye, "Breathing Life into Ourselves,” 4-10.

\(^{189}\) Avery, interview, 87.

and the National Black Women’s Health Project in the early 1980s, stems from a longer Black Radical Tradition of defying subjugation through sustainable self-reliance. I am reminded of Loretta Ross’s critique of the pro-choice movement, mainly its incomprehensive understanding of intersectionality, white supremacy and failure to provide “radical alternatives to neoliberal capitalism and its emphasis on rights and choices.” Although reproductive justice as a framework was not established until 1994, the Black women’s self-help philosophy was a radical challenge to white supremacy and the capitalist market of medical institutions. It positioned Black women as the orators of knowledge and their lived experiences as the basis of action “we learned it from ourselves.” Applying the social capital analysis explored previously, the self-help praxis, as a peer support methodology, is an assertion that the power and resources comes from within and is not dependent upon lose ties to external social spheres. “We learned it from ourselves,” is the cultivation of bonding social capital. This statement echoes across the history of enslaved healers whose alternative methods of healing and ideologies that connected health to larger social-cultural factors countered white physician’s western scientific reasoning. Traditional Black midwives who transferred knowledge and skillsets down to the next generation and who, during the Sheppard’s Towner era of medical professionalism and criminalization, maintained their traditional practices while adhering to new medical standards asserted “we learned it from ourselves.”

192 Aldrich and Meyer, 258.
193 Schwartz, Birthing a Slave, 60-61.
194 Schaffer,” The Health and Social Functions of Black Midwives,” 92-93; Fraser, African American Midwifery in the South, 68-77 112-114.
Additionally, Loretta Ross and Byllye Avery emphasized the importance of intergenerational sharing, self-care and granting permission for Black women to tell their truths as sustainable health practices and mobilizing tactics to de-stigmatize abortion with the end goal of self-liberation.\textsuperscript{195} Ross specifically spoke of a need to return to ancestral roots,

ROSS: Those are – we're not doing each other any favors by not having this intergenerational sharing and education. You don't want to replicate the White Supremacist's world where we become ahistorical and not have our stories totally integrated with our ancestors.

BROUGHTON-JONES: Mhm, yeah, no absolutely. That erasure. We can't--.

ROSS: It's gotten us this far. We don't even need to be embracing the concept that it is not vital to ... who we are as a people and how we've made this millennial journey.\textsuperscript{196} ...

ROSS: You know I've been writing reproductive justice theory about the importance about a non-European philosophical basis. So I've been reinvestigating Ubuntu and Confucianism. As to ways of resting Reproductive Justice on an interconnected universal and ancestor based understanding of the world.

BROUGHTON-JONES: [Sigh] Yeah, that's a beautiful future to behold, I'd like to have that.

ROSS: Well it's actually, it's the same Sankofa concept, we are returning to the past to bring from that which we need in the future.\textsuperscript{197}

Ross’s phrase, “millennial journey” highlights how her growing theorization of Reproductive Justice is rooted with an extensive past. Aligning with Cedric Robinson’s depiction of a collective African past and consciousness that pre-dates

\textsuperscript{195} Avery, conversation, 7-8, 17-18; Ross, conversation, 15-17.
\textsuperscript{196} Ross, conversation, 7-8.
\textsuperscript{197} Ibid., 8.
enslavement Ross proposes an alternative paradigm to a white supremacist lens that racializes Black, Brown, and Indigenous people as ahistorical subjects. Arguably, Loretta Ross redefines the individual, in this instance the African American woman, as someone who is intrinsically linked to a rich past. Consequently, it is through the teaching and resources of one’s past that reproductive liberation can be obtained—instead of outsourcing, one’s own ancestry is at the foundation of obtaining self-liberation.

**Intersectionality as Power**

In this section I explore the tactics of organizing both activists instituted during their formative years of anti-violence and reproductive health organizing in the 1970s and 80s. Examining Avery’s and Ross’s involvement in multiple movements and activists spheres over a concentrated period of time highlights the powerful platform intersectionality provides for coalition building – subjugated positionalities under a capitalist white supremacist structure can be converted into positions of power through alliances within other factions fighting against the white supremacist patriarchy. The overlapping nature of power structures requires social issues to be addressed on multiple fronts. Arguably, this creates a spectrum of organizing where the collective resource of movement cross-pollination is likely to occur due to the interlocking composition of oppressive systems. Ross’s freshman year at Howard University in 1970 was a defining time for her political consciousness and entryway into activism. Gaining exposure to Black Nationalism and Black women’s

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consciousness Ross became involved in tenant organizing and a DC Marxist-Leninist study group.199

ROSS: As tenants organizing we were not only fighting the gentrification of Adams Morgan and Capitol Hill in Washington D.C., in the early 70s, but we helped pass the city's first rent control bill in 1974. I think New York had done rent control before then. We were part of a national housing and tenants' rights movement. Through that, I got introduce to a woman named Nkenge Toure, who had been in the Black Panther Party. So she brought me to the D.C Rape Crisis Center that brought me to Black feminism and all the rest, as they say –

BROUGHTON-JONES: is history.200

... 

ROSS: I like getting interviewed because it always reveals more stuff out of my brain that I didn't say the first time around. One of the things that helped me learn about new issues was that I was at a radical DC study group, a Marxist–Leninist group. And so a lot of time, just through the copious amount of readings, the studying, the interactions with other ML groups, we learned about other issues that we didn't necessarily focus on. And so I think I was reading something from CARASA, The Committee for Abortion Rights and Against Sterilization Abuse that just came to me by way of one of the other ML groups. And that's when I first heard about abortion rights.201

Nkenge Toure’s activism within the Black Panther Party, Anti-Rape movement (which began in 1972)202, and tenant rights organizing epitomizes cross-movement organizing that addressed the niche oppression of Black women. Ross identified tenant activism as the organizing circle through which she met Nkenge Toure.

Notably, in the Voices of Feminism Oral History Projects Ross specifies through the tenant organizing group, City Wide Housing Coalition, she was introduced to a Marxist Leninist study group where she subsequently met study group member

199 Ross, interview, “Narrator” page, 70.
200 Ross, conversation, 11.
201 Ibid., 14.
202 Ross, interview, 72.
Nkenge Toure.\textsuperscript{203} Participating in a radical intersectional D.C. study groups provided Ross exposure to a range of paradigms, organizers and issues, including abortion rights. Ross underscored how unlike the fast-paced technological age of the 21\textsuperscript{st} century the avenues of communication between different pockets of Black feminist organizers in the 70s were limited. Often activists organizing around reproductive rights and antiviolence work were unaware of similar efforts occurring a few states away. \textsuperscript{204} The limited forms of communication contextualizes the unique value of participating in a Marxist-Leninist study group. The nature of the study group enabled participants to accumulate bridging relationships that mutually benefited the network’s collective knowledge and political organizing contacts. Specifically, for Ross the group lead to her working within and later becoming the executive director of the D.C. Rape Crisis Center in 1979.\textsuperscript{205} Organizing within the D.C. Rape Crisis Center stimulated the growth of intersectional politics, “the Rape Crisis Center was the place where we married Black feminism to our nationalism.”\textsuperscript{206} The documentation of Ross and Avery’s progression of political consciousness underscores how different intersectional theories are valuable organizing tools.

Unlike Loretta Ross’s initial years of activism Byllye Avery’s formative years of organizing began in health care within predominantly white feminist spaces in Gainesville, Florida. Avery, in a follow up interview to the \textit{Voices of Feminism Oral History Project with Sinister Wisdom: A Multicultural Lesbian Literary & Art

\textsuperscript{203} Ibid., 81.
\textsuperscript{204} Ross, conversation, 14-15.
\textsuperscript{205} Ross, conversation, 11; Ross, interview, 87.
\textsuperscript{206} Ross, conversation, 13.
Journal, identifies her work at Shands Teaching Hospital as the space where her health consciousness, initiated by her husband’s death in 1970, gained a feminist lens through the Women’s Health Movement.207 Notably, Avery identifies her development as a feminist in Gainesville as the time when she began to embrace her lesbian identity. Finding acceptance and spaces of lesbian sexual empowerment within white feminist organizing circles contributed to how Avery interacted with and contributed to activist communities within Gainesville.208 Throughout my conversation with Byllye Avery and within supplemental interviews it was evident that bridging relationships with white feminist health organizers was formative in her development as a health care activist.

Trail blazing African American Reproductive Rights activist Avery was an astute architect of restructuring feminist health epistemologies and resources of white organizers to address the lived experiences and reproductive health needs of Black women. During the interview with Loretta Ross for The Voices of Feminism Oral History Project Byllye Avery narrates how learning to navigate between the white dominated Women’s Health Movement and the Black community of Gainesville was an on going process,

AVERY: I have to admit, during those times, I was avoided by a lot of Black women, because they didn’t know what they thought about these issues and they didn’t want to talk about them, and also because of the whole stigma in

the Black community and the taboo around we do one thing but we don’t talk about it, and it’s OK as long as you don’t talk about it. You don’t flaunt it. And here we were, talking about abortion, opening up an abortion clinic and doing all this stuff. And they didn’t know what to do with me. They didn’t know what to do with me. What I later learned is that they admired me. They were glad I was there, but they just didn’t know what to do with me. I felt alienated and isolated, because they didn’t know what to do with me. So, slowly but surely, one or two Black women would come into town, who would be open to talking, you know, et cetera. So, I guess I sort of learned how to move back and forth between the worlds. And then, out of that I create a larger world, which is what I was able to do with the Black Women’s Health Project, and still move back between the worlds.209

Byllye Avery touches upon the racialized differences between how white women and Black women conceptualized health care within the private personal sphere and public political sphere. Through the analysis of my conversation with Byllye Avery and supplemental material I aspire to document how intersectionality was essential for Avery’s deft navigation between these two worlds during her time in Gainesville, Florida which ultimately lead to the creation of a “larger world” – a new language to support, sustain, and fight for Black Women’s reproductive freedom through the founding of Black Women’s Health Project in 1984.210

After conducting a presentation with colleagues at Shands Teaching Hospital on the state of women’s health, including the climate of deaths due to unsafe illegal abortions, women began asking Avery and her colleagues about how they could obtain a safe abortion.211 Initially only white women who had the means to travel reached out. Avery and her colleague in 1971 began facilitating referrals for legal safe abortions in New York through the New York based Clergy Consultation Service. In

209 Avery, interview, 66-67.
210 Ibid.
211 Avery, conversation, 5.
1970, when abortion was legalized in New York the Clergy Consultation Service opened their own clinic which was the facility women helped by Avery and her colleges traveled to for abortion care.\(^{212}\) Contrasting Avery’s later access to Black networks in Atlanta, Georgia who had monetary and political influence to help establish the Black Women’s Health Project in 1984, Avery emphasized that majority of the resources she was able to benefit from during her time in Florida came from the networks white feminist activists in Gainesville possessed.\(^{213}\)

*BROUGHTON-JONES:* And I was just curious how did you obtain the contact information [of the Clergy Consultation Service]?

*AVERY:* I can't tell you that and I don't know if I was the one who did it or whether Laura (pseudonym) did it or if Beatrice (pseudonym) did it. I don’t know. Anything I tell you would be just a guess.

*BROUGHTON-JONES:* Okay, no, no worries.

*AVERY:* Involving that part of it -- They had a lot more --. They were both bright women, one Jewish and one just white Caucasian. So they had a lot more resources and all than I did. I didn't have those knowledge of -- a big knowledge of people, the cities --. I would imagine they probably called -- I just don’t know who they called. They got in touch with somebody.\(^{214}\)

*BROUGHTON-JONES:* ...When I was reading through the founding of the Gainesville Women’s Health Center and your skilled campaigns in terms of gaining financial funding or gaining items to put into The Birth Place. I was wondering if you saw a difference in terms of community stakeholders who were invested in the founding of the Gainesville Women’s Health Center, which did provide abortions. And then community stakeholders who were invested in The Birth Place. Or if they came from similar backgrounds or niches within the community?


\(^{213}\) Avery, conversation, 13-14; Avery, interview, 31.

\(^{214}\) Avery, conversation, 6.
AVERY: They were pretty much the same. They were just friends and all. People who we could get a thousand dollars from here, get 2,000 or 200 dollars over here. It was just— it was the same. They were mostly white people who did all of that.

BROUGHTON-JONES: mmhmm

AVERY: There were not any African-American people who gave us money or had any power to open any doors or anything like that. All that furniture I begged up and begged it up from white people. 215

... Working within white feminist organizing circles in Gainesville provided Avery access to monetary resources and exposure to feminist ideologies that enabled Avery, as she has asserted to move “back and forth between the worlds.” 216 Avery’s campaign for financial support from white donors increased accessibility of abortion access. The founding of the Gainesville Women’s Health Center in 1974, after the legalization of abortion nationally, enabled Avery and the other co-founders to provide abortion care to Black women who could not afford to travel out of state—although the Black population in Gainesville was less than 20% more than half of patients obtaining abortion procedures were Black. 217

During Byllye Avery’s time in Gainesville she engaged in several initiatives to disseminate the information she had gathered from white dominated women’s health advocacy circles to Black women in the community. After attending several women’s health conferences over the years Byllye Avery reached out to Black women leaders in the community, inviting them to discuss Black women’s health and how to engage other leaders in health advocacy. Eventually after several outreach

216 Avery, interview, 67.
217 Ibid., “Narrator” page, 15, 17.
attempts Avery was able to congregate four or five community organizers. In addition to the difficulty garnering Black women’s engagement in health advocacy Avery discussed the difficulty of engaging Black female patients within the clinical sphere of reproductive health. There were distinct differences between how Black patients and white patients used the Gainesville Women’s Health center. Majority of the Black patients would go to the Gainesville Women’s Health center to obtain abortion care and not use the clinic’s Well Women’s GYN resources which focused on learning about one’s body and gynecological checkups. The Well Women’s GYN services was predominately used by white students from the University of Florida who wanted a better alternative to their campus health center.

BROUGHTON-JONES: Building upon that and you did mention the discrepancy between who came to the clinic for abortion services and then who came to the clinic for the GYN whole well women's health clinic and so I was wondering in terms of mobilizing the Black community members that you worked with around initiatives related to birth control and abortion, or related to them accessing these services, like what tactics do you feel were the most successful and then why do you think these tactics were successful and then like wise what tactics were unsuccessful and why do you think –.

AVERY: I mean there were –. I would go out and leaflet the community and put flyers in people's mailboxes and all that kind of thing. We would, whenever we went by to talk on radio shows and all that kind of thing, it didn't do anything in terms of increasing the Well Women's GYN population. Only it really remained a service for people in crisis. It was only after I founded the **Black Women's Health Project**, that I learned how to reach out, how to galvanize Black women. [inaudible 22:20]. All my attempts in Gainesville were pretty much failures.

Failure, defined as, “a failing to occur, be performed, or be produced; an omitting to perform something due or required” takes on new meaning within the Black

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218 Avery, conversation, 11.
219 Avery, conversation, 8.
220 Ibid., 10.
221 According to the online Oxford English Dictionary (OED)
Radical Tradition. The Black Radical Traditional redefines failures as actions of consequence contributing to the tradition of resistance. Placing Avery’s outreach within this tradition illuminates how her efforts were not inconsequential. She was persistent is sustaining a space for potential Black patient engagement. Adopting this perspective reframes actions that are often dismissed as unproductive, into actions of positive consequence that influence future organizing. This is particularity pertinent to Byllye Avery and other reproductive rights leaders who were the vanguard of the contemporary Reproductive Justice Movement—whose seminal visions were foundational to movements decades later. The act of carving out spaces for connections was not a failure – it was an accomplished persistence that laid the groundwork for Avery’s future work as a reproductive rights activist.

Building upon her persistence I argue that Avery’s founding of the Black Women’s Health Project and the development of an effective outreach methodology was due in part to a new lens of intersectionality Avery developed during her final years in Gainesville. In particular, her work outside of health care enabled her to construct a praxis that explicitly address Black Women’s health needs and reproductive freedom. After the founding the Birth Place in 1978 Avery left the alternative birthing center in 1980 and began working within the Comprehensive Employment Training program (CETA) at Santa Fe College in Gainesville. The program was designed for students who had been pushed out of the education system. CETA enrollees received hourly wages for attending courses. Despite a wage supplement several students struggled with absenteeism due to chronic illnesses and

child care needs. Byllye Avery identifies working and speaking with Black women enrolled in CETA as a defining experience that pushed her to think of Black Women’s health on a macro level,

AVERY: I asked them, well tell me about your health, how is your health? And they would talk about having diabetes and hypertensive and having Lupus and having all these diseases that I didn’t realize younger women had because mostly I didn’t have any of them when I was younger, you know what I am saying. And I didn’t have– I did have an illness before, before my husband died. Yeah you’re right, I did have an illness before my husband died, a serious illness. I hadn’t thought of it. But didn’t see myself as a person with a lot of illnesses even though I did. They probably didn’t either. And uh, this is a new insight, they probably didn’t either.

AVERY: Some of the reasons Black women didn’t line up so much behind abortion was because they were dealing with some other more serious issues, health issues. And they thought abortion as a thing that happened only when you needed it. It's not something that you wake up with that you have every single morning of your life. And so that caused me to think about the difference between the way white women view their health issues and Black women. Because if you asked white women at that time what was the number one health issue they would say access to abortion (39:37). But if you ask Black women they might say high blood pressure, diabetes, da-da-da-da. Access to abortion may not be on the list or it might be way down on the list. But they more were dealing with issues, the social economic status, housing issues, like having trouble with their men. You know not having enough money. Having low paying jobs. Having to –.223

Specifically, interactions with Black women outside of the reproductive health sphere of The Gainesville Women’s Health Center, the Birth Place, and the majority white female National Women’s Health Network is what planted the seed for Byllye Avery to establish the National Black Women’s Health Project in Atlanta, Georgia.224 The influence of the geographic differences between Atlanta, Georgia and Gainesville, Florida, on the limited success of Avery’s outreach to Black women in Gainesville

223 Avery, conversation, 15.
224 Avery, interview, 24-25.
cannot be denied. However, applying the definition of intersectionality discussed previously, as a theory that addresses, “the larger ideological structure in which subject’s problems and solutions [are] framed.” Avery depicts in this excerpt a new development in her analysis where sustainably addressing Black women’s health requires a macro understanding, both historically and contemporarily of how various power structures influence Black women’s health in a distinct way. Avery’s self-reflection of her own chronic illness during her youth and how the students (most likely) did not identify as being chronically ill, epitomizes the need to comprehend niche understanding of health in different communities in order to comprehensively address health needs. As discussed earlier in this chapter the self-help praxis formerly established by Byllye Avery and the Black Women’s Health Project radically positions learning from oneself and self-empowerment as the building blocks for good health and specifically for Black women’s reproductive freedom. The feminist health praxis Avery worked within during most of her time in Gainesville was innately rooted in the lived experiences of majority of the organizers, white women. Consequently, the feminist health praxis Avery initially worked within imposed a monolithic assumption of health priorities, language, diagnosis, oppressive structures and thus organizing tactics. These assumptions did not address the reproductive rights and health needs of all women. Byllye Avery’s intersectional lens provided a road map for effective outreach to Black women and helped establish the tenets of the Black Women’s Health Project.

225 Avery, conversation, 11-12.
226 Cho, Crenshaw, and McCall, "Toward a Field of Intersectionality Studies, 791, 800.
Analyzing my conversations with Byllye Avery and Loretta Ross is the culmination of this research endeavor. As architects of the contemporary Reproductive Justice Movement their formative years of reproductive rights activism laid the groundwork for alternative reproductive freedom paradigms. Their narratives illuminate a language that radically places Black women’s agency, history, and specific reproductive oppression, at its center. Specifically, in this chapter I have illustrated how Avery and Ross’s activism is inextricably a part of the Black Radical Tradition; primarily through, resisting systematic Black oppression through fighting for reproductive freedom, rooting epistemologies in the lived experience of Black women, and re-imagining reproductive autonomy outside the confines of racialized consumer choice, thus breaking away from racial capital.
Chapter Four: Self-Reflection: A Conclusion

“When our lived experience of theorizing is fundamentally linked to processes of self-recovery, of collective liberation, no gap exists between theory and practice. Indeed, what such experience makes more evident is the bond between the two – that ultimately reciprocal process wherein one enables the other.” – bell hooks

This project emerged from the frustrating and ultimately disorientating feeling of not knowing the histories of Black women controlling their reproductive lives. Through exploring the southern networks Black women used to facilitate abortion access before *Roe v. Wade*, I have depicted a range of tactics, resources, and positionalities Black women employed to provide abortion services. Eliciting the Black Radical Tradition as an encompassing framework, I placed historical networks in conversation with the activism and beliefs of Black reproductive rights activists post 1973. Consequently, through the framing of the Black Radical Tradition I have shown how the activism of Byllye Avery and Loretta Ross during the 1970s and 1980s is not ahistorical but builds upon a long legacy of African American abortion providers whose actions asserted Black reproductive autonomy, which in turn is in direct conversation with and is integral to Black liberation. I sought to contribute to scholarship documenting Black women historically as architects and not mere recipients of a “bestowed” reproductive freedom. I conclude with introspection – the radical form of praxis. Building upon the work and legacy of historians and activists who have established a repository for Black women’s reproductive agency, I have learned through this project what historical records cannot teach me – the distance between knowing and listening.

I still exist, as feminist bell hooks illuminates, in the gap between theory and practice. I return to my conversation with Loretta Ross. Specifically, regarding my
perpetuation of silence within my relationship with my paternal grandmother – the very silence I sought to disrupt in this project. Conceptualizing reproductive justice (RJ) theory within the safe confines of a page is one process. But when RJ looks like having a conversation with my grandmother across the gulf of generational, cultural and class differences, with tea and “mmm hmms” and silence and pain and apprehension, the bullet pointed framework of RJ becomes blurry and messy. This is where we find its most radical form – within the lived experience.

My grandmother and I are going on 86 and 22 this summer and the epilogue has not been written. It is a blank page yet to be filled with a letter to my grandmother, sharing with her, not presumably censoring, the content of my work focused on abortion access. Conversing, not as researcher but as granddaughter is difficult. However, I know this dialogue is necessary to stop submerging my grandmother’s voice in my presumptions. The gap between RJ theory and RJ praxis does not remain because of my grandmother’s refusal to engage, it abides because of the way I rob her of the space and to narrate her truth as she pleases. I need to continue grappling with my internalization and perpetuation of silence and erasure. If I do not examine my contributions to the conspiracy of silence within my intergenerational familial relationships my analysis is only partial for as Loretta Ross astutely asserted “If one does not understand our silences, it may be even harder to understand our words.” 227 I write this thesis as a commitment to understanding these silences, continuing my personal growth, and closing the distance between my theory and my practice.

Onward with Poetic Phrases of Power: A Found Poem

Come listen to divine order,
And one of my mother’s untold stories.

It wasn't really an "aha" moment
in the romantic sense of the word.
I grew into it.
It evolved.

gold failures
you know what I mean?

How?
That's a good question.
I can’t tell you that
I drew strength from so many people
I imagine, I am,
breathing life, into we

if you put Black
B-L-A-C-K,
in front of it then people know that we are talking about us.

228 A found poem is a collage of verbatim phrases from external sources, “the words of the poem remain as they were found, with few additions or omissions. Decisions of form, such as where to break a line, are left to the poet.” “Found Poem: Poetic Form,” Academy of American Poets, updated September 14, 2004, https://www.poets.org/poetsorg/text/found-poem-poetic-form

Found poetry is used in the social sciences to gather new meaning from qualitative data. Specifically, poetic methodologies have been used to thematically represent interview data and prioritize the voices of participants. See for instance Patrick, Lisa D. "Found Poetry," Literacy Research: Theory, Method, and Practice 65, no. 1 (August 2016): 384-403, https://doi.org/10.1177/2381336916661530; Rich Furman “Poetic Forms and Structures in Qualitative Health Research,” Qualitative Health Research 16, no. 4 (April 2006): 560-566, https://doi.org/10.1177/1049732306286819

I have composed this found poem from my conversations with Byllye Avery and Loretta Ross as I revisit their wisdom and continue reflect on what it means to participate in the Black Radical Tradition of reproductive freedom.

229 Avery, conversation 10, 12.
230 Ross, conversation, 12.
231 Avery, conversation, 4.
232 Ibid. 11, 13.
233 Ross, conversation, 12, 17.
234 Avery, conversation 6, 12.
235 Ross, conversation, 6.
236 Avery, conversation, 12.
237 Ibid., 10.
I'm standing talking truth 238
I'm standing talking courage

I knew I was speaking to at least half of the crowd.
I knew I was speaking to you 239

And so my first conscious activism was – even that was accidental. 240

How?

There's no predicting how difficult it is to hold somebody else's truth.
But I can attest to how wonderful it is to be gifted it. 241
Come and listen to this,
I'm standing. 242

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238 Avery, conversation, 9; Ross, conversation 6.
239 Avery, conversation, 10.
240 Ross, conversation, 9.
241 Ibid., 6.
242 Avery, conversation, 9-10
Bibliography


Avery, Byllye "Voices of Feminism Oral History Project." Interview by Loretta Ross, July 21 and 22, 2005, transcript, Sophia Smith Collection of Women’s History, Smith College Special Collections, Northampton Massachusetts.


Virginia Commonwealth “Negro women’s children to serve according to the condition of the mother.” Act XII 2:170 of *Charles II, King of England* December 1662 retrieved from “The Slave Experience: Legal Right & Government.”

Appendix A: Informed Consent Form

Consent Form- Participant’s Copy

I agree to participate in this interview conducted by Hailey Broughton-Jones, who is an undergraduate researcher attending Wesleyan University.

I understand that this interview is conducted for an undergraduate honors thesis in African American Studies at Wesleyan University in Middletown, Connecticut. Findings from this study will be included in a thesis archived in the Wesleyan University repository, WesScholar, and will have the potential to be reported in scholarly journals.

I understand that this interview will last approximately one hour. The purpose of this research is to hear about my experiences and views. There are no right or wrong answers to any question, and my participation is voluntary. I am free not to answer any question or to withdraw from the interview at any time. A transcript of this interview will be provided to me and I will have the opportunity to review the transcript and omit parts I wish not to be analyzed.

__________________________________________
Signature                                  Date

Consent to maintain my identifying information

In order to maintain accurate documentation of organizing efforts, social context, and to adhere to the mission of highlighting black women’s voice I consent to the inclusion of my identifying information. The products from this study (reports, papers and presentations) will not contain identifying information of my family or anyone else mentioned, including accounts of events that might identify others. Other persons’ identifying information will not be contained in stored transcripts or analysis.

Yes__________________    No__________________

__________________________________________
Signature                                  Date

Consent to tape-recording

In order to record accurately ideas and reactions, I consent to this interview being tape-recorded. I understand that these recordings will be transcribed, with names and other identification removed.

Yes__________________    No__________________

__________________________________________
Signature                                  Date

If you have any questions, please contact:

Hailey Broughton-Jones | 917-744-7121 | hbroughtonjo@wesleyan.edu
Appendix B: Sample Interview Questions

Byllye Avery Interview Questions

- At what point in your life did you self-identify as an activist invested in reproductive health? Was there an “ah-ha” moment for you?

- Even though during the early 70s abortion was not a health service you were familiar with, women seeking an abortion came to you and your colleagues for help at the University of Florida. I was wondering if you could hypothesize why these women identified you as a resource?

- Did your organizing circles, in the decade after Roe v. Wade, look like you? If not, what was it like being a black woman interested in organizing for reproductive justice in white women-dominated spaces?

- During the beginning of your reproductive justice/health organizing career who were your mentors and how did they influence your work?

- What were key enablers and obstacles of your geographic location and the communities you worked within?

- In your piece Breathing Life into Ourselves: The Evolution of the National Black Women’s Health Project you highlight how there is a missing piece in the health puzzle – often the social and cultural contexts of people’s lives are not incorporated into addressing health needs. Maintaining this holistic lens I was wondering if you could expand upon how abortion was talked about socially and culturally by black co-workers and clients during your time at the Gainesville Women’s Health Center?

- What tactics do you feel were most successful in mobilizing the black community members you worked with around initiatives related to birth control and abortion?
  
  - Why do you think these tactics were successful? Likewise what tactics were unsuccessful and why do you believe they were unsuccessful?

- How has strategic bridge building with white allies around reproductive health, specifically around abortion access shifted throughout your years of organizing?

- In your writing you emphasize that during your time working in a Comprehensive Employment Training Program in 1979 you began to look at yourself specifically as a black women vs. just a woman. I was wondering how/if this shift in identity influenced your perspective on abortion in the black community?

- Which community stakeholders became involved in your initiatives?

- What are key principles that guided your work?
  
  - Specifically, what role, if any, has religion played in your organizing around access to abortions and birth control?
• Do you feel your work is building off of a particular legacy of black women exercising agency over their reproductive lives?

• Is there anything else you would like to add? or Is there anything you would like to ask me?

Loretta Ross Interview Questions

• What was your entryway into activism? Was there an “ah-ha” moment for you?

• What point in your life did you self-identify as an activist invested in reproductive justice? And why?

• During the beginning of your reproductive justice/health organizing career who were your mentors and how did they influence your work?

• *In the Voices of Feminist Oral Histories Project the role of abortion in the work and politics of the Rape Crisis Center was touched upon.* And I was wondering if you could expand on how abortion was talked about socially and culturally by co-workers and clients during your time at the center?

• How has your political background (grounding) and personal experience shaped your perspective on abortion rights?

• Did your organizing circles, in the decade after *Roe v. Wade*, look like you? If not, what was it like being a black woman interested in organizing for reproductive justice in white women-dominated spaces?

• What tactics do you feel were most successful in mobilizing the black community members you worked with around initiatives related to birth control and abortion?

  o Why do you think these tactics were successful? Likewise what tactics were unsuccessful and why do you believe they were unsuccessful?

• How has strategic bridge building with allies around reproductive health, specifically around abortion access shifted throughout your years of organizing?

• Which community stakeholders became involved in your initiatives?

• What are key principles that guided your work?

  • Specifically, what role, if any, has religion played in your organizing around access to abortions and birth control?

• Do you feel your work is building off of a particular legacy of black women exercising agency over their reproductive lives?

• What were key enablers and obstacles of your geographic location and the communities you worked within?

• Is there anything else you would like to add?/ Is there anything you would like to ask me?
Appendix C: Interview Transcripts

Please note transcripts, for citation purposes, are numbered differently than the rest of this document. Please see subsequent pages for the transcripts of my conversations with Bylyye Avery and Loretta Ross.
A Conversation with

Byllye Avery

Interviewed by

HAILEY BROUGHTON-JONES

November 17th, 2017
Narrator

“For more than 30 years, Byllye Avery has been a health care activist dedicated to bettering the welfare of low-income African American women through self-help groups and advocacy networks. She is the founder of The Avery Institute for Social Change and the Black Women’s Health Imperative...In 1974 Avery co-founded the Women’s Health Center in Gainesville, Florida, and later became its president and executive director. Four years later she co-founded Birthplace, an alternative birthing center, also in Gainesville. As founder and executive director of the Black Women’s Health Project, now the Black Women’s Health Imperative, Avery helped the grassroots advocacy organization grow into an international network of more than 2,000 participants in 22 states and six foreign countries, producing the first Center for Black Women’s Wellness.”

“In 1994, she received the Academy of Science Institute of Medicine's Gustav O. Lienhard Award for the Advancement of Health Care, and in 2008 received the Ruth Bader Ginsburg Award for a Pioneer in Women’s Rights. She has served as a clinical professor at the Mailman School of Public Health, Columbia University, an advisor to the National Institutes of Health, and was a visiting fellow at the Harvard School of Public Health.”

Interviewer
Hailey Broughton-Jones (b. 1996) is an undergraduate researcher majoring in African American Studies at Wesleyan University.

Abstract

In this 50 minute interview Byllye Avery details her growth as an activist invested in women’s health. Specifically, Avery focuses on her activism in Gainesville, Florida beginning with her work at Shands Teaching Hospital and participation in the Clergy Consultation Service, referring women to New York for safe and legal abortions when the procedure was illegal in Florida. Byllye Avery also delves into her continued development as an activist focused on Black women’s health through describing her experience establishing The Black Women’s Health Project in Atlanta, Georgia. Byllye Avery’s narration mostly focuses on her activism in the decade following the Roe v. Wade landmark decision (1973). Avery’s narrative provides rich insight into the social, cultural and logistical aspects of Black women’s health advocacy during the Women’s Health Movement era.

Identifying Information/Pseudonyms

In order to maintain accurate documentation of organizing efforts, social context, and to adhere to the mission of highlighting Black women’s voice the narrator’s identifying information is maintained. This transcript does not contain the identifying information of the narrators’ family or anyone else the narrator mentions, including accounts of events that might identify others. Pseudonyms are used to maintain anonymity and confidentiality.


2 Ibid.
Transcript of interview conducted NOVEMBER 17th, 2017

with: BYLLYE AVERY

at: Over the phone interview

by: HAILEY BROUGHTON-JONES

(set up)

TAPE 1

BROUGHTON-JONES: Thank you so much for taking the time for this interview. Thank you for this distinct privilege, I'm sure your schedule is very hectic. And thank you again for sending in the consent form earlier today, I really appreciate it.

AVERY: mhmm

BROUGHTON-JONES: And generally in terms of offering oral consent as well, the purpose of this study is for an undergraduate thesis. I am currently majoring in African American Studies and the focus of my work is really looking at the networks within Black southern communities that facilitated access to abortion care and contraceptives before Roe v. Wade and then looking at how these networks were transformed after the 1973 court case decision. Ideally I would love for this to be a conversation, a guided conversation. If at any point you do not wish to answer a question you do not have to. If you have any questions for me throughout this interview, please feel free to ask them. Uh yes, you have consented to maintaining your identifying information and also to tape record – I have just started the recorder now.

BROUGHTON-JONES: So I guess I'll start with how I got involved in this project. I think it really came from – my freshman year at Wesleyan University, I took my first African American Studies class and for me that was the first time really looking at what the archive in my high school left out. Specifically surrounding Black women's agency historically speaking and I think from that moment – and then my interest in abortion access starting in high school –. I was frustrated at how when I went to look in the books, to see how Black women's investment in the reproductive health – that was a missing link. Or if you went to conduct research it was piece meal. And so that was my entry way into this work and I am excited to –. I understand that it is a short period of time that I am working with and that it is a bit ambitious the time period that I am covering but I am hoping for myself – this being an entry way to creating
the archive that I have been seeking and hopefully building off of it in the years to come, ideally after graduation.

AVERY: Let me just tell you thing. I gave a talk at Wellesley about two Thursday nights ago and they have put it on their website and it's talking about my organizing from a personal – becoming an activist from my personal perspective.

BROUGHTON-JONES: mmmhmm

AVERY: You might be able to gather some more information there that might be helpful to you.

BROUGHTON-JONES: Wonderful. I will absolutely look that up. And I had the ability to read through the Feminist Oral History Project that you conducted in 2005 with Ms. Loretta Ross, which was very helpful and informative. And a lot of the questions that I've created really focus on the 13 years between 1970 to the conference at Spelman in 1983.

AVERY: Okay.

BROUGHTON-JONES: So focusing on when you were working at the Children's Mental Health Unit and started to provide referrals for women to go up north for abortion access. And then 1974, the founding of the Gainesville Women's Health Center, 1978 with the founding of The Birth Place, and then your work, I believe in 1979 or 1980 at the Santa Fe Community College in Gainesville. So those are the distinct aspects of your activism and your activism life that I was focusing on. Yeah, and so if you are okay I am ready to start with the first question.

AVERY: Alright

BROUGHTON-JONES: Cool. So when I was reading the feminism and oral history project you noted how your husband's death was really a politicizing moment for you. And I was wondering, on similar lines, at what point in your life did you self-identify as an activist invested in reproductive health? Was there an "aha" moment for you?

AVERY: Not really. It wasn't really an "aha" moment in the romantic sense of the word. It was more of – I kind of grew into it. It evolved. It was a time when abortion was illegal and so you know you pick up the paper and you see where women were dying. You know, all over the country from self induced abortions. Which was quite disturbing and so we sort of knew that abortions,
legal abortion was coming – we hoped. But we were hoping that there was a place where women could get safe abortions. We knew that women could get safe abortions. It was a matter of access and availability.

BROUGHTON-JONES: mmhmm

AVERY: And so I sort of grew into the whole idea. We —. I was at Shands Teaching Hospital— this is kind of answering your second question. A woman – I mean _____ [job position] Jacob Smith he was a psychiatrist, he was _____ [religion], a child psychiatrist. He was quite an extraordinary man. He asked –he was the person that liked to live in the future and was very progressive and very forward thinking. And he asked me and Laura Segal to do a presentation on what was happening with women's reproductive health at that time. And so she and I did this presentation on what was happening. About the number of women dying about the number of Black women dying. And she – we contrasted that to white women who were not dying so much because they could go to Mexico and get legal abortions. They could go to Europe and get legal abortions. Or they could get their own doctors to give them a D & C. And so they didn’t – they had access as oppose to poor Black women who went to have back alley abortions. Or they would go to some people who would give them big black pills to swallow and then out of desperation many of them used coat hangers or knitting needles to induce abortion. And a lot of these women they would go — I remember reading about one woman in a motel. She just went into a motel room and they found her dead on the floor in the motel room. They would also show up at the hospital with really bad infections. You know from illegal abortions or from their attempts to self-induce. So this was what the climate was and I mean you would be hearing about it —. It sort of reminded me of, you known, when all of the Black men were being shot by the police.

BROUGHTON-JONES: mmhmm

AVERY: It was times sort of like that. Like every two or three days or every week or so at least, you’d hear about another, you’d hear about another. I remember when that was occurring more frequently that was the same sort of feeling that we had in the 70s when women were dying from illegal abortions. And so when Laura and I did this presentation somehow the word got out in the community and you know they came to us miraculously. We were just working at Shands to see if they could help, if we could help them. And a white woman came and we didn't really know what to do. But we got on the phone and talked to people and found out how she could get to New York to get a safe abortion at the Women's Center. And the way it was done is there was a service called Clergy Consultation.

BROUGHTON-JONES: mmhmm
AVERY: It was a group of priests who worked out of the Judson church in New York and you could call that number and they would give you – they would tell you what to do and how to get over to the Women's Center. The women would then travel to New York and get the abortion.

BROUGHTON-JONES: And I was just curious how did you obtain the contact information?

AVERY: I can't tell you that and I don't know if I was the one who did it or whether Laura did it or if Beatrice did it. I don't know. Anything I tell you would be just a guess.

BROUGHTON-JONES: Okay, no, no worries.

AVERY: Involving that part of it –. They had a lot more –. They were both bright women, one Jewish and one just white Caucasian. So they had a lot more resources and all than I did. I didn't have those knowledge of – a big knowledge of people, the cities –. I would imagine they probably called – I just don't know who they called. They got in touch with somebody.

BROUGHTON-JONES: mmhmm

[Laughter]

AVERY: I can tell you. Because Laura – both of them are dead so they carried that secret with them. I don't know if I read it anywhere. I know Laura didn't do any papers which was a shame because she was really quite extraordinary and Beatrice–. If you find something about Beatrice Vine if you need an answer to this question.

BROUGHTON-JONES: Okay, wonderful I will follow that up.

AVERY: You might find her somewhere – I think in the Lesbian Feminist Archives. This woman was doing a report– she was out of North Carolina. She was doing a journal article and I referred her to Beatrice. I can't even remember her name but maybe you can search her so you can find that out. Her name is Beatrice Vine okay?
BROUGHTON-JONES: Beatrice Vine, I will look her up. Thank you so much. And following on similar lines, you mentioning the demographic background of both Laura and Beatrice. And I did see throughout the Feminist Oral History Project you were stating how during organizing conscious raising groups you were running around with other white women and doing quote "what they were doing." And I was wondering did your organizing circles in the decade after Roe v. Wade look like you and if not what was it like being a Black woman interested in organizing for reproductive health in white dominated spaces?

AVERY: Well, you see I didn't see myself that way at all.

BROUGHTON-JONES: mmmhmm

AVERY: I just saw myself as being interested in these issues and these women were interested in what I was interested in.

BROUGHTON-JONES: mmmhmm

AVERY: I was really an odd-ball in Gainesville and people didn't really know what to make of me and they really sort of just, you know—. I was just a little different. There were Black women who also worked at the Gainesville Women's Health Center. It was an interesting time. I cared about the issues more than anything else. And I wasn't really looking at the races of people and then there were a few Black women that I was able to reach out to who wasn't afraid to talk about abortion. You got to understand how, how radical this work seemed to be to them, or how different from anything because abortion was not talked about. I mean the word abortion wasn’t used, you said somebody threw away a baby.

BROUGHTON-JONES: mmmhmmmm

AVERY: People been throwing away babies you know all the time but it was not a subject—. I don’t think I ever heard in my entire life time heard my mother say the word abortion and she grew up in a time when pregnancy wasn’t even mentioned. They would say somebody was in the family way. So you got to understand, it was not a thing that was readily discussed. However, when we opened up the Gainesville – I’ll go back to the consciousness [in audible 14:26]. The consciousness raising groups were really wonderful. They were all new as a part of the second wave of feminism that actually started in Gainesville, Florida. So you got to understand, Gainesville was a very very fertile place that I landed. I moved up from Jacksonville, Florida, where my family was from – where I was when my husband died. So these women started forming these groups and so I went to go see what they were talking about, what they were about. And I think I went to about three or four of them. I don't know how many I went to, I went to a lot of them. And I was really interested in the way we were talking about our lives and how we –. One night we would talk
about our relationships with our mothers and the next time we talked about fathers. We talked about things in a way that I had not discussed before with anybody. And it was very eye opening, very illuminating. At that time I had never run into any other Black women who were doing that. I was really more interested in the work, in the mission of what I was doing, than I was in not being around –. Of course I noticed the absence of other Black women doing it but that didn't get in my way because I was very interested in what I was doing.

BROUGHTON-JONES: mmm and speaking more towards the Gainesville Women's Health Center,

AVERY: Yes

BROUGHTON-JONES: When I was reading your piece, Breathing Life Into Ourselves, you highlight how there is a missing piece in the health puzzle. That often the social and cultural context of people's lives are not incorporated into addressing health needs.

AVERY: Right.

BROUGHTON-JONES: And so I was wondering maintaining your holistic analysis, like that lens, I was wondering if you could expand upon how abortion was talked about socially and culturally by Black co-workers and Black clients during your time at the Gainesville Women's health center, if it was openly talked about?

AVERY: Yeah, we talked about it very, very openly. Because of course we were doing abortions. And what was a real shocker, and I am always continued to be amazed by this, even though there is this veil of silence around abortion, even here today, that over 50% of the women who came in for abortions were Black. And we were less than 10% of the population in Gainesville. And so that right there says something is out of wack here. You know, why is it that there is a high number of Black women coming in. But then we had a Well Women Clinic, where you could come in and get information about birth control and do your GYN checkups and really learn about your body and taking care of yourself. And the Black women were less than 10% of the people who would partake of that service and I found that to be quite disturbing. Essentially, our health center sort of became an alternative for the white girls at the University of Florida who didn't want to their health center.

BROUGHTON-JONES: mmhmm

AVERY: and they got much better care with us. We also had a few of the patients returning who had
abortions but a lot of the [Black] patients saw us as an abortion clinic they didn't come there for their well women's – they just went back to their doctors or their OBGYN's who they were going to anyway if they needed it. So there were – let me see if I can count–. In the early days there was [pause] about three or four women who – Black women, who were working at the Gainesville Women's Health Center. I wasn't working there in the very beginning I was still over at the university.

BROUGHTON-JONES: mmhmm

AVERY: Several women who worked there, who worked the front desk, who did pregnancy tests then. And who worked in the recovery room who were nurses. And you know I don't know if there was any special cultural things that happened. There was one thing that happened that was also–. The Black Power Movement because this is right after the Civil Rights Movement and so there were people who in the early days of the Gainesville Women's Health Center said that – accused us of genocide. That for Black people to have an abortion it was genocide. The interesting thing is the woman who was the head leader of that, she ended up coming in and getting an abortion.

BROUGHTON-JONES: mmm

AVERY: So we had talked some of the parallels with white picketers who would be marching outside –. We didn't have much picketing though in the 70s. We had some but not much. Not anything that anyone felt threatened by and but anyway we would have some of those women come in to get abortions later on. Really when it got personal it was different then when it was a political issue outside of themselves.

BROUGHTON-JONES: mmmmm, yeah I was wondering – thinking about the difference between the political public persona and the private persona was abortion viewed as a politicized subject matter in the clinic or was it more like this is my personal decision, my own business?

AVERY: It was a personal decision. I maintain that that is the way a lot of African American women still do it today. And you know it took a lot of courage for me to go out and speak out about abortion to Black women but I had to know that if I'm standing talking to an audience at least half of them have already had abortion and many of them had more than one and that kind of gave me the courage because I knew I was speaking to at least half of the crowd. You know, even though they would not publicly stand up, send a post card, call a senator, do anything like that, they would not do anything like that. You know, they would still show up. So it was personal and private which is interesting.
BROUGHTON-JONES: Building upon that and you did mention the discrepancy between who came to the clinic for abortion services and then who came to the clinic for the GYN whole well women's health clinic and so I was wondering in terms of mobilizing the Black community members that you worked with around initiatives related to birth control and abortion, or related to them accessing these services, like what tactics do you feel were the most successful and then why do you think these tactics were successful and then like wise what tactics were unsuccessful and why do you think –.

AVERY: I mean there were –. I would go out and leaflet the community and put flyers in people's mailboxes and all that kind of thing. We would, whenever we went by to talk on radio shows and all that kind of thing, it didn't do anything in terms of increasing the Well Women's GYN population. Only it really remained a service for people in crisis. It was only after I founded the Black Women's Health Project, that I learned how to reach out, how to galvanize Black women. [inaudible 22:20]. All my attempts in Gainesville were pretty much failures.

BROUGHTON-JONES: mmm and so when you started with the Black Women's Health Project what was – what were the key tactics that you felt were successful that weren't successful beforehand in Gainesville?

AVERY: Well the first thing I did was I put the word Black in front of women's health. There is so much talk about women's health and the way racism effects us, when we hear women we think white women. But if you put Black, B-L-A-C-K, in front of it then people know that we are talking about us. I think that was the number one thing. Because I had been going to women's health conferences for many years now, five or six years. And there would only be two or three Black women at these conferences. And they were giving out health information that we all needed. So my task was how do I get Black women to do this work. And so the first meeting I had, I invited people to come. I invited a lot of these people, a lot of the Black women who were leaders in Gainesville to come and listen to this idea of what I wanted to do with Black women's health. I must of invited 10 or 15 people and only one person came.

BROUGHTON-JONES: mm

AVERY: So I was so upset. I told my mother that I was trying to have this meeting and that only one person came. And she said well how many people did you have last year? I said I didn't have any last year, I didn't do anything. She said well it looks like you are doing real well you got one person.

BROUGHTON-JONES: mhhmm
AVERY: And so it kind of helped me — What she did was shifted my attitude to know that one person was a person and that I needed to continue to do it. And so I never could get —. I finally ended up four or five women who would come and sit and talk but at this time I had—. When I was at Shands one of the women I hired as a teacher. I was the head teacher for the unit and I hired her as a teacher, a white woman. And she and I became fast friends. As a matter of fact we are still friends, close friends to this day. She moved to Atlanta. And she kept saying why don’t you come to Atlanta and do something with Black women here. There are a lot of Black women here. There are a lot of wonderful Black women here who I think would work with you, who would welcome your ideas. You are just beating your head against a stone wall in Gainesville. And so finally I heard her and I actually moved to Atlanta. And when I moved to Atlanta I had a larger catchment area, there were, you know Atlanta was a chocolate city. There were people in power who could help and it was magic. It was magical and after that I was like on a carpet ride and everything I touched just turned to gold. And one person, you know I’d go meet with someone they’d give me the names of five or six people to meet with. I would go meet with another one they’d give me another five or six people to meet with. They would give me another and I would go there and this was the head of this, the head of this, and the chair of this. And I would go and all of them were Black and all of them were willing to help. It was just pretty incredible.

BROUGHTON-JONES: Wow and I —. You just mentioned your mother and your friend who really shifted, in terms of you moving to Atlanta, and I was wondering if there were other mentors or folks who you looked up to during the beginning of your reproductive health organizing career and how they influenced your work?
AVERY: There were so many people until (pause). I don't know that I can pin point any one person. Because my path had some many different types of people on it there were white women from the National Women's Health Network who helped me connect with Black women in other cities. Because the network had women from all over the country. And I didn't know women all over the country. White women would say what can I do to help you and I said do you know of any Black women where you live and they would give me names of Black women they knew and that way I was able to organize the planning committee for the conference. There were people from __________ [a women’s organization], specifically Amanda James and Jennifer Cullen who opened up doors for me to get to Caroline Martin who Amanda knew from Boston who had moved to Atlanta to help me secure Spelman to have our first conference. Those [in audible 27:30] be the power, another white woman with National Women's Health Network who taught me how to write grants. Took me to New York to do fundraising and you know there were just a lot of people who helped me. And then when I got to Atlanta there was [inaudible 27:51], there were people all over the state. There were so many I can't even name names, it would be unfair. But I could just tell you I had mentors who were Black I had mentors who were white. And people who were so pleased to see what we were doing. They were so happy. So then it was a time —. You know you can't, you can't direct a divine order. Divine order occurs. Divine order occurs in spite of one's self sometimes. People make mistakes and if you are in divine order somehow that gets converted into a positive. Because the learning experience becomes something that you can spring board to another place. So I'll just have to tell you the whole building of the Black Women's Health movement was definitely in divine order. And the beginning was still with a lot of energy a lot of sudden awareness and we started doing consciousness raising. We called it something else, we called it self help. We'd bring women together ordinarily up in the north Georgia Mountains and we would talk about the stories of our lives and we learned about who we are and we learned about our issues from ourselves. And that's what I meant by breathing life into ourselves. We learned it from ourselves. [Coughs] Excuse me. And so I just can't tell you there was this person, that person, because I drew strength from so many people. It was like, it was like I was an octopus. They were bringing it to me and I was just soaking it up from all kinds of directions. There were people in foundations who made it possible for us to first little one million dollar grant. There were people who, I don't know, people were just so happy and so —. And the folks in power were so glad to have somewhere to put that power and use that power for something that they believed in. So I can't pin it down to one or two people.

BROUGHTON-JONES: Gotch ya. Cool. And I was also – it's okay if you can't pin it down to one person so as I am sure there are multiple community stakeholders who became involved in your initiatives but when I was reading through the founding of the Gainesville Women's Health Center and your skilled campaigns in terms of gaining financial funding or gaining items to put into The Birth Place. I was
wondering if you saw a difference in terms of community stakeholders who were invested in the founding of the Gainesville Women's Health Center, which did provide abortions. And then community stakeholders who were invested in The Birth Place. Or if they came from similar backgrounds or niches within the community?

AVERY: They were pretty much the same. They were just friends and all. People who we could get a thousand dollars from here, get 2,000 or 200 dollars over here. It was just—it was the same. They were mostly white people who did all of that.

BROUGHTON-JONES: mmhmm

AVERY: There were not any African-American people who gave us money or had any power to open any doors or anything like that. All that furniture I begged up and begged it up from white people. Except that I think you know one Black couple I bought from them because they would buy antiques and would store them and I bought from them. They weren't in a position—I didn't even ask them would I be able to buy from them, you know what I mean?

BROUGHTON-JONES: mmhmm

AVERY: Because I knew that they were struggling. They were college students and all so they didn't have the resources to be able to give to it. But pretty much everything else I begged it off of white people.

BROUGHTON-JONES: And speaking in terms of the relationality to white people, white people in power, in terms of gaining traction for certain initiatives I was wondering like throughout—specifically throughout these 13 years how your strategic bridge building with white allies around reproductive health, specifically around abortion access, shifted throughout years of organizing if it has?

AVERY: [pause] Well when I started organizing—well it shifted only when I moved to Atlanta. I guess I'm trying to understand your question, to see if I understand what you are saying. Of course when I moved to Atlanta everything shifted. The people who I talked to there were all Black and they had resources. And by this time I had learned how to write grants and so I was getting foundation money. In Gainesville we never wrote a grant for The Birth Center, it was a business you know what I mean. We never wrote—. Also Gainesville Women's Health Center was a business and so we really went on a lot of resources and all that. Laura and Beatrice and all who could come up with, they really did a lot of that particular kind of work with financing and knowing people and having that kind of cache that I didn't really have in Gainesville. But I learned from them and I learned that it was possible and how to think about making things happen in a different way. You got to understand when I
Byllye Avery, interviewed by Hailey Broughton-Jones

I grew up we would—. Limitations were placed on us by our parents that they said were realities. They did—. This will give you an example, kind of simplistic example. After Wesley died I was, I lived in a series of apartments. And so I wanted to buy a house and so I went down the hood and I put an application and everything and got—. Pretty much I was in the application process when I went home to Jacksonville. And I was telling my mother and my stepfather that I was going to buy a house. So the first thing my stepfather said was "You can't buy a house you're not married. They won't sell you a house. Nobodies gonna sell you a house, you're not married." I said well when I filled out the application they didn't say anything about it. "Well I bet you you won't get it. I bet you you won't get it." And so of course I get the house and he came to visit me at the house and never mentioned of that bullshit he had been talking to me. But you have to understand that we were --. They were -- our parents and all were so denied so much until they sort of stunted our [inaudible 35:01-35:03] they wanted us to be, function more what they thought was real. And so they tried to--. So therefor you have to unlearn that you can't do and learn that you can do. And so this is what— the big lesson that I got from the founding of these two centers. I learned that I could do it. And so when I moved to Atlanta to do the Black Women's Health Project I knew that it could be done. I knew that I could do it because I had done it with these women with a different attitude. And mostly it was about attitude. Back then we were pumped with you can't have, you can't do because you're Black. You can't do this, you can't do that into our kids these days. But then they got denied a lot of stuff. It didn't come from nowhere.

BROUGHTON-JONES: Wow, thank you. I do apologize for taking you back in time to 1979, it's a bit out of order. But I was wondering, I saw throughout your writing that during your time working at the Comprehensive Employment Training program [CETA], I believe at the Santa Fe Community college?

AVERY: Yes

BROUGHTON-JONES: How you described that moment as a shift in how you self-identify specifically as a Black woman vs. just a woman. And I was wondering how or if the shift in identity influenced your perspective on abortion in the Black community?
AVERY: Umm no. What the shift in identity did was--. What happened the CETA Program was the one that dealt with kids who had been pushed out of school. Actually they were not drop outs they get pushed out of school. And so you had all of these young African American as well as Vietnamese kids who were in this program that I was administrating. And I noticed among the Black ones that they were missing a lot of school and they were being paid $3.75 an hour just to come to school. Which I thought was, back in that time was a lot of money. And being paid to come to school and they still couldn't get to school and that's when I found out they had a lot of physical health issues even though they were young. And then they all had too many children and you know [inaudible 37:33] if you are sick, cause you had children you need a sick day for each child and one for yourself. So the average women with two children need about thirty sick days. Because you would need time for when you were sick, then you have to be home when each of them are sick. Because the daycare wouldn't take them when they were sick. So this is where they missed a lot of school. But I found out, I started talking to them, when I'd bring them in and talk to them. And I just asked them you know, sort of as an aside. I didn't really, I wish that I could say that I sat down and figured all this out because I would be lying. I didn't. I asked them, well tell me about your health, how is your health? And they would talk about having diabetes and hypertensive and having Lupus and having all these diseases that I didn't realize younger women had because mostly I didn't have any of them when I was younger, you know what I am saying. And I didn't have— I did have an illness before, before my husband died. Yeah you're right, I did have an illness before my husband died, a serious illness. I hadn't thought of it. But didn't see myself as a person with a lot of illnesses even though I did. They probably didn't either. And uh, this is a new insight, they probably didn't either. And so I started looking more broadly at Black Women's Health and knowing that we had a lot of other issues. Some of the reasons Black women didn't line up so much behind abortion was because they were dealing with some other more serious issues, health issues. And they thought abortion as a thing that happened only when you needed it. It's not something that you wake up with that you have every single morning of your life. And so that caused me to think about the difference between the way white women view their health issues and Black women. Because if you asked white women at that time what was the number one health issue they would say access to abortion (39:37). But if you ask Black women they might say high blood pressure, diabetes, da-da-da-da. Access to abortion may not be on the list or it might be way down on the list. But they more were dealing with issues, the social economic status, housing issues, like having trouble with their men. You know not having enough money. Having low paying jobs. Having to --. Like one woman said to me you know like she was 19. I think she had like four or five children. And I was wondering how in the world can you have that many children, there's so many. And she was saying that all her life she had taken care of her mother's babies and she wanted a home, to go have an apartment of her own. So she knew if she got pregnant she could get an apartment and live on her own. Her own child. And so that's how she got out of the house was to get pregnant. So she
could have some sort of independence and not have to take care of her mother's children. You see what I'm saying?

BROUGHTON-JONES: mmm

AVERY: So you have to get into how people view the world and how they think about solving their problems. But to think of the way to leave home is to get pregnant so you could go on welfare and get an apartment, you know that's an interesting kind of way to think about independence. You see what I'm saying?

BROUGHTON-JONES: mmhmm

AVERY: So um it was all about, if I come to school and if I go [inaudible 41:17] get my associates degree and I go to the university and get my bachelors than I could get a pretty good paying job. Or if they come to the vocational school where we were working they could of learned how –. At the time the cable companies had programs for women, teaching them how to climb polls, teaching them how to lay cables so that they could then get high wage earning jobs. You know, she could of used that as an exit but that wasn't what the thinking was. So that's the round about answer, but it kind of shows you that you have to be in people's head to see how they are thinking about solving a problem, not the way you would solve it.

BROUGHTON-JONES: mmhmm not imposing something on – a framework on someone.

AVERY: Yeah, but you see for her that was her best thinking.

BROUGHTON-JONES: mmhmm

AVERY: of what she thought would work for her. So she went on to have all of these children and still in a mess.

BROUGHTON-JONES: Wow. [pause] And I was wondering in terms of the key principals that guide your work, what are those key principals and specifically what role, if any, has religion played in your organizing around access to abortion and birth control?

AVERY: I don't know that religion has played much of a role at all. Religion has not played a role to me at all. I grew up in the Black church and you know I consider myself a spiritual person.

BROUGHTON-JONES: mmhmm
AVERY: But I can't say that religion played a role in what I was doing. My whole, one of my guiding principals is that women need to be in charge of their lives. And we need to have the tools that will help us live a healthy life. And that we need to learn how to take care of ourselves. Self-care is really very important because when you learn self-care then you are able to teach other people how to take care of themselves. As opposed to having someone always take care of them. And feminism has always been a very basic philosophy for me, a very growing philosophy for me that a lot of my thinking evolves from feminism. A lot of my thinking about, pretty much everything. The philosophy has served me very well. In terms of how I think about life and how I structure my life. Even in my older age it is still a very important concept of respect for everybody. I raised my son to respect women. To respect himself first and to respect women so that he is not out there in the world thinking that he's some little macho thing running around, you know.

BROUGHTON-JONES: mmmhmmm [laughs]

AVERY: My daughter to respect herself. I think that's most important thing we could do is raise our kids to be respectful of themselves, to be good citizens in the world. Be good people. Always value that, being a good citizen—

BROUGHTON-JONES: Absolutely

AVERY: [inaudible 44:48]

BROUGHTON-JONES: I was wondering, throughout your work and throughout this conversation you've emphasized this self-help and learning from ourselves, breathing life into ourselves, and so I was wondering if you feel your work is building off of a particular legacy of Black women exercising agency over their health and over their reproductive lives?

AVERY: Well Black women have always done it. Just to go back to the grannie midwives who took care of women, who still take care of women. The midwives took care of you no matter what you needed, you needed to have a baby, if you needed to have an abortion, midwives did all of that. And I think that we have, to some extent, where we have done ourselves a disservice as Black women is that we have taken care of everybody else ahead of ourselves so many times. So we put everybody else in front of us. And a part of what we really emphasize through the work of the Black Women's Health Movement is that take care of yourself first. You are absolutely the most important person. And that if you don't take care of yourself nobody else is going to take care of you and what you do is you cripple the next generation. You cripple the people around you by not having them take care of themselves. And for Black women to realize that we have a lot of agency and the fact that you do take care of people means that you have a lot of power. Folks don't realize how much power they have and they are afraid to exert that power, in which
we encourage women to [inaudible 46:31]. And to take care. You just cant' do it. We weren't meant to take care of everybody else in the world. So self-help and self-care are the cornerstones I think for having a healthy life.

BROUGHTON-JONES: Absolutely. Wonderful. Thank you so much Dr. Avery. I just have one last question, which is if there is anything you would like to ask me or anything you would like to add?

AVERY: I didn't understand on this form, I just checked it and already sent it to you [inaudible at 47:15].

BROUGHTON-JONES: Yes

AVERY: I never had anything that said consent to maintain my identifying information.

BROUGHTON-JONES: Okay yes, here I can pull it up right now. And of course, if you want to retract that that is absolutely under your discretion. I can read it. So on the second part it says consent to maintain my identifying information, in order to maintain accurate documentation of organizing efforts, social contexts and to adhere to the mission of highlighting Black women's voices, I consent to the inclusion of my identifying information which would be your first and last name. The product from this study, the reports, papers and presentation, will not contain identifying information of my family or anyone else mentioned.

AVERY: Okay, that's fine. Alright, I understand it. I didn't think you were sending me something that was going to set me up so.

BROUGHTON-JONES: Yeah, okay cool, so it would just be your first and last name. Cause originally I was planning to interview other folks as well who weren't as well known as you and Loretta Ross but then I felt that it would be difficult to balance animosity with how both you and Loretta Ross's legacy and work is so well know. But yes–.

AVERY: Okay, that's the only question I have. And I told you about the Wellesley.

BROUGHTON-JONES: Yes I look forward to looking that up and listening to it, it would be wonderful.

AVERY: The reason I say it is because --. And I think the Black Women's Health Imperative has a longer version [pause]. I am not sure if it's ready yet. But it is a longer version. The reason I say that is because every time I tell this story. Which I have been doing now [pause] thirty-some-odd years, I tell something different each time. I mean the story basically stays the same but I think of other things that I
hadn't thought of before. Like that little insight I had about myself and my illness and the women realizing that they had an illness – that's a first. I never had that insight before. And so that's why I tell you, maybe if you have time and energy or you know whatever and you want to —. Some of it might be unclear and some of the other places you might get more insight there.

BROUGHTON-JONES: Wonderful, yes thank you I do appreciate that I will look that up and I look forward to listening.

END OF FORMAL INTERVIEW- TAPE 1 (49:43)
A Conversation with

LORETTA ROSS

Interviewed by

HAILEY BROUGHTON-JONES

October 13th, 2017

South Hadley, Massachusetts
Narrator

“Loretta J. Ross is a Visiting Associate Professor at Hampshire College in Women's Studies for the 2017-2018 academic year teaching "White Supremacy in the Age of Trump." She was a co-founder and the National Coordinator of the SisterSong Women of Color Reproductive Justice Collective from 2005-2012, a network founded in 1997 of women of color and allied organizations that organize women of color in the reproductive justice movement. She is one of the creators of the term "Reproductive Justice" coined by African American women in 1994 following the International Conference on Population and Development in Cairo, Egypt.

She is a nationally-recognized trainer on using the transformative power of Reproductive Justice to build a Human Rights movement that includes everyone. Ms. Ross is an expert on women’s issues, hate groups, racism and intolerance, human rights, and violence against women. Her work focuses on the intersectionality of social justice issues and how this affects social change and service delivery in all movements.† Loretta Ross’s activism spans over forty years.

Interviewer
Hailey Broughton-Jones (b. 1996) is an undergraduate researcher majoring in African American Studies at Wesleyan University.

Abstract

In this 75 minute interview Loretta Ross details her entry way into activism and elaborates on the development of her reproductive rights organizing in the 20 years following the landmark case decision Roe v. Wade. Loretta Ross’s narration provides invaluable insight into the formal and informal ways Black women exercise agency over their reproductive lives and the nuanced lived experiences that challenge the pro-choice, pro-life binary.

Identifying Information

In order to maintain accurate documentation of organizing efforts, social context, and to adhere to the mission of highlighting black women’s voices the narrator’s identifying information is maintained. Additionally, with the interviewee’s permission and recommendation, the names of individuals, organizations and publications mentioned are not alerted in order to preserve accurate documentation of historic events and not conflict with publically accessible records that maintain the identifying information of all individuals, organizations and publications mentioned in this interview.

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ROSS: And nothing I'm going to say is unduly private or haven't disclosed before so

BROUGHTON-JONES: Wonderful.

ROSS: So it's fine.

BROUGHTON-JONES: Umm awesome, so I just wanted to begin with what was your-

ROSS: But I do want to ask you and I totally recommend that you consider this, you always need to put your own story in your narratives.

BROUGHTON-JONES: mmhmmm

ROSS: So what compels you to do this work?

BROUGHTON-JONES: Absolutely.

ROSS: And why?

BROUGHTON-JONES: Awesome, I can start with that.

ROSS: Yes, that way I can hear from you first.

BROUGHTON-JONES: umm and so for me hmm. My entryway into Reproductive Justice started when I was in high school, we had a requirement to do a mandatory internship and so there was a local organization in NYC. I'm from Brooklyn, Bed-Stuy, but I went to school in Manhattan, Lower East Side. And it's called RHAP, Reproductive Health Access Project. Lisa Maldanado is the executive director.

ROSS: I've heard of it.
BROUGHTON-JONES: and so the first time I met you briefly was at the CLPP conference a few years ago and it was through my internship with them (RHAP). And so through that, I was able to see – because before then my orientation to reproductive health was through the Planned Parenthood because of the vast amount of resources they have to advertise so that was my only orientation to that. And so when I came into RHAP it was like, wait a second, let's think about the whole picture um and for them, I am really thankful that they introduced me—the first day I got there they handed me the Reproductive Justice framework and was like this is what you need to read. And I was like okay. And so for me I am very thankful that my entryway was through the Reproductive Justice framework.

ROSS: But why?

BROUGHTON-JONES: Mmhmm

ROSS: You still have not expressed what drove you, you could of been a normal student majoring in physics and not been drawn to this work. You're telling your work experience what was the personal?

BROUGHTON-JONES: The pull

ROSS: The fire in your soul that drew you?

BROUGHTON-JONES: Mmh mm I would say that the fire in my soul that drew me was just not knowing – especially Black women's history like during my high school career it was a little blurb on the side and so having that internship and the coming to Wesleyan University where I had my first Black Studies class. All of these names that I did not know um like knocked me off of my feet. I thought I was going to major in English and then I took that first class Ebony Towers. So looking at the rise of Black Studies and I was like Angela Davis— and like looking at all of these Black women in our history that I had no context for. Umm and then in terms of the Reproductive Justice segway into that I feel that in the, some of the spaces that I have occupied – whether that be on campus through Clinic Escorts or off of campus. When it's a predominately white women's space the rhetoric used around Black women's agency is very monolithic. Like oh, If you're black and your Christian like you can't support access to abortion and so you start to be categorized as this monolithic portrayal of what someone telling you what you should and should not believe and so that personally frustrated me and so invested in looking at the spectrum of experiences. And so my grandmother, she's from Hope Hull, Alabama. But she moved up North and we are not too close. She is very religious and I am not so I didn't bring up the aspect of my work that deals with abortion access but I did say that part of it is incorporating midwives and she was like "midwives?!” And she was like back in my day there were no M.D's and so she was from a family of eight. She
was like we were all delivered by midwives. And so I don't have access to that side of the family but looking through the work of these women I feel like in a way I have the privilege of looking into that and –.

ROSS: and midwives did abortions.

BROUGHTON-JONES: Yes, they did! Exactly, and so I am trying to expand upon what the mainstream portrayals of what a midwife should be historically speaking, especially what a black midwife should be historically speaking. Um and the intersectionality of gender, and race, and class. And how that did shape the narrative, especially in the public eye as well as the private eye and how that influenced how black women operated in order to access the necessary resources that we've been doing for a while. Especially for–

ROSS: Can I make you a request of you?

BROUGHTON-JONES: Yes, no please do.

ROSS: Go back and have that conversation with your grandmother.

BROUGHTON-JONES: Okay.

ROSS: Because you have to in a way, give her permission to tell the real story.

BROUGHTON-JONES: mhm

ROSS: She has to know you're ready to hear em. So you're not actually doing her a favor by not talking about the reality of your work.

BROUGHTON-JONES: mmm

ROSS: but she needs to hear that you are ready to hear em.

BROUGHTON-JONES: mhm

ROSS: Now she still may say no

BROUGHTON-JONES: Yeah.

ROSS: but you, you got to give her the opportunity, the agency to say no.

BROUGHTON-JONES: Okay.

ROSS: Don't just assume that she will say no.
BROUGHTON-JONES: mhmm

ROSS: Cause that contradicts your project. Which is talking about agency.

BROUGHTON-JONES Absolutely [slightly teary eyed].

ROSS: [Laughs]

BROUGHTON-JONES: Ouf (sic) yes [Laughs] that's true, it's going to be hard but no--you're absolutely right. You are absolutely right.

ROSS: It may be easier than you thought it may be harder than you thought. There's no predicting how difficult it is to hold somebody else's truth.

BROUGHTON-JONES: mmmhmm

ROSS: But I can attest to how wonderful it is to be gifted it.

BROUGHTON-JONES: Mmhmm absolutely. Absolutely

ROSS: and I – my own (inaudible 5:22) theory is that as long as there's been heterosexual women having sex with men, they've always wanted to control their fertility.

BROUGHTON-JONES: I – absolutely.

ROSS: And so I cannot imagine that that would not have been an issue with your grandmother. And the problem is she is of a generation where it wasn't safe to publicly talk about those things so they endured privately. But you may be the vehicle for her to tell her story and you shouldn't deny her that opportunity.

BROUGHTON-JONES: No absolutely.

ROSS: Cause that was not available to her. I imagine I am your grandmother's age.

BROUGHTON-JONES: She turned 86.

ROSS: Oh [Laughs] she is my mother's age.

Hailley: Yeah [ Laughs ].

ROSS: Well let me see, my mother was born in 1922, so that would make my mother 95ish – I can't do math. But anyway, yes, she's a little bit older than me [Laughs].
BROUGHTON-JONES: [laughs] Wonderful, thank you for that.

ROSS: Yes, tell your story and don’t miss the opportunities – don’t let your sensibilities keep you from providing opportunities for others to tell theirs. But as an elder, she may not feel that you’re ready for it.

BROUGHTON-JONES: mmmhmm

ROSS: And if you maintain that silence how will she know?

BROUGHTON-JONES: Thank you [laughs]. That is really helpful, that’s really helpful. Yeah, cause the hypocrisy of not being able to apply that which you preach to your own personal life– lives. Okay, I am taking that in, I’m taking that in. [laughs]

ROSS: They’ll come a time and the other thing I’ll say is given her age you want to do, you want to do it before it’s no longer available to you.

BROUGHTON-JONES: Yes, and I remember the first – it wasn’t surrounding access to abortion care but it was just talking about her life back then and so the first time I asked her it was for, it was for a research project for middle school but I was like the ignorant, "oh let me just like go and ask my grandmother about life back then." And so having that naive disposition and my father heard me on the phone trying to talk to her about it and he – when I tell you that rage he had. He was like you are this privileged, highly educated – you didn’t come from there and now you are going to ask your grandmother about these like painful memories. And he shut me down like no one’s business. And I don’t think that should prevent me because that’s not her doing it–.

ROSS: Yep, ’cause he was triggered.

BROUGHTON-JONES: Cause he was triggered, I know. He was – so I’m trying to, yeah. My goal is to revisit that with respect.

ROSS: And maybe you need to have another conversation with him.

BROUGHTON-JONES: Yeah, [sigh].

ROSS: Those are – we’re not doing each other any favors by not having this intergenerational sharing and education. You don’t want to replicate the White Supremacist’s world where we become ahistorical and not have our stories totally integrated with our ancestors.
BROUGHTON-JONES: Mhmhm yeah, no absolutely. That erasure. We can't, yeah.

ROSS: It's gotten us this far. We don't even need to be embracing the concept that it is not vital to ... who we are as a people and how we've made this millennial journey.

BROUGHTON-JONES: Yeah, [Sigh]

ROSS: [Laughs]

BROUGHTON-JONES: Yes

ROSS: And the fundamental to our Africanness.

BROUGHTON-JONES" [Sigh] Okay, pops and Nana they're on my, [Laughter] they're on my mind.

ROSS: [Laughs] I'm just saying.

BROUGHTON-JONES: No it's, it's really good. I really appreciate that. And if at any point throughout you want to ask me more questions please do so, because I am learning more from [Laughs] you.

ROSS: You know I've been writing reproductive justice theory about the importance about a non-European philosophical basis. So I've been reinvestigating Ubuntu and Confucianism. As to ways of resting Reproductive Justice on an interconnected universal and ancestor based understanding of the world.

BROUGHTON-JONES: [Sigh] Yeah, that's a beautiful future to behold, I'd ike to have that.

ROSS: Well it's actually, it's the same Sankofa concept, we are returning to the past to bring from that which we need in the future.

BROUGHTON-JONES: To our present. [Sigh] Okay. I'm taking that in too.

ROSS: [ Laughs] Okay.

BROUGHTON-JONES: And with that,

ROSS: Okay go on.
BROUGHTON-JONES: and just like my initial, reading through all of your work I was wondering what was your initial entryway into activism. In general, was there an “ah-ha” moment for you?

ROSS: Well there was a formal beginning. I mean you can read in my bio all this stuff that populated more. But there was a formal beginning when I came to Howard University in 1970 as a Freshman. Somebody put a copy of The Black Women by Toni Cade in my hand and the Autobiography of Malcolm X and it was like black women and feminism and black struggle just popped into my life. Because I came from a fairly conservative background. My family, my mother was an uber Christian, my father was a military lifer in the army, and so their overarching strategy was assimilation. You know take care of your family, you do good, you go to church, you support good works, you do charitable stuff, you join the American Legion and the VFW [Veterans of Foreign Wars]. You just become an uber-patriot and an uber Christian and that’s the way you succeed as a black family in America. And so I'm really appreciative of the strong roots that they gave me and the fact that my mother’s family was from Texas and that we could trace our lineage back to 1844 gave me a real good sense of the continuity of the family and stuff like that. And so I wasn’t necessarily a rebellious child; I was an independent child. I left the church at fourteen which kind of pissed my parents off and things – I've just always been an independent thinker. I don't think I did it out of an act of rebellion just so, so much as I was a natural non-conformist. I wasn't angry at them or anything. Like I said they were great and loving parents, who tried to protect me as best as they could and, and provide for us even though we were very poor at times. But I always had an iconoclastic way of seeing the world and I think that's what led me to chemistry and physics as a major. Cause I've always searched for explanations, I never was good with just excepting things on faith. Even as a kid – I mean it was like, just because you said it doesn’t make it true [laughter], I always had a kind of skepticism. And so my first conscious activism was – even that was accidental. I was living in an apartment building (inaudible 13:20) [1801 Clydesdale] apartment in Washington D.C and I came home to a notice pinned to all the doors of the building telling us that we had either 60 or 90, I don't remember, days to leave our apartments. And even though we had leases and stuff they were converting the entire building into condominiums and so they were pushing the tenants out. And I was outraged cause it's – I had a lease I mean what are you talking about? I thought leases and contracts were pretty enforceable. You don’t just –

BROUGHTON-JONES: Pass them off and burn them up.

ROSS: Right.

BROUGHTON-JONES: mmmmm
ROSS: and so we met in the basement in the laundry room to decide what to do decide what to do cause all of this happened on one day, right. So I guess about ten or fifteen of us were in the basement in the laundry room and I volunteered to take the notes cause I got ... that kind of ... skill. Anyway, and the next thing I know I was tenant president, only because I had notes. But in looking back over my life, particularly now that I am in my mid-sixties, I noticed about myself that I liked leadership and I didn't put it all together until I started reviewing it – that I started the girls' drill team in my high school cause they had a boys' drill team and they didn't have a girls' one –.

BROUGHTON-JONES: I remember seeing the photograph in the archives.

ROSS: Right [ laughs ] you know. I got on the debate team, working to find my voice. But I like arguing with people and debating with them. At Howard, I was vice president of my freshman class. I mean and so, I went from being the invisible middle girl of a six, eight-kid family, you know. I was number six, so I wasn't at the top, I wasn't at the bottom and then I was the middle girl. There was an older sister and a younger sister, so I was really sandwiched. And I spent a good portion of probably my early years doing (inaudible 15:40 - background noise). But I also learned that I liked leadership. I liked – and it's not leadership from the position of wanting to be in front or wanting to be on top. But I'm a great risk taker in terms of thinking and ideas, and experimenting with stuff and seeing if it's going to work and stuff like that. And I'm not talking like, no I am not going to ever bungee jump off the edge, not that type of –[Laughter]

BROUGHTON-JONES: Maybe later on, on the bucket list, you never know.

ROSS: No, no never. Cause actually just doing social justice work is a big enough thrill for me. I don't need the artificial thrill of putting my body at risk. I get a lot of the thrills in a life dedicated to social justice. I initially thought my career was going to end up as an anonymous soul in a science laboratory somewhere. That was just a bad choice for me because, just because I was able to do science does not mean I was intended to be a scientist. I think I actually, stupidly, chose chemistry and physics as my major because they were the only courses in high school that challenged me. Everything else seemed too easy and I had a fear of being bored.

BROUGHTON-JONES: So you needed that challenge.

ROSS: Yeah, I needed it that intellectual challenge and I had to really work to get good grades in the sciences and math. Whereas the humanities stuff, the history and all of that stuff that was too easy so I–. Even though it was my natural bent I was fighting against it. Maybe again that's skepticism and that iconoclastic thing. I'm fighting against my own nature in terms of where I eventually landed and the work I eventually did, but I just didn't get the memo [laughs].
BROUGHTON-JONES: It took a bit, it's a process.

ROSS: Yeah, I had to go to college, I had to become a political activist to then recognize where my natural landing spot was. But that's how it started. As tenants organizing we were not only fighting the gentrification of Adams Morgan and Capitol Hill in Washington D.C., in the early 70s, but we helped pass the city's first rent control bill in 1974. I think New York had done rent control before then. We were part of a national housing and tenants' rights movement. Through that, I got introduce to a woman named Nkenge Toure, who had been in the Black Panther Party. So she brought me to the D.C Rape Crisis Center that brought me to black feminism and all the rest, as they say –

BROUGHTON-JONES: is history.

ROSS: is history.

BROUGHTON-JONES: There's so many events throughout your life and I was wondering, in terms of what was that point when you started to self-identify as an activist invested in reproductive justice? I know, like in terms of your involvement in reproductive justice wasn't until later, in the 80s and 90s. But I was wondering if there was a time then. Like, I believe in 1976, your successful lawsuit –

ROSS: Yeah, I was sterilized in '76 the lawsuit in '79.

BROUGHTON-JONES: I was wondering if at that point did you view that as an act of activism? or was it classified as something else?

ROSS: Hmm. [ non-interview commentary regarding noise in the background]. After I woke up in George Washington University hospital and that doctor told me "well it's a good thing you already had a baby because we had to do the sterilization to save your life." I was twenty-three years old. I mean that just pissed me off. The way he blithely assumed that I didn't want to have any kids, any more kids. Cause he said something like, "Well you've already had a baby so you're okay." The fact that this same doctor whom had been the head of OBGYN at GW. I mean this was not some intern, this was the head of OBGYN, who had been mistreating me for a venereal disease for six months while my fallopian tubes expanded and got totally distended through acute PID, because he was making all of these racist assumptions about the STD I allegedly had instead of the Dalkon shield I actually had, you know. That – he probably more than anybody else pissed me off the extent that– if I could say one asshole made me a feminist it was him. [laughs] I mean I had experienced, the rape, the incest and all of that much – obviously before then. But I didn't know at that
time that there was something I could do about it. But when that guy just congratulated himself for misdiagnosing and then sterilizing me and acting like it was to my benefit. It's kind of like white people saying aren't you lucky you got enslaved cause we never would of brought you to America. [laughs] It's that same –

BROUGHTON-JONES: mentality.

ROSS: Yeah and so that's where I became conscious about sterilization abuse. Even though I had not paid any attention to abortion rights or any of the other aspects. Because I had a legal abortion in 1970, three years before. But that was only because Washington D.C legalized three years before Roe v. Wade. And so I was able to go to Washington Hospital Center, my law school boyfriend was more than happy to pay for it. [laughter] And my only real – oh I had two issues with that abortion. One, is that my mother would not sign the parental consent form. And she actually just told me, you, you keep getting pregnant, you just need to come home and raise your babies. And at sixteen I was having none of that. It was bad enough to have one baby, to have multiple ones at sixteen, was not gonna to happen. But that was the only vision she could have, because she had multiple babies at sixteen. She had also been incested, so she just kind of had this resignation about "this is our lot in life, this is what Christian women have to put up with. And I'm sorry it's happening to you too but–"

BROUGHTON-JONES: This is the reality

ROSS: "this is what we have to deal with." And so I don't think she was anti-abortion because I don't think that had manifested it that way. She was fatalistic about a woman's lot in life. And I think that may be something that you may want to pick apart in your research. Because is it actually opposition to abortion or a Christian fatalism? That is attached to Eve's original sin and sex and all of that other kind of stuff. I don't think anyone parses that for black women adequately. And I think my mother was an exemplar of that. And one of my mother's own untold stories, she had eight live births. That doesn't say how many pregnancies she had. Because my curiosity once got me in deep doo-doo. My mother had a red hot water bottle hanging up in the bathroom with a long tube hanging down it. Now I knew as a child that hot water bottles were what you use when your back aches and you fill it with hot water and you put it on your back or you put it on your head. You know when you had a headache. I mean it was used for compresses and things like that.

BROUGHTON-JONES: mhmhm

ROSS: But I'd never seen it with a tube. And so I innocently, about seven or eight years old asked my mother what the tube was for. And she got incandescently angry at me. I mean literally, she whipped me for asking that question. Because she thought I was mocking her. I did not find out till years later that that was a form of
contraceptive, that you drenched, that that's all women could do was douche post-coital as a way to prevent pregnancies. She thought I was mocking her. It was an honest question (sic) cause I had never seen that tube hanging out of the hot water bottle before [laughs].

BROUGHTON-JONES: Mmhmm you were seven or eight years old, yeah.

ROSS: Yeah, I mean I wasn’t asking about sex; none of that had even occurred to me. I was just infinitely curious [laughs].

BROUGHTON-JONES: It was a beautiful gift but [laughter] but I guess it comes with some taxes.

ROSS: getting spankings, right?

BROUGHTON-JONES: Yeah.

ROSS: But she actually thought I was mocking her. No, and it was years later that I understood about how much effort black women put into controlling their reproduction that I realized the importance of that inevitable red hot water bottle every black woman had hanging up in the bathroom. So that's the kind of thing you'll be excavating. What looks so innocent – you know, you could probably start a conversation with older black women saying, tell me about the hot water bottle.

BROUGHTON-JONES: So, in my quick read through of the Voices of the Feminism Oral Histories, I know that the role of abortion, the work and politics of the Rape Crisis Center was briefly touched upon, in terms of that some clients were referred to abortion providers at the time. But I was wondering if you could expand upon like how abortion was talked politically and culturally within the context of the Rape Crisis Center amongst co-workers, or clients.

ROSS: hmm. Well I have to historicize it a bit. Both Nkenge and I as the leaders of the Rape Crisis Center back in the day, when I was there, we both were coming out of the Black Nationalist Movement. And so we were up against the conceptualization, mostly held by black men, that abortion was genocide. And so we were conducting an ideological struggle within some very unfriendly conditions. Trying to be a part of the Black Nationalist Movement. Cause she came from the Black Panther Party. I didn't even rep that; I thought that Black Nationalism was the answer to Black liberation. Which again, starting in 1970, getting that at Howard University. I remember telling somebody I don't even like white milk [laughs]. That's how ultra
nationalist I had become. But the Rape Crisis Center was the place where we married Black feminism to our nationalism. And so I, I was never against abortion. Obviously, I had had one so, it wasn’t an ideological stance. But I did not see myself as so much supporting abortion rights as fighting sterilization abuse because that was my lived experience. And possibly that was because I hadn't had any problems obtaining an abortion during my second pregnancy. Now my first pregnancies, I did have problems obtaining my abortion because they weren't legal and I was in southern Texas. And by the way, by the time I told my mother that I was pregnant I was like in my seventh month, so it wasn't even an option.

BROUGHTON-JONES: mm logistical.

ROSS: I just didn't see accessing abortion as the problem. Or legitimating the abortion, or apologizing for the abortion as the problem because I was so overjoyed to have it, have it accessible. Have it legally and safely in a hospital. I did say that I had two problems with the abortion. I should of told you the second one. It was 1970, so it was before I think ultrasound and amniocentesis was widely available. And so the doctor at The Washington Hospital Center performed by abortion through a saline injection and that's what induces – very long needle that's sticking in your stomach, didn't recognize that I had been carrying twins. And so once I delivered one fetus she thought everything was over and gave me some pills, sent me home. And then that night in my dormitory room I delivered the second one. So I started hemorrhaging [laughs] in my bed. I had to walk over to my dorm roommate down the hall and have her rush me back to the hospital and stuff. So those were the two problems, parental consent and the fact that I had been carrying twins. But I never read that from my own history as something that I was going to work on or organize around. Because that was the other thing, we were doing intersectional work at the Rape Crisis Center, what’s now called intersectional work, though that term wasn’t available to us. But it was in other ways. Like I met Nkenge through housing work. There was the anti-apartheid movement going on at the time. We were doing anti-prison work. We were working with convicted rapists and stuff like that through Prisoners Against Rape. And so we were using an intersectional lens without being able to call it that. But I had not married reproductive rights activism to anti-violence activism at that point. That did not happen for me personally – even though as I said – the other thing that issues came to me, and this is not in the oral history. I like getting interviewed because it always reveals more stuff out of my brain that I didn't say the first time around. One of the things that helped me learn about new issues was that I was at a radical DC study group, a Marxist–Leninist group. And so a lot of time, just through the copious amount of readings, the studying, the interactions with other ML groups, we learned about other issues that we didn’t necessarily focus on. And so I think I was reading something from CARASA, The Committee for Abortion Rights and Against Sterilization Abuse that just came to me by way of one of the other ML groups. And that's when I first heard about abortion rights. And I really regret that. Because there were black women like
Flo Kennedy and the Mt. Vernon women up in New York. Who at the same time – I was, we were pioneering the violence against women's work, they were pioneering reproductive rights work. But the other thing that you have to remember is that we didn't have the mechanics of communication at the time. It's hard to imagine back, that women in New York, Boston, Washington D.C simply didn't know about each other cause we didn't have a means of learning about each other. I mean I talked to Barbara Smith and the founders of The Combahee. I mean we just, we were doing Black feminism in these pockets without any mechanical way to connect ourselves.

BROUGHTON-JONES: Through that lens

ROSS: but through the anti-racist lens as oppose to the anti-sexist lens. I don't know if that makes any sense.

BROUGHTON-JONES: mHmm no it does, it does. Thank you. I was wondering in terms of – I know you've worked throughout many different communities, but I was wondering what tactics later on in your organizing, I believe that was towards the mid-1980s, did you feel was most successful in mobilizing black community members around the initiatives in relation to birth control and abortion access and what do you feel were tactics that were the least effective?

ROSS: I remember in 1989, I started working at NOW in '85, and that was because Donna Brazile has recommended me to go over there and get a job. Donna Brazile was my roommate when I was in Nairobi in '85 at the World Conference of Women. And so while we were in Africa I told her that I didn't have a job, I'd been organizing black women to come to this conference from the last three years. I don't know what I am going to do once the conference is over. And she's the one who said, "Well you know every time they have an election at NOW the whole staff has to resign." And so that creates job opportunities and so that's how I ended up over at NOW. But Donna called me and this was in 1989, and the Supreme Court had just issued the Webster decision. And she was head of the National Political Congress of Black Women at the time, that had been started by Shirley Chisholm and C. Delores Tucker. And so Donna said we have to do something about this because what Webster did, as you will read and learn, was to restore the state's power to regulate abortion.

BROUGHTON-JONES: waiting times and mmmHmm

ROSS: We thought had been prohibited by Roe v. Wade. And so I told her I'm on, count me in. Cause I was directing NOW's Women of Color program at the time and Donna had brought Shirley Chisholm to my '87 conference and C. Delores Tucker and a whole lot of people that we had worked with. Because of my work at NOW I ended up identifying the Black feminists across America who were leading organizations, who would speak out in terms of reproductive rights, and abortion
rights, and stuff like that. And so Donna said we need to do something. And in that call, we said we are going to do a national conference call and get leading black women on the phone and let's do a black women's statement. Well it's actually Byllye Avery who I'd been in conversation with, I was one of the founders of the Black Women's Help Project in '83, who said "we need to do a statement." And that was Byllye. And so once we did this national conference call Donna suggested that we get Marcia Gillespie, who was then editor of Ms. Magazine, to write the statement entitled “We Remember”. And then we all ended up signing on to it. I actually didn't sign that statement because by the time it was produced I had left NOW and I started working for Byllye at the National Black Women's Health Project.

BROUGHTON-JONES: By the time it was printed, the pamphlet, I remember reading this in the transcript, and the chaos of that.

ROSS: [laughter] I was like damn, history told me I should of signed the damn statement [laughs] but at the time I was self-effacing, saying well Byllye is signing for our organization and so I intentionally understated my own role in that [inaudible 38:15]. But your question triggered something that I was going to say. Re-ask your question, so I can remember.

BROUGHTON-JONES: Sure. So I was wondering with your organizing, mobilizing amongst several black communities, what tactics were most effective and why and then what tactics were least effective?

ROSS: Okay. The reason that the statement came up when I was thinking of your question was [pause] it was Byllye that said we have to give people, black women permission to say abortion.

BROUGHTON-JONES: The A word.

ROSS: The A word. So that's why the statement was so important. I had problems with the statement that was produced but I didn't make an issue of it. And I put this in some of my writings and that is the tactic that they thought would best work was basically what Marcia wrote into the statement, because we were slaves we should never be enslaved again. Which is fine except that we should have the human right to control our fertility even if we'd never been enslaved. So I wanted it to go further than it actually did. But it wasn't worth fighting about in that moment. Threatening unity just to be proven right. I mean that wasn't the point. We had a lot of nervous nellies that we shouldn't call attention to. I do want to pay tribute to Donna’s reach and her power cause she reached deep into Civil Rights organizations that had never spoken up on abortion rights and all kinds of stuff to pull people like Willie Barrow into to signing the statement. And so when do you give permission, as a tactical question. When the necessity of giving permission for women to say abortion?
When do you pull in Civil Rights organizations that are largely populated by black women and push them into announcing their support for abortion rights? I thought it was a coup when Julian Bond was head of the board of NAACP [National Association for the Advancement of Colored People] when we got him to endorse one of the abortion rights marches. Cause that was the first time the NAACP since the – even though they had endorsed it or worked on it back before WWII. You know they had gone dormant around abortion rights and they never actually took a gender lens. They took a racial uplift lens. And so for them to come back around and stop flinching and stuff like that, his leadership was really important. The other thing, and this lead to the creation of the Reproductive Justice framework, was it did not make sense tactically to have abortion isolated from all the other social justice and racial justice issues. And so that's what lead us to create the RJ framework for ourselves. What are other tactical considerations? That's a good question.

BROUGHTON-JONES: Or tactics that did not work or weren't as effective.

ROSS: hmm [pause]. Shamming people for having pro-life stances in the black community. That would be a very ineffective tactic. We had to deconstruct what those pro-life stances meant. Particularly – a person making a documentary for Bill Moyers today. I was on an interview for them earlier today. And she was another black girl. Sorry –.

[laughter]

BROUGHTON-JONES: No it's okay [laughs].

ROSS: I don't even know what your gender pronouns are. I'm just making assumptions. But anyway she was saying well what are the untold stories. And I said well if you want one thread it is why are black women pro-life. And I suspect a large driver of that is sterilization abuse in the black community. Cause that was the oh my god [pause]. Maya Angelou had to follow her making it a program one day. And two speakers before me Maya Angelou stands up and says she's pro-life. And it was at a national black women's conference organized by the Coalition of 100 Black Women, Jewell Jackson McCabe to honor Anita Hill.

BROUGHTON-JONES: And what year was this? I'm sorry (inaudible 43:15).

ROSS: You'd have to look it up. Don't even try – or it's in the archives I'm sure I kept a program. But don't try to rely on my uncertain memory because when I tell the RJ story I get it all jumbled up [laughs].

BROUGHTON-JONES: No worries
ROSS: I'm really bad at memory (inaudible 43:32). I suspect that it was in the early 90s but I'm not sure. But I know I left the evidence somewhere. And if you just look on the website of the Coalition of 100 Black Women I'm sure they tell about when they had Anita Hill at their conference and Maya Angelou. That's pretty significant so I'm sure they tell the story [laughs]. But (inaudible 43:54) and I had to speak two speakers after Maya and of course we were floored. Because none of us – the Coalition of 100 Black Women has the legacy of being the first expressly black feminist organization outside of Combahee. Right, and so your work is going to be digging into their records and seeing why that is about them and stuff like that. Because that distinguished them from The National Council of Negro Women or The National Negro Business League, from all of the sororities, they were expressly feminist. Why? Is a good question. So if Jewell is still alive she is worth interviewing to find out. And so they had invited Maya without knowing she was going to be pro-life. And we were all floored and then that made me actually go look up Maya's history. Because I'd known of Maya Angelou but I'd known her – where did this come from? Because there is this kind of assumption that famous black women are pro-choice. At least that was an assumption I was working on and then it turned out that I found out about her history of being sterilized. And so that made me started attending to other black women and how they lead from motherhood denied into pro-life. [pause] And Roseann Brown who's another serious anti-abortion leader. Is the women who is in all of the posters and publicity around North Carolina apologizing to their sterilization victims. And she's as anti-abortion as they come right now. So there is more to that narrative than they are just a part of the Black wing of the pro-life movement.

BROUGHTON-JONES: Yeah, there is complexity there.

ROSS: mihmm

BROUGHTON-JONES: So when I was reading through some of the transcripts you made a reference to This Bridge Called My Back and your work in regards to reaching out to allies throughout your work. And I was wondering how – during the 1970s when you were at the Rape Crisis Center and then also when you worked at NOW how that strategic bridge building with allies around reproductive health, especially around abortion, shifted throughout your years of organizing?

ROSS: Well, one thing I learned at the Rape Crisis Center is not to be a racially dogmatic. Because when we had an opportunity to choose a successive director at the Rape Crisis Center and we chose a black woman over a white woman. Because we chose the black woman largely because she was black without politics. Over the white women who had the right politics but was white we made the biggest mistake in our decision making.

BROUGHTON-JONES: and what was that "right" politics?
ROSS: Well that she had – the white woman had feminist politics and had an intersectional analysis. But she was white. The black woman had mad fundraising skills and corporate type skills. And we thought we could take her skill base and teach her politics better than we could take the political one and teach her skills. Big mistake [laughs]. Cause that black woman ended up making and paving the way for the Rape Crisis Center to become a far more conservative organization. And stopped having its leadership in terms of building a movement around violence against women in a radical way. And that interregnum lasted until this past year, when finally another black woman named Indira Henard became its director. She was not only was the last black woman to lead it but she ushered in white women's leadership that was conservative as well. So big mistake. So that was my first recognition that my primitive essentialism needed to be checked and corrected. How did Delores say it? "All skin folk ain't kin folk" [laughter]. But with my lived example of that, working at NOW was – happened 12 years? Well I left the center in '82 and I started working at NOW in '85 cause the times in between was when I was organizing for Nairobi. One thing, by the time I got to NOW I was pretty much grounded in my Black feminist analysis. I was really lucky to have developed my Black feminism in the company of black women without learning it from white women and having to really endure their disbelief as I say. So by the time I got to NOW they, Ellie Smeal, my boss there told me that she wanted me to direct (inaudible 50:19). What was that name? Oh my god. Their Minorities Rights staffer person. We ain't the minority, y'all are the minority, but I will direct your Women of Color Program. Cause the term “women of color” had been created in 1977.

END OF TAPE 1 (51: 03)

TAPE TWO (begins approximately eight mins after the stopping of TAPE ONE after a group meeting in the room disperses.)

[laughter]

ROSS: Anyways I suggest narrowing down. Otherwise, you will do a superficial look at a lot of work and not actually produce all that that's revelatory, that's new. Where you have an opportunity to carve a particular path by digging deeper into a particular focused area that no one else has done before. So it's a choice you can make but..

BROUGHTON-JONES: Okay, I appreciate that and I was almost wondering if one way to approach that –. I am gearing more towards the buffet and I don't want it to be superficial because I don't think that's what we need. But almost thinking about the people whom I am able to interview, having them focus
on a particular moment in their organizing career. So that folks who are reading it like, yes we know Loretta Ross and we are able to see, because there is so much in the archival history. But really focusing on a particular time period or with Dr. Avery focusing on a particular time period with the health center. And really trying to depict this network as not just midwives or just activists but how even if they weren't working directly in communication with each other the different avenues these actors took to uphold this network— that there is a connection there is what I am trying to argue if that makes sense? It's a work in progress [laughs].

ROSS: What's your time frame for getting it done?

BROUGHTON-JONES: So it is due April 17th.

ROSS: Okay, okay. And do you have a grant supporting your travel? and getting it done.

BROUGHTON-JONES: I do not.

ROSS: Oh.

BROUGHTON-JONES: So the African American Studies Program – this is a whole other story with Wesleyan University and it's lack, in my opinion, it's lack of investment in ethnic studies.

ROSS: And the lack of gender consciousness in Afro-Am.

BROUGHTON-JONES: Absolutely, absolutely. But yes, so currently I don't —. There are certain – I'm going to look into with my advisory who is actually in psychology, to see if there is any way I could swing some of the Psychology Department's money into my research.

ROSS: Well somebody should – you drove here on your own time. Somebody should be able to support your visiting Washington. You could do the National Council of Negro Women Archives and the Spingarn Archives at Howard and a trip to the Smithsonian at the same time.

BROUGHTON-JONES: Which would be wonderful, winter break [laughs].

ROSS: If you were a graduate student you could find support for your research but it is a bit of a different ask to be an undergrad. But still, your research is worthy –. Cause if you go one trip to DC you get Spingarn and Howard, you get NCNW archives and you get the Smithsonian African American Museum. Well planned out, that one trip could be really rich for you.
BROUGHTON-JONES: Awesome, I put it in the notes [laughs]. To look into that.

TAPE TWO Part I excerpt ends for transcription. Causal conversation regarding potential research sub-topic ensues.

TAPE TWO Part Two Excerpt Resumes

BROUGHTON-JONES: I was wondering throughout your work, specifically up until the late 1980s, community stakeholders who you didn't initially see as wanting to become involved in the work that you are doing or stakeholders you didn't initially think would be an ally to your work but surprised you in wanting to become involved in certain initiatives.

ROSS: Well, when I organized the '87 First National Conference on Reproductive Rights and Women of Color the natural body of people I reached out to were women of color who were doing anti-violence work. I figured since they already had a feminist analysis bringing them to reproductive rights was not going to be a problem and that proved out to be true. I'm not sure – I swear think that there were 400 people there. Other people said there were 200 people there. I don't remember. But the point is it was not hard to get the women of color who were already fighting to end violence against women to make the bridge into reproductive rights. There was no struggle at all. But it was kind of funny because for some reason the anti-abortionists decided to send five black women to picket our conference. Because they were used to picketing anything dealing with abortion and stuff, like the white women did. Honey, please. First of all we were having a conference at Howard University; that's private property, and you just can't set up a picket on private property and not risk getting arrested. The owner of a private property doesn't have to respect your First Amendment right because you are on private property. So it was just bad strategy on their part. And so the people in the conference kept wanting me to call the cops on them and have them dragged away. I'm like, I ain't calling the cops on those black women – it doesn't work for me. So instead I went out there and talked to them and by the time I got through telling them what we were doing inside, that we were women of color, predominately black women talking about, the three of them came inside and sat down and started talking to us. The anti-abortionists have not sent a group of women of color to picket me since [laughter]. I'm not going to objectify them because they have a different set of beliefs. I'm going to go out there and talk to them and stuff. And so, I don't even know why I started telling that story. What was your question again?

BROUGHTON-JONES: I was just wondering, throughout your work, which – has there ever been an instance where community stakeholders you didn't think initially would become involved in certain initiative became involved and so –.
ROSS: And so that is what triggered that memory. It was like they started off picketing my conference and they're inside, they ended up inside talking to – and I didn't have any follow up with those three women who came inside. But I suspect that sitting down and talking to other black women was not on their agenda that day.

BROUGHTON-JONES: [laughs] No, I don't think so

ROSS: Like I said no more pickets (inaudible 07:43) [laughter]. I mean there were times in my past when I had to. I know when Yolanda Ward got killed in 1980 that was my opportunity and choice to recommit this work for the rest of my life. Because [phone rings]. Because that's when a lot of people whom we were doing work with got scared, scattered, and just choose not to be political activists anymore. And I know that was my come to Jesus moment with the risk of this work and whether I was going to continue to do it. Again, I keep forgetting your question.

BROUGHTON-JONES: No it's okay. It was just community stakeholders, if you had anymore besides the women, picketing at the conference. Whether pastors or –.

ROSS: Like I said, when you work in such a multiplicity of arenas you are constantly engaging with those stakeholders. People doing anti-apartheid work, housing work, prison work. Those were the areas I was in. But other people who you were working with were doing other areas. The woman who brought to me the idea of doing a First National Conference is a woman named Deidre Wright. And Deidre was a social worker so she was working in that field and said we need to have a conference on women of color doing this work. And I said really Deidre? [laughs] Cause I was the director and she wanted to be – and I was like that's a good idea. You know, as so we did it. And that's been a consistent thread because again I told the Bill Moyers person I was talking to, our consistent problem is that we are always encountering black women who are personal feminist without being a political feminist. So they'll be as pro-choice or whatever term you want to use, personally but then they were in other (inaudible 11:15) without ever expressing their feminism in those movements. And at SisterSong last summer we had to have a meeting between the founders of the Black Lives Matter Movement and SisterSong RJ leaders because these black women who had founded BLM, who had written a policy statement, didn't put reproductive justice, abortion rights or birth control anywhere in the statement. But when we met with them they weren't opposed to it. I just hadn't occurred to them.

BROUGHTON-JONES: Like a political consciousness.
ROSS: Their reproductive oppression is a form of racism. That particularly affects black women in a particular way.

BROUGHTON-JONES: And what do you feel creates that disconnect from the personal and the political?

ROSS: I think that there is a stereotype of feminism only being about abortion, or man-hating or whatever else the media wants to accuse us of being. Only considering LGBT rights, only – you know just something that causes people to flinch from wanting to attach the F-word to themselves.

BROUGHTON-JONES: This is my second to last question because I know the day is flying by. I was just wondering, you've touched upon this throughout our questions. Do you feel you are building off of a particular legacy of black women's agency in regards to reproductive – their reproductive lives. And what is that particular agency do you feel you are building off of?

ROSS: Over the years, since I have been working on Black Abortion I've met so many women who have added more data to our stories, more data from their own experiences. Like I met this woman named Mary Long, down in Atlanta, who was a black nurse back in the 70s who signed the amicus brief for Roe v. Wade. Did we know that a black woman was a part of the amicus briefs for Roe v. Wade? We didn't know that. I mean it's just, people walk up to me and are constantly telling stories that I have to include. I met a black woman who was one of the founders of the Jane Collective. Then I also met another black woman who made up that she was also in the Jane Collective, claiming something she wasn't. But anyway, nurses who work with black abortion doctors. When you put out there what you are doing people just want their stories told. I met the daughter of an abortion provider, a black abortion provider, who wanted her daddy's story told. I mean it's just, I got like five or six file cabinets full of material that I have accumulated over these 27 years. And so I feel like I stand on their legacies. Because – what was that stupid film, Field of Dreams, if you build it they will come. I've built a container for telling the story of black abortion. And I have seen people like you and Cynthia and others populating it. [laughter]. Which is the best reward I could get, absolutely. And the way I came to it wasn't as a scholar. It's just when Ellie told me, in 1986, that I needed to organize women of color to march for abortion rights, I was like Ellie, we are just now saying the A-word. What are you talking about? And in order to organize them I needed to know our history. So that's where my answer for writing Black Abortion came from. It wasn't that I needed to be a scholar or thought I was a historian or anything. I was an organizer who had to persuade black women that our story didn't start in 1986. You know, and so that's the lens I've always taken I guess. But it just – you can't organize an ahistorical people in the black community. I should put that on a poster.
BROUGHTON-JONES: That is a beautiful quote.

ROSS: That’s always my perspective and so the legacy I see myself standing on is that of the women who got on the Negro Advisory board for Planned Parenthood, probably got a lot of criticism for that. [pause] I mean Margaret Sanger who is a very controversial figure, but she’s actually my kind of woman. Cause she was bold. I won’t say fearless, but bold in standing for what she believed. Even though she made big mistakes in doing it she never wavered from her conviction that women’s lives were worth saving. Yeah, I make big mistakes. Everyone makes big mistakes, you just got to own them and keep on moving. I mean I am not just trying to name famous people uh, Florence Rose who made sure that all of those letters that black women wrote to Margret Sanger asking for her services, were preserved. It’s just so much.

BROUGHTON-JONES: And I guess lastly is there anything else you would like to add or is there anything you would like to ask me?

ROSS: Well I would like to see where your fertile mind takes you. As I said you may just do more justice to a narrower focus. So I would invite you to do that. But like you’ll find like I found, every iteration you make you do better, and better and better. Because when I wrote that one for Stanley's book in 1990, that was published in '92, I go back and look at that and wince cause I could of done better. But by the time I wrote Rickie's piece, eight years later, it was better. And then the writings I've done since then each get better and better. And when I had to write a piece for the anti-abortion billboards in 2018, by then I had gotten better.

BROUGHTON-JONES: The progression. I definitely don't want to see this as a one end project that I submitted and it goes into a closet and I never see it again.

ROSS: I wish Jessie Rodrique had continued her writing. Have you read her stuff?

BROUGHTON-JONES: No

ROSS: Cause she wrote the first piece on the birth control (inaudible 19:44).

BROUGHTON-JONES: Her name sounds very familiar.

ROSS: And so she carved the pathway for me. Cause it was Jessie sending me her manuscripts while I was at NOW on birth control. And I looked at Jessie’s piece and I was like god this is a masterful analysis of black women and birth control. But why didn’t you take it further and talk about abortion? But she was pretty much showed me what historical research could look like. I should have her on the shelves but you could look at her, Jessie Rodrique, R-o-d-r-i-q-u-e. And so she just wrote that as her master's thesis and I haven't heard of Jessie since then. But if she had continued that
research she would of written *Killing The Black Body* before Dorothy did. So I hope that's useful to you.

**BROUGHTON-JONES:** Yes, and thank you again so much for the time and the advice and the insight. [laughs]

**ROSS:** You’re very welcome, thank you. Thank you for doing the work and carrying it forward. I want to look up—. I won’t be around 50 years from now, but I really want there to be dozens of books.

**BROUGHTON-JONES:** I want to be able to walk into a library and not have to look just for five books in a corner. I want a library full of books.

**ROSS:** Exactly. But it is only going to happen with people like you who continue to say okay, I am going to take this piece and I’m going to do this. I cannot – like Cynthia what are you waiting on? But she’s the classic PhD. person who never thinks the project is ever ready to be published.

**BROUGHTON-JONES:** It's your baby, it's your baby.

**ROSS:** Because I mean I've been on her case for at least five years and she keeps going, this summer, this summer. Well I heard that four summers ago though.

**BROUGHTON-JONES:** [laughs] Yes I look forward, whenever it comes out. I am ready.

**ROSS:** Oh it's going to be fabulous when she does because she's so thorough. And every time she does, even just a little reveal, I am blown away. For her being able to do deep dives in the archives. You know, that’s why she totally intimidated me. It was like, whoa. It's just like Dorothy. When Dorothy wrote *Killing the Black Body* I had to walk over to Dorothy and say I’m mad at you, cause you wrote the book I wanted to write.

[laughter]. I had the same conversation with Cynthia. You're writing the book that I want to write.

**BROUGHTON-JONES:** Is her focus a lot on the state? Like state involvement in controlling the black body and reproductive injustice and justice? But yeah.

**ROSS:** Well that was what I told Dorothy when I went to her. I said you talked about what was done to us. I want to tell the story of what we've done for ourselves and she said write it Loretta. [laughter] and I said I'm trying, I'm trying. Now I got two more books lined up before *Black Abortion*. So I got a deal to, well I am writing my next book. It is called *Calling In and Calling Out Culture*. And then the book after that is *Abortion Politics Through an RJ Lens*. 
BROUGHTON-JONES: I am also looking forward to those books too [laughs].

ROSS: I keep pushing the *Black Abortion* one further down the field as I keep lining these others up ahead of it. So I hope it gets out there. And I’m making that choice. I don’t care who gets it out there. Just get the information out there and it will be okay.

END OF FORMAL INTERVIEW – TAPE 2 (23:47)