National Black Women's Health Project

Empowerment Through Wellness
FOREWORD

A few miles south-west of central Atlanta, Georgia (U.S.A.), up a small hill, is Phoebe House, home of the National Black Women's Health Project (NBWHP). It is a large, 2-storey clapboard building which could pass for anyone's rural home, with a scattering of large trees, bushes and thriving new grass.

The interior warmly welcomes guests to many of its 16 rooms which are filled with comfortable couches, chairs, and hanging plants. The walls are covered with tapestries, batiks, colourful silk-screened posters of past conferences, and of black women's determinate futures. In addition, there is evidence of African pride — artworks, sculptures and paintings made by hands thousands and thousands of miles away.

I first learned of the NBWHP when they addressed members of the Christian Medical Commission at the April 1986 meeting in Atlanta. Reports were positive, and it was decided that a much larger audience should hear about this innovative programme. Project staff were also pleased. So, an assignment to write the article for CMC's CONTACT soon sent me south to Atlanta. And my visit coincided with the next state-wide NBWHP conference in Albany, Georgia."

What you will discover in the next few pages is what was revealed to me by the Project's executive director, Byllye Avery and 2 staff people in just a few days in early Spring. The NBWHP is not a medical clinic in the strictest sense: It focuses on the health needs of women, but does not provide direct medical services, nor much client-physician referral. It is a very carefully planned programme of empowerment, of sensitivity, of bold response and action, and of opening lives to a new way of living. Rooted in a core group of committed and knowledgeable women, the Project also includes black men who attended the Albany conference in workshops designed specifically for them.

Men are invited to be «supporters», an official membership classification for the NBWHP. And men, fathers, sons, husbands, friends — are beginning to reap the benefits of women who are becoming healthier in body, mind and spirit.

Credit for the creation and maintenance of the Project goes not only to executive director Byllye Avery, but also to the 10 women who staff it, ranging in age from 24 to 74 years, the board of directors, her sisters throughout the nation and her allies — women and men of diverse racial backgrounds and ethnic groups who believe in what the programme is doing.

In a time when medical technology sharpens precise instruments for delicate surgery and removes much of the personal and individual responsibility for health, this programme responds to the need for a collective and viable pathway to wholeness. The NBWHP offers a new option for life.

* Dougherty County, Georgia has special significance as it held the greatest concentration of slaves per square mile than any other place in U.S. colonial times.
«SOMETIMES I THINK MY LIFE STARTED WHEN WESLEY DIED»

Byllye Avery, now a widow with a 25 year-old son and a 20 year-old daughter, lost her husband Wesley in 1970. He was a «healthy» 33 year-old but died of a heart attack. He was, she says in retrospect, a classic candidate for cardiovascular trouble. He came from a low income family with 6 children, and both his father and brother died young.

Environmental? Genetic? Perhaps. But she also attributes the cause to an onslaught of problems which confronted him, and the type of lifestyle he led. He also ate the wrong foods and was overweight.

Since then, her personal and professional growth began to evolve through work in the health field. At the University of Florida she taught child psychiatry, heading a teaching unit for autistic children. She has also worked in various planned parenthood and maternity centres. Now her work takes her to many cities where she speaks to women's groups, professional organizations, and other related national projects.

Her 1st meeting with the Christian Medical Commission was a «... magical evening». Her faith has its basis in the historic black church and she sees her ministry as something to be shared with others – which the CMC encouraged her to do.

From the beginning of her involvement with the women's health movement, Byllye Avery has seen her role as situated at a crossroads, as part of a map where she has been able to guide women or re-direct them when their needs were beyond her area of expertise. «I frankly believe that I'm not supposed to have all the answers», she says. And the work to be done still leaves a lot of room for others to help...

As for the challenges,

«I do have to keep the Project going, raising funds as well. But I keep reminding myself of the real needs. You see, God and I have a pact, a real partnership with all of the greater forces. Somehow my needs are answered. And when I talk to the donors, I never know what the «test» will be. I just tell them about the Project. Sometimes I get calls from strangers that I just return if I've been out, because you never know who's on the other end. And I do believe miracles happen. Just about everything we do is a miracle!»

B. Avery
«EQUAL» BUT STILL NOT ON THE SAME LEVEL

by Bylyye Avery

The National Black Women’s Health Project, a health advocacy organization, has been committed to improving the health status of black women since its inception in 1981.

The special health problems of black women are integrally tied to the variety of challenges faced by black families in the U.S. Poverty, unemployment, family fragmentation and inadequate education are all forces which make black people more prone than whites to stress-induced illnesses and higher rates of chronic diseases. But these statistics validate only a few of the health problems.

For the past several years, the Project has relied on studies which reveal the generally poor health status of black women and the inequalities in health conditions. What remains unpublishied are statistics on health-related problems, such as domestic violence, rape and incest.

While the health of white Americans is improving through the promotion of wellness (health) programmes, the health of the black community remains in a state of crisis. Wellness programmes have not been designed to address the inter-connection of being black, female, poor, and unhealthy. So, the Project has developed a wellness programme which considers these factors. This year’s 4 priority programmes are:

1. Psychological well-being of black women
2. Teenage pregnancy
3. Infant mortality
4. Cancer education

These programmes have been developed from a black woman’s perspective within a framework of self-help. Despite great improvement in the overall health status of all Americans, persistent and distressing disparities in key health indicators still exist for black Americans:

- Life expectancy of 69.6 years for blacks today approximates the life expectancy reached by whites in the 1950s, a lag of 30 years.
- While infant mortality rates have fallen steadily for both whites and blacks, blacks still suffer twice the rate of whites and have a rate today compared to that of whites in 1960, a lag of 20 years.

WHY SUCH A DIFFERENCE BETWEEN BLACKS AND WHITES?

Explanations for why these disparities persist have been the subject of many studies, discussions and most recently, the National Task Force on Black and Minority Health. In its analyses, the National Task Force concluded that focusing on health education intervention programmes with community involvement and outreach, cultural sensitivity to the group being served, and disease prevention and health promotion are essential to improving the health status of minority populations.

Faced with a national health crisis in the black community, particularly for women and children, the NBWHP was born out of an awareness of how social, economic, political and health disparities interacted for black women. Since black women’s health needs were not properly addressed by the women’s health movement and were classified under the problem of minority health, the Project formed as a health advocacy organization for black women.

The relationship and prevalence of violence and stress have made black women victims of multiple oppressions, racially, sexually and economically. As a result, black women have had to confront the «anger turned inward» — the feelings of oppression that some blacks
further evidenced by high illness and death rates that are psycho-socially related. **ALL OF THESE DISEASES ARE PREVENTABLE THROUGH HEALTH EDUCATION PROGRAMMES.** Therefore it is important to understand the interdependent risks associated with the leading causes of death among black women. This understanding is essential to improving the overall health status of black women and the black population.

But the challenge remains not only to understand the inter-relationship of risk factors, but also to develop successful programmes that will integrate culturally sensitive and gender-specific practices in the health systems.

**DISTURBING U.S. STATISTICS**

- In 1983, 6.4% of black women lived past age 64 compared to 10% of white women.
- Homicide rates for black women are 4 times higher than for white and other racial groups.
- Black women, ages 45-64 are twice as likely to die from diabetes as white women in the same age group.
- Although black women have a lower incidence of breast cancer than whites, more die within 5 years of the diagnosis.
- Of the estimated 52,000 new cases of cervical cancer diagnosed in 1986, over ½ of these cases were among black women and 3 times as many of these women (as compared to white women) are likely to die.
- Alcohol abuse causes twice as many deaths among black women as among white women.
- Hypertensive blacks are almost 18 times more likely than whites to suffer kidney damage, requiring dialysis or organ transplants.
- Nearly ½ of all black women in the United States are pregnant by age 20, and 90% of those births are expected to be to unmarried women.
- In 1983, the maternal mortality rate for blacks was 18.3 per 100,000 live births compared to 5.9 for whites.
- 75% of women who are AIDS sufferers are black and 80% of their children are affected.

From: «OPEN YOUR LIFE...», a brochure produced by the National Black Women's Health Project.
The Project was established as a non-profit organization in March, 1984. It has since addressed the key health issues facing women and their families through national and local media productions, educational presentations, self-help chapters, networking, a national newsletter, and national and regional conferences.

In response to the public's demand for information and to black women's requests for assistance in organizing locally, the NBWHP started a Speakers Bureau, and launched a national newsletter and slide presentation highlighting the self-help concept. The attention of other organizations' and institutions' leaders began to grow nation-wide.

The Project actively promotes self-help resources to wellness. It also makes the community more aware of self-help approaches to health and fitness, and establishes dialogue and partnerships with diverse individuals and groups, to break down the barriers that years of isolation and powerlessness have created in our communities. We believe that the quality of health care in this country can be improved if health care providers change the way they approach black women and the way we, as black women, care for ourselves.

Since the Project has been organized, administered, and governed by black women, it is therefore committed to defining, promoting, and maintaining the physical, mental, spiritual, and emotional well-being of black women. The goals of NBWHP reflect health care policies and programmes developed from the black woman's perspective:

- To enable black women to understand the concepts of emotional, mental, physical, and spiritual health and the inter-relationship among these factors;
- To provide black women with the information, skills, and access to resources needed to live healthfully;
- To facilitate the empowerment of black women, both individually and collectively, to exercise control over their lives; and
- To ensure the survival of future generations of black people through the promotion of health maintenance and prevention.

The framework to achieve these goals is an integrated model. The operation of all activities should contain one or more of the following components:

HERstory of the National Black Women's Health Project

To educate and inform the public of the unique health needs and problems of black women was the primary reason the NBWHP came to be. In 1981, it began as a pilot programme of the National Women's Health Network. In 1983, a major milestone was reached when the organization sponsored the First National Conference on Black Women's Health Issues at Spelman College in Atlanta, Georgia. The conference provided an opportunity for over 1700 women of all ages to discuss health care problems facing them, their families, and communities. This conference acted like water to a thirsty seed, as the magnitude of the black community's critical health problems was brought to light.
• AWARENESS – Helping women become aware of their own personal health needs and learn how to solve or cope with them; helping women identify and analyze health related issues.

• COALESCING – Building unity among women around their health concerns and ultimately around all of their needs.

• TRANSFORMATION – Facilitating (encouraging, easing) the process of empowerment among women both individually and collectively. (Please see page 6).

• TAKING CONTROL – Enabling women to understand those factors that affect their lives and health status.

• HEALTH MAINTENANCE – Helping women develop and use the tools necessary for maintaining the health of themselves, their families and their communities.

These goals are translated into specific objectives which allow for creative and effective ways to achieve the mission of NBWHP. For 1986-87 we clarified these objectives as follows:

1) To institute model programmes of wellness and prevention.

2) To increase the quality and type of health information to the membership and public.

3) To increase the coalition and network building of the organization.

4) To train 4 «Black & Female» workshop trainers.

5) To develop internal soundness of the organization.

Our intention is for the wellness programme to reinforce behaviours that enable black women to assume more active responsibility for their own well-being. We believe that self-help is based on self-knowledge, validation of experiences, and sharing information; all of these factors set the tone for an environment of wellness.
It was the summer of my 30th year when I attended the First National Conference on Black Women's Health issues in 1983. At 30, I found myself unfocused on youth and womanhood. So I went South that summer, not sure of what I would find. But I was convinced that if black women were gathering in our own interest, the health of an entire community would change. I travelled to Atlanta expecting magnolia blossoms and dogwood trees. I returned home having experienced so much more.

I arrived with 2000 black women, looking all the ways we looked, with nappy hair and straight hair, skin in shades from golden to ebony, bodies full or lean and all beautiful. I felt as if I had stumbled upon some ancient village, since I'd never before experienced so many black women in one place at one time. I felt renewed and hopeful in the presence of so much darkness. Spelman College's dark red brick buildings, the lush green darkness of the trees and the dusky darkness of my sisters. Something was calling to me, and I ached, it was so familiar. I could feel myself waking up inside, waking to the possibilities of myself and my sisters.

"Get Close…"

I attended half a dozen workshops out of the many choices. As each session ended, I left to attend the next workshop with my step a little lighter and my chin lifted a little higher. Toward the end of the first day, I floated from one workshop to the next, absorbing every moment totally. I learned what it would take to live well and stay healthy. While every session was powerful and informative, there was one workshop that I carried back home with me. For on June 25, 1983, I met Lillie Allen, and watching her work, I discovered myself.

I arrived at the "Black & Female" workshop to find a room overflowing with black women. Hundreds, crowded into a cramped space, perched on tables, sitting on the floor, many sharing single chairs. All watched transfixed as a brown-black woman urged us to "come on in, move forward. Get close: there's plenty of room".

I eagerly pushed forward, drawn to this sister who, as I now could see, had kicked off her high-heeled shoes to stand on a table. In a strong, clear voice, she announced, "We have got to begin moving closer to each other. Get as close as you can. It's past time for holding back."

Though Lillie seemed unhurried and calm, I sensed an urgency in her request. I moved a little closer, and I listened well not only to her words, but to their sound, which seemed to come from deep within her mind and heart. Right away, I knew she wasn't just speaking; here was a sister sharing with us, more than her words. The resonance of her voice vibrated with Southern rhythms - the cadence we all retain no matter where we come from, or go to, in these United States. The sound was like that of so many strong-willed black women. Very much like the ones I had grown up listening to. The ones calling me inside to "come on in off the street and get yourself something to eat."

"…Silence is killing us"

Lillie stood there offering nourishment, too, of a different kind. Tilting her head slightly and lifting her chin, Lillie said, "For too long
now we’ve been told to keep our business to ourselves. Well, the business of silence is killing us. The conspiracy of silence has got to stop. We must begin to tell our stories. It’s time to tell each other how it’s been to be black and female. You’re the ones who know what the reality is. Now who’s going to tell it? Who will come up and tell their story?

A line of sisters formed to my right, all waiting to begin the process of getting it “out of you,” as Lillie put it. I stayed in my seat to listen, and heard what I had been longing to hear for a long time without knowing it. The voices of my sisters, telling what had to be told, saying things that had to be said. All the anger, pain and disappointment poured out, along with stories of dignity and pride. All the joys and sorrows of being black and female were revealed to me that day.

Lillie captured us by telling the truth. “We have to find some other way to survive than just saying, ‘I don’t care’, because you do care!” She spoke of our glories. “You are very powerful people, you are functioning well, you should be proud of yourselves.

I certainly am. That’s why being here with you in this way is so exciting. Because in spite of all that you have had to face, you have absolutely refused to be broken”.

Lillie spoke in hushed tones that made it seem as if we each were having a personal conversation with her. Letting us in on her personal motivations, she said, “I feel I was chosen to do this work and to share it with you, because we don’t need to just keep surviving... it’s time for us to start living”. Her voice rose and fell, reaching into every corner of the room – each word punctuated with a hand waving in the air or a foot pounding on the floor.

“... aches and pains...”

“We’ve been told that you should not let anybody see you cry because that’s a sign of weakness. So we say, “I’ll be strong and take care of myself”. We have lived for years like this, and have ended up having high blood pressure and heart disease. The Creator knew there would be hard times. So why do you think babies come in here screaming? That’s a healing emotion”.

This woman was leading us back to our beginning and to her own. “The basis of the work that I do comes from something like this: What happens to a child who is hurt? The child cries, and if you will allow them to cry and get over it, they feel better. Right? Same with fear. Fear is not dangerous: we are given a method to deal with it. When you get scared, you could tremble or yell or shake and cry out. But, the message most of us got was to deny being afraid. So what happens? All that starts building up in us and we begin to get aches and pains. Your body was not supposed to carry all that junk.” * We all laughed, acknowledging the truth of her words. I felt bounded to those around me as we nodded our agreement.

A young girl about 9 years old stepped forward. She reached out to pass an envelope to Lillie. Gathering the child into her arms, Lillie introduced us to her daughter, Shaun, and read aloud the card she took from the envelope. Inside were the words “I love

* Junk is garbages, trash, rubbish, waste, debris, stuff.
you". Lillie held the small white square up so we could make out the big red heart pasted on the front. A broad smile spread across her face as she hugged her daughter closely. Lifting her head above the embrace, Lillie said, "This is what we must continue doing, holding our daughters and each other, close by close."

As she turned once more to cuddle her daughter closer, the first sob broke out from somewhere in the room. Overcome, I sank forward, crying and wishing that I had been held like that. Crying for joy that we were being reminded in this way not to stop holding on to each other. As the sobs grew louder, Lillie's voice rang out above them. "Hold on to somebody. You know how to do that". Soon, every face in the room was wet with tears. I felt as if the arms that held the child standing in our midst encircled my own heart.

"...a wooden ship without windows..."

The tearful sounds around me conjured up visions of another time and place. A place I could not have known consciously. A remembrance that only can be traced through stories passed down through generations or some kind of racial memory. Suddenly, I "saw" a wooden ship without windows or enough air. Hundreds of black women and men huddled together around me in a space much more cramped than the one we now shared. I imagined the sounds must have been the same back then - sorrowful walls and strangled sobs intensified by the basic human desire to live.

There I sat in the present, knowing that we hadn't come across those turbulent waters silently. We came shouting the names of our mothers and fathers and reaching out to comfort each other in spite of the chains. With the surfacing of that ancient memory my tears stopped. I raised my head to look at the sisters surrounding me. I was caressed by their presence. I was home.

Lillie closed the session by calling on each of us to "go home and phone your friends and family. Tell your life story and ask your mother and your grandmother to tell theirs. Invite people over just to tell their story".

Today, almost 4 years later, I realize that Lillie's words made an organizer out of me. I heeded her call to action, going home to call the women I knew and asking them over to "tell their stories". As a result, in May 1987, our Bay Area Chapter will hold its 4th annual "Black & Female" retreat. When we first held the retreat in the Spring of 1984, there were 20 women. In 1985 there were 25, and last year 65 women attended. This year we expect well over 100. I made a decision in 1983 when I heard the tearful collective voices of my sisters. I realized that Lillie had opened a door, and I had to hold it open.

At our last retreat, I sister stood to say, joy-
fully, "Some day, these days will be the old
days". I've learned a lot about the reality of
being black and female these past 4 years.
I understand how racial oppression gets
internalized, and I've learned to not let it
keep me from my sisters. And now I'm train-
ing under Lillie so I can better understand
empowerment.

I know what to do now when I feel
threatened by another sister or scared and
angry. What to do when I don't feel good
about myself, or black enough, or woman
enough. Now, I can turn to my sister, put
my head on her shoulder and say, "You
know, I'm scared... but I'm not willing to
lose you this time. This time, that stuff that
keeps us isolated and cringing in each

A GOOD SELF-HELP GROUP IS A
MUTUAL SELF-HELP PROCESS

The 6 most important activities of a self-
help group are:

1. Sharing life experiences
2. Listening
3. Appreciating self and others
4. Acknowledging and expressing feel-
ings
5. Summarizing the discussion (includ-
ing minority opinions)
6. Closing the process.

Self-help groups provide an environment,
time, place, process, and structure that
encourage us to share our experiences and
feelings, define the problems, identify possi-
ble solutions, establish priorities and take
effective individual and collective action.

We take turns talking and listening. We share
the stories of our lives, our problems and joys,
the internalized messages that cause us to feel
and act powerless.

What health problems are we experiencing?

What do we need to take charge of our lives?

THE IDEAL GROUP LEADER likes people, black
people, black women, has high energy and
good listening skills, is warm and friendly, and
can share her experiences and feelings. She is
also able to learn how to relax and take charge,
use a good sense of humor, ask for help,
admire and learn from mistakes, stay focused
and help the group stay focused.

The leader must be aware of and distinguish
between her needs, individual members' needs
and the needs of the entire group, while
helping the group develop this awareness, in
order to find suitable ways of meeting these
different needs. The leader participates as a
member of the group and acknowledges that
she is there because she wants and needs to
be there herself. Her leadership is democratic/
shared. She is not an expert. The mutual self-
help process unfolds under the watchful eye(s)
of 1 or 2 leaders, as a relationship between
peers/equals. All the members of the group
use the expertise gained from their lives to
help themselves and each other. Each person
gets the focused attention, caring energy, and
resources of every other member present.

Some groups have guest speakers, films,
food, reach into their communities with work-
shops, conferences, health fairs. Some groups
exercise together, share child-care responsibili-
ties or housing, socialize, exchange skills,
economic resources, assist each other in look-
ing for work, in navigating the welfare or
health care system, plan individual and com-

vital signs / News from the National Black Women's
Health Project (a quarterly newsletter), vol. IV, No. 1,

munity wellness agendas, local advocacy, create
cultural rituals.
We cry, laugh, nurture, joke, scream, dream, hold, hug, touch, dance, clown, sing, play, write poems, songs, stories, plays, draw pictures, make movies, build houses, start businesses, SUPPORT EACH OTHER'S GROWTH. We bring our children, so that they, too, can participate in creating new communities.

**DEFINITIONS:**

**Active listening** means that everyone is looking at the person talking with respect and interest, so that they not only hear her words but see her feelings as well. This very personal attention will usually embarrass the speaker and bring up many emotions. *Encourage her to say what she is feeling.* Let her know this is a safe place to cry, get angry, nervous, sweat, shout, etc. If she doesn't know what she's feeling, why she's feeling it or why she's crying, that's o.k. too. It sometimes helps to touch the person or hold the person who is expressing painful emotions *if it does not stop them from feeling or expressing their feelings.* Do not interrupt with pats on the back or advice, because you «want to help». LISTENING IS HELPING.

**Appreciation of self** is often achieved by getting the speaker to brag in an exaggerated proud way about herself or something she has done. If the woman expresses a lot of pain, fear, hopelessness, these feelings can be gradually reduced by appreciations that are counter-active. For example, if she feels unloved and unlovable, express appreciation for something warm and lovable that she has said or done to show that her fears are
Summing up the discussion means that 1 or more women review what has happened in the session. While differences of viewpoint are valuable, it is important here to begin thinking about possible solutions to problems that are common to many black women.

Some groups give feedback following the sharing. Instead of giving advice, which can lead to excessive dependence on the group, or group frustration because the advice is not followed, it is much more supportive of a woman’s growth, thinking ability and confidence-building to ENCOURAGE HER TO SEE HOW MANY OPTION SHE HAS.

Before society became so specialized, designating «healers» to the community, self-healing was the natural group treatment. And here, no one pays or gets paid either. No medical tools are used. This process also extends beyond the bounds of the 4 walls embracing it. Each person is free and encouraged to call on the others between meetings.

AN IMPORTANT PART OF SELF-HEALING COMES FROM THE EXPERIENCE OF HELPING OTHERS. A healthy individual requires a healthy community and physical environment to support and maintain herself. Likewise, it takes healthy individuals to build healthy communities. The self-help group is a safe environment to «try on new selves» towards the goal – which is wellness.

**FEELING THE FEELING AND EXPRESSING IT ARE THE ONLY WAY TO GET TO THE JOY, CREATIVITY AND TENDERNESS UNDERNEATH THE RAGE.**
MEMBERSHIP

Due to NBWHP's continued success and increased public demand for their resources, a decision was made to open the Project to new members. A membership development campaign was launched in March 1985, through which more than 600 women and men of all income levels gave to the NBWHP.

Although membership is open to all, NBWHP has structured the categories as follows:

1. Sisters – black women only
2. Supporters
   A. Brothers – black men
   B. Allies – women and men of other racial/ethnic groups

With the self-help concept as the philosophical basis of our organizing strategies, the recruitment of black women is a goal of all educational programming, outreach efforts, and workshop presentations. Black women may become members in 2 ways: as individuals or through self-help chapters. Individual members receive the NBWHP quarterly publication, VITAL SIGNS; a membership card; the vision statement; and discounts on conference and seminar fees and on the subscription to the black women's scholarly journal, SAGE.

The women who benefit most from what the Project offers are those who participate through self-help groups. **Self-help is defined as the process by which black women begin to take control of factors affecting their lives.**

**Self-Help Groups** have grown from 52 in 1986 to 66 in 1987. Located in 22 states, a large concentration of these groups of black women are in the south-east and the west coast. In addition to working on their personal health issues and those of their families, outreach efforts include:

1. Local Weekend Retreats
2. 15 Public Educational Programmes to date on various health issues – stress, teen pregnancy, diseases, etc.
3. 12 Conferences thus far conducted throughout the United States

The intent of the **Technical Assistance** plan is for the National Office of the NBWHP to help organize self-help chapters on site. Technical assistance provides a basic orientation and framework for organizing, managing, developing membership, for fund-raising and for the provision of health information. In addition, training is adapted to the needs of individual localities and to specific skills and interests.

Fundamental to the structure of membership is better organization at the grassroots level. It is important that self-help chapters in all stages of development relate to the National Office as a standard for structuring their own work and as a readily available source of technical assistance at the outset of their formation. By working with women within their own environment, they are provided a supportive atmosphere which allows them to trust their own perception of themselves, learn together, and emerge with a new sense of power.
WELLNESS PROGRAMMES

"Black and Female: What Is The Reality?" Workshop is used to raise the consciousness of black women about issues and health conditions affecting their lives. This work begins the process of personal empowerment and encourages black women to embrace a more wholistic outlook toward health.

In more detail, the 4 wellness programmes used to generate practical information for health care providers and educators, to help define workable prevention programmes, and to motivate black women to assume responsibility for their health care are:

1. The Psychological Well-Being of Black Women is an ongoing programme being addressed in the BLACK & FEMALE workshop. The workshop focuses on the concept of internalized oppression, which is of crucial significance to black women. Functioning under the constraints of sexism, racism, and classism, poor black women experience the full brunt of oppression. Convincing research shows that these stress-inducing circumstances worsen any illness to which these women may fall victim. Working on internalized oppression facilitates self-exploration while helping to illuminate the politics of service delivery. This newly gained knowledge alleviates the self-distrust and powerlessness that accompany self-blame.

Although the BLACK & FEMALE workshop was initially designed to unite black women for wholistic health, it is being developed as a model for a wider audience, including whites and other races. A grant from the Ford Foundation has provided the seed money to develop a training programme. Four workshop leaders will be trained in a 2-year programme that integrates the theoretical concept of oppression and the practical application of breaking the barriers to empowerment. These trainers will assist the lead trainer in conducting workshops for self-help chapters and agencies and at quarterly Task Force meetings. By June 1988, NBWHP will have a minimum of 5 BLACK & FEMALE workshop leaders to respond to the numerous requests from educational institutions, church groups, and community agencies.

2. The Teenage Pregnancy Programme is a multi-media project in formats that can reach families in their home or community. These tools can be used to stimulate open communication and to inform and discuss sex and sexuality within the family. As educational projects on the topic of teenage pregnancy and the related social, cultural, and health issues, this open sharing model will serve as a basis for ongoing discussions and for developing a supportive atmosphere.

Briefly, here are a few of the specific issues covered:

WUC Photo: A Lano
14 year-old Khadijah with her mother, Sadiqua
On Becoming a Woman: Mothers and Daughters Talk to Each Other — a teen pregnancy prevention film dealing with menstruation, sexuality, birth control information and dialogue between mothers and daughters. Dispels myths, disseminates information and empowers women, young and old, in relation to the healthy functioning of their bodies.

We Are Mothers Too Early And Too Long — a 5-part video breaking the silence on reproductive rights. Includes inter-generational complexities of teenage pregnancy upon a family.

Another documentary features black women from 13-60 years of age talking openly about their life experiences: 1st encounters with sensual self, menstruation, sexual harrassment and abuse, motherhood, abortion and reproductive rights.

3. Infant Mortality is addressed through the Pre-natal Caring Project, with emphasis on the social problems of low-income women. Statistics show that infant deaths occur more frequently among mothers who are teenage, black, lower educated, and who live in areas where pre-natal care, resources and accessibility are low. Added to these factors are the dynamics which discourage these women from seeking quality health care. Poor black women, therefore, remain ignorant during pregnancy and child-rearing. The lack of prenatal care increases the risk of sickness and death, for both the mother and infant.

Much of the programme focuses on prevention, as the NBWHP recognizes that the excessive death rate among infants can be the result of unhealthy lifestyles. The issues of diet and nutrition, self-esteem, violence and other life stresses are included in the programme. Support to these young women is provided in a non-structured, safe environment at the Centre, and the staff is committed to sustaining this support network after pregnancy.

4. Cancer Education is a project being designed to help black women change the way they think of cervical and breast cancer and to understand the implications of risk factors. The intention is to assist black women develop healthy lifestyles, attitudes and behaviours. This educational programme will be «patient-centred» — conducted in the subject’s home, where pap smears will be administered and reproductive health information will be shared with all family members. In collaboration with the Morehouse School of Medicine, Department of Community Health and Preventive Medicine, this innovative programme will have international as well as domestic implications for health service policies.

* * *

If the NBWHP is to continue as a successful model of self-help, then economic self-reliance must be a part of its goals. By diversifying our fund-raising efforts, we hope to obtain self-sufficiency and increase our capacity to create and maintain a stable financial base. Of course, the same vision and capacity must be shared with self-help chapters:

- SPECIAL EVENTS, such as dinners to honor «unsung heroines», workshops and weekend retreats, a council of allies consisting of well-known community leaders (activists, philanthropists, professionals: women and men, black and white), who can set up a donor programme or endowment fund, leasing of office space to collaborators in health education, which can provide extra income and help reduce administrative expenses.

- SALES
We have produced a colour catalogue of T-shirts, sweatshirts, watches, posters, automobile license plates, calendars, etc., which is mailed to all members, interested individuals and with each piece of general information correspondence. Educational products, such as films and videotapes are nearing completion («On Becoming A Woman» and «We Are Mothers Too Early And Too Long»).

- CONSULTATIONS in contract with primary health centres, educational institutions, corporations, and health agencies and programmes can create additional revenue. The Project has begun consulting and is also developing improved ways to publicize its activities.
WHAT IS A REAL MAN?

There have been two sexes since the beginning of time, and both have been through a lot of changes from race to race. The question that has always stayed in my mind is, what is a real man? What has society made him into; when chivalry died, did the soul of the real man die? This is a question a lot of teenage boys ask themselves; and it is not the question that hurts, but it is the misleading answers that are killing off the young boys that want to be men. When I say killing off, I mean young boys are being destroyed by false information, which prevents them from developing themselves into real men.

Now, what defines a real man? In order not to confuse the definition of a real man it would be easier to describe his characteristics:

A real man is strong, but isn't afraid to cry. He is loving, kind, dependable, and knows he must depend on others.

A real man is not afraid of accepting help, and pride is something he never has to swallow.

When a real man is faced with a problem, he seeks help; and when others seek him for help, he is there.

A real man makes mistakes, and he even makes the same ones twice, but he's always learning from each incident. Most important a real man must find out who he is, and then never let anyone violate that specialness that makes him a real man.

A real man is flexible because in today's world nothing is forever, and everything is unpredictable.

It is easy to write on paper what a real man is, but when you start applying these rules according to the way you make judgements and live your life, then things get a little confusing. Not because it is hard to live by these standards, but because there are so many other men and young boys that have no had someone to give them the good information they need to grow. There are generations of young boys that never knew what being a real man was because they left out the fact that a real man has emotions, and they were meant to be shared and displayed—not stuffed, and hidden away like a child's broken toy. So for generations there were insensitive men that were really being eaten away from the inside out. No one can live without crying and expressing the way they really feel. Expressing feelings is not just for girls; it's a necessity for survival.

NWH-P Photo

Gene Allen, with his mother Lillie paying attention "...young boys are being destroyed by false information..."
What would happen if we informed a generation of young boys properly, and then stood by them through the bad times, and cheered them on during the good times. Once they realize how easy it really is to be human in this society, they will encourage others and explain to them that being a man isn’t in sex, drugs, being tough, or being the coolest. Being a real man is making the right decision and trying to better yourself according to who you are inside. But no process is quick and easy; someone has to suffer and start the change alone. So real men of today, share yourselves and help develop confused young boys into real men of tomorrow. Without you our young boys are helpless.

NBWHP Photo

"Be not conformed by the world, but transformed of mind."
Romans 12:2
Lamvil Mitchell and daughter.
(This scripture was the basis of discussion for a youth sexuality workshop in Albany, attended by nearly 60 young people from 9 to 18 years of age.)

Eugene M. Allen, 18 years old, a father. Son of Lillie Allen, Self-Help group trainer. Eugene read this paper at the Albany conference and was thanked with a standing ovation.

CONCLUSION

The work at the Project is exciting and exhausting. Our self-help programme staff, membership coordinator, workshop leaders and the Executive Director are scheduled to work almost all weekends. Inadequate staffing makes it difficult to systematically take off work on Mondays. As we become more successful, the work becomes more demanding. Monetary and technical assistance grow increasingly important in generating our funds, so we can afford to hire additional staff to assist with this crucial work.

The community – all segments of the population – are ready and waiting to do something different with their lives. The pain of isolation, loneliness and emptiness is a demoralizing entity which has led to despair and anger. Frustrations and fears about communicating with one’s children, coping with cancer, the threat of AIDS, crime among blacks, etc., are finally being verbalized.

This Project offers hope through enhanced self-esteem. The NBWHP asks everyone to think well of themselves and of others in their daily lives. It is an exciting challenge that is having a positive effect on women and men, young and old, blacks and whites, rich and poor. This is evolving into a people’s movement.

In struggle,

Bylyye Y. Avery
Executive Director
USEFUL PUBLICATIONS


The United Nations Decade for Women came to a close in 1985. The awareness it created has led to concrete actions in many fields of women's activities. Yet the disparities continue. This book provides an insight into the patterns and nature of street trading and service rendering in India's informal business sector. It points out the constraints for women working as fruit and vegetable sellers, mat weavers, wire bag makers, washerwomen, etc. It also describes strategies used by the Working Women's Forum to improve the conditions of these poor urban women. Many of these could serve as models for both government and non-governmental programmes to empower women.

Available from: Working Women's Forum, 55 Bheemasena Garden Road, Mylapore, Madras - 600 004, INDIA.


This is the 2nd edition of a short, practical manual on the training of local birth attendants. Ms. Williams has worked in Gambia and North Yemen, where women most often give birth at home. So, she took the initiative to develop a course and train local midwives. While acknowledging the experience, wisdom and supervision under which training of new birth attendants traditionally takes place, she also points to the lack of knowledge on sterility, pre- and post-natal care. This concise, practical booklet provides guidelines for planning and implementing a training programme.

Available from:
CIIR, 22 Coleman Fields, London N1 7AF, U.K. or:
TALC, Box 49, St. Albans, Herts. AL1 4AX, U.K.

It is also available in Portuguese from:
TAPS, Caixa Postal 20.396, CEP 04034, São Paulo, SP, BRAZIL.

Price: £1.75.

SAGE, A Scholarly Journal on Black Women, is published 2 times a year by the Sage Women's Educational Press, Inc. (SWEP). They seek articles, critical essays, in-depth interviews, reviews of books, films and exhibits, research reports, resource listings, documents and announcements focusing on the lives and cultures of black women wherever they reside. They also publish comments from readers. The purpose of SAGE is to provide an interdisciplinary forum for critical discussion of issues relating to black women, to promote feminist scholarship, and to disseminate new knowledge about black women to a broad audience. Each issue has a special theme. CMC particularly recommends their HEALTH issue, Vol. II, No. 2, Fall 1985.

Available from: SAGE, P.O. Box 42741, Atlanta, Georgia 30311-9741, USA.

Price: US$15 for a 1-year subscription to individuals, US$25 to institutions. Please add $6 for mailing outside the U.S.

Caring Enough to Cure, by the Council for Primary Health Care, Manila, Philippines. 1986, 100 pages.

"... This book seeks to explain the facts behind the cold figures of morbidity, mortality and malnutrition. It re-examines myths surrounding health and medicine, challenging medical elitism and the compulsion to equate effective health care with miracle drug cures, high-rise hospitals and high-tech medical gadgets... Health and illness are social phenomena, determined not just by germs, but also by economics and political will... The challenge is to start caring enough, confronting realities and daring... to transform that caring into con-
crete action...” Toward promoting individual and collective responsibility, the book includes chapters on, “The Pitfalls of Mixing Profit and Public Health”, and “Towards an Alternative Health Care System”.

Available from: Council for Primary Health Care, 1787 A. Mabini, Malate, Manila, PHILIPPINES.

JOURNEY TOWARD WHOLENESS, Justice, Peace and Health in an Interdependent World, by Cathie Lyons. 1987, 91 pages.

Every chapter is biblically based. The author encourages readers to identify with global health problems as if they were of their own. She explains just how “Health for All” is becoming a reality. “If only people had power to protect their own health, education to know what could keep them healthy, and the support of communities that cared about what happens to each individual.”

Available from: Friendship Press, P.O. Box 37844, Cincinnati, Ohio 45237, USA.

Health Effects of Female Circumcision is a 44-page manual based on the studies of African medical doctors. It deals with female circumcision as a health issue and includes simple, concise information on the immediate consequences as well as long-term effects on women’s health. Intended for health worker training and community education, this publication is self-instructional and forms part of a larger curriculum, “A Training Course in Women’s Health”.

Available in English, French and Arabic from: FC Project, Institute for Development Training, P.O. Box 2522, Chapel Hill, North Carolina 27514, USA.

Price: Free of charge to health trainers, health organizations and interested individuals in developing countries. Others are asked to pay printing and postage costs.
out of the 10 conferences it has sponsored on 6 continents for medical professionals, theologians and pastors to discuss the Christian perspective of health and healing, a consensus has developed that churches for the most part have abdicated healing to medical professionals. Medical professionals, on the other hand, have increasingly technologized and dehumanized the field. CMC has been asked to influence theological and medical education to reflect a biblical perspective of health as wholeness and of healing as reconciliation and restoration of wholeness. We have initiated a preliminary stage of collecting information on individuals and institutions, both theological and medical, which are already addressing this issue. If you or someone that you know is involved in this activity, we would be very grateful for you to write to us with the information.

David Hilton

**MAP International** offers a 5-day workshop entitled, “Teaching Strategies for Health Workers”, from 7-12 December, 1987 in Georgia, USA. One of the most challenging questions facing teachers is, “How can I help learners apply what they know?” This and other essential issues will be addressed through analysis, understanding and practice.

**Costs:** $290, which includes all meals and lodging (double rooms), plus reading and reference materials. Pre-registration fee of $25 not refundable after 1 November.

**More Information from:** Health Training Resources, MAP International, Box 50, Brunswick, Georgia 31520, USA.

---

**Special Note:** MAP International presents “You Can Do It Yourself”, a series of health films for East Africa, covering oral rehydration, hand-washing and water-saving techniques, and cleaning and protecting teeth. All films are shot in colour on location in Africa, and feature national actors using everyday language.

**Available in Swahili and English** in 16 mm or 1/2 inch VHS or PAL video format.

**More Information from:** above address.

The social status of women greatly influences their health, and CMC is pleased to report that the WCC’s “Ecumenical Decade for Churches in Solidarity with Women” starts in 1988.
It gives us pleasure to welcome Tatjana Zarraga back to the World Council of Churches after a decade's absence to raise her family. Assuming the work of Jeanne Nemeć as Studies Secretary in CMC, her facility with English, French, Italian, German and Russian will be most useful. Her native country is Austria, which she left in 1960 to pursue her education in Italy.

She has travelled extensively, visiting the USSR, USA, Africa and especially Asia, as her husband is Philippino. While actively contributing to the work of the CMC, she is eager to learn more about its guiding philosophy.

---

TO WEAVERS EVERYWHERE

God sits weeping.
The beautiful creation tapestry
She wove with such joy
is mutilated, torn into shreds,
reduced to rags
its beauty fragmented by force.

God sits weeping.
But look!
She is gathering up the shreds
to weave something new.

She gathers
our shreds of sorrow —
the pain, the tears, the frustration
caused by cruelty, crushing
ignoring, violating, killing.

She gathers
the rags of hard work
attempts at advocacy
initiatives for peace
protests against injustice
all the seemingly little and weak
words and deeds offered
sacrifically
in hope, in faith, in love.

And look!
She is weaving them all
with golden threads of Jubilation
into a new tapestry,
a creation richer, more beautiful
than the old one was!

God sits weaving
patiently, persistently
with a smile that
radiates like a rainbow
on her tear-streaked face.

And She invites us
not only to keep offering her the
shreds and rags of our suffering
and our work

But even more —
to take our place beside Her
at the Jubilee Loom
and weave with Her
the Tapestry of the New Creation.

Marchiène Rienstra

Reprinted by permission from "WOMEN IN A CHANGING WORLD"
WCC Photo:

Rev. Bärbel v. Wartenberg-Potter, former Director of the WCC's Sub-unit on Women
CONTACT is the periodical bulletin of the Christian Medical Commission (CMC), a sub-unit of the World Council of Churches (WCC). It is published 6 times a year in 4 languages: English, French, Spanish and Portuguese. Present circulation is in excess of 26,000.

Papers presented in CONTACT deal with varied aspects of the Christian community's involvement in health and seek to report topical, innovative and courageous approaches to the promotion of health and integrated development. A complete list of back issues is published in the 1st issue of each year in each language version. Articles may be freely reproduced, providing acknowledgement is made to: CONTACT, the bi-monthly bulletin of the Christian Medical Commission of the World Council of Churches.


The average cost to produce and mail each copy of CONTACT is SF 2.50 (US$ 1.25), which totals SF 15.-- (US$ 7.50) per year for 6 issues. Industrialized-country readers are strongly encouraged to subscribe to CONTACT to cover these costs. Please note that orders of back issues of CONTACT will be charged at the above rate.