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ABSTRACT

POLITICAL SCIENCE

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INFLUENCING AMERICAN HEALTH POLICY: AN ANALYSIS OF THE
ROLE OF NATIONAL BLACK WOMEN-LED ORGANIZATIONS

Committee Chair: William Boone, Ph.D.

Dissertation dated May 2017

Through a multiple case study approach, this dissertation outlined patterns of activism, examined the factors that assist in decision-making strategies used for the political mobilization of black women, and assessed the role and influence their organizations have in the health policy arena. Building on the belief that the intersectionality of race, gender, and class guides the activism of black women, the study acknowledges the importance of analyzing the political conditions of black women that are different from black men and white women. Furthermore, the research offered an argument for the need of a theoretical framework that provides a multidimensional analysis of black women’s political representation. For that reason, the theory developed in this study was a Black Women’s Activism Theoretical Framework. Expanding on black feminist thought, the framework reveals ways in which black female activists have mobilized for self-representation and building of their own collective self, vision, and voice.
A mixed research method and holistic case studies of five national black women-led organizations in the areas of breast cancer, cardiovascular disease, and HIV/AIDS were applied. The qualitative data were quantified, coded, and placed on outcome, legislative, and perception success scales to gauge the level of successfulness achieved by the organizations from 2001 to 2015. The data were analyzed with a Black Women’s Activism model. With this analytical tool, the role and level of successfulness of black women-led organizations in the health policy arena were examined within the context of socioeconomic factors and historical barriers due to the intersectionality of their race, gender, and class, thus validating that the shared experiences of black women characterize their organizational behavior. Moreover, this study challenges the traditional definitions of activism, opting instead to place black women as political actors independent of the dominate group. The findings reveal that there are multiple pathways leading to the attainment of the ability to influence health policy and that black women-led organizations have played a pivotal role in doing so. Dispelling the myth that the political activism of black women should be through the lens of victimhood, the utilization of a Black Women’s Activism model has the potential to assist researchers in increasing their accuracy when assessing the extent in which black women-led organizations have been able to exercise a critical voice within the prevailing political culture.
INFLUENCING AMERICAN HEALTH POLICY: AN ANALYSIS OF THE ROLE OF
NATIONAL BLACK WOMEN-LED ORGANIZATIONS

A DISSERTATION
SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY
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THE DEGREE OF DOCTOR OF PHILOSOPHY

BY
ANGELA L. JEAN-LOUIS

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CHAPTER I
INTRODUCTION

Anglo-Saxon men and women as well as black men have created interest groups that have contributed to the historical context of political activism\(^1\) in the United States. However, this research focuses on the political activism and mobilization\(^2\) of black women in the United States as they seek to influence public policy\(^3\) in the health arena by the creation of their own organizations. There has been a plethora of research outlining the political activism of not only white men in the founding of the United States but Anglo-Saxon women are usually the research focus in studies of the development of the Women’s Suffrage and Feminist Movements. The systematic exclusion by white women of black women is often the norm. However, referring to the invisibility of black women in feminist scholarship, Valerie Watkins contended, “Black feminists spend too much time in their literature proving the obvious, that is, that white feminists can and have been racist within the feminist movement rather than devoting appropriate time to submitting

1. Activism is defined as taking direct and public action to achieve a political or social goal based on a feminist agenda that in some ways challenge gender norms. See Leslie Ellen Petty, “Romanizing the Vote: Feminists Activism in America Fiction, 1870-1920” (PhD diss., University of Georgia, 2003), 6.


3. Public policy is defined as the sum of government activities, whether pursued directly or through agents, also defined as those activities that have an influence on the lives of citizens.\(^4\) Emphasis in this paper will be on health policy. Guy B. Peters, American Public Policy: Promise and Performance 5th ed. (New York: Chatham House Publishers, 1999), 4.
evidence to the African community that demonstrates how feminism could effectively challenge white supremacy and racism.” Watkins continued by noting,

Historically, African people have challenged the inherent assumption of white supremacy ubiquitously embedded in Western scholarship. The contemporary African-centered challenge to Western scholarship not only challenges this assumption, it also challenges the old age domination of the production of knowledge about African people, females and males.\(^5\)

Mary Beth Gasman asserted the following:

Beginning in the 1980s, black women started to address their omission from historical literature, lodging criticism against African American male historians in general for their omission of gender issues and women overall. Moreover, when black male historians have covered black women in their research, some scholars have characterized this coverage as 'troubling,' noting that often when black male historians transform “the dehumanizing images of black womanhood, ‘they cast black women as specific types and describe black female leaders and activists in non-threatening terms.’\(^6\)

Redefining political activism based on black women’s experiences has the potential to increase black women’s level of influence\(^7\) and visibility. This is especially true for black women leaders of organizations that seek to influence health policy.\(^8\)

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5. Ibid., 250.


7. Influence is defined as the ability of black women’s health organizations to place issues that disproportionately affect black women on the United States health agenda.

8. Health policy is defined as authoritative decisions made within government that are intended to direct or influence the actions, behaviors, or decisions of others pertaining to health, health care services, or the health care system. See Beaufort Longest, Jr., Health Policymaking in the United States, 2nd ed. (Chicago: Health Administration Press, 1998).
Writing about the gaps in interest group research, Beth Leech and Frank R. Baumgartner postulated, “Despite decades of case studies of interest groups and policymaking, we know relatively little about how groups make their lobbying decisions.” The literature suggests that although there is recognition of the importance of group decision-making, there is not enough focus given to other organizational characteristics and environmental factors that influence strategic decisions. An understanding of the tactics and strategies used by groups and factors that influence strategic decision making can be important to an overall understanding of group behavior. The scant literature available on black women’s mobilization efforts in the health policy arena highlights the importance of giving attention to the topic to reduce the assumption that black women do not participate or have an interest in the policy-making process, specifically health policy. Therefore, this study attempts to show that black women have made significant contributions and do play a role in influencing health policy.

**Statement of the Problem**

By denying the importance of analyzing intersecting factors that make the political conditions of black women different from black men and white women, scholars often minimize the unique struggles of black women. In “The Optimum Scope of Political Science,” Van Dyke believed that the expansion of politics should be that of a “particular struggle” that must be public, and must have a focus on group policy, group

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organization, group leadership, or the conduct or regulation of intergroup relations. More importantly, the lack of discourse about the importance that intersectionality places on the political sphere of black women can minimize black women as political actors. Additionally, it does little to assist researchers in accurately examining the socio-political environment in which black women leaders seek to make strategic decisions to influence health policy. Van Dyke claimed, “With respect to the scope of political science we must try, among other things, to identify political actors; to identify and clarify the goals that they seek, and perhaps recommend alternatives or at least call attention to them [and] to describe and assess the means that are or might be employed in pursuit of the end.”

Political science deals with the nature, accumulation, distribution, exercise, and the control of power in all levels of social interactions, with special emphasis on the state. Therefore, political science has as its focus the study of political actors and organizations and how they resolve conflict in deciding how resources will be distributed. It is through these actions among complex actors and organizations that the structure of policymaking is derived. However, given America’s long history of systematic inequality, race, gender, and class play significant roles in politics, pervading every aspect of the policy-making process, and fundamentally conditions our understanding of the inequality within the American political process.


11. Ibid., 304-305.

Nadia Brown, political science professor at Purdue University, observed, “Certain groups are more likely than others to be oppressed or controlled by state sponsored initiatives that seek to exclude them.” Therefore, there is a need to study the traditional means of power and the groups that have a long history of access to this power. The impact of such power on groups that have been historically underrepresented in the prism of political power should be studied to shed some light on unequal power relationships and how power dynamics have impacted black women differently than black men and white women. The modern field of political science has often been accused of being out of touch from real life political issues in the United States and has failed to provide practical solutions and an understanding of what policy is designed to remedy. Whether this is true or not, Patricia Hill-Collins gave validity to researchers that sought to include life experiences as a guide by concluding, “There are various epistemologies that rely less on positivism based assumptions and more on an inclusive interpretivism viewpoint.” However, Hill-Collins conceded that although black feminism has become highly visible, especially in higher education and the media, it has curiously been subjugated in a different manner, despite its visibility. More specifically, the lack of political discourse on black women’s unique political position in various spheres because of their race, gender, and class has led scholars to compartmentalize black women’s identity. Jewel Prestage, the first black woman to obtain a Ph.D. in political science and the first person


15. Ibid.
to pursue research on women and politics, argued, “Despite the centrality of the black female in extant social science literature on black America, only minor attention has been devoted to her role in the political arena. This neglect has continued to be reflected in the recent rash of scholarly publications under the separate rubrics of Black Politics and Women in Politics.”

Many black female scholars in political science echo Presage’s sentiment. For example, Delores Anderson and Evelyn Nakano Glenn opined that gender-based research almost exclusively focuses on white women, while race-based research almost exclusively focuses on black men. As a result, by utilizing alternate forms to define and validate their experiences as well as producing and validating knowledge, independent of the dominate group, African-American women developed a distinctive standpoint.

In studying the behavior of interest groups, many scholars have come to recognize the importance of group resources in decision making, but minimal attention has been given to environmental factors that influence strategic decisions of marginalized groups. The study of political leadership of black women is usually discussed within the sphere of individual achievement, with scant research on the collective role of black women and

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the implications of their participation on policy. In her dissertation, “The Leadership of African American Women: Constructing Realities, Shifting Paradigm,” Gloria Gostnell asserted that for the most part when discussions on leadership are heard, they are rooted in an assumed view of leadership that traditionally has not considered the voices of the leadership of women. Consequently, despite the fact that black women's lives are profoundly altered by governmental policies, especially those concerning health, there is an erroneous assertion that they do not play a role in the policy-making process within the health policy arena. Despite that fact, they are disproportionately represented in the number of new AIDS cases, breast cancer, and cardiovascular disease mortality. The dearth of literature contributes to the lack of assessing the historical political marginalization of these women due to race, gender, and class and the tactics they use to mobilize and influence the healthcare agenda. Even when the literature focuses on black women and activism, there is a void in coalescing their unique political position in the United States due to the “intersectionality of race, sex, and class” and the implications this position has when assessing their role in the political process within the health arena. Despite the lack of scholarly work utilizing an intersectionality analysis when examining interest groups, black women scholars have utilized this approach in other areas. For example, Shelby F. Lewis, a well-respected political scientist and founding director and professor of the Africana Women’s Studies Department at Atlanta University as well as a President Obama appointee to the J. William Fulbright Foreign Scholarship Board, was the first researcher to publish papers on intersectional analysis as it relates to

development policies in developing countries. However, it is legal theorist Kimberle Crenshaw that is recognized as the first to coin the phrase “intersectionality” as a theory, in discussing black women’s unique position. Patricia Cook, utilizing a womanist theoretical framework, also provides detailed discussion of the impact of the intersection of race, gender and class in the political participation of black women.

**Purpose of the Study**

The purpose of this study is to outline patterns of activism and examine the factors that produce the strategies used for the mobilization of black women in the advocacy of health issues impacting them as well as assess the role and influence black women-led organizations have in the health policy arena. Additionally, the researcher developed a Black Women’s Activism Theoretical Framework that provides a multi-dimensional analysis of black women and their political representation as they seek to influence health care. Despite evidence of their political participation, black women remain disproportionately impacted by health concerns and public policies. By examining the organizational leadership of black women and their choice of strategies as well as

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their success in the policy-making process, the discussion of the role of black women-led organizations on health policy can be broadened to include increasing the accuracy of assessing the extent to which black women groups have been able to exercise a critical and influential political voice within the prevailing political culture. Additionally, by making visible the experiences that assisted black women in their development and ability to lead organizations as vehicles for socio-political change, the researcher argues that despite the historically political marginalization of black women, they have played a positive role within the health policy arena.

**Research Questions**

This study was guided by the following questions:

RQ1: What are the unique characteristics that led to the origination and growth of black women-led organizations in terms of theory and practice?

RQ2: What factors influence black women’s organizational leadership and decisions related to choice of health policy strategies?

RQ3: How successful are the strategies of national black women-led health organizations within the areas of breast cancer, cardiovascular disease, and HIV/AIDS policies?

To answer the above research questions, the researcher posits that there is a long history of political mobilizing. This mobilization explains the organizational behavior within

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23. Success is defined as the accomplishments of an organization towards a goal within a specified time period driven by the organization’s mission. See [http://www.businessdictionary.com/definition/success.html](http://www.businessdictionary.com/definition/success.html) and Richard Larkin. Nonprofit Quarterly, accessed December, 26, 2016 [https://nonprofitquarterly.org/2013/07/02/using-outcomes-to-measure-nonprofit-success](https://nonprofitquarterly.org/2013/07/02/using-outcomes-to-measure-nonprofit-success), July 2, 2013,
black women-led organizations that characterizes their shared experiences based on the unique political sphere that race, gender, and class places on them.

**Research Design**

This multiple case study focuses on five black women-led health organizations that seek to influence health policy on the federal level in the areas of breast cancer, cardiovascular disease, and HIV/AIDS. Although the organizations also had state and local level programs, the researcher only examined their role in national health policy due to the fact that federal policies have a larger impact on black women and the black community. The organizations are the National Black Nurses Association, National Council of Negro Women, Sister’s Network, SisterLove, and SisterSong. Data regarding founding dates and motives, financial stability, membership, and program activities, among other things, were obtained for each organization. Additionally, this study involves interviews with the executive directors of each organization. This study delves into existing literature consisting of primary and secondary documents, statistical and archival data, and information from in-depth face-to-face and telephone interviews. To allow for flexibility, a semi-structured questionnaire was used to collect data. Silvia E. Rabionet proclaimed, “There is no doubt that qualitative interviewing is a flexible and powerful tool to capture the voices and the ways people make meaning of their experiences.”

Cohen and Crabtree further explained why many researchers like to use semi-structured interviews: “. . . questions can be prepared ahead of time. This allows the interviewer to be prepared and appear competent during the interview. Semi-structured

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interviews also allow informants the freedom to express their views in their own terms. Semi-structure interviews can provide reliable, comparable qualitative data. The main objectives of black women organizational leaders are to conduct activities that promote issues and influence policies that impact black women. The focus of this study is on black women’s political activism as well as individual characteristics of their leaders. Categorizing the types of political strategies and programs utilized and quantifying black women’s political activities allowed the researcher to gauge the successfulness of each organization as they seek to influence health policy.

**Limitations of the Study**

This study has certain limitations. First, the size of the sample of participants is extremely small. However, this study did not attempt to generalize that these black women health activists or their organizations represent their entire race or gender. Second, the interview data are limited to what participants are willing to provide. Although the researcher is aware of the weaknesses in the study, nonetheless she believes that it is valid and useful.

**Significance and Contributions of the Study**

The ability of black women-led health organizations to successfully present their priorities can impact the way in which health policy is formulated and implemented. Black women face many health challenges. The high rate of AIDS, mortality from


26. Activists are defined as black women that participate in political or social causes that demands or enforces her rights despite the limitations placed on her based on race, gender and class.
cancer, and cardiovascular disease continue to have a disastrous effect on the African-American community. Hence, political participation is instrumental because it gives black women accessibility to influence health policy initiatives and their respective outcomes. Based on the perceptions of black women, their political activism, and the strategies they utilize to implement their health agenda, a Black Women’s Activism Theoretical Model was developed to contribute to our understanding of the power of political actors and their influence in the implementation of policy. A gendered analysis seeks to understand the importance of self-representation that allows underrepresented groups to build their own collective self, visions and voices, and the effects of race, gender, and class on the political decision making of these underrepresented groups.

Politics assists in determining what course of action should be taken, what is and is not a social problem, and how goods will be distributed among groups in society. Therefore, political scientists and policy analysts have sought to investigate, describe, and analyze what government does, how it does it, and whether it makes a difference. Such studies are important because they may enable the government to predict certain outcomes of their actions or certain behaviors related to their policies and to provide for an enlightened and efficient government. These findings may have implications in framing strategies for discourse and more equitable access to the policy-making process.

In essence, this research study fills a significant gap in the study of political power, interest group behavior, and black political feminist scholarship by not only listing strategies and tactics used to impact health policy, but examining why these

strategies and tactics were chosen by these activists. By increasing the visibility of black women as agents within the political arena, it is hoped that the narrative of political participation and influence can be redefined. Consequently, the visibility will provide political scientists, policy analysts, and other scholars with a better understanding of the strategies that are used by black women-led health organizations and gauge the success of such strategies in the health policy arena.

**Organization of the Study**

This study is divided into six chapters. Chapter one, which is the introduction, includes the statement of the problem, a discussion of the purpose of the study, the research questions and design, the limitations of the study, the significance and contributions of the study, and concludes with the organization of the study. Chapter two is a review of the literature which begins with a historical overview of the development of activism in the United States and the role of black women in this process. It examines the significance and implications of their political participation and activism within the health policy arena through black women-led organizations. This chapter also provides a discussion that lays the foundation of a theoretical framework that is guided by black feminist and womanist thought and activism.

Chapter three utilizes the Black Women’s Activism Model which subsequently guides the research design. It presents the theoretical bases of the analysis, expands political activism beyond its traditional definition, and integrates it with a black woman’s perspective. Chapter four discusses the methodology used in the study. The purpose of this section is to present the research questions, description of the population, as well as
the process by which the organizations were chosen. Additionally, data collection procedures and assumptions of the study are provided. Chapter five discusses the findings and analysis of the data. Data regarding founding dates and motives, financial stability, membership, and programmatic activities, among other things, were obtained for each organization. The experiences from the activists and the political strategies and tactics employed by the health organizations are reviewed. The chapter concludes by offering a picture of the level of success achieved by each health organization in terms of women’s political participation and representation and the common problems and challenges encountered in the health policy arena, specifically in the areas of breast cancer, cardiovascular health, and HIV/AIDS. Chapter six concludes the study by offering tentative recommendations for continued research involving black women-led health organizations and health policy-making through a Black Women’s Theoretical Framework.
CHAPTER II
LITERATURE REVIEW

This literature review discusses research relevant to the understanding of not only individual political activism, but the basis of mass political mobilization by organizations such as those examined in this study. Such mobilization begins with an acknowledgment that the control of black women’s bodies has always been political in the traditional political sphere as well as the “public sphere.” Black women are political activists who have developed strategies to maintain control of their bodies since their arrival in the “New World.” A continued exploration of the historical relevance of their political activism is presented with critiques on the exclusion of certain groups in the scholarly literature on the political development of the United States. Next, the research outlines the political contributions of black women within formal and informal channels to exercise a political voice and leadership for black women. Black women’s participation in social movements is reviewed, as well as the systematic approaches utilized through the production of their own organizations. These black women-led organizations are utilized to advocate for black women’s issues based on their collective intersecting challenges and experiences as a result of their race, gender, and class.
A Historical Analysis of Political Activism in the United States

The history of activism and mass mobilization for the purposes of political or social change did not begin with the formation of the United States. Often used interchangeably with protest, activism has stemmed from a number of political orientations: writing letters to newspapers or politicians, political campaigning, economic activism, rallies and street marches, strikes or even guerrilla tactics. Additionally, activists have tried to persuade people to change their behavior directly rather than persuade government to change laws.\(^1\) Continuing with that train of thought, W. E. B. DuBois highlighted that as early as 1528, there were about 10,000 Negroes in the New World. He gave a thorough historical account of the presence and influence of the “Negro” prior to slavery and the early formation of the “New World.”\(^2\) However, despite DuBois’ examination of some of the early black activists, literature examining the early political formation of the United States focused on white men. Even so, DuBois dismissed the historical writings that depicted Negroes as passive participants in the formation of America by expressing the following thought:

It is usually assumed in reading American history that whatever the Negro has done for America has been passive and unintelligent, that he accompanied the explorers as a beast of burden and accomplished whatever he did by sheer accident; that he labored because he was driven to labor and fought because he was made to fight. This is not true. On the contrary, it was the rise and growth among the slaves of a determination to be free and an active part of American democracy that forced American democracy continually to look into the depths; that held the faces of American thought to the inescapable fact that as long as there was a slave in America, America could not be a free republic; and more than

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that: as long as there were people in America, slave or nominally free, who could not participate in government and industry and society as free, The religious consciousness, especially as it began to look upon America as a place of freedom and refuge, was torn by the presence of slavery.³

Additionally, the late twentieth and early twenty-first centuries issued in a wave of literature by female scholars on the often overlooked role of resistance activism among enslaved women, thus debunking the claims of passivity. African-American scholar, Darlene Clark-Hines in her work on female slave resistance, insisted that, “Enslaved women themselves mounted multiple forms of resistance, some of them more recognizable than others.”⁴ Additionally, Stephanie Camp provided an examination of the enslaved black women’s everyday resistance. She added to resistance studies by tracing the evolution of hidden resistance into a more visible act during the Civil War, when most enslaved people went from bondage to freedom.⁵ But it was Rebecca Hall’s seminal article, “Not Killing Me Softly: African American Women, Slave Revolts, and Historical Constructions of Racialized Gender,” that provided an in-depth look at the social and legal history of black women in violent slave revolts during the Middle Passage while examining the undercurrent of why their participation was minimized. She began to answer the silence of this agency of black women by questioning “Which aspects of revolt, however defined, are seen by historians as an exclusively male

³. Ibid., 60.


activity?” To the answer, Hall discovered that, “What seems most threatening are women involved in coordinated, confrontational acts of violent resistance.” In addition, she added,

These historians see certain individual violent acts, such as the destruction of property, suicide or infanticide as female resistance, contributing, perhaps inadvertently, to the idea that coordinated acts of violence which aim to kill slaveholders are male. Poisoning one’s owner has also been categorized as a female act of slave resistance, which, although it involves killing a slaveholder, it is not as directly confrontational as picking up a gun and shooting him or her. Also, poisoning can be connotative of a cowardly or underhanded act, and thus is often unconsciously gendered female by historians.

In “The Slumbering Volcano,” Maggie Sale acknowledged this notion of the invisibility of enslaved women to participate in political acts. Sale stated, “Certain societal expectations about who is even capable of a political act shape that society’s ability to see and record those acts. Who is designated as a political actor in a given society is largely a function of discourse.” Therefore, not only did black women participate in overt resistance such as poisoning the food and setting fire to the houses of their masters, they actively fought to control who they were as citizens.

According to Melissa Harris-Perry, “… sister politics [is unique] as it is also about challenging negative images, managing degradation, and resisting or


7. Ibid.

8. Ibid.

accommodating humiliating public representation.”

Yee agreed and stated the following:

The negative images of black women resulted directly from their dual economic role as slave laborers and sexual commodities. Although as workers, they shared with black men a powerlessness in which every aspect of slave labor accrued to the master, women performed a further service as breeders for the slaveholding economy. Only within the slave quarters could black men and women exert their lives.\(^{11}\)

Sale challenged the notion that black enslaved women were powerless, making the following argument:

The same enlightenment philosophy which defined the politics and political theory of the so-called democratic revolutions in Europe and the United States viewed slaves and all women as lacking political rights or agency. Freedom and the political power that by definition naturally came with it was in fact defined by its opposite—the powerlessness and lack of freedom of women and slaves.\(^{12}\)

Moreover, Adrienne Davis’ work on *Slavery and the Roots of Sexual Harassment*, affirmed that slavery was a sexual political economy and that there was a connection between slavery’s sexual and racial subordination of the bodies of enslaved black women in the markets and labor structures. She formulated the argument that enslaved women's resistance should be viewed as activism.\(^{13}\) In *The Ruling Race: A History of America’s Slaveholders*, James Oakes added, “Slavery's law and markets extracted from enslaved

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women reproductive and sexual labor in a form required of no one else. Enslaved women reproduced the workforce.”

Additionally, Adrienne Davis’ work confirmed,

The criminal law of rape reflected the economic and cultural expectation of sexual access. As a general rule, law did not recognize rape as a crime when committed against enslaved women. There were no laws to protect her because she has no place in the law. Instead, at every opportunity, the legal system endorsed the principle that slaveholders' authority over their workers included sexual control and use. Slave law delivered what the markets expected. Once law and markets had institutionalized sexual access to enslaved women, their sexuality could be manipulated to serve any number of economic, political, and personal interests.

Furthermore, Patricia Hill-Collins asserted, “The struggles of the black woman to survive in a world in which the black woman is not protected from physical and sexual violence has made her independent and self-reliant. However, despite the formal lack of political representation within the law, enslaved black women developed informal strategies to maintain control of their bodies. Clark-Hines wrote the following:

. . . [W]hen they resisted sexual exploitation through such means as sexual abstention, abortion, and infanticide, they were, at the same time, rejecting their vital economic function as breeders. The female slave, through her sexual resistance, attacked the very assumptions upon which the slave order was constructed and maintained. Resistance to sexual exploitation therefore had major political and economic implications.”

There was an understanding that white men could, “coerce sexual relations with enslaved women for sexual gratification, to garner profits, to punish work-related transgressions, or to more firmly bolster the association of white women with the cult of


15. Davis, Slavery and the Roots of Sexual Harassment, 459.


Therefore, the removal of a passive virtuous woman identity, constructed from a white patriarchal system, allowed black women’s domestic duties not to be deemed oppressive but as a conscious form of resistance and survival. DuBois proclaimed, “For every single slave brought to American soil, five corpses were left behind through rebellion, suicide, murder, or sickness. It cost Negro Africa perhaps 60 million souls to obtain ten million slaves in America, therefore making familial responsibilities such as housekeeping, childbearing and childrearing a political act of racial uplift. According to Angela Davis,

Precisely through performing the drudgery which has long been a central expression of the socially conditioned inferiority of women, the black woman in chains could help to lay the foundation for some degree of autonomy, both for herself and her men. Even as she was suffering under her unique oppression as female, she was thrust by the force of circumstances into the center of the slave community. She was, therefore, essential to the survival of the community. Not all people have survived enslavement; hence her survival-oriented activities were themselves a form of resistance. Survival, moreover, was the prerequisite of all higher levels of struggle.

On the other hand, Draper outlined earlier political mobilization in America as a focus on land ownership and self-governance. He continues with this sentiment by outlining the political battle of the colonists over land and money, adding also the long-standing legal activism that had as its main focus political equality between European


colonists in America and Europeans in Britain. In detailing America’s path towards the American Revolutionary War, Draper relegated the beginning of political activism in the United States to an Anglo-Saxon model, negating the fact that just like other New World plantation economies, the United States was based on a captive black workforce. “Land and slaves became the two great vehicles through which slaveholders realized their ambitions of fortune . . . The usefulness of land increased in proportion to the availability of black slaves.”

Even though Virginian lawyer Richard Bland interpreted the American Revolution to essentially focus on the “rights of a people,” rights implied equality and few politicians shared that belief. The view was also not widely shared by colonists as they and the delegates to the Constitutional Convention were not eager to defend slavery, but rather did their best to avoid facing the tensions between slavery and the Declaration of Independence. However, DuBois concluded that white American colonists could not ignore the issue of slavery as the suffering of blacks had great influence. He detailed a German colony in Pennsylvania in 1688 that made one of the first powerful public statements against slavery: “We cannot conceive there is more liberty to have them as slaves as it is to have white ones. There is a saying that we shall do to all as we [want] done to ourselves, [despite] generation, descent or color they are. Here is liberty of conscience, which is right and reasonable. Here ought to be liberty of the body.”

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22. Ibid., 55.
23. Oakes, In the Ruling Race, 73.
This conflicting view of equality manifested itself in the creation of the United States Constitution where the word equality did not appear in the original version.\(^26\) The equality issue was also impacted by the infamous 1857 case of Dred Scott v. Sandford. As the majority opinion, Chief Justice Roger Taney held that black Americans, slave or free, were not members of the sovereign people and could never be citizens within the meaning of the Constitution. Otherwise, he said, blacks would be entitled to all the fundamental rights of citizenship guaranteed by the Privileges and Immunities Clause of Article IV, Section 2, including the right to vote, a result that would violate the equal sovereignty of the slave states. Black people, Chief Justice Taney wrote, “Could only enjoy those rights of sovereign people if each state chose to give them.”\(^27\)

However, although the Bill of Rights does not mention equality either, it has within it the guarantee of freedom of expression that does not limit the scope of the guarantee to any specific group. As the dissenting opinions in Dred Scott v. Sandford, both Justices McLean and Curtis\(^28\) disputed the notion that blacks were not citizens


\(^{28}\) Justice Curtis also challenged the prevailing belief that the Constitution was made exclusively by and for the white race. “It has been often asserted, that the Constitution was made exclusively by and for the white race. It has already been shown that in five of the thirteen original States, colored persons then possessed the elective franchise and were among those by whom the Constitution was ordained and established. If so, it is not true, in point of fact that the Constitution was made exclusively for the white race. And it was made exclusively for the white race, in my opinion, not only an assumption not warranted by anything in the Constitution, but contradicted by its opening declaration, that it was ordained and established by the people of the United States, for themselves and their posterity.”
underscoring the belief that blacks in America should be represented under the Constitution. McLean expressed this argument by writing,

Our independence was a great epoch in the history of freedom; and while I admit that the Government was not made especially for the colored race, yet many of them were citizens of the New England States, and exercised the rights of suffrage when the Constitution was adopted; and it was not doubted by any intelligent person that its tendencies would greatly ameliorate their condition.29

Thus, the First Amendment allowed the disadvantaged to work to achieve equality ushering in a kind of political activism that led to the constitutional amendment of the Fourteenth Amendment—the first display of the idea of equality. The Fourteenth Amendment, just one of three amendments passed shortly after the Civil War,30 provided “equal protection under the law.” Although the principle of the decree of equal protection would not be used as a political instrument for another hundred years, after its addition to the Constitution, it would serve as a vehicle for minority groups to assure equal rights for all Americans, especially disadvantaged minorities.31 Simply stated, the central political dilemma that has confronted black America for several centuries now is whether and how the principles and practices of liberal democracy can be extended and guaranteed to black people.32 This question centers around two concepts: freedom and equality.33

30. The other two amendments that were passed shortly after the Civil War were the thirteenth amendment that abolished slavery and the fifteenth which extended the vote to black males over the age of 21.
33. Ibid.
Leon P. Baradat challenged the assumption that the Constitution should be used in any other way than as a historical example and that the general goodness and the wisdom of the document and its creators should be tempered with the fact that they were “practical politicians who had [group] interests to protect and drafted the document to satisfy those interests, many which bear little or no relationship to our own.” Baradat asserted the following:

Because of our great respect [by some] of our early statesmen, we are often tempted to think of them as super humans and to believe that their judgment was faultless. So, when confronted with a constitutional problem, we are tempted to look back to find out what the nation’s founders intended the Constitution to mean. While this practice is sometimes reasonable, we must keep two points in mind: (1) The founders were trying to solve many problems that are only of a historical interest to us today. Hence, what they intended for their government may not make any sense for us today. (2) The notion that the Constitution was exactly what the founders wanted for their society was incorrect. Not a single person who participated in the Constitutional Convention got exactly what he wanted. Indeed, among the fifty-five men who helped write the Constitution, several refused to support it. Those who did, did so not because it was what they wanted but because the compromise was the best they could hope for and because it was better, in their opinion, than the Articles of Confederation.

The nonexistence of racial and gender diversity contradicts Baradat’s argument that the contextual basis for the usage of the creation of the Constitution should be a historical one and not as a major focus when studying the realities of the political activism of African Americans because its model, based on wealthy white male business owners, did not have the resemblance of the rest of America. This Anglo-Saxon Model had as its core the political experiences of white men and places the political experiences


35. Ibid.
and beliefs of others as outsiders. However, DuBois painted black bodies in a higher regard going against most literature that depicted slaves as victims of the system. In explaining his theory of the influence of those enslaved and the slave trade on the political system of the soon to be formed United States, he suggested, “. . . let us think of the slave as a laborer, as one who furnished the original great labor force of the new world and differed from modern labor only in the wages received, the political and civil rights enjoyed, and the cultural surroundings from which he was taken,”

thus, underscoring the importance various groups and competing ideologies had on early Anglo-Saxon settlers.

Nonetheless, in African Americans and the American Political System, Mack Jones, a leader in black political thought and former Chair of the Political Science Department at Clark Atlanta University, delivered a critique on the extent of black political participation declaring, “While African-Americans are actors in the American political system, they are actively participating in a system that continues to practice racism and implement unjust policies that are under the guise of “all men are created equal” and “justice for all.”

Likewise, political science professor and political commentator Melissa Harris-Perry’s scholarly endeavor, Sister Citizen, has as its foundation that everyone was not recognized in the founding documents and that the activism from these marginalized groups have not only been about power and resources but recognition. Therefore, as a frame of reference in understanding the emotional


realities of black women’s lives, one must approach the following question as a political,
not a personal, question: “What does it mean to be a black woman and an American
citizen?” This is important as the American founding documents drew heavily and
explicitly on Enlightenment traditions steeped in the idea of a social contract in which
recognition played a central role. For example, the Declaration of Independence asserts
citizens’ “collective right and responsibility to draft a social contract that allows not only
the safety and freedom but also the pursuit of happiness.” Perry wrote, “Citizenry is
more than an individual exchange of freedoms for rights; it is also membership in a body
politic, a nation, and a community. To be deemed fair, a system must offer its citizens
equal opportunities for public recognition and groups cannot systematically suffer from
misrecognition in the form of stereotype and stigma. Cathy Cohen, University of
Chicago’s Chair and Political Science Professor, asserted,

. . . [S]ocial-constructionist paradigm allows marginalized groups to exist in a
framework that deems them inferior and often ruled by economic profit, social
positioning or political power. It has created a nature of identity and also
established dominant norms that serve as reference points for other groups while
labeling norms from marginalized groups as others.

Cohen continued by stating, “Power and the current behavior between groups can never
be defined within a present observation but in a historical context.” Moreover, Carla
Kaehler asserted,

38. Harris-Perry, Shame, Stereotypes, and Black Women in America, 20-33.
39. Ibid., 36.
40. Ibid., 36-37.
(Chicago: University of Chicago, 1999), 43.
42. Ibid.
Debates on the forms of political participation and those who can exercise power within them have a long historical trajectory. They go back to the citizens’ assemblies in ancient Greece and all the way to the present time with the continuing search for alternative methods of individual or collective participation and new areas where it can be exercised.43

Additionally, she added the following:

The contemporary democratic ideal is based on the concept that political power has its roots in a sovereign people. Therefore, there can be no democracy without involvement, without participation of the people in political life. But, how do we define this political participation? Participation can take place in numerous activities, such as being involved in different groups or associations but, what does political participation mean? What are we citizens of? What is political? And, how does someone become a political actor?44

It is under this backdrop that black women developed a myriad of strategies in an effort to challenge the political status quo while redefining the social construct of their citizenship and identity.

Unfortunately, black women’s agencies are intertwined with a Westernized caste system. This caste system of race means that due to the European tradition of colonization, enslavement and domination, Europeans, specifically white males, have had the unprecedented ability to rewrite African male and female history,45 therefore resulting in white males historically having access to power which allows them the ability to define who can participate and in what capacity. This places black women at a huge


44. Ibid., 10.

disadvantage in a caste system that places them at the bottom due to their race and
gender. Despite a shared history of political marginalization due to race, black men have
been cast as political leaders in the confines of the traditional definition of political
activism, and the majority of literature that provides an overview of black political
leadership echoes that sentiment. Major works by White,\footnote{46} Walters and Smith\footnote{47} did not
claim to take place within a black woman’s context, and in many instances ignored the
political role of black women. Manning mentioned the political culture of the segregated
South after slavery as a reinforcement of the messianic and autocratic leadership
tendencies within the black community; the modeling of black political organizations
after the patriarchal hierarchies confined women largely to lower-level organizational
tasks. Nevertheless, Manning’s acute observation was overshadowed by the traditional
male dominated definition of a leader as one that is a charismatic and domineering
figure.\footnote{48} Ironically, Manning disputed the very definition of leadership that was the focus
of his work, by acknowledging civil rights activist Ella Baker’s insightful understanding
of black leadership. Baker, a former field secretary of the NAACP and the director of the
Southern Christian Leadership Conference’s national office during the Second
Reconstruction, worked closely with Martin Luther King, Jr., Ralph David Abernathy,
Andrew Young, and other male leaders. From that experience, she concluded that it was
preferable to promote the development of “group-centered leaders” rather than “leader-

\begin{footnotes}
\item[46] John White, \textit{Black Leadership in America: From Booker T. Washington to Jesse Jackson},
(New York: Longman, 1990), 1-190.
\item[47] Robert C. Smith and Ronald Waters, \textit{African American Leadership}, (New York: State of New
\item[48] Marable, \textit{Black Leadership: Four Great American Leaders and the Struggle for Civil Rights},
xii.
\end{footnotes}
centered groups.” Similarly, Baker was very critical of the charismatic style of leadership such as King’s, as well as the patriarchal and hierarchical organizational policies that supported that type of male-dominated leadership. 49 This type of political leadership relegated black women to a supportive and often invisible political role. Robert Smith and Ronald Waters argued that while there was a need to move beyond the “Negro leadership” approach to focus completely on elected and appointed officials, who happened to be black in race, was not an effective study of leadership. Walters and Smith included in their work a section on the role of black women. While they did not move forward to identify typologies of approaches to leadership by black women, they identified the huge gaps in black leadership studies such as the absence of attention paid to black women and marked the area as one that was “ripe for the theoretical and empirical work.” 50

John White’s Black Leadership in America 51 moved away from the traditional definition of political leader as an elected official. Instead, it was a biographical study of several key leaders in African-American history and argued that the history of black leadership had largely been a conflict between nationalism and interactionism. While detailed highlights were given of six leaders, it was interesting to note that although each of the leaders represented protest politics, he decidedly left out the work of Angela Davis, Ella Baker, Fanny Lou Hamer, Ida B. Wells, Mary McCloud Bethune, and other female

49. Ibid., xv.


51. White, Black Leadership in America: From Booker T. Washington to Jesse Jackson 1-190.
leaders that prescribed to a theory of protest for political representation. Hence, the omission of black women as substantive political figures within the scholarly political context of American political activism and black leadership, sparked questions of what one defines as political leadership and activism.

In summary, the history of the struggle for equality is linked with the history of individual activists, many of whom were beaten or jailed to give voice to the injustices that permeate the everyday experiences of black women because of their race, gender, and class. Political participation can be any activity which aims at influencing the structure of a government, the appointment of leaders, and the policies they execute. These activities can have the goal of supporting the existing structures and politics or changing them. They include active and passive actions, collective or individual, legal or illegal, support or pressure actions by which one or several persons try to influence the type of government that may lead a society, the way the state of that particular country is led, or specific government decisions affecting a community or their individual members. By focusing on black women’s political activism, the researcher was able to reflect a more accurate picture of their participation for holding public office, literary expression and the legal system as political activists. In addition, the researcher was able to highlight the politicization of traditionally non-political positions outside of holding office, such as the many roles black women held during various social movements and the political infrastructures they developed to advocate for their needs.

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A History of Black Women Office Holders

During the Reconstruction era between 1865 to 1877, the first African Americans were elected to the United States Congress. From 1865 to 1869, a total of seventeen African Americans served in Congress. They were all men. The first woman who was white, was inaugurated into Congress in 1917. There would not be an African-American woman until 1969 when Shirley Chisholm was elected as a representative for a newly formed New York City district. The only woman among the freshman class of the 91st Congress, Chisholm sponsored increases in federal funding to extend the hours of daycare facilities, a guaranteed minimum annual income for families, defended federal assistance for education, served as a primary backer of a national school lunch bill, and led her colleagues in overriding President Gerald R. Ford’s veto on this measure. Despite her passion to represent the community, there were tensions with people on her side of the political fence, particularly black politicians who, she insisted, misunderstood her efforts to build alliances. Chisholm maintained that many members of the black community did not understand the need for negotiation with white politicians. “We still have to engage in compromise, the highest of all arts,” Chisholm noted. “Blacks can't do things on their own, nor can whites. When you have black racists and white racists it is very difficult to build bridges between communities.”

54. Ibid., 36.
55. Ibid.
During the general election while campaigning against James Farmer, one of the principal figures of the civil rights movement, a cofounder of the Congress for Racial Equality, and an organizer of the Freedom Riders, Chisholm was met with sexist statements. Although the two candidates held similar positions on housing, employment, and education issues, and both opposed the Vietnam War, the election turned on issues of gender. Farmer hammered away, arguing that “women have been in the driver’s seat” in black communities for too long and that the district needed “a man’s voice in Washington,” not that of a “little school teacher.” Chisholm, whose campaign motto was, “unbought and unbossed,” met that charge head-on, using Farmer’s rhetoric to highlight discrimination against women and explain her unique qualifications. “There were Negro men in office before I came here five years ago, but they didn’t deliver,” Chisholm countered. “People came and asked me to do something . . . I’m here because of the vacuum.” Despite being one of the top 10 most admired women in America, ahead of Jacqueline Kennedy Onassis and Coretta Scott King and tied with Indian Prime Minister Indira Gandhi for sixth place, many of her Congressional Black Caucus male colleagues felt that she betrayed the group’s interest by trying to create a coalition of women, Hispanics, white liberals, and welfare recipients. During her presidential bid, she was again met with pervasive gender discrimination. Chisholm noted that sexism cut across racial lines and stated that, “Black male politicians are no different from white


57. Ibid.

male politicians. This ‘woman thing’ is so deep. I’ve found it out in this campaign if I
never knew it before.”

In the late 1960s and 1970s, Shirley Chisholm was an anomaly. However, despite much gain, women, specifically black women, remained disarmingly underrepresented as office holders, thus resulting in the race and gender composition of American elected officials not to be reflective of the general population. The Reflective Democracy Dataset, compiled by the New Organizing Institute (NOI), supported the facts of disproportional political representation. With funding from the Women Donors Network, NOI looked at the race and gender of over 40,000 elected officials from the federal to the county level. They found that 90% of elected officeholders were white, 71% were male, and 65% were white males. This representational inequality persisted across all levels of office and geography, confirming that the makeup of the people who held power in the U.S. bore little resemblance to what the country’s population looked like as a whole. There were 41,372 officeholders; of that number, only 2.41 percent were African-American women. While it is important to note that African-American women were underrepresented, it is equally important to note that they had made important strides.

In his 1994 analysis of black female political behavior, Hanes Walton, Jr. noted that there have been several black women that made a run for the presidency and vice-presidency such as Charlotta Bass in 1952, Charlene Mitchell in 1968, Shirley Chisholm in 1972, Margaret Wright and Willie Mae Reid in 1976, Angela Davis in 1980 and 1984,


Additionally, it highlighted the historic moment of the 1993 election when a record number of ten additional black women won seats in Congress. 62

Not only were black women winning national offices, they were winning state and local offices as well. In Marsha Darling’s evaluation of the impact of the Voting Rights Act on the political aspirations of black women interested in running for public office in the South, she stated:

>African-American women state legislators now occupy a previously unimaginable place in American politics. Although a minuscule number of African American women have been elected to high ranking state and national public office in the earlier decades of this century, significant representation has occurred only since the passage of the Voting Rights Act. 63

The increase of black women’s political representation in the South was highlighted in Bergmark and Spritzer’s research on Grace Towns Hamilton who, as a legislator in Atlanta, Georgia, became the first black woman to win a legislative seat in the South. As exemplified by Shirley Chisholm, Hamilton used her position to “give voice” to marginalized groups and promoted interracial cooperation as the key to racial

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justice. Nasstrom and Walker also focused on black women legislators in Atlanta, Georgia and argued that political participation could be an effective instrument in the redistribution of resources for an underrepresented group. They also contended that this participation must take place formally and informally if the group is to have effective control of the decisions that affect their lives. Inasmuch as black women go about effecting change and representing their constituents,

... [T]here is an understanding that marginalization, advanced and integrative, is mediated through institutions. The legislature as a dominant political institution often reinforces practices of marginalization through policies and laws that control or restrict opportunities, civil liberties, and resources of marginal communities.

Moreover, a study of African-American Mississippi women state legislators found that they were more likely to introduce progressive legislation when compared to their peers. As a result of their own experiences with advanced marginalization and likelihood to campaign progressive legislation, African-American women legislators may be more likely than their male counterparts to empathize with other disadvantaged subgroup populations.


Brown concurred, “Due to their own advanced marginalization within dominant society, African-American women legislators may be better suited to understand and address the failure of the politics of universalism in general and black politics as well as feminist politics specifically to improve the lives of the most marginalized.” However, in her most recent research, Brown offered an expanded viewpoint to how black women make legislative decisions and the political behavior of black female state legislators in Maryland. Introducing the term “Representational Identity” theory, she recognized that black women’s gender and race partly influenced their legislative decisions. Acknowledging that black women were united in a particular and unique way, she proposed that the policies they chose to support were mostly influenced by their culture, history and socialization.

Although black women’s contributions have been significant, they have been historically underreported and rarely recognized. This lack of recognition leaves the false impression that black women do not play an important role in political decision-making. In her research examining black congresswomen in the United States during the 108th Congressional Session, political scientist Aisha Haynes-Belizaire wrote:

Though polarized from the social, political, and economic institutions of America, black women, however, have surprisingly managed to be advocates and activists for equality and justice and the voice of opposition to racism, sexism, and injustice. History shows that black women have been trailblazers in the fight for social justice and progressive policies in the United States from the grassroots community organizations to the halls of Capitol Hill and the


international arena. Black congresswomen, although a small minority (13 out of 535) have been a powerful voice for the disenfranchised, marginalized, and underrepresented populations, their advocacy brings national attention to issues that are far too often ignored by mainstream society and policy-makers. Black congresswomen address issues of justice, equality, fairness, and improving the quality of life, not just for the oppressed and the marginalized, but also for society as a whole.  

**Black Women and Political Literature**

Female reform activity in nineteenth and early twentieth-century America and its literary counterpart are comprised of a vast network of organizational affiliations and coalitions. Literature by African-American women often has as its primary goal to give voice to black women by acknowledging the challenges they face, not to evoke pity or empathy from black men or from white [readers]. The literature speaks to and about black women, and it does so by using languages, images, and experiences that resonate for black women. African-American women have belonged to two groups whose experiences have, until recently, been invisible in history. This recognition has been exercised by African-American women carving out their own name in printed form. Expressing themes and paradigms of black feminist thought have been difficult for black women due to the stronghold white males have had on the interpretations of the world

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73. Ibid., 31.

which generally exclude the experiences of black women. Hill-Collins continued and stated the following:

Black feminist thought can best be viewed as subjugated knowledge. Traditionally, the suppression of Black women’s ideas within the White-male controlled social institutions led African-American women to use music, literature, daily conversations, and everyday behavior as important locations for constructing a Black Feminist consciousness and to generate competing knowledge claims.

Furthermore, black women expressed their anger and pain regarding the multiple oppressions facing them in the United States through many of their writings. In *Words of Fire: An Anthology of African American Feminist Thought*, black feminist scholar Patricia Guy-Sheftall wrote about Frances Harper. Harper, a free black woman, was a member of the Underground Railroad and one of the most popular and prolific writers of the nineteenth century. In discussing Harper, Guy-Sheftall made the following statement:

In 1859, she became the first black woman to publish a short story. Her poems, short stories, novel, essays and letters established her place within a black female intellectual tradition largely ignored, until recently, in American and African American literary history. Her works heralded the beginning of an era of emancipated womanhood in which women’s intellectual and political power would be unleashed.

Writing provides a strong example of a politically active woman who could inspire more passive black women readers to engage in the struggle for racial and gender advancement.

Based on that belief, Harper could have attempted such a book because she was convinced that “out of the [African-American] race must come its own thinkers and

76. Ibid.
writers,“78 and she appealed specifically to her African-American readers to follow her example and write of their experience in order to change the current national political climate.79

Consequently, black women used their writings to provide a voice within the abolitionists and suffrage movements. To give a personal account of the horrendous conditions of slavery and to abolitionist sympathizers, many enslaved people, assisted by white abolitionists, wrote their own stories. For example, as a fugitive slave and author of *Incidents of a Slave Girl* (1861), Harriet Jacobs published an autobiography of her life as a slave and the attempts to advocate for herself. Similarly, *Lola Leroy*, written in 1890 by political activist Frances Ellen Watkins Harper, is a novel influenced by the tenets of the “Black Uplift” movement as well as the temperance and suffrage movements. Befittingly, the title character is a strong feminist whose activism helps unite a community and creates radical change.80 Middle-class black women also used their writings to move outside the “women’s sphere” as they gave speeches around the country. For example, in her 1892 book of essays, *A Voice from the South*, activist Anna Julia Cooper criticized the exclusivity of the woman’s rights movement and challenged it to see beyond the increasingly narrow agenda of woman suffrage.81 Also deciding on a life of activism instead of leading a life of domestic servitude, black feminist Mary Ann

78. Harris-Perry, *Shame, Stereotypes and Black Women in America*, 263.
79. Ibid., 282.
80. Ibid., 26.
81. Ibid., 120.
Shadd used her writings to travel on speaking circuits, along with publishing and teaching while her husband stayed at home and took care of the home and children.  

Between 1917 and 1935, the Harlem Renaissance would be characterized by an unprecedented outpouring of black women’s creative energies. The political activism tenet of giving voice, so often represented within the works of earlier black female writers, would continue to develop. Zora Neale Hurston’s feminist classic, *Their Eyes Were Watching God*, underscored the importance of black women finding their own voices and liberating themselves from narrow conceptions of womanhood. A host of other women writers followed, such as Jessie Faucet, Nella Larsen, Angelina Weld Grimke, Georgia Douglas Johnson, Anne Spencer, Alice Dunbar-Nelson, Dorothy West, Gwendolyn Bennett, and Helene Johnson who made the triumphs and tribulations of black women visible.

Moreover, writings such as Ntozake Shange’s *[When] the rainbow is enuf*, continued in making the complexities of African-American women’s experiences the forefront of scholarly examination. Perry wrote, “Shange’s work exposes the fragility of black women’s emotional lives and insists that the agony of their experiences is collective, structural, and not of their own making, but it is not exclusively an exploration of victimization.” Additionally, Angela Davis’ *If They Come in the Morning: Voices of Resistance*, added to the literature by providing a troubling analysis of the American prison system during her eighteen-month imprisonment. As well as becoming an icon for

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the black liberation struggle while a member of the Communist Party, her voice would not be silenced while incarcerated. This was exemplified by her option to participate in activism and consciousness through her writings, while shining a light on racial injustice, the prison industry, and racial and sexual discrimination.\textsuperscript{85} In \textit{The Angela Davis Reader}, Joy James exclaimed, “Davis’ early work presented a corrective to feminist theory that erased racist violence and anti-racist theory that masked sexist violence. In \textit{Reflections on the Black Woman’s Role in the Community of Slaves}, Davis continued to investigate the function of racist and sexist violence in a racialized patriarchal society, as well as critiquing the role of class in racial-sexual violence highlighting black women’s burden of having to confront sexism not only within the movement but literature and academia. James concurred by writing the following:

The thesis of the black matriarchy can be traced back to E. Franklin Frazier’s [1930] belief that slavery destroyed the black family and made a hybrid black female that was overwhelmed and oppressed and emasculated black males; Daniel Moynihan’s 1965 governmental report, The Negro Family—A Case of National Action,” continues in this line of thinking by painting black women as a domineering black matriarchal figure who pathologized the black family.\textsuperscript{86}

Both a target of Central Intelligence Agency (CIA) Director Edgar Hoover’s campaign to criminalize Black Nationalist Organizations and their leaders, Angela Davis and Assata Shakur (\textit{Shakur, Assata: An Autobiography}), following Harper’s earlier example, sought social change through their writings as they detailed their experiences that led them to a life of activism. In highlighting the prison industry as modern-day slavery, they also discussed strengths, weaknesses, and later demise of the black

\textsuperscript{85} Angela Davis, \textit{If They Come in the Morning: Voices of Resistance} (Chicago: The Third Press, 1971), 46-47.

\textsuperscript{86} Joy James, \textit{The Angela Davis Reader} (Malden, MA: Blackwell Publishing, 2006), 3.
revolutionary groups. In *Black Women’s Roles in Slave Communities*, Davis stated the following:

Black literature furnishes an illuminating account of the nature of freedom, its extent and limits. [It] also provides an important perspective that is missing in so many of the discourses on the theme of freedom in the history of bourgeois literature. Afro-Americans literature incorporates the consciousness of a people who have been continually denied entrance into the real world of freedom, a people whose struggles and aspirations have exposed the inadequacies not only of the practice of freedom, but also of its very theoretical formulation.  

**Black Women and the Legal System**

Since slavery, black women have also used the courts as a means of political activism to address their mistreatment. Lynn Hudson provided a sketch of Mary Ellen Pleasant who successfully won a court battle against discrimination:

[She] was born in 1814 and became a successful entrepreneur (her records are incomplete but some say she was a millionaire) and after her death was celebrated as the mother of civil rights in California. She had investments and business dealings but also worked alongside both her late husbands James Smith and John Pleasant on the abolishment of slavery. In 1866, Mary Ellen and her husband, John Pleasant, initiated a lawsuit against the North Beach and Mission Railroad Company. They accused them of not allowing people of African descent to board their streetcars. This particular lawsuit went on for two years. But, after John Peasant died leaving Mary Ellen $15,000 for the purpose of continuing their abolitionists endeavors, she would launch a continued legal battle against discrimination in California in the 1860’s. Demanding her rights as a citizen remained a constant focus for the next three decades in the courts where her appearances made headlines throughout the century.

The first lawsuit for freedom by a woman happened prior to 1670 in a colony in Virginia though the laws that made it possible to sue for freedom were closed shortly after.

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thereafter. Nevertheless, during colonial times enslaved women used the legal system as one of the means to obtain their freedom. In bearing children, the enslaved woman produced human property, adding value to her worth as an unpaid worker. Yet in New England’s port cities, the ability of a black woman to reproduce was a liability to slave owners. In New England, the enslaved were both persons before the law and property, thus allowing the enslaved to become free in the courts. Additionally, Joan Jackson was the first enslaved woman to win her freedom in the courts of New England. She won her freedom in 1716 in Cambridge, Massachusetts. She, along with her family, were involved in forty-five lawsuits over several decades in New London, Connecticut, and Middlesex County, Massachusetts, making them the most litigious black family in colonial history. Between 1716 and 1783, fourteen black women brought civil lawsuits in New England to sue for their freedom. Thus, black women’s desire for freedom preceded by many decades, the revolutionary sentiments of white colonists. Yee concurred, “Free blacks had been organizing on behalf of an immediate anti-slavery and anti-racists agenda for at least a generation before white abolitionists took the lead.” So, although Massachusetts is known as the birth of abolitionism, the first abolitionists were the enslaved men and women themselves.

90. Ibid., 4.
91. Ibid., 131.
92. Ibid., 127-128.
Political Cooperation within Social Movements

Slavery and racism struck closer to home for black abolitionists because most free blacks were former slaves or had kinship ties to someone that was enslaved. Moreover, abolition meant more than just ending slavery, but black social, political, and economic equality were integral to the agenda.\(^5\) Black abolitionists worked on a range of activities such as cooperating with whites as much as possible, organizing all-black anti-slavery societies, writing, speaking, petitioning, and participating in self-help projects in their own neighborhoods. However, black women were expected, just like their white counterparts, to participate in the movement in a women’s “sphere” which could be described as participating in all-female societies, raising funds to support the male leadership, and taking care of domestic responsibilities.\(^6\) Yee proclaimed,

Black women’s participation in the abolitionists movement held a dual significance. Like middle-class white women in antebellum society, free black women felt bound by the ideals of ‘respectability,’ however, imposed white standards of inequality and reflected illusions about female respectability that were narrowly applied to only native-born, white, middle-class women. On the other hand, images of women as morally superior, physically delicate, and submissive to their men liberated black women from the racists stereotype of black sexuality, which depicted them as physically strong and sexually promiscuous. By supporting a racist, sexist, and classist model of sexual roles which entailed men being dominant and women submissive they attempted to erase memories of enslavement and to prove false the assumption of many whites that blacks were incapable of creating a stable family and community structure.\(^7\) Both white and black women ‘toed the line,’ but for black women working outside the confines of a woman's ‘sphere’ meant deference to whites which all

\(^6\) Ibid., 3.
\(^7\) Ibid., 4.
white abolitionists and black men, especially black male leaders, did not approve of. 98

Notwithstanding the existence of a white patriarchal model of participation, black women played a crucial role in the abolitionist movement. Davis espoused the tendency for scholars to minimize the role that black women played in the abolitionist movement. Utilizing Harriet Tubman as an example, she wrote,

Harriet Tubman and Sojourner Truth, black women of the slave era remain more or less enshrouded in unrevealed history. And, as Earl Conrad has demonstrated, even ‘General Tubman’s’ role has been consistently and grossly minimized. She was a far greater warrior against slavery than is suggested by the prevalent misconception that her only outstanding contribution was to make nineteen trips into the South, bringing over 300 slaves to their freedom. [She] was head of the Intelligence Service in the Department of the South throughout the Civil War; she is the only American woman to lead troops black and white on the field of battle, as she did in the Department of the South . . . She was a compelling and stirring orator in the councils of the abolitionists and the anti-slaves, a favorite of the antislavery conferences. She was the fellow planner with Douglass, Martin Delany, Wendell Phillips, Gerrit Smith and other leaders of the antislavery movement. 99

Works such as the Black Abolitionist Papers: The United States, 1830-1846, edited by C. Peter Ripley and George Carter, added to the historical scholarship of the antislavery movement while portraying black women abolitionists as activists, rather than passive victims of racism and sexism. Many women worked collectively and individually to provide schooling, food, clothing, and other necessities to the black community, but they also participated in temperance and moral reform, therefore participating in the expectations of their race and womanhood. Women who came from the few Northern free black families were well known and respected in their communities for their activism

98. Ibid., 8.

and philanthropy, exemplifying that family wealth was an important factor in shaping black women’s activism and leading some women to assume leadership in their communities.\textsuperscript{100} For black women abolitionists, race, gender, and class together created a complex experience within the movement. Economic circumstances, kinship and friendship ties, marriage, and education led women toward personal definitions of their goals as activists, influenced their choice of abolitionist activities and the extent to which they could devote time and money to the cause.\textsuperscript{101} But central to the experiences of black women abolitionists were activities such as community-building, political organizing, and forging a network of personal and professional friendships with other activists.\textsuperscript{102} These activities allowed them to collectively deal with the daily battle of racism and sexism and to develop a distinct pattern of activism that continued long after the abolitionist movement which was used for future generations. Patricia Hill-Collins discussed the tradition of activism among black women as a concept with two primary dimensions: a struggle for group survival and a struggle for institutional transformation. The former consisted of actions taken to create black female spheres of influence within existing structures of oppression; the latter included taking part in Civil Rights organizations, labor unions, feminists groups, boycotts, and revolts.”\textsuperscript{103}

In \textit{Women in the Civil Rights Movement: Trailblazers and Torchbearers}, Anne Standley provided significant research on black women’s roles within leading civil rights

\begin{footnotesize}
\textsuperscript{100} Yee, \textit{Black Women Abolitionists}, 12-13.

\textsuperscript{101} Ibid., 3.

\textsuperscript{102} Ibid.

\textsuperscript{103} Hill-Collins, \textit{Black Feminist Thought}, 141-142.
\end{footnotesize}
organizations that gave voice to the black women populace. The book chronicles organizations such as the Student Nonviolent Coordinating Committee (SNCC) and the National Association for the Advancement of Colored People (NAACP) and concluded that “black women organized behind the scenes while black men publicly led.”

Similarly, Davis recounted her participation in the Black Panther Political Party by writing:

The Black Panther Political Party became the Los Angeles SNCC and was short lived. Although women ran the office, men were the figureheads in the media and official spokesperson. One of the several reasons why the organization was forced to shut down was because women’s refusal to accept the sexist and masculinist posturing of male leadership.

Davis confirmed that the Black Panther Party for Self-Defense operated under the guise of a masculinists and revolutionary organization that led to the promotion of males and females to view women “as objects of male sexual desire.” However, she acknowledged that despite its sexism, the newspaper took a stance for women’s rights.

Davis wrote that her actions spoke to the notion that although black women abhorred the overt sexism of male leadership, they also associated feminism with middle-class white women. “The panacea of black women to choose race over gender exacerbated the failing to recognize the profoundly masculinist emphasis of our own struggles, [made us] all at risk.”


106. Ibid., 7.

107. Ibid.
In *Black Movements in America*, Cedric Robinson explored Africans coming to America and the early black movements of resistance and makes a comparison to the Civil Rights movement. In doing so, he argued that the reemergence of activism in the south caught organizations such as the NAACP off guard. He claimed that black women “were the vanguards of the movement.” In identifying Septima Poinsetta Clark’s fight for equal pay for black teachers and later as vice president of the NAACP branch in South Carolina, he chronicled her training in Highlander Folk School. Highlander was where Clark utilized her thirty-eight years in teaching. Additionally, Highlander was where she gained her experience of citizen training with black soldiers at Camp Jackson in South Carolina to begin organizing desegregation and civil disobedience workshops. During 1954 to 1961, Bernice Robinson, along with her cousin, trained 1,300 black teachers and organizers and would later provide leadership training for the Southern Christian Leadership Conference (SCLC). Robinson continued by exclaiming, “Despite Rosa Parks historical depiction of passive resistance there is evidence that her actions were calculated on that fateful day, that lead to the yearlong bus boycott in Montgomery in which ‘she was too tired to move from her seat.’” Unforgotten in the history books is the fact that before Parks was a NAACP activist in youth programs, she was one of Clark’s first trainees. Moreover, she was thrown off a bus for the same act

109. Ibid., 140-141.
110. Ibid., 142.
eleven years earlier and would later, in 1944, attend an NAACP leadership workshop organized by Ella Barker.”

Robinson also debunked the minimalist view of African-American women’s participation in the Civil Rights movement by expressing the belief that, “The television journalists got it wrong. The NAACP got it wrong. The FBI and Army intelligence got it wrong. For the Black women who memorialized the movement purposely misled all comers. Thus, most of the historians got it wrong.” Robinson acknowledged that the charismatic style of leadership such as Martin Luther King, Jr. put black men in the role of leader and minimized the significant role of black women. Robinson wrote,

[A]lthough the available records are incomplete, it seems that black women outnumbered black men in incidents of resistance on buses and streetcars. In 1941-42, nearly twice as many black women were arrested as black men, most of them charged with either sitting in the white section or cursing... Unlike the popular image of Park’s quiet resistance, most black women’s opposition tended to be profane and militant. There were literally dozens of episodes of black women sitting in the white section, arguing with drivers or conductors, and fighting with white passengers. The “drama” usually ended with the woman being ejected, receiving a refund for her fare and leaving on her own accord, moving to the back of the vehicle, or being hauled off to jail. Indeed, through the war, dozens of black women were arrested for merely cursing at the operator or a white passenger.

Comparably, Reese's literature on Clara Luper’s successful leadership of the NAACP Youth Council, along with Taylor and Wilson’s political analysis of black women activism, validated black women as deserving of intellectual inquiry and places

111. Ibid., 143.
112. Ibid., 144.
113. Ibid., 141.
them at the center of analysis. Quintard Taylor and Shirley Wilson explored black women’s political activism in the United States from 1600 to 2000 making void the assumptions that black women’s political activism evolved or was a derivative from Anglo-Saxon or black male experiences.\textsuperscript{115} However, the desire of the black community to disprove racist’s representations of black women by adopting “positive” sexual stereotypes, limited the extent to which black men and women could support complete equality between the sexes, despite the encouragement of some of the most prominent black male leaders. Black feminists, unlike white feminists, maintained a cooperative relationship with black male activists out of a common commitment to the welfare and advancement to the race.\textsuperscript{116}

Similarly, the writings and practices of some white feminists articulated a universalistic view of women’s interests which had elements of thoughtlessness and racism. However, universalism was a prominent characteristic of most of the social movements during this era. Nationalism and feminism both drew sustenance from theories of social change that emphasized one master oppression—class, race, or sex—and imagined a transformational period that would profoundly reconfigure society.\textsuperscript{117} To some white women, the claim that the women’s movement was inherently racist may have seemed odd because many white feminists were initially politicized by their involvement in campaigns against racial subordination, particularly the anti-slavery


\textsuperscript{116} Yee, \textit{Black Women Abolitionists}, 8.

movement in the 19th century and the civil rights movement in the 1950s and 1960s.\textsuperscript{118}

For some women, there seemed to be clear parallels between the situation of black women and that of white women, for both groups were denied the rights of white men.\textsuperscript{119}

Thus, echoing the words of Elizabeth Cady Stanton a century earlier, “The Black man and the woman are born to shame. The badge of degradation is the skin and sex—the “scarlet letter’ so sadly worn on the breast.”\textsuperscript{120} Explaining that such comparison ignored the specific situation that was unique to only black women, Spelman wrote, “… because of their color they disappear as women, and because of their sex they are largely invisible as black people.”\textsuperscript{121} Expanding on that thought, Cohen added, “. . . but, class, gender, sexual norms and privilege in black communities don’t mirror their manifestations among dominant groups such as upper class whites due to the fact that even patriarchal systems of oppression can be diluted by racism.”\textsuperscript{122}

Nevertheless, despite the often patriarchal sexism replicated in the black community, black women were not given the luxury to venture away from the plight of the entire community to form alliances just about women issues. This was partly due to the black community having more issues that were intertwined within groups and communities which made it difficult for oppressed people that were connected through the fight against oppression. However, white women could leave the women’s


\textsuperscript{119} Ibid.

\textsuperscript{120} Elizabeth Spelman, \textit{Inessential Woman: Problems of Exclusion in Feminist Thought} (Boston, MA: Beacon Press, 1998), 32.

\textsuperscript{121} Ibid., 83.

\textsuperscript{122} Cohen, \textit{The Boundaries of Blackness}, 72.
movement because of their security in marriage; they benefited from the same white men that they were outraged about. Oftentimes, facing more obstacles by choosing gender over being a woman of color, black women were not in the same economical position to even consider depending on a black man since they were usually relegated to unstable jobs. Hill-Collins explained that the women's movement ideal that the workplace was itself empowering or liberating, seemed absurd or irrelevant to many working-class white women and women of color. Women, as had many of their mothers and grandmothers, were already in the workforce for wages and did not consider access to jobs and public life as “liberating.”¹²³ For many women, liberation had more to do with organizing in communities and workplaces, often alongside men, for better schools, better pay, decent benefits, and other policies to benefit their neighborhoods, jobs, and families. The feminism of the early 1970s did not seem to address these issues.¹²⁴

Consequently, challenges to gender stereotypes soon emerged in the mid to late 1970s. Women of various races, classes, national origins, and sexualities insisted that the concepts of gender be broadened to take those differences into account. Many women began to argue that their lives were affected by their location in a number of different hierarchies¹²⁵ Thus, black women made it clear that they were not only victimized by gender alone but by the historical and systematic denial of rights and privileges based on other differences as well. Davis maintained that women worked in black liberation


¹²⁴. Ibid.

¹²⁵. Ibid.
organizations constituted a form of feminist consciousness raising, marking the
development of a feminism that presented an alternative to the emerging white feminist
movement. “Black women and women of color were making important contributions to
the effort to elevate people’s consciousness about the impact of sexism.”

Regardless of the type of support given to the black liberation movement or the
amount of cooperation with whites, black women, just by the nature of their race and
gender, were impacted by a complex set of dynamics in which factors such as race,
gender, and class were part of their personal experiences. The daily battle with racism
and sexism that they had to battle also enabled them, individually and collectively, to
forge a particular pattern of black female activism that continued long after the
movement to end slavery. As exemplified with black women’s continuation with
abolitionist endeavors and participation with the Civil Rights and Feminists Movements,
black women’s socio-political realities were shaped by their experiences and political
environments based on the intersectionality of race, gender, and class. Hill-Collins
agreed stating, “How individual black women construct their identities within these
externally defined boundaries varies tremendously. However, group responses can occur
due to the shared challenges that all black women encounter.” If it were not for black
women’s mobilization efforts, the voice of the black woman would not have been heard.
Stephen Small examined this resilience regarding black women’s spirit of resistance and
wrote,

126. Friedman, It Changed my Life, 45.
127. Yee, Black Women Abolitionists, 11.
128. Patricia Hill-Collins, Fighting Words: Black Women and the Search for Justice (Minneapolis,
MN: University of Minnesota Press, 1998), 204.
[E]ven centuries of slavery, oppression and sexual abuse, of attacks on our culture and our right to be, have not succeeded in breaking black women’s spirit of resistance. Instead of distancing us from the African heritage, which has sustained us, the thousands of miles we have traveled and the oceans we have crossed have simply strengthened our collective sense of self-worth. It is this firm and durable tradition of drawing strength and purpose from the culture in which our experiences are grounded that is black women’s most precious legacy to the next generation.\textsuperscript{129}

Darlene Clark Hines also provided information about the collective activism of black women during slavery and noted that black women were afforded the opportunity, through the type of sex differentiated work they did, to develop an informal female network that reinforced their reliance on each other.\textsuperscript{130} Hines concluded,

These networks usually evolved through organized group activities such as cooking, quilting, spinning, weaving, and attending to each other in childbirth and providing healthcare. These female slave networks allowed the women to forge a common consciousness concerning their oppression as women while devising strategies for survival.\textsuperscript{131}

This communal network assisted black women and families in surviving the harsh conditions of slavery while strategizing to resist their oppression. Slaves often acted together in rebellion, or colluded afterwards to protect those implicated in acts of resistance. Shaw noted historian Deborah Gray White’s research stating that, “slave women developed a network within the slave community that was supportive, empowering, and instrumental to their survival.”\textsuperscript{132}


\textsuperscript{131} Ibid.

After emancipation, this communal existence continued. According to historian Else Brown, black women, during the Reconstruction era, exhibited a collective consciousness and responsibility. “Rather than display a possessive individualism, these women believed that each individual in the community was ultimately responsible for each other; therefore, they saw the vote (and other political resources) not as an individual but a collective possession.”\(^{133}\) Building on the antebellum legacy of collective consciousness for survival, this collective spirit was the catalyst in assisting black women in developing infrastructures for the uplift of black women and the community. In her research of the political mobilization of black women, Dr. Joyce Hanson rallied against the notion that all things political are defined within a context that a leader is a “spokesmen and politics is voting, electioneering, and office holding.”\(^{134}\) Continuing with that train of thought, she explained, “Acceptance of a narrow construction of what is deemed political, minimizes black women’s mobilization efforts as not truly political.”\(^{135}\) Karl agreed with the expansion of the notion of what is political by offering that “women’s political participation takes many forms [and] includes not only voting and holding public office, but also collective action in associations and organizations.”\(^{136}\)


\(^{135}\) Ibid.

Formation of Black Women-Led Interest Groups

Beginning in the 1800s, there was an emergence of political activity through black women-led advocacy groups. Despite their rich and diverse history of political mobilization on issues such as anti-lynching policies, many scholars focused on the social aspect of black women’s clubs or saw them as an extension of white women’s clubs while ignoring the role of politics in the everyday life of black women. Ironically, Theda Skocpol provided a historical analysis of the relationship of black Americans to United States’ social provisions and did not deal with the inequality of social programs for black women. Instead, the organizations of black women were viewed as more of a social club concentrating on private charity, support, and black education. She contended that most blacks were in the South and were excluded from politics and civil rights.137

Nonetheless, this network of women’s clubs, church organizations, and mutual-aid societies provided the foundation for powerful national organizations like the National Association of Colored Women founded in 1896 which helped their communities establish separate educational and healthcare facilities and social services organizations. Additionally, the 1895 Conference for Black Women Clubs, which later became the larger National Federation of Afro-American Women (NFAAW) highlighted higher education for women and equal education for boys and girls, in addition to supporting female employment.138 Refuting the claim that black women were not active reformers, Mimi Abramovitz exclaimed,

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138. Ibid., 118.
[I]f gender segregation fostered female social reform organizations among white women, racial segregation forced African-American women to form their own networks. Almost every black woman’s organization worked to alleviate one or more of the many social problems afflicting an increasingly urban, impoverished, politically powerless, and segregated black population.\textsuperscript{139}

As manifestations of black women’s collective consciousness, their nonprofit and civic organizations were voluntary associations committed to individual and group interests and they continued to flourish. Guy Sheftall elaborated by stating:

These single-sex, self-help organizations formed by African American women, were shaped in the early 1900's due to the difficulty of African American women becoming leaders in organizations with black men. These free Northern black women formed their own organizations, due to the fact that they were also being denied membership in white women’s groups. While membership denial spurred some of this separate activism, “it was also easier for black women to attend to their own political, cultural, and intellectual agenda with the establishment of separate organizations.\textsuperscript{140}

The recognition that “Public policy is the ultimate output of a political system and influencing policy is the main intent of interest groups,”\textsuperscript{141} the growth of black women founding and leading interest groups provided a powerful political voice to communicate issues affecting their purpose of policy and social change in areas as broad as political equality, economic justice, and health rights.

**Fighting for Political Equality**

Black women advocated for political equality in several different ways as their actions were influenced by their social, economic, and political surroundings.


Organizations like the National Association of Colored Women (NACW) began their organization to fight for the ballot as they supported the Women’s Suffrage Movement. Operating after black women won the right to vote and during the implementation of New Deal policies, the National Council of Negro Women sought to give “voice” to lobbying efforts and the push for black women to work within the public policy arena to affect change. Still, other organizations such as the Women’s Political Council of Montgomery focused on voter registration and fighting segregated public policies, whereas organizations such as the Black Women Organized for Political Action in California and the Black Women’s Political Action Committee in Ohio financially assisted political representatives supportive of their causes and provided a means of political training for black women to enter politics.\footnote{Abramovitz, \textit{Under Attack, Fighting Back}, 114-116.} Despite different political strategies, all had one thing in common: advocating for a cause that assisted in impacting the socio-political status of black women.

Exemplifying the race consciousness found among black women as they sought to address their political concerns, the National Association of Colored Women (NACW) was founded in 1896. Shaw contended that the activities of the 198 members of the NACW exhibited both racial consciousness and community commitment. NACW, a combination of the NFAAW and the National League of Colored Women, focused on uplifting the political rights of women and was the first black women-led organization to dedicate themselves to the support of the suffrage movement. Their journal was an official organ utilized to be an outlet for political views and aspirations and strong advocacy for black women to enter the public arena. Additionally, they established
homes for working women, homes for juvenile delinquents, and settlement houses for the poor. In examining the gains of black women organizations, Joyce Ann Hanson provided an historical analysis of Mary McLeod Bethune’s multi-faceted approach to her pursuit of racial advancement, social, economic and political equality, and women’s rights through the founding and participation in organizations such as the National Council of Negro Women. The National Council of Negro Women, formed by Mary McLeod Bethune in 1935, became one of the most prolific black women’s lobbying organizations in Washington, DC as black women understood they must have access to policy and decision making to insure equality of opportunity.

Continuing the advocacy of political rights, the Women’s Political Council of Montgomery (WPC) became one of the most active civil rights organizations in Montgomery. Created by Mary Fair Burkes to teach local black women their constitutional rights and enhance voter registration among them, the WPC reached a significant accomplishment of having all 300 members registered to vote by the 1950s. Later, they began and assisted in leading marches, along with area religious leaders including the reverend Dr. Martin Luther King, Jr. and the thirteen-month Montgomery Bus Boycott that was successful in desegregating Montgomery’s buses. Ironically, movements such as the Civil Rights Movement, the Welfare Rights Movement, and the


144. Hanson, “The Ties that Bind,” 1.


Black Nationalist Movement, placed women’s demands as secondary. This secondary placement resulted in African-American women critiquing the hierarchical approach to oppression and developing their own self-advocacy organizations such as the Black Women’s Political Leadership Caucus (BWPLC). Created in 1971, the BWPLC focused more on solving public problems and more coalition strategies. Later, the Leadership for Black Women was developed not only to focus on coalitional efforts but to expand the shift of the paradigm of the definition of political leader to one that was seen as “A mediator, negotiator, and visionary.” This leadership style was further developed through alliance work and the challenge to merge and stretch ideas into new strategies that would assist African-American women as a group.

**Fighting for Economic Justice**

Black women understood that one’s economic position profoundly impacted their political position and thereby found it imperative to develop their own organizations in which to fight for economic equality. Perry suggested it was paramount to showcase not only the physical [and emotional/social] barriers imposed by subjugation and segregation but the inequality of economic distribution. She also asserted,

[D]istributive inequalities of social, political, and economic goods are related to the inability to [see] citizens from low-status groups accurately. But accurate recognition alone cannot fairly redistribute resources. Therefore, empowerment is important in maintaining one’s autonomy. This recognition, though pinned for publically is done in the private sphere where one can carve out their own

147. Ibid., 742.
148. Ibid, 743.
149. Ibid.
definition and name. By the very nature of being on the lowest level of a social caste financially, African-American women do not always get the space to do that. Their lives are very scrutinized by a heightened watchful eye consisting of the welfare state and the overrepresentation in service/domestic help jobs.\textsuperscript{151}

By the 1920s, there were 3,252,862 black men and 1,566,461 black women in the work force. Although black women worked alongside black men, gender discrimination led them into service/domestic jobs and due to racial discrimination, pay was miniscule.\textsuperscript{152} Blacks were in the paid labor force as follows: agriculture (612,261); manufacturing and mechanical industries (104,983); trade (11,158); professional services (39,127); domestic and personal care (790,631) and clerical occupations (8,301).\textsuperscript{153} At that time, DuBois stated that “Her fight has not been willing, or for the most part conscious, but it has, nevertheless, been curiously effective in its influence over the working world.”\textsuperscript{154} The matter of economic independence was, of course, the central fact in the struggle of women for equality. The post-Reconstruction Era found black women in dire economic straits. Wilson and Russell concurred and wrote the following:

They continued to suffer from severe poverty and wage discrimination. Approximately 80 percent of black women in the 1920’s were employed as menial workers, such as farm laborers, cooks, or domestic servants. Even during the Second World War, when blacks and whites were both hired to do so-called men’s factory work, black women continued to be paid less than white women for doing the same job. By 1945, the situation was not much better, as black women continued to hold the lowest rank in the economic scale among men and women, blacks and whites.\textsuperscript{155}

\begin{itemize}
\item \textsuperscript{151} Ibid.
\item \textsuperscript{152} Dubois, \textit{The Gift of Black Folks}, 119.
\item \textsuperscript{153} Ibid., 120.
\item \textsuperscript{154} Ibid., 120-121.
\end{itemize}
Despite over three decades of continued economic improvement through government backed programs such as affirmative action, black women have not achieved full equal opportunity in economic life. Statistics bear this out as women still earn only 74 cents for every dollar earned by a man, with black women earning only 65 cents. Additionally, the level of wealth among black families, measured by net worth, is less than 10 percent of that enjoyed by the average white family in America. Wage inequality has huge economic and political implications which place black women in greater need to build political infrastructures that speak to the unique economic disparities that remain due to their race, gender, and class.

Understanding the link between economic advancement and political participation is the goal of obtaining economic empowerment. Kaehler wrote, “Women’s empowerment is the process by which women, both individually and collectively, become aware of the power relations operating in their lives, thus building trust among themselves and acquiring the necessary strength to change inequalities in all areas.” Consequently, organizations such as the South Rural Black Women’s Initiative (SRBWI) was created for economic and social justice in order to empower low-income black women in the Black Belts of Alabama, Southwest Georgia, and the Delta of Mississippi in becoming advocates for themselves and others. By providing technical assistance, job and advocacy training, the SRBWI sought to effectively advance the economic rights of


157. Ibid.

low-income rural women. Unlike black men, black women found that whatever
education they did receive served a dual purpose—preparing them not only for lives as
knowledgeable and efficient wives and mothers but also providing practical training for
employment. Most often than middle-class white women, black women used their
domestic training to earn a wage. Economic necessity in urban antebellum required
urban black families, wives and daughters, to contribute to the economic survival of the
family in addition to fulfilling their domestic responsibilities.159

Fighting for Health Rights

Silliman echoed the peculiar position of black women stating that, “Women of
color understood that white women and men of color, even with the best intentions, could
not speak to the uniqueness of their issues or represent the authenticity of their
experiences. Women of color needed to claim leadership for themselves.”160 Providing a
historical analysis of the Reproductive Rights Movement and later the Health Movement
and black women’s role in them, Silliman stated that by establishing organizations that
were racially and ethnically specific and separate from white organizations, women of
color created the visions and gained the support necessary to obtain visibility of their
concerns affecting their individual community.161 Dorothy Roberts spoke of the race and
class issues during the Reproductive Rights Movement that often played out between
middle-class white women, black women, and working class women:

159. Yee, Black Women Abolitionists, 51.

160. Jael Silliman, Undivided Rights Women of Color Organize for Reproductive Justice,

161. Ibid.
There is something drastically wrong with a conception of reproductive freedom that allows this wholesale exclusion of the most disadvantaged from its reach. We need a way of rethinking the meaning of liberty so that it protects all citizens equally. I propose that focusing on the connection between reproductive right and racial equality is the place to start.  

Further, Davis noted that the priorities of women of color are different from those of white women because of their different experiences. In *Women, Race, and Class*, Davis wrote about the black women’s fight to control her body and fight against the stereotype of black women as “breeders instead of mothers.” Silliman acknowledged that “While the legalization of abortion mobilized opponents, it demobilized the majority of pro-choice advocates.” The ability to find and finance abortion services was not a problem for middle-class white feminists; the denial of right to an abortion ended with *Roe vs. Wade*. Thus, in 1977 when Congress passed the Hyde Amendment prohibiting federal funding for abortions, the leading women’s organizations did not rally a large scale response. The issue was of primary concern to women of color, who were disproportionately low income. Speaking on the different health agendas that were apparent for various women’s health organizations based on its member’s race and class, Davis suggested the following:

Birth control-individual choice, safe contraceptive methods, as well as abortions when necessary-is a fundamental prerequisite for the emancipation of women. Since the right of birth control is obviously advantageous to women of all classes and races, it would appear that even the vastly dissimilar women’s groups would have attempted to unite around this issue. In reality, however, the birth control movement has seldom succeeded in uniting women of different


164. Ibid., 13.

social backgrounds, and rarely has the movement’s leaders popularized the
genuine concerns of working-class women. Moreover, arguments advanced by
birth control advocates have sometimes been based on blatantly racist
premises.\textsuperscript{166}

Longest stated, “Policies that result from the highly complex, interactive, and cyclical
health policymaking process have outcomes and consequences that are perceived and felt
by individuals, groups of individuals, and organizations.”\textsuperscript{167} Those who are affected
share two fundamental concerns about the process: discerning the potential political
impact of policies on themselves and influencing the formulation, implementation, and
modification of these policies.\textsuperscript{168} Therefore, women of color organizing for reproductive
rights have always needed to respond simultaneously to state-imposed policies aimed at
controlling their fertility and to social justice movements that neglected their reproductive
concerns.\textsuperscript{169} Thus, black women also formed health advocacy groups to deal with issues
pertaining to them. Out of this need for organizational autonomy to respond to their
needs, the Black Women’s Health Imperative (formerly the National Back Women’s’
Health Project) was formed in 1984. The organization was the first reproduction health
organization that dealt specifically with issues affecting black women and would remain
the only black women’s health organization until the late 1980s.\textsuperscript{170}

\begin{thebibliography}{9}
\bibitem{166} Davis, \textit{Women, Race and Class}, 204-206.
\bibitem{167} Beaufort Longest, Jr., \textit{Health Policymaking in the United States}, 2nd ed. (Chicago, IL: Health
Administration Press, 1998), 156.
\bibitem{168} Ibid.
\bibitem{169} Siliman, \textit{Undivided Rights Women of Color Organize for Reproductive Justice}, 35.
\bibitem{170} Ibid.
\end{thebibliography}
This type of political participation is instrumental because it fully represents the formal and informal channels of politics that allow black women access to power that may increase their accessibility to quality healthcare. Black women continue to experience higher rates of AIDS, mortality from cancer, and cardiovascular disease which has a disastrous impact on the black community. Effective discernment and influencing abilities usually rely on the pooled resources that can be made available only through organizations. Longest stated, “The consideration of the impact of policies on people is, for the most part, best made by the consideration of the impact on organizations and the organizations’ responsive efforts to discern impact and their ability to influence policy.” Therefore, these type of policies make the need for black woman-centered research to address unique issues and needs void of an emphasis on comparison of black women-led health organizations to white women or black men-led organizations. Furthermore, they stand as a catalyst in order to achieve viable health policy that seeks to address the issues that affect black women, thus making relevant the statement, “The only people that care enough about us to work for our liberation is us.”

While much has been written on white men and white women as well as black male-led interest groups and their role in influencing United States public policy, little has been written on the influence of black women-led organizations in the public policy making process, specifically in the health policy arena. By reviewing and critiquing a substantial amount of literature, significant contribution is made by providing an


172. Ibid., 156.

173. Ibid.
historical overview of black women’s mass political mobilization and interest group formation. Moreover, this literature review assisted the researcher in laying the foundation for a Black Women’s Activism Theoretical Framework that served as the guide for developing a semi-structured questionnaire needed to ascertain interviews with black women leaders in the health policy arena, as well as analyze the data from case studies of five national black women-led health organizations. By providing political literature that focused on the political contributions of black women in their own right and not as an extension of white male, white female or black male politics, black women-led organizations stand as black feminist statements. Their shared belief that black women are valuable and liberation is a necessity not as an adjunct to somebody else, makes scholarship on black women’s political agencies valid.
CHAPTER III
THEORETICAL FRAMEWORK

According to Morgenthau, “The purpose of a theory is to bring order and meaning to a phenomenon that without it would remain disconnected and unintelligible.”¹

Therefore, this chapter provides a thorough discussion of competing theories and a Black Women’s Activism Theory that has as its guide a gendered epistemology. This discussion assists in laying the foundation for a research design focused on black women activists and the organizations they lead. In her dissertation, “The Role of African American Women in the Foreign Policy Arena: An Analysis of the Executive and Legislative Branches,” Crystal Garret espoused, “Reliance on theoretical concepts to guide the design and data collection for case studies remains one of the important strategies for completing successful case studies.”² By espousing a theoretical foundation that takes into account the historic political space of the group or groups being studied, the discussion of what is considered political can be expanded.

A gendered analysis of politics supports the notion that the traditional definition of political activity does not fully represent the political behavior of women nor does it take into account the unique challenges facing women because of sex, race, and class. A

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gendered analysis includes a measure of understanding that the lives of women are not all the same, and the interests that women have in common may be determined as much by their social position or their ethnic identity as by the fact that they are women.” It is informed by a feminist perspective that asserts that there is an unequal distribution of power and resources in the world that unfairly favors men and that this inequality is reinforced by social, political, and economic systems. Inasmuch, as the gendered analysis challenges the traditional definition of political activity and the status quo that unfairly favors men (specifically white men), it also focuses on the reality of the varied lives of women as a means to construct and define their political activities. This type of analysis stresses the need for women’s political participation not to be studied outside the context in which they live, and provides a wider and more inclusive definition of what can be defined as political. In a research paper on women’s political participation in South-East Asia, Kaehler et al. wrote,

[C]ultural, historical and socioeconomic factors are some of the variables to take into account when defining the outlines of what is understood by political participation in each country. These factors have given rise to debates and discussions on traditional or formal areas for political participation and their forms; the gender perspective has added doubts and has shown their limitations and incoherence, putting into question the alleged neutrality of gender in the systems, power institutions and the nature of power.

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Black feminism focuses on black women’s experiences. By doing so, black feminism acknowledges that race, class, and gender intersect and marginalizes black women differently than African-American men and white women. The term intersectionality refers to how multiple structural identities can combine and create interlocking systems of oppression, new and often unrecognized forms of encounters that are not shared by African-American men or white women. Coined by legal theorist Kimberle Crenshaw in “Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics,” she used the term in discussing black women’s unique position in antidiscrimination cases. Crenshaw argued that in order to accurately assess black women’s claims, a multiple axis or intersectional framework that acknowledges that black women may suffer from both race and gender discrimination must be used. Similarly, Darling contended,

The vast majority of black women operate within at least two worlds: a black world, wherein, for most of the decades in this century, social status was based on one’s degree of commitment to race uplift within the community and, secondly, on one’s status in the white world. Thus, we must analyze the politics of black women through the lens of the intersection of discrimination on both race and gender.

Despite acknowledging both race and gender oppression in black women’s lives, Crenshaw and Darling failed to recognize class in the marginalization of black women.


7. Ibid.

However, it was Deborah King who expanded on the double oppression by characterizing the issue of class in the oppression of black women, therefore resulting in a multiple jeopardy and consciousness. This definition suggests that black feminism was created by black women which clarified a multi-faceted life. In other words, black feminist thought encompasses theoretical interpretations of black women’s reality by those who live it. It places their experiences at the center of analysis. According to Guy-Sheftall, Black feminism comes from black women’s experiences. They add to feminist theory and practice by examining groups that are poor, black and women. It has evolved outside of the traditional white feminine roles, white social institutions and white feminist cultural theory. It has as its foundation the struggle of women during slavery and the anti-slavery movement.

On the other hand, some theorists decry the nationalist tone of black feminism. In “Inclusive Feminism,” Naomi Zack debunked the rationality of intersectionality because

[A]lthough it is understood to be more democratic because women of color now have the authority demanded of them and sanctioned by white feminists to create their own feminism, as a theory of women’s identity, intersectionality is not inclusive insofar as members of specific intersections of race and class can create ‘only’ their feminism.

Her argument advanced the question of whether adding “black” to feminism really impacts the historical exclusion of black women from feminist discourse. She put forward the idea that to “simply allow women of color” to pursue their own feminism

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without real change within the establishment, does not constitute the kind of change that includes feminists who are women of color.”

Zack’s assertions assumed that it was only on the theoretical level that real differences emerge. Therefore, placing those within academic circles as feminist gatekeepers repudiated her argument that there does not exist a need for expansions on feminism. This raises the question or issue of class and whether black women in academia are the best representatives for black women. In *Bad Feminism*, Roxane Gay reconciled the flaws within feminism by labeling herself a flawed feminist that “doesn’t know much about theory but believes in equal opportunities for women and men, reproductive freedom and affordable and unfettered access to the healthcare they need.” In examining the failure of feminism to be inclusive, she realized that the problem was not feminism but with “the flawed people who act in the name of the movement.” Therefore, Gay acknowledged that it is this understanding from which non-white, heterosexual, middle-class women often distance themselves. Nonetheless, Valerie Bryson stated, “The very conversations of [feminism] and [black feminism] is an indictment of a body of thought that treats the partial standpoint of a particular group of women as universal and marginalizes the experiences of women of color as an optional extra in much the same way that male ideologies have marginalized all women.”

However, in spite of the shortcomings, Gay still believed feminism could


15. Ibid, 2.

be inclusive and expanded to fit black feminism under its umbrella just as public policy usually goes through various adjustments to improve effectiveness of implementation. But there must be representation from the groups that are impacted. These discussions have to take place in the realm of understanding differences and privileges and a removal of accusations of writing and speaking from experiences. For example, Gay asked, “Should the black middle-class woman be silenced due to her ‘privilege’ of class or the white working-class woman due to her ‘privilege’ of race?” Gay explored that dilemma and stated, “The wield of accusations of privilege more often than not comes from a place of exclusion and ongoing attempts to silence marginalized groups.”

Furthermore, she questioned whether the history of rendering marginalized groups as invisible should be remedied by preventing anyone else from outside that group to speak. Gay remarked that “We would live in a world of silence if the only people who were allowed to write or speak from experience or about differences were those of absolute no privilege.” She argued that there are multiple truths based on her belief and that few people in the United States have no privilege at all.

Gay echoed Zack’s belief that women’s commonality is directly relevant to feminist political goals and activism throughout the world. Zack pointed out the practicality that not finding common goals with others leaves black women vulnerable and declared,

The de facto racial segregation of both criticism and liberation along the lines of historical oppression sabotages present criticism and future liberation because women of color speak only to themselves. But they do not have enough power

18. Ibid.
to liberate themselves as women without the help of white women, who continue to belong to the dominant and oppressive racial group.\textsuperscript{19}

Zack recommended feminism for black women and believed that, “Each distinct group of intersection of women who are advocating for themselves need to speak for themselves. Groups that have not yet found a voice or made their way effectively in a forum . . . there are already places for them at the table, which will continue to be set until they show up.”\textsuperscript{20} However, not all theorists agree on the utilization of a “feminist” perspective in defining black women experiences. The ethicist Katie G. Cannon stated,

Black feminist consciousness may be more accurately identified as [b]lack womanist consciousness, to use Alice Walker’s concept and definition. As an interpretive principle, the [b]lack womanist tradition provides the incentive to chip away at oppressive structures, bit by bit. It identifies those texts that help Black womanists celebrate and rename the innumerable incidents of unpredictability in empowering ways.\textsuperscript{21}

With regard to womanism, it was Layli Maparyan who went into depth regarding the origins of the concept by declaring,

Most feminist scholars trace the term back to Alice Walker exclusively; contemporary womanism is actually constituted by a number of distinct strands of womanist discourse pioneered by different authors. In addition to US author Alice Walker, Nigerian literary critic Chikwenye Okonjo Ogunyemi and US Africana studies scholar Clenora Hudson-Weems introduced and developed original womanist perspectives.”\textsuperscript{22}

Maparyan called the three scholars the founding mothers of womanism. She acknowledged that Alice Walker first used the term “womanist” in her 1979 short story

\begin{thebibliography}{9}
\bibitem{20} Ibid., 141.
\end{thebibliography}
“Coming Apart” in which she pronounced that a “womanist” is a feminist, only more common. 

According to Walker, Womanist’ encompasses ‘feminist’ as it is defined in Webster. But it also means ‘instinctively pro-woman’ adding that it stems from black women’s culture. She goes on to say “An advantage of using ‘womanist’ is because it comes from my own culture, I needn’t preface it with the word ‘Black’ (an awkward necessity and a problem I have with the word ‘feminist’), since Black is implicit in the terms; just as for white women there is apparently no need to prefer ‘feminist’ with the word ‘white’, since there is apparently no felt need to preface ‘feminist’ with the word ‘white’ since the word ‘feminist’ is accepted as out of the white women’s culture.

In 1985, Ogunyemi published the article, “Womanism: The Dynamics of the Contemporary Black Female Novel in English” which stated that womanism is, “More often than not, where a white woman writer may be a feminist, a black woman writer is likely to be a ‘womanist.’” That is, black women recognize that, along with her consciousness of sexual issues, she must incorporate racial, cultural, national, economic, and political considerations into her philosophy.”

In making those statements, Ogunyemi established the link between womanism and an intersectional perspective, characteristically a hallmark of [b]lack feminism, demonstrating that womanism is partially overlapping with [b]lack feminism.

To have relevance for black women, womanism must represent a holistic view of their lives encompassing black cultural values including a connection, instead of a separation, to their community. Mori emphasized that Walker, Ogunyemi, and Hudson-

23. Ibid., 17.
24. Ibid.
25. Ibid., 22-23.
26. Ibid., 22.
Weem’s versions of womanism all have certain organizing principles in common that shape the infrastructure of contemporary womanism as both social theory and activist praxis.  

Additionally, Walker offered a four-part clarification of the origin of the word womanist in the black folk expression “womanish,” which refers to young black girls whose behavior was characterized by a boldness shown by grown women; therefore, a womanist is “A Black feminist or feminist of color acting grown up, being responsible and in charge.” Moreover, Walker said that a womanist does not limit herself to individual concerns; rather she is concerned about the survival of the whole community, male and female. Expanding on the communal dimension of womanist, Walker stated that a womanist is “A woman who appreciates and prefers women’s culture.” Grounded in black women’s history and culture, the definition captures the essence of a womanist consciousness within black family and community life. Next, Walker defined a womanist as someone who feels a special connection to her womanness; she understands that she is part of different communities and her survival is inextricably tied to the community. Lastly, Walker distinguished womanists and white feminists by concluding that “womanist is to feminist as purple is to lavender.” With this distinction, Walker claimed that womanists have their own unique values and

27. Ibid., 23.


29. Ibid.

30. Ibid.

31. Ibid.
commitments while still having a relationship to white feminists. Thus, she identified the connectedness that black women have to their multiple communities.

bell hooks disagreed and objected to the term womanist. She maintained that it is problematic because, “it is used to deflect attention from feminism as a political struggle to end sexism and sexist domination and to focus instead on black female cultural practice and lifestyle.” However, hooks contended, “A central problem within feminist discourse has been our inability to arrive at a consensus of opinion about what feminism is.” Despite this inherent weakness of feminism, Copeland argued that womanists, black feminists, and black women who are feminists share common ground. She concluded,

It seems to me that Black feminists and/or womanists seek a new and common ground from which all women and men may vigorously oppose racism, sexism, homophobia, ageism, class exploitation, intentional limitation of the disabled, and . . . anti-Semitism. Black feminists and/or womanists apprehend these oppressions as interlocking and mutually conditioning; their interaction structures the conditions of our lives.

Mori agreed with Walker’s assessment exclaiming, “A womanist is a woman who loves other women . . . appreciates and prefers women's culture, women's emotional flexibility, and women's strength with a commitment to survival and wholeness of an entire people, male and female. Therefore, she is not a separatist, except periodically for


33. bell, hooks, Feminist Theory: From Margin to Center (Boston: South End Press, 1984), 17.

health.” Moreover, women critics, writers, and activists of color have critiqued white feminism because of its propensity for excluding the presence and voices of marginalized women, thereby failing to develop an activist’s critical theory that applies to an integral body of various female works and experiences. Consequently, in the last two decades there have been black women scholars who have critiqued the experiences of the lives of black women and developed shifting paradigms and theoretical contexts for understanding and describing their lives. Authors such as Terborg-Penn, Giddings, Jones, Jewell, Etter-Lewis and others, have laid the foundation to uncover the obscured contributions of black women and have contributed to the emergence of an interdisciplinary scholarship that claims to value their lives and legitimize their scholarship.

But despite the importance of the need for a black woman centered theory declared by most black academicians and critics, there are those that disagree with this assertion because of the various cultural and social backgrounds of female experiences and discourse. This criticism lies in the fact that black women are doing the same thing that white feminists have done: theorizing on behalf of their group at the expense of excluding the experiences of other women including those of other women of color. Barbara Christian agreed and warned of the “danger of a theory which can contribute to


36. Ibid., 2.

establishing a power structure.”38 She illustrated the basis of this belief as a fear of a theory which tends to focus “on a limited vision of itself, colonizing other perspectives, and that the oppressed might become the oppressors by placing themselves in a position of power and control in the attempt to assert their own versions of theory.”39

However, proponents for theorizing of a female discourse argue that they need a theory to analyze the repressed female subjectivity and defy falsifying patriarchy.40 Toni Morrison added to the argument for the need of a theory to counter the oppressor’s belief that “an absence of a theory denotes the deficiency or lack of creditability of black women, designating them as inferior and lacking the abstract concepts necessary to inaugurate an intellectual exchange.”41 Mori explained Morrison’s critique that the lack of a theory gives “permission to the oppressors to authenticate support of their superiority, discrediting the perspectives of those that lack a coherent theory. Thus, establishing a theory in order to present it within an academic group is crucial for women of color.”42 But making womanism an academic discussion could lead to an exclusion of the struggles of everyday black women that are not privileged. This has been the case with the discussion of feminism which has often been led by not only white feminists but privileged women of color in the academic arena. In keeping with the spirit of womanism thought, a framework has to be provided that is more harmonious with the

38. Ibid., 12.
39. Ibid.
40. Ibid., 11.
41. Ibid., 14.
42. Ibid.
black community’s discussions of it. Barbara Christian agreed and suggested that womanists “need to reject the narrow implications of a feminism which reflects the interests of only a certain influential group of women and links the academy to the reality of the working class woman of color.” In like manner, women of color critics need to de-academize any feminist theory influenced by notions of Western hierarchy and reconstruct a womanist theory which represents all multi-faceted experiences of black women.

Political scientist Patchen Markell stated, “Engaging in the public sphere through politics is “the ongoing unpredictable and eminently political activity through which we become who we are.” So, although feminism and womanism bring black women’s experiences in the center of political discourse they are often criticized as having, as their focus, an element of individual self-actualizing. Political identity is not just a matter of self-actualization. It is also about the fight against invisibility and inaccurate perceptions or stereotypes due to the harmful consequences. Researchers are often not encouraged to incorporate the various “spheres” in which they are members and which allow the experiences of historically marginalized groups to be misinterpreted or relocated by dominant groups. However, many scholars disagree with that line of reasoning. In the essay, “The Purpose of Political Science,” Morgenthau extolled political scientists to move beyond a “higher practicality” refuting the notion that researchers should not incorporate their political space in their research by stating, “The mind of the political

43. Ibid., 16.
44. Ibid.
scientist is molded by the society in which he observes. His outlook, intellectual interests, and mode of thinking are determined by the civilization, the national community, and all the religions, political, economic, and social groups of which he is a member."^46

Community and social relationships are important in the understanding that individuals are just as important as groups in establishing the relationship between the state and its citizenry. However, Perry stated the following:

Statistics show that race and gender strongly determine life opportunities for black women. On the other hand, the inherent variety among individual black women lives sometimes reinforces, sometimes defies, and always complicates the simple story of the numbers. Still, I want to think about black women as a meaningful analytic category. Even if there is no single, universal black female experience, there are enough shared identities, beliefs, and experience to offer insight into the African American women as a group.\(^47\)

Wright, in his major study of interest groups, highlighted the fact that the concept of people forming organizations to advocate for their interest has long been a part of American life. As far back as James Madison in the Federalist Paper No. 10, there was a discussion of interest groups as factions and as a “majority or minority of the whole, who are united and actuated by a common impulse of passion or of interest…” ^48 Wright discussed Madison’s views on factions or advocacy groups further by stating,

Complaints are everywhere [and are] heard from our most considerate and virtuous citizens, equally the friends of public and private faith, and of public and personal liberty, that our governments are too unstable, that the public good is disregarded in the conflicts of rival parties and that measures are often decided,

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46. Morgenthalau, The Purpose of Political Science, 68.

47. Harris-Perry, Shame, Stereotypes, and Black Women in America, 47

not according to the rules of justice and the rights of the minor party, but by the superior force of an interested and overbearing majority. However anxiously we may wish that these complaints had no foundation, the evidence of known facts will not permit us to deny that they are in some degree true.\textsuperscript{49}

This declaration made by Madison acknowledged all too often the effect the majority had on public policy and the outcomes they produced and concluded, “the causes of factions cannot be removed and that relief is only to be sought in the means of controlling its effects.”\textsuperscript{50} This belief has evolved into a natural part of American politics that organized interest groups to advocate for their needs in order to influence governmental policy. The extension of that conversation during the early and mid-twentieth century produced two opposing views of thought: (a) the harmful effects of interest groups to American politics and the severity of this proposed harm and (b) the benefits of groups as a vehicle through which citizens’ concerns and needs could be addressed.\textsuperscript{51} Nevertheless, mass mobilization for political gain continued to grow in the early and mid-1900s due to the various social movements and the organizational infrastructure that was created to continue the movement's agenda. Mass movements such as the Civil and Women’s Rights Movement developed a vast array of interest groups that continued to advocate for their constituency.

Despite this diversity among the formation of interest groups, research such as Arthur Bentley’s early research, expanded the knowledge of interest groups and placed

\begin{itemize}
\item[] 49. Ibid., 129-130.
\item[] 50. Ibid., 132.
\end{itemize}
them at the heart of the political process by extensively researching how and why groups form, how groups are maintained, and the role of groups in the political process.\textsuperscript{52} During the mid-twentieth century, David Truman explored the two distinct camps of those that believed in the cooperative interactions between groups and governmental officials and those that believed in the conflicting nature of groups by noting the multiplicity of “co-ordinate or nearly co-ordinate points of access to government decisions.”\textsuperscript{53} He concluded, “[t]he significance of these many points of access and of the complicated texture of relationships among them is great. This diversity assures a variety of modes for the participation of interest groups in the formation of policy, a variety that is a flexible, stabilizing element.”\textsuperscript{54}

Burdett and Cigler continued the notion of variable access to governmental policy by focusing not only on group mobilization, group leadership and its impact on membership recruitment and retention, as well as group behaviors in the political arena, but also on a second category: group impact.\textsuperscript{55} Despite the emphasis on group behaviors and effectiveness in the political arena, the late 1980s and early 1990s brought an extensive amount of work on the analysis of group strategies led by large scale surveys that ultimately led to a laundry list of strategies utilized by groups from researchers such


\textsuperscript{54} Ibid., 519.

as Kay Schlozman and John Tierney. However, there was a gap in the knowledge of how groups made their lobbying decisions and how their group identity played a role in such tactics and strategies. An understanding of the tactics and strategies used by groups and the factors that influence strategic decision-making are important to an overall understanding of group dynamics. This is especially true in studying the strategies of black women-led advocacy groups that operate within the race, gender, and class dynamic.

Group theory denotes a focus on group dynamics which is important when looking at black women’s organizations and their effectiveness on policy based on their strategic decision making. There is a consensus that group dynamics is also a branch of knowledge or an intellectual specialization found in the social sciences. Therefore, making it a credible option when researching the ways in which black women activists collectively empower themselves and move forward agendas that positively impact their collective well-being is critical. In *Group Dynamics: Research and Theory*, Cartwright and Zander provided extensive knowledge of the subject. They outlined the importance of studying group dynamics as a theoretical framework based on the research group dynamics which,

(1) Emphasizes theoretical significant research in which there is an interest in the maintenance of a close interplay between data collection and the advancement of theory; (2) has an interest in dynamics and interdependence of phenomena. Despite the phrase, group dynamics specifies groups as the object of study. It also focuses attention more sharply on questions about the


dynamics of group life and what conditions that effects; (3) advances knowledge about the dynamics of groups widely significant widely throughout the social sciences with political scientists including studies of the functioning of legislative groups, and pressure groups; (4) has potential applicability of its findings to social practice such as attaining any socially desirable objective through groups.58

In Joining Together: Group Theory and Group Skills, David Johnson and Frank Johnson used the work of Freeman, citing his 1936 book Social Psychology that pointed out that people join groups in order to achieve common goals.59 Thomas Dye expanded on Freeman’s definition by taking the focus off of individuals and on the group by stating, “Group theory begins with the proposition that interaction among groups is the central fact of politics.”60 However, Truman used a less political definition on what constitutes a group exclaiming “Individuals with common interests” band together to formally or informally press their demands on government. Therefore, an interest group is a shared-attitude group that makes certain claims upon other groups in the society; such a group becomes political if and when it makes a claim through or upon any of the institutions of government.61 Moreover, Dye’s conclusion is that groups are of a political nature when they press for their demands. He clarified his position by noting,

Individuals are important in politics only when they act as part of, or on behalf of, group interests. The group becomes the essential bridge between the individual and the government. Politics is really the struggle among groups to influence public policy. The task of the political system is to manage group conflict by (1) establishing rules of the game in the group struggle, (2) arranging compromises

58. Ibid., 5-6.


61. Truman, Governmental Processes, 19.
and balancing interests, (3) enacting compromises in the form of public policy, and (4) enforcing these compromising.\textsuperscript{62}

Whereas Dye expounded on the task of political systems in the maintenance of groups, Johnson and Johnson outlined the determinants for organizational effectiveness asserting that an effective group has three main activities and responsibilities: (1) accomplishing its goals, (2) maintaining itself internally, and (3) developing and changing in ways to improve its effectiveness.\textsuperscript{63} The authors defined a successful group as having the quality and kind of interaction among members that integrates these three core activities. Group members must have the skills to eliminate barriers to the accomplishment of the group’s goals and to solve problems in maintaining high quality interaction among members.\textsuperscript{64}

Notwithstanding a focus on individuals coming together for a common goal, Johnson and Johnson offer a very narrow view of what a group is, choosing to deviate from the study of the dynamics of group interdependence. Thus, importance is not placed on group strategies and the events that influence those strategies. Instead, togetherness of members is advocated with importance on joint decision making, hence making obsolete the need for a strong leader. As a consequence, there is an erasure of black women leadership that is not evident when discussing male leadership in organizations. However, Dye provided a more balanced view of organizational leadership that examines both organization influence and effectiveness. He contended,

According to group theorists, public policy at any given time is the equilibrium reached in the group struggle. This equilibrium is determined by the relative

\textsuperscript{62} Dye, \textit{Understanding Public Policy}, 19.

\textsuperscript{63} Johnson and Johnson, \textit{Joining Together: Group Theory and Group Skills}, 8.

\textsuperscript{64} Ibid.
influence of various interest groups. Changes in the relative influence of any interest groups can be expected to result in changes in public policy; policy will move in the direction desired by the groups gaining influence and away from the desires of groups losing influence. The influence of groups is determined by their numbers, wealth, organizational strength, leadership, access to decision makers, and internal cohesions.65

Nevertheless, Dye’s explanation on the influence and effectiveness of groups glaringly overlooked the historical political marginalization of certain groups. Parenti wrote,

Inequalities tend to be compounded for the haves as well as the have-nots. The possession of one power resource often creates opportunities to gain access to other resources, as when celebrity and money bring opportunities for political leadership… If indeed resources can be compounded, then they tend to be cumulative rather than noncumulative. Power resources are accumulated over time and are not up for grabs with each new issue.66

Cohen agreed and stated the following:

Cumulative inequality assumes that outcomes in one domain impacts another domain [for example] the economic marginalization of African Americans impacts affects the availability of resources necessary for the participation of individuals in political discussions where money plays a substantial role in who gets heard. We must incorporate the historical experiences of marginalized groups into examinations of their present-day political choices and actions, recognizing that historical experiences of exclusion not only frame the way marginalized groups view more dominant institutions and groups but also constrain the way groups view themselves and their ability to mobilize around certain issues.66

Eduardo Bonilla-Silva’s *White Supremacy and Racism in the Post-Civil Rights Era* also discussed group dynamics in a racialized tone contending that racism should be conceptualized in structural terms (the same can be said for class and sexism). He posited that the actors in racialized societies participate in two groups: beneficiaries


66. Ibid., 78.

(members of the dominate race) or subordinates (members of the dominated race). He continued,

Since the races in any racialized social system receive different social rewards (one receives benefits and the other disadvantages), they develop different material interests. Whereas the collective interests of the dominant race (whites in the contemporary United States) lie in preserving the racial status quo, the interests of the subordinate race or races (blacks and other minorities) lie in attempting to change their position in the system; one groups tend to fight to maintain the social, political, economic, and even psychological arrangements that provide them privileges and the other tends to struggle to alter them.68

Despite his belief that racial stratification has become a permanent feature of the United States, Bonilla-Silva acknowledged that racial stratification has changed throughout history in meaningful ways through struggle and building coalitions. Derrick Bell stated, “I believe that neither education, nor racial dialogues a la Clinton, nor enlightened social policy as proposed by liberal academicians will do much to change the racial status quo.”69 Bonilla-Silva added to the scholarship by criticizing the use of “race” as the sole reasons for stratification since it ignores the internal divisions of the race along class and gender lines. The author wrote,

The fact that not all members of the dominant race receive the same level of rewards and (conversely) that not all members of the subordinate race or races are at the bottom of the social order does not negate that fact that races, as social groups, are in either a subordinate position in a social system. Historically the racialization of social systems did not imply the exclusion of other forms of oppression. Hence, in these societies the racialized of subjects is fragmented along class and gender lines.70


69. Ibid., 12-13.

70. Ibid., 38.
Group theory fails to have this as a concept and is often based on a patriarchal definition of power and fame.

Subsequently, the decision on whether to claim womanism or black feminism as an accurate depiction of black women’s experiences continues to be debatable. However, in addition to its broad definition, the primary emphasis on sexist domination within feminist theory and the exclusion of racism and classicism within group theory makes both theoretical frameworks unsuitable when applied to the examination of life experiences of black women and how those experiences guide their activism within the organizations they lead. Therefore, the researcher felt that by expanding on black feminist thought with the development of the Black Women’s Activism theory, there was a construction of a political reality that described the intersectionality of racism, sexism, and classism that has been historically felt by black women and influences their strategic decision making. Moreover, it was applicable in guiding this study because it has within it a public/private dichotomy that allows for a multi-dimensional analysis of black women that is flexible. Therefore, it allotted for the incorporation of the uniqueness of black women’s personal experiences of individual and family survival, racial uplift, spiritual connectedness, and community building within a political context that is different from white women and black men. By applying the Black Women's Activism Model, the African-American tradition of connection to black men and the community is captured, offering an alternative to womanist theory.

Community and social relationships are very important and assist in the understanding that individuals are just as important as groups in establishing the relationship between the state and its citizenry. Aldridge suggested,
relative to the disproportionate lack of power about matters that affect their lives, the triple impact of racism, sexism and class oppression renders African American women’s political position a factor in being less healthy, often depriving them of access to adequate healthcare contributing to the negative outcomes in dealing with health issues such as diabetes, HIV/AIDS and cardiovascular health to name a few. Thus, one must not only study the interrelationship between race, gender and class with any discussion of black women’s health, but understand that women’s health is closely related to political structures.\textsuperscript{71}

If black women as a group are more likely to be poor and unhealthy, that does not mean the entire group is. How black women feel about their lives and circumstances depends on the meanings they give to them, but those meanings are often socially constructed. Social ideas like race, gender, and class thus have a powerful effect on personal feelings. Harris-Perry concurred,

These statistical inequalities do not adequately capture black women lives. Sisters are more than the sum of their relative disadvantages: they are active agents who craft meaning out of their circumstances and do so in complicated and diverse ways. Despite important commonalities, all African American women do not share the same ideas, beliefs, and feelings. Some [black women] join churches, where they find community, opportunities to use their skills, and venues to showcase their talents.\textsuperscript{72}

Therefore, to define the political activity of black women through the lens of marginalization minimizes the myriad of ways they have challenged this position. An accurate recognition of their lives suggests black women know the world as survivors and not as victims. The acknowledgement that racism is constant is underscored by the message that it must not become an excuse for giving in or up. Thereby, the complex and


\textsuperscript{72} Melissa Harris-Perry, \textit{Shame, Stereotypes, and Black Women in America} (New Haven, CT: Yale University Press, 2011), 47.
often contradictory experiences of black women are allowed as answers to questions of reality. The Black Women’s Activism theory had five tenets which enabled an examination of the complexities and practicalities of Black women activism within the organizations they developed: (1) Empowerment and racial/gender uplift are the main themes; (2) Strong and diverse coalitions allow organizations to achieve collective victories; (3) In order to meet the needs of black women, a holistic strategic approach, based on environmental and political realities are utilized; (4) Deliberate attempts are made at political consciousness and social justice; and (5) Black women are portrayed as activists instead of passive victims of racism and sexism. By developing the Black Women’s Activism Theory, the researcher could rely on black women’s history as a frame for understanding contemporary politics. This allowed the incorporation of everyday acts with the more formal organizational strategies to tackle racial, gender, and class issues impacting black women and their communities to be a part of the focus. Darling concurred and stated, “This kind of analysis is compelling because it requires us to ask what the real-world consequences are of the impact of race, gender, and class…and the ways oppositional and linear beliefs, paradigms, and actions create and sustain marginality and operate to establish multiple oppressions.”

CHAPTER IV

METHODOLOGY

Chapter four presents a detailed description of the research design chosen, including rationale for its use, the health categories and population studied, and the methods and instrumentation used to collect data aimed at answering the research questions. The chapter concludes with the Black Women’s Activism Theoretical Model developed by the researcher, as the data analysis technique. This multiple case study used both content analysis and descriptive statistics such as frequencies and percentages. Content analysis was used in the literature review along with archival, government, and primary source documents. Additionally, successful and influence were discussed and defined as well as the development of scales to quantify these concepts in the areas of outcome, legislative, and perceived success.

The goal of this research was to understand the experiences of black women activists that assist in forming decision-making strategies and to examine the role and influence their organizations have in the health policy arena. The implementation of a mixed method approach is appropriate because it seeks to answer the “what” and “how,” as well as to generate a systematic meaning of experiences. The use of a holistic case study method, an interview instrument, and utilization of a Black Women’s Activism Model to analyze data, assisted in gaining a greater understanding of black women as they seek to influence health policy through the organizations they lead.
Research Design

Expanding on the term “mixed method,” R. Burke Johnson, Anthony J. Onwuegbuzie, and Lisa Turner defined this type of research based on a survey of thirty-six mixed methods research methodologists:

The research paradigm that (a) partners with the philosophy of pragmatism in one of its form…(b) relies on qualitative and quantitative viewpoints, data collection, analysis, and inference techniques combined according to the logic of mixed methods research to address one’s research question(s); and (c) is cognizant, appreciative, and inclusive of local and broader sociopolitical realities, resources, and needs.”

Additionally, Bird, Goodman, McCormick, McLeroy, and Steckler identified four possible models for integrating qualitative and quantitative methods with the fourth model being the most plausible for this research. The researchers wrote the following:

In the first approach, qualitative methods contribute to the development of quantitative instruments, such as the use of focus groups in questionnaire construction. The second model consists of a primarily quantitative study that uses qualitative results to help interpret or explain the quantitative findings. In the third approach, quantitative results help interpret predominantly qualitative findings, as when focus group participants are asked to fill out survey questionnaires at the session. In the fourth model, the two methodologies are used equally and in parallel to cross-validate and build upon each other results.

Our constructions of the world, our values, and our ideas about how to inquire into those constructions are mutually self-reinforcing. We conduct inquiry via a particular paradigm because it embodies assumptions about the world that we believe and values that we hold, and because we hold those assumptions and values we conduct


inquiry according to the percepts of that paradigm. The mixed research methodology and procedures used for this study on national black women’s health organizations’ role in health policy-making, will have as a special focus the emerging themes resulting from both the quantitative and qualitative data obtained from the shared experiences of opportunities and challenges presented to black women-led health organizations based on race, gender, and class stratifications.

The qualitative data received from the interviews were quantified, coded, and placed on a scale to capture the direction and level of outcome—legislative and perceived success—achieved by the organization. The researcher also focused on identifying “meaning themes” which focused on the description of the experiences and frame of reference of the participants. The researcher then attempted to explain and understand these patterns and experiences. In order to accomplish these goals, this research involved the use of coding.

Coding is used to classify, group, label, and assign meaning to large amounts of qualitative data. The overall purpose of the coding process utilized was to gain an understanding of the essence of the experiences of the study participants. From this process, the researcher gained a meaningful understanding of the decision-making process and the role of the described individual health organization’s ability to influence policy within the health arena, regardless of the challenges faced. The data coding was


5. Ibid.
directly connected to each research questions while also identifying thematic patterns. In the end, quantitative data emerging from surveys were used as indictors of success; however, qualitative research can highlight successes that may have occurred on a more human scale with the measurement focused on how they made a difference in someone’s life. Therefore, essential to this study was the utilization of a case study approach.

**Case Study Research**

Case study research is attractive because of the specific “questions regarding what can be learned from a single case.” However, in his 2013 book, *Case Study Research: Design and Methods (Applied Social Science Research Methods)*, Robert K. Yin cautioned researchers regarding the use of a single case study:

> In general, criticisms about single-case studies usually reflect fears about the uniqueness or artifactual conditions surrounding the case (e.g., special access to a key informant). As a result, the criticisms may turn into skepticism about your ability to do empirical work beyond having done a single-case study. Having two cases can begin to blunt such criticism and skepticism. Having more than two cases will produce an even stronger effect. In the face of these benefits, having at least two cases should be your goal.

Pointedly, a case study is both the process of learning about the case and the product of our learning. Similarly, case study research is well suited for a mixed method research design, although case studies are often equated with qualitative or quantitative research methods.

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8. Ibid.
Case study research is an inductive process that attempts to provide an ontologically holistic description using the participant’s perceived realities and the observed reality of the events and processes being studied. This process permits the observer to follow emerging themes during the study. Consequently, data is sought, interpreted, and coded to provide descriptive themes for later interpretation. As a research method, the case study is used in many situations to contribute to our knowledge of individual, group, organizational, social, political, and related phenomena. Not surprisingly, the case study has been a common research method in psychology, sociology, political science, anthropology, social work, business, education, nursing, and community planning.

Case study research is also a part of the epistemology of interpretivism. In other words, it becomes a study of the experiences, perceptions, understanding, and meaning of individuals and the group they belong to. Subsequently, this type of research allows the case study to tell its own story based on the reality or narratives of those who are being studied and interviewed. Therefore, the researcher must provide accurate, rich descriptions and details in a way that readers can experience the interactions as if they were present during the process. Case studies are particularly useful where one needs to understand some special people, particular problems, or unique situation in great depth, and where one can identify cases information-rich in the sense that a great deal can be

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learned from a few exemplars of the phenomenon in question. Stake contended that the elements of good case studies are their ability to “provide more valid portrayals, better bases for personal understanding of what is going on, and solid grounds for actions.” In brief, a case study allows investigators to focus on a “case” and retain a holistic and real-world perspective such as studying individual life cycles or small group behavior.

**Selection of the National Black Women Organizations**

Pyrczak and Bruce noted that a purposive sample is one that is believed to be especially suited for obtaining meaningful data on a particular research problem. In other words, it is a group of participants that a researcher selects because they have characteristics that make them especially worthy of attention. However, prior to the selection process of “cases,” a set of defined operational criteria was established. The criteria were as follows: (1) Each of the interest groups included in this study sought to positively influence the health policy making process for black women and their health outcomes within one or more of the three specified health categories outlined in the study; (2) Groups were only chosen if they were on the national level (could still also work on the international or state level); (3) Groups founded by a black woman for black women; and (4) the majority of members were black women. Next, the researcher used a screening process of identifying possible “cases” that consisted of utilizing

12. Ibid.
recommendations from experts in each health category and public servants within the executive branch, state health departments, and major grant-giving institutions.

Subsequently, the initial list of possible cases consisted of twenty organizations. The list was narrowed to seven; however, two were removed due to lack of access. Yin provided an explanation of researchers’ need to make accessibility a major component when choosing what cases to study. He asserted, “You need sufficient access to the data for your potential case—whether to interview people, review documents or records, or make field observations. Given such access to more than a single candidate case, you should choose the case(s) that will most likely illuminate your research questions.” He continued, “. . . you should think of the number of case replications, both literal and theoretical, that you need or would like to have in your study. Your judgment will be discretionary, not a formulaic one.” Therefore, a purposive sample of five national health policy interest groups was the focus of the study. The national black women's organizations that served as case studies for this study were the National Association of Black Nurses, the National Council of Negro Women, Sister Love, Inc., Sister’s Network, and SisterSong, Inc. These organizations were chosen not only because they fit the criteria specified but because they addressed the research questions derived from the literature review and focused on three specified health categories: breast cancer, cardiovascular disease, and HIV/AIDS.


17. Ibid., 1939.
Health Categories

The three health categories that were the focus of the research were breast cancer, cardiovascular disease, and HIV/AIDS. These categories represented a cross study of three important health issues that have a great impact on black women’s quality of life. However, in order to understand the importance of the issues and provide clarity on how these issues impact black women, they must be clearly defined.

Breast Cancer: Cancer is a group of diseases that cause cells in the body to change and grow out of control. Most types of cancer cells eventually form a lump or mass called a tumor and are named after the part of the body where the tumor originates. Breast cancer begins in the breast tissue that is made up of glands for milk production, called lobules, and the ducts that connect the lobules to the nipple.\(^{18}\)

Cardiovascular Disease: The Mayo clinic states that cardiovascular disease is often called heart disease and generally refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain (angina), or stroke.\(^{19}\)

HIV/AIDS: HIV stands for human immunodeficiency virus. If left untreated, HIV can lead to the disease AIDS (acquired immunodeficiency syndrome). Unlike some other viruses, the human body cannot rid itself of HIV completely. Therefore, once diagnosed with HIV, one has it for life.\(^{20}\)


Data Collection Methods

In qualitative studies, the primary instrument of data collection and analysis is the researcher, particularly when using interviews to collect data. Consequently, this form of research method maximizes the researcher’s ability to provide political realities constructed from black women’s realities and experiences. Gordon observed that members of groups that have been [historically] oppressed and silenced are attracted to the epistemology of qualitative methods because of the increasing evidence that effective data analysis and documentation of cultures and histories of people can be an effective tool in the search for the advancement of social change.21 However, by quantifying large amounts of qualitative data, the researcher was able to answer the question, “What do I see going on here?” Therefore, content analysis was used because it enabled the researcher to sort through large volumes of data with relative ease in a systematically way.

Content analysis has been defined as a systematic, replicable technique for compressing many words of text into fewer content categories based on explicit rules of coding. It can be a useful technique for allowing one to discover and describe the focus of individual, group, institutional, or social attention. Content analysis is also useful for examining trends in patterns in documents.22 By utilizing such a systematic approach, texts such as documents, organizational websites, and oral communication assist in validating inferences made as well as allows qualitative data to be replicated in


quantitative form. Duriau, Pfarrer, Reger concurred by stating, “Content analysis is a class of research methods at the intersection of the qualitative and quantitative traditions.”\textsuperscript{23}

Additionally, an interview protocol (see Appendix A) and semi-structured questionnaire (Appendix B) were developed with questions focusing on strategies and tactics used and factors that impact success. However, prior to the design of the questionnaire, the researcher utilized a pilot study to assist in providing insight into the issues being studied. The pilot study helped the researcher focus on relevant data to collect within the literature review and questionnaire. Yin echoed the importance of a pilot study prior to designing a research design.

A pilot case study will help you to refine your data collection plans with respect to both the content of the data and the procedures to be followed. In this regard, it is important to note that a pilot test is not a pretest. The pilot case is more formative, assisting you to develop relevant lines of questions—possibly even providing some conceptual clarification for the research design as well.\textsuperscript{24}

Yin also contended, “This information [should be] used in parallel with an ongoing review of relevant literature, so that the research design was informed both by prevailing theories and by a fresh set of empirical observations, can provide info about relevant field questions.”\textsuperscript{25}

A pilot case can be identified in various ways: (1) the researcher having


\textsuperscript{24} Yin, \textit{Case Study Research Design and Methods}, 2680-2683.

\textsuperscript{25} Ibid., 2709-2713.
knowledge of the congeniality and accessibility of the informant, (2) geographical convenience, and/or (3) the access to unusual amount of documentation and data.\textsuperscript{26} The pilot test was conducted with a well-known executive director and founder of one of the organizations that was studied. The pilot test was done prior to seeking final approval from the Institutional Review Board (IRB) and was very informal although very informative. There were three meetings approximately three hours each within a two-month time frame. One was completed by phone and two were face-to-face where a variety of documentation on health policy and the issues impacted the black community, specifically black women, were supplied. After much consultation, questions were adjusted and designed to fit the researcher’s particular research study and the unit of analysis: national black women-led health organizations. Yin stressed the importance of this train of thought by stating,

The research questions should cater to the unit of analysis of the case study, which may be a different level from the unit of data collection of the case study. The common confusion begins because the data collection sources may be individual people (e.g. interviews with individuals), whereas the unit if analysis of your case study may be collective (e.g., the organization to which the individual belongs). Even though your data collection may have to rely heavily on information from individual interviewees, your conclusions cannot be based entirely on the interviews as a source of information. In this example, the protocol questions need to be about the organizations, not the individuals.\textsuperscript{27}

\textbf{Data Analysis}

To analyze the data from a political sphere as black women and allow the identification of systemic and institutional barriers due to race, gender, or class, the

\textsuperscript{26} Ibid., 2692-2695

\textsuperscript{27} Ibid., 2577-2584.
researcher developed a Black Women’s Activism Theoretical Model. In his 2013 book, *Case Study Research: Design and Methods: Applied Social Research Methods*, Yin suggested that the researcher’s theoretical framework should provide guidance for designing studies and even for collecting data.\(^{28}\) Therefore, by embedding a Black Women’s Activism Theoretical Model within a holistic case study, there was an inference that the black women’s historical dilemma was an important matrix while examining the role and influence their organizations have had in the health policy arena. The condition of slavery circumscribed the experiences of black women and prescribed for them a social construct of race that was shared with black men. By also focusing on the social construct of gender, black women could also address gender issues.

Additionally, the genesis of providing a model for black women’s activism is to address the specific needs of those who are marginalized not through a lens of victimhood, but through a constructed ontology lived by black women. The utilization of a Black Women’s Activism Theory within data analysis was based on the fact that black women in the United States have access to the experiences that accrue to being both black and female. Moreover, an alternative epistemology used to rearticulate a black women’s standpoint should reflect the convergence of both sets of experiences. Race, gender, and class may be in different compartments but in the everyday lives of black women, they converge. Hill-Collins exclaimed that this type of black feminist thought emerged as an “emancipator ontology for empowering African American women as self-

\(^{28}\) Ibid., 1466-1468.
defined, self-reliant individuals confronting race, gender, and class oppression.”29 An ontology is an external reality that is used to explain how individuals experience, perceive, understand, and make meaning of that reality.30

The data analysis process within the case study tradition also upholds the goals of the study. The case study approach is noteworthy in that it allows for methodological reduction to take place in the data analysis portion of the research.31 The ability of the researcher to recognize themes or clusters of facts during the data analysis phase allows for a further understanding of the experience of these black women activists and the health organizations they lead as they seek to play a role in the health policy arena within the axis of race, gender, and class.

**Assessing Success and Influence**

Success is not a fixed target; it has many nuances and measures that are contested in both political science and sociology literature. Success measures can be direct or indirect; they can refer to de jure, de facto, or can focus on organizations, movement goals, and all constituents in the beneficiary groups.32 Success can also be defined as a function of what groups are asking for and how they are asking for it.33 For black


30. Ibid.

31. Ibid.


women-led organizations, it is imperative to examine their success within the context of socioeconomic factors and historical structural barriers due to their race, gender, and class. Therefore, to quantify the level of success of black women-led health organizations in the health policy areas of breast cancer, cardiovascular disease, and HIV/AIDS, the researcher developed three scales, guided by the Black Women’s Activism Theory. Consequently, organizational success was measured in three ways: outcome, legislative, and perceived success.34

The most compelling but difficult way to gauge success is to examine whether and to what degree the conditions of a group’s constituents have improved.35 Therefore, the questions become whether the criteria being used to measure organizational success are aligned with the program objectives or reason for existence and if health outcomes, within a stated health category, have improved for the demographic that is being served. Assessing outcome success was completed within three steps. First, organizational goals were quantified based on mission statements noted on the organization’s website or other forms of organizational literature and statements made during the interview to gauge the alignment with the organization’s focus and energy into a health policy goal. Next, a measurement was developed to determine the group’s rationale for existence, the health outcome of the demographic served during the organization’s first year of operation,

34. The areas of measurement were guided by Mitchell M. Brown’s comparative study of 45 social movement advocacy groups consisting of the homeless, civil rights and women. Mitchell M. Brown, “Has Hope Died? The Successes of Social Movement and Advocacy Organizations in the Post-Civil Rights Era,” (PhD diss., University of Maryland, College Park, 2005).

35. Ibid., 40.
minus five years or the average age of the organizations,\textsuperscript{36} which ever was later, until 2014, or the last year statistics were given, for that particular health policy goal was given. Lastly, the measures were placed on a 9-point scale in order to receive an outcome success rating. The possible scores for the scale were as follows:

\begin{itemize}
\item 4 \text{ Over 100\% of possible change}
\item 3 \text{ 67-100\% of possible positive change}
\item 2 \text{ 34-66\% of possible positive change}
\item 1 \text{ 1-33\% of possible positive change}
\item 0 \text{ no change}
\item -1 \text{ 1-33\% of possible negative change}
\item -2 \text{ 34-66\% of possible negative change}
\item -3 \text{ 67-100\% of possible negative change}
\item -4 \text{ Under 100\% of possible negative change}
\end{itemize}

Legislative success was measured in two ways. First, organizational and/or program goals were translated into key policy areas. There was a focus on governmental changes made within the specific key policy areas within the years of 2001 through 2015. Data were collected, on a national level, of bills that were the closest match with the key policy area and the legislative outcome was reported.

Secondly, legislative success was measured, by the researcher, by obtaining data on national laws in which organizations directly participated. Consequently, 359 pieces of legislation were collected from the ProQuest Law Database, located at the Georgia

\textsuperscript{36} The National Council of Negro women was not included in the average of the age of the organizations due to its origination date of 1935 which would skew the average.
State Law School, to determine organizational participation by the organization in congressional hearings. Participation was regarded as (1) any representative of the organization speaking on the congressional floor, (2) the organization or representative mentioned on the congressional floor, (3) the organization of a representative listed on a formal petition that was either presented to Congress and recognized on the congressional floor and part of the documentation made available electronically on ProQuest Law Database for the public record, and (4) a direct letter sent on behalf of the organization that was either presented to Congress and recognized on the congressional floor or part of the documentation made available electronically on ProQuest Law Database for the public record. Next, all bills that were considered in a committee or beyond were cross referenced by utilizing www.govtrack.us.com and www.congress.gov. Information was sorted and coded to accurately identify placement on a 6-point legislative scale:

- 5  Significant policy change in direction of group interests (10 or more pieces of legislation that mirrors group demands, needs, and/or goals)
- 4  Better than average policy change in direction of group interests (9-6 pieces of legislation that mirrors group demands, needs, and/or goals)
- 3  Some policy change in direction of group interests (5 or less pieces of legislation that mirrors group demands, needs, and/or goals)
- 2  Minimal/symbolic policy changes that meets group needs/goals
- 1  Congressional participation no policy change
- 0  No change nor participation

Lastly, perceived success was measured by the degree in which organizational leaders felt their organizations were successful. The measurement was captured based on the answers that were given in the interviews on how successful they viewed their
organization. A 5-point scale was developed to capture the level of success. The scale was as follows:

4  Full success
3  Some success but with struggles that make the goals incomplete
2  Mix of success and failure
1  Quite a bit of failures
0  There has been no success

Rankings were tabulated for each organization. By providing a success measure for the mentioned areas, the researcher was able to ascertain the level of success and influence the organizations have had on policy making in the health arena.

Data Verification and Analysis

The researcher made every attempt to limit the impact of any bias that may have existed. The direct involvement of the researcher in the data collection and analysis was one of the key challenges of this qualitative research; therefore, steps were taken to limit the impact. In an attempt to limit any bias in this study, each study participant was given the opportunity to make any statements or clarifications deemed appropriate during the interviews. Additionally, attempts were made to confirm data by triangulating through multiple sources provided by the interviewees such as records or artifacts that they felt spoke to their experience of reviewing organizational data and/or exploring information found on the organizations through media outlets and other public records. However, both questionnaires and interviews had the possibility of presenting

information that was based on the “perception” of the information given by that particular person, which may or may not have been the actual reality.

Case study analysis, when thoroughly done, can allow a researcher to test a theory. Unfortunately, some of the methods used during a case study such as document and archival analysis, can be biased as the researcher is relying on the honesty of the organization being examined to provide accurate data to illustrate the broad spectrum of an organization not just a picture of utopian accomplishments. Also, old documents may be irrelevant to new staff members and old staff members may not have been around to explain the information found. Additionally, both questionnaires and interviews have the possibility of presenting information that is based on the “perception” of the information given by that particular person, which may or may not be the actual reality. To decrease the limitation regarding the validity of content, the data collection and analysis of the case study relied on several sources of evidence. Yin wrote, “Case study evidence can come from many sources: documentation, archival records, interviews, direct observation, participant observation, and physical artifacts.”38 When one has triangulated the data, the case study’s findings should be supported by more than a single source of evidence.39 By utilizing various sources of evidence the researcher was able to provide clearly identified and defined issues by outlining the broader environment in which the various health organizations were operating.


39. Ibid., 3188-3190.
Ethical Considerations

Attention was given to following all guidelines put forth by the Institutional Review Board (IRB) for the Protection of Human Participants in Research Policies and Procedures at Clark Atlanta University in Atlanta, Georgia. A protocol of informed consent was followed to make sure that participants were protected. This protocol included getting permission from the IRB prior to beginning any process of collecting data. All who were invited to participate in the study were notified verbally or in writing about the goals of the study, as well as the data collection, analysis, and storage methods that were used in the study. Additionally, each participant was informed of his or her right to withdraw from the study at any time.
CHAPTER V
DATA AND ANALYSIS

The goals of this research were to (1) outline patterns of activism, (2) examine the factors that assisted in decision-making strategies used for the political mobilization of black women, and (3) assess the role and influence their organizations have in the health policy arena. The use of a holistic multi-case study method and an interview instrument were useful in obtaining the findings in this study. Moreover, a Black Women’s Activism Framework developed by the researcher was utilized to analyze the data. The framework consisted of five tenets: (1) racial and gender uplift themes, (2) deliberate attempts at political consciousness, (3) women portrayed as activists instead of passive victims, (4) strategic alliances are key, and (5) a holistic approach to their environment and political realities in order to meet the needs of black women. Figure 5.1 illustrates how the theoretical framework allots for black women to be considered as a group and examined through the lens of race, gender, and class. Additionally, qualitative data were quantified and coded and placed on a scale to capture the direction and level of outcome, legislative and perceived success achieved by each organization. Coding was used to classify, identify themes and provide a frame of reference of the patterns of the decision-making process of the participants and the role of the described individual organizations’ ability to influence health policy within the areas of breast cancer, cardiovascular disease, and HIV/AIDS.
Figure 5.1. Black Women’s Activism Theoretical Framework
The study answered three research questions:

RQ1: What are the unique characteristics that led to the origination and growth of black women-led organizations in terms of theory and practice?

RQ2: What factors influence black women’s organizational leadership and decisions related to choice of health policy strategies?

RQ3: How successful are the strategies of national black women-led health organizations within the areas of breast cancer, cardiovascular disease, and HIV/AIDS policies?

Despite the variants of outcomes, all five organizations sought to increase the public health of black women. Public health is the science and art of preventing disease, promoting physical and behavior wellness, supporting personal responsibility, and prolonging life in communities where people live, work, and learn.¹ The conceptual implications of these findings were examined for understanding the role and influence of these black-women led organizations within the scope of health policy. The Black Women’s Activism Theory created by the researcher allowed such explanations to be validated and receive a space for scholarly discussion. It focused on the strengths and resources they utilized based not only on their shared experiences, but the purpose and mission of their organizations.

RQ1: What are the unique characteristics that led to the origination and growth of black women-led organizations in terms of theory and practice?

Political activism did not begin with the formation of the United States. Consequently, scholars such as W. E. B. DuBois disregard the scholarly literature that depicts black women as passive participants. Moreover, scholars such as Darlene Clark Hines and Stephanie Camp outlined the mounted multiple forms of resistance by enslaved women. They highlighted acts of radical resistance such as participating in violent slave revolts throughout the Middle Passage, albeit not part of historical writings, were not rare. Despite the invisibility of enslaved women’s participation in political acts, the fact remains they not only participated in coordinated acts of violence but also engaged in overt forms of resistance; such as poisoning the food of slaveholders. These acts were a fight to control who they were as citizens.

Slavery was part of a sexual political economy. Black women’s bodies were the backbone of the United States’ economy. Therefore, the radical and overt forms of resistance were a part of political activism for the ownership of their bodies. In Race Rebels: Culture, Politics, and The Black Working Class, Robin Kelley provided an in-depth look at black women and labor structures suggesting that there was a connection between the economy and enslaved women’s bodies underscoring the sexual and racial subordination of black women.\(^2\) Therefore, to control their bodies was to control the United States workforce. Due to the socio-political position of black women and the black family, black women were left vulnerable to physical and sexual violence but it also made them self-reliant. Consequently, the lack of informal safety in her own home or formal representation within the law made familial responsibilities such as

housekeeping and childbearing not an oppressive act but a political act of racial uplift and a conscious form of resistance and survival. These informal strategies developed by black women were part of an activist tradition utilized in order to maintain control of their bodies and to continuously carve space for self-definition.

Black women carved out their name to continuously create autonomous spaces from which to define their own realities. In contrast, the media has historically participated in “both popular and official discourses which constructed the issues in particular ways that undercut and overrode a feminist analysis which had long fought for recognition of the ironies and contradictions in these processes for feminist theory and practice.”

To address the growing concern of women’s difficulty in controlling narratives that have enormous political ramifications, Kelly and Humphries explored the wider implications of political naming asserting “There are further layers’ in the naming process, which raise complex strategic questions for feminists interested in legal reform and policy change more broadly.” They used, as an example, the issue of domestic violence and how within feminist activism there had been a central element to name the violence in ways which more accurately reflected women’s experiences. They acknowledged that within this sits another contradiction—“naming has never been only about which words are preferable, but how words carry and convey meaning within


4. Ibid.

5. Ibid., 15.
discourses which function to extend or limit understanding.”

The fight for self-definition for black women was the foundation for empowerment. Moreover, there were certain practices that manifested due to black women’s history of activism that served a purpose of empowerment against the “stigmatization of people with dark skin, legal and defacto segregation and discrimination, painful associations with slavery, the Tuskegee study, and involuntary sterilization.”

The minority health movement came out of the evolution of the women’s health movement. It is also an offshoot of the civil rights struggle. The current advocacy for minority health is anchored in a 1985 federal task force report documenting “excessive deaths” among minority groups compared with the white population. However, there are profound differences in the outlook and relative political strength of the women’s health and minority health movements although as with many social movements both centered around emancipation as a theme. Whereas, the women’s health movement had as it focus discrimination of women in patriarchal society, black women did not have the luxury to not deal with issues related to race and ethnicity, due to the fact they had to fight against the historical issues of racism and sexism simultaneously. Therefore, the issues that black women face are often overlooked contributing to disparities found in health outcomes. As a result, these inequalities are main factors as it relates to choice of

6. Ibid.


9. Ibid.
health policy strategies. The manifestation of black women-led health organizations increase the examination of the role of the intersection of race, gender, and class on the formulating of health policy as well as enhancing black women’s health and well-being.

However, Baird et al. acknowledged the separate use of resources of organizations catered to women’s health as they seek to tackle different health concerns: “The disparate and disconnected components of the movement could cause one to question such a labeling. Women fighting to end violence against women rarely overlapped with activists struggling to obtain more breast cancer research funds.”\(^{10}\)

She questioned, “What justifies drawing a theoretical connection between [the] real world of politics, primarily independent groups?” She found that “the many women’s health advocacy groups were working, not on the same specific goal, but on the related goal of improving women’s health.”\(^{11}\) This study supports Baird’s notion that women’s health organizations, despite varied mission statements, all have the same goal of improving the health outcome of black women by playing a positive role in influencing health policy. The findings also showed that the black women-led organizations very rarely worked together across health categories but they all represented the same constituency: black women, therefore advancing the notion that organizational leaders make strategic decisions based on the understandings of the experiences of black women in each health category. Baird concurred by writing, “Organizations that represent marginalized groups act as mediators on behalf of


\(^{11}\) Ibid.
intersectionally disadvantaged subgroups of the populations for whom they claim to speak.”

The utilization of the Black Women’s Activism Theoretical Framework allowed researchers to focus on black women’s unique experiences of multiple oppressions based on their race, sex, and class as an explanation of their political mobilization regarding impacting health policy. Moreover, by describing the political and social positions of black women based on their overlapping membership in marginalized groups increased the ability to question scholarly research that places them in homogenous groups. Along this line, research by Alison Bailey presented a glaring critique of the omission of theoretical frameworks encompassing intersectionality in some academic circles by focusing on scholars that challenged the essentialist underpinnings of white academic feminism and its accompanying account of gender. Citing books such as Angela Davis’s *Women, Race and Class*, Gloria Anzaldua and Cherrie Moraga’s *The Bridge Called My Back: Radical Writings of Women of Color*, Gloria Hull, Patricia Scott, and Barbara Smith’s *But Some of Us are Brave*, and Audre Lorde’s *Sister Outsider* she wrote, “U.S. women of color’s writings demonstrated how white feminist’s theoretically blending of white supremacist concepts of gender (all women are white), with patriarchal concepts to race (all themes are dark) damaged women of color by either distorting their experiences with discrimination or allowing them to fall through the cracks.”

12. Ibid., 48.


Case of African American Women and Politics,” Prestage made a correlation of the lack of black women in the field of political science to the dearth of scholarly literature that focused on both race and gender in analyzing political activism. She argued the importance of creating a body of political science literature that focused on these social constructs, regardless of how unpleasant the reality, by writing, “If race makes a difference in the larger society, then race makes a difference among women in terms of life chances and access to power, including political power.”

Furthering the development of scholarly research on the role of interest groups’ ability to influence health policy, this study examined five national advocacy organizations that work to promote positive health outcomes for black women. The black women-led organizations were as follows: National Association of Black Nurses, National Council of Negro Women, SisterLove, Sister’s Network, and SisterSong. Their origination dates range from 1935 to 1997. All of the organizations work on a national and state level. Three out of five organizations also provide services on the global level. In her exhaustive research on organizations’ advocacy activities, Brown wrote that “African-American groups are usually equally spread on the national and local level.” For the most part, this was true with the organizations examined in the study. However, the focus on this research was on the organization’s national-level work. Advocating on a national level increases black women-led organization’s ability to form larger coalitions and coalesce their resources to advocate on a larger scale. Thus, legislative success impacts a greater number of black women. The organizations have as their focus three

health categories: breast cancer, cardiovascular disease, and HIV/AIDS. The following section details the following on each organization: (1) mission, (2) background history, (3) establishment, (4) founder/CEO, (5) location, (6) staff, and (7) the organizational structure which includes the size and demographics of membership, affiliate/chapter information, and decision-making protocol. All organizational information was derived from primary sources, organizational websites, and published articles.

**Organization Profiles**

Organizational information is as of 2014. However, the CEO/President of each organization has been updated.

**National Association of Black Nurses**

The National Black Nurses Association’s (NBNA) mission is “To represent and provide a forum for black nurses to advocate for and implement strategies to ensure access to the highest quality of healthcare for persons of color.” It was organized in 1971 under the leadership of Dr. Lauranne Sams, former Dean and Professor of Nursing, School of Nursing at Tuskegee University. Along with Dr. Sams, Betty Jo Davidson, Gertrude Baker, Barbara Garner, Dr. Mary Harper, Mattiedna Kelly, Phyllis Jenkins, Florrie Jefferson, Judy Jourdain, Geneva Norman, Betty Smith Williams, Etherlrine Shaw, Anita Small, Doris A. Wilson, and Gloria Rookard a foundation was to establish the NBNA.

Millicent Gorham is the executive director. Its national headquarters is in Silver Springs, Maryland. They have a staff of six, including a president and executive director
and have a federated organizational structure.\textsuperscript{16} The NBNA has 90 affiliates and over 150,000 members which is made up of nurses and nursing students. Their decision-making is comprised of officers and a board of directors.

The National Council of Negro Women

The National Council of Negro Women’s (NCNW) mission is “to lead, develop, and advocate for women of African descent as they support their families and communities.” It is a non-profit organization focused on ensuring the advancement of opportunities for African-American women, their families and communities.” There is a focus on the health, social, economic and educational welfare of African American women. It has a long historical legacy in the African-American community as it was founded by Mary McLeod Bethune in 1935. The daughter of enslaved parents, Bethune founded the NCNW to bring organizations together as a depository of information. Currently, the organization’s President/CEO is Ingrid Saunders while the Executive Director is Janice Mathis. The organization is located in Washington, DC. They have a staff of eleven.

The organization has a federated organizational structure. Their individual membership includes 240 nationwide community-based sections. The NCNW national affiliates are made up of thirty-nine black women-led organizations. To qualify for affiliate status, an organization must operate in five or more states in the continental U. S.

\textsuperscript{16} Examining organizational structure of advocacy groups, Margaret Brown writes, “Federated organizations have a national office with a formal structure of local affiliates around the country, and unified organizations have a single national office with no formal affiliate structure.” See Margaret M. Brown, \textit{Has Hope Died? The Successes of Social Movement and Advocacy Organization sin the Post-Civil Rights Era}, PhD diss., The University of Maryland, College Park, 2005.
The decision-making is made by a board of directors. The board of directors is comprised of heads of each affiliated national organization. Within the board there is an executive committee of twenty members. They, along with chair of the board of directors, are elected at the national convention.

**SisterLove, Inc.**

The mission of SisterLove, Inc. (SLI) is “to eradicate the impact of HIV/AIDS and other reproductive health challenges upon women and their families through education, prevention, support and human rights advocacy in the United States and around the world.” A reproductive justice organization for women, SLI has a focus on HIV/AIDS. Providing assistance in the arenas of women’s education, empowerment, wellness, and rights serve as the springboard of the organization’s mission to eradicate the adverse impact of HIV/AIDS and other reproductive health challenges upon women and their families on a national and global level. The organization can trace its beginnings to a volunteer group of women in Atlanta interested in educating specific communities of black women, about AIDS prevention, self-help and safer sex techniques.

SLI was founded in July of 1989. However, three years later in 1992, the organization’s name was officially changed to SisterLove, Incorporated. The Founder is Dázon Dixon Diallo. The organizational structure is unified. It has no formal affiliates and a single national office in Atlanta. The decision-making is made by a Board of Directors. They have a staff of sixteen which includes the founder and an overseas staff.
**Sisters Network® Inc.**

The mission of Sisters Network® Inc. (SNI) is “to increase the local and national attention to the devastating impact that breast cancer has in the African American community.” Its purpose is to save lives and provide a broader scope of knowledge that addresses the breast cancer survivorship crisis affecting African-American women around the country. SNI was founded in 1994. As a 23-year breast cancer survivor, Karen Jackson recognized a lack of “sisterhood” in traditional organizations, a staggering breast cancer mortality rate for African-American women, and limited culturally sensitive material which led her to found the organization. They have a staff of eight.

The organizational structure is federated. Membership is over 3000, which includes more than forty affiliates. Breast cancer survivors run chapters nationwide. SNI is governed by an elected Board of Directors and are assisted by an appointed medical advisory committee.

**SisterSong: Women of Color Reproductive Justice Collective**

The mission of SisterSong, Inc. (SSI) “is to amplify and strengthen the collective voices of indigenous women and women of color to ensure productive justice through securing human rights.” SSI is committed to educate women of color on Reproductive and Sexual Health Rights and the access to health care. The organization was founded in 1997 by Loretta Ross. It is located in Atlanta, Georgia. As of 2013, the organization had a staff of five. They have a unified organizational structure and there are no affiliates or chapters. However, SSI is led by a group of organizations interested in collective action on reproductive justice issues. This network is comprised of local, regional, and national
Comprised of more than eighty organizations, each organization has a different mission statement; they are connected by their lived experiences which guides their main objective in making sure their voices are heard by (1) bringing women of color together, (2) encouraging collective sustainability through mentoring and self-help, (3) providing a framework that resonates with their lived experience, and (4) organizing and mobilizing to affect change. Their decision-making structure derives from a management circle which is comparable to a board. It is comprised of a representative from each organization. Voted on by others, the management circle has the authority to act on behalf of the governing body.

RQ2: What factors influence black women’s organizational leadership and decisions related to choice of health policy strategies?

There are numerous external and internal factors that have major implications for black women-led organizations’ ability to influence legislative policy directed at improving health outcomes among a constituency that have been historically underserved in healthcare access due to their race, gender and class. The findings of this study identified four external and three internal determinants that are instrumental in influencing choice of health policy strategies. The external factors were perception of the demographic served, health outcomes, political climate and the perception of the
organization. The internal factors were the budget of an organization, organizational structure and the ability to form alliances.

**External Factors**

**Perception of the Demographic Served**

A positive perception of the demographic served is essential in the success of an organization. The findings showed that organizations that had as its focus breast cancer and cardiovascular disease had a more positive perception. The reasons offered included high incident numbers in the white community, abundance of positive media attention, and virtually no opposition. Furthermore, breast cancer and cardiovascular disease are two diseases that have a high exposure rate as most people have had family members or friends deal with these diseases, therefore increasing the chance of empathy to act on ways to eradicate both.

The constant media attention on breast cancer is contributed to the government’s focus on the disease. Once such example is the Centers for Disease Control and Prevention’s (CDC) development of the African-American Women and Mass Media (AAMM) pilot campaign. The purpose of AAMM is to utilize radio and print media to increase women’s awareness of the importance of getting mammograms for early detection of breast cancer. The campaign also seeks to increase the use of the National Breast and Cervical Cancer Early Detection Program.\(^{17}\) Moreover, in regard to breast cancer, many men in Congress such as Sen. Tom Harkin are extremely supportive and

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have had personal family experience with the disease. The findings suggest that such close proximity to the victims increases the support.

In contrast, it could be argued that HIV/AIDS, although abating, has a more unfavorable public opinion of the demographic served especially in the early years of the disease when the majority of cases were gay white men and the focus of contraction was based on sex lifestyle choices. Later, the increase of drug users contracting the disease also contributed to a negative narrative that the disease was self-inflicted and could be lessened by the actions of those contracting the disease. As a result, there continues to be strong opposition among social conservatives across the racial spectrum. However, the shift from a less controversial focus of reproductive health appears to have increased the positive perception of the demographic. Additionally, the increase of secrecy of men having sex with men, in the black community, has disproportionately impacted unknown black women and has changed the conversation from lifestyle choices to women seen as victims. An increased acceptance of gay lifestyles, especially among young people, and an increase of vocal voices has led to a decrease of stigma of the disease exemplified by the push for gay rights activism to include gay marriage. Although there is scant legislation for HIV/AIDS funding specifically for black women in the United States, The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act focuses on underserved areas and receives bi-partisan support in Congress.

It is important to note not all researchers believe in the increased positive perception of HIV/AIDS in the black community. In her examination of the intersection

of race, gender, and class among black structures, Cathy Cohen provided a narrative of a shared consciousness and a linked fate ideology that is the foundation of the black agenda and efforts of group mobilization. She disputed the notion that all issues within the community are represented. Instead she argued, “Concerns over class, gender, and respectability have historically influenced which political issues and which segments of the black community were thought to be worthy of public ownership.”

Utilizing the AIDS crisis as a classic example of the political failings of traditional and mostly black male dominated organizations to respond to an issue that is mostly linked to immoral behavior such as black men having sex with black men and drug users she questioned, “. . . if the virus had been associated with the well-connected and respected blacks would there have been a more of a concentrated effort in eradication?” She asserted that black men and upper class blacks, along with social scientists that prefer to research distant questions instead of life and death ones, control what is presented as the black agenda for the entire black community, asserting, “Clearly some of the confusion regarding the significance of the topic of AIDS stem from homophobia, racism and sexism which causes the topic to be looked upon as nonscientific.”

However, Cohen conceded that institutional practices of marginalization make it harder for the black community to focus on AIDS when so many issues are occurring, “such as unemployment, poverty, policy brutality and access to healthcare.” She recommended a shift in public discourse that

20. Ibid., 43.
21. Ibid., x.
investigates the “range of assumptions and images and masochistic attitudes as well as the fundamental relationships between power, status, and action within the African-American community.”

**Health Outcomes**

Black women are disproportionately low income and poverty is often linked to poorer access to healthcare. A study by the Health System devised a scorecard that found that high-poverty communities had poorer access to care and often worse outcomes. For example, no community with a high poverty rate (more than 20 percent of people living below the poverty line) ranked in the top 75 areas on access to healthcare.” The findings in this study showed that all the organizations presented scientific data on the correlation of poverty to lack of quality healthcare to influence the enactment of health policies that focus on eradicating disparities in health outcomes.

However, it has been AIDS activists and their “ politicization of science” that provided a paradigm shift for organizations to provide scientific research on the huge societal costs as a strategy to increase governmental funding for eradication. “In this sense, the AIDS Movement stands alone, even as it begins to serve as a model for others.”

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22. Ibid., ix-x.


hospitable political terrain. Continuing that train of thought, breast cancer activists effectively argued that the disease disrupted social relationships, jobs, and families, therefore successfully developing a framework for collective political influence which results in increased governmental support. The American Cancer Society, in their 2016 study on current grants by cancer type (see Table 5.1), found that as of August 2015, breast cancer received almost three times as much funding than brain cancer which is the second largest funded cancer type.

Table 5.1. Current top grants by cancer type

<table>
<thead>
<tr>
<th>Grants Involving Cancer</th>
<th>Number</th>
<th>Funded Amount (In Millions)</th>
<th>Specific Amount (In Millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain Cancer</td>
<td>51</td>
<td>30,105,500</td>
<td>20,407,565</td>
</tr>
<tr>
<td>Breast Cancer</td>
<td>160</td>
<td>88,157,500</td>
<td>62,354,125</td>
</tr>
<tr>
<td>Disparities</td>
<td>7,254</td>
<td>694,880</td>
<td>n/a</td>
</tr>
<tr>
<td>Environmental</td>
<td>2,817</td>
<td>217,250</td>
<td>n/a</td>
</tr>
</tbody>
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By carefully examining funding data from the National Institute of Health (NIH), Carolyn Y. Johnson provided a realistic snapshot of the disparity in health research adding, “HIV/AIDS currently gets ten percent of the NIH’s budget. . . and highlights just how complex and baffling this process can be, influenced by factors that include the

amount of scientific opportunity.”¹²⁶ As the Dean of Dell Medical School in Austin, Texas, Dr. Claiborne Johnston explained “The fact that HIV research receives roughly ten percent of the NIH budget, may seem terribly out of whack with the toll the disease takes as treatments have been developed. But a compelling argument could also be made that investing more now to cure and eradicate HIV/AIDS permanently would be helpful to society and patients.”²⁷ However, she acknowledged, “Others have argued that the HIV example also demonstrates the astonishing progress that can be made when a concerted, prolonged investment is made into a biomedical problem and could serve as a model for how to move forward against other diseases.”²⁸ Adding to the budget disparity debate, Johnson notes,

Two diseases with a similar health burden, breast cancer and chronic liver disease, received wildly different levels of support: $763 million for the cancer best known for iconic pink ribbon awareness efforts, versus $284 million for a disease commonly caused by alcohol abuse. Autism receives more than five times the funding of eating disorders, but their impacts on health, measured in years of disability and premature death, are quite close.²⁹

However, she explains the disparity by exclaiming, “The thing I found fascinating, and this still appears to be the case, is we tend to underfund things where we blame the

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²⁷ Ibid.

²⁸ Ibid.

²⁹ Ibid.
victim. The framing of HIV has changed as the population has become more sympathetic to victims and talks about what they have done as far as media coverage and lobbying.”

Nonetheless, some scholars refute the notion that all groups receive the same media coverage of their lobbying efforts. Early studies centered around gay white males and were deemed normative. Therefore, the strategies and behaviors around this disease were well documented. Speaking on the lack of traditional research in capturing the mobilization efforts of the black community surrounding this disease, Cohen discussed her initial belief that “no one wanted to talk about it but the gay white community.”

She admittedly wrote that her early assessment of the response to AIDS was based on misinformation because, “the habit of researchers utilizing traditional sources of information were incomplete in capturing the full response of the community and trivializing those activists mobilizing.”

The example highlights the importance of black women-led organizations to continue to collectively provide research based evidence of the heavy toll this disease has on the black community, specifically black women, to increase influence of governmental support.

**Political Climate**

The political climate is also very important in influencing the health agenda. Although three out of five respondents stated that they do not change their strategies due to administration change, all of them agreed that the Obama administration has been hospitable to their cause. Most noticeably were the HIV/AIDS organizations’ belief that


31. Ibid.
the relationship with the current administration has been, “less protest and more collaborative.” Additionally, the passage of the American Care Act which was supported and advocated by all the organizations in this study, further solidified the belief that the Obama administration has provided an environment of inclusivity for black women-led organizations. Examining interest groups and advocacy, Matt Grossman reported that explanations for policy change involving interest groups since 1945 are heavily based on presidential administrations. According to the study, the results indicated that reported interest group influence rose from the 1940s to the early 1960s and then declined to under 40 percent during the Reagan administration. He revealed that there were two clear drops in reported group influence: during both Ronald Reagan Administrations and the first George W. Bush Administration. He explained that “this does not necessarily indicate that interest groups had less influence on these particular presidents, as most of the enactments took place in Congress; the administrations are given only as indicators of the time periods.”

Adding to the scholarly research on organizational advocacy, Strolovitch discovered that lobbying the executive is a much more viable option when there is a Democrat in the office. This was also true for the organizations in this study. Ironically, most organizations formed as a response to what seemed as political hostility toward black women’s interests, specifically regarding control of her body and the assault on federal funded health programs during the conservative Reagan era.


However, the civil rights groups, during the 1960s, achieved much more progress during more liberal administrations. No other example could be more stark in support of women’s issues than that of the Reagan and Clinton administrations. In the 1980s, Ronald Reagan was president and the national political culture and agenda shifted to a much more conservative climate, one that was hostile to feminist claims.34 This led to major changes in the movement’s organizational strategy, and emphasis that labeled the 1980s as one of “defensive consolidation.” In contrast, when Bill Clinton was elected president in 1992, he enjoyed a Democratic controlled Congress in his first two years. President Clinton’s emphasis on health care and his support for many women’s issue were crucial to the success of the activists. For example, one of his first acts in office was to sign the NIH Revitalization Act that his predecessor had vetoed. President Clinton welcomed the breast cancer activists’ petitions, giving them an elaborate ceremony in the East Room of the White House. President Bush had ignored the activists prior to the delivery of 175,000 letters.35 Additionally, the respondents believed that the current administration has also been friendly to women causes exemplified by the fact that President Obama has reached out to the organizations in this study.

Perception of an Organization

A positive perception of an organization is crucial in the ability to influence policy in the health arena. Organizations advocating on behalf of marginalized groups differ from other interest groups in fundamental ways. The most important distinction is

34. Baird et al., Beyond Reproduction, 25.
35. Ibid.
that the organizations under consideration derive their legitimacy from their claims to represent weak and marginalized groups rather than channeling or augmenting the power and influence of already powerful groups. In so doing, they advance a new conceptualization of representation. Therefore, there is some indication that interest groups gained status as representing an important constituency; oftentimes translating into legislator support. The findings reveal that if the constituency umbrella is expanded with other powerful lobbying groups, it allows for the rising-tides-lift-all boats response which could positively impact black women.

One could argue that positive Congressional perception can be seen from such acts as recognition from the Congressional floor. For example, the National Council of Negro Women received much Congressional attention during their anniversary and the death of Dorothy Height, their longest serving president. Also, the National Association of Black Nurses recognition during National Nurses Week is another example of positive Congressional recognition. This recognition can heighten positive perceptions deriving from the black community which can result in more support and legitimacy of an organization to act as a representor of their issues.

Moreover, broader inclusion within the black community including black men and the black gay community, as exemplified by SisterLove, also improves the legitimacy of an organization which can spill over into a positive perception. Based on insight gleaned from the case studies and personal interviews, six major themes emerged to illuminate the factors contributing to the positive perception of the organizations in this study:

1. **Decision-making strategies**: Decision-making frameworks conceptualized black women’s health within a larger lens. There was an understanding of how the intersectionality of race, gender, and class inequities have historically impacted the access and quality of care black women receive and the need to connect the health issues of black women to the rest of their lives.

2. **A focus on community**: Although focus was on black women’s health, organizations did not separate it from the health of children, the family and the community.

3. **Leadership development**: Black women-led organizations provided an environment conducive for greater activism through such strategies as leadership training, increasing the likelihood of empowerment and greater participation in the development and implementation of policies and legislation.

4. **Organizational programming**: Organizations strove for the design and delivery of community-based services that are informed by accurate culturally relevant information as well as language specifically geared toward the black communities they advocated for.

5. **Research**: There was a focus on research regarding the health status of black women and the barriers to accessing healthcare. Data were used to provide health education and promotional efforts to further legislative influence and empower black women.

6. **Increase organizational capacity**: There was a belief of the need to broaden organizational networks and to forge alliances with other women of color working on related issues.

**Internal Factors**

**Budget**

The budget of an organization dictates what programs and services they can provide. Three of the respondents acknowledged the challenge of having to do more with less as black women-led organizations often provide holistic services to deal with the
myriad of issues impacting black women due to their race, gender and class. There was a belief among the black women leaders that the decision of governmental organizations to award large grants to more established and bigger organizations, such as research departments located in heavily endowed research universities, assist in the lack of large grants awarded to black women-led organizations. Research by NIH, on its budget, supports that notion with information that states, “More than 80% percent of the NIH's funding is awarded through almost 50,000 competitive grants to more than 300,000 researchers at more than 2,500 universities, medical schools, and other research institutions in every state and around the world. About 10% of the NIH's budget supports projects conducted by nearly 6,000 scientists in its own laboratories.”37 This is often detrimental to policy support for community-based programs that would be most effective in underserved areas. There is a likelihood that these research organizations often do not have a good understanding of the cultural dynamics within the black community, thereby hindering the ability to teach people how to be well when the impact of race, gender, and class on behavior are not understood.

Elaborating on the inequality of funding, research conducted by the Tides Foundation, a major grantee of grants to organizations that advances reproductive rights, found the following:

The combined budgets of the four largest white-led national reproductive rights organizations were nearly 100 million in 2005. The combined budgets of the four largest women of color-led national organizations in the same years were under 3 million. At the state level, even when women of color led work on reproduction issues there was a huge disparity: In California the organizational budget for

women of color was 9.7 that of white-led organizations. In New York, the figure was 4.5, in Georgia 4.6, in New Mexico 11 percent.\footnote{Strolvitch, \textit{Affirmative Advocacy}, 176}

As a result, black women-led organizations often partner with these organizations to obtain sub grants. Strolvitch added, “Black women-led organizations supplement their dire budget shortfalls by participating in coalition politics.” In defining coalition politics, he acknowledges that it can take many forms, from sharing information to policy networking to creating formal organizational structures that endure over time.\footnote{Ibid.}

Also adding to the discussion, Levy and Murphy wrote, “Regardless of the specific form they take, coalitions are collaborative, means-oriented arrangements that permit distinct organizational entities to pool resources to effect change.”\footnote{Margaret Levi and Gillian H. Murphy, “Coalitions of Contention: The Case of the WTO Protests in Seattle,” \textit{Political Studies} 54, no. 4 (2006): 654}

Table 5.2 presents information on the last available five years of the Internal Review Service 990 form\footnote{The IRS form 990 is the tax document information required to be filed with the Internal Revenue Service. Nonprofits are required to make their 990 form and their exemption application available for public inspection during a 27-month period (not every year).} filed by the organizations. As shown in the table, only the National Association of Black Nurses showed an increase for all five years.

\begin{table}[h]
\centering
\begin{tabular}{|c|c|c|c|c|c|}
\hline
\hline
National Association of Black Nurses & 1,204,609 & 1,143,760 & 1,055,987 & 1,005,876 & 891,523 \\
\hline
National Council of Negro Women & 1,578,365 & 1,954,199 & 2,405,482 & 3,345,862 & 1,865,520 \\
\hline
\end{tabular}
\caption{Organizational budgets}
\end{table}
Table 5.2 (continued)

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>2014</th>
<th>2013</th>
<th>2012</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>SisterLove</td>
<td>936,598</td>
<td>747,123</td>
<td>758,445</td>
<td>895,444</td>
<td>(1,090,379)</td>
</tr>
<tr>
<td>Sister’s Network</td>
<td>1,116,727</td>
<td>1,402,275</td>
<td>1,206,496</td>
<td>1,272,223</td>
<td>896,892</td>
</tr>
<tr>
<td>SisterSong</td>
<td>348,049</td>
<td>802,242</td>
<td>824,473</td>
<td>732,568</td>
<td>287,209</td>
</tr>
</tbody>
</table>

Source: Guidestar, www.guidestar.org/search#financials.

In reviewing their tax returns, the budget increases of the National Council of Negro Women were due to an increase in membership. Moreover, the findings revealed that due to corporate support, all the organizations could meet long-term programmatic goals more effectively. This is because corporate grants are awarded over a period of time while most governmental grants offer a one-time award. For example, The Ford Foundation awarded SisterSong financial support for the first three years of their origination for capacity-building. Speaking on the importance of corporate giving, one respondent stated, “...taking on this struggle would have strained our limited capacity dollars.”

Organizational Structure

The structure of an organization has a huge impact on decision-making, especially if the source of funding is heavily supported by the organization themselves. Hence, having a membership base through an abundance of chapters, affiliates, and individuals increases an organization’s ability to advocate for health policies that assist in their
mission. Moreover, it increases the ability to impact many people by expanding opportunities to educate and support the public through community celebrations, cultural events and health fairs. The visibility also increases the organization’s positive perception along with the level of advocacy. The study found a correlation between a large membership base and the amount of the organization’s budget within the five-year period examined.

Table 5.3 details the five-year average of each organization, the size, demographics of their membership, and their basic organizational structure. In this way, not only is the quantity of members important but the type of membership is also very important.

Table 5.3. Characteristics of the organizations

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Five-Year Budget Average</th>
<th>Size of Membership42</th>
<th>Membership Demographics</th>
<th>Basic Organizational Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Association of Black Nurses</td>
<td>1,060, 351.00</td>
<td>150,000+</td>
<td>Nurses and nursing students</td>
<td>Federated</td>
</tr>
<tr>
<td>National Council of Negro Women</td>
<td>2,229,886.00</td>
<td>60,000+</td>
<td>Open</td>
<td>Federated</td>
</tr>
<tr>
<td>SisterLove</td>
<td>885,598.00</td>
<td>n/a</td>
<td>n/a</td>
<td>Unified</td>
</tr>
<tr>
<td>Sister’s Network</td>
<td>1,173,223.00</td>
<td>3,000+</td>
<td>Breast cancer survivors</td>
<td>Federated</td>
</tr>
<tr>
<td>SisterSong</td>
<td>598,908.00</td>
<td>500 individuals + members of 80 organizations in the collective</td>
<td>Open/80 organizations that have Reproductive Justice as a focus</td>
<td>Unified</td>
</tr>
</tbody>
</table>

42. Membership is considered individuals and organizations that provide various forms of support including financial.
By having members that have experienced the health category advocated, the delivery of personal and communal support is increased thus providing services that a government organization cannot. This type of organizational support has a long history in the black community exemplified by the community support provided by black women’s clubs during the early 1900s to replace the lack of governmental support. Two of the five organizations have this sort of narrow membership base. The National Association of Black Nurses’ membership is made up of nurses and nursing students while Sister’s Network’s membership is comprised of survivors of breast cancer.

Additionally, the four organizations that have a membership base responded that the members are very active. The findings show that the organizations take part in advocacy and are associated with other organizations where they also serve as activists or professionals in the health category of the organization. One out of five organizations has 85% of their members belonging to either policy or advocacy groups. The findings suggest that having a federated organizational structure increases the number of memberships as the organization has a larger opportunity for advocacy efforts which increases their budget. Moreover, expansion of chapters and affiliates across the United States allows the organization to deliver services on a greater scale. This impacts the level of grants awarded from corporate and governmental entities since the organization can provide grantees documentation of the number of people that were serviced by their programs. The National Council of Negro Women has the largest average five-year budget. Their budget is almost double the amount of Sister’s Network, which has the second largest budget. The National Council of Negro Women also has the largest
number of affiliates and chapters. Comprised of 39 affiliates consisting of national organizations, more than 250 community chapters and 20 college sections, they have the greatest reach which translates into more visibility in the community. Having the ability to reach a large cluster of the black community increases the perception of the organization as a representative of that community, therefore increasing Congressional acknowledgement and legislative influence.

**Forming Alliances**

To have a greater chance of influencing legislative policy, it is central to develop relationships with Congressional members and other organizations focused on similar goals. Studies have shown that the more visible and ideologically controversial an issue, the importance of constituency influence is increased. However, Christopher Witko made the case that influence is also weak on non-controversial issues when up against constituency interest, arguing, “Aside from institutional variables, constituency factors were the major determinant of activity on the non-ideological/non-visible issues.”\(^{43}\) Grossman challenges those assumptions by making the claim that organizations have greater access by hiring a full-time lobbyist that focuses solely on an organization’s goals. However, by not exploring the full intersectionality of black women-led organizations, Grossman minimizes the disadvantages these organizations have due to budgets and therefore are not able to afford an all-out assault with a full-time lobbyist.\(^ {44}\)

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Consequently, the strategies utilized by black women-led organizations to compensate for smaller budgets are not fully explored.

Despite their financial disadvantage, black women-led organizations use a wide variety of tactics to influence health policy such as directly lobbying legislators, engaging in letter writing campaigns, testifying at committee hearings, and providing policy makers with information and research. Black women-led organizations also compensate for their lack of funding by increasing their geographic base by joining forces with other advocacy groups. Despite Grossman’s lack of connecting the institutional structures that make it more difficult for historically disadvantaged communities and their organizations to advocate on a greater scale than non-minority organizations, Grossman does discuss the strategies smaller advocacy groups utilize to increase legislative influence. He wrote, “Advocacy organizations help fill in some gaps in electorally based representations by transcending geographic boundaries and providing compensatory and surrogate representation for groups of people with shared interests but inadequate formal territorially based political representation,” therefore translating into legislative support. For example, organizations like the National Association of Black Nurses rally with heavily funded and powerful non-minority lobbying organizations. Based on the interview, the two organizations mentioned were hospital and cardiologist groups. This decision-making strategy, results in an expansion in the constituency umbrella to increase medical access for all thereby increasing the possibility of access for


black women. Additionally, the National Council of Negro Women is represented by more than thirty-nine other national black women-led organizations to put forth legislation to increase economic opportunity for black women. Likewise, SisterSong collaborates with various national organizations that represent a broad spectrum of women of color. However, it is imperative to form alliances with Congressional leaders.

Researching black women legislators’ willingness to represent the disadvantaged, Brown contends that similar experiences of marginalization due to their race, gender and class with the constituencies that black women-led organizations represent, makes them more likely to support both black and feminists’ politics. Citing other studies that focus on black women’s legislating, she found that they are more likely to introduce progressive legislation when compared to their peers. She argued, “African American women legislators may be more likely than their male counterparts to empathize with other disadvantaged subgroup populations.”47 Underrepresented in Congress, Hawkesworth noted “Getting female legislators is only the first step; once there they have to forge coalitions with their male colleagues to have their voices heard, and exert power to have their legislation passed.”48 He gave an example with medical research and breast cancer legislation in the 103rd Congress.

Positional power on the Appropriations Committees enabled Congresswomen Nancy Pelosi, Nita Lowey, and Rosa DeLaura in the House and Senators Barbara


Mikulski, Patty Murray, and Dianne Feinstein to work in committees and subcommittees to protect funding for women’s health research programs.49 Regarding the importance for women legislators to build alliances with Congressmen, Baird wrote, “Men such as Senator Joseph Biden, Chair of the Senate Judiciary Committee, sponsored the original legislation and made the strategic decision to include women’s health in the Omnibus Crime Bill. Therefore, the presence of powerful women in high ranking government positions and supportive male colleagues are important factors in the passage of health legislation.50

The minority health movement was developed from the health movement due to a belief, by black women, that white women and black women had different political health policy agendas. Reviewing the belief through an historical lens, in terms of numbers of constituents and relationship to the white majority, the women’s health movement is more powerful than the minority health movement, even when the diverse minority populations speak as one voice. For numerical reasons alone, minority women might view the women’s health movement as dominated by white women and feel “more equal” when pursing health advocacy from a minority health perspective. Nonminority women who fail to understand these proportionalities may view minority women who give priority to minority issues (and advocate for both minority men’s and women’s health) as insufficiently informed about or loyal to women’s rights issues.51 In addition,

49. Ibid.

50. Baird et al., Beyond Reproduction, 17.

in the constant competition for funding and access to the national political agenda, attention to women’s health issues may appear to dilute the resources that might be available for minority issues. Despite the documentation of the numerous differences in the health concerns of minority and non-minority women; women’s health advocacy, in the United States, does not consistently address problems specific to women in ethnic and socioeconomic subgroups.\textsuperscript{52}

White women have the advantage of understanding the dominant culture as well as sharing the obligations associated with participation in it.\textsuperscript{53} In this sense, the discussion of gender equity among white men and women is a negotiation among equal cultural parts-people who have a common language, norm, and values.\textsuperscript{54} Minority women—who have been distanced from the majority culture by history, language, religion, and other factors related to race and ethnicity—do not have the same stake in the majority culture; they enter discussions of equity with an entirely different set of premises. For example, the belief that white women exploited the Civil Rights Movement as well as feeling the pressure to assimilate into the dominant culture while also being excluded may view potential alliances by vestiges of historical racial and social divisions that detract from feelings of commonality and mutual support.\textsuperscript{55}

However, In \textit{Divided Sisters: Bridging the Gap between Black Women and White}

\begin{footnotesize}
\begin{enumerate}
\item Kumanyika et al., Minority Women and Advocacy for Women’s Health, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446787/.
\item Ibid.
\item Ibid.
\end{enumerate}
\end{footnotesize}
Women, Kathy Russell and Midge Wilson offer a different perspective on the ability of black and white women to form legislative alliances:

Despite such brushfire, the political relationship between White and Black women has much improved since the beginning of the Modern women’s movement in the 1960s. African American women activists are beginning to accept that it is not necessary for them to agree with White female activists to appreciate the new terrain they helped to open up for all women. White feminists are finally starting to listen when African American feminist state that women’s rights are not always going to be their top priority.56

Delving further into the ability of white and black women legislators to form alliances they asserted that black women, “play a pivotal role in politics, in part because they have the best chance of drawing the necessary support from both the African American and the liberal white communities.” They utilized the former Senator Carol Moseley Braun, who successfully blocked the renewal application of a design patent for the insignia of the Confederacy as an example. Although mostly symbolic, Russell and Wilson noted, “she was the first person in the history of the Senate singlehandedly to turn around a vote on something that had been previously been approved.”

Resources shape access to broad contexts such as networking and service delivery. By utilizing the Black Women’s Activism Theory, political activism can be redefined based on black women’s experiences ultimately increasing understanding of the factors that influence black women-led organization’s decisions when influencing health policy. Complex issues and barriers that plague black women because of their distinct burden of membership in groups have often not been given a seat at the political table.

This study makes it clear that black women and the organizations they lead, are not marginalized by race alone but by the historical and systematic denial of rights and privileges based on their race, gender, and class. The findings also show that despite the historical marginalization of black-women led organizations, they do not see themselves as victims as they have developed effective strategies to respond to the internal and external factors that impact the success of their organizations.

RQ3: How successful are the strategies of national black women-led health organizations within the areas of breast cancer, cardiovascular disease, and HIV/AIDS policies?

The findings indicated that black women-led organizations use multiple pathways to outcome attainment. The goals of this research were to understand the experiences of black women activists that assist in forming their decision-making strategies and to examine the role and influence their organizations have in the health policy arena. Therefore, the qualitative data received from the interviews and information from primary and secondary sources were quantified and coded and placed on a scale, developed by the researcher, to capture the direction and level of outcome, legislative and perceived success achieved by the organization. Thus, the Black Women’s Activism Theory guided the usage of success measures. The findings showed that the quality of black women-led organization’s influence is in relation to the strategies, programs and tactics the leaders chose to utilize in the health policy areas of breast cancer, cardiovascular health, and HIV/AIDS.
Measuring outcome success was accomplished in three ways. First, organizational goals were quantified based on mission statements noted on the organizations’ website, primary and secondary sources of organizational literature, as well as statements made during the interview allowed the researcher to gauge the alignment with the organization’s focus and energy into a health policy goal. Secondly, a success measure was developed to determine the group’s rationale for existence and the health outcome for the demographic served during the organization’s first year of operation, minus five years or the average age of the organizations, whichever was greater, until 2014, or the most recent statistical data available, from that particular policy goal (see Figure 5.1). The measures were placed on a 9-point scale to receive an outcome success rating. The possible scores for the scale were as follows:

4  Over 100% of possible positive change
3  67-100% of possible positive change
2  34-66% of possible positive change
1  1-33% of possible positive change
0  no change
-1 1-33% of possible negative change
-2 34-66% of possible negative change
-3 67-100% of possible negative change
-4 Over 100% possible negative change

Legislative success was measured in two ways: First, organizational and/or program goals were translated into key policy areas. There was a focus on governmental
changes made within the specific key policy areas within the years of 2001 through 2015. Data were collected on a national level of bills that were the closest match with the key policy area and the legislative outcome was reported.

Secondly, legislative success was measured by obtaining data on national laws in which organizations directly participated. Consequently, 359 pieces of legislation were collected from the ProQuest Law Database to determine organizational participation by the organization in Congressional hearings. Participation was regarded as: (1) any representative of the organization speaking on the Congressional floor, (2) the organization or representative mentioned on the Congressional floor, (3) the organization or a representative listed on a formal petition that was either presented to Congress and recognized on the Congressional floor and/or part of the documentation made available electronically on the ProQuest Law Database for the public record, and (4) a direct letter sent on behalf of the organization that was either presented to Congress and/or recognized on the Congressional floor and part of the documentation made available electronically on ProQuest Law Database for the public record. Next, all bills that were enacted and resulted in the organization listed as a grant awardee was captured under the Direct Policy Beneficiary and cross referenced by utilizing www.govtrack.us.com and www.congress.gov. Information was sorted and coded to accurately identify placement on a 6-point legislative scale.

5 Significant policy change in direction of group interests (10 or more pieces of legislation that mirrored group demands, needs, and/or goals)

4 Better than average policy change in the direction of group interests (9-6 pieces of legislation that mirrors group demands, needs, and/or goals)
3 Some policy change in the direction of group interests (5 or less pieces of legislation that mirrors group demands, needs, and/or goals)

2 Minimal/symbolic policy changes that meets group needs/goals

1 Congressional participation/no policy change

0 No change nor participation

Lastly, perceived success was measured by the degree in which organizational leaders felt their organizations were successful. The measurement was captured based on the respondents’ answers that were given during the interviews, on how successful they viewed their organization. A 5-point scale was developed to capture the level of perceived success.

4 Full success

3 Some success but with minimal struggle that may make some of the goals incomplete

2 Mix of success and failure

1 Quite a bit of failures

0 There has been no success

Rankings were tabulated for each organization. By providing a success measure for the mentioned areas, the researcher explored the level of success and influence the organizations have had on policy making in the health arena.


**Outcome Success**

**National Association of Black Nurses: Increasing the Number of Registered Black Nurses in the Nursing Profession**

Nurses serve in a wide variety of delivery settings and collaborate with other professionals to improve the quality of America’s healthcare system. Registered nurses comprise the largest group of health professionals with over three million licensed providers. However, although more than 12% of the U.S. population is black, less than 5% of its registered nurse population is black. Additionally, governmental statistics show that there is a larger percentage of black nurses with graduate degrees than any other racial/ethnic group. However, the American College of Healthcare Executives reported less than 1% of hospital leadership is of African descent. The nursing population, just as the population at large, is getting older. One-third are between the ages of 50-64 and are expected to retire in 2020. The National Association of Black Nurses has as its main goal to increase the number of registered black nurses in the nursing profession. Even though the percentage of the total number of registered nurses who were black, decreased from 12.5% in 2000 to 9.9% in 2013, the actual total number of black nurses increased.

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According to data from the National Sample Survey \(^{60}\) and the National Center for Health Workforce Analysis, \(^{61}\) the total number of black nurses increased by 124% from 2000 (125,000) to 2013 (279,600) (see Table 5.4, Figure 5.2, and Figure 5.3).

Table 5.4. Outcome success

<table>
<thead>
<tr>
<th>Organization</th>
<th>Description of group success measure</th>
<th>Beginning Measurement</th>
<th>Ending measurement</th>
<th>+/- difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Association of Black Nurses</td>
<td>To increase the number of registered Black nurses in the nursing profession (^{62})</td>
<td>125,000 (2000)(^{63})</td>
<td>279,600 (2013)(^{64})</td>
<td>123.68%</td>
</tr>
<tr>
<td>National Council of Negro Women</td>
<td>To increase the economic empowerment of African American women</td>
<td>$372 weekly wage and salary (In current dollars 1996)(^{65})</td>
<td>$646 weekly wage and salary (In current dollars 2(^{nd}) quarter 2016)(^{66})</td>
<td>73.7%</td>
</tr>
</tbody>
</table>


62. NABA advocates for nurses to assume more responsibilities that are geared toward doctors but they are trained to do, therefore only Registered Nurses are captured since their responsibilities are greater and they have more education which is needed the most.

63. Data were used from 2000 due to the improvement of the data that was captured because there was less duplication since some nurses have multiple licenses and more representative minority nurses to make info more accurate. See The Registered Nurse Population March 2000 Findings from the National Sample Survey of Registered Nurses Ernell Spratley Ayah Johnson, Ph.D. Julie Sochalski, Ph.D. Marshall Fritz, M.S. William Spencer U.S. Department of Health and Human Services Health Resources and Service Administration Bureau of Health Professions Division of Nursing, 9.


Table 5.4 (continued)

<table>
<thead>
<tr>
<th>Organization</th>
<th>Description of group success measure</th>
<th>Beginning Measurement</th>
<th>Ending measurement</th>
<th>+/- difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>SisterLove</td>
<td>To decrease the incidence of AIDS/HIV of African American women</td>
<td>51,0437 (1997)</td>
<td>5,12868</td>
<td>90%</td>
</tr>
<tr>
<td>Sister’s Network</td>
<td>To increase the survivorship of African American women with breast cancer</td>
<td>38 per 100,000 (1990)</td>
<td>28 per 100,000 (2013)</td>
<td>26%</td>
</tr>
<tr>
<td>SisterSong</td>
<td>Increase access to family planning services</td>
<td>69% (1995)¹¹</td>
<td>70% (2006-2010)²²</td>
<td>1.45%</td>
</tr>
</tbody>
</table>

67. Recently reported AIDS cases are more likely to be reported with risk not reported or identified (NIR). Recent AIDS incidence in some exposure categories, therefore, will be underestimated unless an adjustment is made. The adjustment of NIR adult/adolescent cases is based on the sex-, race-, and regions specific exposure category redistributions of cases diagnosed from 1989 through 1995 that were initially assigned to the NIR category but have subsequently been reclassified. Additionally, in 1996 the racial categories were changed. Pacific Islander was not only captured in the Asian category instead it is captured with Native Hawaiians. Multiple races were also added. See: U.S. Department of Health and Human Services, HIV/AIDS Surveillance Report, U.S. HIV and AIDS cases reported through December 1997, Table 9. AIDS cases by sex, age at diagnosis, and race/ethnicity, reported through December 1997, United States vol. 9, no. 2, accessed March 2, 2016, http://www.cdc.gov/hiv/pdf/statistics_hivsur92.pdf.

68. Centers for Disease Control and Prevention, HIV Risk by Racial/Ethnic Groups, in, “The 2014 incident rates were not captured for American Indian because the numbers were too small, accessed March 1, 2016, http://www.cdc.gov/hiv/group/racialethnic/index.html.


72. Ibid.
Figure 5.2. Distribution of registered nurses by racial/ethnic background, 2000


Figure 5.3. Distribution of registered nurses by racial/ethnic background, 2013


The findings offer several dynamics in play that have successful translated into such a high rate of success of NBNA’s goal: (1) an understanding of the health crisis of
nurses and doctors and the lack of diversity in healthcare is essential in understanding the actors that could contribute to the limitation of access to healthcare, (2) there is an agreement within the medical field of the need to change an antiquated system, and (3) there is a lot of buy in by the government and health agencies regarding culturally competent care. Consequently, by increasing the number of black registered nurses and training them with a focus on culture competency there is an acknowledgement that the traditional model of medical training that has intervention as its focus does not adequately train doctors to assist black communities in prevention as well as teaching behavior conducive to optimal health. Thus, black women undoubtedly deal with perpetual stereotypes and are stigmatize for their health issues. Inadequately trained healthcare providers are often paternalistic which decreases their grasp of cultural issues. From recommending a culturally appropriate but healthy diet to a focus on stress reduction, they fail to provide motivation due to lack of ability to relate to the cultural dynamics of being a black woman in the United States.

Along this line, studies by the Obama Administration presented research supporting the importance of not only a diverse healthcare workforce but healthcare providers who provide culturally competent care. “Meaningful improvement in health outcomes requires adoption of policies that will produce a diverse workforce large enough to care for all people . . . ”73 Obama’s Administration also added, “Also needed are health care systems and public health systems that have the capacity to provide care

in a non-stigmatizing manner and create relationships of trust with their patients.”74 The study asserts that efforts should be made to strengthen systems capacity to offer continuum of care to those underserved and outlines ways in which new recruits can be found to address the impending workforce shortage.75 Moreover,

Health care services that are respectful of and responsive to the health beliefs, practices, and cultural and linguistic needs of diverse patients can also help bring about positive health outcomes. [Additionally], care providers should be culturally competent and able to clearly and effectively communicate to help their patients understand the benefits of following recommended treatment plans. Building pipeline programs into the health care professions for people of color and those in poverty can improve culturally competent care as well as help achieve health equity.76

Some may believe that race is too profound a societal issue to lend itself to a public policy response. Research on health and health care unfortunately tends to bolster this perception by failing to push beyond statistical analysis of racial disparities to explore their underlying causes.77 Even more troubling are the disparity studies that conclude by speculating on the possible roles of patient attitudes and preferences without giving equal weight to the possible roles of systemic factors. There are far too few studies, which attempt to probe the role in health disparities that may be played by

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74. Ibid, 34.
75. Ibid, 34.
76. Ibid, 35.
physician perception and clinical judgment. Furthermore, it is not uncommon to find that such evidence is either met with denial or whitewashed when it is presented.⁷⁸

In *Sick and Tired of being Sick and Tired: Black Women’s Health Activism in America: 1890-1950*, Susan L. Smith gives an exhaustive analysis of the historical governmental support of cultural competency writing, “Cultural competency care helped public health nurses promote clinics, immunizations programs, prenatal and postnatal medical examinations. The success of official state and county health projects for African Americans depended to a large degree on the public health work of black laywomen.”⁷⁹ She credits early black activists that, like the NABN presently, did an excellent job in pushing for an increase in black nurse employment and “politicized black health needs and therefore indirectly advocated social rights.”⁸⁰ She also delves into the strategies of early black activists in bringing the need of a healthy black population to a personal level by mounting an argument that “the lack of access of care for all impacted both black and white people by promoting sickness among black people and failed to protect the health of white people.”⁸¹ Early to mid-1900s arguments also focused on domestic servants and disease transmission leading to an unhealthy black workforce that negatively impacted white employers.⁸² Still, Rosembaum, and Teitelbaum maintain that the move away from a civil rights minded strategy in eradicating health disparities to a

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⁷⁸. Ibid., 135-136.


⁸⁰. Ibid., 4.

⁸¹. Ibid., 39.

⁸². Ibid.
focus on health care access and quality has been more successful which has contributing to the high outcome success rate for the NABN. They state “shifting the legal paradigm from civil rights to health quality may make the conversation easier and remedies more attainable.”

National Council of Negro Women: Increasing the Economic Empowerment of African-American Women

Figures 5.4 and 5.5 display the fact that weekly wages for black women were $312.00 whereas in 2016, their weekly wages increased to $646.00. Weekly wages between 1996 and 2016 saw a 73.7 % increase for black women. Increasing the economic empowerment of African-American women is the main goal for the NCNW.

Figure 5.4. Weekly earnings of wage and salary workers, 1996


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Despite economic success, black women continue to have higher rates of unemployment than white women and continue to have lower amounts of weekly usual earnings and median wealth compared to their male counterparts and white women.

African-American women more than doubled their share of workers earning the minimum wage or below from 2007 to 2012. The poverty rate for African-American women is 28.6 percent. In comparison, the poverty rate of white, non-Hispanic women is 10.8 percent. These disparities leave a growing portion of African-American women more vulnerable to poverty and its implications.  

One of the biggest implications is the lack of health insurance. One out of four adults 19–64 years of age reported not having health insurance at some time during 2011, with a majority remaining uninsured for ≥1 year. In the first quarter of 2010, an estimated 59.1 million persons had no health insurance for at least part of the year, an

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increase from 58.7 million in 2009 and 56.4 million in 2008.\textsuperscript{85} Subsequently, the unemployment rate also increased from 5.8% to 9.3% from 2008 to 2009, the largest one-year increase on record. Losing or changing jobs were the primary reasons people experienced a gap in health insurance (employment-based coverage for persons over 65). Unemployed persons tended to have higher annual illness rates, lacked health insurance and access to health care, and had an increased risk for death. Several studies indicated that employment status influences a person’s health; however, poor health also affects a person’s ability to obtain and retain employment. Poor health predisposes persons to a more uncertain position in the labor market and increases the risk for U.S.\textsuperscript{86}

Due to the often precarious employment opportunity for black men, among African-American households, more than half (53.3 percent) of working wives were breadwinners. Furthermore, married or cohabiting African-American households have a median wealth of $31,500 while single African-American women have a median wealth of only $100. African-American women with children, however, have zero median wealth.\textsuperscript{87} Obtaining higher education increases the chances of black women entering white collar professions which allows for higher salaries. Studies reveal that African American women earned more than half of all science and engineering degrees


completed by African Americans—surpassing their male counterparts, but only account for 2% of the 24% of total women represented in science, technology, engineering, and mathematics, or STEM fields. Additionally, only 11.9% of African-American women were in management, business, and financial operations positions. In comparison, women are employed in these fields at a rate of 41.6%. More strikingly, census data about work-life earnings, white women make more than African-American women among full-time, year-round workers, regardless of what degrees they have obtained. 88

In discussing the role of socioeconomic status (SES) in health disparities, Dr. Davis Williams defined it as a “term conventionally used to refer to an individual’s or groups location in the structure of society that determines differential access to power, privilege, and desirable resources. It is typically assessed by income, education, or occupational status.” 89 Because unemployment has historically been substantially higher in black and Hispanic populations during past decades and because unemployment has increased substantially from the start of the recession in December 2007, associations between unemployment and health and between unemployment and minority status need to be further studied. 90 Understanding the relationship between the political position of black women and the economic outcomes, upon reviewing Sheila Radford-Hill’s “Further to Fly: Black Women and the Politics of Empowerment,” Brenda Allen highlighted Radford-Hill’s argument that “Black and brown feminists often study effects

88. Ibid.


of poverty without analyzing economic forces. Thus, she endorsed research on relationships between economic distress and sexuality and gender identity.  

Despite these dismal statistics there has been some growth as exemplified by the 74% increase in wages. Studies have shown that there were three major factors driving the improved wages of black women: (1) increased educational attainments, (2) decreased teenage births, and (3) high levels of entrepreneurship. Research by the National Coalition on Black Civil Participation reveals that black women have more than tripled their graduation rates since 1960. As of 2012, some 86% have graduated from high school and the dropout rate for black women has declined consistently, falling by more than 40% in the Obama years, down to 6.4% by 2011.  

According to the National Center for Education Statistics, between 2009 and 2010, black women earned 68 percent of all associate degrees awarded to black students, as well as 66 percent of bachelor’s degrees, 71 percent of master’s degrees and 65 percent of all doctorates awarded to black students. The report also reveals that the percentage of U.S. college students who are black increased from 10 to 15 percent from 1976 to 2012, while the percentage of white students among all U.S. college students fell from 84 to 60 percent.  

By both race and gender, a higher percentage of black women (9.7 percent) are enrolled in college than any other group, topping Asian women (8.7 percent), white


93. Ibid.
women (7.1 percent), and white men (6.1 percent). In addition to the increase of college enrollment among black women, birthrates have dropped dramatically for black teenagers. Since the 1990s, 15-17 year olds have seen a drop by more than two-thirds (67%), while 18-19 year olds have experienced a 44% decline. Additionally, black women-owned businesses are the fastest growing segment of the women owned business market. An estimated 1,119,400 firms owned by black women employ 272,000 workers in addition to the owner and generate an estimated $44.9 billion in revenue.

Concurring with recent data showing the increase in black women-owned businesses, Dell Gines wrote, “One statistic unique to businesses owned by black women is their representation among all black-owned businesses. In 2012, businesses owned by black women represented 59 percent of all black-owned businesses, far ahead of the 36-percent share of all U.S. businesses owned by women. No other racial or ethnic group has more than 50 percent of its total businesses owned by women.” Entrepreneurship among black women has a long history in the black community. Due to the lowest wages, out of any demographic group because of barriers due to their race, gender and class, black women have not had the luxury of not working. The need to have multiple streams of income has also been instrumental in filling in the gaps of high


unemployment, job insecurity and low wages. Giles refers to this as “Necessity-Based Entrepreneurship.” She explained, “This theory states that when labor market discrimination occurs or there is lack of access to a job that creates enough household income to support the family, an individual will create a business out of necessity.”

NCNW’s goal of economic empowerment is notable because inequitable access to opportunities and resources are a consequence of socioeconomic disparities such as work, wealth, and income. It not only impacts overall standard of living but presents barriers to high-quality health prevention, early detection, and treatment information and services. Even black women that are employed are less likely to have empowerment as they deal with the stress of entry into white collar jobs and multiple obligations such as elder care, church responsibilities and childcare, as well as longer commutes. The high outcome success rate of the NCNW goal, exemplifies the importance that black women-led organizations serve as a functioning part of the political infrastructure that links the need for economic advancement and political participation to improve the health disparities that remain for black women due to their race, class and gender.

**SisterLove: Decreasing the Incidence of HIV/AIDS of African-American Women**

Blacks have the most severe burden of HIV of all racial/ethnic groups in the United States. Compared with other races and ethnicities, African Americans account for a higher proportion of new HIV diagnoses, those living with HIV, and those ever diagnosed with AIDS. By the end of 2014, 42% (504,354) of those ever diagnosed with AIDS were African Americans. From 2005 to 2014, the number of new HIV diagnoses

98. Ibid.
among African-American women fell 42%, though it is still high compared to women of other races/ethnicities.  

Sisterlove’s main organizational goal is to decrease the incidence of HIV/AIDS of African American women. Comparing 1997’s figures with 2014’s, there is a markedly increase in the percentage of total HIV/AIDS cases that were African-American women.

Figure 5.6 shows African-American women increased their percentage of HIV/AIDS incidents, of all women, to 62% up from 56% in 1997 (Figure 5.7). Despite the percentage increase, back women’s HIV/AIDS incident rates have dropped dramatically.

![Figure 5.6. HIV/AIDS rates of incidence by gender/race/ethnicity, 1997](http://www.cdc.gov/hiv/group/racialethnic/index.html)

Source: Centers for Disease Control and Prevention, HIV Risk by Racial/Ethnic Groups

In 2014, around 1 in 4 people living with HIV in the United States were women. Most new HIV diagnoses in women are attributed to heterosexual sex. Of HIV incidents in 2014, 87% (7,242) were attributed to heterosexual sex, and 13% (1,045) were attributed to injection drug use. From 2005 to 2014, the number of new HIV diagnoses among young African-American gay and bisexual men (aged 13 to 24) increased 87%. But that trend has leveled off recently, with the number declining 2% since 2010. It is important to note that risk is not the same in all communities. For example, many gay and bisexual men living with or at risk of acquiring HIV are also black, and many black women and men with HIV may also have substance use disorders. Even when individuals in these groups do not engage in greater risk behaviors than others, they still can be more likely to become infected with HIV because of the high number of persons with HIV

100. Ibid.
infection in their communities. As a result, any instance of risk behavior carries a far greater likelihood of infection than other communities with fewer cases of HIV.\textsuperscript{101} Consequently, given the health disparity of HIV infection in the black community black women are affected at a much higher rate than other groups.

Compounding the HIV crisis in the black community, studies show that risky sexual behavior had dire consequences for black women. Based on a study by Marcus Durham and colleagues, among 902 sexually active men who sleep with men (MSM), 54\% reported having unprotected sex. Only 4 out of 10 sexually active men reported having unprotected sex with an HIV-negative male partner or a male partner of unknown HIV status.\textsuperscript{102} Black men who are infected with HIV are less likely to have health insurance, adhere to retroviral treatment, and have suppressed viral loads than their white counterparts. Additionally, smaller social and sexual networks, higher prevalence of having had sexual intercourse, and higher prevalence of HIV with MSM at increased HIV risk as compared with MSM of other races and ethnicities. These risks are further compounded by social determinants associated with poorer health outcomes, including higher rates of unemployment and incarceration and lower incomes and educational attainment.\textsuperscript{103} Additionally, the differing biological, psychological, and cultural factors

\textsuperscript{101} Office of National AIDS Policy, 25.
between women and men contribute to women’s increased vulnerability to infection as negotiating safer sexual practices can be especially challenging for women who may be economically dependent on men.\textsuperscript{104}

The findings reveal the high decrease of HIV/AIDS of black women is a result of several things. The early AIDS activists were extremely successful in putting a spotlight and obtaining scientific data on the disease to assist in legislative efforts. If early activists put AIDS on the political agenda, it was the passing of the Ryan White Act that created the type of legislative influence that has allowed HIV/AIDS to become a financial grant receiving mammoth. This allows smaller community-based programs, such as SisterLove, to not only benefit from grants, but recognition and scientific-based data as well. Lastly, the United States federal and global communities have put together comprehensive and multiple pronged strategies for eradication, especially in underserved areas.

\textbf{Sisters Network\textsuperscript{®} Inc.: Increasing the Survivorship of African-American Women with Breast Cancer}

Cancer is the second leading cause of death among African Americans. Cancer is the number one cause of death in the 55-64 age group and constitutes for 33.3 percent of deaths.\textsuperscript{105} Despite the bleak numbers, the drastic decrease of deaths of black women due to breast cancer is illustrated in Figure 5.8.

\textsuperscript{104} Office of National AIDS Policy, 25.

Figure 5.8. Female breast cancer: Death rates by race and ethnicity, United States, 1999-2013


Figure 5.8 highlights the death rates of black women reaching a low of 28 deaths per 100,000 people. But according to Carol Desantis and associates, the decline in breast cancer mortality rates for black women does not depict the entire picture of the health disparity of the disease.

Statistics show that back women find out at a later stage for various reasons such as (1) economic, (2) more aggressive gene, and (3) doctors are not aggressive enough. While breast cancer incidence and mortality have declined overall, black women have not benefited equally from these improvements.

Calling the cancer divide between black and white women in the U.S. entrenched and startling, Parker-Pope wrote, “Despite 20 years of pink ribbon campaigns and numerous advances in medical treatment that have sharply improved survival rates for

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women in the United States, the vast majority of those gains have largely by-passed Black women.\textsuperscript{107} According to a study by Steven Whitman, depicting the gap of wide breast cancer mortality, “The big change in the 1990s was advances in care that were widely available in early treatment and detection. . . White women gained access to those advances, and Black women didn’t.”\textsuperscript{108} Table 5.5 shows the white/black difference in cancer mortality rates in 2010.

Table 5.5. White/black difference in cancer mortality rates in 2010

<table>
<thead>
<tr>
<th>States and District of Colombia</th>
<th>Cancer Mortality Gap</th>
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<tbody>
<tr>
<td>Alabama</td>
<td>10.6</td>
</tr>
<tr>
<td>Arkansas</td>
<td>10.8</td>
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<tr>
<td>California</td>
<td>9.0</td>
</tr>
<tr>
<td>Connecticut</td>
<td>5.8</td>
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<tr>
<td>District of Columbia</td>
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<tr>
<td>Florida</td>
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<td>Georgia</td>
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<td>Indiana</td>
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<tr>
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<tr>
<td>Michigan</td>
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<td>Missouri</td>
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<tr>
<td>New Jersey</td>
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\textsuperscript{108} Ibid.
### Table 5.5 (continued)

<table>
<thead>
<tr>
<th>States and District of Colombia</th>
<th>Cancer Mortality Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York</td>
<td>3.3</td>
</tr>
<tr>
<td>North Carolina</td>
<td>8.4</td>
</tr>
<tr>
<td>Ohio</td>
<td>7.6</td>
</tr>
<tr>
<td>Pennsylvania</td>
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<tr>
<td>South Carolina</td>
<td>8.5</td>
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<tr>
<td>Tennessee</td>
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</tr>
<tr>
<td>Texas</td>
<td>12.6</td>
</tr>
<tr>
<td>Virginia</td>
<td>10.7</td>
</tr>
</tbody>
</table>

Note: The rate calculates how many Black women die from breast cancer for every once white woman. Rates are a five-year moving average.


Some researchers contribute the mortality gap to biological issues that can be found in black women that make them more accessibility to cancer. “Black women are more likely to develop aggressive forms of breast cancer than white women because of genetic differences in tumors. This information may help explain the racial differences in survival rates.”

Studies also show that black women have a higher rate of breast cancers that do not respond to hormone therapy. These findings may assist in developing specific treatments for black women in the disease. However, researchers say that biological differences in cancer cannot explain away the severe disparity in survivals rates between white and black women. While African-American women are at greater

109. Ibid., 14.
risk of a more aggressive form of cancer those cancers account for only about 10 percent of diagnoses.\footnote{110}

Not everyone agrees with biological factors in the increase of breast cancer. Eleanor Hoytt, CEO of the Black Women’s Health Imperative, a black woman-led organization that focuses on advancing the health and wellness of black women, does not agree that biology is the main factor in the increase of breast cancer.

Some people think there’s a contradiction in saying that race is not a biological category but we have to pay attention to race. But race is a political system. We can make a clear distinction between accepting a false view of race as an inherent biological category written in our genes and race as a political system of governance that was invented to perpetuate.\footnote{111}

However, she also delivered a critique of being opposed to discussing race and stated the following: “Talking about it doesn’t eradicate it. Rejecting an acceptance of color blindness, she opined, allows the increase of health disparities that are race based. The political division of race affects institutions that treat people unequally, not because there is some natural genetic division among us.”\footnote{112}

According to a study in the American Journal of Public Health, there is another reason for the discrepancy of breast cancer survival rates: under-treatment. It states that African American women are less likely than White women to receive appropriate treatment. . .in younger as well as older patients, and in earlier as well as late stages, African American patients were more likely than White patients to be treated and to be treated by non-surgical methods. While creating healthcare

\footnote{110} Ibid.


\footnote{112} Ibid.
access for all increases who gets care, the simple expansion of services without a
focus on differences in the quality and delivery of these services does not
eliminate health inequities. Treatment is one area where disparities are very clear.
Institutionalized barriers prevent many women from fully utilizing healthcare and
can result in subpar care.\textsuperscript{113}

Yet, information from the American Cancer Society details that due to an increase in
access of mammography’s 203,400 breast cancer deaths have been averted since 1991.\textsuperscript{114}
However, there is huge gap between black women with insurance and without. In 2013,
61 percent of black women with insurance have had a mammogram compared to 37
percentage that did not have insurance.\textsuperscript{115} Mammography screening in women ages 40
and older peaked in 2000 for white women (72\%) and in 2003 for black women (71\%),
declined slightly in both groups through 2005, and has since been generally stable. In
2013, 66\% of both black and white women ages 40 and older reported receiving a
mammogram within the past two years.\textsuperscript{116}

Even with similar breast cancer screening rates, breast cancer is detected at an
advanced stage more often in black than in white women, which has been largely
attributed to longer intervals between mammograms and lack of timely follow-up of

\begin{itemize}
\item \textsuperscript{113} Breast Cancer Action, Disparities in Breast Cancer: Through the Breast Cancer-Care
Breast-Cancer-Fact-Sheet.pdf.
\item \textsuperscript{114} American Cancer Society, Mammography Statistics, accessed August 15, 2016.
\item \textsuperscript{115} United States of Health and Human Services, Health, United States, 2015: With Special
Feature on Racial and Ethnic Health Disparities, 260.
\item \textsuperscript{116} Ibid.
\end{itemize}
suspicious results.\textsuperscript{117} Furthermore, the actual prevalence of screening may be different than it appears here based on national survey data because evidence suggests black women may be more likely than white women to overestimate mammography utilization.\textsuperscript{118} New guidelines were adopted by the government to decrease the exposure to mammogram. As a result, in October 2015, the American Cancer Society issued a new breast cancer screening guideline recommending that average-risk women undergo annual screening mammography beginning at 45 years of age; at age 55, women may transition to biennial screening or continue with annual screening, continuing as long as their overall health is good and life expectancy is 10 or more years. In addition, women 40 to 44 years of age should have the choice to begin annual screening.\textsuperscript{119} Despite the controversial decision, various studies have proved that much of the mortality difference stemmed from breast cancers detected in women in their early 1950s, which, researchers noted, cast doubt on recommendations to screen women under age 50.\textsuperscript{120}

Critics have disavowed these guidelines for black women citing other governmental studies that show a disparity in screening apparent by income and race. Additionally, they have argued that the new guidelines do not take into consideration the various health access determinants and historically health beliefs of stigmatization in the

\begin{flushright}
\textsuperscript{118} Ibid., 23.
\textsuperscript{119} Ibid.
\end{flushright}
black community that impact black women differently than white women. However, there is an assumption that organizations such as Sister’s Network contribute to the high outcome rate by largely adhering to a community-level approach that provides social support and access to a positive social network which positively influences black women’s attitude toward breast cancer screening.

**SisterSong, Inc.: Increasing Access to Family Planning Services**

The Health Movement of the 1960s and 1970s focused not only on women’s ability to achieve equal rights in education, politics, and employment. It also hinged on their ability to control their reproduction, but contraception, obstetrical and gynecological care, as well as abortion rights, became the focus of the movement and in time women’s health became synonymous with reproductive health. However, since abortion rights are a more controversial subject than contraception, family planning has been easier to get on the political agenda. Since the mid-1960s, both the federal and state governments have funded family planning services for low-income persons. From 1965 to 1994, federal family planning expenditures totaled approximately $7.1 billion, while the states spent an estimated $1.6 billion for family planning. Abortion, in contrast, did not even become legal in all states until 1973, when the Supreme Court issued the *Roe v. Wade* decision.

During the 1980s, the Reagan administration, singled out family planning programs for special attack to placate the pro-life right wing of the Republican Party.

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Unfortunately, opponents of abortion saw little difference between abortion and family planning.\textsuperscript{123} Drastically decreasing federal funding for family planning services, Reagan argued that the states would be more responsive. Allowing states to have more leeway to design family planning politics lead to what Deborah R. McFarlane and Kenneth J. Meier coined “morality politics” in conservative states. “Morality policies frequently address social relationships, but their primary concern is the legitimacy of values: which values are accepted by the state and which are considered unacceptable.”\textsuperscript{124} They argued, . . . “these values are related to the demand for or the desire to consume what some people consider to be utterly wrong or sinful. For example, many people consider abortion or contraception, or both, to be transgressions against moral or religious law.”\textsuperscript{125}

SisterSong nationally debuted the term “Reproductive Justice,” at their first national conference on November 2003.\textsuperscript{126} It was developed as an expansion of the theory of intersectionality from the black women’s health movement to the reproductive rights movement. Deriving from women of color as a human rights framework, it has as its focus practice of self-help and an understanding of the experiences of women of color whose multiple communities experience a complex set of reproductive oppressions. Therefore, “Reproductive Justice is a positive approach that links sexuality, health, and human rights to social justice movements by placing abortion and reproductive health issues in the larger context of the well-being and health of women, families and

\textsuperscript{123} Ibid., 46.
\textsuperscript{124} Ibid., 3
\textsuperscript{125} Ibid., 3.
Consequently, SisterSong’s main goal, to increase the access to family planning, resulted in a slight increase. Figure 5.9 illustrates that between 1995 and 2010, the number of women between the ages of 15-44 that used family planning or medical services only increased by 1.45%, albeit 70% of women still had access to services. It was found that family planning services can encompass several service delivery programs ranging from birth control, sterilization, pap testing and counseling/testing for sexually transmitted disease.

Figure 5.9. Family planning or medical services of women aged 15-44, United States, 1995, 2002, 2006-2010


Therefore, having a high access to family planning/medical services does not necessarily translate to a high access of abortion access. In researching the historical background of the abortion fight, Deprez opined, “... a focus on the total number of

127. Ibid.
facilities can obscure the dynamics of abortion access, as caseloads vary substantially by provider type.”

In 2008, hospitals accounted for 34% of abortion facilities, but they performed only 4% of abortions.”¹²⁸ The study also outlines that, “By contrast, clinics accounted for 47% of facilities and 94% of procedures. Physicians’ offices represented 19% of facilities but provided only 1% of abortions. Hence provider type and the number of clinics may be a more important indicator of access than the total number of providers.”¹²⁹ Abortion clinics in the U.S. have closed at a record pace. In five states—Mississippi, Missouri, North Dakota, South Dakota and Wyoming—just one remains. Since a Republican-led push began in 2011 more than 160 providers have closed their doors or stopped offering the procedure and an increasingly high rate of abortion restrictions were enacted.¹³⁰ According to a study by the Guttmacher Institute, “American women were having fewer abortions before clinic closings accelerated in the last few years.”¹³¹ It concluded, “Increasing cultural acceptance of single motherhood, the recession (which was accompanied by a decline in pregnancies) and more


¹²⁹. Ibid.


¹³¹. Ibid.
effective contraceptive use are also behind the drop. Still, almost half the 6.7 million pregnancies each year are unintended, and almost half of these end in abortion.” 132

The low change rate is also due to the access to family planning services, of any kind, which does not particularly equate to abortion services. Care is specific to the needs of individual women and offered by both community clinics and primary care service delivery services. However, class, gender and race are important factors in the accessibility of family planning services. For example, a woman cannot make an individual decision about her body if she is part of a community whose human rights as a group are violated, such as through environmental dangers or insufficient quality health care. 133

Researchers should be cautioned in equating the low outcome success of SisterSong’s (SS) goal as a sign of a question of success. Instead, one could view the low change rate in part to a successful feminist agenda and health movement. This movement obtained early abortion access, thus moving away from a controversial focus on abortion rights to family planning and sex education which constituted a more favorable public consensus. Margaret Brown also suggested that a supportive environment is critical in realizing its goals of an organization. 134 According to the results of a multivariate analysis, the odds that a young woman will use any contraceptive method and the odds

132. Ibid.


that she will use a condom increase by about one-third following instruction about birth control.”

Moreover, the study concluded the following:

If contraceptive education occurs in the same year that a teenager becomes sexually active, the odds of any method use and of condom use are increased by 70-80%, and the odds of pill use are more than doubled. The results also suggest that with greater educational efforts, the proportion of teenagers who use condoms at first intercourse could increase from 52% to 59%, while the proportion using no method might decrease from 41% to 33%.

Therefore, giving credence to the probability that the success of organizations that have as its focus reproductive health, such as SS, have had the ability to connect the usefulness of clinic accessibility to screening for HIV has kept the organization from a negative success rate. Guerra’s research on the importance of clinics that provide sexually transmitted disease (STD) screenings as a precursor in diagnosing an underserved demographic shows “models of care are necessary to provide comprehensive screening and appropriate linkage to care for multiple factors associated with HIV—such as sexually transmitted infections (STIs), substance use, mental health, and intimate partner violence (IPV).” For example, many new HIV infections are diagnosed in STD clinics and about one in ten gay and bisexual men with syphilis or rectal gonorrhea acquire HIV within one year of their STI diagnosis. Moreover, when sustained backlash from conservative politicians, which has led to a substantial decrease of clinics available, is


136. Ibid.


138. Ibid.
taken into consideration, the increase, although small, can be viewed as a more successful outcome than the numbers might suggest.

The inclusion in scholarly research of the utilization of social conditions as determinants of health disparities is not new. In “Fundamental Sources of Health Inequalities,” Link and Phelan lay out a careful argument that the idea was forcefully articulated by nineteenth-century proponents of “social medicine,” who noted strong relationships between health and the dire housing circumstances, poor sanitation, inadequate nutrition, and horrendous work conditions that poor people encountered at that time. They also articulated the dual beliefs that “medicine is a social science” and “politics is nothing but medicine on a grand scale” has its foundation in the acknowledgement that the “enormous improvements in health experienced over the past two centuries owe more to changes in broad economic and social conditions than to specific medical advances.” Nevertheless, the researchers conceded that perspective has not always been prominent. In the late twentieth century, the rise and influence of “risk-factor epidemiology” focused attention on individually based biological and behavioral risks for ill health. While the focus on biological and individual behavior is important information to assist in reducing individual risk and optimally improve overall health, it can also minimize the role social conditions and political marginalization play in health disparities.


140. Ibid.

141. Ibid.
In his study of the racial and ethnic variations in women’s health, Williams laid claim to the belief that the various racial and ethnic categories all reflect the differences in socioeconomic circumstances. He concluded, “SES plays a large role in accounting for disparities in health.”

Through a Black Women’s Activism Theoretical Framework lens, these socioeconomic factors are pivotal in the understanding of the collective experiences of black women and their political engagement, through the organizations they lead, as they seek to influence health policy to improve health outcomes for black women.

**Legislative Success**

Legislative success was quantified in two ways. First, organizational and/or program goals were translated into key policy areas. There was a focus on governmental changes made within the specific key policy areas within the years of 2001 through 2015. Data were collected, on a national level of bills that were the closest match with the key policy areas and the legislative outcome was recorded on each bill.

Secondly, legislative success data were obtained on national laws that organizations directly participated. Consequently, 359 pieces of legislation were collected from the ProQuest Law Database, located at the Georgia State Law school, to determine organizational participation by the organization in Congressional hearings. Participation was regarded as (1) any representative of the organization speaking on the organizational floor, (2) the organization or representative mentioned on the Congressional floor, (3) the organization of a representative listed on a formal petition that was either presented to

Congress and recognized on the Congressional floor or part of the documentation made available electronically on ProQuest Law Database for the public record, and (4) a direct letter was sent on behalf of the organization that was either presented to Congress and recognized on the Congressional floor and part or the documentation made available electronically on ProQuest Law Database for the public record. Next, all bills that were considered in a committee or beyond were cross referenced by utilizing www.govtrack.us.com and www.congress.gov.

Legislative bills were collected and organizational and/or programmatic goals were translated into key policy areas only if the organizations were putting their energies in programs that will make a real difference, thus shaping the view that each program had its pulse on the issues impacting that health issue. Information was ascertained through interviews, primary documentation given to the researcher by the organization, IRS tax forms and the organization’s website. Those who control the government agenda control the debate, the types of policies that are formulated, and the structure of the implementation process. McClain and Stewart agreed and stated the following:

Recent research suggests that the agenda-setting process is characterized by long periods of stability and of domination by privileged elites but may be subject to rapid change in political outcomes. Despite the disadvantage that outside groups have in getting access to the policy process, and the influence of policy monopolies on controlling the agenda, new issues to obtain a hearing do exist through the extraordinary efforts of interested individuals and groups.143

It is important to examine how black women-led organizations tackle specific health issues by implementing organizational programs to combat them as well as translating

those issues to legislators to make policy. This is important because if an issue is never considered, it is impossible for the issue to be placed on the political agenda so that government can act upon it.

Studies of the policy process indicate that interest groups often play a central role in setting the government agenda, defining options, influencing decisions and directing implementation.144 Black women-led organizations advocate for and implement strategies that are based on a connectedness of lived experiences. Due to this understanding of the intersection of race, gender, class, and public policy, the organizations in this study increased their legislative influence by having a decision-making structure that provided organizational programming that mirrored issues within the black community while assisting in obtaining a place on the political agenda. The majority of the bills were not enacted. However, most of them were given recognition and discussion by being referred to a committee,145 passed in one of the chambers, or ended in a resolution.146 A simple resolution, H. Res. or S. Res., is a proposal that addresses matters entirely within the prerogative of one Chamber or the other. It requires neither the approval of the other Chamber nor the signature of the President, and it does not have the force of law. Simple resolutions concern the rules of one Chamber or express the sentiments of a single Chamber. For example, a simple resolution may offer condolences to the family of a


deceased member of Congress, or it may express the opinion of one Chamber or the other on foreign policy or other executive business.147

Perhaps the most important phase of the legislative process is the action by committees. The committees provide the most intensive consideration to a proposed measure as well as the forum where the public is given their opportunity to be heard. A tremendous volume of work, often overlooked by the public, is done by the members in this phase. There are, at present, 20 standing committees in the House and 16 in the Senate as well as several select committees. In addition, there are four standing joint committees of the two Houses, with oversight responsibilities but no legislative jurisdiction. The House may also create select committees or task forces to study specific issues and report on them to the House. A task force may be established formally through a resolution passed by the House or informally through organization of interested Members by the House leadership.148

**National Association of Black Nurses**

The National Association of Black Nurses’ (NABN) program activities were quantified into four policy stances which yielded four bills. Out of the four bills introduced, two went to Congressional committees, one passed the House and one was enacted into law. Two of the bills that were transferred to Congressional committees were H.R. 2713, Title VIII Nursing Workforce Reauthorization Act of 2015 and H.R. 379, The National Nurses Act of 2015. Table 5.6 shows the NABN’s program activities.

147. Ibid.
148. Ibid.
<table>
<thead>
<tr>
<th>Health Issue/Goal</th>
<th>Organizational Program(s)</th>
<th>Policy Stance</th>
<th>Bills Formulated from Supported Policy Stance</th>
<th>Legislative Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the number of cultural competent black nurses to improve health outcomes for African Americans</td>
<td>The American Nurses Foundation, Founders Leadership Institute, Summer Youth Institute, CEP Program (certification program)</td>
<td>Increase graduation rates of black nurses</td>
<td>H.R. 2713, Title VIII Nursing Workforce Reauthorization Act of 2015</td>
<td>Referred to Congressional Committee 6/10/2015</td>
</tr>
<tr>
<td>Decrease disparities in chronic conditions (including heart disease) in the African American community thru health promotion</td>
<td>Cardiovascular Health in Women Under Forty, The development of mag (Minority Nurse Profession), The Women’s Research Program (to assist research nurses to enhancing existing research or development new research around women’s health issues)</td>
<td>Assist in raising awareness of health disparities by funding evidence based research on disease prevention and promotion</td>
<td>H.R. 3285 Reducing Disparities Using Care Models and Education Act of 2015</td>
<td>Referred to the Subcommittee on Health. August 6, 2015</td>
</tr>
<tr>
<td>Assist in decreasing the risk factors that increase the chances of developing heart disease in the African-American community</td>
<td>Healthy Lifestyle Challenge (an Obesity Initiative), Million Hearts</td>
<td>Decrease obesity in the black community.</td>
<td>H.R. 1032 Heart Disease Education, Analysis Research, and Treatment for Women Act</td>
<td>Passed the House 8/30/2010</td>
</tr>
<tr>
<td>Decrease the number of African American women developing heart issues by having increased access to healthcare</td>
<td>Coco-Cola Initiative, Medicare Expansion Hospital readmission Reduction Act</td>
<td></td>
<td>H.R. 1155 The Patient Protection and Affordable Care Act</td>
<td>Enacted into law 3/2010</td>
</tr>
</tbody>
</table>
The H.R. 2713, Title VIII Nursing Workforce Reauthorization Act of 2015 had as its focus, programs for loan repayment and scholarships for nurses as well as making grant programs for nurse education and retention permanent. This bill assists the NBNA with their mission of increasing the rates of black nurses. Currently, they have several programs providing financial assistance to nurses such as The American Nurses Foundation, Founders Leadership Institute, Summer Youth Institute, and the CEP Program (certification program). These programs provide grants to nurses to attend nursing school, develops up and coming nurses by awarding financial support for young people interested in nursing to attend their conference and receive training and provide mandatory culturally competent nursing credits at their conferences. The Black Nurses and the President’s Health Agenda is a program that allows the organization to brief the White House on the importance of various programs and governmental support that is needed to make the nursing profession more diverse and increase culturally competent care among health professionals.

H.R. 379, The National Nurse Act of 2015 bill, had the purpose of changing the designated Chief Nurse Officer of the U.S. Public Health Service to the National Nurse for Public Health. The action would provide the authority and the recognition needed to capture the public’s attention, encourage prevention, and raise awareness of health promotion efforts. This was in line with NABN’s many programs such the women’s research program and the development of a magazine for the minority nurses that assist in raising awareness of health disparities. The passing of this bill would allow the NABN to
achieve its goal of decreasing disparities in chronic conditions (including heart disease) in the African-American community through health promotion.

One of the goals of NABN is to assist in decreasing the risk factors that increase the chances of developing heart disease in the African American community. There are two programs that help with the effort. The Healthy Lifestyle Challenge offers over 1000 grants to local chapters to design programs to decrease the obesity epidemic also a challenge for each chapter to lose a cumulative 40,000 pounds. The Million Hearts program is an alliance that includes the NBNA and the American Heart Association with the federal government and corporations to promote health and wellness. Although targeting different demographics, both are obesity initiatives originated to help black women to develop healthy behaviors including maintaining a desirable body weight. The H.R. 1032 Heart Disease Education, Analysis Research, and Treatment for Women Act that supports these efforts was introduced and passed the house.

The Patient Protection and Affordable Care Act (ACA) was the lone bill that was enacted. It was also strongly supported by the NBNA who participated in offering policy suggestions to issues related to their mission. One such example was the Health Workforce Training program. According to the Center for Public Policy Health, this part of the act reauthorizes existing programs—as well as creates new programs—that provide loan repayment, scholarships, fellowships, residencies, and other support to new and existing public health and clinical health care workers across workplaces and the educational spectrum.149 Other parts of the ACA supported the program goal of

decreasing the number of African-American women developing heart issues by having increased access to healthcare. The Readmissions Reduction Program that provides a continuum of affordable coverage options through Medicaid and the New Health Insurance Exchanges assists NBNA in the Coca-Cola Company sponsored initiative to expand Medicare and reduce hospital readmission.

National Council of Negro Women

In a 2012 article, from the Black Women’s Health Imperative, they cite a Post-Kaiser survey which revealed:

Black women were more likely than White women to report being worried about losing their jobs and not having enough money to pay their bills. They are more responsible for their elderly relatives’ financial needs and more likely to provide child care for family and friends. Such demand not only puts wear and tear on Black women’s bodies but also leave little time and energy for addressing their needs.” Contributing to the fact that obesity is more common among Black women than among White women and White men which drive a lot our leading conditions that lead to high mortality.\(^{150}\)

Following in that line of thinking, the NCNW’s programs connect economics and health care access. Understanding the inability to find stable employment or economic security with health benefits assists researchers in examining the social determinants that will impact black women’s health and access to quality healthcare. The following table illustrates the various policy stances that assist in connecting economics with health. Programs such as the Fit for Life Obesity Project and the AARP Long Term Planning campaign seek to coalesce obesity and the need for black women to take care of

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themselves by teaching how to plan for long-term health care needs (see Table 5.7). Both projects had bills that supported the policy stance of reducing obesity and promoting financial literacy in older black women and to increase financial health in retirement.

Table 5.7. Program activities of the National Council of Negro Women

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Organizational Programs</th>
<th>Policy Stance</th>
<th>Federal Law/Policy Formulated from Supported Policy Stance</th>
<th>Legislative Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreasing obesity to improve cardiovascular health</td>
<td>Fit for Life Obesity Project</td>
<td>Reduce Obesity</td>
<td>S.1509 Treat and Reduce Obesity Act of 2015</td>
<td>Referred to the Committee on Finance 6/14/2015</td>
</tr>
<tr>
<td>Access to health care</td>
<td>Health care Reform Tour</td>
<td>To inform African American community about the Affordable Health Care Act</td>
<td>H.R. 1155 The Patient Protection and Affordable Care Act</td>
<td>Enacted into Law 3/2010</td>
</tr>
<tr>
<td>Global Economic Empowerment</td>
<td>International Development Center</td>
<td>Assist women economically around the world</td>
<td>H.R.5191 Global Resources and Opportunities for Women to Thrive Act of 2010</td>
<td>Referred to the Committee on Foreign Affairs 04/29/2010</td>
</tr>
<tr>
<td>Assist older Black women with long term economic planning in retirement</td>
<td>AARP Long-Term Planning Campaign</td>
<td>Promote financial literacy in older Black women to increase financial wealth in retirement</td>
<td>H.R.4235 Women's Pension Protection Act of 2015</td>
<td>Read twice and referred to the Committee on Health, Education, Labor, and Pensions. 9/30/2015</td>
</tr>
<tr>
<td>Increase business ownership of Black women</td>
<td></td>
<td>Economic empowerment of Black women</td>
<td>H.R.1801 Promoting Financial Literacy and Economic Opportunity Act of 2015</td>
<td>Referred to the House Committee on Ways and Means. 04/15/2015</td>
</tr>
</tbody>
</table>

There is a myriad of ways in which black women-owned businesses continue to grow despite significant financial and social obstacles:

1. African-American owned businesses are the fastest-growing segment of the women-owned business market and are starting up at a rate six times higher than the national average.

2. The number of companies started by African American women grew nearly 258 percent from 1997 to 2013.
3. The number of African-American women-owned businesses in 2013 was estimated at 1.1 million, comprising 42 percent of businesses owned by women of color and 49 percent of all African American-owned businesses.

4. African-American women-owned businesses employed 272,000 workers and generated $44.9 billion in revenue in 2013.\(^\text{151}\)

Despite the gain of entrepreneurship among black women, they still are far behind other groups. Of the top 10 fastest-growing private companies owned by black entrepreneurs from 2009 to 2012, only 27 percent were owned by black women.\(^\text{152}\) NCNW’s Dorothy Height Leadership Institute, Bethune Program Development Center and the mentoring programs assist in the goal of increasing business ownership and financially self-sustaining and empowering jobs that improves their lives and strengthen families and their community. Not only is the organization focused on black women in the United States, they also focus on improving social and economic status of women internationally, particularly in Africa. This program is implemented along with the United Nations Association of United States of America.

The bills Promoting Financial Literacy and Economic Opportunity Act of 2015 and the Global Resources Opportunities for Women to Thrive Act of 2010, both referred to committees, represent the programs for economic empowerment for black women in the United States and abroad. According to the American Community Survey, in the 21 states that will not expand Medicaid eligibility, roughly 5.5 million people with incomes below the poverty line could fall into the “coverage gap,” meaning they earn too much to qualify for Medicaid but not enough to get tax credits to help buy health coverage on the

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\(^{152}\) Ibid., 2.
insurance marketplace. A report published in June by the Kaiser Family Foundation, shows that nearly 30 percent of all minority women have no access to health care. These bills reflect the acknowledgement that there is an interconnection between work and health outcomes. Research on psychological distress also generally finds a positive relationship between employment and women’s mental health but the direction of this relationship can depend upon several factors, including work conditions and rewards. “Extensive research on the sociology of work links intrinsic and extrinsic rewards to higher levels of job satisfaction and satisfying work tends to produce greater global life satisfaction.” The NCNW, with a partnership with the United Nations Association of the United States of America, developed the International Development Center Global to improve the social and economic status of women internationally, particularly in Africa.

The Bill H.R. 4235, Women's Pension Protection Act of 2015, is a product of the NCNW’s Long-Term Planning Campaign, along with AARP, focused on promoting financial literacy in older black women to increase financial health in retirement. Although the bill was referred to committee the issue of the lack of retirement savings among black women is dire. Using the Social Security Administration's Modeling Income in the Near Term, researcher Cristina Fernandez-Pereda describes the likely characteristics, work experience, Social Security benefit status, and economic well-being


of future divorced women at age 70 by race and ethnicity.\textsuperscript{156} Factors associated with higher retirement incomes include having a college degree; having a strong history of labor force attachment; receiving Social Security benefits; and having pensions, retirement accounts, or assets, regardless of race and ethnicity. However, because divorced black and Hispanic women are less likely than divorced white women to have these attributes, income sources, or assets, their projected average retirement incomes are lower than those of divorced white women.\textsuperscript{157} The lower level of retirement savings has a detrimental impact on the ability of older black women to obtain access to healthcare which contributes to health disparities. Researchers Rosenbaum and Teitelbaum believed racial disparities permeating the health insurance system persist even into old age. They wrote, “Among Medicare beneficiaries aged sixty-five and older, non-Latino white beneficiaries are significantly more likely to possess supplemental employer-sponsored or other private coverage, while their minority counterparts are six to seven times more reliant on Medicaid to supplement Medicare.”\textsuperscript{158}

\textbf{SisterLove}

African-American communities are disproportionately impacted by HIV/AIDS. Although African Americans constitute only 12\% of the US population, according to 2014 statistics provided by the Centers for Disease Control and Prevention 44\% (19,540) of estimated new HIV diagnoses in the United States were among African Americans.


\textsuperscript{157} Ibid.

\textsuperscript{158} Rosenbaum and Teitelbaum, “Addressing Racial Inequality in Health Care,” 138.
Among all African Americans diagnosed with HIV in 2014, an estimated 73% (14,305) were men and 26% (5,128) were women. The Sister Love (SL) organizational programs are coordinated with other HIV/AIDS organizations to educate advocates about the issue, devised position papers, press releases and key points for individual advocacy and supports the stance of increasing biomedical drugs, such as Truvada, to reduce risk of infection (see Table 5.8).

Table 5.8. Program activities of SisterLove

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Organizational Programs</th>
<th>Policy Stance</th>
<th>Federal Law/Policy Formulated from Supported Policy Stance</th>
<th>Legislative Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve delivery of HIV drugs that have undergone clinical trials</td>
<td>Coordinated with other AIDS/HIV organizations to educate advocates about the issue&lt;br&gt;Devised position paper, press release and key points for individual advocacy</td>
<td>Increase in biomedical drugs, such as Truvada, to reduce risk of infection</td>
<td>S. 139: Ensuring Access to Clinical Trials Act of 2015</td>
<td>Enacted into law 10/7/2015</td>
</tr>
</tbody>
</table>

Table 5.8 (continued)

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Organizational Programs</th>
<th>Policy Stance</th>
<th>Federal Law/Policy Formulated from Supported Policy Stance</th>
<th>Legislative Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase HIV/AIDS awareness within the black community</td>
<td>Women of Color Reproductive Health Collective Partnered with organizations Walgreens, the National Minority AIDS Council, Georgia Department of Community Health and National AIDS Education and Services for Minorities to promoted National Women and Girls HIV/AIDS Awareness Day Collaborate with churches by providing programs and seminars on AIDS/HIV prevention</td>
<td>Increase HIV/AIDS awareness to decrease incidence rates</td>
<td>H.Res. 51 Supporting the goals and ideals of National Black HIV/AIDS Awareness Day</td>
<td>Agreed to resolution on 1/24/11</td>
</tr>
<tr>
<td>Provide Evidence-Based HIV/AIDS Intervention for Black Women</td>
<td>Healthy Love Parties</td>
<td>Decrease the incidence of AIDS by providing testing and services to underserved areas</td>
<td>H.R.6143 - Ryan White HIV/AIDS Treatment Modernization Act of 2006</td>
<td>Enacted into law 12/19/2006</td>
</tr>
<tr>
<td>Reduce discrimination of Black women infected with AIDS/HIV ability to access health services and family service programs</td>
<td>Created Transitional Housing Program for HIV infected women</td>
<td>Assist in providing services to AIDS/HIV infected women and their families</td>
<td>S.1051 - Children and Family HIV/AIDS Research and Care Act of 2005</td>
<td>Read twice and referred to the Committee on Health, Education, Labor, and Pensions 5/17/2005</td>
</tr>
</tbody>
</table>

Although there is no cure for HIV/AIDS the improvements of the delivery of HIV drugs that have undergone clinical trials are effective in extending life. Research by AIDS.gov supports this belief:
No effective cure for HIV currently exists, but with proper treatment and medical care, HIV can be controlled. The medicine used to treat HIV is called antiretroviral therapy or ART. If taken the right way, every day, this medicine can dramatically prolong the lives of many people with HIV, keep them healthy, and greatly lower their chance of transmitting the virus to others. Today, a person who is diagnosed with HIV, treated before the disease is far advanced, and stays on treatment can live nearly as long as someone who does not have HIV.160

Research by The HIV Prevention Trials Network (HPTN), a worldwide collaborative clinical trials network that develops and tests the safety and efficacy of primarily non-vaccine interventions designed to prevent the acquisition and transmission of HIV, also support the stance of the importance in providing clinically tested HIV drugs.161

Health issues such as increasing HIV/AIDS awareness within the black community and providing evidence-based HIV/AIDS intervention for black women both focus on decreasing the incidence of HIV/AIDS. The Women of Color Reproductive Health Collective partnered with organizations such Walgreens, the National Minority AIDS Council, Georgia Department of Community Health and National AIDS Education and Services for Minorities to promote National Women and Girls HIV/AIDS Awareness Day. They also collaborated with churches by providing programs and seminars on HIV/AIDS prevention. Studies have highlighted the high number of women who were found to have HIV infection at the time of enrollment. These women were previously unaware of their HIV status. Similar findings show the need to increase awareness of HIV risk and


expand novel HIV testing and prevention efforts in high prevalence areas of the United States.\textsuperscript{162}

Based on evidence-based HIV/AIDS internal data collected by the participants of programs and services reveal that programs such as Healthy Love Parties, that have activists come out to the community for prevention, self-help and safer sex techniques, assist in influencing black women in utilizing HIV/AIDS testing. The program’s main goal is to empower women with education on services available. Studies have highlighted the importance of educational efforts due to the high number of women who were found to have HIV infection at the time of enrollment. These women were previously unaware of their HIV status. Similar findings show the need to increase awareness of HIV risk and expand novel HIV testing and prevention efforts in high prevalence areas of the United States.\textsuperscript{163} Study results have also indicated that the HIV incidence rate for US women living in areas hardest hit by the epidemic is much higher than the overall estimated incidence rate in the U.S. for black adolescent and adult women. “Despite prevention efforts in the last 30 years, the reality is that we still have ongoing HIV transmission in the US that requires focusing prevention efforts.”\textsuperscript{164}

Consensus of a strategic plan regarding HIV prevention efforts is exemplified by the passing of the Ryan White HIV/AIDS Treatment Modernization Act of 2006. The Ryan White HIV/AIDS Program is the largest federal program focused specifically on providing HIV care and treatment services to people living with HIV. Working with

\textsuperscript{162} Ibid.
\textsuperscript{163} Ibid.
\textsuperscript{164} Ibid.
cities, states, and local community-based organizations, the Program provides a comprehensive system of care for people living with HIV who are uninsured or underinsured. The program services different geographic areas hit hardest by the HIV epidemic “based on research from innovative models of care.” Additionally, the passing of S. 139: Ensuring Access to Clinical Trials Act of 2015 and agreed upon resolution of a national Black HIV/AIDS Awareness Day also shows the importance of a focused prevention effort the encompasses access to treatment and information to increase awareness. H.R. 3117 Ending the HIV/AIDS Epidemic Act of 2013 purpose is to assist in ending the HIV/AIDS epidemic globally. Research from the UNAIDS states there “were approximately 36.7 million people worldwide living with HIV/AIDS at the end of 2015 and an estimated 2.1 million individuals worldwide became newly infected with HIV in 2015. Currently only 54% of people with HIV know their status. SL’s organizational programs supporting the global bill are the 2020 Leading Women’s Society and the Odyssey Project which opened an office in South Africa. To assist in eradicating discriminatory practices, SL created the Transitional Housing Program for HIV infected women that sponsor discussions and meetings regarding housing challenges and medical access. The program also provides training for people living with HIV/AIDS to get involved with advocacy. The federal law formulated from the policy stance in providing services to HIV/AIDS infected women and their families is the S. 1051


Children and Family HIV/AIDS Research and Care Act of 2005. Although the bill was referred to committee, the goal was to provide a holistic program that delivery services that tackle a myriad of problems that black HIV infected women face due to their race, gender and class. The federal government recognizes that there are many devastating problems that people with HIV battle daily such as “... poverty, unemployment, intimate partner violence, unstable housing including homelessness, hunger, lack of access to transportation, and other issues can prevent people from accessing health care. There are also differences in health care access and treatment outcomes by race/ethnicity, gender, age, and geography.”

Sisters Network® Inc

Sister’s Network (SN) has several programs implemented for health promotion and awareness of breast cancer: The Gift for Life 5k, The Gift for Life Black Women Walk, the Pink Ribbon Awareness and Teen 4 Pink (see Table 5.9). Touted as the first national African-American Conference that has as its focus the breast cancer survivorship crisis affecting African American women, the National African American Breast Conference has as its goal to provide awareness to breast cancer. An initiative funded by the CDC that targets black women 45 years old and younger, “A Guide to a Better You,” is also a part of the health promotion for breast cancer. Referred to committee, H. Res. 498 expresses support for designation of a “National Breast Cancer Awareness Month.”

Table 5.9. Program activities of Sister’s Network

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Organizational Programs</th>
<th>Policy Stance</th>
<th>Federal Law/Policy Formulated from Supported Policy Stance</th>
<th>Legislative Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing health care awareness of breast cancer</td>
<td>- The Gift for Life 5k</td>
<td>Health Promotion of breast cancer</td>
<td>H.Res. 498: Expressing support for designation of October 2015 as “National Breast Cancer Awareness Month”</td>
<td>Referred to a congressional committee on October 27, 2015</td>
</tr>
<tr>
<td></td>
<td>- The Gift for Life Black Women Walk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- The Pink Ribbon Awareness (Stop the Silence)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>- Teen 4 Pink (TAP) (12-16 teach young girls about breast cancer)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- National African American Breast Conference</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- A Guide to a Better You</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase access to Genetic Testing and Treatment for African American</td>
<td>Research on Genetic Testing</td>
<td>To increase survivorship rates of women that have aggressive type of cancer</td>
<td>H.R. 45 Triple-Negative Breast Cancer Research and Education Act of 2015</td>
<td>Referred to Subcommittee on Health 1/9/2015</td>
</tr>
<tr>
<td>Increase breast financial options cancer services such as: mammography, surgery</td>
<td>Breast Cancer Assistance (a program that gives financial assistance to African American who have trouble paying for co-pay, office visits, prosthesis, free mammograms) Mobile Unit to do mammography screenings</td>
<td>Improving breast cancer services for underserved Black women</td>
<td>S. 1109 (110th): Breast Cancer Research and Screening Act of 2007</td>
<td>Introduced to Senate was not referred to committee April 16, 2007</td>
</tr>
</tbody>
</table>
Table 5.9 (continued)

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Organizational Programs</th>
<th>Policy Stance</th>
<th>Federal Law/Policy Formulated from Supported Policy Stance</th>
<th>Legislative Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing support for women after breast cancer diagnosis</td>
<td>Breast Cancer Assistance Program - Raising the House Campaign (pay off the mortgage that Sister’s Network bought for black women with cancer that need financial support for medical related lodging and transportation while receiving breast cancer treatments)</td>
<td></td>
<td>H.R. 758 Breast Cancer Patient Protection Act of 2008</td>
<td>Passed the House 9/25/2008</td>
</tr>
</tbody>
</table>

White women have a higher incidence of breast cancer than African-American women beginning at age 45. In contrast, African Americans have a higher incidence rate before 45 and are more likely to die from breast cancer at every age.\(^\text{168}\) Moreover, African American women with breast cancer are less likely than white women to survive 5 years: 78% vs. 90%, respectively. This difference can be attributed both to later stage at detection and poorer stage-specific survival.\(^\text{169}\) Triple negative breast cancer occurs in about 10-20% of diagnosed breast cancers and is more likely to affect younger people, African Americans, Hispanics, and/or those with a BRCA1 gene mutation. Unfortunately, triple negative breast cancer can be more aggressive and difficult to treat.

\(^{168}\) American Cancer Society, Breast Cancer Facts and Figures 2009-2010, 1.

\(^{169}\) Ibid., 9.
Also, the cancer is more likely to spread and recur. The stage of breast cancer and the grade of the tumor will influence prognosis. Since black women are more likely to be diagnosed with triple negative breast cancer and least likely to have access to quality medical care, SN’s health issue of increasing access to genetic testing and treatment for black women is very important. By providing research on genetic testing and having a policy stance of increasing survivorship rates of women that have aggressive types of cancer, the committee referred H.R. 45 Triple-Negative Breast Cancer Research and Education Act of 2015 was understandably put on the political agenda.

One in four African-American women are uninsured. This lack of health insurance, along with other socioeconomic factors, continues to contribute to the dire health issues African-American women face. A comparison of breast cancer screening practices among blacks, Hispanics, and non-Hispanic whites indicates that differing circumstances unique to race and ethnicity continue to be associated with mammography use. In that same train of thought, SN’s Breast Cancer Assistance, a program that gives financial assistance to African American women who have trouble paying for co-pay, office visits, prosthesis, free mammograms, becomes crucial in reducing the mortality rate of black women diagnosed with breast cancer. The organization’s Mobile Unit to do mammography screenings can also assist in a more favorable health outcome for black women as it relates to earlier breast cancer detection. Research from the


American Cancer Society states, “At this time, there is no sure way to prevent breast cancer, which is why regular mammograms are so important.”\textsuperscript{173} Findings also show, “mammography is the single most effective method of early detection since it can identify cancer several years before physical symptoms develop. Treatment is more successful when cancer is discovered early.”\textsuperscript{174} Therefore, it is reasonable that S. 1109 (110\textsuperscript{th}): Breast Cancer Research and Screening Act of 2007 was introduced to the Senate.

Studies show that there are various socioeconomic determinants and structural barriers due to black women’s race, gender and class that contribute to the stubborn breast cancer mortality rates between black and white women. Parker-Pope concurred by writing,

\ldots[T]here are several factors that contribute to the disparity: (1) economic disparities that disproportionately affect African American women, (2) years of racial discrimination, (3) distrust of the, medical establishment dating back to the Tuskegee experiment, (4) lack of insurance among low-income and self-employed women, and (5) Black women usually arrive at the hospital with advanced cancers.\textsuperscript{175}

However, the \textit{Journal of the National Cancer Institute} adds another element regarding the disparity of breast cancer screening for black women: the lack of support within the black community. “In addition to health beliefs, social support and social networks, such as family and friends, may influence women’s attitudes toward mammography and screening and thereby encourage and discourage them to participate in screening.”\textsuperscript{176}

\begin{itemize}
\item\textsuperscript{173} American Cancer Society. Breast Cancer Facts & Figures 2009-2010, 13.
\item\textsuperscript{174} Ibid., 16.
\item\textsuperscript{175} Parker-Pope, “Reaching Women, the Most at Risk,” 14.
\item\textsuperscript{176} \textit{Journal of the National Cancer Institute} 85, no. 9 (May 1993): 737-42.
\end{itemize}
Thereby, social support and cancer screening among black women are often intertwined.

According to a report by Breast Cancer Action:

> After going through the emotional and physical toll of a breast cancer diagnosis, treatment and the numerous side effects that accompany treatment, there are a host of physical and psychosocial experiences that women continue to live with. These experiences can profoundly impact quality of life. They include anxiety and depression, reproductive health problems, early menopause, weight gain and sexuality. They can also have repercussions on a woman’s employment status, long term health, relationships, financial situation and more. For communities of color, there may be a more profound impact.\(^{177}\)

Providing support for women after breast cancer diagnosis, SN’s Breast Cancer Assistance Program offers not only financial medical support but lodging and transportation while receiving breast cancer treatments. A reflection of the importance of this issue, H.R. 758 Breast Cancer Patient Protection Act of 2008 passed the House.

**SisterSong**

According to the results of a multivariate analysis, the odds that a young woman will use any method of birth control and the odds that she will use a condom increase by about one-third following instruction about birth control; the effect on the likelihood of pill use, however, is not significant. If contraceptive education occurs in the same year that a teenager becomes sexually active, the odds of pill use are more than doubled. The results also suggested that with greater educational efforts, the proportion of teenagers who use condoms at first intercourse could increase from 52% to 59%, while the

proportion using no method might decrease from 41% to 33%.\textsuperscript{178} Table 5.10 illustrates Sister Song’s (SS) focus on increasing access to reproductive education and awareness and comprehensive sex education is exemplified by their myriad of organizational programs ranging from their reproductive health summit to the publishing of “Collective Voices,” to the sexual health empowerment for girl’s sexual education program.

Table 5.10. Program activities of SisterSong

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Organizational Programs</th>
<th>Policy Stance</th>
<th>Federal Law/Policy Formulated from</th>
<th>Legislative Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to reproductive education and awareness</td>
<td>Host conferences such as: The National Institute for Reproductive Health Summit</td>
<td>To increase awareness of reproductive health</td>
<td>S. 839 Access to Reproductive Health Information Act</td>
<td>Introduced to Congress not referred to committee 4/05</td>
</tr>
<tr>
<td></td>
<td>Provides technical assistance to organizations focused on reproductive issues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Publishes “Collective Voice”</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Co-sponsored 2004 March for Women’s Lives in Washington, DC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greater access to health services</td>
<td>Established a voter education working group</td>
<td>Expand access to health care</td>
<td>H.R. 5 Protecting Access to Healthcare Act</td>
<td>Passed in the House 3/12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Organizational Programs</th>
<th>Policy Stance</th>
<th>Federal Law/Policy Formulated from Supported Policy Stance</th>
<th>Legislative Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease violence against women</td>
<td>Training programs targeting organizations that counsel female survivors of domestic abuse to incorporate HIV counseling</td>
<td>Combat the issue of violence in the home and streets</td>
<td>S. 1197 Violence Against Women Act of 2005</td>
<td>Passed in Senate 10/4/2005</td>
</tr>
<tr>
<td>Increase awareness and education of HIV/AIDS</td>
<td>Computer program for HIV infected women so they can learn more about their disease by developing research skills and having computer access</td>
<td>Emphasize the importance of getting tested and counseled for HIV</td>
<td>H.R. 1478 Supporting the Goals and Ideas of National HIV Testing Day and other purposes</td>
<td>Referred to the Subcommittee on Energy and Commerce 6/2010</td>
</tr>
<tr>
<td>Giving underserved women a voice in when to have a family</td>
<td>Established a Trust Black Women Partnership</td>
<td>Support the reproductive choices of low income women</td>
<td>S. Res. 37 Resolution Women’s Healthcare Decisions</td>
<td>Introduced in Health, Education, Labor and Pension 1/2015</td>
</tr>
<tr>
<td>Comprehensive Sex Education</td>
<td>Sexual health Empowerment for Girls Sexual Education Program</td>
<td>Prevention education program for high risk African American girls</td>
<td>H.R. 802 Medically Accurate Sex Education Act</td>
<td>Introduced but not referred to committee 2/2003</td>
</tr>
<tr>
<td>Provide HIV testing and counseling</td>
<td>Bought the Mother House, a housing facility where HIV testing and counseling services</td>
<td>Remove barriers for HIV testing and counseling</td>
<td>S. 1793 Ryan White HIV/AIDS Treatment Extension Act of 2002</td>
<td>Enacted into law 10/2009</td>
</tr>
<tr>
<td>Increase Reproductive Justice services for underserved women such as access to abortions</td>
<td>Provide Reproductive Justice Fellowship program for Law Students interested in Reproductive Justice</td>
<td>Increase funding for Reproductive Justice services such as: accessibility to abortions, HIV/AIDS medications and counseling for underserved pregnant women</td>
<td>H.R. 2972 Equal Access to Abortion Coverage in health Insurance Act of 2015</td>
<td>Referred to subcommittee on Health 7/2015</td>
</tr>
<tr>
<td>Increase access to birth control</td>
<td>Voting group to educate black women in understanding the bill</td>
<td>Publicly fund birth control that make contraceptives more available including the morning after pill</td>
<td>The Patient Protection and Affordable Care Act</td>
<td>Enacted into law 3/2010</td>
</tr>
</tbody>
</table>
However, despite the importance of this goal, it is still a controversial topic; therefore, it is not surprising that SS. 839 Access to Reproductive Health Information Act was introduced but not referred to a committee. Researchers Rachel K. Jones and Jenna Jerman put forth a convincing argument that public push back on reproductive education has a negative impact on health outcomes. “Such beliefs and their deterrent effect on contraceptive use contribute to the high rates of fertility and abortion among American teenagers.

Adolescents in the United States are not more sexually active than those in Western Europe; they are simply less effective users of contraception. In spite of this push back, the House approved the H.R. Protecting Access to Healthcare Act supported by SS’s policy stance on the importance of expanding access to healthcare that shows optimism of public support.

Abortion has persisted as a hot-button issue in U.S. politics since the Supreme Court’s landmark Roe v. Wade decision in 1973 legalized it in all 50 states. The groundwork was laid to undermine that ruling in 1992, when the high court said states could pass restrictions that don’t present an “undue burden” to women seeking the service. Consequently, the ranks of clinics have been thinning since the late 1980s. The controversial nature of accessibility to abortions, an organizational policy stance on that health issue, has resulted in bills such as H.R. 2972 Equal Access to Abortion


180. Ibid.
Coverage in Health Insurance Act of 2015, to also be referred to committee. Despite the setbacks of the health issue of increasing reproductive services for underserved women including access to abortions, SS implements a Reproductive Justice Fellowship program for law students interested in reproductive justice. On the other hand, the passage of the patient Protection and Affordable Care Act and S. 1793 Ryan White HIV/AIDS Treatment Extension Act of 2002 is very encouraging for reproductive justice activists. Increased access to birth control and removing barriers for HIV testing counseling increases access to reproductive services are extremely important for black women. This is important as “African American women experience unintended pregnancies at three times the rate of white women and they represent 65 percent of new AIDS diagnoses among women.\textsuperscript{181}

SisterSong’s policy stance of supporting the reproductive choices of low-income women is a representation of the organization’s focus on the health issue of giving underserved women a voice in when to have a family. Although the economic variables are one of the main factors of the lack of accessibility of reproductive services, S. Res. 37 Resolution of Women’s Healthcare Decisions Act was only introduced in a committee. However, one focus of the organization on the health issue of decreasing violence against women resulted in a Senate passed bill: S. 1197 Violence Against Women Act of 2005. This is a result of the acknowledgment by the federal government of the intersection of violence against women, HIV/AIDS transmission and gender-related health disparities. According to a White House report, “In 2012 a Federal Interagency Working Group was

\textsuperscript{181} Guerra, Fact Sheet: The State of African American Women in the United States,” 10-11.
established as part of a Presidential Memorandum that committed the Administration to improving efforts to understand and address the intersection of HIV/AIDS, violence against women and girls, and gender-related health disparities.”

All the organizations dealt with the major issue of health disparities, but the findings, of this study, also show that there were two issues that were prominent within the advocacy of black women-led national organizations: the unwavering support of the Patient Protection and Affordable Care Act (ACA) and the fight against obesity. In interviews, all respondents supported the bill and articulated how it would be beneficial to black women. However, it was only listed if the organization explicitly announced support by highlighting specific programs designed to support the actual bill since the ACA has broad goals. Three out of five organizations put in place actual programs (voting and educational) to promote the bill. Support for the ACA was based on the belief that it improved access to healthcare for black women by decreasing the socio-economic barriers associated with lack of healthcare. Based on data from The Health Network, “The ACA is Working for the African-American Community,” it is increasing the number of people that can obtain insurance, including black women. The many benefits found in the study that assist back women in accessing healthcare were:

- Last year, an estimated 6 in 10 uninsured African Americans qualified for Medicaid, the Children’s Health Insurance Plan (CHIP), or lower costs on monthly premiums through the Health Insurance Marketplace.

- Many shoppers found coverage for less than $50 a month and nearly 7 in 10 found coverage for less than $100.

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• Seventy-eight million African Americans with private insurance now have access to preventive services like mammograms or flu shots with no co-pay or deductible.

• Over 2 million (2.3) African Americans (ages 18-64) gained health insurance coverage, lowering the uninsured rate among African Americans by 6.8 percentage points.

• If all states took advantage of new opportunities to expand Medicaid coverage under the Affordable Care Act, 95% of eligible uninsured African Americans might qualify for Medicaid, CHIP, or programs to help lower the cost of health insurance coverage in the Marketplace.183

• Under the ACA at least 67% of insured women on the pill were projected to be paying $0 for it in 2014 (up from only 15% in 2012).184

The issue of obesity was also important. Three out of five organizations have a policy goal focused on obesity initiatives with major programs implemented to address it. Obesity is a major public health problem affecting adults and children in the United States. Information from a government study states, “Since 1960, the prevalence of adult obesity in the United States has nearly tripled, from 13% in 1960–1962 to 36% during 2009–2010.185 African-American women have the highest rates of being overweight compared to other groups in the U.S. About four out of five African-American women

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are overweight or obese.\textsuperscript{186} Dr. James Jackson, Director of the University of Michigan's Institute for Social Research, explains that “African-American women have been hit hardest by the obesity epidemic, regardless of their socioeconomic status. One possible reason behind the disparity is the stress of being a black woman in a white man's world. Black women often buffer themselves from the chronic stress of racism and supporting entire family systems though high calorie “comfort food.”\textsuperscript{187} The low pay high labor jobs that are disproportionally filled with black women as well as the burden of elderly and child care are part of a community context that places the community burden unduly on the backs of black women with an expectation that she must be strong despite the extreme stress. Black women-led organizations are uniquely positioned to not only combat obesity but make it easier for black women to create support groups and provide an environment conducive to promote feelings of empowerment, control and a narrative that states they deserve to be healthy which black women often do not feel within the context of race, gender, class and stress.

However, health disparities must be grasped with both a social and political consideration. In viewing black women-led organization’s political engagement there must be an acknowledgement of the social conditions that foster their advocacy as well as an examination of the type of legislative advocacy these organizations participate. Consequently, 359 bills were analyzed then coded and tabulated to determine


participation by the organization in Congressional hearings. The researcher feels that it can give a lens into the effectiveness and role black women-led organizations have in the public policy process, specifically the health policy arena.

**Type of Organizational Participation in Congressional Hearings**

As illustrated in Table 5.11, all of the organizations were mentioned as an expert during congressional hearings although neither SL nor SS were called as congressional witnesses.

Table 5.11. Type of organizational participation in congressional hearings

<table>
<thead>
<tr>
<th>Organization</th>
<th>NABN</th>
<th>NCNW</th>
<th>SL</th>
<th>SN</th>
<th>SS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congressional Witness</td>
<td>5.3%</td>
<td>.38%</td>
<td>0%</td>
<td>6.7%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>(3)</td>
<td>(1)</td>
<td>(0)</td>
<td>(1)</td>
<td>(0)</td>
</tr>
<tr>
<td>Mentioned as Expert</td>
<td>1.8%</td>
<td>2.7%</td>
<td>9.09%</td>
<td>13.3%</td>
<td>8.33%</td>
</tr>
<tr>
<td></td>
<td>(1)</td>
<td>(7)</td>
<td>(1)</td>
<td>(2)</td>
<td>(1)</td>
</tr>
<tr>
<td>Petition</td>
<td>68.4%</td>
<td>9.85%</td>
<td>90.91%</td>
<td>73.3%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>(39)</td>
<td>(26)</td>
<td>(10)</td>
<td>(11)</td>
<td>(6)</td>
</tr>
<tr>
<td>Recognition</td>
<td>10.5%</td>
<td>68.9%</td>
<td>0</td>
<td>6.7%</td>
<td>8.33%</td>
</tr>
<tr>
<td></td>
<td>(6)</td>
<td>(182)</td>
<td>(0)</td>
<td>(1)</td>
<td>(1)</td>
</tr>
<tr>
<td>Symbolic188</td>
<td>14.0%</td>
<td>18.2%</td>
<td>0</td>
<td>0</td>
<td>33.33%</td>
</tr>
<tr>
<td></td>
<td>(8)</td>
<td>(48)</td>
<td>(0)</td>
<td>(0)</td>
<td>(4)</td>
</tr>
<tr>
<td>N</td>
<td>57</td>
<td>264</td>
<td>11</td>
<td>15</td>
<td>12</td>
</tr>
</tbody>
</table>

188. Symbolic bills were captured separately despite the type of Congressional participation.
The National Council of Negro Women had the most participation in congressional hearings but as shown in Table 5.12, the National Association of Black Nurses had a higher percentage of legislation passed of those that had a financial benefit to the organization. The outcome has a strong correlation of a much higher petition participation rate with a wide range of coalitions: 3.03% and 21.05%, respectfully.

Table 5.12. Description of the results of an organization’s advocacy

<table>
<thead>
<tr>
<th>Direct Policy Beneficiary</th>
<th>21.05%</th>
<th>3.03%</th>
<th>36.36%</th>
<th>40%</th>
<th>85.71%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(12)</td>
<td>(8)</td>
<td>(4)</td>
<td>(6)</td>
<td>(6)</td>
</tr>
<tr>
<td>Financial Award</td>
<td>11</td>
<td>7</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

The lower rate of congressional participation from the three other organizations, which equaled to a lower direct financial benefit, can be contributed to the fact that congressional participation was only captured when an organization supported a bill and not measured when they participated in attempts to block bills that ran counter to their

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189. Although the researcher thoroughly examined hundreds of bills listed in the Pro Quest Congressional Database, the database states that the information is not absolute due to the fact information is depended on congressional staffers voluntarily downloading the information. In addition, due to time and financial constraints, an organization’s participation in regulatory acts nor open comments were obtained. Participation, in those areas, can be done by signing petitions distributed online. Information on “amicus brie’s” filed by any organization is also not included. Although there were informational limitations, due to the sheer abundance of information found on the Congressional Database and the other law tracking databases mentioned, the researcher feels that it can give a lens into the successfulness and role black women-led organizations have in the public policy process, specifically the health policy arena.

190. This information captures the number and percentage of bills that were enacted that resulted in a direct policy benefit (for example: a grant program for black nurses) for an organization that is in line with the organization’s mission and goals.

191. The number of direct policy beneficiary bill that resulted in a financial award toward an organization’s mission and goals.
organizational health goals. For example, SS partnered with “Trust Black Women” to stop a bill that would have blocked access to abortions.

Also, participation was not counted if an organization signed a petition regarding political nominees. Organizations were not given credit for multiple recognitions, bills or symbolic resolutions, such as Pink Ribbon Month, if their organization’s name or representative for their organization is not listed in the electronic documents made available on the Congressional Pro Quest Database for each occasion. These previsions contributed to the lower percentage of Congressional participation and financial benefit for SL, SN and SS. SS had a high rate of resolutions, but they were listed under the symbolic category instead of direct policy beneficiary. Moreover, bills that included funding for programs that fit the description of an organization was prevalent, especially in the HIV category, but unless specific organizations were listed as grantees they were counted in the direct policy beneficiary column but not as a financial award. For example, although both HIV organizations supported successful Ryan White Act bills, they did not receive credit for a financial award. Even though they fit the description of grantees (community organizations in a high populated area with underserved community and Georgia has one of the highest rates of HIV in the African-American community), they were not listed as a specific awardee on the Pro Quest database.

The NABN assisted in passing bills directly impacting their organizational goals of increasing the nursing profession exemplified by bills such as the Nursing Relief for Disadvantaged Areas Reauthorization and the Nurse Reinvestment Act. They also signed petitions as part of coalitions with various organizations in the health and medical fields.
Two examples were the petitions from the Americans for Nursing Shortage Relief Alliance and the National African American Drug Policy Coalition which could explain the association with a large number of bills enacted. Majority of the recognition experienced on the Congressional floor was of the Founders of the organization and Nurses Week. The NABN had the highest level of participation as a congressional witness. There participated three occasions: (1) a discussion on general prevention health benefits, (2) the impact of sequestration, and (3) shortage of nurses obtaining degrees, specifically African American nurses. They were quoted as an expert in the discussion of the state of the African American male.

Most of NCNW’s congressional participation was in the category of recognition (182) which was mostly in commemoration and honor of Dr. Dorothy Height and Corretta Scott King. It also included celebrations such as Black History, Women’s Day, preservation of recognizing the African American Spiritual Center as a national treasure along with the National Museums of African American Culture and other historic sites. Symbolic bills usually consist of building and highway naming. They were mentioned as experts on seven different occasions. Eight bills listed the organization as an awardee of a grant (direct policy beneficiary and financial awards). The focus was on economic security as it equates to better health. Some of the grants were: The United Nations Development Program to expand university partnership to establish the linkage in health sciences, the Partnership for academic achievement to raise awareness and promote strategies to address the African-American achievement gap, funds for HIV programs and a grant totaling 305,000.00 for job readiness, life skills and training programs for the
disadvantaged. The highest level of participation in Congressional hearings was signing petitions, with coalitions made up of several organizations, such as the Task Force on Women and Social Security and the National Council of Women’s Organizations. A representative of the organization spoke as a witness for the Protecting Access to Healthcare Act.

Even though SL and SS both represent the health category of HIV/AIDS their participation on bills have not all been similar. For instance, SL signed a petition, along with 299 other organizations for the S. 1793: Ryan White HIV/AIDS Treatment Extension Act of 2009 whereas SS was listed under H.R. 6143: Ryan White HIV/AIDS Treatment Modernization Act of 2006. SS also has a focus on violence against women and is listed under such bills as S. 47: Violence Against Women Reauthorization Act of 2013. They also supported, thru a petition signed, a letter entitled “Letter from the HIV Law Project” a bill dealing with the Departments of Labor, Health and Human Services and Education and related agencies for the 2010 fiscal year, where they received 300,000.00. Both organizations have been mentioned as an expert on the Congressional floor once. For SS, the quote was, “Black women make decisions everyday about their bodies,” within a speech entitled “The Progressive Message” delivered by Black Caucus members: Representatives Carolyn Maloney, Maurice Ellison and Barbara Lee. SS’s symbolic bills are in the form of resolutions such as H. Res 1637: Supporting the goals and ideals of National Domestic Violence Awareness Month and S. Res. 501: A resolution recognizing and supporting the goals and ideals of Red Ribbon Week.
Karen Jackson, founder of SN, spoke on the Congressional floor on September 8, 2008 in defense of the Breast Cancer Patient Protection Act of 2008. Most of their congressional participation was in the form of petition. They were part of petition efforts due to their coalition with large organizations such as the Susan G. Komen and the American Cancer Society organization. SN had a high percentage of bills that had a direct policy impact on their organization. For example, two of the bills dealt with expanding grants to organizations that resembled their type of programming and organizational goals. Two others were the issuing of waivers for preventative health measures with respect to breast cancer and a bill dealing with mammography quality standards. Both bills can positively impact the demographic that is represented by SN.

Four out of black women-led organizations had a high percentage rate of passage. However, when you take into consideration that the range of examination is from 2001 until 2015, the number of bills enacted may not appear that substantial—especially with the high rate of symbolic bills. Yet, due to the historical nature of social and political marginalization of black women in the United States, recognition is deemed as acknowledgement and encouragement of the contribution the organizations and black women are making in the political arena. Symbolic bills and congressional recognition are also important because it honors African-American culture and keeps the history alive exemplified with the honoring of Dr. Dorothy Height’s death and the regular folks such as Elma Phyllis who is a mother and community activist. The number of symbolic bills passed differed dramatically from 182 by the NCNW to SL and the SN not producing any. The high rate of passing of symbolic bills from the NCNW often increases visibility
and the organization’s positive perception thus gaining a status as representing black women and the black community.

Additionally, the sheer number of bills combined contributes to the narrative that despite the legacy of institutional racism and sexism black women-led organizations collectively play a vital role in the health policy arena. This belief is reinforced by the knowledge that very few bills introduced are enacted. The Govtrack.us website provides a comprehensive statistical and historical comparison of the counts of bills and resolutions by status and by when they were introduced (Table 5.13).

Table 5.13. Bills by final status

<table>
<thead>
<tr>
<th>Congress</th>
<th>Bills and Resolutions Introduced</th>
<th>Enacted Laws</th>
<th>Pass Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>111th</td>
<td>Jan. 6, 2009 - Dec. 22, 2010</td>
<td>13,675</td>
<td>385</td>
</tr>
<tr>
<td>110th</td>
<td>Jan. 4, 2007 - Jan. 3, 2009</td>
<td>14,042</td>
<td>460</td>
</tr>
<tr>
<td>109th</td>
<td>Jan. 4, 2005 - Dec. 9, 2006</td>
<td>13,072</td>
<td>483</td>
</tr>
<tr>
<td>108th</td>
<td>Jan. 7, 2003 - Dec. 9, 2004</td>
<td>10,669</td>
<td>504</td>
</tr>
<tr>
<td>107th</td>
<td>Jan. 3, 2001 - Nov. 22, 2002</td>
<td>10,789</td>
<td>383</td>
</tr>
</tbody>
</table>

In examining *Interest Groups and Advocacy*, Matt Grossman argued that interest groups are involved in significant policy enactments quite often. He wrote, “Interest groups were partially credited with 279 significant new laws passed by Congress (54.8 per cent of all significant legislative enactments). Policy historians thus credit interest group factors with playing a role in policy making in every type of federal policy making venue, but most often in Congress.”¹⁹² In his research, Grossman aggregated information from 268 sources that reviewed the history of domestic policy making across 14 domestic policy issue areas from 1945 to 2004. Grossman sought to answer the question, “What circumstances do interest groups influence U.S. national policy outcomes?” He noted the most commonly utilized form of influence is general support and lobbying by advocacy organizations.¹⁹³ Although Grossman concurs that his results illustrates typical tools that are used to assess interest group influence are unlikely to measure how widespread it is, he asserted:

The lists of central actors contain substantial overlap. Reported influence on national policy is highly concentrated among a small number of well-known interest groups, many of which worked to enact the same policies. The central members are diverse. They include advocacy organizations representing large social groups and large peak associations. The role of the intergovernmental lobby is also important. Nearly all the organizations central to this influence network are also among the most prominent interest groups in media coverage and the most involved in policy making venues.¹⁹⁴

Affirming that studies of the policy process indicate that interest groups often play a central role, he wrote,

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¹⁹³. Ibid., 71.

¹⁹⁴. Ibid., 184.
Interest groups only enter the explanation to the extent that a policy historian telling the narrative of how and why a policy change came about is convinced that the role of interest groups was important. These authors rely on their own qualitative research strategies to identify significant actors and circumstances. One benefit of such an approach is that policy historians do not come to the research with the baggage of interest group theory or intellectual history.195

Grossman’s assessment is problematic because he fails to acknowledge that the borders created by race, gender and class increase the probability that the scholarly gatekeepers of works of history often marginalize black women thereby overlooking their contributions in influencing public policy. Therefore, there remains a need for historians to be questioned on their definition of interest group activity and what counts as successfully influencing public policy. Black women have been engaged in individual and collective political struggles throughout the history of the U.S. despite a narrative that minimizes black women as political actors. By studying the role that intersectionality places on the political sphere of black women, researchers can accurately examine the socio-political environment in which black women leaders seek to make strategic decisions to influence health policy.

Black women come together collectively to influence policy that they cannot do individually. Therefore, the findings show that black women-led organizations focus on reducing racial and gender health disparities, strengthen organizational capacity and implement evidence and practice-based strategies to influence public policy in the health arena. Brown opined that, “Strategies and tactics comprise the cornerstone of the work of

195. Ibid., 174.
challenging groups.”

Nevertheless, she acknowledges that strategies and tactics are often used interchangeably in political science although they have a different meaning. She defines strategies as, “overall plans of actions by countries, militaries, or other groups to accomplish the goals of the groups” whereas she defines tactics as, “specific maneuvers or activities used to reach goals.”

Accordingly, black women-led organizations’ solutions to problems are culturally sensitive as they utilize various tactics to reach the goals they set for their organization. Table 5.14 depicts the various tactics used by the organizations in this study. The table shows that organizations did not differ much in the type of tactics used, this was also shown to be true based on information received from interviews.

All organizations studied utilized lobbying as a tactic. However, interestingly, upon examining tax returns and organizational websites, organizations used the word advocacy instead of lobbying. In interviews, respondents also did not use the word lobbying opting instead to use “advising policy makers.” Lobbying (advocacy) on the federal level was a main tactic for the NCNW and the NABN. This could be explained by their proximity to the capitol. Both organizations use it to act as an advocate to raise awareness about health issues affecting minority communities and to change national policy. It is not as if the other organizations do not use lobbying as a tactic but the two organizations use it more frequently.

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196. Margaret Brown, “Has Hope Died,” 47.

197. Ibid., 47.
Table 5.14. Study organizations’ most frequently used tactics

<table>
<thead>
<tr>
<th></th>
<th>National Black Nurses Association</th>
<th>National Council of Negro Women</th>
<th>Sister’s Love</th>
<th>Sister’s Network</th>
<th>Sister’s Song</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lobbying</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Litigation</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Training/technical Assistance</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Grants</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Protests</td>
<td>NO</td>
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The NABN prepares media kits that outline the main talking points, to their members, so that the mission and goals of the organization can be succinctly articulated. Those that do not have the budgeting means nor the membership to have a constant lobbying presence in Washington, D.C. are also able to use petition and collaboration with larger and more powerful organizations. These mobilization efforts increase
Congressional access and legislative influence. For example, The Strategies to Overcome and Prevent (STOP) Obesity Alliance is a diverse coalition of consumer, provider, government, labor, business, health insurer and quality-of-care organizations working to change how America approaches the problem of obesity, overweight and weight-related health risks, including heart disease.¹⁹⁸ This coalition consists of black women-led organizations and larger organizations such as the American Heart Association and the Department of Health and Human Services. Since many proceedings within the House and Senate can be attended by the public or the media and have easily accessible transcripts and representational activities aimed at Congress are generally quite public and are subject to more accountability than activities aimed at the other two branches. Therefore, legislative tactics often entail relatively large-scale mobilization efforts and present many opportunities for organizations to act as mediators on behalf of their constituents.¹⁹⁹ Consequently, black women-led organizations can take a public stand on a policy issue on behalf of their constituency while lobbying Congress members to do the same.

Two of the five organizations utilized protest and litigation as tactics. Protest is defined as peaceful demonstrations by a group or individual as an act of dissent. According to Cress and Snow, it is a nondisruptive tactical action which also includes


¹⁹⁹ Strolovitch, Affirmative Advocacy, 137.
petitions and rallies, that typically have been negotiated and sanctioned in advance.\textsuperscript{200} In contrast, disruptive tactics is defined as actions “that intentionally break laws and risk the arrest of participants, such as blockades, sit-ins, housing takeovers, and unauthorized encampments.”\textsuperscript{201} It is not a coincidence that both HIV/AIDS organizations use this as a tactic as AIDS activists have historically used protest as a tactic. Most of the protests involving SL and SS occurred in Atlanta, Georgia where their offices are located. The utilization of the courts, as a strategic organizational tactic, was widely used in the 1950s and 1960s by Civil Rights organizations. It was part of an ongoing strategy by the National Association for the Advancement of Colored People Legal Defense Fund (NAACP LDF) under the leadership of Thurgood Marshall to bring test cases to the Supreme Court that would lead the justices to overturn the 1896 \textit{Plesse v. Ferguson} decision.\textsuperscript{202} However, due to the potential high costs of lawsuits and the limited financial resources of black women-led organizations there is less of an emphasis on legal tactics and more on community organizing. Collaboration efforts also are a part of the utilization of group formation as a tactic. One of the best examples of this is SL’s assistance in forming SS. They also partnered together to purchase an office building making SS to become the first national reproductive organization to purchase their own office building.\textsuperscript{203}

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\textsuperscript{201} Ibid., 17.
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\begin{flushright}
\textsuperscript{202} Strolovitch, \textit{Affirmative Advocacy}, 130.
\end{flushright}
Historically, the black church has been the backbone of survival and support for black communities. Thus, many organizations partner with black churches in empowering the black community to eradicate and decrease the spread of health issues that have a social and economic impact on the black community. One example is Mississippi, with the highest rate of breast cancer mortality disparity between black and white women, hospitals have joined forces with majority black churches to form a Congregational Health Network with a grant from the Susan G. Komen Foundation. Staff was hired to get out the message to more than 500 congregations. Through this network 18,000 black women have registered to receive prevention and screening information. Research has shown there has been a drastic improvement of mammography usage. This is also exemplified in the community organizing efforts of SN as they too partner with churches to assist in breaking down the barriers, such as stigmatization, of black women obtaining a mammogram. Except the NABN, community organizing is one of the most used tactics of the organizations.

Every organization has a publication they use as a platform to disseminate information to their members and/or the community-at-large. Publications are important because they allow the organization to have a public voice with respect to policy agendas. Kelly and Humphries agreed and stated, “It places feminists and women’s organizations in a position to react swiftly, and to distill complex information into a number of clear


204. Parker-Pope, “Reaching Women, the Most at Risk,” 15.
and simple messages. Community notification is an interesting case in point."

Research is also crucial in supporting the efforts of the organizations’ mission to eradicate health disparities by presenting scientific data to back up their advocacy efforts. For example, organizations such as the NBNA also utilize their publication for nurses to publish research regarding info in the nursing field and health policy research. The findings show that all organizations strive to empower with scientifically accurate information.

The findings also show that organizations that have developed and designed their own training programs put more emphasis on training and technical assistance then others. For example, SS developed a Reproductive Framework (using the concepts of intersectionality) for other groups to follow, so training and technical assistance is one of their most used tactics. During their conferences, the NABN also uses a training program to train nurses at the same time they achieve their occupational credits. Providing training and technical assistance is also a means for black women-led organizations to also provide leadership development. All the organizations studied combined the two. However, the NBNA was the only organization to provide grants to nursing students and students interested in nursing to attend their conferences to participate in leadership development.

Black women face many challenges. The ability of black women-led health organizations to effectively present their priorities can impact the way in which health policy is formulated and implemented. The choice to implement certain organizational programs, levels of congressional participation and tactics are aimed at political

mobilization and eliminating barriers in obtaining positive health outcomes due to race, gender and class. The findings of this study show that through their advocacy and implementation of strategies, black women-led national organizations play an important role as a liaison between government and black women as well as the black community.

**Perceived Success**

In extolling the virtue of utilizing alternative measurement of organizational effectiveness Strolovitch wrote,

> One way we might evaluate the work of advocacy organizations is by assessing the extend to which they use their status and influence for the benefit of the least well-off among their constituents. The data show that organization officers believe in and take seriously this expectation, even if they do not always meet it when it comes to mediating on behalf of intersectionally disadvantaged groups.\(^{206}\)

Information from the interviews shows that leaders of the organizations studied also show that they take the mission of the organization and the black female constituency that they serve seriously. The utilization of personal interviews to outline factors known to correlate with success in influencing public policy in the health arena is beneficial as it assists in unraveling the complex ways in which the social position of minority women is linked to health consequences.\(^{207}\) The responses indicated a grasp of knowledge in the differential distribution of health outcomes across racial/ethnic, gender, and socioeconomic groups as well as an understanding of the historical, social, economic, political, and cultural structures and processes that have often made it more difficult to play a role in shaping health-policy making. Regardless of the obstacles, black women-

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led organizations connect the dots and work for the physical, mental, spiritual, political and social conditions of black women. One of the interesting findings of the study was that the respondents constantly acknowledged the structural barriers due to race, gender and class but did feel that they personally were treated differently because of their race or gender.

In evaluating the degree in which leaders felt their organizations were successful, the researcher obtained information from a researcher-developed questionnaire utilized during semi-structured interviews. The questions ranged from a discussion of challenges and accomplishments to “how does gender and race play a role in treatment?” (Appendix B, Questions 41-46). All the respondents perceived their organizations to be successful although the range of responses varied. The passage of the America Affordable Care Act, the protests that lead to changes, the bigger health care policy roles during the Obama administration, the number of bills enacted, and funding capability all played roles in their feeling of success and being an important player. However, the organizational leaders unanimously felt that they were successful by the level of increased access they were able to achieve for the demographic they serve: black women. There were also key attributes that lead to the perception of success from organizational leaders:

1. Ethical decision-making: leaders felt that they were “doing the right thing” when making strategic decisions.

2. Advocate for programs and resources that advance the health of black women: leaders had a buy in that organizational programs and resources meet the mission of the organization.
3. Corporative with all health partners: leaders felt they had successful alliances.

4. Prioritizing of resources: leaders felt that they had enough autonomy to make decisions on how to utilize resources to achieve organizational goals.

Research by Dipboye, Jackson, and Parker concurred with the findings in this study. They opined that, “Political behavior and individuals’ perceptions of politics” are both a huge factor in perception of organizational success. They continued by stating, “Measures of perceived intergroup cooperation, clarity of roles and responsibilities, and fairness of rewards” also are important. They concluded by writing, “The occurrence of political behavior will increase if it is viewed as effective in reaching desired outcomes.” Therefore, black women that lead organizations perceive them to be successful based on the rewards they receive despite the difficulty in obtaining their goals.

By designing scales to assess outcomes, legislative success, and perception success, the researcher was better able to examine how black women-led organizations implemented organizational programs, ascertained the level of congressional participation as well as discern the utilization of tactics aimed at eliminating barriers in obtaining positive health outcomes due to race, gender and class. The inclusion of perception success is important because it takes into consideration the emotions and beliefs of black women. The perception is reality as it deals with black women-led health

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209. Ibid.

organizations ability to influence legislation as black women who are intensely scrutinized while often remaining politically invisible. Their experiences are also important because it leads researchers to ask, “What resources do black women use to influence policy in the health arena?” Answering this question allows a collective body of women engaged to confront discriminatory practices to assist in identifying themes as well as provide a frame of reference for the patterns of the decision-making process of the participants and the role of the described individual health organization’s ability to influence policy within the health arena.

Table 5.15 illustrates the range of outcomes of success measures. In outcome success, the NABN had the highest score as they saw a 124% positive change regarding the goals of their mission whereas SS and SN had the lowest scores. The highest score for legislative success was also the NABN.

Table 5.15. Cross tabulations between success measures and groups

<table>
<thead>
<tr>
<th></th>
<th>NABN</th>
<th>NCNW</th>
<th>SL</th>
<th>SN</th>
<th>SS</th>
</tr>
</thead>
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<tr>
<td>Outcome Success</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>(124%)</td>
<td>(74%)</td>
<td>(90%)</td>
<td>(26%)</td>
<td>(1.45%)</td>
<td></td>
</tr>
<tr>
<td>Legislative Success</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>(12)</td>
<td>(8)</td>
<td>(4)</td>
<td>(6)</td>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>Perceived Success</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total/Possible</td>
<td>13/13</td>
<td>11/13</td>
<td>10/13</td>
<td>9/13</td>
<td>9/13</td>
</tr>
<tr>
<td>Percentage</td>
<td>100%</td>
<td>85%</td>
<td>77%</td>
<td>69%</td>
<td>69%</td>
</tr>
</tbody>
</table>
All organizations scored a 4 in the perceived success category. However, the NABN had a 100% cross tabulation ranking (highest) while both SN and SS were at the lower end of the rankings. Cress and Snow, in their research on the determinants of successful outcomes of mobilization efforts, argued that there must be a presence of both strong organizations and a sympathetic political context. Within that context, they proposed a “political mediation model,” whereby “successful mobilization typically requires mediation by supportive actors in political institutions.”

The researchers also recommended that in the absence of sympathetic political actors, more aggressive tactics are likely to be required to obtain desired outcomes.

In “Improving Quality through Nursing,” Linda Aiken provides a comprehensive account of the positive perception of nurses to the public and the legislative influence they wield:

Patients have high regard for nurses. For many years Gallop polls have reported that nurses top the list of occupations that the public most trusts and respects; indeed, nurses rank considerably higher than physicians, pharmacists, health care executives, and all others who work in health care. Nurses interact with the public in a variety of roles across the life span from birth to death, providing support in labor, consultations on breastfeeding and infant care, well-child care in medical offices and schools, occupational health in the workplace, care for the chronically ill and elderly, and care for the dying and support for their families. Patients and families often seek out nurses to translate information imparted by physicians, perhaps because there is less social distance between nurses and their patients than between doctors and patients. Nurses have been the key advocates for some of the innovations that have made modern health care more humane and patient-centered, such as demedicalizing normal births, liberalizing visiting hours and family participation in hospital care, and providing alternatives to invasive


212. Ibid.
medical interventions at the end of life, such as hospice care. The high regard in which the public holds nurses is a source of personal gratification for them and the basis, along with their close interface with physicians, for their influence and authority in health care.\textsuperscript{213}

Supporting the claim that nurses have a very strong positive perception with the public and legislators, is a response to the question of opposition, “. . . there is no opposition. No one opposes nurses.”

It is possible that the positive perception the NBNA receives by the demographic it serves is a huge factor in their success. However, there are other factors as well. They are the second oldest organization in the study. They have the third largest budget (1,060,351 five-year budget average) and with over 150,000 members, the highest membership base. The NBNA also cultivates very successful alliances. For example, they are part of the Coalition for Health Funding Alliance which is the oldest and largest nonprofit working to strengthen public health in the best interest of all Americans. The Coalition is comprised of 80 member organizations together represent more than 100 million patients, health care providers, public health professionals, and scientists.\textsuperscript{214} Additionally, the NBNA has a strong lobbying campaign and partners with medical lobbying organizations that have an even stronger lobbying effort and increases their legislative influence.

The NCNW, along with SL, has the second and third highest points. However, the NCNW have also have several factors that correlate to their success: (1) their budget,


(2) membership base, and (3) longevity. With a budget of $2,229,886, they have the highest budget. Their membership base is the second largest although they have the most affiliates. Having originated in 1935, they are also the oldest national organization in the study. Their longevity has legitimized their position within the black community which is reflected in the number of members and the congressional participation. Moreover, there are characteristics they share with the NABN. Neither organization utilizes protest or litigation as a tactic nor do they have a narrow health focus. Although the NABN has a heavy emphasis on cardiovascular care, it is incorporated with cultural competent care which makes their focus broader. The NCNW also has a broad goal as it integrates economic and health parity in the areas of HIV/AIDS, breast cancer, and cardiovascular disease.

SL also has the third highest rating and has benefited greatly from the early advocacy of AIDS activists which resulted into the Ryan White HIV/AIDS Program (RWAP) and its location in Atlanta, Georgia. The continued bipartisan support for the RWHAP, which works with cities, states, and local community-based organizations to provide a comprehensive system of care, takes a public health approach to provide medical care and essential support services to people living with HIV who do not have sufficient health care coverage or financial resources to cope with HIV disease, and provides care completion coverage to more than 500,000 people living with HIV.\textsuperscript{215} The location of SL is beneficial as the city of Atlanta has an underserved African American and gay population that has been the focus of HIV testing and treatment. In 2012, a major shift was made in how Federal HIV prevention funding was provided to state and

\textsuperscript{215} Office of National AIDS Policy, 33.
territorial health departments to better align resources based on the number of persons living with diagnosed HIV infection; in addition, specific activities directed to hard-hit populations were prioritized to achieve the highest impact.\textsuperscript{216} Governmental and health services programs were federally mandated to focus on that hardest hit by the disease. A White House report stated, “Going forward, more must be done to ensure that prevention resources at the state and local level are strategically concentrated in specific communities with high levels of risk for HIV infection.”\textsuperscript{217} Having the next to last smallest budget has meant that SL has had to do more with less which has impacted their ability to have a presence in Washington however, they do have a high Congressional participation in utilizing petitions as a tactic and a 37\% rate of supported bills passed that have a direct policy benefit.

Both SN and SS have the lowest success measure points with nine. They were lowered by their low scores on outcome success. Each organization has a reason for the outlier scores in outcome success. For SN, it was the issue of socioeconomics. In contrast, the past successes can be seen as a contributor for the reason for the low outcome success measure for SS.

Due to the increase use of mammography, black women have seen a sharp decline in the incidence of cancer. However, their breast cancer mortality rates continue to be stubbornly high. There are various possible reasons for the high mortality rate such as economic inequality, more susceptibility to a more aggressive gene and lack of access to quality care. Research from Breast Cancer Action concurs with the findings of this study.

\textsuperscript{216} Ibid., 7.

\textsuperscript{217} Ibid., 23.
Discussing the social determinants that contribute to the health disparities in breast cancer mortality rates it states,

These treatment inequalities, particularly in the first few years after diagnosis, play a role in worse outcomes and increased mortality. Adequate and appropriate care play an enormous role in health outcomes, but the ability to effectively utilize available healthcare depends on numerous factors including, but not limited to, cultural appropriateness of care, trust, additional medical issues and other life circumstances.\(^{218}\)

With the passage of Roe vs. Wade and other monumental changes during the 70s and 80s, that allowed women to have control of their body and practice family planning, the feminist and health movements were deemed successful. This success plays a major factor in the low change rate for the goal of SS. The high accessibility to family planning services, of any kind, happened prior to the period studied.

Margaret Brown notes that many of the marginalized groups she studied had successfully learned how to effectively influence legislation, “... in spite of their origins in outsider movements, many of the organizations that advocate for marginalized groups have come to look a lot like political insiders.”\(^{219}\) The scales also show, especially in the legislative outcome category, that black women-led organizations have successfully utilized strategies and tactics to influence the healthcare agenda. According to Brown, “Legislative policy success is typically measured in increase of funds or changes in laws


\(^{219}\) Margaret Brown, “Has Hope Died,” 48.
through policy that impact organizations.\(^{220}\) However, success in legislative outcomes, does not necessary result in a huge decrease or eradication of health disparities. Discussing the limitations of legislation in eradicating health disparities, Rosenmaum and Teitebaum stated, “Racial disparities in access to health care and outcomes appear pervasive, affecting numerous health conditions and health care settings, even when investigators control for insurance status and income.” They conclude, “. . . from a policy standpoint, even when minority patients have entered the health system, they are less likely to receive the level of care accorded nonminority patients for the same conditions regardless of insurance status.”\(^{221}\) Hence, making it incumbent upon researchers to include political discourse that has as its goal increasing the accuracy of assessing the extent to which black women groups have been able to exercise a critical and influential political voice within political culture. However, Patricia Hill-Collins cautions black women in equating the ability of some women to have a voice with the success of all black women. She wrote,

> African American women now stand at a different historical moment. Black women appear to have a voice, and with this new-found voice comes a new series of concerns. For example, we must be attentive to the seductive absorption of black women's voices in classrooms of higher education where black women's texts are still much more welcomed than black women ourselves. Giving the illusion of change, this strategy of symbolic inclusion masks how the everyday institutional policies and arrangements that suppress and exclude African Americans as a collectivity remain virtually untouched.\(^{222}\)

\(^{220}\) Ibid., 10.

\(^{221}\) Rosenbaum and Teitelbaum, “Addressing Racial Inequality in Health Care,” 137.

The politicization of black women emerged through a process of individual and collective political participation as a means of survival and maintenance of family and community ties. As highlighted in this study, black women-led organizations are multidimensional; therefore, it is essential that research extols how race, gender, and class impact black women’s political opportunity. Williamson concurred and stated, “While academic language facilitates discussion of often complex issues on a theoretical basis, it inevitably excludes from these debates the subjects of research and those who would most benefit.” MacGillis continued the argument on the importance of political scholarly work on public policy: “Most important issues, from reproductive health to clean-energy investment, are riddled with politics—as they should be. They involve serious questions about what the country values and where it wants to invest its resources.”

Aiken adds to the debate by stating,

Focusing on the role of race in health policy is not easy. Any such analysis raises a host of complex issues that lie at the policy intersection of health care and civil rights. More fundamentally perhaps, such an exploration cannot proceed without confronting two matters that many might prefer to avoid. The first is the historical dominance of racially biased attitudes, beliefs, and customs in medicine no less than in other areas of life, such as education, employment, housing, transportation, public accommodations, and even marriage and family formation. The second, which follows on from the first, is the need for the medical system itself to be an equal player in a broad national undertaking, which includes active


policy interventions when necessary, to find ways to erase discrimination's vestiges.²²⁵

As a response, the research derived from the review of the literature of black women’s political activism in this study, includes the perception that black women have of their leadership within black women-led organizations and the utility of the strategies they utilize to implement their health agenda. Therefore, to highlight the activism of black women as they lead national health organizations, the researcher designed a Black Women’s Activism Theoretical Model. The findings identified five themes that characterized the model. They were:

1. **Empowerment/racial and gender uplift theme:**
   - Activism coincides with feminism and the black community.
   - Encompasses community-building, self-help and education.
   - A focus on understanding collective race and gender experiences.
   - Loyalty to both groups and collective commitment.
   - Their definition of social uplift is manifested in their organizations which was developed by providing material and spiritual assistance through their church and school organizing and community activism void in dominant cultural and governmental institutions.
   - Roles as sister, friend, wife, mother, daughter and niece directs their activism.

2. **Deliberate attempts at political consciousness.**
   - Putting social justice theories into practice.
   - An understanding that a black women’s engagement in the political world is shaped by their citizenship, contemporary power dynamics and their frame of reference borne out of their historical experiences of oppression.
   - Push back against prevailing stereotypes, culture and structural barriers.
   - Not only concerned about personal achievement, but spurring individual efforts and collective participation to establish new forms of politics rooted in black women experiences.

3. **Women portrayed as activists instead of passive victims.**

- Although aware that race, gender and class simultaneously affect black women they move beyond evaluating their station in life through the distorted prism of racism and sexism.
- There is a belief that you should take control of destiny and don’t wait on the Lord. Transform battle scars to powerful force and keep pushing forward even though the experiences are not of their own making but structural.
- Black women experiences guide what resources they will use. These complex experiences established distinct patterns of activism different from white women or black men.

3. **Strategic alliances are key.**

- Forging a network of personal and professional friendships with other activists, male and female, are pivotal in the pursuit of black women’s interests in a political platform.
- Building strong alliances and diverse networks [try to find common ground when they can] that provide financial and emotional support. Organizations broaden to spur collective victories.

4. **A holistic approach to their environment and political realities to meet the needs of black women.**

- Constantly taking stock of their issues and changing strategies and organizational missions to fit the present issues.
- Seeks a more holistic approach that encompasses social, political and economic equality to deal with the multifaceted issues that plague black women due to the intersectionality of race, sex, and class.

By utilizing the Black Women’s Activism theory, the political activism of black women can be viewed as a manifestation by a group interested in collective activism connected by their lived experiences. It also allowed for an examination of unequal power relationships and how these power dynamics have impacted black women differently than black men and white women as seen by the choice of strategies and tactics. Daniel Fox, in his study on research and health policy, concurred writing, “Since
the early twentieth century, considerable research has examined who, trained and organized how, delivers what health services to whom, at what cost, paid by whom, and with what effects.” He concluded that political scientists have been part of a group who studied these issues. Thus, the study showed that despite the continued health disparities, black women-led organizations were viewed as legitimate representations of black women and the black community which has transferred to legislative, governmental, and organizational support. Through their advocacy and implementation of strategies they serve an important role as a liaison between government and black women as well as the black community. This alternative epistemology uses different standards that are consistent with black women’s experiences as well as meeting the standards for methodological adequacy while answering the call for a creation of new forms of politics rooted in a deep understanding of black women’s lives.

CHAPTER VI

DISCUSSION, CONCLUSION, AND RECOMMENDATIONS

The purpose of this study was to outline patterns of activism of black women, examine the factors that produce the strategies used for the mobilization of black women and review the successfulness of these strategies in influencing health policy within the organizations they lead. This study employed decades’ worth of scholarly literature on the history of the politicization of black women and the growth of their organizations. Utilizing a multiple case study that focused on five black women-led health organizations in the areas of breast cancer, cardiovascular disease, and HIV/AIDS allowed the researcher to obtain rich information about each organization. Therefore, the goals to understand the experiences of black women activists as well as examining the role and influence their organization had in the health policy arena were met. Personal interviews were completed to outline factors known to correlate with success in influencing public policy in the health arena. The development of a Black Women’s Activism Theoretical Framework assisted in understanding the differential of health outcomes across racial, gender, and socioeconomic categories. There was also an acknowledgment for a need in examining how historical, social, economic, and political structures influence the role of black women-led organizations in the public-policy process, specifically in the health arena.
The findings showed that black women-led organizations have served in key positions to assist in early recognition of life changing diseases, particularly those related to black women. These organizations have worked not only from a policy stance but from a belief that black women deserve to be healthy and have been important partners in encouraging black women to obtain preventive health screenings to increase the results of a positive health outcome. The study found that despite fewer resources than larger organizations, black women-led organizations play an important role in influencing national policies that aid in removing barriers that impede positive health outcomes for black women due to their race, gender, and class.

The traditional theories of interest group activity do not fully explain the undue burden experienced by black women, thereby negating a discussion of the implications these burdens have on their role in influencing legislative policy directed at improving health outcomes of black women. Consequently, a Black Women’s Activism Theoretical Framework was developed by the researcher. This framework acknowledged their collective experiences as unique, based on the intersectionality of their race, gender, and class. Two of its main components gave validity to the questions (1) How did women begin to develop their own definition of social uplift which manifested in the construction of their own organizations and (2) How has the collective experiences of black women aided in the development of a type of political activism that guides their choice of organizational strategies? It also allowed the researcher not only to examine the organizational leadership of black women and their choice of strategies but gauge their successfulness and discuss their role in the public-policy process, specifically in the
health policy arena. The theory was created based on the following themes found throughout the study: (1) racial and gender uplift themes, (2) deliberate attempts at political consciousness, (3) women portrayed as activists instead of passive victims, (4) strategic alliances are key, and (5) a holistic approach to their environment and political realities to meet the needs of black women.

By providing black women-centered research, political contributions of black women can be highlighted as well as their unique issues, needs and historical experiences void of an emphasis on white men or women and black men. This emphasis on black women’s issues allows black women-led organizations to stand as a political vehicle to assist in achieving viable health policy that seeks to address the issues that affect black women. Political science has as its focus the study of political actors and organizations that interact within the context of power and the distribution of resources. This study adds to the body of political science, feminist studies, and public policy research by examining the policy-making structures and the role of black women-led organizations within the political sphere through an expansion on the notion of political activism. By doing so, the implications are the assistance in the understanding of the inequality based on race, gender, and class within the American political process and the strategies black women-led organizations use to overcome them.

Therefore, this case study illuminates how politics has informed the questions and methods of research on health services and policy. It also sheds light on how research has informed politics and health-policy. This research also contributes to the study of interest group behavior as it has provided data to support the notion that black women-led
organizations play an important role in assisting to influence the development of policy agendas that challenge the structural barriers that black women face as they seek to influence policy. However, it also highlights that there are various internal and external factors that play a role in the successfulness of an organization. These findings support the need for scholars to re-examine existing theories of interest group influence and the methods scholars use to judge it. The development of a scale to gauge the levels of outcome, legislative and perception success provides a possible roadmap to examine the correlation of leadership strategies and organizational success. Moreover, by applying the Black Women’s Activism theory scholars can be assisted in accurately analyzing the level of influence of black women-led organizations by also employing historical studies of how they make decisions on the strategies to use to obtain their political objectives. Therefore, researchers most reflect on their motivations for studying black women experiences and make sure to respect their historical marginalization without coming from a place of powerlessness.

This study can be duplicated by the utilization of the Black Women’s Activism Theoretical model in various public policy areas. In a post-Obama era, there are various issues that need to be dealt with such as poverty, police brutality, and education. It would be interesting to see if other policy areas elucidate the same level of legislative advocacy and success among black women-led organizations. The capability of a comprehensive study of black-women-led organizations on the state and local level should also be explored in future work. A larger scale study of national black women-led organizations would provide an excellent addition in the examination of the role and the level of
organizational success in influencing policy of black women-led organizations and consequently, influencing the fields of political science, public policy, and feminist studies to move to the point that the usage of the Black Women’s Activism Theoretical Framework can also guide researchers to: (1) understand how the collective and historical experiences of black women, based on their intersectionality of race, gender, and class, play a huge role in the strategic decision making of leaders of black women-led organizations and (2) to assist in measuring the success of these organizations in influencing public policy. As politics become more polarized, the expansion of the framework can provide an understanding of what policy is designed to remedy, practical solutions for achieving outcome success, and give researchers validity to include lived experiences as a guide in examining the behavior of interest groups. Thus, given the nature of the importance of examining the implications of policies and interventions directed at improving health outcomes as well as the focus on the critically necessary investments to make that improve access to quality healthcare. Therefore, it is necessary for policymakers and community leaders to examine the internal and external factors affecting black women-led health organizations’ ability to assist in setting the political agenda to decrease health disparities.
APPENDIX A

INTERVIEW PROTOCOL

Introduction

Thanks for agreeing to meet with me today. As I mentioned when I spoke to (the name of
the contact person), I am conducting interviews with executive and management level
personnel from your organization, for my doctoral dissertation “Influencing American
Thus, completing a requirement for my doctoral candidacy in political science at Clark
Atlanta University located in Atlanta, Georgia. The questions I have today include, but
are not limited to, a focus on your organizational goals, decision making style and your
personal reasons for wanting to advocate health issues. I will also touch on the legislative
priorities you have to accomplish organizational goals and the different factors that have
impacted your success. I will start with some general questions and then turn to some
more specific ones. This will take about an hour. If we do not finish today, may I
schedule a follow up interview either by person or via telephone? Before we get started,
do you have any questions for me? (Answer)
APPENDIX B

RESEARCH QUESTIONNAIRE

General Organizational Questions

I’m going to start with some general overview questions about organizational goals and success.

1. I have identified your mission statement from your organizational materials (show or say list obtained from public printed literature on websites and/or brochures). Are these accurate? What else should be included? How have these changed over time? Why?

2. Why and how was did your organization originate?

Specific Organizational Questions

Now I’m going to ask more specific questions focusing first on this organization, then on government, and finally on broader contextual matters.

Organization

3. What is the basic organizational structure?

4. What is the size and demographics of your membership?

5. How active is your membership and do they have any influence in health policy making?

6. How many full and part time employees do you have?

7. Do you depend on volunteer labor?
8. What is your annual budget?

9. What is your budget and the principle sources of your budget?

10. Do you have an affiliate action committee?

11. Does the organization hire outside consultants or services for government/media relations (Give examples such as pollsters, lawyers, specialist in fund raising, policy analysts, etc…)

12. I have identified the following goals from your organizational material? Are these accurate? What else should be included? How have these changed over time? (Show or read copy of the goals obtained from the website, brochures and/or staff members).

Political Institutions

Now I want to change the focus to your interactions with different political institutions, thinking specifically about how they affect your work, if at all. If so, how?

13. What strategies do you use to impact health policy? (Read off the strategy list for examples)

14. Of those strategies listed in #3 which were the most successful?

15. Of the strategies listed in #3 which one do you use most often? Why?

16. What would you say has/have been the biggest barrier impacting your ability to implement your strategies?

17. Does your organization collaborate with other non-and governmental organizations to meet goals?
   (If yes) Since 2001, who have they been?
   What do these arrangements look like?
   How long have you been doing this?
   How successful have they been?
   Will you continue this type of work in the future?
18. What would you say has/have been the biggest barrier impacting your ability to implement your strategies?

19. Has your strategic decision making changed with various administration?

**Context**

Thanks so much for your patience and thoughtful answers. We are over half way done. Now I want to ask you a few questions about broader contextual factors that impact your success.

20. Is there a difference within various types of media formats? (Give examples such as television, radio, magazines and newspapers)

21. Which media outlet does your organization engage with? (If engage move to next question, if do not go to question)

22. How often do you engage in these media outlets? Is it effective? How has it changed over time?

23. Is there a difference between mainstream media and media geared towards African Americans in the assistance of advancing your goals? If so, how?

24. Has any crisis hindered your ability to meet your organizational goals? How has it impacted your organization?

25. Many nonprofits have cited the recent economic downturn as having a major negative impact on their work. Has this affected your organization? How? How does the economy generally affect your organization’s ability to meet its goals?

26. Does the work of other similar organization (aside from what we have already discussed) affect your organization’s ability to meet its goals? (If yes) How? How important is this?

27. Are there groups that are in opposition to your work? (If yes) Which ones? How does this affect your work? Do you think this opposition has been important in your ability to meet your goals? (If yes) How?
PERSONAL DATA

28. Tell me about yourself, especially about (each of the following questions will be asked separately):

   a. Your educational background
   b. Your work history, both in and out of health advocacy
   c. Your decision to enter the field of (health area)
   d. How long have you been in your current position?

29. What do you consider to be the most important influences in your personal life?

30. How would you describe your role within your organization’s mission? Has it changed over time? If so, how and why?

PERCEPTIONS OF LEADERSHIP

31. How would you characterize your relationship with the board of directors? Has it changed over time? If so, how and why?

32. What do you think the board of directors expect of you? Has it changed over time? If so, why and how?

33. How would you characterize your relationship with your members/constituents? Has it changed over time? If so, how and why?

34. What do you think your members/constituents expect of you? Has it changed over time? If so, why and how?

35. What accomplishments are you most proud of?

36. Do you think you are a successful African American woman health advocate? If yes, how would you explain that success?

37. What do you think are the greatest challenges you face (or faced) as an African American health advocate?

38. Were there any disappointments while at your organization?
39. When making an important decision that will (or did) affect your organization in a controversial matter, what guides (or guided) your decision-making process?

40. How do you build community and support for your organization? How do you get your organization’s voice heard?

41. What do you think about African American women who claim that discrimination has kept them from being a major player in health care policy?

42. List three factors that have been (or were) impediments to your success in your role at the organization?

43. As you fulfill your organizational goals, have you ever been treated differently because of your gender? Please give an example. What about your race? Please give an example.

44. Do you think gender and/or race matters in trying to influencing health policy?

45. Give an example of a time you were treated differently as a health advocate because of your gender. How did it make you feel?

46. As the first African American president, has taken office, the healthcare debate has heated up. Do you think black women-led organizations will play less, the same or bigger role than in the past? Why or why not?

47. Based on your perceptions, what has been the most difficult political climate for your organization?

48. What impact do you think your organization has had?

49. In conclusion, based on the various barriers your organization has had, on a scale of 1-10 how successful has your organization been? Why?
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