

Responsive Philanthropy

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We Testify abortion storyteller Kenya Martin speaks
at the oral arguments for the *June Medical Services
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2020. Photo credit: Center for Reproductive Rights.



Sharing abortion stories means investing in storytellers as leaders

By Renee Bracey Sherman

Abortion storytelling is labor. It's time philanthropy invest in it.

When I had my abortion in 2005, I was 19 years old, and I was sure I might be the 4th person ever to have an abortion – after my then-favorite rapper Lil' Kim, a close cousin and an ex-best friend.

Of course, that was not true, but that's

what it felt like as I walked up to the clinic unsure of what the future would hold.

I felt so lonely in the clinic, even as the clinic workers' smiles warmed every room I sat in for counseling and an ultrasound. I was certain in my decision, but that didn't change the fact that I still felt the need to hide it from my pro-choice family.

I was worried that they might judge me for becoming pregnant in the first place and begrudgingly support my decision to have an abortion. I wasn't willing to take a risk that I might not get

the exact unflinching support I needed at the moment, so I didn't tell any loved ones that I was having an abortion.

What I know now is that everything I was feeling stemmed from abortion stigma – defined as the shared understanding that abortion is morally wrong and socially unacceptable.

Abortion stigma is everywhere; it's the general messaging that abortion is bad, the decision should be kept a secret and it should be apologized for.

It shows up in the way in which politicians use *(continued on page 8)*



challenging grantmakers
to strengthen communities

A message from the Vice President and Chief Content Officer



Dear Reader,

When I became pregnant with my first child, I had health insurance, financial stability and excellent prenatal care.

I had a home, nutritious food, a car, a hospital located nearby and someone to drive me there.

I hadn't done anything to deserve these things. I had them largely because as a white, upper class woman there are multiple societal structures built to give me the right to make certain choices -- and to rob others of the same opportunity.

I was able to choose to delay parenthood until my 30s because I had the right to access comprehensive sex education and contraception. I chose an OB/GYN that provided premium care because I had access to the right to health care. My parents and grandparents were not redlined or subjected to predatory lending, but instead had access to the right to housing that created the generational wealth I used to buy a home in the neighborhood of my choice.

"Choice" in mainstream, predominately white-led reproductive rights discourse typically refers to the individual right to make one specific choice: whether (or not) to have an abortion.

A reproductive justice lens looks at the society surrounding that individual -- not just at one choice, but at the multiple of choices that people should be able to make about their bodies and lives and why some groups of people have the right to do so while others do not.

Who gets to make which choices -- or gets a choice at all -- is a structural issue. NCRP's new focus on reproductive access and gendered violence in our Movement Investment Project continues our support for frontline groups combatting the structures that stand in the way of social justice.

We are proud to feature movement leaders who help connect the dots and urge us to think differently about the nexus of reproductive access, race, class and inclusion.

The power of personal stories to reflect and shift societal structures is the focus of We Testify, whose founder Renee Bracey Sherman contributed "Sharing abortion stories means investing in storytellers as leaders."

In "Sex education funding: There has to be a better way," Reproaction Deputy Director Shireen Rose Shakouri calls on philanthropy to support the right to comprehensive sex education in the face of a conservative movement that seeks to limit young people's choices through shaming, stigma and misinformation.

"Philanthropy must invest in Black-led organizations to improve maternal mortality," a Q&A by NCRP staff of National Birth Equity Collaborative President Dr. Joia Crear-Perry, makes clear that systemic racism is at the root of inequity in maternal health and morbidity, and investing in Black women-led organizations and solutions are the only path forward to addressing it.

We hope you engage with the critical questions and calls to action from our authors and look forward to working collectively to support reproductive justice!

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Philanthropy must invest in Black-led organizations to improve maternal mortality

By Brandi Collins-Calhoun

A Q&A with National Birth Equity Collaborative's Dr. Joia Crear-Perry

NCRP's Movement Investment Project initiative has been committed to hearing the experiences of Black, Indigenous people of color-led organizing in the reproductive access space.

And while NCRP has been vocal and responsive to the current threats against abortion access, we must remember that the reproductive justice framework is not simply a catalyst for abortion services. This work expands across sectors and movements like most topics but is often reduced to 1 or 2 mainstream issues.

The reproductive justice framework consists of several pillars that hold up this work, and a major part is held by those committed to addressing the maternal mortality crisis through a birth justice lens.

NCRP Impact Award Winner Groundswell Fund describes birth justice as core to achieving reproductive justice and the disparities that birthing people of color experience that lead to their harmful experiences and their deaths are at the core.

This vital work is being addressed from several intersections such as community doula programs, advocacy initiatives and the expansion of midwifery care. All are efforts that should be pri-

oritized across movements and sectors, yet they continue to be erased and co-opted by others in the space.

This trend has caused an influx of distrust and unease within the movement amongst organizations and leaders. But we must address what systems are responsible for the turmoil.

As much as philanthropy removes itself from movement politics and tensions, the sector can no longer recuse itself especially when its existence is harming both the narrative of the work and the Black leaders on the frontlines.

A consistent pattern that the movement has raised suggests that philanthropy's presence dehumanized the maternal mortality crisis and that current grantmaking practices aren't saving us, just romanticizing our deaths and trauma.

The data and numbers that the sector collects are more than learning tools or justification for grantmaking. They are the deaths and traumas of marginalized people, and it is philanthropy's responsibility to ensure that their proximity to power does not overshadow or manipulate the messaging from the frontlines and those most impacted.

Dr. Joia Crear-Perry, founder and president of NCRP nonprofit member



National Birth Equity Collaborative and contributor to *Black Maternal Health Research Re-Envisioned: Best Practices for the Conduct of Research With, For, and By Black Mamas* in collaboration with other Black Women Scholars and the Research Working Group of the Black Mamas Matter Alliance, spoke with NCRP about what trends she has seen as someone leading national work focused on the maternal mortality crisis and the safety of Black birthing people.

Editor's note: Some of the responses were edited to fit the format of the article.

NCRP: *How can the sector ensure the narrative around maternal mortality not be dehumanized and use their proximity and power as a catalyst for the voices of leaders like you to control the narrative?*

Dr. Joia Crear-Perry: Improving maternal health – including maternal mortality – requires that we understand the root causes of the inequities observed in maternal health outcomes. Structural determinants of health including structural racism are the root causes of inequities in maternal mortality and maternal morbidity.

Women and birthing people are most burdened by the maternal health crisis and thus should be centered in developing solutions to improve maternal health outcomes.

Centering the voices of Black women and birthing people and partnering with Black-women-led community-based organizations allows us to identify not only the gaps in health care systems, but also community-level resources to optimize their pregnancy and birthing experiences.

Relying on quantitative data and only centering clinical outcomes (e.g., maternal mortality and morbidity) and not maternal well-being is at a detriment to Black birthing populations. Black feminist thought requires that we



Dr. Joia Crear-Perry

center the narratives of Black women and birthing people to understand their experiences.

To have the largest impact, philanthropic organizations may invest in Black-women-led community-based organizations, Black researchers, Black scientists and Black evaluators to examine the efficacy of models of care and interventions proposed by directly impacted populations.

NCRP: *In what ways have you seen philanthropy center the realities of the maternal mortality crisis in their funding practices?*

Dr. Crear-Perry: We have not seen the sector address the realities of maternal mortality in their grantmaking. Foundations have failed to center those who are the most marginalized and refrain from following the leadership of Black-led reproductive justice organizations that are committed to maternal health.

To effectively address the reality of the crisis, philanthropy would have to invest in Black women and provide them with the resources to lead, the sector would have to yield their power and remove themselves to avoid interfering with the work.

Grantmakers have the tendency to group maternal mortality into reproductive health funding or create portfo-

lios focused on maternal child health, with an emphasis on the child, neither allows for the work of Black-led maternal health leaders to base build truly sustainable efforts.

NCRP: *What funding patterns is the sector currently committed to that leads them to neglect the many levels to the maternal mortality crisis?*

Dr. Crear-Perry: Now grantmakers are largely focused on high profile, white-led organizations that have not grounded their work in the reproductive justice framework.

Philanthropy's commitment to erasing Black-led organizations and the misuse of the reproductive justice lens has led the sector to advocating around provisions that are not Black-women-centered, such as optional extensions of Medicaid postpartum coverage.

There has been a consistent pattern of the sector reinforcing and replicating systems of disadvantage by acting as gatekeepers and choosing who gets to hold the work regarding to maternal mortality. According to the Centers for Disease Control's latest data, maternal mortality steadily increased between 2011 and 2014 with significant racial disparities.

In 2011, funders designated only \$2.5 million specifically to Black maternal health, and that was tapered by more than 50% in 2014. And while funding for Black maternal and perinatal health increased again and more than doubled between 2014 and 2018, the proportion of funding that was designated for Black people has remained at only 1.5% of total funding for maternal health in the same years.

NCRP: *Is there other data pertaining to maternal mortality or birth disparities that you would urge the sector to add to their focus? What points are they and why?*

Dr. Crear-Perry: A recent study published in November 2020, suggested

that physician-patient racial concordance is associated with infant mortality. The study found that Black infants cared for by Black doctors were more often to survive to their first birthday than Black infants cared for by white doctors.

In fact, the infant mortality rate was also reduced for white infants when the attending physician was Black compared to when the attending physician was white. These data are compelling and support the need for diversifying the health care workforce and specifically supporting clinical training pipeline programs for Black trainees and other trainees of color.

***NCRP:** How can the sector ethically invest in maternal mortality without erasing the stories of those we lose and dehumanizing the work that leaders such as NBEC are holding?*

Dr. Crear-Perry: The following calls to action are simply a starting point to ethically investing in this work, it will take major shifts and accountability to

truly fund this work without erasing the narrative of the lives lost to this crisis:

1. Allocate more funding to Black-led organizations and ensure the sector is following the leadership of Black women, they hold the solutions but are severely under-resourced.
2. Invest in community-based organizations to allow them to continue to do the work and build upon community by harnessing their power within the sector.
3. Center the voices of the most marginalized, specifically Black birthing people and birth workers. Solutions to the crisis should be driven by those closest to the crisis.
4. Create more funding streams for Black-led reproductive justice groups. Currently the few streams of funding available create competition among the organizations as each attempt to secure funds. The sector cannot continue to use funds to cause tension or distrust amongst leaders of the movement.

5. Recognize philanthropy's anti-Black sentiment and the structural forces it creates.

We ask that the sector look to leaders like the National Birth Equity Collaborative and Groundswell Fund for examples of ethical, trauma-informed organizing and grantmaking that is grounded in birth justice.

Foundations should be more proactive in this work, such as upcoming opportunities like the Black Mamas Matter Alliances and Black Maternal Health Virtual Conference, "the premiere assembly for Black women, clinicians, professionals, advocates, and other stakeholders working to improve maternal health using the birth justice, reproductive justice, and human rights frameworks."

Philanthropy can no longer wait on organizations to hold the emotional and intellectual labor to collect these stories and data points for their grantmaking practices, they must be intentionally present in spaces that focus on the issues. ■

New and Renewing Members and Supporters

American Muslim Community Foundation
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Nathan Cummings Foundation
National Women's Law Center
New York Foundation
Norman Foundation
North Star Fund

Northwest Area Foundation
One Earth
Polk Bros. Foundation
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Rosenberg Foundation
Rowboat Family Foundation
Ruth Mott Foundation
Solidaire Network
Tarbell Family Foundation
Thanks! Plain and Simple, Inc.
Walton Family Foundation
William R. Kenan, Jr. Charitable Trust
Winthrop Rockefeller Foundation
World Education Services Mariam Assefa Fund
Z. Smith Reynolds Foundation

A LOT OF THE FAULT IS IN THE FUNDING

While many states have their own funding programs and there are federal dollars available as well, the nature of those programs is heavily dependent on who is in charge at the executive level.

During the late 1990s and through the George W. Bush years, for example, more than \$1.5 billion in federal dollars went to abstinence-only sex education programs.

Some school districts simply don't have sex education programming in their budgets, so they accept free or low-cost materials made available by hundreds of groups around the country that are opposed to comprehensive sex ed.

These curricula, often faith-based, are notorious for promoting shame and misinformation through "sexual risk avoidance" trainings. Some of these programs are run through a local crisis pregnancy center – or anti-abortion fake clinic – and include harmful lies about abortion, contraception and other reproductive health decisions.

Aside from simply not working, programs that stigmatize sexual activity have damaging, even traumatic, impact on young people who have been sexually active, or who have experienced abuse.

Commonly, these programs teach young people – and particularly young women – that if they've had sex, they are like chewed gum, dirty sneakers, used toothbrushes or tape that's been stuck to other people's skin, picking up loose hair and skin and grime along the way.

Telling young people that they're unclean and unwanted for having experienced sex leaves emotional scars that could stay for life.

WHAT IS PHILANTHROPY DOING TO SUPPORT SEX ED?

While the sector cannot fill every gap that those elected to lead create, we know that philanthropic support for sex education exists. From 2015-2019, \$195 million was allocated to sex education focused work, however only 22% of total funding was designated specifically for comprehensive sex education.

SEXUAL EDUCATION CONCEPTS



REPRODUCTIVE HEALTH



BIRTH CONTROL



PUBLIC HEALTH CAMPAIGNS



HUMAN SEXUALITY



SEXUAL ANATOMY



SEXUAL REPRODUCTION



AGE OF CONSENT



SEXUAL ORIENTATION



SEXUAL RELATIONSHIPS

Philanthropy can not only shift what funding access to comprehensive sex education looks like from foundations, this is an opportunity for philanthropy to develop a blueprint for federal and state funding to follow. The sector has been a system that sets the mold for government funding practices in the past and should use its power to encourage change.

THERE HAS TO BE A BETTER WAY

Leaders of this work along with the funding support of the sector can create and sustain programs that promote truly comprehensive sexual health education, affirming that having sex is an individual decision that one should neither be shamed for choosing nor for holding off on.

Investing in this work must be rooted in nuanced, honest conversations about consent in how we teach young people about sex, and model that boundary-setting is healthy, normal and

will make their sexual lives better, not restrain them.

We also need to support education on LGBTQ identities and relationships, so students can feel affirmed in their sexuality and prepared for what to expect, regardless of whether their sexual life takes heteronormative shape.

This is a vital part of the sector's larger responsibility to center reproductive health care as basic health care, including the full range of access to all methods of contraception and abortion.

Philanthropy owes it to young people to respect their individuality and autonomy, to give them the tools to become experts of their own bodies and build better futures. ■

Shireen Rose Shakouri is deputy director of Reproaction, a national organization leading bold actions to increase access to abortion and advance reproductive justice.

Sharing abortion stories means investing in storytellers as leaders *(continued from page 1)*

euphemisms to avoid saying the word, to labeling those of us who have abortions as “fast girls” or “loose women.”

These signals are all over our society and tell those of us who have abortions that even if we decide to seek out care, we should do it in secret and never talk about it again.

But this isolation leads to loneliness and the feeling that we’re among the only people in our community, or even the world, who have abortions – as I felt for so many years.

THE IMPORTANCE OF ABORTION STORYTELLING

During the next 6 years, I only told a few people that I’d had an abortion. The more I shared my story, the more I’d hear “I had one, too,” in response.

As I met more people who’d had abortions, I realized how much commonality we had in our stories, yet they weren’t being shared widely nor were they represented in public discussions of abortion access.

Moreover, when experiences were brought into the conversation, they focused almost exclusively on young, white cisgender women who sought abortions in order to finish college studies.

While those women’s stories are vital, they only give us a glimpse into a narrow narrative that doesn’t necessarily reflect the experiences of most people who have abortions – the majority of whom are people of color, already parenting, living on low-incomes and navigating difficult financial, logistical and legal barriers to abortion care.

Our narratives deserve to be told, not just so we can find one another, but also because the exclusion of our experiences means the full truth about abortion is not being told.

Without our stories, the anti-abortion movement and those who want to restrict access to abortion care are

able to fill the void with caricatures of us, usually based on racist, sexist and xenophobic stereotypes long ingrained in our nation’s memory.

They talk of “taxpayer funding of abortions” to conjure the anti-Black “welfare queen” trope in hopes that the audience will forget that Medicaid insurance recipients also pay taxes and that no matter what, everyone deserves unfettered access to medical care.

They have a vested interest in keeping us silent so they can tell a different story, one that erases our humanity and encourages people to ignore empathy in favor of more restrictions, criminalization and white supremacist control of our families.

We cannot undo the harm of white supremacy without confronting the real experiences of the people it impacts.

ABORTION STORY TELLERS NEED SUPPORT

When I began sharing my abortion story, it was to counter the horrific messages that anti-abortion leaders were spreading about Black women like me who had abortions.

I wanted to talk about the complexities of becoming pregnant when I wasn’t ready to parent and the ways that the lack of sexual health education and racist and sexist stereotypes about young Black women impacted me.

But when I shared, I often found myself as the lone Black person sharing my story, which opened me to vicious threats and violent harassment. I questioned whether storytelling was a safe vehicle for change.

The reproductive health, rights and justice movement had not invested in protecting abortion storytellers to ensure that when they spoke out, their voices would be met with love, support and care.

Storytellers were asked to share their

stories at public testimonies and left to handle the backlash on their own.

We needed to see abortion storytellers as the leaders they are and invest in their future, health and well-being so that their storytelling experiences were good ones, not solely memories of harassment and threats.

The more we can support abortion storytellers – in public, with love, encouragement and accolades – the more we’re modeling what the treatment of people who have abortions should look like and more people will be willing to step into the sunlight with their truths. We had to create a new theory of change. And we did it through We Testify.

ELEVATING ABORTION STORYTELLING THROUGH WE TESTIFY

We Testify is a nonprofit organization dedicated to the leadership and representation of people who have abortions. We invest in abortion storytellers to elevate their voices and expertise, particularly:

- those of color.
- those from rural and conservative communities.
- those who are queer-identified.
- those with varying abilities and citizenship statuses.
- those who needed support when navigating barriers while accessing abortion care.

Through We Testify, people who’ve had abortions meet one another to build fellowship and solidarity around their shared experiences and learn about the challenges that others experienced in obtaining care.

The We Testify storytellers support each other as they speak out on abortion access issues, as well as other in-

intersecting reproductive justice issues such as incarceration, immigration, sex work, disability justice and more.

The bond of their cohorts creates the support and confidence they need to speak out and change the conversation about who has abortions and why.

The pressure to keep our abortions a secret is a weighing one that can only be lifted by openly sharing, being validated and knowing that others who have similar experiences are waiting in the wings to share their stories, too.

As part of We Testify, we deeply believe in reproductive justice, which is a human rights framework ensuring everyone is able to decide if, when and how to grow their family, and raise their families free from violence and coercion.

To operationalize this, We Testify storytellers are encouraged to not only share their abortion experiences but the systemic issues that set in play the various barriers or privileges that affected their experience.

The storytellers share our stories with a goal to let others know they're not alone and identify the systemic changes that could make access easier for those who need abortions in the future.

Through We Testify, abortion storytellers attend a retreat where they receive training to ensure they're able to share their stories as they want and in a way that feels most empowering to them.

They also receive training to protect themselves from targeted harassment, not perpetuate abortion stigma and communicate effectively with reporters and media.

PHILANTHROPY MUST SUPPORT ABORTION STORYTELLING

Because storytelling is labor, the We Testify storytellers are compensated for their engagement in the program.

Many are living on low-incomes, have experienced financial hardship as

a result of sharing their abortion stories with loved ones, or are trying to break into the social justice movement. Compensating them for their labor is core to our economic justice values.

But that can only continue if philanthropy values storytelling as a theory of change and storytellers as our next generation of leaders.

Storytellers have long been seen as messengers for fundraising events and presentations, but if we are to create true change in our communities, we have to see that they are leaders who can create a new vision for abortion access.

They've been closest to the pain, so they must be closest to the power. That can only happen if storytelling is invested in as a way of organizing and building the power of people who have abortions, and then seats at the table are created for us to sit in and imagine a different world.

Abortion storytellers have been breaking the silence for decades and are leading the way to envision what the future of justice we seek to create will be.

Their legacy is in the truths they tell about our nation's healthcare system and how people are treated when we're collectively told not to love out loud people who have abortions or honor them with the respectful care they deserve.

We'd be wise to not only listen to their wisdom but deeply invest in their leadership. Storytellers are our messengers for the future and will always remind us that someone we love has had an abortion. We have the tools to create a better system. It's time that we listen and invest. ■

Renee Bracey Sherman is the founder and executive director of We Testify.



We Testify Executive Director Renee Bracey Sherman hypes up the crowd as the rally emcee at the oral arguments for the June Medical Services v. Russo case at the U.S. Supreme Court, March 4, 2020. Photo credit: Center for Reproductive Rights.

Select Publications

The Cost of COVID

January 2021

There is no need to imagine a world without Roe v. Wade. It has become the de facto reality across the country. This abortion access fact sheet from NCRP's Movement Investment Project details how states have used the COVID-19 pandemic to further limit access to abortion-related services and procedures, and how little reproductive rights funding goes to the abortion funds that provide valuable services that help patients overcome the financial burden of an abortion.

Black Funding Denied: Community Foundation

Support for Black Communities

August 2020

In light of the national uprising sparked by the murders of George Floyd and Breonna Taylor (and building on other recent tragic movement moments going back to the 2014 murder of Michael Brown in Ferguson, Missouri), NCRP analyzed grantmaking by community foundations across the country to find out exactly how much they are – or are not – investing in Black communities.

visit: www.ncrp.org/publications

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