

Preface to the 25th Anniversary Edition

One of my introductions to the women's health movement came in 1971, from two women—Carol Downer and Lorraine Rothman—in Gainesville, Florida. They came to talk to us about claiming our bodies. After much sharing, we learned for the first time about the demystification of medicine and why it's important for women to understand and be in control of their own bodies. We were intrigued and excited by the thought of taking charge of our reproduction, of having the power to change our lives. We were told that women all over the country were beginning to question their medical care and that people were starting to develop women-specific health information. The Boston Women's Health Book Collective was just such a group, and with their first publication of *Our Bodies, Ourselves*, they showed us an example of women taking health care into their own hands.

This meeting occurred at a turning point in my life. My husband, at age thirty-three, had just suffered a massive heart attack and died. The trauma of this event made me question everything, particularly the medical system and how health information was disseminated. In the early seventies, an awareness of the dangers of high blood pressure was not common knowledge. Although my husband and I were both educated, I with a master's degree and Wesley just four months away from his doctorate, in the end it didn't matter how much education we had. If you don't know how to take care of yourself, you are basically ignorant. I also realized that health information had to be shared within the context of one's life in order for it to produce lifestyle changes.

It was easy for me to be receptive to the words of these women as they talked about the *right* to have medical information and the importance, or even necessity, of active patient participation. Their words were so inspiring that five of us (Judy Levy, Margaret Parrish, Joan Edelson, Betsy Randall-David and I) opened the doors of the Gainesville Women's Health Center (GWHC) in

May 1974. This center provided first-trimester abortions and well-woman gynecological services.

The political climate of the seventies encouraged the continual growth of the women's health movement. And at the heart of this activism was the Boston Women's Health Book Collective, which convened the historic conference of 1975 in Boston, with five of us from the GWHC attending. The impact of that conference still resonates today in the hearts and souls of many of us, as it taught us to question the status quo and create a sensitive health care delivery system. In fact, it confirmed my commitment to the women's health movement. In 1978, I cofounded an alternative birthing center, Birthplace, and founded the National Black Women's Health Project in 1981.

Our Bodies, Ourselves is the bible for women's health. Countless women have told me that they consult it before physician visits and after diagnosis and are always comforted by its straightforward, honest approach. I have given away hundreds of copies to all kinds of women, those who can read it openly as well as those who are embarrassed and need to read it privately.

Our Bodies, Ourselves modeled for us the importance of talking about health problems with other women. Most of us participated in the conspiracy of silence. We felt ashamed about our illnesses, and this isolation contributed to further ill health. The truth of the matter is, *Our illness is our business*. Over the years, many of us have learned that we don't need to suffer in silence anymore. We now know that sharing helps us make knowledgeable decisions about our health and our lives.

The women's health movement started health care reform in the seventies. Women spoke out about the lack of health information given, the abuse of medical procedures and the unavailability of safe contraceptives. They said no to the disease approach to natural female processes such as birth and menopause and established the rationale for outpatient surgical procedures. Over the years, we have seen many of the demands of

the women's health movement incorporated into standard health care procedure. Since the United States sees itself as the best health care system in the world, we are justified in making sure it lives up to its reputation.

Our Bodies, Ourselves has served as a way for women, across ethnic, racial, religious and geographical boundaries, to start examining their health from a perspective that will bring about change. The change begins with the individual, who then brings about effective community change. The struggle continues. *La lucha continua.*

Byllye Avery

In 1970, a young woman training to become a pediatrician gave me a copy of a book by women and about women, printed on newspaper stock and cheaply bound. I was forty-one and just beginning to heal from a traumatic few years of a disastrous marriage. I had just arrived from Puerto Rico and was struggling to find my identity as a Puerto Rican professional and a single mother in New York City. When I read that first edition, titled *Women and Their Bodies*, I felt a surge of joy. The authors spoke to me as if I had been part of their discussion group.

This incredibly talented group of women, initially meeting about their frustration with doctors, had decided to empower themselves. They learned about their bodies, discussed their feelings and shared their knowledge with other women. Their individual and collective strength shone from the pages, giving me strength to grow as well. Their book validated my own nascent perceptions of our need for a different kind of medicine, one that respected and valued people's wisdom and autonomy. The courage and clarity of the women in valuing themselves and one another, in drawing the political lessons from their personal experiences, helped me start what became my lifelong work. I joined other advocates for our right to health. I joined the women's health movement. I became a charter member of the National Women's Health Network, a strong voice for women on health issues.

In the early seventies, my staff at Lincoln Hospital, a beleaguered city hospital in the South Bronx, included a group of pediatricians-in-training who were activists striving to change social inequities. As part of a group of doctors, nurses and other hospital workers known as the Lincoln Collective, they were not always in harmony with hospital rules and regulations or other staff. The Lincoln Collective's goal was to improve health care for disfranchised communities. As a result, our library copies of the various editions of *Our Bodies, Ourselves* were dogeared and worn. Their contents

were used for classes, discussions and teaching materials for community groups.

I believe those readings, discussions and organizing efforts that the Book Collective sparked sensitized doctors and nurses to listen to and respect women as partners in seeking health. I hope it also led them to question accepted health care practices for women that women were questioning. I know that women who used the book challenged the young professionals into new ways of communicating with their patients.

Through the years, the Book Collective has undertaken difficult revisions, additions and expansions. New knowledge and changing needs, political realities and points of view compelled the authors to renew each edition. What has made each generation of women rejoice in discovering themselves in *Our Bodies, Ourselves* is that it still emanates from women's experiences as faithfully as ever. The idea that women's self-knowledge is the source of our knowledge of health, health promotion and health care is as valid now as it was twenty-five years ago.

Women now constitute an unprecedentedly high proportion of health care professionals and administrators. Although underrepresented in the higher ranks of pay and power, they exert a growing influence on the way women are treated by the health care system. But health care is undergoing radical changes, from a system controlled by doctors to large corporate entities controlled by managers far removed from patients and doctors. This calls for greater vigilance. In the world of "managed care," cost control rules, not quality or quantity of care.

Now, more than ever, we women must empower ourselves and our communities to participate knowingly in mounting health efforts. Promotion of health and prevention of illness must become paramount on our agenda. Women must lead the struggles to reverse the trend toward denying health care access to growing numbers of women—women of low income, of color, immigrant, with disabilities or who are aging are particularly vulnerable. The majority of the over 40 million people without health care coverage in this country are women and children—a national disgrace.

The New Our Bodies, Ourselves speaks to us, helping us understand and take better care of ourselves, and of one another. As the Book Collective has done for a quarter of a century, it challenges us and equips us to organize and fight for our rights to health. The women of the Collective make it clear that we cannot achieve a healthier us without achieving a healthier, more equitable health care system and ultimately a more equitable society.

Helen Rodriguez-Trias

When the group that was to become the Boston Women's Health Book Collective first met in 1969, I was working as a political columnist for *New York* magazine. I was also white and thirty-five years old and had become middle-class courtesy of going to college. In other words, I was part of that small demographic slice of people most likely to get the best health care information. As a journalist, I was even in a position to research what I didn't know.

Yet what "best" meant in those largely prefeminist days was whatever limited information the medical establishment considered appropriate—for patients in general and for women in particular. As a result, I assumed that my body needed attention only when it didn't work, and that the large portions of animal fat, refined sugar, hormones and chemicals in our recommended diets couldn't be too dangerous or they wouldn't be there. Like the third or so of American women who had abortions even when they were illegal, I believed that if I needed an abortion, I had no choice but to risk my life and safety in a criminal underworld. After having one abortion and to avoid taking this risk a second time, I followed the "best" medical advice and took the high-dose contraceptive pill for a decade. In addition to such self-destructive acts, I had many habits based on unchallenged beliefs: for instance, that binging on sugar was okay as long as my weight was normal, that only heart attack-prone men had to worry about cholesterol or cardiovascular fitness, and that male violence was inevitable and could only be avoided by female caution.

All these conditions of life seemed to be the price for being female. So did submitting our female bodies to doctors who were over 90 percent male (though childbearing meant that women used the health care system about 30 percent more than men did), and lying feet up like a dying bug in the common gynecological position (a horizontal pose so uniform that even women giving birth were forced to do so against gravity).

I often tell these personal observations because trusting, comparing and compiling our own experience is the revolutionary act taught to us by the Boston Women's Health Book Collective—as it is by feminism in all areas of life. Only remembering a prefeminist time of even greater disempowerment will allow us to see how revolutionary and prescient the message of twenty-five years ago really was. If women with the most resources had to endure ignorance, humiliation and a lack of empathy for female bodies (plus such special punishments as the mysteriously high rate of hysterectomies among women who could afford them), then those with fewer resources risked punishments that were far more lethal (for instance, higher mortality rates for breast cancer due to late discovery among poor women).

Much has changed in this past quarter century of a forceful and populist women's health movement, from increased mental health and life expectancy among women to the increased confidence and influence of women health consumers. Though there are still unacceptable differentials by race, class, age, sexuality and ability, the lives of the female half of America have been touched in a way that shows us how lifesaving a raised consciousness and collective activism can be. Indeed, the lives of men, too, have been improved and perhaps lengthened by such female-led reforms as labeling drugs with information about side effects (a cause advanced by protests against the contraceptive pill) and counselors who accompany a patient through procedures (an innovation pioneered by abortion clinics).

Nonetheless, there are still life-threatening reasons to keep learning from one another's experience, and to increase our activism. A medical and sexual double standard still tries to convince us that males, whether as doctors or lovers, know more about women's bodies than women do. Everyone from profiteering polluters to the beauty police still sends us to the medical establishment for unnecessary fixing. Drug companies still have more profit motive and government support for discovering expensive "cures" than for instituting already known, inexpensive preventions. The few still get better health care than the many.

But we now know that we can topple hierarchies by starting with our bodies. After all, male-dominant, racist and other unjust systems must control female bodies as the most basic means of production, the means of reproduction, in order to "own" children through systems of legitimacy, to decide how many workers and soldiers the nation needs, and to maintain the degree of race (and class) "purity" that keeps hierarchical systems going. Whether we are insisting on good nutrition when we are pregnant or safe abortions when we choose not to be pregnant, whether we're exposing male violence as a major health danger or exposing household chemicals as carcinogens, whether we're exercising our sexual rights or using our health consumer rights, we are taking control of our own bodies—and freedom.

Any and all of these acts make us part of the women's health movement. It is worldwide—as is *Our Bodies, Ourselves*. From its heretical beginnings, this book has been adapted and adopted by women in many different countries and cultures. It is now available in more than fourteen languages—and still growing.

Within these pages, you will find the voice of a women's health movement that is based on shared experience. Listen to it—and add your own.

Gloria Steinem