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Transforming Knowledge: The Making of *Our Bodies, Ourselves*

In the spring of 2005, Simon & Schuster published *Our Bodies, Ourselves: A New Edition for a New Era*. "It's hard to believe that thirty-five years have passed since we first gathered around our kitchen tables to create *Our Bodies, Ourselves*," the founders of the Boston Women's Health Book Collective remark in the introduction. "What we couldn't have foreseen then was that our book would help create a women's health movement and radically change the way many people think about health care. Nor could we have known that the book's great success would generate a need for an ongoing women's health organization in which, over the next three decades, some of us would remain active as board or staff members."[1]

The collective authors are not alone in their belief that the book had an enormous impact on women's health and the feminist movement. Many other women vividly recall reading *Our Bodies, Ourselves* for the first time in the 1970s. "It felt biblical," remembers Joanne Williams, when she discovered the book in a Denver bookstore in 1974 at the age of twenty-seven. "I remember just sitting down with it and almost reading it completely through the first night of the weekend I had it."[2] Historian Estelle Freedman remembers that her best friend from childhood sent it to her in 1972 or 1973, when she was twenty-five.

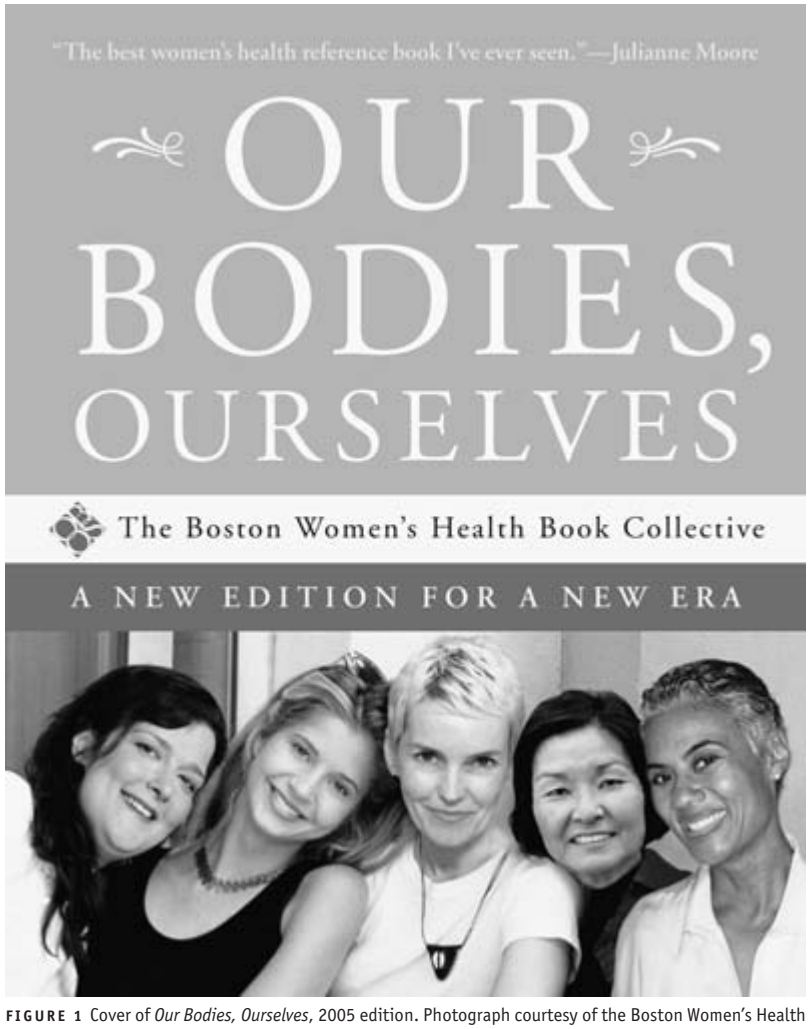

FIGURE 1 Cover of *Our Bodies, Ourselves,* 2005 edition. Photograph courtesy of the Boston Women's Health Book Collective. Reprinted by permission.

"I immediately sat and read through the book and felt a shift in my worldview," she recalls. "Some of my housemates asked what I was reading, and there was clearly a sense that it was subversive in some way!"[3] By 2005, the message of *Our Bodies, Ourselves* appeared more conventional than subversive, in large part because of its long-term success, measurable by the number of similar self-help texts lining the shelves of popular bookstores. A new generation of women has been raised with

new expectations and awareness of female bodies and health, as mothers and mentors passed along the book's message.

Yet the story behind the book reveals that its significance goes beyond its status as a cultural artifact of 1970s feminism. The book's message was revolutionary not only for its attack on the medical establishment, but also for its creation of an alternative knowledge base structured around personal stories. *Our Bodies, Ourselves* legitimized the notion of experiential knowledge as a central component of health. In other words, every woman's body contained the seeds of knowledge crucial to defining her own well-being. Consider one woman's assessment of the book's influence: "I think the book helped me internalize the idea that lived experience is as important, if not more so, than clinical or scientific "knowledge."[4] *Our Bodies, Ourselves* was both a practical guide and a theoretical tool; an encyclopedia of information about women's health, and also a dictionary that introduced a new vocabulary to define women's health.

In essence, the book allowed for a "feminist reconceptualization of biology" that privileged individual women's experiences over clinical research.[5] As this chapter demonstrates, *Our Bodies, Ourselves* provided the tools for women readers to challenge medical decision making and to seek alternative structures of care based on the notion of experiential knowledge. But the book also embodied some of the contradictions and complexities that would stymie the burgeoning women's health movement. Two conflicting "truths" competed for the reader's attention: first, the singularity of being female (a shared identity based on female biology), and second, the plurality of individual experiences (every woman's experience is different and just as valid as every other woman's, because each individual is the authority over her own body). In short, *Our Bodies, Ourselves* contained within its pages a feminist paradox, an urgent contradiction debated continuously by feminist theorists, concerning the nature of womanhood.[6]

Yet Simon & Schuster continues to release updated editions of this popular book. Given the inconsistencies and divisions within feminist thought and feminist organizations, how has *Our Bodies, Ourselves* remained a vibrant source of information about health and sexuality to female readers over the past thirty-five years? The formation and development of the Boston Women's Health Book Collective in the 1970s, as well as the group's relationship with its readers, help to explain its longevity.[7] Even before the collective's formation, however, many young Americans were ready to challenge the status quo.

The 1960s

Women's health emerged as a major social and political issue in a turbulent decade. A new generation of Americans expressed its dismay that the wealthiest, most powerful nation in the world could not adequately provide for or protect its own citizens, and sought alternative solutions. Two best sellers published in 1962, Rachel Carson's *Silent Spring* and Michael Harrington's *The Other America*, drew attention to the destruction and poverty on U.S. soil that had been largely invisible to most middle-class Americans. Echoing the antiestablishment sentiment of these books, collective protests caught the public eye beginning in the early 1960s. Students for a Democratic Society (better known as SDS) issued its manifesto of New Left activism, the Port Huron Statement, in 1962.[8] The following summer, more than 250,000 civil rights protesters marched on Washington for freedom and jobs in the largest political demonstration in U.S. history up to that time. In 1968, radical feminists staged a series of dramatic protests, such as crowning a sheep at the Miss America pageant to protest the sexual objectification of women. In the final year of the decade, five days of rioting in New York's Greenwich Village fueled the gay liberation movement. During this unsettled period, no issue was left unexplored, no political structure unchallenged. By its end, a postwar climate of confidence had been replaced by one of cynicism and doubt. This included disillusionment with the medical profession.

Science and medicine had enjoyed unprecedented authority and power in post–World War II America, when medical care became one of the nation's largest industries.[9] But by 1970, medicine, along with other social institutions, had suffered a "stunning loss of confidence."[10] Beginning in the mid-1960s, according to David Rothman, the practice of medicine became thoroughly transformed within just a decade. An intrusion of outsiders, including academic scholars, government officials, lawyers, and judges, completely altered the doctor-patient relationship and brought "new rules to medicine."[11] Exposés on patient experimentation and unethical treatment challenged the notion that the physician had the patient's best interest in mind.[12] In this social climate, only outsiders, presumed to be objective, could effectively regulate and monitor a doctor's decisions. As they brought these concerns to light, popular agitation ensured that patients' rights would join the broader spectrum of civil rights. Patients, particularly African Americans, gays and lesbians, and women, were easily exploited as human subjects and therefore required their own bill of rights.[13] The doctor had become a stranger and

a potential enemy, and patient trust virtually disappeared along with house calls by the 1960s.[14] Empowered by a new language of bioethics to replace bedside ethics, patients became wary consumers who sought protection *from* doctors rather than *by* doctors.[15]

A number of new health programs emerged in the 1960s to address what many were pronouncing a national health care crisis. Congress approved Medicare and Medicaid programs in 1965, and by the following year President Lyndon Johnson's Office of Economic Opportunity championed legislation that included funding for neighborhood health centers.[16] These facilities were designed to improve access to health care, particularly for the poor. Johnson became the first president to establish federal funding of family planning (excluding abortion) and maternal health programs.[17] In addition, hundreds of free clinics opened in the late 1960s, providing treatment that was less expensive or hierarchical than traditional health-care services.[18] For some, however, these measures did not begin to scrape the surface of what they believed to be an even more fundamental problem in American society: sexism.

Of all social movements, the women's health movement had its most direct roots in women's liberation. By the late 1960s, women inspired by the civil rights movement and its demand for equal citizenship created a new wave of feminist activism.[19] Though a fragmented movement—historians refer to several branches of feminism, including liberal, socialist, radical, cultural, and multiracial[20]—its unifying characteristic has been the claim that the personal is political. By challenging the divide between the two, feminists asserted that the most private aspects of their identity—relationships, sexuality, health, and family life—were indeed political issues.[21] Ideas and personal stories, rather than goals or strategies, united a broad range of women who came to identify themselves as feminists. Women's liberation, according to Sara Evans, depended "on the ability of women to tell each other their own stories, to claim them as the basis of political action."[22] For many, these stories and their political implications emerged through "consciousness-raising," a process in which the sharing of personal stories led to a "click"—a sudden recognition that sexism lay at the root of their struggles. Coined by early members of New York Radical Women, consciousness-raising became "an intense form of collective self-education."[23]

Thus, at a time when medical authority was already undermined, when activists sought protection for human rights, and when feminists argued that deeply personal issues had political consequences, renewed activism in women's health appears almost inevitable. Female bodies, argued health feminists, had been subjected to male medical authority;

women could not achieve full equality without the right to reclaim their bodies. Physicians were overwhelmingly male (in 1970, 7.6 percent of physicians and 7.2 percent of OB-GYNs were female), and, according to critics, paternalistic, condescending, and judgmental.[24] In addition, they had medicalized reproductive issues and turned women into human guinea pigs, argued activists at hearings on abortion, Depo-Provera, and childbirth.

Women's health activists used a wide range of strategies to increase women's control over their own bodies, including advocacy, education, and the creation of alternative health care organizations.[25] By 1974, more than twelve hundred women's groups were providing health services in the United States, according to a nationwide survey, though many of these were short-lived experiments. Other groups worked through legislative channels to ensure health protection and services, from abortion to the regulation of contraception by the U.S. Food and Drug Administration.[26]

As women became increasingly active consumers in the health-care industry, they sought out accurate, easy-to-understand information on women's health. The first and most comprehensive book to provide knowledge about women's health and sexuality was the Boston Women's Health Book Collective's *Our Bodies, Ourselves*.[27] From its origins as a 130-page newsprint manual in 1970, this comprehensive book on women's health was by 2005 an 832-page treatise (complete with a companion Web site) that had sold four million copies and had been translated and/or culturally adapted into eighteen different languages. This success was not inevitable; internal divisions and outside conflict in the early years threatened the stability of the collective and its publications. Yet despite the group's "growing pains," a passion for and commitment to women's health enabled it to persevere.

Writing Our Bodies, Ourselves

In May of 1969, Emmanuel College in Boston hosted a female liberation conference. This in and of itself was not so unusual: "women's liberation" activism had erupted in major cities beginning in 1967, and had introduced consciousness-raising as a formative process by which women could explore the political aspects of personal life. But what made this particular weekend conference significant was a two-hour workshop on Sunday afternoon called "Women and Their Bodies." The twelve participants, some of whom had never before been in any kind of women's group, shared stories of frustration and anger about their experi-

ences at the doctor's office. Calling themselves the "doctors group," they resolved to continue meeting after the conference, with the idea that they would create a list of "reasonable" ob-gyns in the Boston area. (By reasonable, they meant doctors who listened to the patient; respected her opinions, and explained procedures and medications.)[28]

They quickly discovered, however, that they were unable to put together such a list—and, more important, that the women who had attended the workshop shared a desire to learn as much as possible about their bodies and their health. So they decided on a summer project. Each group member would research a topic of personal importance about their bodies and take the information back to the group. Members would then share personal experiences related to this topic. "In this way," they later explained, "the textbook view of childbirth or miscarriage or menstruation or lovemaking, nearly always written by men, would become expanded and enriched by the truth of our actual experiences. It was an exciting process."[29] By incorporating personal experience into the narrative, they began the process of transforming medical knowledge into something subjective, political, and empowering.

The following winter, the "doctors group"—now calling themselves the Women and Their Bodies Group—offered several evening workshops in the Boston area, each lasting ten to twelve weeks.[30] For the first session alone, over forty women signed up to learn what this group had uncovered over the summer and fall in its quest to learn more about women's bodies. The group had intended to offer a formal presentation at each meeting, followed by discussions, but the participants were so engaged and energized that the sessions quickly turned into a total-discussion format. Workshop leaders handed out note cards and asked participants to write down the experiences they had volunteered in the discussion. The content of some of these note cards was later transcribed into the personal narratives that became a central part of *Our Bodies, Ourselves*.[31] Many readers reacted strongly to them. "Including the personal anecdotes and individual feelings about all these issues—now, that was very powerful," remembers Judith Baker.[32]

As the number of topics and papers increased over the years, the Women and Their Bodies Group decided to publish them in an inexpensive newsprint volume. "They are not final. They are not static," explained the authors, who now called themselves the Boston Women's Health Course Collective. "They are meant to be used by our sisters to increase consciousness about ourselves as women, to build our movement, to begin to struggle collectively for adequate health care, and in many other ways they can be useful to you."[33] In December 1970, the

alternative New England Free Press published 5,000 copies of *Women and Their Bodies* at a cost of $1,500, selling the volume for 75 cents. In April 1971, the press published 15,000 more copies, reduced the selling price to 30 cents to make it affordable to a larger number of women, and changed the book's title to *Women and Our Bodies*, then finally *Our Bodies, Ourselves*.[34]

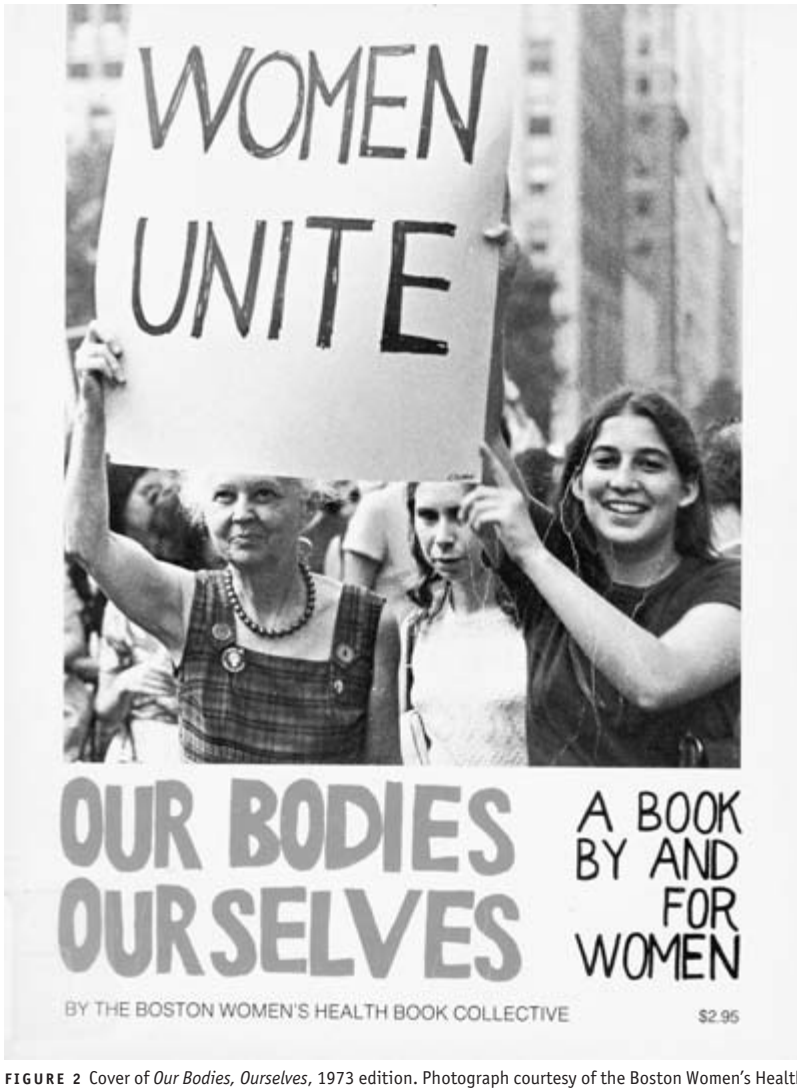

FIGURE 2 Cover of *Our Bodies, Ourselves*, 1973 edition. Photograph courtesy of the Boston Women's Health Book Collective. Reprinted by permission.

After eleven printings and 225,000 copies, the collective decided to publish a revised expanded version with Simon & Schuster under the name of the Boston Women's Health Book Collective. This was one of the most difficult decisions the group ever made, and the first that was not by consensus, but by vote. Ultimately, it decided to go with a commercial press because it wanted to get the book out as quickly as possible to women in more places, women who would not have had access to the Free Press edition: "We feel a tremendous sense of urgency. . . . We want the book to reach women who don't ordinarily come in contact with movement publications," the BWHBC explained. "We have a sense of the women's movement becoming larger and more unified than it is now."[35] With the aid of a lawyer, it successfully negotiated a contract that "proved to be nothing short of phenomenal," included complete editorial control, and offered bulk discounts for women's clinics.[36]

The distributors and copublishers at the New England Free Press were, not surprisingly, opposed to the BWHBC's decision. "We at the Free Press feel strongly that 'Our Bodies, Our Selves' should continue to be distributed through the Movement where it will help build a socialist women's consciousness," they wrote at the end of the eleventh printing. "Women are now getting the book from political people and organizations they trust. This makes the book part of a personal process of political education. Selling the book through capitalist distributors in bookstores or even supermarkets will only impede that process." Both the collective and the publishers thanked those who had written letters supporting their side of the controversy. The publishers claimed that most responses "have supported our position in this matter, which is heartening." However, the BWHBC disagreed, stressing that letters it received "give us a good sense of who the book is reaching so that we're not just talking among ourselves." One college student in Oberlin, Ohio, supported its decision, explaining, "I can tell you that you are doing all of us a service by publishing so a wider audience can be reached. If any book is important to have widely read, it's yours."[37]

"Where do we go from here?"

As the nature of the BWHBC's tasks changed by the mid-1970s, so did the group dynamics, raising questions about its collective nature. Formed in the context of the Women's Liberation Movement (with many members coming out of the socialist feminist group Bread and Roses), the BWHBC functioned primarily as a consciousness-raising group.[38] Apart from the Simon & Schuster matter, it made decisions by consensus,

sharing memories and fears along with strategies and solutions. Like many feminist collectives, it made a conscious decision to create a "leaderless, structureless" group to encourage discussion and support.[39]

The commercial success of *Our Bodies, Ourselves*, however, which stunned its authors, brought new demands: public relations, money management, book distribution, international publishing rights, and text revisions. BWHBC members began to question whether the original group structure could survive these changes. "The initial success of our wonderful book has passed," Joan reflected in the fall of 1974, "and we are personally and collectively trying to answer the question—where do we go from here?"[40] Although the group commonly disagreed on a number of issues, it shared a concern that the BWHBC was disintegrating. "Our fear is that the group will fall apart without our agreeing to that," Nancy, Joan, and Ruth wrote later that year. "Obviously we don't want that to happen. Okay, what are we going to do (because we gotta do something)!!!?"[41]

Over the next two years, fear and frustration generated a dialogue among members about the past, present, and future of the BWHBC. As they moved beyond their initial goal of teaching and publishing *Our Bodies, Ourselves*, they questioned their commitment to feminism, women's health activism, and one another. Factions within the collective, individual needs, outside obligations and interests, and time constraints all affected group dynamics. Given the number of women's groups that did not survive these kinds of internal divisions, it is not surprising that the BWHBC suffered its share of struggles. Yet the ways in which it characterized its particular fears about the group's future help to explain how it survived. Most members felt they had too much invested in the project to give up. Nancy, for one, expressed her eagerness "for us to all come together and hug and fight and get on with another stage in our growing."[42]

Though the group was used to disagreements and conflicts, these appeared to intensify in the summer of 1974. Many of the women lamented the lack of a clear working structure. Meetings were poorly attended and rarely started on time. "It's hard for us to say this because it scares us," three members wrote. "Therefore we hold on to our old group process—however haphazard—because it seems better than nothing. Or it has seemed that way, but it's clearer to us that it's more frustrating than effective now." These three attributed some of the problems to the growing number of tasks that the collective faced. "The problem is, how can we maintain ourselves as the casual and loving collective we are, take care of each of our individual needs, and still accomplish

professional tasks which demand lots of time and energy?"[43] Determining the boundaries between emotional and professional support proved challenging at times.

Similar concerns emerged during the following summer. "I feel out of touch," Jane wrote. "Do other people feel this way?" Continuing the "where do we go from here?" questions, she asked, "What do we each want to do outside of the group and within the group? Do we all want to do one thing or several things? . . . Are we as involved in the group as we were when we were working on the book?" For Jane, the group, beyond the book, was crucial. "I want the feeling of process to continue. I want to feel I am growing as a person within the group. I want to feel the joy of really contacting all of you when we are together."[44] How could the BWHBC move forward in a way that benefited members individually and the group as a whole? Was the success of the collective based on providing emotional support, professional success, or both?

Herein lay the problem. No one could agree on which aspect was most important: individual needs, group needs, or professional goals. By 1976, the BWHBC had fractured further over what its professional goals should be. The drama centered on the development of the "parenting

FIGURE 3 Founders of the Boston Women's Health Book Collective, circa 1975. From left to right, standing in back row: Wendy Sanford, Paula Doress-Worters, Joan Ditzion, Judy Norsigian, Jane Pincus, Norma Swenson, Nancy Miriam Hawley; seated in front row: Pamela Berger, Ruth Bell-Alexander, Vilunya Diskin, Esther Rome. Photograph by Phyllis Ewen. Reprinted by permission.

project:" a goal on the part of four members to write a book about parenting on behalf of the collective. As these four began to meet separately and form their own agenda for the book (to be entitled *Ourselves and Our Children*), other members felt alienated and became wary of the breakdown in communications—exactly what Jo Freeman had warned about in her 1970 critique, "The Tyranny of Structurelessness." She pointed out that in actuality, there is "no such thing as a structureless group"; any group that exists for a long enough period of time will "inevitably structure itself in some fashion." Instead, the idea of structurelessness becomes a "smokescreen for the strong or the lucky to establish unquestioned hegemony over others."[45] This is exactly what happened in the Boston Women's Health Book Collective.

Judy articulated it first in April of 1976. In a letter to all members, she expressed concern about the group's "lack of a more 'formal' communications mechanism." She realized that for months she had been completely unaware of the parenting group's plans. "I think that three, or four, or even five of us cannot really duplicate the process that was such an important part of doing *OBOS*."[46] Others chimed in, stressing the need for accountability, given that the new book would claim the name and spirit of the original. Could a subgroup of the collective speak for all of them? "How much control should the nonparenting people in the *OBOS* collective have over the project, which is being presented in their name?" Wendy asked. "If others in the group do not agree with some of our process and content, how can the disagreement be dealt with in the most positive way?"[47]

Those not involved in the parenting project felt concerned that they did not express their reservations earlier in the process. They had been excluded from meetings during the fall, winter, and spring of 1975–76. Addressing the parenting group, Wendy wrote, "I realize that you felt that when others came sporadically to meetings, it was hard to get down to work. Also, in our collective only the four of you felt deeply committed to the project and had the time to put into it. At that point, however, I wish we had all had the wisdom to see that this might cause problems." The result was, in Wendy's words, "an unfortunate inside-outside dynamic which left several members of the larger group feeling left out."[48]

But Norma felt that the "sense of split, the we/they of which Wendy wrote so sensitively, has actually been a reality for a long time." She believed, in fact, that the parenting project was "simply a manifestation" of a larger shift in focus, as the work energy of the BWHBC drifted away from its original goals. The problem, as she articulated it, was that the group was *so* close, it was difficult for individual members "to realize the

precise ways in which our work energies have diverged, almost irrevocably." Trying to balance individual needs, emotional needs as a group, and professional needs as a group was proving to be quite a challenge. Norma continued:

> For me personally, the business of looking at the reality (and unreality) of the splits, in both group work energy and direction and personal career direction, VERSUS the personal relationships in our group as a support group and a personal group of the most intimate kind, is our very first task. If we can do this, really look at it and see it the way it is, I think we can solve the rest of our problems; because I think re-affirming our solidarity as a group has been the source of our ability to solve other problems in the past. After all, even when we were unanimous in committing our work energies to women's health, we were far from unanimous at all times on the precise form that commitment should take. It took time to work out.[49]

An open acknowledgment of the inevitable challenges involved in collective work undoubtedly helped repair some of the damage, and ultimately reaffirmed the BWHBC's commitments to collective politics.

However, although members attempted to encourage and support one another, they also feared that these conflicts, however lovingly expressed, signaled the decline of the collective. In the same letter in which Norma expressed her love and commitment to the group, she also warned against the dangers of letting their affection blind them. She perceived the collective as a family, but believed it to be "inherently impossible for a family to be both encouraging to the growth of everyone in it and still at the same time produce work with which every member can feel deeply identified."[50] Could the collective mature in such a way that all members continued to feel fulfilled? Could the passion for parenting that some members felt be translated into an effective sequel to *Our Bodies, Ourselves*—even if not all members shared that vision? What would it mean if the end product did not speak for everyone in the collective?

For those concerned about the direction the parenting project had taken by 1976, more than just a new book was at stake. "The process by which the book was (is) being produced is contrary to, is a denial of the collective group spirit which we have so clearly articulated, and on which our own processes and our very reputation is built," Norma explained. Three or four authors were simply not enough; the real power that the

book could have had "was missed because we were not really attempting to reflect a broad reality." As pioneers of the women's health movement whose work had resonated with so many readers, the BWHBC had an obligation to continue speaking to as wide an audience as possible. Norma warned, "if our book fails to do that it will not simply be too bad; it has the power to disillusion and disappoint literally millions of people, their faith in the women's movement, in our collective, in the power of the collective process, in the courage of people to really confront their social reality—the implications are enormous."[51]

Joan, a member of the parenting group, felt it was important to acknowledge the challenge that they faced. She wrote, "We all have to agree that the *OBOS* project was a magical event and probably will never be reproduced by ourselves or anyone else. In developing our book we developed a tool for consciousness raising that has touched the hearts and minds of women all over the world." However, she continued, it raised expectations in intimidating ways. "Clearly this is a hard act to follow and it is realistic to assume that no project that we develop will have as great an appeal and impact as *OBOS* did."[52]

Indeed, Joan was right. *Ourselves and Our Children* created some interest when it was published by Random House in 1978, but did not enjoy the broad appeal—or sales—of the first book. Their editor noted by April of 1979 that sales were "sluggish": approximately 130,000 copies sold in the first five months.[53] Reviews were mixed; while the *Library Journal* declared it "the definitive book on parenting," others found it far less innovative than *Our Bodies, Ourselves*.[54] For some readers, the book's emphasis on the roles of fathers as well as mothers diluted the empowering feminist political ideology they had come to expect after *Our Bodies, Ourselves*. And while the parenting group continued to meet into the 1980s with the intention of revising *Ourselves and Our Children*, they never completed the task, and the book is now out of print. Despite this letdown, the BWHBC persevered and continued to debate the role of parenting in its long-term goals. One member even proposed a new book, *Our Bodies, Ourselves, Our Children*, suggesting a desire to effectively merge the two projects.[55] Judy commented, "Given how little built-in overview and communication between the groups there has been, it's amazing that things have gone as well as they have."[56]

By creating something new and controversial within the collective, the parenting group also generated a debate about what had been so unique about the first book. "*OBOS* was not a book that we 'made' happen," Wendy reflected. "It was part of a large groundswell movement,

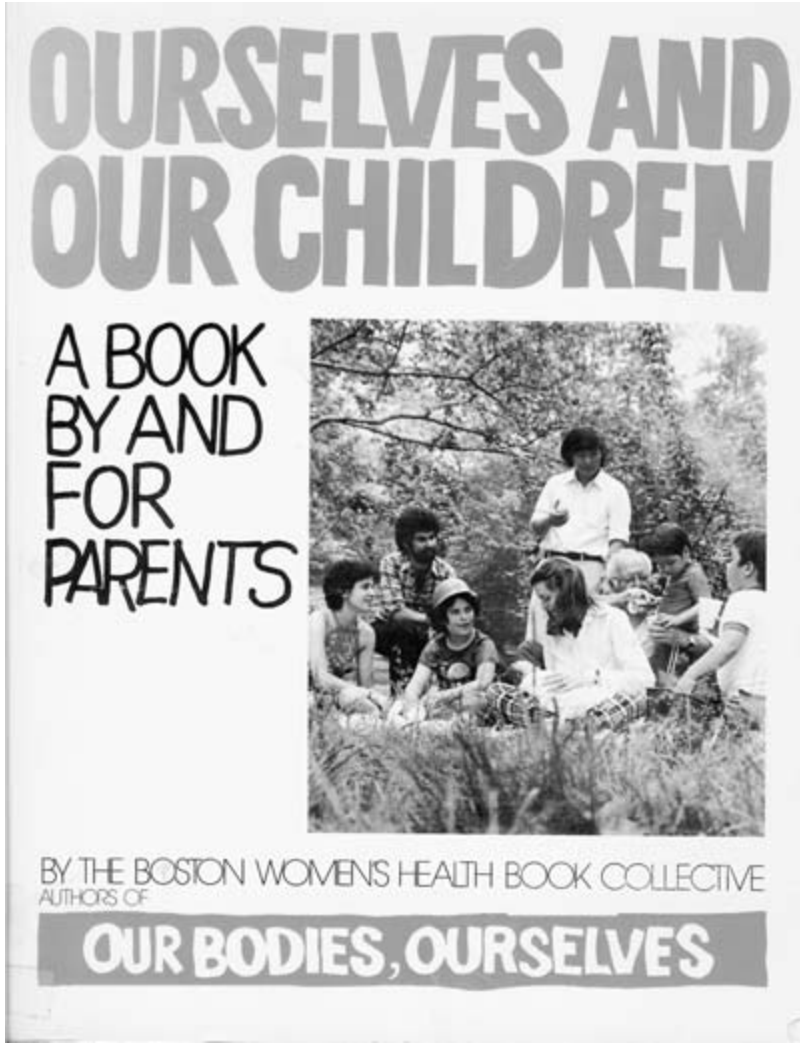

FIGURE 4 Cover of *Ourselves and Our Children* (1978). Photograph courtesy of the Boston Women's Health Book Collective. Reprinted by permission.

much larger than us. We were in some sense privileged to be there at the right time, although who we are certainly played a vital role in its getting put together and shared in such an effective way."[57] Norma agreed. "We have often said with genuine pride and humility that any women could have written our book, it just happened to be us," she wrote to the group. "Terrific as we are, I have a strong need to believe that, because

it implies that we are accountable to the feelings and experience of that wider world of women out there, that we are simply a filter or a reflecting pool for those other women's lives."[58]

That sense of accountability, which shaped the concerns about the parenting project, was not limited to the authors of *Our Bodies, Ourselves*. In their desire to reflect that "wider world of women out there," they had welcomed their audience into the conversation. For the early editions of the book, the writing was directed by the twelve members of the BWHBC, but included other voices. "Many, many other women have worked with us on the book," they explained in the 1973 preface. "A group of gay women got together specifically to do the chapter on lesbianism. Other papers were done still differently. . . . Other women contributed thoughts, feelings and comments as they passed through town or passed through our kitchens or workrooms. There are still other voices from letters, phone conversations, a variety of discussions, etc., that are included in the chapters as excerpts of personal experiences."[59]

Including as many voices and stories as possible turned out to be crucial. One of the outside authors, Susan Bell, later wrote about the challenge of translating medical information into lay language. The BWHBC authors themselves were outsiders to the medical field; their role was to understand and interpret the information in a way that would speak to as many women as possible. When revising the chapter on birth control in 1984, Bell had to attempt "to see from and speak to the perspectives of teenagers, single women, women of color, poor women, women with disabilities, and women without health insurance (and so forth) without falling into the trap of believing I could 'be' simultaneously in all, or wholly in any, of these subjugated positions."[60] The feminist paradox was rearing its ugly head, challenging any theorist to articulate universal claims about female biology and still acknowledge the presence of multiple perspectives.

How, then, could Bell attempt to speak for such a broad spectrum of women? "One way out of this trap lies in positioning, opening up the process of knowledge construction to diverse perspectives by being attentive and responsible to other people," she acknowledged.[61] The BWHBC could not claim to represent all women, but by including their stories, it could speak to a more diverse body of women. In her study of the impact of *Our Bodies, Ourselves* on global feminism, sociologist Kathy Davis noted that "it was the method of knowledge sharing and not a shared identity as women which appeared to have a global appeal."[62]

Reader Responses

Letters from American readers clearly indicate that while not all women identified with the tone or content of every chapter of *Our Bodies, Ourselves*, the book still had enormous appeal. Written at a time when feminists stressed the power and importance of consciousness-raising, it confirmed that women's liberation depended on such knowledge sharing. As the authors declared, "knowledge is power," and personal stories are a crucial aspect of that knowledge. *Our Bodies, Ourselves* offered a level of intimacy that encouraged readers to respond to its text. At the suggestion of the authors (who solicited feedback for book revisions in magazines such as *Ms.*) or of their own accord, over two hundred women wrote to the BWHBC in the 1970s and 1980s to share stories, seek advice, chastise, or praise. They commented on what was helpful in the book, what was vague, what made sense, and what was missing, on subjects ranging from dental care to diaphragms. These letters leave many questions unanswered; names and addresses have been blacked out, and most do not reveal the writer's economic, racial, or educational background.[63] Viewed as a whole, however, they suggest both the appeal of *Our Bodies, Ourselves* and the expectations it engendered. Because readers strongly identified with the book (or at least the idea behind it), they believed their own experiences should be represented or accounted for in the text. The emotional expressiveness of their letters reveals their desire to participate in redefining women's health, from locations across the United States. Indeed, reader input helped shape revisions of the book and explain its longevity.

The responses from readers also tell us something more broadly about the development of feminist ideas and communities.[64] Women did not have to be actively involved in an organized group of feminists, or even in a consciousness-raising group, to participate in the movement. Since many women did not have access to these groups (demand far outstripped available resources), they turned to reading *Our Bodies, Ourselves* as a consciousness-raising resource. Literary scholar Lisa Hogeland argues that feminism can be understood as a form of literacy, a set of "reading and interpretive strategies that people who identified themselves as feminists applied to texts and to the world around them."[65] Feminist community was a "fantasy" that could be explored in complete geographic isolation.[66] "If not in a group," she argues, "then presumably one experienced the collective speaking of women's experiences in the activities of reading and writing."[67]

Certainly that was the case with *Our Bodies, Ourselves*, where reading was often described as a revelatory experience—as a "click" that drew women out of isolation and into a widespread dialogue about feminism and health. "When I realize how similar my feelings are to some of the letters in your book, it is indeed reassuring," one reader confided.[68] Establishing connections by reading personal accounts enabled readers to experience consciousness-raising at their own kitchen tables. They did not have to join a feminist organization or a self-help group to recognize their own oppression in the stories of others. "I was overwhelmed by the support I felt in all the information you gave me," another reader wrote. "What I felt then as skepticism about the women's movement vanished and my lonely farm-housewife lifestyle became a step in a steady progression of changes."[69] One particularly enthusiastic reader declared, "Let me tell you I love your books! They make me feel great reading them—like I'm really a part of something bigger than myself!"[70]

By its very formation, then, *Our Bodies, Ourselves* encouraged readers to respond to its contents. It provoked passionate letters filled with heartfelt personal accounts of infections, miscarriages, depression, and disability. Some responses were humorous while some were angry. Some readers wrote in the name of sisterhood while others were simply scared. Together, their letters reveal that readers were active agents who identified women's health as a crucial component of feminism. From Maine to Montana, those who read *Our Bodies, Ourselves* transcended traditional geographic and organizational boundaries of feminism, simply by reading and reacting to the book.

What Does Vaginitis Have to Do with Feminism?

In April of 1981 Frances[71] telephoned Jane Pincus at the BWHBC in search of a cure for recurring vaginitis, noting later in a letter that Pincus had "tried in earnest" to help her. Frances believed that a women's health organization would have a solution. But the information Frances received from the collective proved to be inaccurate. Pincus had suggested a nonsulfa antibiotic preparation called Furacin, also mentioned in the 1979 edition of *Our Bodies, Ourselves*. Frances then called her doctor to ask for a prescription for the medication, which he provided. Much to her dismay, she learned from the pharmacist that it had been off the market for years; he then suggested Betadine or Vagisec. When she called her doctor again to ask his opinion of these two preparations, Frances recalled, he said he did not care which she tried. Frances was clearly frustrated with her doctor, but she was frustrated with the col-

lective as well. "Though you tried hard," she assured, "it seems that the materials available to you are either out of date or weren't properly researched by someone!" Of the three medical advisors she sought out—Pincus, her doctor, and her pharmacist—only her pharmacist had accurate information, she believed. But in a hastily typed postscript, she updated her story. Even the pharmacist had "lied" to her—Vagisec had no antibacterial properties and was therefore useless in treating her condition.[72]

Though Frances's experience might have led to disenchantment with the women's health movement, instead it made her more intent on contributing to the cause. She did not bother complaining to her doctor; according to her, he did not care. In her opinion, the pharmacist was a liar. But she noted the compassion and earnestness of Pincus, and the importance of the movement: "Believe me the only hope for women lies in feminist organizations like yours." For this reason, medical knowledge and accuracy were all the more important. "So PLEASE, be careful in the information you dispense because no one else is, not in the medical industry, anyway."[73] Her motive for writing the BWHBC was not simply to chastise, but to correct a potentially damaging error, and it worked. The next edition of the book, *The New Our Bodies, Ourselves* (1984), omitted the Furacin reference.

Brenda was another woman "trying desperately to find a cure for vaginitis." Not knowing where else to turn, she had contacted the collective in March of 1979 in the hope that it could put her in touch with one of the female gynecologists quoted in the book. So far, she had had no luck with physicians; the first was "sarcastic" and "ridiculed the fact that I was concerned about the problem." So she never went back to his office. "I pity everybody who still goes and sees that particular man. (And I frankly hope he gets an itch one day!)" Her second doctor prescribed Flagyl, and though she had a bad reaction, she was told to finish taking the pills, and the nausea stayed with her for over two months.[74] Then in September of 1979, Brenda wrote Judy Norsigian at the collective with a positive update. She had found a new doctor—"a gynecologist from the Old World, with a great bedside manner." He suggested wearing cotton underwear, using gentle detergents, and eating yogurt, and so far, it was working. "By voicing my concern to others, I was shocked to hear how many people had had (or were having) similar problems, and that they didn't know who to turn to also, or were equally irritated and depressed by their doctors' impatience."

Brenda's comment calls attention to a common desire among women for dependable and sympathetic physicians. "Perhaps the problem *is*

very common, but the patient suffers enough living with it day after day, for a 'dumb' doctor not to have sympathy. As I told one of the doctors I dropped, '*I* itch; you don't.'"[75] When asked by a feminist scholar in 1973 why women were so angry about current medical treatment, Marcia Storch, an OB-GYN, answered, "the personal touch is gone."[76] Because they were no longer making house calls by the 1960s, physicians lacked firsthand knowledge of a patient's environment. Those who spoke of distrusting doctors in the 1970s criticized them as "distant, arrogant, and uncaring."[77]

"Remember me?" began a letter to the BWHBC from Mary, another vaginitis sufferer. "I'm the law student who's written you several times about having vaginitis for more than two years."[78] She was writing to share the good news that her problem was finally going away, to explain how, and to share some of the things she had learned. Mary had been suffering from vaginal irritation since the first time she had had intercourse. Since then, she noted, "I have taken (and inserted, and applied, and douched with . . .) an incredible number of drugs in an effort to get some relief from this problem." Like Frances and Brenda, Mary had found her doctors to be unsympathetic. The collective referred her to the Elizabeth Blackwell Clinic in Philadelphia, where she finally found relief. The clinic physician recommended exercises rather than drugs. "He says I don't have good control of those muscles, and they tighten up very easily," making intercourse "painful and abrasive." Though skeptical, Mary took his advice, noting that it had taken some time and faith "to translate these exercises into a different experience of intercourse." For the first time ever, she began to enjoy sex, and to itch "less and less."[79]

Delighted, Mary explained her reason for writing. "All this may seem very simple to you, but really, this is the first time anyone has approached my problem in this way. No other doctor knew or cared why the problem had gone on so long." Instead, she continued, they had prescribed drug after drug. Knowing that other women had similar stories, Mary wanted to get the word out. "Forgive me for sounding like I'm on a soapbox, but if I can help other women before they have to go through some of the things I did, I'll at least have gotten something useful from the experience." A two-page, single-spaced typed list of issues and advice followed her remarks, including her experience using various remedies, dealing with pain, and interacting with a gynecologist. Betadine douche: "Maybe it's okay for some people, but it burned me out. . . . The doctor, when I complained about the horrible sting, said that meant it was working. Bullshit." Acigel: "I don't even like to think about using this drug." Intravaginal creams: "If it stings, forget it!" Her closing words under-

scored the agenda of the women's health movement. "Doctors simply don't know everything, and if their answers sound like bullshit to you, it's probably because that's what they are. So be assertive, ask questions, and be impatient!"[80]

What is striking about these three examples is their criticism of routine gynecological care. The women's frustration arose from the fact that even a simple, mundane disorder such as vaginitis lacked a common procedure or even diagnosis. According to the director of women's health sessions at the St. Mark's Clinic in New York City, vaginitis failed to interest physicians "because it is neither dramatic nor life threatening, and it is very hard to 'cure.'" Yet it was also a problem that concerned many women: the clinic regularly held a tremendously popular "vaginitis night" in the early 1970s that resulted in its being "swamped" with patients.[81] As Sheryl Ruzek notes, in 1978 there was widespread dissatisfaction with conventional gynecological services, "even among women not actively involved in either the women's health movement or the larger feminist movement."[82]

Negative Responses: "It matters to me what your book says"

While many women wrote the BWHBC to express appreciation for the encouragement *Our Bodies, Ourselves* provided or to share advice (as Brenda did), others wrote out of anger when they did not find the support they had come to expect. Encouraged by the text itself to "demand answers and explanations from the people you come in contact with for medical care,"[83] some readers interpreted this to include not only doctors, but also the authors of *Our Bodies, Ourselves*. As a result, the members of the BWHBC found themselves becoming mediators between organized medicine and women. They faced the difficult task of going into enemy territory—the medical establishment—and attempting to divorce medical "facts" from their assumed misogynist context. But as these reader responses attest, the boundaries between the two were never entirely clear. Nor was the exact role of BWHBC authors in bridging the gap between organized medicine and female patients.

A series of letters exchanged between Sarah and *Our Bodies, Ourselves* coauthor Norma Swenson in 1979 demonstrates the BWHBC authors' struggle to translate medical knowledge effectively for their readership. It began in February when Sarah wrote, "I have trusted you and learned much from your book in the past. But having spent the last year trying to conceive a child, and coming up with nothing, and then a class 3 Pap smear, the cause of which has not been terribly easy to find out,

the last thing I need is a statement like the one I tripped over on page 147."[84] She was referring to the discussion of D&C (dilation and curettage) in a chapter on medical health problems. Sarah's abnormal Pap smear indicated the possibility of cervical cancer, and her doctors recommended a D&C and possibly a conization (removing a cone of tissue from the cervix during the procedure to biopsy). She returned home and immediately picked up her copy of *Our Bodies, Ourselves* to learn more about the procedure. The 1979 edition concluded the discussion of D&C by stating that conization "may lead to complications in future pregnancies."[85] Her reaction to that sentence was so powerful that she described it to the BWHBC in not one, but two different letters. Already feeling cheated by the time she left the doctor's office, she stated that she "got to the line [in the book] that said conizations might lead to complications in pregnancy. New paragraph. You didn't tell me *what* complications. *The* book didn't tell me; it just added another layer of mystery and innuendo. I hate veiled warnings, vague threats—just tell me what the options are, or the facts. I know enough to worry, but not enough to answer my own questions. . . . Before you and your book there was nothing, but still."[86] She demanded that the collective take responsibility; she ended her letter by stating, "Your part in the trauma of the last few days will long be remembered."[87]

For Sarah, the one publication she thought she could rely on had failed her. This was a serious charge; her trauma stemmed not only from her bout with an irregular Pap smear and the threat of cervical cancer, and not only from the medical response, but from the book's "vague threats." Could *the* book possibly be considered part of the enemy, part of the problem rather than the solution? Concern about cooptation and "selling out" was common among women's health advocates by the mid-1970s as feminist health was becoming a lucrative business.[88] Many opposed the BWHBC's earlier decision to leave the New England Free Press and publish with Simon & Schuster, for example. Sarah's letter suggests an attempt to shore up the boundaries between feminist women's health and what she and others believed to be a misogynist medical establishment.

Coauthor Norma Swenson responded carefully, sensitive to the charge. "We are really sorry that you found our section on conization in relating to pregnancy upsetting and unhelpful." She admitted that there was no way of knowing who had written the passage, but accepted full responsibility. Without knowledge of authorship, culpability had to be shared by all members of the collective. Swenson made it clear that the authors faced quite a challenge when discussing and analyzing medical

treatment. "One of the problems we constantly stumble over as we try to research medical practice," she explained, "is that habits of treatment and prognosis get established with very little real evidence. . . . In sharing this kind of information with women, we want to be sure to include as much as we can of what is known, while at the same time leaving women some room to question and challenge the dogma about themselves and their conditions." However, according to some readers, too much room remained. "I wouldn't have sensed how unhelpful our sentence was if you hadn't shown us," Swenson acknowledged. "I'm not sure how to fix it, but you can be sure we'll make some modification next time around. We'll also try to do more research."[89] Indeed, the statement was omitted in the next edition and replaced with a more specific description of what the potential complications are and why they happen.

Sarah was clearly moved by Swenson's response, calling it a "generous" letter. In the "relative calm of early summer," she was able to reflect on her experience. "I don't blame anyone for that open-ended response; I just wish it hadn't been written," she noted; then added, "except that there are definitely good points to this correspondence." The dialogue, which Sarah now cast in a positive light, had begun directly with the text of *Our Bodies, Ourselves* (because Sarah believed it did not speak adequately to her), and had expanded into a warm exchange of ideas and explanations. "I probably wrote initially partly because it matters to me what your book says," Sarah explained. "By writing it you stuck your and our necks out, and I want us to look good, since efforts like these are still scrutinized so closely."[90] Like other readers, she perceived *Our Bodies, Ourselves* as a broader collective in which the book's readers as well as its writers all shared responsibility for the outcome.

It may seem surprising that feminist readers would direct their hostility toward the BWHBC rather than what they believed to be misogynist medicine. Yet Amy Farrell locates a similar trend in the relationship between the readers and editors of *Ms. Magazine* during this time. As Farrell argues, readers "forged strong yet volatile ties" with the magazine in that they identified with it, but also insisted it "live up to its promise as a resource for the women's movement."[91]

In the case of women's health, an erosion of trust in the medical establishment created critical consumers. These consumers were all the more willing to critique those feminist texts that claimed to speak for all women; they saw it as crucial that their particular perspective or experience was included in such a text. Indeed, the most common complaint of readers of *Our Bodies, Ourselves* who wrote to the collective had to do with their sense of exclusion. Readers expected to find themselves

described within the book's pages, and expressed confusion, disappointment, frustration, or anger if they did not. Although the women's health movement had the potential to cut across racial and class boundaries, argued feminist scholars Barbara Ehrenreich and Deirdre English in 1973, it would become only "'some women's health movement' unless the diversity of women's priorities were taken into account."[92] Over time, readers ensured that such diversity was reflected in *Our Bodies, Ourselves*.

Surprisingly, one of the most fundamental categories of exclusion—namely, race—does not emerge from the letters.[93] Yet many women have voiced their concern in other venues about the book's limited treatment of race and, more generally, the ways in which white women had paid scant attention to the specific health needs and perspectives of women of color. Sheryl Ruzek noted in 1978 that the women's health movement remained "largely white and middle class—especially in leadership and in focus."[94] African-American health activist Byllye Avery recalled that "white women had no idea about certain issues affecting black women."[95] For this reason, she spearheaded a national grassroots project on black women's health, with the support of the National Women's Health Network.[96] Winifred Breines, a sociologist and former activist in Boston, notes the racial tensions between white and black socialist feminists in that city during the 1970s, a stone's throw away from the BWHBC.[97] At the collective itself, racial tensions erupted in the 1990s; in 1997, four staff members resigned, arguing that the organization refused to "grapple honestly with racism and issues of power with respect to the women of color within the organization."[98] Sociologist Kathy Davis notes that these were "turbulent years" for the BWHBC as it struggled to address diversity and experienced tensions similar to those of other predominantly white feminist organizations.

Though readers of *Our Bodies, Ourselves* did not address race directly in their letters to the collective, they touched on issues that had certainly affected, and been affected by, women of color—namely, reproductive health and sexuality. Readers adamantly expressed their views as to how these particular issues should be portrayed in the book. Their concerns challenged some basic assumptions about feminism and health, forcing the authors to reconsider their stance on a number of issues.

Greta wrote the authors to critique their portrayal of sterilization. She had decided to stop taking the Pill because she wished to be "in total control of my body as to what I eat, smoke, [and] drink." Though she found the section on birth control helpful, she still was not satisfied: "The one section which I continually skipped over was entitled 'When

you are through with having children—sterilization.' I glanced at the pictures of tubal ligation and thought, 'That's not for me.'" But then she recalled the experience of a single, childless female friend who had expressed her relief and satisfaction with having undergone a tubal ligation. "It struck me that the title of this section in your book suggests that married or single women who have never had children don't, shouldn't, or mustn't have tubal ligations."[99]

In the 1970s, voluntary sterilization was the most popular form of birth control for white women and men.[100] But it was also a controversial procedure, one that proved to be divisive for feminists, because it was sometimes practiced coercively on poor women and women of color. Its contentious history as a eugenic procedure complicated the position of feminist activists who sought control over reproduction.[101] As Rebecca Kluchin argues, "women's race, class, and ethnicity clearly shaped their sterilization experiences, which in turn influenced their ideas of reproductive freedom." Organizations such as the Committee to End Sterilization Abuse and the Committee for Abortion Rights and Against Sterilization Abuse sought to protect women by promoting a series of guidelines in 1974 and 1977, respectively, to protect women from forced sterilization.[102]

While the BWHBC included a discussion of sterilization in the birth control chapter of *Our Bodies, Ourselves* from the beginning, the authors were aware that it was a complex issue. "Black women in the South are all too familiar with the 'Mississippi Appendectomy' in which their fallopian tubes were tied or their uterus removed without their knowing it," they wrote.[103] But for women like Greta, sterilization was a safe and effective method of birth control for women of any age, and thus an important aspect of reproductive choice. She suggested that in the next edition, "tubal ligation might be referred to as an alternative method of birth control rather than a step to be taken presumably after having had children already."[104] Consequently, in the 1984 edition the authors completely rewrote the section on sterilization (no longer entitled "When You Are Through with Having Children"). They warned younger women that "nearly one-third of the women who were sterilized at one point in their lives regretted this decision later on, particularly if they were under thirty years old when sterilized. Some women turn to sterilization in desperation because there is no suitable form of contraception for them." But they also took into consideration the opinions of women like Greta. "For some women, however, the choice to be sterilized is a positive wish to avoid pregnancy forever. Some have already had children; others decide they never want children."[105] Significantly, they also

included a separate section on sterilization abuse in a new chapter on violence against women, and included the addresses of anti–sterilization abuse organizations (including the American Civil Liberties Union and the Committee for Abortion Rights and Against Sterilization Abuse).

Just as readers forced the BWHBC to reconsider the politics of sterilization, they also challenged feminist assumptions about the liberating effects of abortion. While most readers believed reproductive choice to be an essential component of the women's health movement, they also reminded the collective that every experience is different and that one-sided generalizations could be hurtful. "I have gone through a harrowing emotional experience," Melissa wrote to Wendy Sanford at the collective in 1980. "I decided to write this letter after reading your section on abortion in *Our Bodies, Ourselves* and not finding adequate information or emotional support for a person in my condition." As a "firm supporter of the women's movement," she was writing to offer constructive criticism in the hopes that her suggestions could be "implemented in the revised edition."[106]

Melissa desperately wanted a baby. But she and her husband learned that they were both genetic carriers of Tay-Sachs, meaning that their offspring had a one-in-four chance of developing the disorder and dying in early childhood. "In my particular case I did not want to have the second trimester abortion for the reason of *not* wanting a baby, as the women in your chapter on abortion did," Melissa explained. An amniocentesis revealed that the developing fetus would indeed develop Tay-Sachs. "Therefore, while my choice for an abortion can technically be considered 'elective,' I very much wanted this baby, which was to be my first, and was extremely upset to find I would need an abortion."[107]

Melissa would have consulted the revised and expanded edition of *Our Bodies, Ourselves* (1976, 1979), which included an extensive chapter on abortion. There she would have learned about the history of abortion laws and practice, the antiabortion movement, medical techniques for terminating pregnancy, and how to find an abortion facility. She also would have come across a section on "feelings about being pregnant," which included only one first-person account of these emotions. "When I found I was pregnant, I was frightened and angry that my body was out of my control," the account described. "I was furious that my IUD had failed me, and I felt my sexual parts were alien and my enemy. I felt I was being punished for my femaleness."[108] This was certainly not representative of Melissa's feelings and may have made it difficult for her to read on.

But her sense of exclusion did not end there. Perhaps because she could not have the abortion until twenty weeks into her pregnancy (when the disease could be detected), Melissa was also experiencing some of the physical and hormonal symptoms of a pregnant or postpartum woman. "Today I turned to *Our Bodies, Ourselves* to try to find some answers, and to see how other women in my position have felt," she wrote.

> Why were my breasts so sore? What could I do about them and how long would it last? Had other women who underwent similar abortions felt the same physical pains, weakness, and tiredness? How did women feel who had wanted the baby, but were forced by circumstances beyond their control to have the abortion instead? Did these women, like me, feel as if they had given birth but then had no baby to show for it? How long would the 'mourning' process last over a fetus which was not considered living? I had and still have so many questions.[109]

But the abortion chapter did not address any of these issues; instead, Melissa found she was forced to read about physical questions in the chapter on pregnancy, despite the fact that the symptoms are common after an abortion as well. "I must admit," she continued, "it makes it more depressing having to look in that section when I don't fit in that optimistic, happy section." While some women noted that reading *Our Bodies, Ourselves* made them feel less alone and more connected with other women suffering from similar problems, Melissa felt even more isolated by reading the book. Her experience clashed with those described in both the abortion and the pregnancy chapters. "I felt that for once, at a crucial time, *Our Bodies, Ourselves* had let me down." She asked Sanford to consider the physical and emotional feelings of women like herself, who "make up a substantial minority when you consider Tay-Sachs, Down's syndrome, neural tube defects, and other biochemical and chromosomal diseases." Sanford needed to be "sensitive to this issue and give it the attention it deserves."[110]

On behalf of the BWHBC, Wendy Sanford responded carefully to the criticism. "I feel very much humbled by your letter of August, and I appreciate the time you took to help us make the abortion chapter of *Our Bodies, Ourselves* more careful and compassionate," she wrote. Reflecting her commitment to the collective process, she explained that "it is letters like yours that help us make the book better, but it is always a sorrow for us that someone suffered for what we did or didn't

say." Like Swenson's response to Sarah's experience with conization, Sanford's letter alluded to the fine line the authors had to tread in the book. Lack of information, or misinformation, unintentionally excluded and sometimes traumatized readers. "In this case," Sanford acknowledged, "it was both factual information that was missing *and* sensitivity to the emotional experience of someone who was not happy or at least relieved to end the pregnancy."[111] She promised to improve the abortion chapter in the revised edition. Indeed, the 1984 edition included an entirely rewritten chapter, by authors who had not contributed to previous editions. The chapter had a section on aftercare that discussed the physical and emotional response to abortion, as well as a first-person account from a woman who "very much wanted to be a mother" but learned from the amniocentesis that she would have a Down syndrome baby and did not feel emotionally or financially equipped to raise such a child.[112]

Disabling diseases affect women as well as their potential offspring. The disability rights movement led to greater awareness and discussion of the subject in the 1970s. This, in turn, prompted some readers to criticize the limited discussion of women with disabilities in *Our Bodies, Ourselves*. Jane sent the authors a postcard in 1977 urging them to change how they refer to people with disabilities in the 1976 edition. "People who have epilepsy, asthma, diabetes, etc. often do not enjoy being defined as the disease they have. In other words, they ARE NOT epileptics, asthmatics, and diabetics. They ARE people with many abilities and a few disabilities. They are people *with* epilepsy, asthma, diabetes. They are NOT the disease itself."[113]

Another reader had difficulty identifying with the sole first-person account of a woman with a physical handicap included in the 1976 edition. "In a disabled and disfigured body, I am 'desexed' by both society and myself," this account read. "Always I've asked, 'Am I a person despite my physical handicaps?' Now I ask also, 'Am I a woman?'" Inappropriately positioned under the heading "Growing Up," her narrative was left to stand on its own, with no wider contextualization of disability issues.[114]

Mary-Elyn pointed out this limited representation of disability issues in her letter to the BWHBC: "while her feelings are reflective of many disabled women, they are not 'typical' of everyone." Without other examples, readers would be left with the "impression that this is the only way disabled women see themselves," and would continue to view them "in stereotypic images." It was therefore crucial to "actively seek more input from disabled women and add it when the book is revised. In that

way, you both humanize and sexualize disabled women and you give disabled women the opportunity to learn what other disabled as well as non-disabled women are thinking and feeling about their bodies and themselves."[115]

Once again, Wendy Sanford responded to the criticism, but this time, her answer went directly into the revised edition of *Our Bodies, Ourselves*. "Many of us in the Collective had never known women with physical disabilities," Sanford explained, so members consulted with a local self-help organization while preparing the 1984 edition. "Our meetings with the Boston Self-Help group began to change both how we see disabled women and how we see ourselves."[116] As a result, *The New Our Bodies, Ourselves* incorporated the stories of women with disabilities in various chapters on health and sexuality.

"Only about 1/3 of the book applies to me"

The issue that the collective struggled with the most in addressing reader correspondence and text revisions during the early years of *Our Bodies, Ourselves* was lesbianism, an issue that divided many feminists in the 1970s.[117] So many women wrote letters in response to the lesbian chapter that *The New Our Bodies, Ourselves* gave special thanks to the hundreds "all over the country telling about their experiences and asking for advice, news, contacts, support."[118] Although many respondents were enthusiastic about the chapter, they also pushed for more material. "What I most wanted to comment on was the assumption of heterosexuality throughout the book," Barbara wrote. "There is a way that even though lesbianism is acknowledged as an option for women, it is still ghettoized in the one chapter and male-female relationships become the norm throughout."[119]

In the New England Free Press edition, homosexuality was addressed in slightly more than one page of the sixteen-page chapter on sexuality. By the 1973 Simon & Schuster edition, it was the subject of an entire eighteen-page chapter, "In Amerika They Call Us Dykes," and written by women involved in the gay liberation movement. Conflict between the BWHBC and the lesbian authors of "In Amerika" was apparent in the chapter introduction. "We had no connection with the group that was writing the rest of the book . . . and in fact we disagreed, and still do, with many of their opinions," the lesbian authors wrote. The collective clarified its position with a footnote linked to the chapter's title: "Since the gay collective insisted on complete control over the style and content of this chapter, the Health Book Collective has not edited it. Because of

length limitations, however, the gay collective has had to leave out much material that they feel is important."[120] In meeting minutes and memos from the mid-to-late 1970s, BWHBC members made it clear that they were not happy with the chapter's title and some of its content. Based on reader feedback "from both gay and straight women," they recognized that the chapter "gives only part of a picture," and that it needed to be "balanced out in some way (with input from older women, poor women, women with a longer experience of living a gay life, etc.)." They also felt that the title was problematic; Wendy Sanford argued that "someone who isn't a lesbian and who is fearful might feel pushed away." She suggested alternatives, including "Loving Women: Lesbian Life" (which eventually became part of the chapter title in a later edition, with different authors), but the gay collective insisted on keeping the original wording.[121]

Internal meeting notes reveal that by 1978 there was a great deal of frustration over how to integrate material on lesbianism into the next edition of *Our Bodies, Ourselves*. When the collective attempted to revise the chapter, its original authors rejected the changes, and asked for more space (sixty manuscript pages instead of thirty-five). After a divisive meeting with them, one collective member proposed stopping the writing process entirely until the disputes were resolved, despite the upcoming revisions deadline imposed by Simon & Schuster. Some resented that although "the gay women haven't been part of our process, we spend our precious hours talking about the gay chapter." Finally, at midnight on March 28, 1978, the BWHBC resolved to limit the gay chapter to fifty manuscript pages and to explain in the revised edition that "they weren't with us writing other chapters and they feel other chapters don't reflect them."[122]

But readers continued to complain. "I'm a Lesbian, which means that only about 1/3 of the book applies to me," Maggie wrote in 1982. "Now I'm sure you've had it suggested many times before that the rest of the book should integrate lesbianism more thoroughly," she chided. "These things should be obvious in 1982—every section except 'In Amerika' assumes the heterosexuality of the reader." Even "In Amerika" had problems, however. Although it was "very influential" in her coming out, and was "probably the most well read piece of Lesbian literature in the English language," it was "completely out of date now," Maggie maintained. She was sorry to see it go (note her assumption that it would not make it into the next edition), because it exuded the excitement of the beginnings of an important movement: "It would be hard to find someone to write a new one who would seem, like these Lesbians did, to be

Our Bodies, Ourselves was influenced not only by the formal collective, but also by readers who participated in a dialogue about women's health. By challenging the writers of the book on a number of points, readers influenced the way in which its authors, in the words of one of them, "translated science to the people." Confrontational letters to the collective reveal readers' expectations and assumptions about how women's health should be portrayed, as well as their desire to have their perspectives included. By demanding greater inclusion and diversity within the text, these readers ensured that *Our Bodies, Ourselves* would continue to be read by generations of women. These exchanges between the collective's authors and readers reveal how knowledge of women's bodies and health was reconstructed from a diversity of personal perspectives beginning in the 1970s. The conflicts expressed in letters underscore the inherent tension between two equally valid truths: the singularity of being female and the plurality of individual experiences among women. By the 1980s, this tension would contribute to a decline in the transformative nature of women's health activism. Nonetheless, *Our Bodies, Ourselves* continued to prosper decades after the second wave.

sharing something new which they were just putting together themselves for the first time."[123]

Maggie's assumption was correct; "In Amerika" did not make it into the next edition. It was replaced by "Loving Women: Lesbian Life and Relationships," which was authored by the "Lesbian Revisions Group." None had worked on the original piece, though "it provided crucial support and inspiration for several of us when we first came out as lesbians." Instead, they had written a chapter "quite different in focus and tone from the original one, using briefer stories so as to make room for more topics." This time around, the BWHBC authors' footnote linked to the chapter title was more conciliatory: "Although this edition of *Our Bodies, Ourselves* includes lesbian voices throughout, the collective decided also to have a separate chapter for a more careful focus on issues and information which specifically affect lesbians."[124] *The New Our Bodies, Ourselves* thus incorporated the suggestions and concerns of lesbian readers. However, it and later editions also revealed tensions within the text, underscoring the most basic challenge to the women's health movement: there simply was no universally shared perspective on women's health.

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When the Boston Women's Health Book Collective urged women to gain control of their bodies beginning in the 1970s, it was also, in the words of scholar Catharine Stimpson, assigning "extraordinary moral weight to the body."[125] Along with the collective's authors, the women readers of *Our Bodies, Ourselves* contributed to that assignment by articulating highly specific ways to reclaim their bodies. They became part of a widespread network of women determined to rethink the relationship between mind and body. Their stories challenge us to consider the role of ordinary women in shaping the development of the women's health movement. Since the first "Women and Their Bodies" workshop in 1969, participants in the movement, broadly defined, have struggled to make knowledge about women's health accessible to all women. What they discovered early on was that even within a small group of white, Boston-based feminists, perspectives and experiences could differ radically. Attempting to make all decisions by consensus and include all women's voices proved impossible. But the commitment to try, to see themselves inextricably bound as a family in which everyone's individual needs would not always be met, resulted in a more powerful and accessible book.

CHAPTER ONE

1. Boston Women's Health Book Collective, *Our Bodies, Ourselves: A New Edition for a New Era* (New York: Simon & Schuster, 2005), p. xiii.

2. Joanne Williams, response #63 to Kline survey, "Reading *Our Bodies, Ourselves*," submitted January 1, 2003 (see introduction, n. 11).

3. Estelle Freedman, response #260 to "Reading *Our Bodies, Ourselves*," submitted May 20, 2006.

4. Linsey, response #218, submitted January 1, 2005.

5. Michelle Murphy, "Liberation through Control in the Body Politics of U.S. Radical Feminism," in *The Moral Authority of Nature*, ed. Lorraine Daston and Fernando Vidal (Chicago: University of Chicago Press, 2004), p. 347.

6. See Snitow, "A Gender Diary," pp. 9–43 (see introduction, n. 2).

7. For a more in-depth analysis of the changes within the BWHBC and the text over the span of its history, with an emphasis on its global circulation, see Kathy Davis, *The Making of "Our Bodies, Ourselves": How Feminism Travels across Borders* (Durham, NC: Duke University Press, 2007).

8. James T. Patterson, *Grand Expectations: The United States, 1945–1974* (New York: Oxford University Press, 1996), p. 444.

9. Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), p. 334.

10. Ibid., p. 379.

11. David Rothman, *Strangers at the Bedside: A History of How Law and Bioethics Transformed Medical Decision Making* (New York: Basic Books, 1991), p. 5.

12. See ibid., pp. 15–29.

13. The Patient Bill of Rights was introduced by the National Welfare Rights Organization in 1970, and adopted by the American Hospital Association in 1973. Its preamble was the only document written by health-care professionals that was reprinted in *Our Bodies, Ourselves*. See D. Rothman, *Strangers at the Bedside*, p. 145.

14. Ibid., p. 128.

15. Ibid., p. 245. See also Jonathan Imber, *Trusting Doctors: The Decline of Moral Authority in American Medicine* (Princeton, NJ: Princeton University Press, 2008).

16. Starr, *The Social Transformation of American Medicine*, p. 371.

17. Jennifer Nelson, *Women of Color and the Reproductive Rights Movement* (New York: New York University Press, 2003), p. 92.

18. Sheryl Burt Ruzek, *The Women's Health Movement: Feminist Alternatives to Medical Control* (New York: Praeger Publishers, 1978), pp. 60–61. She notes that the Haight-Ashbury Free Clinic, which opened in 1967, became the model for approximately four hundred additional facilities.

19. Sara Evans, *Tidal Wave: How Women Changed America at Century's End* (New York: Free Press, 2003), p. 18.

20. Becky Thompson, "Multiracial Feminism: Recasting the Chronology of Second Wave Feminism," *Feminist Studies* 28 (2002): 337.

21. Evans, *Tidal Wave*, pp. 3–4.

22. Ibid., p. 29.

23. Ibid., p. 30.

24. Carol S. Weisman, *Women's Health Care: Activist Traditions and Institutional Change* (Baltimore: Johns Hopkins University Press, 1998), p. 72.

25. Ibid., pp. 73–74.

26. Ruzek, *The Women's Health Movement*, p. 144; see also Myra Marx Ferree and Beth B. Hess, *Controversy and Coalition: The New Feminist Movement across Four Decades of Change*, 3rd ed. (New York: Routledge, 2000), p. 108.

27. Other groups have also produced feminist health literature, although none as successfully as the BWHBC. For example, the Vancouver, B.C., Women's Health Collective published *A Woman's Place* in 1972. Newsletters included Lolly and Jeanne Hirsch's *The Monthly Extract—An Irregular Periodical* and the Women's Health Forum's *HealthRight*. In addition, feminist newspapers and journals, including *Off Our Backs* and *Ms. Magazine*, regularly covered women's health issues. By the early 1970s, traditional women's magazines such as *Vogue* and *Redbook* published articles on women's health that challenged traditional medicine. See Ruzek, *The Women's Health Movement*, pp. 147, 210, and 218, and appendix B.

28. Ruzek argues that "selective utilization" of physicians was a strategy of health movement activists, noting that lay referral systems began as informal affairs. See Ruzek, *The Women's Health Movement*, p. 162.

29. Wendy Sanford and Judy Norsigian, "Ten Years in the *Our Bodies, Ourselves* Collective—Draft"; BWHBC papers (unprocessed), 99-M147, box 5, p. 2, Schlesinger Library, Harvard University, Cambridge, MA.

30. Barbara A. Brehm, "Knowledge Is Power: *Our Bodies, Ourselves* and the Boston Women's Health Book Collective," in *Women on Power: Leadership Redefined*, ed. Sue Freeman, Susan Bourque, and Christine Shelton (Boston: Northeastern University Press, 2001), p. 156.

31. Susan Wells, "Narrative Forms in *Our Bodies, Ourselves*," in *Women Physicians and the Cultures of Medicine*, ed. Ellen Singer More, Elizabeth Fee, and Manon Parry (Baltimore: Johns Hopkins University Press, 2009), p. 189.

32. Judith Baker, response #214 response to "Reading *Our Bodies, Ourselves*," submitted November 22, 2004.

33. Boston Women's Health Book Collective, *Our Bodies, Our Selves: A Course By and For Women* (Cambridge, MA: New England Free Press, 1971), p. 1.

34. Brehm, "Knowledge Is Power," p. 157.

35. Boston Women's Health Book Collective, *Our Bodies, Our Selves* (1971 ed.), last page (not numbered).

36. K. Davis, *The Making of "Our Bodies, Ourselves,"* p. 24.

37. Lynn, letter to BWHBC, July 31, 1972; BWHBC papers (unprocessed), 99–M147, box 1.

38. In an interview with Susan Wells, Ruth Bell Alexander characterized the BWHBC as essentially a consciousness-raising group. See Wells, "Narrative Forms in *Our Bodies, Ourselves*," p. 189.

39. See Jo Freeman, "The Tyranny of Structurelessness," in *Dear Sisters: Dispatches from the Women's Liberation Movement*, by Rosalyn Fraad Baxandall and Linda Gordon (New York: Basic Books, 2000), p. 73.

40. Joan, letter to group, Fall 1974; BWHBC papers, box 1.

41. Nancy, Joan, and Ruth, letter to group, July 25, 1974; BWHBC papers, box 1.

42. Nancy, letter to group, Labor Day 1976; BWHBC papers, box 1.

43. Nancy, Joan, and Ruth, letter to group, July 25, 1974.

44. Jane, letter to group, Summer 1975; BWHBC papers, box 1.

45. J. Freeman, "The Tyranny of Structurelessness," p. 74.

46. Judy, letter to group, April 19, 1976; BWHBC papers, box 1.

47. Wendy, letter to the parenting group, August 24, 1976; BWHBC papers, box 1.

48. Ibid.

49. Norma, letter to group, September 5, 1976; BWHBC papers, box 1.

50. Ibid.

51. Ibid.

52. Joan, letter to group, September 4, 1976; BWHBC papers, box 1.

53. Nancy and Joan, memo #2, p. 2, April 3, 1979; BWHBC papers, 99-M125, box 6, Parenting folder.

54. Victoria K. Musmann, review of *Ourselves and Our Children*, *Library Journal Review*, 103, no. 17 (October 1, 1978): 1967. Negative reviews include Pat Hosking, *Broadsheet* (New Zealand), April 1979; and Molly Lovelock, "Narrow Viewpoint," *Sojourner*, February 1979, p. 13. BWHBC papers, 99-M125, box 6, Parenting folder.

55. Meeting minutes, June 2, 1980; BWHBC papers, box 1, p. 3.

56. Ibid., box 1, p. 2.

57. Wendy, letter to group, August 24, 1976; BWHBC papers, box 1.

58. Norma, letter to group, September 5, 1976; BWHBC papers, box 1.

59. Boston Women's Health Book Collective, *Our Bodies, Ourselves* (1973 ed.), p. 2.

60. Susan E. Bell, "Translating Science to the People: Updating *The New Our Bodies, Ourselves*," *Women's Studies International Forum* 17 (1994): 10.

61. Ibid.

62. Kathy Davis, "Feminist Body/Politics as World Traveller: Translating *Our Bodies, Ourselves*," *European Journal of Women's Studies* 9 (2002): 241.

63. There are approximately 215 letters filed under Reader Correspondence in the BWHBC papers. In the summer of 2001, I read through the entire collection of letters.

64. This is not the first time that women's responses to medical literature led to activism. Carol Weisman interprets recurring episodes of women's activism in the United States as waves in a women's health "megamovement" that began in the early nineteenth century. From the popular health movement to late nineteenth-century and Progressive Era movements, women have responded to health products and information and demanded that the health-care system be sensitive to their needs. See Weisman, *Women's Health Care*, p. 29.

65. Lisa Maria Hogeland, *Feminism and Its Fictions: The Consciousness-Raising Novel and the Women's Liberation Movement* (Philadelphia: University of Pennsylvania Press, 1998), p. 4.

66. Ibid., p. 10.

67. Ibid., p. 30.

68. Libby, letter to BWHBC, November 25, 1979; BWHBC papers, 99-M147, box 2, PID folder.

69. Mary Elizabeth, undated letter to "Jane and everyone in the collective," BWHBC papers, 99-M125, box 1, History: 10th Anniversary folder.

70. Helen McMillan, letter to BWHBC, July 8, 1981; BWHBC papers, 99-M147, box 2, Menstruation Brochure Requests folder.

71. Names of readers are fictional; the BWHBC had blacked out names and addresses from reader correspondence.

72. Name blacked out, letter to "Ms. Pinkas," April 14, 1980; BWHBC papers, 99-M147, box 2, Correspondence to File '79, '81–'82 folder. Susan Reverby recalls that when she gave public talks about criticizing the health industry, she would run into the "body/body politic difficulty. No matter what I said, the questions after my talk were always bipolar in their distribution. Half would be about how we should take on United States capitalism *in toto*; the other half would be about what advice I would give about a vaginal itch or the latest breast cancer treatment." See Reverby, "Thinking through the Body and the Body Politic," p. 409 (see introduction, n. 18).

73. Ibid.

74. Name blacked out, letter to Judy Norsigian, September 23, 1979; BWHBC papers, 99-M147, box 2, Correspondence to File '79, '81–'82 folder.

75. Ibid.

76. Catherine Stimpson, interview with Marcia Storch, MD, review of *Our Bodies, Ourselves*, by the Boston Women's Health Book Collective, *Ms.*, April 1973, p. 33.

77. Imber, *Trusting Doctors*, p. 114.

78. Name blacked out, undated letter to BWHBC (received February 1979), BWHBC papers, 99-M147, box 2, Correspondence to File '79, '81–'82 folder.

79. Ibid.

80. Ibid.

81. Barbara Herbert, letter to Pastor Marge Ragona, August 24, 1976; Women's Action Alliance records, box 247, folder 8, Sophia Smith Collection, Smith College Library, Northampton, MA.

82. Ruzek, *The Women's Health Movement*, p. 9. Concern over routine gynecological care fueled a much larger debate among medical schools and feminist health activists in the 1970s, the subject of the next chapter.

83. Boston Women's Health Book Collective, *Our Bodies, Ourselves* (1973 ed.), p. 268.

84. Name blacked out, letter "to those who wrote this book," February 17, 1979; BWHBC papers, 99-M147, box 2, Pap Smears folder.

85. Boston Women's Health Book Collective, *Our Bodies, Ourselves, Revised and Expanded* (New York: Simon & Schuster, 1979), p. 147.

86. Name blacked out, letter to Norma Swenson and Jane Pincus, June 28, 1979; BWHBC papers, 99-M147, box 2, Pap Smears folder.

87. Name blacked out, letter "to those who wrote this book."

88. See, for example, Sandra Morgen, *Into Our Own Hands: The Women's Health Movement in the United States, 1969–1990* (New Brunswick, NJ: Rutgers University Press, 2002), chap. 7.

89. Ibid.

90. Name blacked out, letter to Norma Swenson and Jane Pincus.

91. Amy Erdman Farrell, *Yours in Sisterhood: Ms. Magazine and the Promise of Popular Feminism* (Chapel Hill: University of North Carolina Press, 1998), p. 151.

92. Barbara Ehrenreich and Deirdre English, *Complaints and Disorders: The Sexual Politics of Sickness* (Old Westbury, NY: Feminist Press, 1973), pp. 86–87; quoted in Ruzek, *The Women's Health Movement*, p. 187.

93. In her study of *Our Bodies, Ourselves*, Davis also notes that most readers did not directly address the issue of race. She notes, "In a racialized context where whiteness is treated by many people as being without race, a condition of invisibility not available to people of color, this would indicate that many of the letters were probably written by white, Anglo-American women." K. Davis, *The Making of "Our Bodies, Ourselves,"* p. 152.

94. Ruzek, *The Women's Health Movement*, p. 192.

95. Martha Scherzer, "Byllye Avery and the National Black Women's Health Project," *Network News* (May–June 1995): 4.

96. Morgen, *Into Our Own Hands*, p. 43.

97. Wini Breines, *The Trouble between Us: An Uneasy History of White and Black Women in the Feminist Movement* (Oxford: Oxford University Press, 2006).

98. Alba Bonilla, April Taylor, Mayra Canetti, and Jennifer Yanco, "An Open Letter to the Board of Directors, Boston Women's Health Book Collective," *Sojourner: The Women's Forum*, December 1997, p. 4.

99. Greta Giving, letter to BWHBC, February 1, 1979; BWHBC papers, 99-M147, box 2, Correspondence to File '79, '81–'82 folder.

100. Nelson, *Women of Color and the Reproductive Rights Movement*, p. 74.

101. See Wendy Kline, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom* (Berkeley and Los Angeles: University of California Press, 2001).

102. Kluchin, *Fit to Be Tied*, p. 184.

103. Boston Women's Health Book Collective, *Our Bodies, Our Selves* (1971 ed.), p. 60c.

104. Greta Giving, letter to BWHBC, February 1, 1979.

105. Boston Women's Health Book Collective, *The New Our Bodies, Ourselves* (New York: Simon & Schuster, 1984), p. 256.

106. Name blacked out, letter to Wendy Sanford, August 6, 1980; BWHBC papers, 99-M147, box 2, Abortion folder.

107. Ibid.

108. Boston Women's Health Book Collective, *Our Bodies, Ourselves, Revised and Expanded*, p. 222, n. 67.

109. Name blacked out, letter to Wendy Sanford, August 6, 1980.

110. Ibid.

111. Wendy Sanford, undated response to August 6, 1980, letter; BWHBC papers, 99-M147, box 2, Abortion folder.

112. Boston Women's Health Book Collective, *The New Our Bodies, Ourselves*, pp. 305–8, 293.

113. Jane Gulko, letter to BWHBC, March 9, 1977; BWHBC papers, 99-M147, box 2, Pre-1978 folder.

114. Boston Women's Health Book Collective, *Our Bodies, Ourselves, Revised and Expanded* (New York: Simon & Schuster, 1976), p. 41.

115. Mary-Elyn O'Grady, undated letter to BWHBC, BWHBC papers, 99-M147, box 2, Pre-1978 folder.

116. Wendy Sanford, "Body Image," in *The New Our Bodies, Ourselves*, by the Boston Women's Health Book Collective (New York: Simon & Schuster, 1984), p. 6, n. 87.

117. Alice Echols, *Daring to Be Bad: Radical Feminism in America, 1967–1975* (Minneapolis: University of Minnesota Press, 1989), p. 212. See also Karla Jay, *Tales of the Lavender Menace: A Memoir of Liberation* (New York: Basic Books, 2000); Susan Brownmiller, *In Our Time: Memoir of a Revolution* (New York: Random House, 1999); and Kimberly Springer, *Living for the Revolution: Black Feminist Organizations, 1968–1980* (Durham, NC: Duke University Press, 2005).

118. Boston Women's Health Book Collective, *The New Our Bodies, Ourselves*, p. 141.

119. Barbara Smith, letter to Wendy Sanford and Lily, July 7, 1981; BWHBC papers, 99-M147, box 2, Correspondence to File '79, '81–'82 folder. See also Ruzek, *The Women's Health Movement*, p. 190.

120. Boston Women's Health Book Collective, *Our Bodies, Ourselves*, "In Amerika" chapter, p. 56, n. 1 (1973 ed.), p. 81 (1976 and 1979 eds.).

121. Wendy Sanford, letter to "the women who worked on the lesbian chapter of *Our Bodies, Ourselves*," December 15, 1974; BWHBC papers, 99-M125, box 1, History—1976 *Our Bodies, Ourselves* folder.

122. Meeting minutes, "Tuesday March 28" [1978?]; BWHBC papers, 99-M125, box 1, Minutes/Memos 1974–76 folder.

123. Name blacked out, letter to BWHBC, March 14, 1982; BWHBC papers, 99-M147, box 2, Orgasm folder.

124. Boston Women's Health Book Collective, *The New Our Bodies, Ourselves*, p. 141.

125. Stimpson, *Our Bodies, Ourselves* review, p. 35.

CHAPTER TWO

1. Martin Stone, quoted in Pamela S. Summey and Marsha Hurst, "Ob/Gyn on the Rise: The Evolution of Professional Ideology in the Twentieth Century—Part II," *Women and Health* 11, no. 2 (Summer 1985): 117. In response to this embattled environment, the American College of Obstetricians and Gynecologists moved its offices from Chicago to Washington, D.C. (see chapter 3).

2. Morgen, *Into Our Own Hands*, p. 71 (see chap. 1, n. 88).

3. See chapter 3.

4. Morgen, *Into Our Own Hands*, p. 95.

5. Women's Community Health Center, Third Annual Report, September 1977, p. 1, WCHC papers, 99-M101, Schlesinger Library, Harvard University, Cambridge, MA.