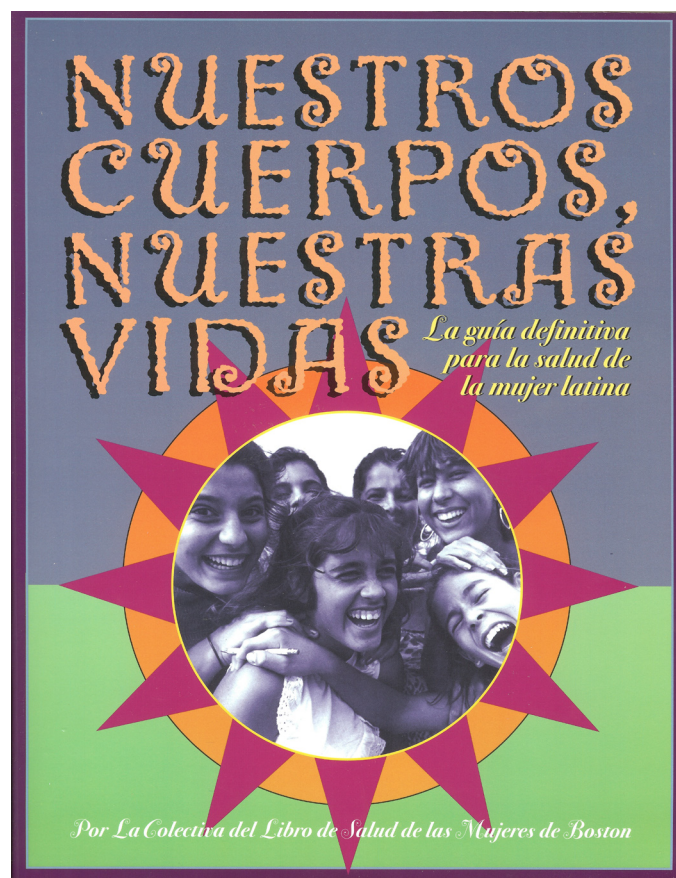


Nuestro Cuerpos, Nuestras Vidas Our Bodies, Our Lives

Boston Women's Health Book Collective, dedicated to women's health: twenty-five years of achievements

The struggle for justice in our lives as women is intertwined with the daily realities of our bodies. In a world where all types of privileges are offered to men, we are asked to achieve a lot for little in return. Women all over the world, with all our cultural and individual differences, need information, support and political solidarity from other women in order to improve our lives and the lives of our families. In the United States, a political movement specifically of women has achieved significantly promoting women's rights in the areas of work, family and health. In 1969, a group of women in Boston got together to discuss their negative experiences with the health care system at that time. As a result, in 1972, the first book about women's health with a political and feminist focus, *Our Bodies, Ourselves*, was born. The first edition of the book offered us basic information on specific subjects of women's health in a social context. This was a significant step forward for us, since at that time, all the control of our bodies was still given to men, since they were either our doctors or our husbands. The first edition of the book educated us about subjects, many of which we did not dare to speak about, since they were considered taboo. These subjects were a big help for us to understand and control our own sexuality, our decisions on reproduction and contraception methods. *Our Bodies, Ourselves* awoke a series of concerns that culminated



Boston Women's Helth Book Collective

United State of America

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in more open communication amongst ourselves. This labor of raising awareness that began in 1972 continues today with the latest edition, published in 1998.

As a result of the exchange between women within the United States and their communication with women from other parts of the world, the book continues to expand and change with the goal of including diverse experiences and current medical information that reflect the transformation of political conditions that affect human rights and women's health. For example, when the Boston Women's Health Collective began its work, abortion was still illegal in the United States. Despite the fact that in this country abortion was legalized in 1973, the political struggle to preserve this right continues today, and this process has remained reflected in the subsequent editions of the book. When the book was published for the first time, the medical system, consisting mainly of men, dominated the world of health with almost an absolute authority and power. Today, private for-profit companies, who move billions of dollars, dominate almost entirely the health market. These private organizations, looking for higher earnings, try to control the use of the medical system, limiting access to health services for those groups of people who are the poorest and the most in need. At the same time, we are told that without the biomedical industry, we cannot maintain good health. In reality, 90% of good health indexes depend on our condition in life, such as nutrition, housing, education, economic resources, and social support. In the United States, during the last three decades, an abyss has grown between rich and poor, the majority of the latter group consisting of women with children, African Americans and Latin American women. To maintain a system of life with so much privilege for so few, an economic ideology is exported that glorifies the wealth of few and ignores the misery of many; the work force of legal and illegal immigrants is imported for the most miserable and dangerous jobs, rejecting completely responsibility for their human presence among us. Although we have achieved a lot in the area of women's health, we need more than ever for our voices to

unite to preserve our achievements, to include all women, and to continue fighting for economic and racial justice as an integral part of justice for women.

In the United States, the book in English created a revolution in so far as how women use health resources that they have at their disposal in their daily lives, and in how to use the resources of the medical system, when they are necessary. To link a woman's health to her daily life by the processes of raising awareness and political solidarity, the book satisfies some essential needs, and is enormously popular. Millions of copies have been sold of all the editions, the most recent being the 1998 edition, which has been translated into dozens of languages. Offering the book at a modest price, placing it in such places as women's clinics and public libraries, has broadened access to valuable information about health. The book has brought information and support to many women, and by doing so has helped them to better understand their own health needs and their sexuality, so that they feel in control when they have to make decisions about their own lives. The information in the book, which can be used like an encyclopedia, helps us to better evaluate when it is necessary to go to a doctor and when it is not. When we need to go to a doctor, the information that the book offers, with its voice of respect and support, helps us to better understand and participate actively in health decisions that are so important for our own lives. *Our Bodies, Ourselves* united the feminist movement, raising the awareness of thousands of women about their personal and political rights and creating a movement of consumers that watch out for individual interests against the companies that put our lives in danger for their own financial gain. This book recognizes that for all women, taking care of our loved ones has a very high priority, but in order to take care of others, we must also take care of ourselves.

Despite the fact that this book is written for all women, we recognize that perhaps it might be easier to use for those women who are used to reading books or manuals of this size.

Many of us prefer to learn from our grandmothers, mothers, friends or in support groups, especially when it is about the personal subjects of our lives and bodies. The utility of this book is even greater when it is used as an educational tool about health in community groups dedicated to mutual help, personal growth, raising of political awareness and collective action. There are even educational groups for adult women who have used the English version to teach reading and writing. The book continues to change thanks to the participation of many women who continue sharing their experiences to transform it.

Language and Cultural Context: Of the Translation to the Adaptation

Over the 25 years of its publication, *Our Bodies, Ourselves* has converted into a health encyclopedia for women of the United States. At the same time, it has created the necessity of new versions that reflect the health needs of other countries. We realized that a simple translation does not communicate the cultural and social context where women, their lives, and their health is involved. We have worked with groups of women to create adaptations that contain basic and useful information for any woman in their own country, and at the same time recognize big economic, social and cultural differences that affect the lives and health of women. Ideally, this work of adaptation occurs directly in countries with groups of activists and organized women that transformed the book so that it is useful to them in the actual context of their lives and struggles. This has happened in countries most similar to the United States, such as Germany, and in others as different as Tibet. A women's collective in Egypt adapted the book with the participation of women of all ages and social classes, and including their religious values. They used an Islamic framework, supported by the words of the Koran, to confront sexism in their countries and their religious beliefs. Without an adaptation that recognizes the differences between the lives of the women in their own countries and in the United States, the information based on the experiences of some

North American women limits its utility and can be potentially destructive. Information that does not reflect the conditions of the current lives of women from other countries and their social contexts, implicitly communicates the idea that the reality of North American women is more important than the reality of other women from other parts of the world.

The adaptation in agreement with each culture is necessary in order not to recreate the conditions that made this book necessary, and so that we don't only listen to the voices of North American women, but also to those of the rest of the women of the world.

Our Bodies Our Lives: The Process of Adaptation

Since the first publication of *Our Bodies, Ourselves* in 1972, the Boston Women's Health Collective (BWHBC, its abbreviation in English) recognized the importance of bringing this information in Spanish to Latin American women, whether they live inside or outside their country. In 1976, Raquel Scherr-Salgado and Leonor Taboada prepared a translation with a non-commercial format. Later, in 1979, a second edition followed. Groups of Latin American women who worked in Boston reviewed the translations and included some cultural aspects. For the English versions as for the translated versions, women who wanted to participate were asked to offer their own experiences, criticisms, and comments. This invitation has always been part of the book, with the goal that the book could go along adapting and changing according to the different experiences of women who read it. We receive a lot of letters with positive reactions to the book, with personal testimonies and accounts of how they used the book in very diverse situations. Both the Latin American women who live in their countries of origin, and those who live in the United States, offered their comments on the utility of the book for community based educational and mutual assistance groups.

After the publication of the editions in Spanish of 1976 and 1979, a group of Latin American women in Boston got

together to develop a second stage of the adaptation of the book in Spanish. María Lourdes Mattei, Lolly Carrillo, and Elizabeth McMahon Herrera were in this group. A group of these women, organized by Elizabeth McMahon Herrera, founded the group ALAS, Latin American Women Friends in Action for Health, that has been dedicated to health care work for women in the Latin American female community of Boston. Since its beginning, ALAS always worked with a base of community commitment, and in collaboration with agencies that work with Latin American women. Elizabeth McMahon and the original group of ALAS, that included Iris García, Vicky Nuñez, Miriam Salomé Havens, María Rolof, Mygdalia Rivera and Raquel Shapiro worked together to create a way of working with Latin American women of Boston in such a way that respects and includes their cultural values. Right from the beginning, they recognized that the information about women's health could be used with the biggest benefit if this information arrived through their own communities. The ideas and comments of this group were integrated into the new editions of the English book, so that the book could reflect the lives and voices of the Latin American women who live in the United States. In this project, the book was not the only educational and inspirational tool; Elizabeth, Caty Leignel and Mirza Lugardo used theater and video.

The desire to publish an adaptation into Spanish based directly on the experiences of women in Latin American countries culminated with the integration of two groups in Mexico, CIDHAL in Cuernavaca and Study Group of Women "Rosario Castellanos" in Oaxaca, who worked with the editions of the 1980s and began their own process of translation and adaptation. This project proved to be too big, because it limited the time that they needed for community work. Due to the big national and regional differences that characterize Latin America and the enormity of the book in its new editions, the opportunity did not come up to deliver the book to a group of women in each country so that they could transform it within their communities and in accordance with their experiences. In order for this book to be truly useful for women in Latin

America, it had to respond to the large national and regional differences of said countries. The women in the Hispanic Caribbean, Central America and the Southern Cone live with enormous differences between them, independent of the homogeneity of the language, the history of colonialism and the conditions that are derived from the exclusive power of men that harm their health. In all of Latin America, the majority of women live under economic conditions of great poverty, and in a reality very different from the women of the upper and middle classes of their same countries. Even language is a vehicle of racist and destructive practices, and it very easy for us to forget that for the indigenous women of Latin America, Spanish is a second language that comes together forcibly with many other indigenous dialects.

A Step Forward: Translation with a Collaborative Adaptation

In 1990 Esther Rome and Norma Swenson of BWHBC attended the Fifth Meeting of Women of Latin America and the Caribbean in Argentina to discuss a possible collaboration of a group of women of the region that might be interested in participating in the process of translation and adaptation. Once there, groups were identified who were willing to adapt translated chapters in English so that they would reflect realities of the experiences of Latin American women. In 1992, the Noyes foundation awarded funds for the translation into Spanish of the edition of *The New Our Bodies, Ourselves* of this same year. This translation was organized under the direction of Gabriela Canepa. In 1993, The Ford Foundation provided funds for the collaboration with groups of Latin American women that work in the field of women's health, with the goal that they would participate in an adaptation of the book, beginning with said translation and utilizing a perspective that would reflect the realities in their own countries. In 1993, a team of Latin American women of diverse countries (Peru, Puerto Rico, Colombia, Chile, Cuba, Venezuela and El Salvador) that live in the United States dedicated itself to coordinate this collaboration with their sisters in Latin America. Rosie

Muñoz López was the director of the project from 1994 to 1996, and thanks to her vision, knowledge, organization, and energy the unattainable dream was achieved. She identified the most appropriate groups to achieve the adaptation of the chapters, selecting them with her knowledge and activism in women's health in all regions of Latin America and the Caribbean. Rosie completed the difficult task of establishing long distance links with our collaborators for the adaptation. As a Puerto Rican woman who grew up both on the island and in the United States, Rosie understood very well the complexity of living between two worlds. Thanks to her creativity and her knowledge of the two communities, we resolved the big problem of how to create a book that was adequate for women in the north as well as in the south. It was her idea to include in the book voices and experiences of different women in the Americas, and the Latin American women living in the United States.

Mayra Canetti worked with the project from the beginning, offering administrative assistance but also was an integral part of the editorial group of Latin American women in Boston. Her command of Spanish and her political conscience as a Puerto Rican woman living in the United States contributed enormously to the quality of the book. Mayra read all of the chapters and made recommendations for each one. She directed the project from January to August of 1997, and initiated the organization of the bibliographic resources and materials for the groups of the north and south that enriched the book so much. Alba Bonilla, Salvadoran, was named as the assistant of the project, and Liza Avinami, Colombian, and a student at Tufts University, contributed to the organization of the bibliography and other tasks that arose. A group of the board of directors and the administration of BWHBC supported the work of our editorial group, composed at different times of Elizabeth McMahon Herrera, Ester Shapiro, Judy Norsigian, Judith Lennett, Norma Swenson, and Claudine Mussuto.

In the first stage of adaptation, 19 groups of 12 Latin American countries presented their adaptations of one or

several chapters that they themselves selected. Each chapter was adapted by at least one group, and ideally by two, to offer various perspectives of the national differences in Latin America. Some chapters, for example, those that are dedicated to physiological information about anatomy and reproduction or pregnancy and birth, changed very little. Other chapters, such as those on abortion and AIDS, offer radical changes that reflect the enormous political and medical differences in Latin America. Each chapter was revised by an editorial group of Latin American women in Boston. This editorial group, at different stages made up of Rose Muñoz, Mayra Canetti, Elena Brauchy, Lucia Ortiz-Ortiz, Miriam Hernández Jennings, Ester Shapiro, María Laura Skinner, and María Morison Aguiar, organized the comments and changes offered by the Latin American groups and added information about Latin American women in the United States, incorporating information, materials and resources of many groups of the entire region. We collaborated with various groups that have centers of documentation or databases of Latin America and the Caribbean, and we incorporate these materials to enrich the perspective and the resources that the book offers. Many women offered us materials and support. This book would not have been possible without the generosity, creativity and commitment of the groups that fight for justice for the woman in Latin America and the Caribbean. We are especially grateful to Nirvana González of Taller Salud (Health Workshop), to Leopoldina Rendón of CIDHAL, to Isabel Duques of ISIS in Chile, and to Adriana Gómez of the Health Network for the Women of Latin America and the Caribbean.

After these multiple processes of adaptation, Veronica Nielsen-Vilar was named editor of the book in Spanish, to give consistency to the language and to the voice. Veronica demonstrated a great spirit of collaboration. She insisted that each sentence was as direct and simple as possible to facilitate the use of so much information, and to preserve its content and social framework. The voice of this book is her voice; patient and lyrical. Thanks to her extraordinary talent as a translator, we have created a book that recognizes the

regional differences of Spanish, but achieves communication in a more universal manner.

One decision that we debated passionately was the decision of whether we should direct ourselves to the readers of the book using “tu” (you- familiar form) or “usted” (you- formal form). The custom in many of our countries is to use “usted” as a symbol of respect, and even more so in a medical context. We decided that a book like this, whose utility depends so much on establishing a conversation on the most private subjects of our lives, needed the intimacy of “tu”. Also, we wanted to communicate in a way that would express mutual respect, solidarity and equality between all of us who share a common struggle. Keeping in mind how important respect is in our culture, we also recognize the ties that unite us, and with this trust we speak to each other as friends and sisters.

During the editing and adaptation process, we asked ourselves if the book could be utilized by Latin American women in the United States, or if we saw the necessity to create another adaptation in Spanish for those Latin and Latin American women in this country. However, we did not want to divide our energies or our communities by creating two separate books in Spanish; furthermore we thought that as the new Latin American diasporas in the United States, we have very strong ties with our countries of origin. Many of us, second and third generation immigrants, value our Latin American language, culture and identity, although sometimes we prefer certain aspects of the North American life. We further recognize, that the individualism of North American feminism does not satisfy us in our personal and social relationships. Parts of our own political movements emerge from an interest to combine the two cultures to live with the best from each one. Our own experiences as immigrants, refugees or in exile are useful subjects in the North, the South and the Center of the Americas. In exploring the political implications and the practices of the life of an immigrant, we can create a book that recognizes our similarities as well as our differences. We realize that what unites us as women of the north and of the south

is the bond of language and the cultural cross mix of Europe, Africa and the indigenous cultures of our continent. For the Latin American women in the United States, the book offers a way to understand the movements of women in support of the health of Latin America, and with this knowledge, to nourish our own understanding and political activism. We have all, as women of the world, learned from the heroism of the mothers of the “missing” of Argentina, Chile and Uruguay and of the Guatemalan Rigoberta Menchú, exiled for many years. All these women created political revolutions demanding justice for their children, brothers, fathers and family members. Their examples have transformed our ideas as to what is possible to achieve with political movements although they may be under circumstances of repression and life threatening danger. The decision to dedicate ourselves to an adaptation in Spanish for both communities helped us to understand that the book would initiate conversations with possibilities to transform relations between two worlds and unite us profoundly.

Because the book was written in Spanish, and also due to space considerations, we did not present much about the extraordinary work of our colleagues in Brazil. Their many activist groups for women’s health and justice are named in our list of groups and organizations, at the end of Chapter 4. We know the enormous loss that this decision represents, and we hope that in the future an edition in Portuguese is developed based on the projects and experiences of the Brazilian women.

After the chapters were adapted and edited, we initiated a last stage of adaptation, to cover an all-encompassing view. Ester Shapiro, a Cuban brought up in Miami, began with the project in 1993, and offered a vision of how to adapt the book inspired by the work of our great master Paolo Freire. Due to the fact that the book could not be rewritten entirely, we wanted to invite the reader to participate critically in her own reading. For this reason we dedicated ourselves to changing key chapters that allowed for a dialogue between the text

and the current and diverse situations of our female readers. Beginning in 1998, María Laura Skinner, an Uruguayan woman brought up in Long Island, New York, worked as the editorial coordinator and made the last stage possible for us to incorporate so much of the good work of our colleagues in Latin America, the Caribbean, as well as that of the Latin American women of the United States. She also brought us her knowledge and creativity in the field of comprehensive health care. Due to her work as a dancer, herbalist, and as a sorceress, an expert in life between two worlds, she knows very well how to support women's health using all the tools of our cultural wisdom. María Morison Aguiar, a Brazilian adopted by Puerto Rico and the coordinator of ALAS, brought to our work her three decades of political activism dedicated to social justice, and 20 years of experience in community-based public health. With affection and humor, she always insisted that the most useful information was the most simple and direct. Alan West Durán, a Cuban brought up in Puerto Rico, and husband of Ester Shapiro worked on translating and editing the chapters that were adapted in this last phase. His experience as a poet, teacher, and activist as well as translator, helped us to maintain a high level of lyrical and political expression. Alan and Marjorie Agosín helped us to select a lot of the poetry that we used in various chapters. Antonia Marmo, a Spanish teacher from Uruguay and the mother of María Skinner, was always available for our many questions of content and expression. She helped us especially to refine the wording of many of the completed chapters.

The work of adaptation that we created with the collaboration of Latin American groups accomplished much more than to offer a new perspective of the book. It made us see how much we could bring to the movement of women's health in the United States with the wisdom coming from the experiences of our colleagues in Latin America. Many of these women put their lives in danger in order to talk about and confront the political, social, cultural and religious realities that adversely affect their lives. In our countries, the topic of abortion is clandestine and dangerous; abortions are

legal only in Cuba and Puerto Rico. The topic of domestic violence is ignored in our countries whose governments are repressive and violent because the control of the man over the woman forms an integral part of their control over the society. The groups adapted these and other chapters to include the perspective of our Latin American sisters. In Latin America and the Caribbean, the perspective of women's health forms an integral part of the movements for human rights and economic justice. Many times, the "experts" of the United States think that their knowledge of the "first world" are concepts which are superior and which can be used to elevate the "third world" from a primitive state to a superior level. We are quite clear on the fact that for our sisters in Latin America, their social and political relationships are a source of richness, in contrast to the United States, which is an individualistic country where everything is for sale, including social relationships which you must buy or reinvent. In other words, we have a lot to share, and a lot to learn together.

The limitations of the book arise from the difficulty that exists in long distance collaboration, coordinated by a group in Boston, given it is problematic to work via telephone and fax. The book is still missing conversations and collaborations that we believe are ideal and necessary in order to present a true Latin American perspective. To get that, we are counting on you, the new readers of the book in Latin American countries, and the Latin American women who read it in the United States. Starting from this adaptation, we need you to share with us your experiences and for you to help us to change and improve the future editions.

First Steps in a New Conversation

Struggling with the difficulties of creating an adaptation of *Our Bodies, Our Lives* for use in Latin America, we have come to understand that our lives as Latin American women, whether living in our countries or in the United States, have a lot of in common. Among the women of Latin America that helped to prepare the adaptation, and the Latin American women of Boston that participated in the coordination, a dialogue

was opened. This dialogue is the first step in the conversation that we will maintain with Latin American women. This new conversation has permitted us to use the resources and the ideas initially organized for the book in English, and transform them in accordance with the experiences of the Latin American group and the many Latin American women in Boston and in the rest of the United States. We consider this first edition of the Spanish adaptation to be just the first step in a process of political organization that recognizes how much we have in common and how much we can learn critically reflecting on our differences. We think that with the publication of a book in Spanish about women's health, that can be used in Latin America as well as for Latin American women in the United States, we will be able to face our common needs as women. If we explore the diversity in our race, nationality, social class, education, access to medical systems, traditional medicine, and the presence or absence of women's political organizations that consider our realities, in an open dialogue, critical and respectful, we would be enriched and learn from each other.

Organization of *Our Bodies, Our Lives*: How to Use This Book

For the collective of women in Boston, the book has been not just a resource of personal and political support, but also a collection of essential information. Exploring our needs, knowing that other women have given their voice to common experiences and wait with respect and interest to hear ours, continues to be a process of transformation. The book offers a conversation that promotes the connection, self-determination, heightened awareness and the political justice between us within our own communities and in collaboration with the communities of solidarity. It must be recognized that the book continues to be based fundamentally on the realities of North American women, and that certain information makes more sense in the health system and social life of the United States. The project of adaptation began with the book in English, translating it to Spanish, preserving the basic

organization of the 1992 and 1998 editions. We did not ask the Latin American groups that participated in the adaptation if they wanted to add new chapters. In this edition we changed the order of the chapters, because we decided to begin the book in Spanish with international and political perspectives, to return to women the power to evaluate the medical system and use it (with all its defects) within a broader framework to affirm their capacities and responsibilities. The book in English begins with chapters about body image, nutrition, and exercise, topics that focus on the women individually, and that are of interest fundamentally to women who are in economically privileged conditions in countries with stable economic systems. Also, we had to reduce certain chapters, since the text in Spanish is longer than the English text. The chapter most reduced was 24, the longest of the English book, which is about common and uncommon medical conditions that can affect women, including, for example, arthritis and cancer. In the adaptation, we preserved some sections of extreme importance, but gave priority to information sources such as publications or Internet resources. We also gave information about groups with whom communication could be established by telephone or computer, who are prepared to collaborate to disseminate information about health. In this way, women can get in touch with health centers in their countries that would provide recent and direct information. In order for the book to also be useful for Latin American women in the United States, we did everything possible to communicate with the health networks for Latin American women. With the publication of this adaptation, we are beginning a process of communication and compilation of information that will serve as a base so that future editions are more complete and useful.

Steps Towards the Future: Let's Write a New Book Together

The participation of all of you in an open and sincere conversation will help us to transform the book. For those of us who worked on the project in Boston, this first step to

create a broader conversation between women that fight for women's health in the Americas has been a great incentive. We are confident that the publication of the book will give us a new way to learn about our sisters and Latin American colleagues. Once you read the book, we would like to know what you think about it, what material you found useful and what you would like to change for future editions. We are beginning a new process of communication, critiquing, and collaboration to incorporate the experiences in our community in a more complete manner. We hope that you unite with us to share this process.

Ester Shapiro

...For the English versions as for the translated versions, women who wanted to participate were asked to offer their own experiences, criticisms, and comments. This invitation has always been part of the book, with the goal that the book could go along adapting and changing according to the different experiences of women who read it...