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“Please Include This in Your Book”:  
Readers Respond to  
*Our Bodies, Ourselves*

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**SUMMARY:** This paper focuses on those ordinary women who responded to editions of *Our Bodies, Ourselves* in the 1970s and 1980s, illustrating how readers played a crucial role in the development and articulation of health feminism. By analyzing the exchange between writers and readers of the most popular and influential women’s health text of this era, it reveals the process by which feminists translated and interpreted medical information about women’s bodies. The personal stories of readers challenge us to consider the role of ordinary women in shaping the development of the women’s health movement.

**KEYWORDS:** women’s health movement, feminism, sexuality, *Our Bodies, Ourselves*

“*We are saying this: Knowledge is power,*” declared the members of the Boston Women’s Health Book Collective (BWHBC) in the first comprehensive book on women’s health, *Our Bodies, Ourselves: A Book By and For Women*. Utilizing a familiar phrase from 1960s activism, the authors suggested that it pertained directly to women’s health. “To get control of your own life and your own destiny is the first and most important task,” they announced to women readers, “[b]ut it begins with getting control of your own body everywhere in your life. Demand answers and explanations from the people you come in contact with for medical care . . . and

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insist on enough information to negotiate the system instead of allowing the system to negotiate you.”<sup>1</sup>

The response to this challenge was enormous. *Our Bodies, Ourselves* created a spark that ignited the grass-roots-based women’s health movement beginning in the 1970s. Education and self-help were central strategies of the movement, and manuals such as *Our Bodies, Ourselves* became the organizing tools that allowed women to translate personal health concerns into political ones. In the process, ordinary women transformed themselves from passive patients to active consumers, building feminist coalitions centered on patients’ rights, disability rights, and reproductive rights.

The resulting women’s health movement had an enormous impact on the so-called Second Wave of feminism. Incorporating that movement into the history of feminism forces us to reconsider the legacies of the Second Wave. The women’s health movement did not follow—and thus challenges—the typical trajectory of fragmentation and declension that characterizes the history of Second Wave feminism.<sup>2</sup> Fraught with internal conflict, plagued by the contradictory goals of universal sisterhood and individualism, many feminist organizations and networks failed to survive the 1970s. Yet though the women’s health movement suffered its share of tensions, contradictions, charges of racism and exclusion, it prospered, along with its popular texts, throughout the rest of the century and into the next.

The movement also affected health care. Between 1970 and 1990, the number of women physicians in the workforce quadrupled to more than 100,000.<sup>3</sup> In addition to increasing specialized care for women, these doctors have also stressed that research and funding must consider women’s health needs.<sup>4</sup> Many view the changes in women’s health services and policy as “nothing short of stunning,” yet few recognize the origins of these changes.<sup>5</sup> The key to understanding these developments lies in the ideas and actions of a loose network of women who collectively

1. Boston Women’s Health Book Collective, *Our Bodies, Ourselves* (New York: Simon and Schuster, 1973), p. 268 (italics added).

2. See, for example, Alice Echols, *Daring to Be Bad: Radical Feminism in America, 1967–1975* (Minneapolis: University of Minnesota Press, 1989).

3. Ellen S. More, *Restoring the Balance: Women Physicians and the Profession of Medicine, 1850–1995* (Cambridge: Harvard University Press, 1999), p. 225.

4. Estelle Freedman, *No Turning Back: The History of Feminism and the Future of Women* (New York: Ballantine Books, 2002), p. 215.

5. Sandra Morgen, *Into Our Own Hands: The Women’s Health Movement in the United States, 1969–1990* (New Brunswick, N.J.: Rutgers University Press, 2002), p. 232.

created a new approach to knowledge and teaching about women's bodies and women's health.

In this paper I focus on those ordinary women who responded to editions of *Our Bodies, Ourselves* in the 1970s and 1980s, illustrating how readers played a crucial role in the development and articulation of health feminism. By analyzing the exchange between writers and readers of the most popular and influential women's health text of this era, I reveal the process by which feminists translated and interpreted medical information about women's bodies. To understand the nature and impact of the women's health movement on feminism and health, scholars need to look beyond the feminist literature and feminist organizations of the 1970s. Everyday women readers, whose voices inform this study, actively redefined women's health from a feminist perspective.

## The 1960s

Women's health emerged as a major social and political issue in a turbulent decade. A new generation of Americans expressed dismay that the wealthiest, most powerful nation in the world could neither adequately provide for nor protect those at home, and they 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 American soil that were largely invisible to most middle-class Americans. Echoing the antiestablishment sentiment of these books, protesters captured public attention in the early 1960s. Students for a Democratic Society (SDS) issued their manifesto of New Left activism, the Port Huron Statement, in 1962.<sup>6</sup> The following summer, more than 250,000 civil rights protestors marched on Washington for freedom and jobs in the largest political demonstration in U.S. history. 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. The final year of the decade brought about five days of rioting in Greenwich Village, fueling the gay liberation movement. In this unsettled period no social issue was left unexplored, no political structure unchallenged. By its end, a postwar climate of confidence had been replaced by cynicism and doubt—which 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

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

the nation's largest industries.<sup>7</sup> But by 1970, medicine, along with other social institutions, had suffered a "stunning loss of confidence."<sup>8</sup> Beginning in the mid-1960s, according to David Rothman, the practice of medicine became thoroughly transformed, a process completed 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."<sup>9</sup> Exposés on patient experimentation and unethical treatment challenged the notion that the doctor had the patient's best interest in mind.<sup>10</sup> 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, like African Americans, gays and lesbians, and women, were easily exploited as human subjects and therefore required a language of rights.<sup>11</sup> The doctor had become a stranger and a potential enemy, and patient trust virtually disappeared along with house calls by the 1960s.<sup>12</sup> Empowered by a new language of bioethics to replace bedside ethics, patients became wary consumers who sought protection *from* doctors rather than *by* doctors.<sup>13</sup>

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 President Lyndon Johnson's Office of Economic Opportunity legislation included funding for neighborhood health centers by the following year.<sup>14</sup> These 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.<sup>15</sup> In addi-

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

8. *Ibid.*, p. 379.

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

10. See *ibid.*, pp. 15–29.

11. The Patient Bill of Rights was introduced in 1970, and adopted by the American Hospital Association in 1973; the preamble was the only document written by health-care professionals reprinted in *Our Bodies, Ourselves*. See Rothman, *Strangers at the Bedside* (n. 9), p. 145.

12. *Ibid.*, p. 128.

13. *Ibid.*, p. 245.

14. Starr, *Social Transformation* (n. 7), p. 371.

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

tion, hundreds of free clinics opened in the late 1960s providing treatment that was less expensive or hierarchical than traditional services.<sup>16</sup> For some, however, these measures did not begin to scrape the surface of a 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 the demand for equal citizenship created a new wave of feminist activism.<sup>17</sup> Though a fragmented movement (historians refer to several branches of feminism, including liberal, socialist, radical, cultural, and multiracial),<sup>18</sup> 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.<sup>19</sup> 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."<sup>20</sup> 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, clear 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."<sup>21</sup>

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. Doctors were overwhelmingly male (in 1970, only 7.6 percent of physicians and 7.2 percent of obstetrician-gynecologists were female)

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

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

18. Becky Thompson, "Multiracial Feminism: Recasting the Chronology of Second Wave Feminism," *Fem. Studies*, 2002, 28: 337–60, on p. 337.

19. Evans, *Tidal Wave* (n. 17), pp. 3–4.

20. *Ibid.*, p. 29.

21. *Ibid.*, p. 30.

and, according to critics, paternalistic, condescending, and judgmental.<sup>22</sup> In addition, they had medicalized reproductive issues and turned women into human guinea pigs, argued activists at hearings on abortion, the birth control pill, DES (diethylstilbestrol), and the Dalkon Shield IUD.

The women's health movement was a grass-roots campaign that used a wide range of strategies to increase women's power over their own bodies, including alternative health-care organizations, advocacy, and education.<sup>23</sup> It was enormously successful. By 1974, there were more than twelve hundred women's groups providing health services in the United States, according to a nationwide survey. Other groups worked through legislative channels to ensure protection and services, from abortion to FDA regulation of contraception.<sup>24</sup> As more and more women became active consumers in the health-care industry, they sought out accurate, easy-to-understand information on women's health.

Such information became available from women's health literature. The first and most comprehensive book to provide information about women's health and sexuality was *Our Bodies, Ourselves*.<sup>25</sup> Beginning as a 130-page newsprint manual in 1971, this comprehensive book on women's health was by 1998 a 780-page treatise that had sold four million copies and had been translated into nearly twenty foreign languages.

### *Our Bodies, Ourselves: A Collective Story*

In May 1969, Emmanuel College in Boston hosted a female liberation conference. This in and of itself was not so unusual; "women's liberation" 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 particu-

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

23. *Ibid.*, pp. 73–74.

24. Ruzek, *Women's Health Movement* (n. 16), 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.

25. 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 *The Monthly Extract—An Irregular Periodical* and the Women's Health Forum's *HealthRight*. In addition, feminist newspapers and journals regularly covered women's health issues, including *Off Our Backs* and *Ms.* magazine. 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, *Women's Health Movement* (n. 16), pp. 147, 210, 218, and app. B.

lar weekend conference significant was a two-hour workshop on Sunday afternoon, called “women and their bodies.” The participants, some of whom had never before been in any kind of women’s group, spent their time sharing stories of frustration and anger about experiences at the doctor’s office. They resolved to continue meeting after the conference, calling themselves the “doctor’s group,” with the idea that they would create a list of “reasonable” obstetrician-gynecologists in the Boston area. (By reasonable, they meant doctors who listened to the patient, respected her opinions, and explained procedures and medications.)<sup>26</sup> They quickly discovered, however, that they were unable to put together such a list—and, more importantly, that they shared a desire to learn as much as possible about their bodies and their health. So they decided on a summer project: Each member would research a topic of personal importance about women’s bodies and bring the information back to the group. 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.”<sup>27</sup>

From the beginning, then, personal stories were at the heart of this project. The stories did more than illustrate medical viewpoints on health and sexuality: they expanded, enriched, and challenged them. In this context, consciousness-raising transformed medical knowledge by suggesting that personal experience offered a “truth” just as valid as textbook views. In doing so, it reduced the “knowledge differential between patient and practitioner” and thereby challenged medical hierarchy.<sup>28</sup>

By 1970, the summer project had turned into a 130-page newsprint manual, *Women and Their Bodies* (published by the New England Free Press), and three years later, a best-selling 276-page Simon & Schuster paperback (*Our Bodies, Ourselves*). All writing was under the direction of the twelve-person Boston Women’s Health Book Collective, but it included many voices. “Many, many other women have worked with us on the book,” they explained in the 1973 preface:

26. Ruzek argues that the “selective utilization” of physicians was a strategy of health-movement activists, noting that lay referral systems began as informal affairs: *Women’s Health Movement* (n. 16), p. 162.

27. 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, Cambridge, Mass. (hereafter BWHBC papers).

28. Ruzek, *Women’s Health Movement* (n. 16), p. 176.

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.<sup>29</sup>

This inclusion of as many voices and stories as possible turned out to be crucial. One of the authors, Susan Bell, recalls the challenge of translating medical information for nonspecialists. The authors themselves were outsiders, whose role was to understand and interpret medical 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.”<sup>30</sup> How, then, could she 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.<sup>31</sup> The Collective 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, Kathy Davis notes that “it was the method of knowledge sharing and not a shared identity as women which appeared to have a global appeal.”<sup>32</sup>

Indeed, letters from American readers suggest that while not all women identified with the tone or content of every chapter of the book, it 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 Collective authors declared, “knowledge is power,” and personal stories were a crucial aspect of that knowledge.

29. BWHBC, *Our Bodies, Ourselves* (1973) (n. 1), p. 2.

30. Susan E. Bell, “Translating Science to the People: Updating *The New Our Bodies, Ourselves*,” *Women’s Studies Internat. Forum*, 1994, 17: 9–18, quotation on p. 10.

31. *Ibid.*

32. Kathy Davis, “Feminist Body/Politics as World Traveller: Translating *Our Bodies, Ourselves*,” *Eur. J. Women’s Studies*, 2002, 9: 223–47, quotation on p. 241.

## Reader Responses

*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 on their own accord, more than two hundred women wrote to the Collective in the 1970s and 1980s to share stories, seek advice, chastise, or praise. They commented on what was helpful, what was vague, what made sense, and what was missing, on subjects ranging from dental care to diaphragms. These letters, currently housed at the Radcliffe Institute's Schlesinger Library, leave many questions unanswered: names and addresses have been blacked out, and most do not reveal the writer's economic, racial, or educational background.<sup>33</sup> Viewed as a whole, however, they suggest both the appeal of the book and the expectations it engendered. Because readers strongly identified with the book (or at least the idea behind it), they believed that their own experiences should be represented or accounted for in the text. The emotional expressiveness of the letters reveals readers' desire to be part of a virtual community of health feminists, from locations all over the United States.

The responses from readers also tell us something more broadly about the development of feminist ideas and communities.<sup>34</sup> 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 the resources), they turned to reading as a consciousness-raising resource. Lisa Maria 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."<sup>35</sup> Feminist community was a "fantasy" that could be explored in complete geographic isolation.<sup>36</sup> "If not in a group," Hogeland

33. The BWHBC papers are not yet processed, but currently there are approximately 215 letters filed under "reader correspondence." In the summer of 2001 I read through the entire collection of letters.

34. 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 America as waves in a women's health "megamovement" beginning 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* (n. 22), p. 29.

35. 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.

36. *Ibid.*, p. 10.

argues, “then presumably one experienced the collective speaking of women’s experiences in the activities of reading and writing.”<sup>37</sup>

Certainly that was the case with *Our Bodies, Ourselves*, where reading was often described as a revelatory experience—as a “click” that drew a woman 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.<sup>38</sup> 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 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.”<sup>39</sup> 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!”<sup>40</sup>

By its very formation, then, *Our Bodies, Ourselves* encouraged readers to respond. It provoked passionate letters filled with heartfelt personal accounts of infections, miscarriages, depression, and disability. Some were humorous, while some were angry. Some readers wrote in the name of sisterhood, while others were simply scared. Together, their responses reveal that readers were active agents who identified women’s health as a crucial component of feminism.

### *What Does Vaginitis Have to Do with Feminism?*

In April 1981, Frances<sup>41</sup> telephoned Jane Pincus at the Collective in search of a cure for recurring vaginitis, noting later in a letter that Pincus had “tried in earnest” to help her. She believed that a women’s health organization would have a solution—but the information she received from the Collective proved to be inaccurate. Pincus had suggested a non-sulfa antibiotic preparation called “Furacin,” also mentioned in the 1979

37. *Ibid.*, p. 30.

38. Libby to BWHBC, 25 November 1979, BWHBC papers, 99-M147, box 2, “PID” folder.

39. Mary Elizabeth to “Jane and everyone in the collective,” n.d., BWHBC papers, 99-M125, box 1, “History: 10th anniversary” folder.

40. Name blacked out to BWHBC, 8 July 1981, BWHBC papers, 99-M147, box 2, “menstruation brochure requests” folder.

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

edition of *Our Bodies, Ourselves*. Frances then called her doctor to ask for a prescription for the medication, which he agreed to. Much to her dismay, the pharmacist told her that it had been off the market for years, and 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 what she tried. Frances was clearly frustrated with her doctor, but she was frustrated with the Collective as well. “Though you tried hard,” she assured Pincus, “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.<sup>42</sup>

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.”<sup>43</sup> Her motive for writing the Collective 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 reference.

Brenda was another woman “trying desperately to find a cure for vaginitis.” Not knowing where else to turn, she had contacted the Collective back in March 1979 in the hope that they could put her in touch with one of the female gynecologists quoted in the book. So far, she had had no luck with doctors: the first was “sarcastic” and “ridiculed the fact that I was concerned about the problem,” so she left him; “I pity everybody who still goes and sees that particular man. (And I frankly hope he gets an itch one day!)”<sup>44</sup> Her second doctor prescribed Flagyl, and though she had a bad reaction, she was told to finish taking the pills; the nausea stayed with

42. Name blacked out to “Ms. Pinkas,” 14 April 1980, BWHBC papers, 99-M147, box 2, “Correspondence to File ’79, ’81-’82” folder.

43. *Ibid.*

44. Name blacked out to Judy Norsigian, 23 September 1979, BWHBC papers, 99-M147, box 2, “Correspondence to File ’79, ’81-’82” folder.

her for more than two months. She wrote Judy Norsigian at the Collective in September 1979 with a positive update. She had found a new doctor—"a gynecologist from the Old World, with a great bedside manner." He suggested cotton underwear, 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."<sup>45</sup>

Brenda's comment calls attention to a common desire for dependable and sympathetic doctors. "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.'"<sup>46</sup> When asked by a feminist scholar in 1973 why women were so angry about current medical treatment, ob-gyn Marcia Storch answered, "the personal touch is gone."<sup>47</sup> Because they were no longer making house calls by the 1960s, doctors lacked firsthand knowledge of a patient's environment. With few exceptions, they had become, in the words of David Rothman, "strangers at the bedside."

"Remember me?" began a letter from Mary, another vaginitis sufferer; "I'm the law student who's written you several times about having vaginitis for more than two years." 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 doctor 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."<sup>48</sup>

45. Ibid.

46. Ibid.

47. Storch interviewed by Catharine Stimpson, review of *Our Bodies, Ourselves, Ms.*, April 1973, p. 33.

48. Name blacked out to BWHBC, n.d. (received February 1979), BWHBC papers, 99-M147, box 2, "Correspondence to File '79, '81-'82" folder.

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, 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 typed single-spaced list of issues and advice followed her remarks, including her experience with 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 final message underscored 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!”<sup>49</sup>

What is striking about these three examples is their critique of routine gynecological care. Their frustration grew out of 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. Marks 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 in which they were “swamped” with patients.<sup>50</sup> Sheryl Ruzek notes in 1978 the widespread dissatisfaction with conventional gynecological services, “even among women not actively involved in either the women’s health movement or the larger feminist movement.”<sup>51</sup>

Mary, Brenda, and Frances did not embrace the more radical message promoted by self-help gynecology at feminist health clinics, where lay health workers replaced medical doctors and taught cervical self-examination.<sup>52</sup> All of them continued to see doctors, but had learned

49. *Ibid.*

50. Barbara Herbert to Pastor Marge Ragona, 24 August 1976, Women’s Action Alliance records, box 247, folder 8, Sophia Smith Collection, Smith College Library, Northampton, Mass.

51. Ruzek, *Women’s Health Movement* (n. 16), p. 9.

52. Morgen, *Into Our Own Hands* (n. 5), p. 72.

through experience, and through reading *Our Bodies, Ourselves*, to educate themselves and to question medical authority. Like many others, they also used the Boston Women's Health Book Collective as an informal channel for sharing information and advice. It only took vaginitis—not abortion, terminal illness, or surgical trauma—to convince these women that their experiences earned them the right to dispense information and advice. “I realize I have a real bias—and I’m not a medical person,” wrote Mary, “but I’ve had a hell of a lot of experience with this, and a real good memory.”<sup>53</sup> That was enough. They had found their medium.

Like vaginitis, pelvic inflammatory disease (PID) is a common problem; approximately one million women in the United States develop PID annually. According to the authors of *Our Bodies, Ourselves for the New Century*, it is frequently caused by sexually transmitted diseases and affects the ovaries, fallopian tubes, and/or the uterine lining.<sup>54</sup> Helen described herself as a “PID victim, a former IUD user” when she wrote the Collective on Christmas Eve, 1979. Suffering from severe pelvic pain, “zero energy,” and “little concern” from her doctor, she had started reading feminist health periodicals in search of a solution. She found it in the New Hampshire Feminist Health Center quarterly, *Womenwise*, where an article on the supposedly unrelated condition of hypoglycemia seemed to describe her very problems. After a few months of treatment, her energy returned and her pain lessened. “In many ways, it is as if someone gave me back my life. Until PID, I was very alive and energetic. And now I am again.”<sup>55</sup>

Helen's solution not only brought relief, it also brought a determination, like Mary's, to share her story with other women. “I write you all of this because I cannot help but wonder if other women suffering the leftovers of PID could be helped by a hypoglycemic diet.” For Helen, though, it was not enough to ask the Collective to pass the information on, she believed that it should be in the book itself: “Hypoglycemia is common enough now that I hope next time you revise *Our Bodies, Ourselves* you will include information on it. . . . In too many ways, a year of my life was wasted until I heard about hypoglycemia. If there is any way to save other women from that kind of waste, it would be wonderful. Perhaps you can help in that through your fine book.”<sup>56</sup> A representative

53. Name blacked out to BWHBC, n.d. (n. 48).

54. Boston Women's Health Book Collective, *Our Bodies, Ourselves for the New Century* (New York: Simon & Schuster, 1998), p. 657.

55. Name blacked out to BWHBC, 24 December 1979, BWHBC papers, 99-M147, box 2, “Correspondence to File, '79, '81-'82” file.

56. *Ibid.*

of the Collective thanked her for taking the time to write, and assured her that they would include material about hypoglycemia in the next revision (which they did). In this example, the reader appeared better informed on feminist women's health material than the Collective itself, pushing them to incorporate other women's health material into the book.

Helen's story suggests the importance of personal experience in shaping the parameters of *Our Bodies, Ourselves*. In her case, physical discomfort, a dismissive doctor, and an interest in feminist health led her to make a connection between hypoglycemia and PID. A wide range of experiences motivated other readers to share or correct information and insist that it be included in the book. For example, Nancy wrote the Collective to inform them that despite the great service the book provided for women to learn about themselves, there was "one physical problem that you did not deal with": requiring a hymenectomy. Like Mary, she quickly acknowledged that she was no medical expert, but that she had firsthand experience with the problem. "I felt as if my vaginal opening was extremely small," she explained. Her doctor informed her that some women were still unable to have sex after six months of marriage; in these cases, as in hers, he said, an operation was needed to remove extra tissue. Nancy was taken by surprise: she knew she had a problem—she had never been able to use tampons, for example—but she was shocked to discover that it was severe enough to require a hymenectomy, something she had never heard of. "Because of my situation, and lack of knowledge of a hymenectomy, I feel this issue should be dealt with in your book." Though she recognized that it occurred rarely, she still felt that women should be aware of it. "So please, include this in your book if possible, it will be of great service to women who share in my situation, with its feelings of confusion and frustration."<sup>57</sup>

It was kidney disease that inspired Joan to write the Collective with suggestions for revisions that questioned the boundaries of women's health. "There is nothing at this time in *Our Bodies, Ourselves* that shows or explains either the kidneys themselves or in relations [*sic*] to the other body systems." Though not exclusively a female problem, "for me, and therefore, I am sure, for others, it is a necessary part of *Our Bodies, Ourselves!*"<sup>58</sup>

57. Name blacked out to BWHBC, 6 March 1979, *ibid*.

58. Name blacked out to BWHBC, 28 September 1977, BWHBC Papers, 99-M147, box 2, "revisions pre-1978."

### *Defining Women's Health*

In this one sentence, Joan raised key questions about the women's health movement: What were the parameters of women's health? How should it be defined?<sup>59</sup> In the 1970s, *Our Bodies, Ourselves* focused primarily on female reproductive and sexual issues. But if women experienced sexist treatment or lack of guidance by doctors in other aspects of health care, was it not still a feminist issue, and therefore a relevant aspect of women's health? Joan felt strongly enough to declare it a necessary, if nonexistent, part of the book. (In fact, the Collective added information on kidney disorders in the next edition.)

But some readers interpreted the book's omissions in a very different manner. While Joan suggested that the Collective had overlooked some health issues because they were not limited to women, Marilyn argued the opposite. Suffering from amenorrhea (the absence of menstrual periods), she provided a list of reasons for why she was "disappointed with the response given" in *Our Bodies, Ourselves*:

Your discussion on page 35 of amenorrhea: 1) is limited to 1 paragraph, 2) comes off as a put-down to anyone who might be worried about this "dramatic, less common problem" [compared to dysmenorrhea, or painful menstrual cramps], 3) nowhere do you discuss D&C [dilation and curettage] as a solution to this problem, 4) in your discussion of D&C there is no mention of what seems to be the prevalent rumour around this rather educated community that a disadvantage of a D&C is that "once you've had one you can't stop" or something similar.

She ended her letter on a controversial note: "I guess I feel a little 'reverse discrimination'—it seems that because male doctors have dwelt on this in the past, you're going to get back at them by not commenting on it."<sup>60</sup> Was there a danger in putting too much emphasis on reproductive organs at a time when feminists were struggling to define themselves as something more than those organs? Would this lead women to the very biological determinism they were trying to dismantle? Some thought so; editors of the Health Policy Advisory Center argued in 1971 that by

59. These are questions that scholars continue to ask today. "What is women's health?" ask Sheryl Ruzek, Virginia Oleson, and Adele Clarke: "A quick trip to the 'women's health section' of any good-sized bookstore or a pass through health magazines such as *Prevention* or *Health Quest* reveal a dizzying array of what constitutes 'women's health'" (Sheryl Ruzek, Virginia L. Oleson, and Adele Clarke, eds., *Women's Health: Complexities and Differences* [Columbus: Ohio State University Press, 1997], p. 5).

60. Name blacked out to BWHBC, 7 November 1978, BWHBC papers, 99-M147, box 2, "Correspondence to File, '79, '81-'82" file.

focusing on reproductive issues, women's health clinics reinforced the image of "woman-as-reproductive-beast" . . . making it easy to focus on women as users of contraceptives, seekers of abortions, bearers of children, victims of venereal disease and vaginitis, that is, as a collection of ovaries, uteri, vaginas, and other sexual appurtenances."<sup>61</sup> Indeed, notes Estelle Freedman, sexual politics have forced feminists to "confront deeply conflicted associations of women with the body."<sup>62</sup> The BWHBC's choice to change the name of their book from *Women and Their Bodies* to *Our Bodies, Ourselves* reflects the belief of many women's health activists that health and body issues were indeed central to women's identity.

Marilyn was not alone in her belief that amenorrhea had been too quickly dismissed by the Collective. Sylvia described her "twelve year odyssey" with the disorder that resulted in the surgical removal of a pituitary tumor. As a result of her experience, she felt the need to educate other women by writing about it, ideally by contributing a section in the next revision of *Our Bodies, Ourselves*. She stressed that, along with the importance of educating women about amenorrhea, it was also "important not to engender fear." Limited information and/or lack of commentary in the book could scare as well as anger women such as Marilyn. The result could be devastating. "So many women, especially without the security of the knowledge of bodily processes and a doctor aware of the possibilities, repress early feelings of illness, frightened about the future, afraid of the next step."<sup>63</sup> She believed that practical information and reassurance were both essential components of comprehensive women's health care.

### *Negative Responses: "It Matters to Me What Your Book Says"*

While many readers wrote the Collective to express appreciation for the comfort and encouragement the book provided, 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,"<sup>64</sup> some interpreted this to include not only doctors, but also the authors of *Our Bodies, Ourselves*. As a result, the members of the Boston Women's Health Book

61. "Women's Clinics," *Health/PAC Bulletin*, October 1971, quoted in Ruzek, *Women's Health Movement* (n. 16), pp. 27–28.

62. Freedman, *No Turning Back* (n. 4), p. 205.

63. Name blacked out to Susan Bolotin, 19 September 1979, BWHBC papers, 99-M147, box 2, "Correspondence to File '79, '81-'82" folder.

64. BWHBC, *Our Bodies, Ourselves* (1973) (n. 1), p. 268.

Collective found themselves in the position of mediators between organized medicine and female readers. 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 medical facts and misogyny were never entirely clear. Nor was the exact role of BWHBC authors in bridging the gap between organized medicine and female patients. Collective author Susan Bell reflected upon this challenge in 1994, noting that “translating science to the people” is not a straightforward process. She argues that it involves both *simplification* of technical terms and medical theories, but also *complication* by revealing the limitations, disagreements, and uncertainties of medical practitioners.<sup>65</sup>

A series of letters exchanged between Sarah and author Norma Swenson in 1979 demonstrates the Collective authors’ struggle to effectively translate medical knowledge to 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.”<sup>66</sup> She was referring to the discussion of D&C in a chapter on medical health problems. Sarah’s abnormal pap smear had suggested the possibility of cervical cancer, and her doctors recommended a D&C and possibly conization (removing a cone of tissue from the cervix during the procedure). She returned home and immediately picked up her copy of *Our Bodies, Ourselves* to learn more about it. The 1979 edition of the book concluded the discussion of D&C by stating that conization “may lead to complications in future pregnancies.”<sup>67</sup> Her reaction to that sentence was so powerful that she later described it to the Collective in two different letters. Already feeling cheated, she

got to the line 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 . . .<sup>68</sup>

65. Bell, “Translating Science” (n. 30), p. 10.

66. Name blacked out “to those who wrote this book,” 17 February 1979, BWHBC papers, 99-M147, box 2, “pap smears” folder.

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

68. Name blacked out to Norma Swenson and Jane Pincus, 28 June 1979, BWHBC papers, 99-M147, box 2, “pap smears” folder.

Angrily, she had ended her first letter by stating “your part in the trauma of the last few days will long be remembered.”<sup>69</sup>

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 medical disorder, and not only from the medical response, but from the book’s “vague threats.” “*The*” book had the potential to join the enemy, to become part of the problem rather than the solution. Concern about co-optation and “selling out” was common among women’s health advocates by the mid-1970s as feminist health was becoming a lucrative business.<sup>70</sup> Indeed, many were opposed when the Collective opted to leave the New England Free Press and publish with Simon & Schuster in 1973 for the same reason. Sarah’s letter reveals her expectation that Collective authors should shore up the boundaries between feminist women’s health and a misogynist medical establishment, rather than blur those boundaries.

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.”<sup>71</sup> This process of translation, author Susan Bell later pointed out, complicates rather than simplifies medical procedure. By 1994, she had learned that “the trick is to provide access to scientific uncertainty, and to contested knowledge, without simply leading to confusion and paralysis.”<sup>72</sup> But in 1979, when Swenson corresponded with Sarah, authors were still very much on a learning curve. “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.”<sup>73</sup> Indeed,

69. Name blacked out “to those who wrote this book” (n. 66).

70. See, for example, Morgen, *Into Our Own Hands* (n. 5), chap. 7.

71. Swenson, response to 28 June 1979 letter (n. 68), n.d., “pap smears” folder.

72. Bell, “Translating Science” (n. 30), p. 13.

73. Swenson, response (n. 71).

the statement was omitted in the next edition and replaced by 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 upon her experience: "I don't blame anyone for that open-ended response; I just wish it hadn't been written," she noted, and 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 from the text (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."<sup>74</sup> Like other readers, Sarah perceived *Our Bodies, Our-selves* as a broader collective in which the readers as well as the writers all shared responsibility for the outcome.

It may seem surprising that feminist readers would direct their hostility toward the Boston Women's Health Book Collective rather than at 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: they identified with it, but also insisted that it "live up to its promise as a resource for the women's movement."<sup>75</sup> Feminist scholar Phyllis Chesler spent years researching the more general question of why women turn against each other, especially feminists of her generation who referred to each other as "sisters": "I expected so much of other feminists—we all did—that the most ordinary disappointments were often experienced as major betrayals," she recollects:

Like most women, feminists expected less of men and forgave them, more than once, when they failed them. Feminists expected far more of other women, who paradoxically had less (power) to share than men had. We held grudges against other women in ways we dared not do against men. We were not always aware of this.<sup>76</sup>

In the case of women's health, an erosion of trust in the medical establishment created critical consumers. These consumers were all the

74. Ibid.

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

76. Phyllis Chesler, *Woman's Inhumanity to Woman* (New York: Thunder's Mouth Press/Nation Books, 2001), p. 439.

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 who wrote to the Collective had to do with their sense of exclusion. Readers expected to find themselves described within the pages, and expressed confusion, disappointment, frustration, or anger if they did not. Though 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.<sup>77</sup> 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. 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."<sup>78</sup> Byllye Avery, director of the National Black Women's Health Project, recalled: "white women had no idea about certain issues affecting black women."<sup>79</sup> This problem continued into the 1990s; in 1997, four BWHBC 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."<sup>80</sup>

The Collective did not specifically address this problem until the 1998 edition, writing:

While it is exciting that this book stays alive, growing and changing, the process of becoming more inclusive has been difficult and painful at times. For example, like many groups initially formed by white women, we have struggled against society's, and our own, internalized presumption that middle-class white women are representative of all women and thus have the right to define women's health issues and set priorities. This assumption does a great

77. Barbara Ehrenreich and Deirdre English, *Complaints and Disorders: The Sexual Politics of Sickness* (New York, N.Y.: Feminist Press, 1973), pp. 86–87, quoted in Ruzek, *Women's Health Movement* (n. 16), p. 187.

78. Ruzek, *Women's Health Movement* (n. 16), p. 192.

79. Martha Scherzer, "Byllye Avery and the National Black Women's Health Project," *Network News*, May/June 1995, p. 4.

80. 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.

injustice by ignoring and silencing the voices of women of color, depriving us all of hard-won wisdom and crucial, life-saving information. This time around, many more women of color have been involved in creating the book, writing some of the chapters, and editing and critically reading every chapter. During this process, tensions sometimes arose about what to include or leave out and how to frame certain issues. The resulting vigorous discussions have greatly enriched the book's content. But as in any organic process, some conflicts still remain to be resolved.<sup>81</sup>

Though readers 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 rights 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 relief and satisfaction with 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."<sup>82</sup>

In the 1970s, voluntary sterilization was the most popular form of birth control for white women and men.<sup>83</sup> But it was also a controversial procedure, one that proved to be a divisive issue between white feminists and feminists of color. Beginning in the late 1960s, Black Nationalist groups drew attention to the problem of sterilization abuse. Some organizations, including the Black Panther Party and the Nation of Islam, believed that any type of fertility control among black Americans equaled genocide. This issue made feminists of color uncomfortable with the reproductive rights agenda of white feminists. Some mainstream white feminists wanted to include access to sterilization as part of the reproduc-

81. BWHBC, *Our Bodies, Ourselves for the New Century* (n. 54), p. 22.

82. Name blacked out to BWHBC, 1 February 1979, BWHBC papers, 99-M147, box 2, "Correspondence to File '79, '81-'82" folder.

83. Nelson, *Women of Color* (n. 15), p. 74.

tive rights platform, because many doctors refused to perform the operation on young white middle-class women; they were therefore not supportive of black feminists' demand for stricter regulation of the procedure.<sup>84</sup> As Rebecca Kluchin argues, restrictive hospital policies "prevented 'fit' women from choosing voluntary sterilization," while federal family planning programs "forced 'unfit' women to 'consent' to the same procedure."<sup>85</sup>

While the BWHBC included a discussion of sterilization in their birth control chapter as early as their first edition, they 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.<sup>86</sup> 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."<sup>87</sup> In the 1984 edition, the authors completely rewrote the section on sterilization (no longer entitled "when you are through 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."<sup>88</sup> Significantly, they also included a separate section on sterilization abuse in a new chapter on violence against women, and listed the addresses of anti-sterilization-abuse organizations.

Just as readers forced the BWHBC to reconsider the politics of sterilization, they also challenged feminist assumptions about abortion's liberating effects. While most readers believed that reproductive choice was an essential component of the women's health movement, they also

84. *Ibid.*, p. 5.

85. Rebecca Kluchin, "Eligible at What Cost? Sterilization as Backlash against the Civil Rights Movement and the Welfare State" (Paper presented at the Western Association of Women Historians Annual Meeting, Berkeley, Calif., June 2003).

86. Boston Women's Health Book Collective, *Our Bodies, Our Selves: A Course By and For Women* (Boston: New England Free Press, 1971), p. 60c.

87. Name blacked out to BWHBC (n. 82).

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

reminded the Collective that every experience was different and that one-sided generalizations could be hurtful. "I have gone through a harrowing emotional experience," wrote Melissa 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 hope that her suggestions could be "implemented in the revised edition."<sup>89</sup>

Melissa desperately wanted a baby. But she and her husband had learned that they were both Tay-Sachs carriers, meaning that their offspring had a one-in-four chance of developing the disease that would lead to death 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." An amniocentesis revealed that the developing fetus would indeed develop the disease: "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."<sup>90</sup>

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, 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."<sup>91</sup> This was certainly not representative of Melissa's feelings and may have made it difficult to read on.

But the sense of exclusion did not end there. Perhaps because the abortion was not performed 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

89. Name blacked out to Wendy Sanford, 6 August 1980, BWHBC papers, 99-M147, box 2, "abortion" folder.

90. Ibid.

91. BWHBC, *Our Bodies, Ourselves, Revised and Expanded* (1979) (n. 67), p. 222.

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.<sup>92</sup>

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 were 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 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."<sup>93</sup>

On behalf of the Collective, 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. Committed 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. 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

92. Name blacked out to Wendy Sanford, 6 August 1980 (n. 89).

93. *Ibid.*

not happy or at least relieved to end the pregnancy,” and she promised to improve the abortion chapter in the revised edition.<sup>94</sup> Indeed, the 1984 edition included an entirely rewritten chapter on abortion (by new authors). The chapter had a section on “aftercare” that discussed the physical and emotional response, as well as an added 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’s syndrome baby and did not feel emotionally or financially equipped to raise such a child.<sup>95</sup>

Disabling diseases affected women as well as their potential offspring. The disability rights movement led to greater awareness and discussion of disabilities in the 1970s. This, in turn, prompted some readers to critique the limited discussion of women with disabilities in *Our Bodies, Ourselves*. Jane sent the authors a postcard in 1977 urging them to change the wording of references 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.”<sup>96</sup>

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,” the account read; “Always I’ve asked, ‘Am I a person despite my physical handicaps?’ Now I ask also, ‘Am I a woman?’”<sup>97</sup> Inappropriately positioned under the heading “Growing Up,” her account was left to stand on its own, with no wider contextualization of disability issues. Mary-Elyn took note of this limited representation of disability issues in her letter to the Collective: “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 dis-

94. Wendy Sanford, n.d., response to 6 August 1980 letter (n. 89).

95. BWHBC, *New Our Bodies, Ourselves* (n. 88), pp. 305–8, 293.

96. Name blacked out to BWHBC, 9 March 1977, BWHBC papers, 99-M147, box 2, “pre-1978” folder.

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

abled as well as non-disabled women are thinking and feeling about their bodies and themselves.”<sup>98</sup>

Once again, Wendy Sanford responded to the criticism, but this time, her response went directly into the revised edition. “Many of us in the Collective had never known women with physical disabilities,” she explained, so they consulted with a local self-help organization for people with physical disabilities 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.”<sup>99</sup> 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 most divisive issue that the Collective struggled with in reader correspondence and revisions during this time period was lesbianism, an issue that divided many women’s liberationists in the 1970s.<sup>100</sup> So many women wrote letters in response to the lesbian chapter that *The New Our Bodies, Ourselves* gave special thanks to the hundreds of women “all over the country telling about their experiences and asking for advice, news, contacts, support.”<sup>101</sup> Though many were enthusiastic, they also pushed for more material. “What I most wanted to comment on was the assumption of heterosexuality throughout the book,” wrote Barbara: “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.”<sup>102</sup>

In the 1971 New England Free Press edition, the sixteen-page chapter on sexuality had just over one page on homosexuality. By the 1973 Simon & Schuster edition, it was the subject of an entire eighteen-page chapter, entitled “In Amerika They Call us Dykes” and written by women involved in gay liberation. Conflict between the Collective and the lesbian authors of “In Amerika” was apparent in the published introduction to the

98. Name blacked out to BWHBC, n.d., BWHBC papers, 99-M147, box 2, “pre-1978” folder.

99. Wendy Sanford, “Body Image,” in *New Our Bodies, Ourselves* (n. 88), pp. 5–10, quotation on p. 6.

100. Alice Echols, *Daring to Be Bad* (n. 2), p. 212.

101. BWHBC, *New Our Bodies, Ourselves* (n. 88), p. 141.

102. Name blacked out to Wendy Sanford and Lily, 7 July 1981, BWHBC papers, 99-M147, box 2, “Correspondence to File ’79, ’81–’82” folder. See also Ruzek, *Women’s Health Movement* (n. 16), p. 190.

chapter. “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,” wrote the lesbian authors.<sup>103</sup> 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.”<sup>104</sup> In meeting minutes and memos of the mid-to-late 1970s, the Collective authors made it clear that they were not happy with some of the content of the article: 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.)”<sup>105</sup> The title was also problematic; Sanford argued that “someone who isn’t a lesbian and who is fearful might feel pushed away by [it],”<sup>106</sup> and she suggested alternatives, including “Loving Women: Lesbian Life” (which eventually became part of the title in a later edition with different authors), but the gay collective insisted on keeping the original title.

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. When the Collective attempted to revise the chapter, the gay women rejected the changes, instead asking 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 the fact that though “the gay women haven’t been part of our process, we spend our precious hours talking about the gay chapter.” Finally, at midnight, the Collective resolved to limit the gay paper 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.”<sup>107</sup>

103. BWHBC, *Our Bodies, Ourselves*, “In Amerika” chapter, p. 56 (1973 ed.), p. 81 (1976 and 1979 eds.).

104. *Ibid.*, n. 1.

105. Sanford to “the women who worked on the lesbian chapter of *Our Bodies, Ourselves*,” 15 December 1974, BWHBC papers, 99-M125, box 1, “File history—1976 *Our Bodies, Ourselves*” folder.

106. *Ibid.*

107. Meeting minutes, “Tuesday March 28” [1978?], BWHBC papers, 99-M125, box 1, “minutes/memos 1974–76” folder.

But readers continued to complain. “I’m a Lesbian, which means that only about 1/3 of the book applies to me,” wrote Maggie 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.” And even “In Amerika” had problems: though it had been “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.” 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 sharing something new which they were just putting together themselves for the first time.”<sup>108</sup>

Maggie’s assumption was correct: “In Amerika” did not survive the next edition. It was replaced by “Loving Women: Lesbian Life and Relationships,” written by the “Lesbian Revisions Group.” None of the authors had worked on the original piece; in fact, it had “provided crucial support and inspiration for several of us when we first came out as lesbians.”<sup>109</sup> 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.”<sup>110</sup> This time around, the Collective 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.”<sup>111</sup> *The New Our Bodies, Ourselves* thus incorporated the suggestions and concerns of lesbian readers. But it and later editions also revealed tensions within the text, underscoring the most basic challenge to the movement: there simply was no universally shared perspective on women’s health.

## Conclusion

When the Boston Women’s Health Book Collective announced in 1973 that “knowledge is power” and urged women to gain control of their bodies, they were also, in the words of feminist scholar Catharine Stimpson,

108. Name blacked out to BWHBC, 14 March 1982, BWHBC papers, 99-M147, box 2, “orgasm” folder.

109. BWHBC, *New Our Bodies, Ourselves* (n. 88), p. 141.

110. Ibid.

111. Ibid., n. 1.

assigning “extraordinary moral weight to the body.”<sup>112</sup> Women readers from Maine to Montana contributed to that assignment by articulating very specific ways to reclaim their bodies. They became part of a widespread network of women determined to rethink the relationship between gender and medicine. And their stories challenge us, as historians, to consider how ordinary women helped to shape the development of the women’s health movement. They did so in three important ways: First, their letters demonstrate that consciousness-raising and the sharing of personal stories were a crucial aspect not just of women’s liberation, but also of health education in the 1970s and 1980s. In other words, their stories influenced the way people learned about and understood a topic previously relegated to the medical profession.

Second, by challenging the writers of *Our Bodies, Ourselves* on a number of points—from remedies for vaginitis to cervical conization—readers influenced the way in which Collective authors, in the words of one of them, “translated science to the people.” They also helped to determine the topics covered in the text, by demanding and sharing information on topics from vaginitis to hypoglycemia. 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.

Finally, 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. The conflicts expressed in letters—over how to define women’s health, the inclusion of lesbians, the portrayal of disability, and other issues—were experienced by many Second Wave feminist organizations. And yet these tensions, and the fact that they made their way into revisions of the text, allowed *Our Bodies, Ourselves* to prosper decades after the Second Wave.

112. Stimpson, review (n. 47), p. 35.