By Jane Pincus and Joan Ditzion

EARLIER PREFACES:
I by Vilunya Diskin and Wendy Sanford
II by Wendy Sanford

In 1969, there was practically no women’s health information easily available, and every fact we learned was a revelation. Our first publication of Our Bodies, Ourselves helped spark many women to explore the health issues most important to them. Since then, women throughout this country and the world have generated such a wealth of information and resources—research papers, books, health groups and centers, newsletters and journals—that this time around we turned to them for help in rewriting the book.

Rewriting has been a challenging, remarkable experience. Every writer (and consultant) ended up working on the book much longer than she ever expected to, with immense goodwill and patience, for very little pay. A typical chapter went through at least three drafts, each commented on and criticized by most Collective members and a wide range of outside readers. Several chapters were themselves written by small groups. Sometimes one person’s insight would cause a whole chapter to be rethought. The end result of all this work is an almost totally new Our Bodies, Ourselves.

This rewrite reflects our Collective’s long-time commitment to keeping the book up to date. Health and medical information changes quickly; new health problems come to the fore; legal and political realities shift, changing people’s access to information and care. Equally important, our own political awareness keeps changing: the more we learn, the less we believe that the medical system as it is structured today can or will alter to meet our needs. So in this book, less medically oriented than previous editions, we emphasize what we as women can do for ourselves and for one another, and we often discuss nonmedical perspectives and remedies as well as medical ones. The thousands of women who contact us in person, in letters and by phone have opened up whole new subjects and issues for revisions: “I looked in your book for a discussion of in vitro fertilization and couldn’t find it.” “You’ve got to include the experiences of differently-abled [disabled] women next time.” “This is what happened to me when I got PID [pelvic inflammatory disease]; tell other women about it so they will be forewarned and know how to get the right kind of treatment.” “Could you please say more about lesbians and medical care?” Such comments in the past have led to the book becoming denser and longer each time. This edition is no exception. It was difficult to decide what to cut, especially when every chapter turned out to be twice as long as we had room for. To include and condense so much information has meant oversimplifying some subjects and shortchanging others.

We expanded some of the original sections, such as “Women in Motion” and “Violence Against Women,” into chapters in their own right. Some entirely new chapters are “Health and Healing: Alternatives to Medical Care”; “Alcohol, Mood-Altering Drugs and Smoking”; “Environmental and Occupational Health”; “New Reproductive Technologies.” After noting that in previous editions our discussions of the life cycle always ended with menopause, older women vehemently told us that indeed there is life after menopause. Together with them we wrote an all-new chapter on growing older. The chapter on international issues grew out of our correspondence and conversations with...
women whom some of us met in Asia, Latin America and Europe, and who visit our office to tell us about the health situations of women in their own countries as they collect information to bring back home. While this continues to be a book written primarily by white women, it includes experiences and information gathered by women of color.

Not all of us in the Collective agree with the content and style of every chapter and section. For instance, we had a long debate about psychotherapy—are women more helped than hurt by it? After many difficult discussions and rewrites we reached a compromise that we could live with. Though we labored over several pages about pornography intended for the “Violence Against Women” chapter, we ended up leaving it out because we couldn’t agree about the topic ourselves, and could not do the controversies justice in such limited space. As of this writing, some of us still don’t agree with the decision to leave this discussion out of the book.

Our Collective consists of the same core group who worked on the 1973 edition of Our Bodies, Ourselves (minus one). One of us now lives in California, another in Vermont. We have been meeting once a week for twelve years and have become a kind of family to one another. We have written together in twos and threes, looked after each other’s children, had family picnics and celebrations, played music together and met for meals, given workshops with each other around New England and throughout the country and spent hours in long conversations. Four new babies were born in the past two years, making twenty-one children in all. We have seen one another through four divorces and three marriages, one case of hot flashes and some long, dramatic affairs with men and women. Three children have gone off to college and nine are in the midst of adolescence. We have comforted each other the best we could through four parents’ deaths and the illnesses of several others. Most of us have other work in addition to working for the Collective. Now that revisions are over, we plan to do more public speaking nationwide about many of the issues in this book. Most important, we will be raising funds to keep our health information center going and vital. It is located in a large, bright room in the basement of a church in Watertown, Massachusetts, filled wall to wall with all forms of women’s health information. Community groups often meet there; women are welcome to come and use our files. The center is staffed by a few Collective members and several terrific women who have worked closely with us over the past years.

It is clear that the same forces which created the need for Our Bodies, Ourselves twelve years ago exist today as strongly as ever. The medical system is a vast business, now tied more closely than ever to other businesses in this profit-oriented economy. Rich and poor receive very different types of health and medical care. Preventive health care is not only a low national priority, but reimbursement policies actually discourage prevention. Industries continue to pollute the environment. Misogynist archconservative mentality, money and policy drive women out of the workforce, deprive women of needed prenatal, abortion and birth control services and cut down access to health information. Drug companies continue to make huge profits by selling products often harmful to women, “dumping” into other countries those drugs judged to be too old or unsafe here. So now, more than ever before, we hold to our original goals:

• to fit as much information on women’s health between the covers of this book as we can;
• to let women’s different voices and experiences speak out in its pages;
• to reach as many women as possible with the tools which will enable them to take greater charge of their own health care and their lives, deal with the existing medical system and fight whenever possible for improvements and changes;
• to support those women and men working for change both within and outside the existing system of health and medical care;
• to work to create a more just society in which good health is a right, not a luxury, a society which does not perpetuate unequal relationships between the sexes.
Above all, we want to encourage women to get together—to meet, talk and listen to each other. Most of us in the Collective grew up in the decades after World War Two, when girls’ lives centered around finding a man and women’s lives around husband and children. Before we began working on this book fourteen years ago, most of us had moved away from our home communities. In 1968–1969, we became active in the early women’s movement because of the political ferment of those years, and as a way out of the isolation we were experiencing. As we talked in small groups about our lives, we reclaimed an important part of our heritage, for women in traditional families and small communities have always exchanged experiences and wisdom with one another. In learning to support each other in our daily lives, we were not only continuing a tradition but doing something different too. With only a few exceptions, our own grandmothers and great-grandmothers had not dared speak openly about their feelings and experiences—about sexual feelings, for example, or abortions, which so many of them had had. Religious and cultural taboos had kept too many of them locked in ignorance and silence. Most of them had not felt entitled to protest and resist the circumstances of their lives or had found no context in which to do so. But we began to distinguish between the habits, roles and traditions which nurtured us and gave us strength and those which limited and repressed us. We realized that sexism restricted our options and opportunities. We encouraged each other to change unsatisfactory or painful life situations. We saw the tremendous political strength we gained by identifying common problems and standing in unity with one another. In becoming aware of our own and other women’s passions and potentialities, we discovered that we belonged to a family of women, a family larger than we had ever dreamed of.

We are increasingly proud of our dependence upon one another in a culture which so prizes independence. Yet our efforts (along with so many others’) to form a community of women are still evolving and, despite their strengths, are quite fragile. A competitive society like ours makes it difficult to work collectively, to be open, to trust one another. It is more difficult to be a feminist these days than it was in the optimistic climate of the early seventies. And when the many women with backgrounds and experiences different from our own speak up and tell the truth about their lives, they make it clear just how diverse this huge community is. Sometimes the great differences between us—race, class, ethnicity, sexual preference, values and strategies—turn us against one another. Keeping in mind our common ground as women must be one of our main tasks. Acknowledging the past and present hurts, the inner fears of difference and the external realities which separate us can enable us to learn to hear each and every woman’s voice clearly, to nurture each and every woman’s life.

Remember the dignity of your womanhood.
Do not appeal,
do not beg,
do not grovel.
Take courage,
join hands,
stand beside us,
Fight with us…

CHRISTABEL PANKHURST
English suffragette, 1858–1928

From
Norma Nancy Vilunya Wendy
Pam Paula Esther Joan
Judy Ruth Jane

465 Mt. Auburn Street
Watertown, MA 02172
Our Faces Belong to Our Bodies

Our faces belong to our bodies.
Our faces belong to our lives.
Our faces are blunted.
Our bodies are stunted.
We cover our anger with smiles.
Our faces belong to our bodies.
Our faces belong to our lives.
Our anger is changing our faces, our bodies.
Our anger is changing our lives.
Women who scrub have strong faces
Women who type have strong faces
Women with children have strong faces
Women who love have strong faces
Women who laugh have strong faces
Women who fight have strong faces
Women who cry have strong faces
Women who die have strong faces.
Our love is changing our faces, our bodies.
Our love is changing our lives.
Our sisters are changing our faces, our bodies.
Our sisters are changing our lives.
Our anger is changing our faces, our bodies.
Our anger is changing our lives.
Our power is changing our faces, our bodies.
Our power is changing our lives.
Our struggle is changing our faces, our bodies.
Our struggle is changing our lives.

While the information contained in Our Bodies, Ourselves will hopefully empower you and give you useful tools and ideas, this book is not intended to replace professional health and medical care.

The Boston Women's Health Book Collective is a nonprofit organization devoted to education about women and health. Our many projects and services include a Women's Health Information Center, open to the public; extensive distribution of free materials to women and organizations in the U.S. and other countries; the publication and distribution of a Spanish-language edition of Our Bodies, Ourselves (Nuestros Cuerpos, Nuestras Vidas); and the operation of a women's health learning center at a nearby women's prison. Royalties income from the sale of Our Bodies, Ourselves is not sufficient to support our work. Therefore, the Collective continually needs additional funding from contributions and grants. Tax-deductible donations (made payable to "BWHBC") are welcome. Send to 465 Mt. Auburn Street, Watertown, MA 02172. Thank you.