Dear Friends,

While the tragic events of September 11th have caused us to experience our environment as more vulnerable and unpredictable than ever, they have also made it clear how profoundly connected we are to the whole world. Such awareness heightens our belief that the work we do is supremely important.

Our mission at the BWHBC remains the same as ever: to improve the lives of women, their families and their communities by providing clear, truthful information about health, sexuality and reproduction from a feminist and consumer perspective. We remain one of the few women's health groups in the U.S. that doesn't accept funds from pharmaceutical companies and that tries to be scrupulous about conflict of interest.

The needs, as always, outweigh the resources for the necessary, ambitious tasks at hand. With anti-terrorist efforts now requiring billions of dollars and new governmental restriction of civil liberties, it’s more crucial than ever that public policies support rather than impede our collective ability to meet basic human needs.

Although our organization is small, with an annual budget of around half a million dollars, our reach and impact are broad. We continue to build upon long-standing relationships with hundreds of individuals and organizations.

News from the

BOSTON WOMEN'S HEALTH BOOK COLLECTIVE

Fall/Winter 2001

Crossing Cultural Borders with "Our Bodies, Ourselves"

A meeting in Utrecht, the Netherlands, June 2001

by Sally Whelan and Jane Pincus

With just three weeks to go before the Utrecht meeting that would bring together groups from around the world that are translating/adapting Our Bodies, Ourselves (OBOS), the last piece of funding came in, last minute requirements of embassies and visa offices were met, necessary documents produced, and the final hotel rooms booked. I (Sally) sat bolt upright in bed at 5 AM one morning, realizing that if I got on email immediately, I might be able to catch our colleague Codou Bop on-the-spot at her computer in Senegal, or Liana Galstyan in Armenia to find out if wired funds had gotten through. This instant messaging worked splendidly.

It was an honor to attend this exciting meeting; now, the events of the past two months have made us even more keenly aware of the essential need for this kind of global dialogue. The only other large gathering of groups working on translations/adaptations of Our Bodies, Ourselves was in 1995 at the Fourth World Conference on Women held in Beijing. This time we arranged to carve out our own time and place.

Kathy Davis, a feminist sociologist at the University of Utrecht, and Marlies Bosch, presently a facilitator of the Tibetan translation project, helped organize and facilitate the meeting. The Federation of Women's Self-help Centers, a coalition of groups funded by the Dutch government, graciously offered us a large, sunlit room. Chantal Soeters, one of Kathy's students, took notes. Seated at tables designed to come together in a comfortable ellipse, twenty-one participants from Japan, Armenia, Poland, Tibet, Senegal, Mexico, Bulgaria, Serbia, the Netherlands, and the U.S. put faces to the voices we had come to know through email and fax over the last several years. For the next three days, women described the dramatic challenges they faced in creating adaptations of Our Bodies, Ourselves.

continued on page 2
The Mission of BWHBC

The Boston Women’s Health Book Collective, best known for Our Bodies, Ourselves and Nuestros Cuerpos, Nuestras Vidas, empowers women with information about health, sexuality and reproduction. We work in and for the public interest, promote equality between women and men, and build bridges among social justice movements.

BWHBC

c/o Boston University School of Public Health
715 Albany Street, W-1, Room 120
Boston, MA 02118
Tel: (617) 414-1230  Fax: (617) 414-1233
SIX NEW BOOKS

BULGARIA:
Kornelia Slavova and Tatyana Kotzeva

The Women’s Health Initiative in Bulgaria took the risk of publishing their book in a culture where women’s roles have been “re-traditionalized” in the transition from Communism to democracy, and where feminism is seen as a Western, anti-male, anti-family, and pro-lesbian ideology. The collective voice of OBOS reverberates cynically, as does the idea of sisterhood, conjuring up a leftist agenda that smacks of Marxism and Leninism. A straight translation would have been culturally inappropriate.

Over-medicalization is not an issue, as basic needs in health care are not yet met; nor are abortion rights an issue, particularly not a moral one, because abortion is the primary method of birth control. Pro-natalist attitudes make for an especially difficult and charged environment for women experiencing infertility.

Speaking to the societal antipathy towards feminism, the authors recast it within the perspective of gender justice, providing a special chapter about women’s issues during the nineteenth and twentieth centuries. Throughout, they emphasized the rights of women in their roles as consumers, patients and citizens. They address their introduction to men as well as women.

After sometimes challenging negotiations, the book was published by a prestigious publisher, Colibri, and came out in July.

SERBIA:
Stanislava Olucevic and Bobana Macanovic

Much of the Serbian adaptation of OBOS was produced in war-torn Serbia. The coordinating group, The Autonomous Women’s Center Against Sexual Violence supports and counsels women survivors of male violence.

A team composed of nine women from five groups, spent over a year translating and adapting OBOS, publishing it themselves. Stanislava and Bobana proudly brought copies — hot off the press! — to our meeting, with the cover photo of the first ever “Take Back the Night” march in 1995 in Belgrade. Each page contains just one column of text, leaving a lot of space for women to write in their own experiences, for they said “These books will have many owners.”

This is the first book available in Serbia on the politics of women’s health. In a country that conceals health statistics for military and economic purposes, documentation about women’s health takes on a unique power. War has severely affected the health care situation, with long waiting lists, shortage of money and medicines, and general depression. Often Serbian women’s bodies have literally been used as weapons for military and political purposes; thus, these women have experienced them as instruments of pain and suffering, not as a functional or pleasurable part of their lives. Material on sexuality takes on a special importance.

As the authors see it, living within a regime that abhorred diversity and had well developed ‘mechanisms of hate,’ it is essential to underscore the diversity of Serbian women, and they espe-

continued on page 4
cially have attempted to give visibility to lesbians and women with disabilities.

Recent events have increased the use of substance abuse and anti-depressant drugs, discussed at length in the book. The authors dropped the ‘Nutrition’ chapter, for it seemed terrible to speak of food when people were starving; ‘Women in Motion’ was dropped too, for it also lacked relevance, pertinent only to affluent people.

The authors hope that their printer’s comment, when they picked up the finished book in June, augurs well for a positive reception of the Serbian OBOS. He said: “This book should be given to each daughter by her father.” It is a testament to their strength, courage and perseverance that there is any Serbian edition at all.

**ARMENIA:**

Liana Galstyan

The Armenian adaptation of OBOS arrived last month in our mailbox, almost ten years after work on this book began. During the past decade, Armenia endured an earthquake, severe losses in electricity and heating fuel, and paper shortages —some photos from the project’s first phase show the translators in a candlelit room wearing gloves. Faced with hardships and logistical problems, the project was stalled until Dr. Mary Khachikian met Judy Norsigian at the Armenian World Medical Congress in Boston during 1996 and agreed to assume coordination of the project. After that point, the vision and dedication of Mary and her colleagues shaped a process and a product that is now beautiful to behold with its multi-colored cover filled with images of Armenian women of all ages.

With a declining birthrate and economic hardship causing serious emigration from the country, the book, with its extensive section on contraception, faced some resistance from some government officials and members of the media even before its actual publication. For some, the legacy of the Armenian genocide also contributes to a pro-natalist sentiment. Still, Liana reported, the authors managed to offer extensive information about birth control. They significantly adapted the infertility section of the book, as STDs cause infertility rates to be very high (28%).

The book makes a special attempt to reach young women with chapters on body image and sexuality.

The coordinator of the Armenian Family Health Association plans to organize a series of awareness-raising workshops for women throughout Armenia, including educators, health providers and women in social service agencies. This edition holds special meaning for Judy Norsigian, who is also Armenian and visited Armenia for the first time last year to participate in an Armenian women’s conference and to help with completion of the book project.

**SENEGAL:**

Codou Bop

The present challenge for the authors of the “inspired” African-French edition of OBOS, *Notre Corps, Notre Santé* is to secure funding for printing and distribution of their already completed manuscript. The book will serve twenty-one francophone countries. With French (the language of colonization) as the necessary working language, it will be distributed for free to schools, health centers and women’s groups, and translated into local dialects. The BWHBC is currently seeking donors who may wish to contribute to this endeavor.

Most Africans are being increasingly harmed by a new...
kind of re-colonization, among them the World Bank’s structural adjustment policies, increased debts to the global North, devalued currencies and the privatization of health and education, which used to be free or cost very little.

Women have little or no access to health care, land, jobs, or schooling. False interpretations of the Koran increasingly stand in the way of women’s health and rights. Young women rank low in the social hierarchy of power, with 56% married and mother of a baby by age seventeen. In general, women belong to fathers, husbands or uncles. Their role is to take care of others. Since they are not “allowed” to be ill, and there is no such thing as an “unhealthy” woman, women buy over-the-counter medications to ease symptoms enough to carry on with their work.

Some practices are oppressive and harmful: For instance, to be fat is desirable, since thinness is associated with poverty and AIDS. Thus, women are too often encouraged to eat high-fat diets and discouraged from exercising. Fifteen to nineteen year old women are most afflicted by HIV/AIDS (an insidious myth teaches that a man infected with AIDS needs to have sex with a virgin to purify himself). Women use bleach to whiten their skin (a result of colonialism), causing skin cancer and kidney problems.

The book emphasizes the cultural, economic, political and religious contexts in which African women live. It empowers a woman by telling her she belongs to herself, and constantly encourages her not to feel guilty taking care of herself. One chapter describes pre-colonial matrilineal societies in which women did have a great deal of power.

**MEXICO:**
**Ester Shapiro, Alan West, U.S., and Lourdes Ruiz**

An extensive cultural adaptation of OBOSS was produced by approximately twenty Latin American women’s health groups spanning the Americas and the Caribbean in collaboration with a Boston-based editorial team of Latinas. Ester, coordinating editor of NCNV, discussed some of NCNV’s departures from OBOSS, the tasks faced in adapting a US feminist text (by emphasizing “mutual help” rather than “self-help” and eliminating some of the overtly ideological attitudes, for instance), and how the book’s text became a living tool for lively networking and community organizing.

The audience for NCNV is huge and very varied. As women worked in coalition across lines of continent and nation, North and South, locally and regionally, they broadened the definition of social change work to emphasize working with men and other social change movements. The “Católicas por el Derecho a Decidir” (Catholics for a Free Choice) prolife/prochoice perspective on abortion within the framework of women’s sacred responsibility for preserving life was tremendously important. NCNV embodies a participatory health education model, with an emphasis on community building and outreach.

As the only translation/adaptation project based at the BWHBC, NCNV has served in many ways as a bridge between OBOSS and other projects worldwide. Important commonalities arise between NCNV and other books. NCNV redefines feminism within a gender and social justice model, as in the Bulgarian edition. It places great emphasis throughout, as does the francophone African edition, on the need to balance the care of others with the care for one’s self. And like the Arabic edition from Egypt, inspired by OBOSS, but a new book altogether, NCNV acknowledges the importance of religion and spirituality in discussions of women’s health.

Ester offered her extensive knowledge in networking, media outreach, and promotion and held special sessions with participants whose books are already published, and for whom promotion and community outreach are now a priority. Alan provided an analysis of cross-cultural translations, which always involve the implementation of power relationships via the language used. Translation consists of a constant historic, poetic interaction between the text itself, the language and the culture. Lourdes, developer of CIDHAL’s impressive website, discussed the use of electronic media and encouraged us to think about how our books, or sections of books, can be brought into the electronic age.

*continued on page 10*
In 1999 a group of Latinas gathered in New York as part of several exchanges and work meetings held in the process of creating the Spanish language translation and cultural adaptation of Our Bodies, Ourselves, entitled Nuestros Cuerpos, Nuestras Vidas (NCNV). At one of these meetings, the idea emerged of making the information in this encyclopedic book more accessible in the form of a curriculum or small pamphlets. These would extend the messages of NCNV in a language and form that Latina women could understand and to which they could relate.

I was hired at the beginning of this year as part of the Boston Women’s Health Book Collective Latina Health Initiative to continue the work of the many Latinas who came before me. María Aguiar, Ester Shapiro, Nirvana Gonzalez, Eugenia Acuña, Elizabeth MacMahon-Herrera, and María Skinner are some of the many mothers, daughters, sisters, aunts, and godmothers of NCNV. They paved bumpy roads and defined future directions for the work around Latinas’ health. The development of a curriculum and peer health educator (promotoras de salud) training guide based on NCNV embodies their vision and continues their work.

As a first step in developing the Guide, we asked different groups and individuals across the nation about the kind of information they needed to address the health education needs of Latinas in their communities. Based on the information provided, I focused the training guide on sexually transmitted infections, HIV, and AIDS; forms of violence against women; reproductive health and rights; mental health, including stress, depression, and mental health of refugee women; pregnancy, postnatal care, and gynecological care.

The Guide has generated tremendous interest and enthusiasm from many community-based organizations and group leaders throughout the country. At the center of the curriculum is the philosophy, methodology, and information contained in NCNV. The Guide focuses upon addressing women’s health from multiple perspectives. It provides a women and family-centered approach to women’s health; a curriculum that supports healthy and beneficial cultural practices to address disease exposure and promote preventive care; a critical understanding of the political and socioeconomic forces that shape health, illness, and exposure to disease; and an emphasis on participatory learning and women’s experiences as sources of knowledge about their health and their bodies. These key elements make this training program very...
Women became empowered as they shared the complexities of being Latina in America, often on the borderlands between health and illness.

attractive to grassroots groups.  
“Agarren sus gallinas que el gallo está suelto.” 
(“Grab your chicks because the rooster is loose [out on the prowl].”)

This saying, and many others came up in one of the family planning workshops. Latino women and families often transmit knowledge through traditional stories and sayings, which also provide powerful tools for reflection about our culture, traditions, and gender relations in the context of family planning, and facilitate dialogue about life and health.

This particular saying generated a rich discussion about the gender struggle in the public and private spheres — the ways in which Latino culture places men in a dominant role, the difficulties women experience in learning about and negotiating birth control, their vulnerabilities as Latino women, their strengths in gathering together to challenge and protect themselves against the ideology behind the ‘chicks and the rooster’ image, and their strong conviction that they have the right to negotiate family planning, to control their fertility, and to protect their health.

Another participant stated: 
“Uno no puede venirle a un hombre bruto con el cuento de que perdiste el himen corriendo bicicleta porque no te lo cree, ¿cómo uno se lo explica a un hombre machista a quien le enseñaron que debe recibir el regalo de la virginidad [de una mujer]? ”

(You cannot tell a hardheaded man the story that one lost the hymen biking because he won’t believe you, how do you explain that to a machista man who was taught that as a gift he should have a virgin woman.”)

Stories of struggle, self-affirmation, rage, strength, and power followed this comment.

As we pilot-tested the Guide, we saw clearly how successful participatory education can be. Paulo Freire described this concept in Pedagogy of the Oppressed. He introduces the idea of critical consciousness, in which people engage in the construction of their own history not as objects, but as responsible subjects, as they search for self-affirmation and as they seek to transform concrete and objective reality (the realities that determine their lives). Invited to share their experiences, participants reflect upon the socio-economic and political structures that color the information they receive. They then create a body of knowledge more relevant to their lives.

Our workshops showed us how such an approach provides a fertile ground for learning. Women became empowered as they shared the complexities of being Latina in America, often on the borderlands between health and illness. They critically analyzed health information in the context of their realities, their histories. By progressively linking content and experiences about birth control methods to issues such as gender, power, patient information, informed consent, public health policies, population control mentalities, migratory histories, and economic situation, we could see the many factors that affect the implementation of successful family planning.

With continuous support from the Open Society Institute for the next two years we have initiated Phase II of our project. During this time, the BWHBC Latina Health Initiative will introduce training programs based on the Guide in selected community-based organizations or health care centers in several states. Various groups in Texas, New Mexico, Georgia, North Carolina, Indiana, Philadelphia, and Arizona have expressed interest in introducing, developing and further refining this program.

For additional information about the Promotoras de Salud Training Guide and the BWHBC Latino Health Initiative, contact us at:

(617) 414-1232 or office@bwhbc.org, or zobeida@bwhbc.org.

1 The generous support of the Open Society Institute (OSI) has enabled the Boston Women’s Health Book Collective to develop a culturally appropriate Spanish-language Curriculum and Training Guide for use by service providers and peer health educators (Promotoras de Salud) among Latina women.

2 The National Council of La Raza and the Immigrant Women Program of NOW-LDEF, provided contact information about their affiliates nationwide.
During the past year, we have been involved in several new, challenging coalition efforts. Also, as usual, we spoke at numerous colleges, conferences, and meetings and continue to participate on boards and advisory committees dealing with issues from tobacco to contraceptive research to safe motherhood to genetics to participation in human clinical trials. We appeared on television, radio and in print several dozen times.

Over the past year, interns Molly Bargar, Alicia Whittington, Angela Killilea, Jessica Rooney, Jin In, and Bernadette Brown made invaluable contributions. They helped with everything from our involvement in the Prevention First coalition and follow-up to our educational work with members of Congress on the stem cell/cloning debates, book distribution, and conducting workshops for teen writers at Teen Voices magazine.

Visit the new “Women’s Health Issues” page of our website where we turn a feminist lens on various health topics, and then point you to other sites on the Internet that explore the issue in depth. The topics currently featured are:

- The Dangers of Direct-to-Consumer Advertising of Prescription Drugs
- Microbicides for prevention of sexually transmitted disease (STD)
- Reproductive Health Activism and the Internet
- Women and Smoking

We will be adding new topics in the months to come. If you have an issue you would like to see explored here, please email us.

www.ourbodiesourselves.org
office@bwhbc.org

PREVENTION FIRST, A Coalition of Independent Health Organizations

A new coalition with six other women’s and consumer health groups. Prevention First’s goal is to publicize and gain national support for public health initiatives. We ground our efforts in the so-called Precautionary Principle, a science-based approach to setting public policies that are guided by the philosophy of “First, Do No Harm,” and we have no financial ties to the pharmaceutical industry. Initially, we are working to counteract ill effects of direct-to-consumer advertising (“DTCA”) of prescription drugs, especially where the ads are false and misleading. Our first article about this subject, published in the April issue of Sojourner, now appears at our website as well as in Spanish in Revista Mujer Salud, the magazine of the Latin American and Caribbean Women’s Health Network.

This coalition has begun with a focus on the advertising of tamoxifen, the first anti-cancer drug promoted for healthy people. We are also challenging the misleading ads for Sarafem (Prozac repackaged for the ill-defined indication of “Premenstrual Dysphoric Disorder – PMDD”).

Aware that environmental links to disease are innumerable, unavoidable, and hard to trace, our coalition seeks to change the public’s perception of “pills for prevention” as the first line solution to many health problems. Rather, we stress a prevention approach underscoring the critical role of unpolluted air, clean water and safe food.

1 Founding members are: the Boston Women’s Health Book Collective (Boston), Breast Cancer Action (San Francisco), the Center for Medical Consumers (New York), DES Action (Oakland), the Massachusetts Breast Cancer Coalition, the National Women’s Health Network (Washington, D.C.), the Women’s Community Cancer Project (Cambridge, MA), and the Working Group on Women and Health Protection (Canada), represented by Breast Cancer Action Montreal.

Stem Cell Research, Cloning, and related issues

Working with colleagues at the Council for Responsible Genetics (CRG) and the Center for Genetics and Society, we developed a position statement on cloning that has been signed by over 100 individuals. The statement was prepared in part because of the immense confusion around questions of embryo cloning for research purposes and the larger debate around embryonic stem cell research, the latter mired in the abortion controversy. Our statement makes it clear that a pro-choice advocate can support most stem cell research, yet oppose embryo cloning for research purposes, especially before an effective universal ban on human cloning has been established.

We were invited to present at several educational briefings for Congressional staffers as well as at Congressional hearings dealing with cloning legislation. Dr. Stuart Newman, a CRG board member, also testified at these same hearings and subsequently co-authored an op ed piece on this subject in the Boston Globe along with Judy Norsigian.

This past month, we joined other women’s groups to protest ethicist John Robertson’s recommendations to allow for sex selection via the use of pre-implantation genetic diagnosis. (Developers of this technique originally declared that it would be used only for the detection of serious medical problems.)
Dr. Sathyamala, a longtime friend and colleague from India, visited us in Boston while presenting at Harvard University and subsequently joined us at our exhibit booth at the American Public Health Association, where we featured her new book, *An Epidemiological Review of the Injectable Contraceptive, Depo-Provera*. Now available in the United States through our office, this book offers a critical review of all the literature on this injectable contraceptive.

Princess Aisha Bint Al Hussein of Jordan invited us to the World Bank for a personal consultation about her ideas for promoting awareness about women’s health issues in her country, specifically a women’s health center proposal that would initially serve women in the military, including female family members of men in the military.

We joined 15 other women from around the world for a meeting in Geneva to help plan for the 9th International Women and Health Meeting, scheduled for August 2002 in Toronto, Canada.

We co-organized a small strategy session in San Francisco for activists and researchers interested in women and the new genetic and reproductive technologies.

We organized a training session for a group of ten Armenian educators/administrators, visiting the U.S. under the auspices of the Cambridge-Yerevan Sister City Association. Topics covered: microbicides, STD prevention, and sexuality education for both adults and teens, encouraging a more proactive approach on these issues in their schools.

We continued to alert students and policy makers to controversies surrounding quinacrine sterilizations (almost all of which take place in other countries), the CRACK campaign (where women in selected communities across the country are urged to become sterilized or use Norplant in exchange for a sum of $200), abstinence-only sexuality education, a newly emerging and risky trend towards greater utilization of Cesarean section without justified medical need, and other developments that threaten women’s reproductive and sexual well-being.

**Selected speaking engagements, conferences and meetings:**

**Presentations:**
- American Dental Association (Kansas City)
- Yankee Dental Congress (Boston)
- Brandeis University, Planned Parenthood League of Massachusetts Board of Overseers meeting, National Summit on Safe Motherhood hosted by the Centers for Disease Control (Atlanta), Champaign County Health Consumers Coalition (Illinois), Illinois Women’s Health Coalition (Chicago), Rollins College (Winter Park, FL), University of Florida (Gainesville), University of California at San Francisco, Nova Scotia women’s health conference, Festival of the Book (Charlottesville, VA), University of Massachusetts (Boston), Hampshire College (Amherst)

**Meetings:**
- American Public Health Association (Atlanta)
- Strategic Advisory Board of the Consortium for Industrial Collaboration in Contraceptive Research, Technical Advisory Committee of CONRAD (Contraceptive Research and Development Program)
- Women, Girls and Tobacco Advisory Committee (Massachusetts)
- Technical Advisory Committee of Family Health International (North Carolina)
JAPAN:
Toyoko Nakanishi, Toshiko Honda, and Miho Ogino

Authors of the 1988 Japanese edition of OBOS, veterans of the translation/adaptation process, they brought to our circle at Utrecht invaluable experience and knowledge. They also brought, straight from the printer the day before their departure for Utrecht, the first-ever translation of Sacrificing Ourselves for Love—a book co-authored by deceased BWHBC founder Esther Rome and Jane Wegsheider Hyman. They chose this book to translate because it deals with dieting, eating disorders, cosmetic surgery, domestic violence, rape, STDs, and HIV/AIDS—all serious problems today in Japanese society. Research carried out in Osaka City reveals that 2 out of 3 women have experienced some kind of violence from their husbands or lovers. In May, 2001, Japan enacted a new law attempting to reduce this violence. The authors working on SOFL included information on shelters and counseling services for battered women.

The Japanese women did not face censorship in publishing OBOS in the late ’80s, even when introducing subjects such as lesbians, masturbation, people with disabilities, or the sexuality of older women. However, the Japanese language itself was a challenge. For traditional characters, such as those for pubic hair (‘shameful hair’), they substituted a new, positive language of sexuality.

It was useful to hear how a mostly direct translation of OBOS became specifically useful to Japanese women. The authors conducted their own research. They added the responses of over 200 clinics and hospitals to a survey designed to provide information on rates/policies on such things as episiotomy, labor positions, contraception, partners permitted at birth, and abortion services. They substituted information about the Japanese medical system, health insurance system, and Japanese law in pertinent places in the text, as well as the names of foods and drugs available in Japan.

OBOS inspired the formation of many groups that began to meet to discuss and conduct research on the birth control pill, endometriosis, menopause, reproductive technologies, sexual harassment, and domestic violence. Many new books have sprung up based on the information and experiences gathered. As a result of increased interest in and visibility of women’s health issues, the atmosphere of shame and secrecy surrounding women’s bodies and sexuality has been dispersed to a considerable degree.

UPCOMING PROJECTS

POLAND:
Malgorzata (Gosia) Tarasiewicz

Pending funding, the Network of East West Women – Polska will focus on reaching young women. They envision putting selected portions of OBOS on the internet, using popular stars. Already, three women singers have agreed to deliver messages about health and sexuality. The site will be interactive, with room for questions. Magazines will reach women in rural areas and a short story competition for young women will encourage them to talk about their bodies. In these ways they will collect Polish women’s experiences for a booklet.

They anticipate attacks from the Catholic hierarchy and media that will cast them as “perverts.” But given that in their country prenatal exams are forbidden, abortions illegal, homophobia extensive, and bribes often required for health services, they are determined to bring about some change. “In two years, when we meet again, we’ll tell you our story,” said Gosia.

TIBET:
Lobsang Dechen with Marlies Bosch, the Netherlands

Five hundred Tibetan Buddhist nuns, their country occupied by the Chinese, live in exile in Dharamsala, India at the Tibetan Nun’s Project. Lobsang Dechen, a co-director of the nunnery, attended the Utrecht meeting. Through body awareness workshops held last year, the nuns identified some of the topics most useful to them. In meetings held this fall at the nunnery with Marlies...
Bosch, co-facilitator of the project from the Netherlands, women selected content from OBOS to be used for booklets in Tibetan. Because most of the nuns are young (seventeen to twenty-two years) and without previous exposure to health information, they may also use parts of Ruth Bell's Changing Bodies, Changing Lives (for teens) to enhance body awareness and teach basic health concepts. Dechen hopes that in the future they can make available to Tibetan women living in Tibet the information they have gathered.

THE LAST DAY

Marlise Mensink of MAMA CASH, a women's foundation in the Netherlands

With fundraising a constant reality for all groups, we each spoke about how our groups had raised money for our book projects. Marlise stressed the collaborative aspects of the funder/recipient relationship—funders love to give their money away and 'ideals need money!'—and made amusing, practical suggestions about how raising money can be most effective.

Norma Swenson and Jane Pincus, BWHBC co-founders and OBOS co-authors

We presented a brief history of the first OBOS, BWHBC's early ideals and activities, and some history of the US Women's Health Movement. We mentioned the times of right-wing censorship of OBOS. In the post-meeting evaluations, participants said how important it was for them to hear BWHBC's story. Utrecht gave them a chance to: “listen to the extraordinary history of the book in the US, to learn stories and crucial moments in producing and publishing its different editions. I was impressed with the enthusiasm of the women who were struggling for the publication of OBOS, I was surprised to find that they faced inspection and religious restriction.”

To complete the circle, Norma describes her reaction to the stories of these extraordinary women and their works:

As I listened to their stories of truly daunting conditions—war, political opposition, lack of funds, lack of time, inadequate and unreliable technology, and dozens of other obstacles—I was strongly moved. I felt there is really no comparison between what we have gone through to produce OBOS over the years, under conditions of peace and relative ease and prosperity, and what so many of them have been going through. What we all seem to have in common is the willingness to pour volunteer time, money and effort into producing these books if necessary and the determination to get this vital information in accessible language into the hands of women who clearly need it. As I have felt many times over the years in many different places across the world, women can and do cross cultural borders powerfully with OBOS, and with us. I feel very privileged to have been there.”

UPCOMING PROJECTS

The BWHBC plans to:

- provide ongoing technical assistance to groups in every stage of the translation/adaptation process;
- complete a translation/adaptation guidelines packet that identifies typical challenges faced by groups around the world and illustrates through first-hand accounts how coordinating groups have resolved problems;
- explore the establishment and coordination of a revolving loan fund program to support translation projects on a temporary basis, ensuring they can bring their projects to fruition and disseminate their books as widely as possible;
- and facilitate communication, through a listserv, among emergent and experienced groups producing OBOS.

A million thanks to all who participated in the meeting as well as those who contributed funds—the Global Fund for Women, the MacArthur Foundation, Conservation Food and Health Foundation, and an anonymous donor. Thanks also to Ester Shapiro, who coined the title of the meeting. We appreciate all who have joined with us in this critical global work.

Many thanks for the support we received this year from foundations not already mentioned in this newsletter: Ford Foundation, Packard Foundation, Rockefeller Foundation, Mellon Foundation, Pettus-Crowe Foundation, Educational Foundation of America, Dickler Family Foundation, Harvard Pilgrim Health Care Foundation, and Tufts Health Plan.
BWHBC Website Continues to Grow

by Kiki Zeldes

The web site of the BWHBC, www.ourbodiesourselves.org, first went online in the late fall of 1998, just after Our Bodies, Ourselves for the New Century was published. The most recent edition of OBOS was the first to include web sites in the “Resources” section at the end of each chapter. We posted those resources at our website, so readers could easily access them and we could modify them as needed.

Since then both the site itself and the size of our online audience has grown tremendously. The core of our site continues to be our extensive selection of links to women’s health resources on the Internet, but over the years we have added much other content. We have become a starting point on the web for many people seeking unbiased, reliable information from a feminist perspective on women’s health and sexuality.

In case you haven’t visited our site lately, here are some highlights:

- The “New & Noteworthy” section highlights the work being done by advocates of women’s health.
- Our “Health Issues” section turns a feminist lens on various women’s health topics and tells online readers where on the web to go to find a deeper exploration of the issues. Recent topics include how to be an online pro-choice activist and the profits and perils of direct-to-consumer advertising.
- Our Publications section has extensive excerpts from Our Bodies, Ourselves for the New Century and Nuestros Cuerpos, Nuestras Vidas, as well as from books by authors affiliated with the BWHBC, including Changing Bodies, Changing Lives, Ourselves Growing Older, and Sacrificing Ourselves for Love.
- Our translation/adaptation section lists the many foreign language editions of OBOS and includes information on the status of, and the international women’s groups involved in, the various translations and adaptation projects.

The site also includes information on the long and lively history of OBOS and the BWHBC and articles on various women’s health issues, including breast implants, the new field of “female sexual dysfunction,” and the issues raised by reproductive technologies.

The BWHBC’s web site was chosen as Scientific American’s “Current Pick of the Web,” listed in MedWeb’s “Picks for Women’s Health,” and was recently reviewed by International Planned Parenthood as ‘one of the best links pages in the field, offering access to a wide range of topics relating to women and health.”

So if you haven’t done so recently, check out what we have to offer!

www.ourbodiesourselves.org

BOSTON WOMEN’S HEALTH BOOK COLLECTIVE

c/o Boston University School of Public Health
715 Albany Street, W-1, Room 120
Boston, MA 02118