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Boston Women's Health Book Collective

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The Travels of Our Bodies, Ourselves

Jane Pincus

The women's health book, Our Bodies, Ourselves: A Book by and for Women, was first printed in 1970 by the small, radical New England Free Press. Published by the group of women soon to become the Boston Women's Health Book Collective, it was advertised solely by word of mouth. Successive newsprint editions reached a quarter of a million people in the United States through colleges and an extensive network of "underground" bookstores. The book placed female sexuality firmly within the framework of women's health and combined vividly experienced medical encounters with available health and medical information. It critiqued prevailing cultural and medical views, enumerating the social, political, medical, and economic obstacles that prevent women's health and medical needs from becoming known, met, and respected. It helped create the Women's Health Movement. Simon & Schuster's updated 1973 edition attracted thousands more readers. When it became a best-seller in 1976, overseas commercial publishers and women's groups sought it out. Aided by Collective members, they translated it and adapted its content and style to accommodate their own needs. The book's worldwide success has ranged from purely personal empowerment for hundreds of thousands of women into the broader arenas of research, education, and health policy initiatives related to women's health.

The climate of the sixties and early seventies provided fertile ground for the writing of *Our Bodies, Ourselves*. The civil rights movement, in full swing, eventually influenced legislation leading to the federal Civil Rights Act. Many citizens were protesting the war in Vietnam and uncovering information about the corporate and governmental institutions that benefited from the war. Students were beginning to have a say in determining their education. In those optimistic times there was a feeling in the air that we could make a difference and change the harmful and oppressive aspects of existing institutions.

In the late sixties, women activists within the principally male-dominated civil rights and anti-war organizations began to question their roles as

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helpers, secretaries, lovers, and cooks. At the same time, we were dealing with reproductive issues, either by having our children and becoming mothers, or, by choosing otherwise, facing problems caused by inadequate or unsafe birth control methods and the possibility of having to seek illegal abortions when these methods failed. More regularly than ever before, we were coming into contact with doctors and medical practices and policies.

I was among the group of women that was to become the Boston Women's Health Book Collective (BWHBC). Throughout the country, women were getting together, much as we were. In the Boston area, tables set up at crowded monthly meetings at the Massachusetts Institute of Technology held a wide variety of pamphlets and handouts. In May of 1969, at a groundbreaking women's conference, one of the workshops, called "Control of Our Bodies," led to a first gathering of a large and fluid working group the following autumn.

We never considered writing a book, but simply planned to gather health information, talk with one another about it, hear everyone's ideas and experiences, and share what we had learned with others. Every week each of us brought up a subject closest to her heart and life, a recent, life-changing experience such as pregnancy, birth, an abortion (abortions were illegal then), post-partum depression. There was little health information available at that time. The few obstetrical and gynecological texts to be found in medical school libraries contained alarming, sexist statements about the passive roles that women should assume. To our surprise, we knew many things about ourselves that our doctors didn't know. We concluded that the institution of medicine as practiced in the United States did not acknowledge or value our interests, strengths, or needs.

We believed that "the personal is political," meaning that what happens to one of us happens to us all; that cultural, economic, and political forces outside ourselves determine the content and the power relationships in play during our encounters with the medical establishment. We were certain beyond a doubt that whatever we were living through would be of value to others. Learning, talking, and writing moved our individual experiences out of a private realm into a quickly growing body of public knowledge. Knowledge was power, to be used to effect change and transformation. We expected that once doctors knew about the kind of care we wanted, they would meet our needs.

Gathering our papers together, we offered a "course" at the Massachusetts Institute of Technology in January 1970. The room was packed, with "Sexuality" as the first topic. Many participants had never heard words like "masturbation" or "orgasm" discussed out loud, or seen them written boldly on a blackboard. At a time when no one ever discussed these things out loud, the effect was electrifying. The breaking of a long silence, the end of isolation, the discovery of a commonality of experience and a new

community — these simultaneous revelations had the power to change women's lives on the spot.

The following months saw new topics addressed. Afterward, many women who had attended these sessions branched out to offer courses of their own. The Women's School, an informal community-based project in Cambridge, held "Know Your Body" courses, as did women's groups throughout the country.

The word spread. Two women working at the New England Free Press wanted to gather our papers and publish them as a book. The men at the press refused at first, saying that women's health was not a political issue. When they were persuaded to do so, we raised a few hundred dollars to produce the first newsprint *Women and Their Bodies* (almost immediately to become *Our Bodies, Ourselves*) at 75 cents a copy.

OBOS sold so quickly that the Free Press printed five more editions over the following two years. Although eventually we had to hire someone to send the books out because of the high demand, we had no idea that they were reaching thousands of readers. Women began sending letters about their own lives and experiences. They asked us to add topics they thought were incompletely discussed or lacking altogether, sending additional health information, and thanks. "They saw themselves as contributing to the collective feminist project of knowledge making, which was, in fact, what *OBOS* was all about."¹ We included their suggestions in successive books; many became the bases for additional chapters.

Incorporating as a nonprofit organization in 1971, we rewrote *OBOS* entirely. Random House and Simon & Schuster (S&S) became interested in publishing the book. After debating with the Free Press about giving it to a large commercial press in order to achieve wider readership, we decided upon S&S, in great part because it was a privately rather than corporately owned company (Gulf & Western purchased it soon afterward). The contract we then negotiated set conditions for the publication unusual in the publishing industry and gave us control over the cover design and advertising copy, a sizable 70 percent discount for clinics, a large first print run, price ceilings, and editorial control by the authors. The first S&S *OBOS* came out in 1973.

The Next Three Decades

As part of the growing women's health movement, the book made its way into women's health clinics and family planning clinics. It helped shape the ways in which three generations of women felt about their bodies, their sexuality, relationships, reproduction, and health. Older mothers asked their daughters for information they had never received; daughters gave it to

their daughters to read. Boys and men read it in order to learn about the women in their lives. The years 1976, 1984, 1990, and 1998 saw extensive rewrites. More topics were added, such as self-image, alternative health measures, violence against women, older women, reproductive technologies, and cultural diversity (to name a few). The books found their way to all corners of the world.

Successive editions grew larger to incorporate the newest health and medical information, side by side with encouraging alternative options for self-care and community care. First editions of *OBOS* had contained an energetic weave of each author's personal, subjective health knowledge with expressions of outrage at the indignities women had to suffer. With each new edition the book became less angry, less didactic, more reasoned and objective, increasingly organized and academic in tone. Women's stories peppered and enlivened the main text, becoming shorter and sparser as accurate technical information crowded them out. The book continued its strong critique of the medical establishment as well as of society as a whole, and continually encouraged readers to work to improve women's rights, to work for a just, effective health care system.

OBOS helped inspire a momentous Women's Health Conference, held at the Harvard Medical School in 1975. BWHBC members facilitated the development of organizations such as the National Women's Health Network and the National Black Women's Health Project. It spurred the creation of the books *Ourselves and Our Children*, about parenting, *Changing Bodies*, *Changing Lives*, for teenagers, and *Ourselves Growing Older*. Women who read the book originated "self-help" (really mutual help) groups specializing in different aspects of women's health, such as endometriosis, infertility, and disability. Collective members championed the cause of midwifery and the right to give birth at home.

Inevitably, the book's explicit discussions about sexuality, relationships, lesbianism, birth control, and abortion led the right wing religious and political groups to ratchet up their previous protests against its "secular humanism." In 1980, following the early lead of Phyllis Shafley's "Eagle's Forum," Jerry Falwell's Moral Majority organization urged its 60,000 members to ban it from libraries, YWCAs, and public schools in their communities. The eight-page newsletter contained excerpts from the book with significant words crossed out and the warning "For adults only. . . . Please destroy this sheet immediately after you've read it":

I tell you, my friend, the little bit of this book that we have read is not only disgusting, it is shocking. . . . Do you want your children or the children of your loved ones reading this type of immoral trash? This is out and out humanistic garbage! . . . We object to our tax dollars being used to provide this explicit, immoral information in our libraries and our schools. We are still "one nation under God." ²

When journals, papers, and letters to the Collective piled up in the home of one of the founders, it was clear that an office space, secretary, and archivist were necessary. In 1980, the Women's Health Information Center opened. Now in its seventh Boston area location, with its present Public Voice, Book, Latina Health Initiative, and Global Translations/Adaptations programs, the former BWHBC, now calling itself OBOS, has produced a new edition of *Our Bodies, Ourselves: A New Book for a New Era* (May 2005), with complementary information on the Web for the first time where our address is www.ourbodiesourselves.org.

Traveling

American women took *OBOS* abroad when they traveled, and visitors to the United States brought it home to their countries. In the 1970s and 1980s, international women's conferences were held in Europe, Brazil, Costa Rica, and Nairobi. The international women's health movement began in a world-wide explosion of women's desire to learn about themselves in relation to health care, to understand the attitudes and institutions that oppressed them, and to take control of their lives. Individual women or women's groups from many countries approached the BWHBC for information about ways to translate the book.

Translations/Adaptations

There were three main phases of translations/adaptations. The first appeared in Western Europe — in Italy, Denmark, France, Germany, Greece, Sweden, the Netherlands, and Spain, where the women's movements were more likely to resemble that occurring in the United States (Japan, surprisingly, came out with an early edition in 1975, and then, in the 1980s, spent three years re-doing it for the 1984 version). The "second stage" translations began to be published outside of Europe — in Russia, Egypt, South Africa, and China; and, in Israel, a Hebrew version. During the present ongoing "third phase," books have been published in Senegal, Thailand, Armenia, Serbia, Bulgaria, and Poland, with many more to come (for a complete list, see www.ourbodiesourselves.org). In the works are books for Albania, Kenya, Nepal, Russia, Turkey, Vietnam, South Korea, and India, as well as a pan-Arabic edition for the Palestinian section of Jerusalem.

Latina women in the United States quickly saw how invaluable this information would be for the many Spanish-speaking immigrants to the United States who did not yet read or speak English. In 1977, the BWHBC produced a direct translation, *Nuestros Cuerpos, Nuestras Vidas* (NCNV). A second translation in the Americas was twenty-three years in the making. In the early 1980s a group of Latinas (Amigas Latinas en Accion pro-Salud,

or ALAS) affiliated with the BWHBC to create a new Spanish adaptation. They believed that the direct U.S. translation did not reflect the diversity of U.S. and Latin American women's experiences. In the late 1980s, a number of women's groups in Latin America came to Boston meetings. In the 1990s, funding was secured for the book and an editorial group formed. Latin American health activists collaborated editorially, and more than twenty women's groups from eleven countries in Central, North, and South America and the Caribbean adapted and translated the text to offer a culturally based approach more consistent with Latinas' community values. The new *NCNV* appeared in 2000.

The Chinese translators of *OBOS* identified "Seven Principles": To look at health through women's eyes; to reflect the participation of women in determining or deciding about health; to re-define women's health care; to build personal "capacity" and empowerment; to challenge the medical profession and its authority; to institute women's solidarity and self-help; to respect women's life choices and diversity, fostering choice based on information. Worldwide, each country's translation group incorporated these tenets in its own way.

The Challenges

Translators worldwide encounter many of the same challenges and decisions as the BWHBC faced in successive publications of *OBOS* — how to balance personal, medical, and political information within the limits of a book; how to respect the work of writers from different disciplines while retaining control of the editorial process so that the book has a unified "voice"; how to address issues of diversity and class differences; how to be as inclusive as possible.

In addition, they have to deal with huge obstacles that don't exist in the United States. Often they must oppose the general public's cultural biases, or confront strong resistance from governments, churches, and the media. They must find adequate funding, and work out ways to transform a Northern/Western feminist text to reflect their particular country's cultural, socio-political, linguistic, and religious realities. In many places it is almost impossible to get hold of unbiased literature about drugs. Most medical literature is in English. Women everywhere have to overcome feelings of shame in talking about aspects of their private lives, to discover that what is often considered "private" serves as an instrument used to define, control, and circumscribe women's lives.³

In modern Thailand, anything related to female body and sex, let alone sexuality, is taboo. Women are supposed to stay mute when the topic is brought up. Even female activists have to be careful whenever they talk about sexual equality lest they be misunderstood as having no qualms [about] being "promiscuous," an adjective that best describes [some] Thai men.⁴

Censorship happens, by the state and within publishing houses. The 1973 Taiwan edition omitted the lesbian chapter and toned down references to homosexuality. Chinese publishers considered topics such as prostitution and safe sex obscene under Chinese law. Later, translators raised funds to print an uncensored edition for distribution to women's groups before the 1995 Beijing World Conference on Women.

Special circumstances cause problems and delays; for instance, translators in Armenia endured earthquakes, electricity cutoffs, paper shortages, and opposition by some government officials over the ten years they spent working on the book.

Researchers and Writers

The question arises about exactly *who* should do the work — laypeople, professionals, or a combination of the two. In Japan, for example, the translators of the 1984 edition were all housewives. The first incarnation of The African/Francophone book group, funded by the Ford Foundation, consisted of medically oriented male physicians. The women who replaced this group kept physicians on board for medical specifics, and dedicated themselves to making a cultural translation using language that laypeople could easily understand. Serbian adaptors consisted of five women from different women's groups. The Bulgarian group was made up of health workers, women's health movement activists, patients' rights advocates, consultants, women "with practical experience in medical treatment even without formal medical education," and doctors. In Egypt, women of all ages from a variety of social classes and from the fields of medicine, teaching, media, and development worked on the book project.

Different Kinds of Translations

Translation is not and can never be a matter of taking a project from the west and transporting it fully formed to a new cultural space where it lives in its original state. Invariably some elements remain the same and certain concepts will be retained. However, the text is always rearticulated and in the process, meanings change and a new configuration of the original text emerges.⁵

In the more "direct" translations, most of the basic information remains the same as in the particular American edition chosen, with "Resources" changed to reflect the organizations and literature available within that country. In "cultural" and "inspired" adaptations, translators locate their text within the cultural, political, and economic context of each country, and re-imagine the book entirely to fit their needs, whether it be an entire book, or a series of smaller pamphlets.

Women working on the first French *Notre Corps, Nous-Memes* tried a “pure and simple” translation, hoping to respect the mood and style of the American *OBOS*. They rewrote some chapters as often as six times. Finding the results to be practically unreadable, they scrapped a year’s worth of work, and ended up spending at least another year adapting the book to French political, social, and medical realities and published in 1977.

Two translators state:

*NCNS [Notre Corps, Notre Sante, the Subsaharan African edition published in 2004] is not an adaptation of *Our Bodies, Ourselves*, it is an original work. . . . The main objective is to bring [to] African women knowledge that will enable them to appropriate their body, take care of it, and like it. In addition, the economic, political, and cultural context within which African women live, having a huge impact on women’s health, the authors put emphasis on it. Hence, an important part of the book is about the representations men and women have about women’s bodies, health, and sexuality, about the ways women’s bodies are used, taken care of, dressed, and/or violated.⁶*

OBOS has a particular way of seeing, which comes out of a particular country and doesn’t necessarily resonate with the way of seeking of ordinary women in other countries. . . . We root [our section on abortion] in local experience. . . . Some would argue that abortion in South Africa is “against our culture” as some did at parliamentary hearings on the issue. Our job was to show that it has been part of “our culture” since oral history began.⁷

In Seoul, South Korea, women at the Korea Sexual Violence Relief Center, Alternative Culture Publishing, and local universities have collaborated to produce an adaptation, replacing *OBOS* photos and personal narratives with those of Korean women. The Tibetan Nun’s Project in Dharamsala, India, has produced a shortened Tibetan version inspired by *OBOS*, which they will distribute throughout the Himalayan region.

Language and Readership

The *language* used is connected to the potential *readership* for the books. Translators must decide *who* will read it — academically oriented middle-class women? Rural women? How can the text be made accessible to a particular culture, to different groups within that culture, to as many women as possible? What about women who can’t read at all? Should the language be formal, medicalized, or informal and familiar?

One decision that we debated passionately [for *Nuestros Cuerpos, Nuestras Vidas*] was . . . whether we should [us] “tu” (you — familiar form) or “usted” (you — formal form). The custom in many of our countries is to use “usted” as a symbol of respect, and even more so in a medical context. We decided that a book like this, whose utility depends so much on establishing a conversation on the most private subjects of our lives, needed the intimacy of “tu.” Also, we wanted to communicate in a way that would express mutual respect, solidarity and equality between all of us who share a common struggle.⁸

What language will be chosen in countries — Africa and India, for example — where many languages and dialects are spoken? In countries that have been colonized in the past, what message is given when the “national” language is decided upon? Translation, a constant interaction between a text itself, a language and a culture, is a delicate affair.

The African/Francophone coordinators chose French, with the aim of eventually translating the various chapters into local dialects to be used in rural clinics.

Individual words are important, carry worlds of meaning. It made a difference to the French translators that the American text used the more dignified word “women,” rather than their colloquial “filles,” (girls). In the Thai language there is no word for “sexuality.”

In Japanese language, the terms indicating parts of woman’s body such as the pubic hair, the pubic bone and the vulva are ordinarily written using the Chinese characters which have a very negative connotation like “shameful” or “dark and shady.” So we substituted the Chinese character which means “sex” or “sexual . . . to give these terms more neutral or positive impression. By thus changing the Japanese words, we tried to tell our readers that the language plays an important part in framing our consciousness of the body and that there is no need for us to feel ashamed or degraded when we think or talk of our bodies.⁹

More Cultural Differences

The Bulgarian Women’s Health Initiative published their book in a culture where women’s roles have been “re-traditionalized” in the transition from Communism to democracy; where feminism is seen as a Western, anti-male, anti-family, and pro-lesbian ideology. The collective “we,” “us,” and “our” of *OBOS* and the concept of “sisterhood” recalled past national leftist Marxist and Leninist agendas. Instead, they recast their text within the perspective of gender and social justice, and throughout the book emphasized the rights of women in their roles as citizens and patients.

The Autonomous Women's Center Against Sexual Violence developed the Serbian *OBOS (Nasa Tela, Mi)* during the war — the first book available on the politics of women's health. The Serbian government often concealed health statistics for military and economic purposes. The effects of the war had been devastating, severely affecting health care, with shortages of money and medicines, long waiting lists, and general depression. The book underscores the diversity of Serbian women and attempts to give visibility to lesbians and women with disabilities, a courageous tack to take in a country that, the authors said, abhorred diversity and had "well-developed mechanisms of hate." They dropped the "Nutrition" and the "Women in Motion" chapters, which applied only to cultures in which people were not starving and had the time and the luxury to indulge in exercise.

Notre Corps, Notre Sante addressed African realities, where women have little or no access to health care, land, jobs, or schooling. Most Africans are subject to a new kind of re-colonization, including the World Bank's structural adjustment policies, devalued currency, and the privatization of health and education. False interpretations of the Koran with innumerable restrictions increasingly stand in the way of women's health and human rights. Half of the young women are married and mothers by age seventeen. Women belong to fathers, husbands, and uncles, and, as everyone's caretakers, are not "allowed" to be ill, thus have no permission to take care of themselves when they are. The book addressed these issues and many others. One chapter described pre-colonial matrilineal societies in which women did have a great deal of power, and the whole of the text encouraged women, always the caretakers of everyone else, not to feel guilty taking care of themselves, and to belong to themselves.

The Egyptian women had to find approaches that would not offend Muslims or Christians, without sacrificing objectivity or the pro-woman nature of the book. They put forward positive interpretations of religious tenets, such as quotes from the Koran that emphasized the importance of protecting women's health, highlighted the rights of female children, and supported equal relations in marriage.

Interestingly, the Dutch translators rejected the division between lesbian and heterosexual experiences, as it was too "strict," and did not correspond with their idea that both orientations are a "continuum with lots of feelings in between."¹⁰

Chapters were added when relevant and necessary. The Egyptian Women's Health Book Collective described the cultural practices and health consequences of female circumcision; the South African Women's Health Project dealt with the issue of apartheid.

Nuestros Cuerpos, Nuestras Vidas emphasized working along with men and social change groups in addition to those dealing primarily with health.

It dwelt upon mutual support rather than “self” help, and acknowledged the supreme importance of family and community ties, collective activism against poverty, racism and imperialism, religion and spirituality, and a politics of social justice.

Every group has its own story.

Afterward, and Reaching Beyond the Book

*[These papers] are not final. They are not static. They are meant to be used by our sisters to increase consciousness about ourselves as women, to build our movement, to begin to struggle collectively. . . . In and of themselves[they] are not very important. They should be viewed as a tool which stimulates discussion and action, which allows for new ideas and for change.*¹¹

Translators in every country consider their book as a starting point, just as we did when we wrote the original *Women and Their Bodies*. The first book is a valuable resource in itself, usually the first of its kind. The very fact that the book has come into being means that changes are taking place. A “minimalist” text may simply treat of health and medical facts and resources available. Most often, it combines the latter with encouragement for women to mobilize, to change their attitudes, to decide upon the health care they need, and to insist that repressive church, state, medical, and social institutions begin to accommodate themselves to their needs.

The books branch out in many ways. The Serbian book’s translators explained that each page contains just one column of text because they wanted to leave a large space on either side for readers to write their own stories, saying that “these books will have many owners.”

The coordinator of the Armenian Family Health Association is organizing a series of awareness-raising workshops throughout the country, including educators, health providers, and social service employees:

For centuries the Armenian woman’s modesty has been a kind of restriction for such kind of topics and there were many closed pages until today. Now this book broke every bond and as it sincerely talks to us on the topics we would like to know. This comprehensive book helps us to know our body, prevents unwanted pregnancies, suggests solving many problems of sexuality . . . and has encyclopedic value for us and for socially vulnerable Armenian women it will serve as a handbook.¹²

Nuestros Cuerpos, Nuestras Vidas has inspired the development of a curriculum based on the larger book; thus the “Promotoras de Salud Training Guide” came into being, used by community-based educators in

workshops throughout the United States. Its worksheets address Latino culture as it affects women and men, offering a family-centered approach to women's health, and inviting workshop participants to talk about their experiences together.

Other groups send out health packets based on their books. Many chapters printed individually for use in rural areas, are eventually translated into rural dialects and read to non-readers.

The recently published Armenian, Bulgarian, Japanese and Serbian books are being distributed to organizations across the United States, serving these immigrant communities. Program staff receiving the books at cultural and community centers, refugee resettlement organizations, state agencies and ecumenical service centers have indicated that *OBOS* adaptations will be used in their medical advocacy programs, domestic violence workshops, preventive health education, adjustment/trauma counseling, and youth and elderly services.

The book becomes a living tool for women's health literacy and empowerment, for advocacy and social change. It enables coordinating groups to promote community-based education and to influence policy makers and the media.

The BWHBC (now called *OBOS*) has responded to requests for information about creating and publishing copies of *OBOS* by instituting its Global Translation/Adaptation Program. It has recently developed written guidelines, a synthesis of all that has been learned from producing the book in the United States and abroad over thirty years. The Guide describes the different kinds of groups that have done translations/adaptations, shifting of publication rights from publishers to women's groups, ways to coordinate the various aspects of the process, contracts, book models, ways of dealing with controversial content, graphics, distribution and funding relationships with publishers, possible difficulties, and offers the present organization's expertise as an ongoing resource during the entire process.

With our 35 years of networking among colleagues in women's organizations, international agencies, technical advisory groups, health literacy programs, policy and research institutes, and the media, we often link a coordinating group with useful contacts who provide many types of in-kind support. There are many examples: a colleague may connect the coordinators to a group in their own country, previously unknown to them, which becomes a collaborating partner; a researcher at an international health institute provides important results for inclusion in their book; a former public health student returning from the U.S. to her home country assists with adapting the text; a journalist in the region covers the book in her newspaper column; and an individual donor with interest in a particular country provides seed funds.¹³

A global network of women and men involved in all aspects of women's health has emerged from all of these efforts and successes — The Global OBOS Network, with instant communication always possible via the Internet.

International Conferences

At the United Nations' Fourth World Conference on Women, held in Beijing in 1995, women working on variations of *OBOS* in many different corners of the world met in two workshops and discussed their projects at length, identifying and addressing issues related to power imbalances and class differences within their countries as well as ways to acquire and share knowledge. They recounted their experiences, addressed particular difficulties and challenges, and shared strategies for confronting and overcoming them. A first international meeting devoted exclusively to the translation/adaptation projects took place in Utrecht, The Netherlands, in 2001, as did a follow-up workshop, in conjunction with the International Women and Health Meeting, in Toronto in 2002. These invaluable, inspiring gatherings give human faces, vitality, and meaning to voices previously heard only via letters, phone, and email.

Striving across national borders to create conditions that foster good health and justice for women becomes increasingly urgent in an increasingly repressive and conservative international political, social, and economic climate, with the rise of religious fundamentalism and government cutbacks for all sorts of human services. Nothing seems more compelling now than to work together to empower women, their families and all human beings.

Notes

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9. Miho Ogino, Preface to the Japanese *New Our Bodies, Ourselves, OBOS Transformed Worldwide*.
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11. The Boston Women's Health Course Collective, *Women and Their Bodies*. (Boston: New England Free Press, 1970) 1.