

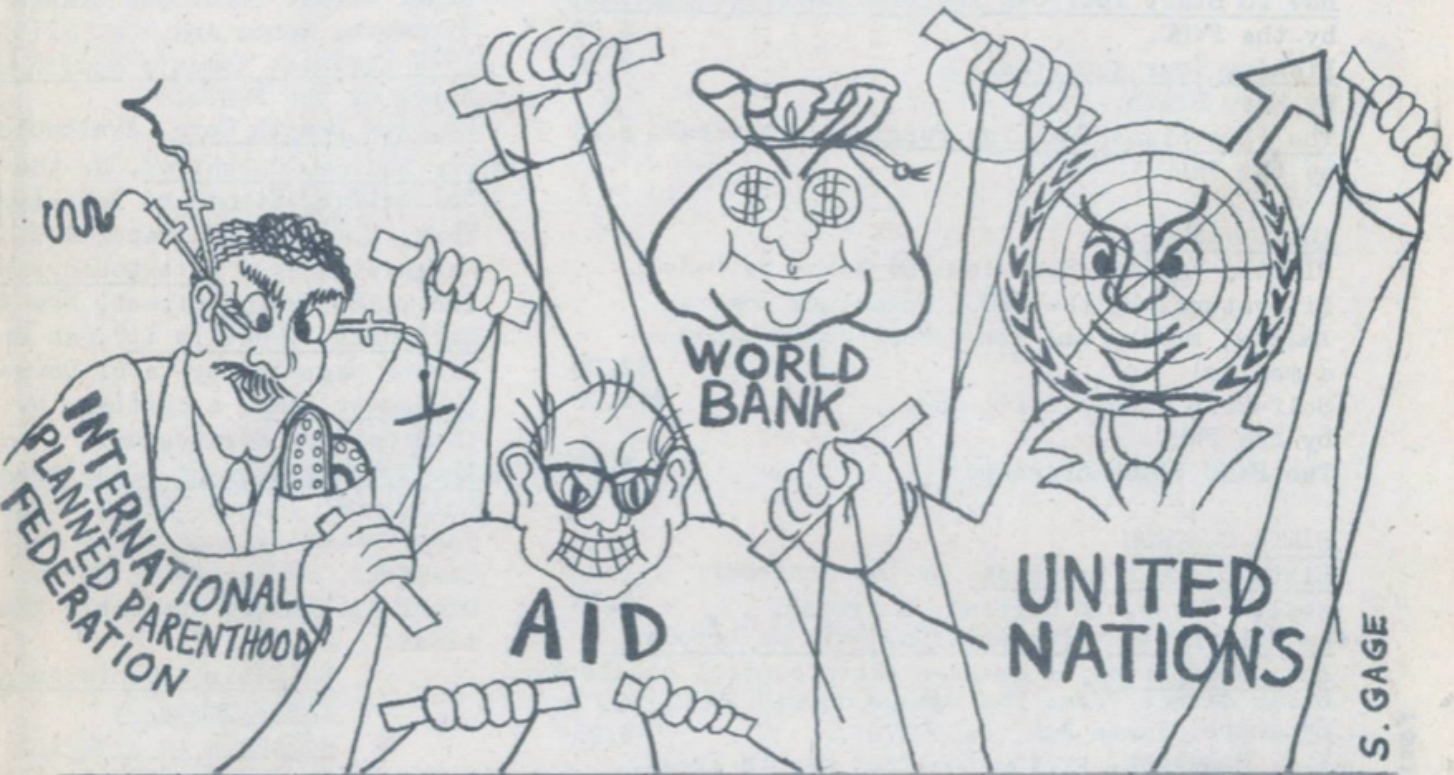
THE FEMINIST WOMEN'S HEALTH CENTER

# REPORT

Vol.1 No.2

Published Annually

1975



AT LAST! A SELF-HELP BOOK.  
YOU TOO CAN BE A PART.

pg 14

FWHC MEETS APPP

pg 8

INTERNATIONAL WOMEN'S YEAR

pg 1

IMPERIALISM

pg 4

JAPANESE EUGENIC PROTECTION LAW

pg 2



# O V E R V I E W

## International Women's Year Conference & Tribuna

### MEXICO CITY

With strong feelings that it was going to be a shuck but that we couldn't miss the opportunity to meet the 6000 women coming to Mexico City, in mid-June the Feminist Women's Health Centers went to the United Nations' International Women's Year Tribuna. We went in numbers. At one point, there were 21 of us: 16 adults and 5 young people. Adults included: Linda Curtis from Tallahassee, Dido Hasper, Judy Ruth-erford and Helen Jones from Chico, Laura Brown and Barbara Hoke from Oakland, Eleanor Snow, Nancy Walker, Lynn Walker, Donna Lawrence and Ruth McGibbon from Orange County and Carol Downer, Francie Horenstein, Roberta Maso, Shelley Farber, Ellen Peskin, Margo Miller and Jane Demas from Los Angeles. Young people included: Angela Downer, David Brown and Frankie Downer from Los Angeles and Phaedra Artko and Athena Artko from Orange County.

Our trip was as well planned as possible because of the several conference calls between the participating Health Centers for weeks prior to the trip. We researched Mexico City as thoroughly as possible under the circumstances, got maps, contacted people from or who had been there, found out about political background, accommodations, taxi costs, food, water, and how to meet other survival needs. Several women took Spanish lessons in preparation for the trip. Carol, Shelley and Angela and David drove from Los Angeles to Mexico City, stopping en route to see relatives and get to know people. Others of us flew to save time, while the women from Chico endured an uncomfortable train trip to save money. Those of us who flew and arrived first, further researched ways to meet group needs while learning more of how and where the various meetings were to be held. Although steps had been taken to secure a press card and meeting room for presentations prior to leaving for Mexico City, once there, much time and hassle had to be spent in getting the same.

The official U.N. Conference was to take place at the north end of the city, while the Tribuna (the non-governmental meetings), was to be held at the south end. This was 45 minutes by taxi but, after a couple of days, we learned that the subway ran between both places in about 10 minutes. This turned out to not matter too much because the conference was so well guarded that only those with entry passes could even get in the building and entry passes were next to impossible to get. All non-governmental people were to be admitted to the Tribuna only.

This was held in one round 3-story building which was part of an enormous medical complex. Those of us who asked were told that the Tribuna was restricted to this building because of "security problems". A 2-story auditorium was surrounded by meeting rooms on both floors. The display booths were set up in the basement. Booths had good walls, but the tables and

chairs had to be commandeered from wherever people could find them. By being there three days early, we had the pick of the display booths and got one that was both central and between two staircases and the coffee-soda pop counters. Because of this location and what we had to offer (mostly Self-Help literature and information, which still appeals to women from all over), ours was the most active booth there.

Once most of the Feminist Women's Health Center people were in Mexico City, had registered for the Tribuna, had found out how to get around, etc., we divided up into two alternating teams. One team was to go to the various meetings while the other team maintained communication and child care, ran errands, did Self-Help presentations in the room and, in general, did what needed to be done to keep us all going. Teams switched on alternating days. People within each team decided which individuals were to do each task so that everyone was able to become involved in a number of things of her choice, while still not having to individually perform everything at once. This way, people were also able to take side trips into the country.

Continued on pg. 2



Mexico City Feminists sponsor Pro-Abortion Rally as a counter-demonstration to the IWY Conference



The Tribuna, although "grass roots", was planned to minimize input. Programs generally consisted of a pre-choser panel with a few minutes left for an open microphone. Titles consisted of such non-earth-shattering subjects as "Third World Craftswomen" to such non-mundane (but hiding as being mundane), subjects as "Population and Planned Parenthood". All the pre-scheduled programs were done twice, leaving little time and space for "add ons". Additions to the program (presented once), included most of the more interesting titles, like, "Imperial-

ism and Multi-national Corporations", "Women Political Prisoners in Chile", and other critical problems that women are no longer willing to ignore. Self-Help presentations and discussions on abortion fit into this category. One had to entirely organize one's own program with little help from those running the Tribuna. For example, interpreters were promised for these added programs, but could seldom be found at the assigned time and place.

During the two and one-half weeks, we staffed a booth, gave out kilos of literature in several languages, conducted Self-Help presentations, talked to thousands of women from all over the globe, and attended and participated in about forty

Tribuna meetings and about thirty meetings held by various groups outside the Tribuna. Several women's groups in Mexico City invited us to a wide spectrum of activities, from rallies to doing Self-Help. Our participation in these functions enabled some exchange of ideas and information. Mostly what we learned is how much we still have to learn. Although a daily Tribuna newspaper pretended to let attendees know what was going on at the Conference and the Tribuna, what was really going on is a subject for another article in this Report.

by Eleanor Snow  
Orange County FWHC

\* \* \* \* \*

## POPULATION CONTROL = CONTROL OF WOMEN

### JAPANESE EUGENIC PROTECTION LAW

by Linda Curtis

Tanaka Mitsu, Wakabayashi Naeko, Takeda Miyuki, and Fujisawa Noriko are four feminist women who have been working within Japan's women's movement for several years. We previously met them in Los Angeles at the Feminist Women's Health Center and again we met in Mexico City in June. These women will be in the United States for approximately one year to establish contact with groups in order to learn more about the women's movement in the United States.

My first meeting with these women and their two children was at the Hotel Monte Carlo in Mexico City. They had illegally hooked up a hot plate and were making tea for myself, Francie Hornstein and Ellen Peskin of the FWHC in Los Angeles.

We talked and compared our struggles in Japan and the United States. We found an immediate common ground, that is our common interest in controlling our own bodies and lives. And although we are fighting in different countries on opposite sides of the world it became obvious that we are fighting against the same male power structure that has controlled women's reproduction since the beginning of recorded history.

The situation of women in Japan is very similar to ours. Our respective governments, institutions, and individual men are in control of the wealth and resources of our countries. These same men control every aspect of our lives, and this of course includes health care. They decide when, where, and how health care is actually given to us.

It seems evident that in both countries, the U.S. and Japan, abortion has been made accessible for the wrong reason--that is population control. It appears that within recent years it has been advantageous for the Japanese and United States' economies to limit the numbers of consumers.

Like us, our Japanese sisters feel that abortion must be available to women who choose it. However, our Japanese sisters also feel that the "anti-natalist" policies pushed on Japanese women by their government aren't much better than the policies of "pro-natalism" in countries who refuse women the right to abortion. In both situations women are being controlled and made to breed or not to breed for their country. These natalist policies are based on what the male power structure happens to find advantageous at a particular point in history.

Abortion has been made fairly accessible to women in Japan since the early post-war years. It appears that during the hard economic times that Japan was experiencing, the government saw one way they could control their economic decline; i.e. population control.

In Japan abortion has been used as a regular method of birth control. Condoms and rhythm have been the most commonly used methods of birth control. Birth control pills have not been on the Japanese market.

In Japan abortion has probably been a more forcefully used tool to control population and women than it has been in the states. The Eugenic Protection Law was enacted in post-war years and permitted abortion for "economic reasons". At this time Japan's economy was suffering and government officials saw the immediate problems of limited resources and a limited geographical area and began allowing abortion to be performed liberally.

We should remember that at this time in history eugenics (defined as the science of improving the qualities



of the human race, especially by the careful selection of parents) had gained popularity and notoriety. It was within this context that the Japanese government passed the Eugenic Protection Law.

There have been several attempts within the last four years to revise the EPL. These revisions would eliminate the allowance of abortion for economic reasons. It would also add that Eugenic Counseling offices advise women to start bearing children (two being the ideal) while they are young. The revisions would also explicitly approve abortion when a woman has had a reading on an amniotic fluid test which shows there would probably be mental or physical handicaps if the fetus was carried to term.

In attempting to analyze the reasons for these moves it is necessary to understand the different forces that are attempting to flex their muscles on this issue.

One obvious force is being brought to bear by drug companies such as Dai Nippon, Sankyo, Nippon Schering and others. Birth control pills have not been allowed on the Japanese market, but Japan's Health and Welfare Ministry released an opinion in December of 1973 that if followed would allow pills for general contraceptive use. The Health and Welfare Ministry did propose the revisions some ten years ago and some feminists feel that they may be working for the benefits of the drug industry.

Another interested group, of course, are doctors. Doctors (who in Japan perform 2 to 3 million abortions per year) have shifted their position several times within the last several years. At one time they opposed the revisions it seems due to outspoken opposition by their patients. However, they switched their position when the Health and Welfare Ministry seemed to be offering birth control pills for general contraceptive use. Some feminists believe that the doctors switched their opinion on the issue because they had begun to see that they did not have much to lose. Regular examinations with the pill would bring in steady income and abortion would still be available, but slightly less so. As long as it didn't hit them hard in their pockets they were willing to acquiesce to the demands of the Health and Welfare Ministry.

There is also a reactionary Shinto-Christian sect, the two million member Seicho no Ie, that has been pressuring for more restrictions on abortion. According to Jean Inglis, who wrote "Abortion in Japan: on Whose Demand?", the LDP (Liberal Democratic Party) the party now in control of Japan's government, owes political debts to this group. Therefore, the government's population control policies are being affected by them.

Amniocentesis is becoming a well established practice in Japan. The revision to encourage abortion after detection of "defective people" (whatever that is) by amniocentesis is very blatantly a move towards a 1984-ish society. This may be a result of many serious pollution problems that have affected chromosomal damage. It is true that this is becoming a problem in Japan and throughout the world. However, one could easily question the reasoning behind this move to abort "defective" pregnancies while pollution problems created by Japan's big business interests continue to mount unchecked.

Handicapped peoples in Japan have become quite militant in recent years and have reacted to their government's blatant attempts to do them in. The Eugenic Protection Law, even by name, smacks of Hitlerian politics. The mass transit train system in Japan is one of the many businesses that have recently enforced policies not allowing anyone in wheelchairs to enter.

All of these interested parties seem to influence population policies, a fact which has contributed to the confusion that now exists in Japan. Although there may be many forces at work to restrict abortion, it may, at this time, still be advantageous for those controlling the wealth and resources of Japan, to limit its population growth.

As of this writing, the revisions to the EPL have not been passed, although some have been brought into force. For example, Eugenic Counseling offices do exist in Japan and they do encourage women to abort if they have received an abnormal reading on an amniocentesis test. They also encour-

age women to bear two children and to do so early in life. When these women have raised their children, they are then encouraged to enter the work force where they can be used as a cheap labor source, and for which Japanese industry provides very low pay and no fringe benefits..

Our Japanese sisters shared some very important information with us that day. We compared it to our situation in the states where women on Medicaid have been "encouraged" or forced to be sterilized. We thought about the experiences we have had at family planning centers that told us that a particular IUD was better than all the others and later found out it was experimental. We have all felt and been used and it becomes more obvious that we must continue to fight these various "interest groups" who insist on playing political football with women's uteri.

It is important to note that under Japanese criminal law abortion is still prohibited. This Abortion Prohibition Law is one hundred years old. Although it has been only very selectively enforced in recent years, we know how easily this could change. Having both pro-abortion and anti-abortion laws on the books at the same time leaves Japanese women at the mercy of the government and population control interests.

By Linda Curtis

material collected from

Joan Inglis



Japanese translator, Mitsu Tanaka, Naeko Wakabayashi and Linda Curtis participate in a panel about the Eugenic Protection Law at IWY Conference in Mexico City.



The Mexico experience was a political shock for many of us. As feminists we must question our own relationship to imperialism. Questions include, "Is our political strategy applicable only in a society in which we have certain privileges not only not shared by all women - but even at the expense of most of our sisters on the globe? Why has this happened? How do we cross cultural and class barriers? How do we perpetuate imperialist consciousness? And finally, how much do we see that the self-determination of all women is in our own self interest?"

Mexico is controlled by multi-national corporations which develop its resources and markets, and totally prevent any self-determination of the population. This is known as neo-colonialism. There is vast efficient agribusiness in the north, highly industrialized cities, 40% unemployment (women from Mexico estimate 60% unemployment) and a huge peasant population living in technologically backward conditions. For every dollar invested in Latin America - \$6.00 is returned, not to those who do the work, but to multi-national corporations. Most of these corporations are North American.

The economic control is totally in the hands of profit motivated corporations and is directly in opposition to the welfare of the population. This also holds true for the population of the U.S., but we have a higher standard of living which helps us to gloss over our own lack of control and our identification with people more directly oppressed.

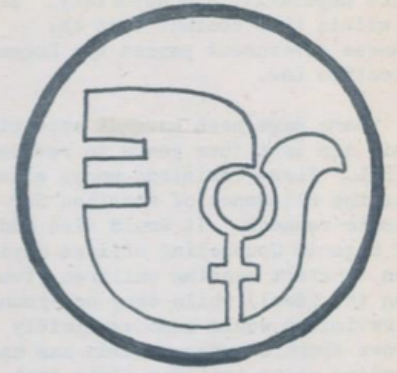
At this point there is very little reason for our Latin American sisters to see feminism making any changes in their lives, or to see feminism as a liberating struggle for themselves.

The brand of feminism seen at the Tribuna certainly did not have any potential to merge our struggles as women. But then, that was not the purpose. The purpose was to further divide women and pit us against each other. Most of the panels had very little to do with the daily reality of most women's lives. A panel on "changing sex role identification" in nuclear families held by liberal psychologists and sociologists

# I. W. Y.

# &

# IMPERIALISM



hardly relates to the direct oppression of most women's lives.

The few caucuses spontaneously created consisted mostly of white English-speaking women who rarely translated what was being said to those women who did not speak English. Of course many women from other countries could speak the language of the imperializers. Little attempt was made to reverse this type of imperialistic consciousness. Women from other countries were constantly trying to get the microphones to tell of the conditions they faced under imperialism. A prevalent attitude among U.S. feminists was, "Well, capitalism is a men's system but we're all sisters and isn't that great?" In other words, starvation is not a feminist issue. The only panels directly dealing with women's everyday experience were on population control. And those, of course, had to do with control, not self-determination.

Many women's movement media stars were working at smoothing out our differences. At the same time there was neither time nor structure to discover our similarities. Very few Mexican women were even allowed into the Tribuna. It was clear the Tribuna was set up for a specific purpose - depoliticising women's struggles and controlling the population of underdeveloped countries.

Outside of the Tribuna, evidences of imperialism and classist behavior was everywhere. American women did not have to see the conditions Mexican women live under. One can fly in, go to a hotel that caters to North Americans, ride around in expensive taxis, and never see or understand anything about the country. If Americans want to dress sloppy, insult Mexicans, and speak only English, we can, because so much of the Mexican economy is dependent on serving the rich North American tourists.

All of Mexico knew about the UN conference and the Tribuna. The police, government officials and hotel owners were on their best behavior. (Of course Mexican women could not attend the Tribuna). Mexico had to host this conference which would personally insult its people at the time and further the direct lack of control and self-determination of its people. For example, getting speculums into Mexico was no problem because immigration officials thought speculums were for birth control and that we were agents of the population controllers.

Mexico City itself was much like any cosmopolitan city with smog, cars, and industry, except more poor people and more starving beggars displaced from their land. In the country the atmosphere was very different. There is a tremendous lack of transportation, roads,

Continued on pg. 6



La experiencia en Mexico ha sido un cambio politico para muchas de nosotras. Como feministas debemos analizar nuestra relacion con el imperialismo preguntandonos: "Es nuestra estrategia politica solamente aplicable a una sociedad en la cual nosotras tenemos ciertas privilegios, que no solo no estan al alcance de todas las mujeres sino que se obtienen explotando a la mayoría de nuestras hermanas en el mundo?". A que se debe esto? De que manera traspasamos las barreras culturales y de clase? Como mantenemos la conciencia capitalista? Por ultimo, de que manera sabemos si la auto-determinacion de todas las mujeres esta dentro de nuestros intereses?

Mexico esta controlado por companias trans-nacionales que explotan el comercio y los recursos, por ende extinguen cualquier forma de auto-determinacion en la poblacion. Esto es neo-Colonialismo.

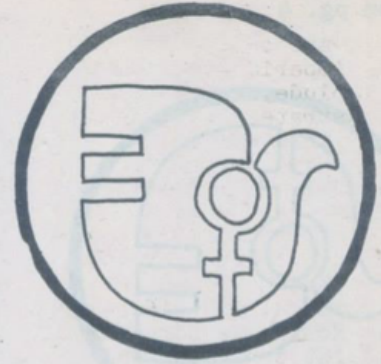
El pais cuenta con ciudades altamente industrializadas, un importante monopolio agricola al norte de la republica, existiendo un 40% de desempleo, (mujeres mexicanas estiman un 60% de desempleo aprox.), una gran mayoría del campesinado vive en condiciones tecnologicas atrasadas. Por cada dolar invertido en Latinoamerica hay una ganancia de 6 dolares los cuales se entregan - no al que lo trabajo - sino a las grandes companias trans-nacionales, que son en su mayoría norteamericanas. Por lo tanto la economia queda bajo el control de las companias que no se preocupan en lo mas minimo por el bienestar de la poblacion sino por los beneficios obtenidos.

Esto mismo sucede en los E.U. solo que justificamos la falta de autodeterminacion y la no identificacion con las mujeres mas oprimidas por tener un estandar de vida superior, de aqui que existan muy pocas razones para que nuestras hermanas latinoamericanas confien en el feminismo como una forma de cambio para sus vidas, o ver al feminismo como una lucha por la liberacion de si mismas.

El feminismo observado en la tribuna no ofrecio, en ningun momento, el potencial para unir nuestras luchas como mujeres - ya que ese no fue el proposito - sino desunir y antagonizarnos aun mas. La mayoría de los grupos expusieron trabajos sin relacion alguna con la vida diaria de las mujeres, por ejemplo: Un grupo representado por sicologos y

# A. I. M.

# Y



# IMPERIALISMO

sicologos liberales expuso el tema sobre "el cambio de identidad en el papel sexual "dentro del nucleo familiar, no teniendo relacion alguna con la opresion de las mujeres. Las mesas redondas fueron organizadas en su mayoría, por mujeres blancas de habla inglesa las --cuales raramente traducian lo expuesto a las mujeres que no hablaban ingles. Obviamente, muchas mujeres hablaban el idioma de los imperialistas y poco se hizo por cambiar esta actitud capitalista-imperialista. La actitud feminista predominante fue "Bueno, el capitalismo es un sistema por y para el hombre, pero todas somos hermanas, no es Maravillosos?", o en otras palabras, el hambre no es un problema feminista. Hubo mujeres que trataron constantemente de tomar el microfono para denunciar las condiciones en las que viven bajo el Imperialismo. Los pocos grupos que trataron directamente sobre la opresion de las mujeres, lo hicieron hablando del Control de la Natalidad y que obviamente se referian al CONTROL y no a la AUTO-DETERMINACION.

Mujeres-estrellas del movimiento capitalizado trataron de suavizar las diferencias existentes entre nosotras, sin embargo no se concedio ni tiempo ni medios para descubrir las similitudes. Esta claro que la tribuna fue realizada con un fin especifico: La degradacion del significado de la lucha de las mujeres y el establecimiento del control de la Natalidad en los paises subdesarrollados.

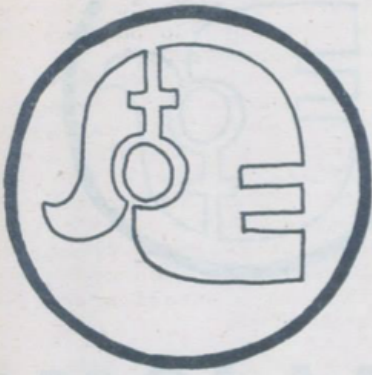
Afuera de la tribuna se observo la conducta capitalista y clasista de las mujeres norteamericanas, quienes no tenian que presenciar las condiciones de vida de las mujeres nativas ya que la situacion esta arreglada con tal fin, es decir, uno puede llegar por avion, hospedarse en hoteles americanizados, transportarse en taxis, no pudiendo observar ni entender, nunca, lo que sucedia en el pais. Si los norteamericanos quieren andar mal vestidos y sucios, insultar a las mexicanas, hablar solamente en ingles, pueden hacerlo puesto que la economia mexicana depende en gran medida del servicio al turista norteamericano.

Todo Mexico supo sobre la tribuna de las Naciones Unidas, observandose una conducta intachable en la policia oficiales de gobierno y los grandes hoteleros; mientras que a las mujeres Mexicanas se les tenia prohibido asistir a la tribuna que afectaria, en un futuro cercano, a la Auto-Determinacion de su Pueblo. Hay una evidencia a exponer: no tuvimos ningun problema para importar espejos vaginales ya que los oficiales de inmigracion pensaron que trabajabamos para el control de la natalidad y Planificacion Familiar.

La Cd. de Mexico es como cualquier otra ciudad cosmopolita: esmog, carros, desarrollo industrial y la notable pobreza en que se encuentra la gente que has sido desheredada de su tierra. En las provincia la situacion es diferente: hay

Siga Pajina 7





communication systems, plumbing and electricity. Poverty is about all we saw. Those "quaint huts" held people dying of starvation and disease. People scrape out their livelihoods by either primitive farming (donkey-pulled or hand-drawn plows) or making crafts to sell to tourists or businesses for which they get next to nothing.

Sure, there is over population in Mexico, but it's because the resources and products sold do not belong to the population. Children in Mexico are a huge part of the culture, but because the money goes into the hands of a small elite, the economy cannot support its population. No doubt as industry moves to the countryside, and land is turned into agribusiness or playgrounds for

executives of imperialism, along will come plumbing, roads, communication systems, electricity and an emphasis on birth control. But this will not be for the improvement of the peasants' lives, it will be for the future exploitation of the people.

So what does all this mean? How does it relate to feminism? What, in any material sense, can we do to improve the daily lives of all our sisters? We have to realize that the forces that control the lives of women in imperialized countries also control our lives. We enjoy a higher standard of living and therefore have certain privileges which all women do not share. This division is very beneficial to those who control us. As long as we continue to isolate ourselves from the experiences of other women, we can be coopted by our class privileges.

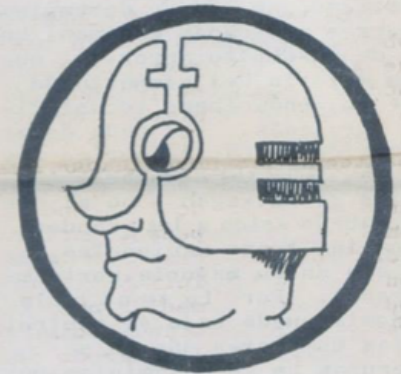
American imperialism is declining due to the rise of the oil cartels, and certain third world countries are gaining tremendous power. The U.S. is losing imperialist interests so it's questionable as to how long we will enjoy our high standard of living and the class privileges that go along with it.

Until multi-national corporations are stopped from controlling our lives, we must try to give all women the tools to help gain control over those aspects of our lives that can be self-

determined. Self-Help is a major tool for all women. We must share the tools we have that can lead toward self-determination NOW. The question is how. It will take both experience and struggle against our own attitudes stemming from imperialistic consciousness. We must travel; we must meet women; we must listen to women; we must directly see how they live, work, get around, and perceive what they experience. We have to learn to speak other languages. (Now only the most cosmopolitan and privileged women in the feminist movement have these skills, and they do not represent us.)

We must develop the attitude that we share our knowledge because the liberation of any woman depends on the liberation of all women.

by  
Judy Rutherford and the  
Chico Feminist Women's  
Health Center



We must fight sexism on a global level. If we stay in one spot, assuming in our battle we could knock out sexism in Tallahassee, it would last only for an instant because the core of sexism is worldwide. In other words, Tallahassee is affected by Atlanta which is affected by Washington, which is affected by Iran, so when we see that working for women and gaining control over our lives and our bodies means that all women are included in this struggle, then we learn that we must communicate with women in other countries.

### Why FWHCs Travel...



Man-made smoke screens such as "Western thinking is so different from Eastern thinking that we can't possibly communicate," cloud our view of what we as women can share in common. We must break through every myth, every custom, every man-made barrier in order to communicate. But we can not communicate without getting rid of nationalism. We can see how nationalistic we are only when we go to Mexico, sit in a restaurant and point at what we want, not even having the respect to learn a simple request in the waiter's lan-

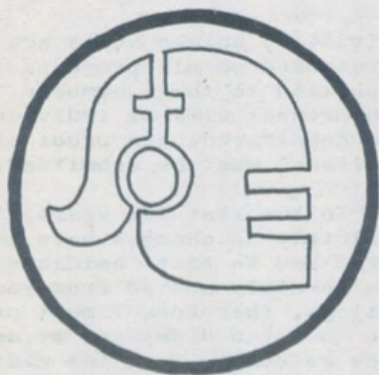
guage. We see from this example how nationalistic it really is to not establish communication.

But we have already learned, as Self-Helpers, that we can communicate. We have communicated by seeing, doing, talking and sharing with other women in other countries. How? By traveling.

We must travel. We must travel because actions speak louder than words. There is a world of difference between seeing your cervix and hearing about it!

TALLAHASSEE F.W.H.C.





una falta tremenda de medios de comunicacion y transporte, asi como de luz y agua, chozas habitadas por gente que se muere de hambre y enfermedades siendo los medios de subsistencia el cultivo (utilizando el arado y medios de trabajo primitivos) y la ridicula ganancia que se obtiene en la venta de artesanias. Pobreza fue todo lo que vimos.

Es entendible que haya sobrepoblacion en Mexico puesto que los ni recursos ni la produccion estan controlados por la poblacion, consecuentemente, la economia del pais no puede abastecer las necesidades del pueblo forzando a la ninez a mantener parte de la economia familiar, desempeñando actividades que les seran retribuidas con cantidades infimas. Sin duda alguna, a medida que avanza la industrializacion en la provincia, el progreso de

lugar sera inevitable pues la introduccion de medios de comunicacion y carreteras, servicio de agua potable y luz y un marcado enfasis sobre el Control de la Natalidad sera en beneficio de los capitalistas pero en detrimento del Pueblo que sufrira la explotacion Imperialista.

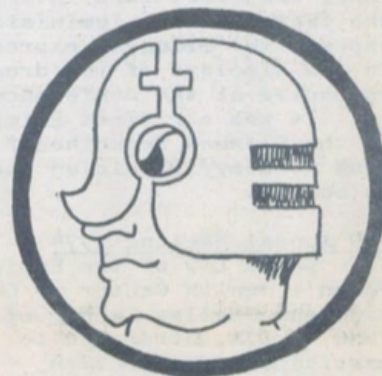
Y que significa todo esto? Que relacion existe con el Femenismo? Como podemos mejorar, concretamente, la vida de todas nuestras hermanas? Tenemos que darnos cuenta de que las fuerzas que controlan a las mujeres en los paises neocolonializados o colonizados tambien son los que controlan nuestras vidas, manteniendonos enajenadas por la falta de comunicacion que produce el estandar de vida superior, beneficiando con esta division de clases a dichas fuerzas.

El imperialismo Norteamericano esta declinando debido al desarrollo de monopolios formados por grandes empresas petroleras legando asi el poder a paises del tercer mundo. Surge la inquietante pregunta: por cuanto tiempo seguiremos gozando de nuestro estandar de vida asi como de nuestros privilegios de clase burguesa, si llegasemos a ser un Neocolonia del Imperio en vias de desarrollo? Mientras tanto debemos tratar de ofrecer a todas las mujeres los medios necesarios para obtener el control y la Auto-Determinacion de sus vidas, siendo nuestra mayor aportacion la Ayuda-Propia. Ahora, como llevarlo a cabo? Lograr esto implica la lucha contra nuestras

propias actitudes burguesas heredadas de un condicionamiento capitalista. Por lo tanto, debemos viajar, conocer a otras mujeres, exponernos a la forma de vida de las mujeres del tercer mundo para aprender de sus experiencias.

Debemos hablar otros idiomas ya que las mujeres mas privilegiadas del movimiento Femenista que cuentan con la facilidad de hablarlos, no nos representan. Finalmente, debemos aprender a compartir nuestros conocimientos porque la Liberacion de cada mujer significa la Liberacion del Todas Las Mujeres.

Spanish translation by  
Rosa Torres  
Beatriz Torres



### FWHCs Viajamos



Debemos luchar contra el sexismo desde un punto de vista global. Pues si no estancamos creyendo que podemos eliminar lo en Tallahassee, solamente por un periodo bastante corto ya que el sexismo es mundial. En otras palabras, Tallahassee es influido por Atlanta, la cual esta influida por Washington que su vez esta influida por los acontecimientos en Iran, concluyendo: la lucha que llevamos a cabo es para todas las mujeres y el poder que se esta ganando sobre el control de nuestras vidas incluye a todas las mujeres, sobrentendiendo la imperiosa necesidad de comunicarnos con mujeres de otros paises.

El hombre ha creado mitos tal como: "La civilizacion occidental es tan diferente de la civilizacion oriental que es imposible comunicarse" distorsionando asi la comunicacion sobre nuestros propios problemas como mujeres los cuales son bastante comunes. Por esto mismo debemos romper con mitos, costumbres y todo lo que el hombre ha hecho para destruir la comunicacion.

No podemos comunicarnos sin antes haber eliminado el nacionalismo. Podemos notar nuestros patrones nacionalistas en la conducta de los turistas en Mexico, mir al restaurante sin la necesidad de hablar pues con solo senalar en la carta,

no se hace ningun.

No puede haber comunicacion sin haber borrado antes las barreras "nacionalistas" como las muestras que vimos en nuestra visita a Mexico: no hay ningun interes por aprender las frases elementales para pedir servicio en el restaurant.

Hemos aprendido en el trabajo de ayuda-propia que podemos comunicarnos a traves del trabajo y conocimientos que compartimos con mujeres de otros paises, como? Viajando.

Debemos viajar, porque los hechos dicen mas que las palabras. Hay una gran diferencia entre ver tu cervix y hablar de ella.



# Feminist Women's Health Centers

## CHRONOLOGY OF EVENTS AT CONFERENCES

### PPP Annual Meeting 1973

Carol Downer of the Feminist Women's Health Center (Los Angeles), Harla Kaplan of Houston NOW, Kay Weiss of Advocates for Medical Information (then of Ann Arbor) and Belita Cowan of Herself women's news journal (Ann Arbor) attended the 11th Annual PPP Conference in Houston, Texas.

Weiss and Cowan spoke about the dangers of DES in the "morning-after-pill" and Downer presented a list of seven demands. The women managed to get a few minutes at the microphone to speak. There was great furor over the fact that the feminists exposed the misogyny expressed in the displays of the drug companies at the conference.

It was our first glimpse of the Planned Parenthood/Drug Company/Physician bond in action.

### PPP Annual Meeting 1974

Debra Law of the Feminist Women's Health Center in Oakland and Shelley Farber of the FWHC in L.A. attempted to participate in the 12th Annual PPP Conference in Memphis, Tennessee.

On the opening morning of the official conference, Debra Law was physically removed from the conference area by guards when she attempted to set up a booth to distribute feminist health information.

Law and Farber pressed charges of battery against George Langmyhr, a PPP in charge of security.

### PPP Annual Meeting 1975

The 1975 13th Annual Meeting of the PPP was scheduled for Los Angeles, the birthplace of the Self-Help Clinic and the Feminist Women's Health Center.

This year, Carol Downer was asked to speak to the assembly of physicians. The conference planners set aside 25 minutes for the panel to discuss the women's health movement. They invited 5 speakers, one of whom was Harvey Karman associate, Merle Goldberg.

Below you will find Carol Downer's presentation to the 1975 Planned Parenthood group.

You will certainly notice the shift in our scope from 1973 to 1975. Though all of the issues raised in the 1973 demands and at the conference remain key issues in the women's health movement, our perspective has become global rather than concerned only with our community situations.

## FEMINIST PERSPECTIVES 1975

Two years ago in Houston, Texas, a group of feminists presented this group with certain demands. I repeat those demands today, and I wish to present further demands which came from Barbara Seaman's keynote speech at the 1975 Conference on Women and Health in Boston on April 7, 1975.

Seaman introduced herself as a "failed reformer!" Let me read you those demands:

1. Effective immediately, only women shall be admitted to obstetrics and gynecology residencies. Males who are currently in training may remain, as may those who are in practice.

2. Effective immediately, no more federal monies will be awarded to men for any kind of research into the female reproductive system. For the next five years, all new grants for reproductive research will be channelled toward training qualified women in reproductive biology.

3. Effective immediately, the establishment and administration of laws concerning female reproduction, abortion, and sterilization, shall be removed from male courts and legislative systems. An all-female agency, modeled after the NLRB, FCC, FTC, or Atomic Energy Commission, shall handle all such matters. A division of the agency will provide free advocates and legal aid for all women seeking help with any reproductive issue or who have experiences malpractice in any form.

4. Effective immediately, the United Nations and the United States will not sponsor nor participate in any international population activity or conference unless women are represented in proportion to their numbers in the population of every participating nation. The United States will award no funds to other nations for research or other population

activities, unless women are represented on all projects in proportion to their numbers. Each project will be individually considered, and proof of compliance must be submitted.

In the last two years, absolutely no changes have occurred and in fact feminists were forcibly ousted from your meetings, therefore I must presume that you dismissed my demands as coming from the radical fringe of the women's health movement.

At the Boston Conference, not only did women from the Feminist Women's Health Centers participate on panels in a dozen workshops, I was invited to speak on Women Professionals and the Feminist Health Movement. Most women at the Boston Conference traced their inspiration for their projects to the Self-Help movement and special tribute was made to myself and Lorraine Rothman for our contributions to the movement.

Prominent women such as Gloria Steinem, Betty Friedan, Germaine Greer and Margaret Mead are speaking out against sexist, ethnocentric birth control programs and dangerous experimentation that Planned Parenthood and A.I.D. have attempted to foist upon the world.

The main point I wish to make today is that a growing number of women are reaching the sober conclusion that those responsible for our health have miserably failed us and we are constructing strategies to regain the control of our reproductive destinies. I speak for those women.

Contrariwise, that representative of the women's health movement that you have chosen to sponsor, to give a place at this table, to travel around the world with her cohort, Harvey Karman, was told to leave the Boston Conference many times and formally denounced by the conference organizers. Merle Goldberg, head of the mythical National Women's Health Coalition, was persona non grata.

Now, who is the Association of Planned Parenthood Physicians and how will you deal with our demands?

Are you a group of humanitarians, perhaps misguided at times, that are trying to prevent overpopulation and



# Meet Planned Parenthood Physicians

to help each person to control her/his reproduction? Are you a group of egoistic careerists who are utilizing this conference to promote your particular invention of technique or study? Or, is this a group of technicians that is pandering to a powerful elite to seek to maintain their control of the world through population control?

Whatever your motives, dear doctors, it will no longer do that you hand out morning-after-pills in your clinics with reckless abandon. Our women's clinics are warning women about you. It will no longer do that you promote your particular noxious form of birth control by false advertising and deals with drug companies and the FDA. Women reporters are delving into those machinations and we are informing women about you. It will no longer do that you travel around the world performing barbaric experimental procedures on war victims. We are talking to our third world sisters.

No, it will no longer do. You are going to be held accountable as the women's health movement gathers strength.

To those of you who are sincerely concerned about women's health care and the problems of overpopulation, I urge you to consider the demands I have presented today and to try to truly understand the message I am bringing to you.

The message is simple: "Women can and do control their own reproduction when allowed to. The problem of overpopulation is a result of women being forced to be breeders and the solutions are not to destroy our health by subjecting us to dangerous drugs and devices, but by giving us more control over our own lives."

Carol Downer, Director  
Feminist Women's Health  
Center

Planned Parenthood physician Hugh Davis (promotor of the Dalkon Shield) wags finger at feminists Carol Downer, Belita Cowan and Harla Kaplan at the Houston Conference.

## REMEMBER MARGARET

As feminists we feel a responsibility to bring the philosophy of Planned Parenthood back to the wishes of its first honorary chairperson, Margaret Sanger. As the founder of the Birth Control League which became the Planned Parenthood Federation of America, Sanger was a feminist dedicated to the needs of women who wished to decide for themselves the size of their families.

We are demanding the following steps be taken to insure that Planned Parenthood will once again function in the best interests of women.

1. There should be the same percentage of women on the boards of directors of Planned Parenthood Clinics as are in the patient load of these clinics.

2. There should be a representative of a feminist organization on the board of every Planned Parenthood clinic.

3. The Self-Help concept should be included in clinic routines.

4. Physicians should be excluded from policy making decisions except for technical advice as needed.

5. Funds, medical supplies and facilities should be made available to qualified women for research projects.

6. Planned Parenthood should make financial records available to the public.

7. A Contraceptive Information Program should be instituted:

a. Women should be informed and educated on all available methods of contraception.

b. Women should be informed of the experimental nature of some contraceptives used by Planned Parenthood.

c. Women should be informed of all possible side effects.

We feel these demands are only a minimum effort to insure the welfare of women in Planned Parenthood Clinics throughout the nation and we demand their adoption in order that Planned Parenthood once again demonstrate good faith in the welfare of the women who use the facilities.

PRESENTED AT THE 13th ANNUAL MEETING OF  
PLANNED PARENTHOOD PHYSICIANS



From the Houston Post



# M.D.s ATTACK AGAIN



TALLHASSEE STAFF STRATEGIZE

**EDITOR'S NOTE:** Recently, five doctors in the Tallahassee, Florida medical community have banded together to try to close down the medical clinic of the local FWHC. The following is an account of the strategies used in the recent situation in Tallahassee.

The Tallahassee Feminist Women's Health Center has been in existence for one and one-half years. We've been serving women in the Tallahassee and surrounding areas by providing self-help clinics, abortion services, pregnancy screening, referrals, and basic health care information. A little background on the medical community in Tallahassee is important for you to know to get a full understanding of where we, the Tallahassee FWHC stand.

There is one hospital in the entire county. There is also one public health department in this county. It's a very closed medical community. All one needs to do is drive into the far northeast section of town to see the hospital and doctor's offices lumped together as if each building supports the other. This medical community is separated from the rest of Tallahassee. And if someone needs medical care, they have to come to the medical community; not vice versa.

Just recently five of the ob-gyns at the local hospital pressured our doctor to terminate his employment with us. They were able to do this at a closed meeting of the ob-gyn staff at the hospital. By threatening to send a letter to the local medical society questioning the "ethics" of a doctor working for a clinic that advertises, they sufficiently threatened our physician to quit.

Our doctor was most concerned with his standing in the medical community and at the hospital. And as a junior staff member still on probation because he is new; he felt he was in jeopardy.

When we found out more about the situation, it became very clear what the problem was. These five doctors were also doing first trimester abortions in their offices. They had seen an article in the local newspaper about us and resented the fact that we seemed to be seeing many women that they could potentially be seeing in their own offices.

They also reacted very strongly to a statement that one of our directors had made about doctors doing abortions for money. A year or so ago, a very similar thing happened to the public health department. These same doctors, save one, managed to close the public health department's pre-natal clinic, and sued the public health department in order to get more money for deliveries. These same doctors struck, and for one month women had to deliver in the emergency room.

We thought at first that perhaps a liberal doctor who used to work with us would fight for us. We thought perhaps, that he could back our doctor and fend off the rest of the doctors. As it turned out he was also threatened. He later stated it would be "suicidal" to work with us.

So, after being knocked off our feet, our clinic being unofficially closed for lack of a doctor; we began calling other Feminist Women's Health Centers. Immediately supportive suggestions of aggressive action were stressed by them. Looking back on this, we see there was no way for us to be beaten because of this support.

We also talked to interested individuals in our own community.

We blended all the FWHC strategies and friends together with our own and came up with Plan A, Plan B and Plan C.

Plan A was the least aggressive. If we used this plan, it would be strictly behind the scenes talking with doctors and trying to straighten out the situation. We used part of this plan but decided not to use it solely, as we felt Plan B had a better potential of winning for us.

Plan B was that of aggressive action. In this plan we would let everyone know what had happened, and that we were going to deal with it as quickly but as openly as possible.

Letters were sent out to 600 community contacts. Letters were sent to every doctor in town. Included in this plan was to rally as many of our supporters behind us as possible. We and our supporters would spread the word that many segments of the community knew what was going on, and didn't much like it. Included in this strategy was to keep the clinic open by whatever means we had under our control. Plan C would be reserved as our last resort if we got no response from the medical community. Strong legal action would be taken and the press would be fully informed.

The following is a recount of what so far has taken place since our discussion of strategies with other health centers:

1) August 12th. We called several lawyers. We found two that we thought we could work with. They were going to be paid reasonable fees so we could be sure that they would put in as much time as was necessary to ensure us the best legal help we could get.

2) August 13th. We went to the hospital to get the meeting notes of the closed ob-gyn meeting. We were denied access. The executive director of the hospital said they were not public record. We believe



the Florida in the Sunshine law makes this public and decided to push the issue. We realized that there probably wasn't anything in the notes that we could use in court, and if there was they probably would be edited. This tactic was used to let them know we were acting, not waiting.

3) August 14th. The lawyers said we had a good chance of an anti-trust suit. The ob-gyn's could be working as a "conspiracy" against us.

4) Our lawyers, in our behalf, sent a formal letter to the hospital asking for the records or a reply within ten days. We sent copies to the chairman of the hospital board, the head of the ob-gyn department, the executive director of the hospital and the city attorney.

5) We talked to a doctor who sympathized with us, but wouldn't work for us. He also felt threatened as he was planning to set up practice and believed this would be in jeopardy if he worked with us. A similar thing had happened to him during his residency. The ob-gyn's resented the fact that many women were coming to him for their deliveries. So he was grilled by the same doctors.

6) We talked to another M.D. who felt the same. He disliked the ob-gyns and felt we should beat them. He felt there were other doctors like him who hated the ob-gyn's for the bad PR that came out during the "ob-gyn strike." He said that he wouldn't come out publicly against the ob-gyn's, but would "have to tell the truth about them if subpoenaed."

7) One highly respected ob-gyn in the northern Florida area called to pressure the head of the ob-gyn department. The department head was most adamantly against us. He was very interested in getting our "business." Of course, this doctor is not interested in seeing the women we see who have low-cost abortions, or have abortions paid by Medicaid. He seemed to be solely interested in seeing the women we see who pay our full fee of \$150.

8) We talked to our first doctor. He tried to get us to weaken our stand by advising us not to seek legal action as it would "polarize" the doctors and make them a unified force against us.

9) We called friends of the Tallahassee FWHC and informed them of the situation. We asked them to support us by informing others in the community and sending letters of tangible proof of that support.

10) We sent out letters to every doctor in town asking them to work with us. We really didn't think anyone would work with us, but we thought this would be good proof of non-response by the medical community.

11) August 15th. We received a call from one of the ob-gyn's stating he was too busy to work with us. He said he didn't want us to close and suggested that we talk again to our doctor and figure out what we wanted to do about advertising. "Off the cuff," he said, "I think we should all be able to advertise." This doctor appeared to be breaking away from the group against us. But it was clear to us that his reason was the same one as before when he had not participated in the ob-gyn strike. He didn't want to be associated with the rest of these doctors as it would possibly be bad PR for him. He may have also caught on to the possibilities of Plan C.



TALLAHASSEE F.W.H.C.

12) We informed our M.D. of this call but he still felt threatened. He was encouraged that one doctor had broken from the ranks, but decided to "wait another week or so." Meanwhile we had a clinic to run. Throughout the proceeding days, we had been pursuing all possible alternatives. Included in this was an arrangement to bring in a doctor from out of town if negotiations with the in-town doctors broke down. So after we talked with the doctor who quit, we finalized arrangements with a doctor from Jacksonville.

13) August 16th. The Women's Choice Clinic was held!

14) The mail brought the first responses of doctors, all of which were negative.

15) We sent out letters informing all of our contacts of our situation, asking for letters of support.

16) August 18th. The mail brought more negative responses from doctors, but also brought first letters of support from the Feminist Women's Health Centers and the Tallahassee community.

17) We continued to confer with our lawyers and found a precedent for an anti-trust suit.

18) We continued to call supporters in Tallahassee and inform them of the situation. Their responses were unanimously behind us. Much of the Tallahassee community is acutely aware of the oppressive behavior of the local ob-gyn's.

19) August 19th. The mail continued to bring letters of support.

20) Two staff members went to the hospital to request a copy of hospital regulations. Since Tallahassee Memorial Hospital is a public hospital, we felt their regulations and other records of meetings should be available to the public. Initially the administrator we spoke to gave us the regulations and seemed willing to answer questions pertaining to hospital policy. So a polite conversation ensued until we asked who was on the committees to approve new staff members. He became furious and hostilely stated that he would answer no more "stupid" questions and grabbed the regulations book, yelling that if we wanted the hospital regulations (which were definitely public record), we would have to get a lawyer. We told him we already had two lawyers and that he'd be hearing from us soon.

21) Most of this day was spent in meetings with our lawyers and an influential supporter in which all possibilities concerning the situation were mapped out. It was decided that we should continue on Plan B, keep the clinic open as long as possible and not back down to their demands.

This is the herstory that has happened as of the deadline for the FWHC Report. The local press have not been contacted, although they may be contacting us very soon. Some of the staff think that although we have had to struggle even harder than last week to keep ourselves and the health center going, that there has been much to be gained by this experience. We found that we can be strong and aggressive and that this really pays off in the end. So far, we have not been compromised and our clinic is still functioning. This is how we have measured our success. We've also been able to accurately assess our power and position in our local setting. Now we really know how much we can do to fight, to make a change for us and for other women.



# Assertiveness in the dr.'s office

The following information is meant for women going to clinics or doctor's offices in areas where feminist health services are not available. These suggestions may help you assert your rights as a consumer of health services. They also provide us with defenses against the sort of professionalism which prevents us from having access to information about our own bodies as well as control over our lives. These defenses are in no way permanent solutions, but measures to be used until women regain full control of the field of women's medicine.

1. All people have a legal right to read their own medical charts and records. You may also ask for a copy of your records.
2. You have a right to full and complete explanation of all examinations, treatments and medications. This includes informing you of possible risks, side effects, effectiveness and experimental nature of any medical care you receive.
3. It is often a good idea to call a clinic or doctor before your actual visit to ask some key questions: cost of various procedures, office routines, billing and insurance collection policies, if Medi-Cal or Medi-Caid are accepted, etc.
4. If you are addressed by your first name by office personnel (including the doctor) you should feel free to relate to them on a first name basis also.
5. Married women have full rights to any and all medical treatment without the consent of their spouse. In most states this includes abortion, V.D. treatment, and sterilization procedures. If you are unsure about the laws in your state, consult a lawyer or a legal aid office.
6. In California, single women who are legal minors (under 18 years of age) are eligible for Medi-Cal for full payment for the cost of an abortion. In most situations, this can be done without the consent or knowledge of parents.

7. A woman does not have to be a certain age or have a certain number of children in order to have an elective sterilization procedure. If you are denied the procedure on these grounds, it may be the policy of the doctor or hospital. Consult a lawyer or feminist group to pressure the facility or doctor to change. Also, check the laws of your state.
8. You have a right to read any literature accompanying any medication you are given. This literature, formerly included for the doctor, often gives more complete information about the drug or device, the possible side effects and contra-indications (reasons some people should not take the drug). You may want to ask to see this literature or the Physician's Desk Reference, a book which includes this information.
9. You have a right to have all of your questions answered to the best of the ability of the physicians or health workers.
10. If you were referred to the doctor or clinic by a women's center, women's group or a friend, you should mention that fact. A doctor may be more "on guard" to be on good behavior of he/she knows that more business may be gained or lost through your report back to the original referral source.
11. Take a friend with you if you wish. It always helps to have the support of a friend to serve as a patient advocate.
12. When you meet the doctor for the first time, shake hands and greet him/her. Any indication that you intend to be an ACTIVE participant in the visit will help in breaking the tradition of the patient as a passive object.
13. Try to learn as much basic information about your own body as you can. The more familiar you are with the anatomy and functioning of your body, the more able to assert yourself you will be.

by

Francie Hornstein

## WOMEN & HEALTH

(Inaugural Issue January 1976)

A Bi-Monthly  
Academic Journal

Charter subscriptions are now being accepted. Please fill out the order form below and mail it, together with your check to: WOMEN & HEALTH ■ BIOLOGICAL SCIENCES PROGRAM ■ SUNY/COLLEGE AT OLD WESTBURY OLD WESTBURY ■ N.Y. 11568.

Please Detach on Dotted Line

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1 year (6 issues) \$10     2 years (12 issues) \$18     3 years (18 issues) \$25

Please make checks payable to: WOMEN & HEALTH, SUNY/COLLEGE AT OLD WESTBURY. Outside Continental U.S. add \$2 per year.

### FWHC Report Staff

Published by: The Feminist Women's Health Center

Writing Staff: Linda Curtis, Eleanor Snow, Judy Rutherford, Francie Hornstein, Carol Downer

Translations by: Rosa Torres, Beatriz Torres

Photographs: Margo H. Miller, Sylvia Morales

Lay-out: Ellen Peskin, Eleanor Snow, Suzann Gage, Shelley Farber, Francie Hornstein, Margo H. Miller, Roberta Maso, Irene Moosen, Marilyn Skerbeck

Graphics: Suzann Gage, Eleanor Snow

Typists: Joanne Tanihara, Sherry Schiffer, Nadja Zorin, Francie Hornstein, Shelley Farber

Mailing crew: Shelley Farber, Roberta Maso, Sara Grusky



# WOMEN'S HOSPITAL by for and of women

For several years now, some of us at the Feminist Women's Health Centers have had a developing vision of a Women's Hospital, or an expanded version of a health center. We soon learned that there were women in other parts of the country who shared our enthusiasm for such a project. We have discussed expanding the services many of us are already providing (out-patient abortion and gynecological care) to include birth centers, services for women requiring surgery, women's medical schools and community health education centers. This would be a facility which would not necessarily serve or employ only women, but would be owned, run and controlled by women.

Of course, the Women's Hospital concept is a process which is still developing. Part of the joy of this embryonic stage of development of any project is the room to imagine the possibilities for such an institution; to look at what is needed, to seek solutions to presently existing problems, and to create something entirely new.

But beyond our imaginations we do want to look at the feasibility of making the project a reality. Immediately, we recognized certain obvious problems. For those of us with some experience in business and clinic administration within the context of the Feminist Women's Health Centers, we knew the key problems. First of all, the project would take a tremendous amount of financial support. Like any other medical service, training and research institution (City of Hope, March of Dimes) we would have to carry on constant fundraising campaigns--not just over a span of several months, but as long as the institution would survive. Some women would have to devote full time to a career of fundraising.

Perhaps the next major problem would be the discipline involved in starting, following through on and maintaining such an institution. There are so few women presently involved in the women's movement who have carried on a sustained effort in one project. Often this

is either due to lack of sufficient funding (pay for work) or lack of discipline on the part of many women. The need for discipline is particularly crucial in a medical setting.

We would like to hear from women who would be interested in working on such a project. We would expect each person working on the project to spend about 3 or 4 hours a week doing a variety of tasks: research, fundraising, correspondence, and of course coordinating their efforts with others working on the project. Please send us a letter stating something about your particular interests or special skills, what you would be capable of doing, and any other information you feel would be relevant.

Address letters to:

Women's Health School  
c/o Wolhandler  
7 Russell Street, 3rd Floor  
Cambridge, Mass. 02140

or  
Feminist Women's Health Ctr.  
1112 So. Crenshaw Blvd.  
L.A., Ca. 90019

## KARMAN UPDATE

The September 1975 issue of Ms. Magazine carries an excellent article written by Lisa Wohl updating the Harvey Karman controversy.

For the past three years, the Feminist Women's Health Centers have worked to warn women about the dangerous activities of Karman and his associates.

Despite the article's confusion and misrepresentation of the menstrual extraction procedure as developed by the Self-Help Clinic, it contains accurate information about the activities of Harvey Karman.

At present, there is a woman who wishes to remain anonymous who is suing Karman for damages as a result of an abortion she received at this facility. She is in need of financial support for legal fees. Anyone wishing to contribute to her efforts can send donations in care of: Feminist Bureau of Investigation, Feminist Women's Health Center, 1112 So. Crenshaw Blvd., L.A., Ca. 90019.



## a slide show

The Philadelphia Women's Health Collective has put together a slide show for and about women health workers. For information regarding this slide presentation regarding write: The Philadelphia Women's Health Collective, c/o Kathy Miller, 4433 Osage Ave., Philadelphia, Pa. 19104

## WARNING

Research consulting firms (often referred to as "think tanks" or "brain trusts") have been asked by HEW to study the phenomenon of Self-Help Clinics. If your group is approached by such a firm, or if an individual who wishes to research your group contacts you, please consult with one of the following people before committing yourselves to the project: Jennifer Burgess, Women's Community Health Center, 137 Hampshire Street, Cambridge, Mass. 02139 or Shelley Farber, FWHC, 1112 So. Crenshaw Blvd., L.A., Ca. 90019.



do this  
or else...

YOU WILL NOT BE INCLUDED IN OUR BOOK

The Feminist Women's Health Center is in the process of writing a book about the Self-Help concept, techniques and its place in the women's health movement. The current book plan includes a section in the back of the book---an appendix---which lists various self-help groups around the globe. The purpose of this would be to provide contacts of groups for women who read the book and

show interest in starting their own group or joining a group which is already in existence in their community.

In order to have the information for the book, we have devised this questionnaire. Please send it to us if you are interested in having your group listed. If you have names and addresses for other Self-Help groups, please send those along to us also.

SELF-HELP CLINIC QUESTIONNAIRE

Name of Group: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

How did you first hear about Self-Help? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Give a brief herstory of your group: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you offer regularly scheduled Self-Help Clinics open to the public? \_\_\_\_\_  
If so, when and where? \_\_\_\_\_

Are members of your group willing to go to other groups in your community to do SHC presentations? \_\_\_\_\_

Are you willing to travel to other communities to do SHCs? \_\_\_\_\_

Under what circumstances will you do this travel? (Honoraria, travel expenses, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you working on any special projects in your group? (Research, special areas of interest in women's health care, publications, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If your group is an on-going Self-Help Clinic which is closed to new members, will you help launch new groups? \_\_\_\_\_

Does your group have any source of funding? (Grants, budget money from a university, income from a clinic or honoraria from presentations?)

\_\_\_\_\_  
\_\_\_\_\_

If your group has a clinic where services are provided, are Self-Help concepts incorporated into health care delivery? \_\_\_\_\_

How is this done? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Would you be interested and grant permission for this information to be used in a book about Self-Help or other publication? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list other Self-Help groups in your community, state or region of the country: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Feel free to write more complete answers than space here permits. Also, include any brochures or literature about your group.

Send completed questionnaires as soon as possible to:

Feminist Women's Health Center  
1112 So. Crenshaw Blvd., Suite #201  
Los Angeles, California 90019

The initial deadline for this information is September 30, 1975. Please try to respond before that date.



## Feminist Women's Health Center Clearing House

### ABORTION

- Abortion In A Clinic Setting, the proceedings of the FWHC Abortion Symposium 1974. \$2.50
- Abortion Laws: The Cruel Fraud, \$ .50  
by Lana Clarke Phelan.
- How To Start Your Own Abortion Clinic, \$1.50  
by the FWHC
- How To Start Your Own Abortion Referral Service,  
by the FWHC. \$ .50
- Picking Your Abortionist, \$ .50  
by Mary Heath.
- The Physicians Training Program, a brochure \$ .25  
by the FWHC

### AUDIO-VISUAL

- Plastic Vaginal Speculum and basic Self-Help literature, by the FWHC. (Speculums come in narrow, medium and long. Most women can use a medium) \$2.00
- Self-Help Clinic Slide Show, \$15.00  
by the FWHC.
- The FWHC Video Brochure \$ .50

### BIRTH CONTROL

- Birth Control Handbook, by the Montreal Health Press, in English, & french. \$ .25
- La Maternidad Voluntaria: Una Guía de Métodos Anticonceptivos, a spanish birth control handbook, order direct from: The Orange County FWHC, 429 S. Sycamore, Santa Ana, Ca., 92701. \$ .25
- V.D. Handbook, by the Montreal Health Press. In English only. \$ .25
- Birth Control Pill Self Check List, \$1.00  
by Linda Curtis, order direct from the Tallahassee FWHC, 1017 Thomasville Rd., Tall., Fla. 32303

### ENEMIES

- The Harvey Karman Fact Sheet, \$ .25  
by the FWHC.
- The Philidelphia Story: Another Experiment on \$ .50 Women, by the Philadelphia Women's Health Collective
- A Synopsis of the Activities of Harvey Karman, by the FWHC \$ .50
- "Would You Buy An Abortion From This Man?", by Lisa Cronin Wohl, order direct from: Ms., 123 Garden St., Marion, Ohio 43302, Sept. 1975.

### POSITION PAPERS OF THE FEMINIST HEALTH MOVEMENT

- An Annotated Bibliography of The Women's Health Movement, by Sheryl Ruzek, order direct from: The Program on Women at N. Western U., 619 Emerson St. Evanston, Ill. 60201 \$3.50
- Complaints and Disorders, By Ehrenreich and English, order direct from: Feminist Press, Box 334, Old Westbury, N.Y. 11568. \$1.75
- Covert Sex Discrimination Against Women as Medical Patients, By Carol Downer, a speech. \$ .25

Self-Help Clinic As a College Course, an outline by Suzann Gage. Comments with sample course literature. \$5.50

The Self-Help Clinic, by Colette Price, an article reprint from Woman's World. 1972. \$ .50

Plastic vaginal speculums. \$2.50

(See also audio/visual.)  
Fact Sheet on Breast Surgery, by Dorothy Gilden \$ .50

Feminist Perspectives, by Carol Downer, a speech presented to 1975 Association of Planned Parenthood Physician's Conference. \$ .25

- Feminist Women's Health Centers: A Feminist Strategy order direct from: The Orange County FWHC, 429 S. Sycamore, Santa Ana, Ca. 92701 \$1.00
- 1974 Feminist Women's Health Center Report, a newspaper by the FWHCs. \$1.00
- Lesbian Health Care, available from the FWHC \$1.00
- Our Bodies, Ourselves, by the Boston Women's Health Collective, Simon and Schuster, 650 5th Ave., New York, N.Y. 10020. Paper \$ .95, Hardbound \$8.95.
- Margaret Singer An Autobiography, Dover Publication Inc., 180 Varick Street, New York, N.Y. 10020 \$3.95
- Self-Help...What Is it?, an article reprinted from Sister Magazine by Carol Downer. \$ .50
- The Master Plan, a critique by the FWHC on population control strategies. \$ .25
- The Monthly Extract - An Irregular Periodical, by Lolly and Jeanne Hirsch. Order direct from: New Moon Communications PoBox 3488 Ridgeway Station, Stamford, Connecticut, 06905. Subscriptions \$3.50
- Other Literature Available from New Moon Communications:

Childbirth Conference Proceedings \$2.00

The Witches Os 2.00

Adjuncts to Global Gynecological Self-Help Clinics (bibliography) .50

- The Proceedings of the Menstrual Extraction Conference 1974, order direct from the Oakland FWHC, 2930 McClure Street, Oakland, Ca. 94600 \$10.00
- Vaginal Cancer and Fact Sheet On DES, by Kay Weiss, order direct from: 2120 Bissonnet, Houston, Texas 77005.
- Where Do We go From Here?, by the FWHC presented to the 1974 Women Controlled Health Clinics Conference. \$ .25
- Witches, Midwives, and Nurses, By Ehrenreich and English. Order direct from: Feminist Press, Box 334, Old Westbury, N.Y. 11568. \$1.75
- Women Professionals in the Women's Health Movement, by Carol Downer, a speech presented at the 1974 Menstrual Extraction Conference. \$ .50
- "Women's Health Politics", by Frances Hornstein. Order direct from: Quest: a Feminist Quarterly, Vol. 1, #1, Summer, 1974, PO Box 8843, Washington, D.C. 20003 \$2.00

### SELF-HELP CLINIC

Circle One, A Beginning Guide to Self-Health and Sexuality, by Campbell and Zeigler. Order Direct from: P.O. Box 7211, Colorado Springs, Col. 80933

How to start Your Own S-H-C, by the FWHC. \$2.50

### VASECTOMY

- How To Start Your Own Vasectomy Clinic, by the Oakland FWHC, Order direct from: Oakland FWHC, 2930 McClure Street, Oakland, Ca. 94600.

### MISC.

- "Cervix Cervices", buttons. Order direct from: New Moon Communications, PO Box 3488 Ridgeway Station, Stamford, Connecticut. 06905.
- "Sisters of the Speculum", T-shirt. Order direct \$5.50 from: Ames FWHC, 619 7th Street, Ames, Iowa, 50010
- "With My Speculum I am Strong..." Wonder Woman Poster, by Carol Clement. \$2.50

For the next two months we will need to put a tremendous amount of energy into our Book project. Because of this we may not be able to fill your clearing house request until November. Please have patience and we will answer your request as soon as possible.

All literature listed is available through the Feminist Women's Health Center in Los Angeles except where otherwise indicated. All prices include printing and/or postage and handling.

Please send me the following literature from the Feminist Women's Health Center clearing house:

ITEM	PRICE

ENCLOSED YOU WILL FIND A CHECK OR MONEY ORDER FOR-TOT.  
(Make checks payable to the Feminist Women's Health Center.)

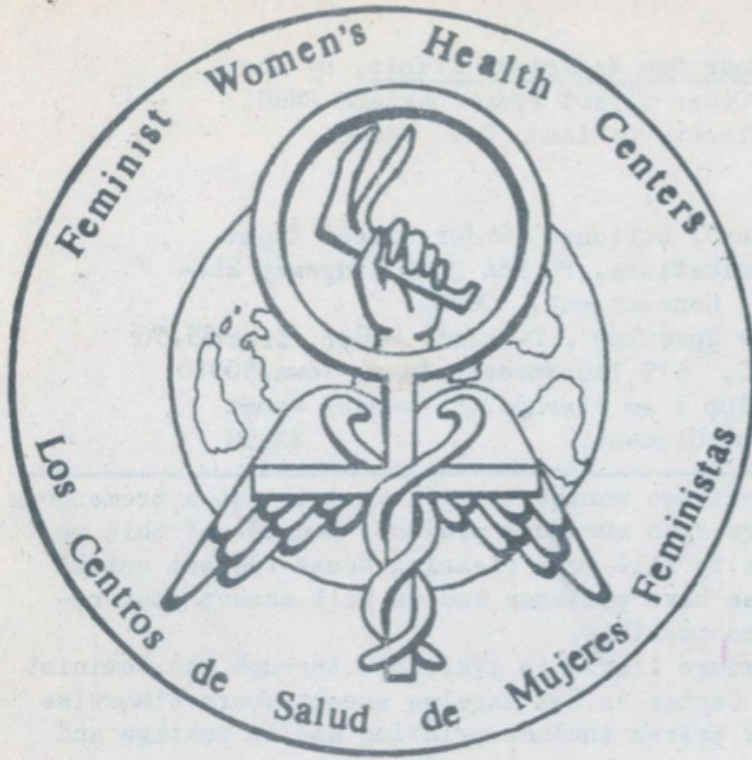
I WOULD LIKE TO BE INVOLVED IN THE  
FEMINIST WOMEN'S HEALTH CENTER

Name \_\_\_\_\_  
Address \_\_\_\_\_

Phone \_\_\_\_\_ PLEASE PRINT  
I received this card on (date) \_\_\_\_\_  
at \_\_\_\_\_

- Send me your news letter. \_\_\_\_\_
- I would like to attend a Self-Help Clinic. \_\_\_\_\_
- Notify me of your community meetings. \_\_\_\_\_
- I would like to work at the F.W.H.C. \_\_\_\_\_
- I would like to help spread Self-Help Clinic. \_\_\_\_\_
- Call me anytime to picket or work on projects like the "STOP HARVEY KARMAN" project. \_\_\_\_\_
- I have special skills to offer the F.W.H.C. They are: \_\_\_\_\_





Feminist Women's  
Health Center  
1112 Crenshaw Blvd.  
Los Angeles, Ca. 90019  
(213) 936-6293

Chico FWHC  
330 Flume St.  
Chico, CA

Feminist Women's Health Centers

Feminist Women's Health Center  
1112 South Crenshaw Blvd. Suite 201  
Los Angeles, California 90019

Chico Feminist Women's Health Center  
330 Flume Street  
Chico, California 95926

Orange County Feminist Women's Health Center  
429 South Sycamore  
Santa Ana, California 92701

Oakland Feminist Women's Health Center  
2930 McClure Street  
Oakland, California 94609

Feminist Women's Health Center  
363 East 6th South  
Salt Lake City, Utah 84104

Feminist Women's Health Center  
619 7th Street  
Ames, Iowa 50010

Feminist Women's Health Center  
2445 West 8 Mile Road  
Detroit, Michigan 48203

Feminist Women's Health Center  
1017 Thomasville Road  
Tallahassee, Florida 32303

