In the ‘70s, the bestselling New Woman’s Survival Catalog drew attention to the power of local activism.

When *The New Woman’s Survival Catalog* launched in Christmas 1973, it took America by storm. A collection of alternative feminist cultural activity across the United States, it introduced a new way of tackling issues centred by the Women’s Liberation Movement.
Now, more than 45 years after its release, Primary Information is republishing a facsimile edition. The goal, according to authors Kirsten Grimstad and Susan Renne, is to remind us that the power to change the world begins in the local grassroots.

The original project began while Grimstad, a Barnard alumna, was pursuing her doctorate in 1971. While there, she began working on a scholarly bibliography of women's studies for the newly opened Barnard College Women's Centre. She sent a survey out to feminist activist organizations across the United States to find out what was happening at the grassroots level, and connected with Renne, also a Barnard alumna.

“When Kirsten showed me the survey responses coming in, I was astonished at the explosion of local feminist activity across the country,” Renne says. “We could see the outline of an emerging women’s alternative culture. What else was out there? We had to find out, and we had to spread the word.”
Feminist Women's Health Centers

The FEMINIST WOMEN'S HEALTH CENTER in Los Angeles is the mother of them all. It grew out of the original Los Angeles self-help group (described in issue), formed a women's health center, offering a variety of services, and has itself spawned numerous self-help groups as well as two other FEMINIST WOMEN'S HEALTH CENTERS in Santa Ana and Oakland. Within the next year, they will be opening a women's hospital!

Each center offers: free self-help courses through which women can learn self-examination, use of the contraceptive, and in general find out about their bodies. They also provide free pregnancy screening and counseling. At their gynecology clinic, which started as of August, 1973, a woman who has a gynecological need can opt for one of two plans. According to the first and more traditional plan, the doctor examines and is examined by a woman gynecologist and women paramedics who also show her how to do self-examinations. According to the second plan, she is scheduled to come in to the clinic along with several other women who have the same need. Each woman is then able not only to get her problem treated, but also to observe the other treatment itself on other women. The fees for those services are charged on a sliding scale. In addition, each clinic maintains a 24-hour hotline to deal with emergencies.

For those women who need an abortion and are looking for a friendly and sympathetic place to have it done, each center has its own abortion clinic, the Women's Choice Clinics, which are licensed by the state of California. The Los Angeles abortion clinic, located about 2 blocks away from the health center, is a very clean, affordable and cheerful place that opened last March. Here a woman can get an abortion up to the 12th week. The abortion is not traumatic, done under local anesthesia with a plastic flexicure. The abortion costs $135 and takes about 15 minutes. Each woman is accompanied throughout the procedure by a sympathetic woman counselor and although the abortion itself is performed by a male physician, the women paramedics handle all the rest. The Women's Choice Clinic in Oakland has even managed to get a woman doctor who performs vacuum aspiration abortions up to the first 9 weeks of pregnancy.

The fees charged at the abortion clinics help to support the services of the health centers and pay the salaries of the staff members. The Los Angeles center has 15 full-time staff, all of whom contribute to their own support. In addition, they do volunteer community education work, also have speaking engagements and even cross-country tours to help women in other parts of the country start their own clinics. Recently the staff has produced three videotapes, including one on self-examination and one on menopause, which are available for purchase for $3.00. Although it is often argued that these services should be free, thereby requiring all volunteer labor, the FEMINIST WOMEN'S HEALTH CENTERS believe that women should pay a living wage for their work, so that they can survive materially while devoting their energies to the movement.

The women of the FEMINIST WOMEN'S HEALTH CENTER believe that to maintain an efficient and effective women's health clinic, the staff must be well trained and have adequate support. To this end, the center has produced a training manual and a training course for volunteers, which includes a 2-week seminar on health education and a 2-week workshop on counseling. The goal is to provide a comprehensive education in health education and counseling, working with women's medical clinic, hospital counseling, conducting educational workshops on health education and self-help clinics, and overall business experience.

In discussing the politics of women's health care, the center state that "as both the consumers of our health care (as women) and the providers of that care, we are in a far more realistic position to determine relevant health care for women. In this way the FEMINIST WOMEN'S HEALTH CENTER departs from all other existing traditional medical services which keep women in a dependent position by the health authority, usually male, pontificating on what is good for women. The FEMINIST WOMEN'S HEALTH CENTERS have broken through the mystique which maintains such an absurd situation and is successful in making real change in the imbalance of power. In addition, the educational Self-Help Clinics are successfully and slowly "decoding" the female "secrets" by sharing of information and experience."
In April 1973, they secured a publishing contract then set to work, embarking on a 12,000-mile cross country road trip over a period of two months. Traversing the continent, they met with local leaders organising everything from education, legal and financial resources, to health, parenting, and rape crisis centres, as well as arts groups, bookstores, and independent publishers.

“We adopted as our model the hugely successful Whole Earth Catalog,” Rennie says. “Through this DIY format, we could connect women with other women working on like-minded goals and values in a way that would juice up the movement as a whole by sharing their local newspapers, pamphlets, posters, books, products, and initiatives with a national audience. The women we met were on fire with the energy of personal and social transformation.”

Under a tight deadline, the authors worked to have the book released October that same year as the ultimate holiday gift for the women in your world. The New Woman’s Survival Catalog was widely received by the mainstream, even making New York Times bestsellers list. It spoke to a new generation of women eager to adopt a collectivist approach and work together in non-hierarchical ways.

Reflecting on the lessons of the past that apply to the challenges of our present day, Grimstad says: “Remember the adage about strength in numbers and stick together. Solidarity is a powerful tool for social change in a world of self-perpetuating patriarchal power.”

“Be a participant, not a bystander. By virtue of being born as a unique human being, each person has the capability of bringing something new into the world and of shaping the public space according to our dreams and ideals through our actions.”
Theatre

IF SHAKESPEARE HAD BEEN A WOMAN

What would have happened had Shakespeare had a wonderfully gifted sister... She was as adventurous, as imaginative, as eager to see the world as he was. But she was not sent to school. She had no chance of learning grammar and logic, of adornment of language and Virgil. She picked up a book now and then, one of her brother's novels, and read a few pages. But then her parents came in and told her to mend the stockings or mind the stew and not moon about with books and papers... So she, however, before she was out of her teens, was betrothed to the son of a neighboring wool-stapler. She cried out that marriage was hateful to her. She made up a small parcel of her belongings, left her girlhood in a car and with perhaps a few shillings for fare and took the road to London... She had the quickest fancy, a gift like her brother's for the tune of words. Like him, she had a taste for the theatre. She stood at the stage door; she wanted to act, she said. Men laughed in her face. The manager—a fat, loose-lipped man—shouted, 'He bellowed something about possibly being a woman... He said, could possibly be an actress. He hinted—yes you can imagine what. She could get no training in her craft. Could she even seek her dinner in a tavern or room the streets at midnight... At last his manager took pity on her; she found herself with child by that gentlemen and so—who shall measure the fate and violence of the poet's heart when caught and tangled in a woman's body?—killed herself one winter's night and lies buried at some crossroads where the snowdrifts now stop...'

Virginia Woolf
A ROOM OF ONE'S OWN

IT'S ALL RIGHT TO BE WOMAN

Theatre

stories from our lives, dream plays, music, chants & crankies

65
Bodies

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Gynecological exam
WHAT IS WOMEN'S STUDIES?

"Women's studies is primarily a by-product of the Women's Liberation Movement. Groups of women began to examine their status in society and found many institutions, including colleges and universities, seriously wanting in their treatment of women. One of the ways colleges were found lacking was in the manner in which knowledge was taught, studied, and researched.

"Feminists who criticize the current status of intellectual knowledge question particularly the status and treatment of women. Their perception is that knowledge, texts, research, and courses have too common failings. Frequently, coverage of women is not commensurate with their numbers and actual contributions. Or at times, materials on women are stereotyped and/or biased against women. . . ."

"In summary, the field of women's studies can be defined by three types of activities. First, women's studies means learning more about women and bringing this knowledge to the classroom or publishing it in scholarly journals. Second, work is being done to develop new ways of analyzing, approaching, and arranging both new and old bodies of knowledge from a feminist perspective. The development of a feminist theoretical orientation, however, is still in the preliminary stages. Third, women's studies proponents are sharing their work with men and women students in the hope of fostering changes in their attitudes and behaviors."

by Lora Robinson

WOMEN'S STUDIES, COURSES AND PROGRAMS FOR HIGHER EDUCATION

FROM THE DAWN OF CIVILIZATION WOMEN HAVE MADE IMPORTANT CONTRIBUTIONS TO SOCIETY. AND, UNDER THE HEEL OF OPPRESSION, WOMEN HAVE STRUGGLED FOR FREEDOM. IN ASSERTING THE RIGHTS OF WOMEN, WE RECLAIM OUR HERITAGE.

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by Lora H. Robinson, ERIC Higher Education Report No. 1, 1973

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Interview with the Washington, D.C. Rape Crisis Center

Q: How would you evaluate your program now that you’ve been in operation a full year?
A: We’ve had a lot of changes in our outlook. When we first began last summer, we put a very large emphasis on the counseling and giving women emotional support. We realized that this had a lot of class and racial implications because it was mainly middle and upper-middle class white women who were in need of heavy emotional support. Lower-class, poor, and black women were more interested in getting basic information on what to expect from the police and the hospital, and about getting V.D. and pregnancy testing.

Q: Why is this? Is it that black women accept rape as a more inevitable part of their experience?
A: They’ve had to take hard knocks all their lives. Getting raped is just another hard knock. Middle-class women, on the other hand, are not used to being attacked, and they are much more freaked out by it. If a woman calls us who needs that sort of emotional support, we can give it to her, but that is no longer our major emphasis.

Other services we provide are giving the woman information on what to expect from the hospital and police, if she decides to report the rape. We can accompany her to the hospital and throughout the police procedures, and work to make sure that the medical examination form is filled out properly. The only time we’re not allowed to be with her is when she gives her final statement a day later, to the sex squad (in Washington, D.C., the branch of the police that investigates reports of sexual offenses).

Q: Is the questionnaire by the police before she gets to the sex squad?
A: Let me give you a rundown on what happens. If a woman reports to the police that she has been raped in her apartment, for example, two uniformed police officers arrive on the scene. They are supposed to ask preliminary questions to find out briefly what took place, which way the assailant left, and get a description so that they can put out a lookout broadcast. However, they’ve been known to ask really distressing questions like: “How many orgasms did you have? Did you enjoy it? What did he take off first?”

Tell me all about it, sweetheart. Want to come up to my apartment later tonight?"

Another thing the precinct officers are supposed to do is to determine whether or not a rape may have taken place. If a sexual offense may have taken place, they are supposed to call the sex squad immediately. However, many police officers have a very stereotyped view of what a rape victim’s reactions are; they expect her to be very hysterical. When they see a woman who is calm, and many women are calmer after rape because they are in a state of shock, the police are less likely to believe that a rape took place. And unless a woman is adamant about the fact that she has been raped and that she wants to prosecute, they may never call the sex squad. They simply determine that a sexual offense never took place. And even if they do determine that a sexual offense may have taken place and they call the sex squad, before the sex squad arrives, several other precinct officers may respond to the call. And she is asked the same slept-up questions again by another group of precinct officers.

Q: After the sex squad arrives and the preliminary questions are completed, everyone goes off to the D.C. General Hospital. There are two long waits—one or two hours. Usually the woman is alone or else she is accompanied by a sex squad detective. A nurse is halfway in the middle of the emergency room in front of fifteen or twenty people. We have even had reports of sex squad officers openly intimidating women and threatening to arrest them for falsification of charges if they are lying. In Virginia, a woman was questioned by the sex squad while she was being given a pelvic examination; what happens at the hospital is that you are seen by an intern who is the lowest on the totem pole of the hospital hierarchy and who knows nothing about giving a good pelvic exam.

Q: You don’t even see a gynecologist?
A: You’re lucky if you do. And even if you do, that person isn’t going to take off a day’s worth of pay to go to your doctor and testify about the report. There is a box on the report that says “area of the vagina has been traumatized,” and they mark “no” or they don’t even look at the box that says present. So, one of the services we provide is making sure the medical report is properly filled out.

The next day, the woman goes down to the sex squad to give a complete detailed statement. When it comes down to whether they are going to try and catch the guy, it depends on who the rapist is. If he’s white and upper-middle class, forget it. They figure that the chances of getting a conviction to court wouldn’t be that good. The guy would offer a defense of consent and that would be very hard to disprove. The woman would have to put her whole past sexual history up for viewing. If it’s a boyfriend, the police are pretty leery again, because of the consent issue. Also, if your husband rapes you, that’s not against the law.

However, if the guy is black or lower class, they are a lot more likely to pursue it, especially if you’re a white woman.

In the court proceeding, to prove rape, you have to prove that you were penetrated, that you did consent, and that force was used against you. This causes a lot of problems, because the guy will simply say “we had intercourse, but she consented.” And then it’s up to the victim to prove that she didn’t. The defense attorney can ask all sorts of questions, like: “Haven’t you been living with a man? And if you were consorting with one man, isn’t it possible to assume that you were consenting with the defendant, too?” You can forget it if you’re a prostitute. They see rape as a sexual act rather than as an act of power, and because of that, if you consented at any other time in your life, then, of course, you want it every time.

Q: What is your role in the court procedure?
A: We go to court with the woman and offer her any support we can.

Q: Do you refer her to lawyers?
A: Yes, we have good access to free lawyers. There is a woman who is an assistant U.S. District Attorney who has done a lot of work with us. She chairs a D.C. Task Force on Rape which has representatives from the police, D.A.’s office, Women’s Legal Defense Fund, D.C. Commission on the Status of Women, and from the Rape Crisis Center. This committee is trying to do more in the way of reform—trying to get changes in the police, hospital, and court procedures.

Q: What has been your impact on the police and hospitals?
A: We’ve been able to make some impact, especially through the Task Force, as far as making recommendations to change procedures. It deals with a lot of different areas of things, but they do make it easier for rape victims.

Q: Do you find that if you accompany a rape victim, the case is treated more seriously by the authorities?
A: Yes. When we first started, we wouldn’t say that we were members of the Rape Crisis Center—we simply say that we were friends of the victim. So now, whenever a woman comes in with a friend, they assume that she is from the Crisis Center, even if she’s really not, and they behave very nicely.
Women Organized Against Rape

A telephone rings in a large, spacious hospital room furnished with several beds, two desks, and brightened by colorful wall patterns. One of the women in the room answers the phone, puts on a blue smock, and leaves for the emergency room, where a rape victim has just been admitted.

Since May, 1973, the most significant women’s anti-rape effort in the country has been underway in Philadelphia. The women who formed Women Organized Against Rape (WOAR) are like other volunteer anti-rape groups, but they have taken a different approach. The group has established a special unit to which all rape victims are referred for medical examination. When a rape victim is brought to the hospital, the WOAR room is immediately notified, and a counselor (available on a twenty-four-hour basis) joins the victim to give her whatever help she needs. As more and more patients have been served, the WOAR group has been able to provide rape victims with emotional support, to deal with the immediate grieving process, and to offer them the right to have their cases handled in a way that respects their dignity and freedom of choice.

The WOAR room is located in the Women’s Health Center on the third floor of the hospital. It is staffed by volunteers who are trained to provide emotional support for all women who come to the hospital for treatment. The center is open twenty-four hours a day, and the counselors are available to talk with women about their experiences and to help them make decisions about what they want to do next. The counselors also provide information about the resources available in the community, including legal aid, counseling services, and support groups.

Women Organized Against Rape (WOAR) is a group of women who have come together to provide support and resources to women who have experienced sexual assault. Our mission is to empower survivors of sexual violence and to work towards a society where all women are free from violence. We offer a safe space for survivors to share their experiences and to receive emotional support. We also provide resources and information to survivors and to the community to help them find the resources they need.

WOAR offers support to survivors of sexual assault through a confidential and non-judgmental approach. We believe that every woman has the right to be free from violence and to make her own decisions about her life. We support survivors in making decisions that are right for them, and we work to ensure that survivors have access to the resources they need to heal and to live their lives on their own terms.

WOAR is a community-based organization that works to raise awareness about sexual assault and to provide support to survivors. We believe that it is important to have a community that is knowledgeable about sexual assault and that is willing to help survivors on their journey to healing.

WOAR is a proud member of the Women’s Organizing Group, a network of organizations that work together to support survivors of sexual assault. We join with other organizations in our community to help ensure that survivors have access to the resources they need to heal and to live their lives on their own terms.

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