

huckmag.com/art-and-culture/art-2/a-grassroots-guide-to-surviving-the-patriarchy/

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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 organisations 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."

ot your mama



gonna get you too



But can she typ



Feminist Women's Health Centers

UPPER FOR DOWNER

Carol Downer, co-director of the FEMINIST WOMEN'S HEALTH CENTER, was acquitted of charges of "practicing medicine without a license." She was arrested after having helped a friend diagnose a yeast infection and insert yoghurt as treatment. The law defines practicing medicine as diagnosing and treating a disease. Downer's defense attorney, Diane Wayne, said the statute was so vague that she "wouldn't be able to discuss a cold with a friend or offer her a Kleenex for it" and "half the mothers in the county could be charged with diagnosing that their children had the measles.

Though the FEMINIST HEALTH COLLECTIVE had consulted a lawyer when they began their program of self-help health care, the law was so vague that it took a test case to find out whether this type of health care is legal. Carol Downer believes that this case has set a precedent so that the self-help clinics may continue their work.

from OFF OUR BACKS, December 1972

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 intro.), developed into 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 even anticipate opening up a women's hospital!

Each Center offers on-going free self-help courses through which women can learn self-examination, use of the speculum 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, she makes an appointment and is examined by a woman gynecologist and women paramedics who also show her how to do self-examination. 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 very treatment itself on other women. The fees for those services are administered on a sliding scale. In addition, each clinic maintains a 24-hour hotline to deal with emergencies.

For those women who need to have an abortion and are looking for a friendly and sympathetic place to have it done, each center has its very 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 comfortable and cheerful place that opened last March. Here a woman can get an abortion up to the 12th week. The abortion is non-traumatic, done under local anesthetic with a flexible plastic cannula. The abortion costs \$135 and takes about 1½ hours. Each woman is accompanied through the entire 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 aspirator abortions up to the first 9 weeks of pregnancy.

The fees charge 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 staffers, who, in addition to their counseling and paramedical 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 \$30.00. 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 be paid 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 feminist clinic, the staff needs structure. Carol Downer, one of the founders of the self-help movement, and active member of the FEMINIST WOMEN'S HEALTH CENTER, has explained that "structure" in the organization of the Center does not mean rigidity or authoritarianism: "We have simple structures such as sign-in sheets and bulletin boards and in-out-baskets, and we have sophisticated structures, such as forms, training sessions, personnel files, and thick policy. As feminists, we are careful to have an OPEN structure, maximal participation in policy making activities, and we have a profound commitment to struggle to achieve not only the ideals of equalitarianism, but we are also determined to make the structure work for us, not us for the structure." (SISTER, July 1973; \$3.00 for twelve issues from 218 South Venice Boulevard, Venice, California 90291.)

In order to train women to staff women's health facilities, each center runs a 7-week summer session. Each session is limited to 6 women and costs \$150.00. They provide practical training and experience in telephone counseling, working in a women's medical clinic, hospital counseling, conducting educational workshops on health care and self-help clinics, and overall business experience.

In discussing the politics of women's health care, the centers 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 changes in the imbalance of power. In addition, the educational Self-Help Clinics are demystifying the long kept 'secrets' by sharing of information and experience."

A self-help gynecological slide show is available from:

FEMINIST WOMEN'S HEALTH CENTERS
746 South Crenshaw
Los Angeles, California 90005
(213) 936-7219
429 South Sycamore Street
Santa Ana, California 92701
(714) 547-0327
444 - 48th Street
Oakland, California 94706
(415) 653-2130



reprinted from the cover of SISTER, July 1973

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 agog to see the world as he was. But she was not sent to school. She had no chance of learning grammar and logic, let alone of reading Horace and Virgil. She picked up a book now and then, one of her brother's perhaps, 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. . . . Soon, however, before she was out of her teens, she 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, let herself down by a rope one summer's night 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—guffawed. He bellowed something about poodles dancing and women acting—no woman, he said, could possibly be an actress. He hinted—you can imagine what. She could get no training in her craft. Could she even seek her dinner in a tavern or roam the streets at midnight. . . . at last Nick Greene the actor-manager took pity on her; she found herself with child by that gentleman and so—who shall measure the heat 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 omnibuses now stop. . . .

Virginia Woolf
A ROOM OF ONE'S OWN

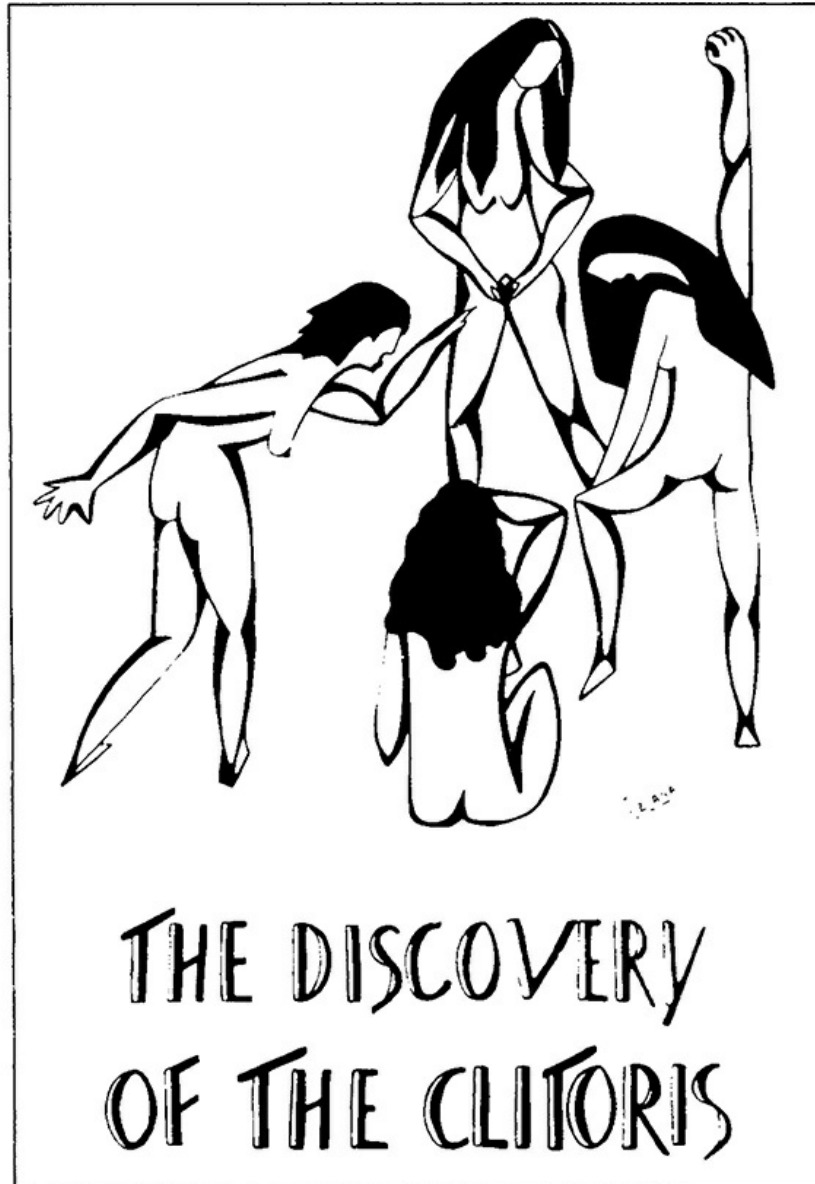


IT'S ALL RIGHT TO BE WOMAN Theatre

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

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Bodies



Poster from LINSEED, c/o 1958A University Avenue, Berkeley, California
or A WOMAN'S PLACE, 5251 Broadway, Oakland, California 94618
75¢ plus 35¢ postage and handling

“The Doctor is Instructed to Mess You Over”



Picture from
WITCHES,
MIDWIVES
AND NURSES
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FEMINIST
PRESS
Box 334
Old Westbury,
New York
11568 \$1.25

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 intellectual knowledge is 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 two common failings. Frequently, coverage of women is not commensurate with her numbers and actual contributions. Or at times materials on women are stereotypic 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.

THIS SERIES CANNOT REPRESENT THE FULL EXTENT OF WOMEN'S HISTORY. TOO MANY WOMEN HAVE BEEN ERASED FROM THEIR RIGHTFUL PLACE, TOO MANY HAVE BEEN KEPT ILLITERATE, OR HAVE BEEN RIDICULED INTO SILENCE, OR HAVE DIED IN CHILDBIRTH, OR HAVE BEEN BURNED AT THE STAKE. THIS SERIES IS AN ATTEMPT TO PORTRAY THE DIGNITY OF WOMEN WHO SOUGHT, AS INDIVIDUALS OR AS PARTICIPANTS IN A MASS MOVEMENT, TO EXTEND THE HORIZONS OF WOMEN.

Write women back into history



WOMEN'S STUDIES:
Courses and Programs
for Higher Education
by Lora H. Robinson; ERIC Higher
Education Report No. 1, 1973

A forty-eight page booklet which describes women's studies courses and programs across the country, and discusses the issues confronting women who are setting up such programs. Robinson concludes with a first-rate bibliography of the most recent and important works on women's studies.

Available from:

AMERICAN ASSOCIATION
FOR HIGHER EDUCATION
1 Dupont Circle
Suite 780
Washington, D.C. 20036

\$2.00

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 classist and racist 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 hospitals, 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 up 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 hospitals and police, if she decides to report the rape. We can accompany her to the hospital and throughout the police procedures, and we check 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 offense).

Q: Is she questioned 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 precinct 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 look-out broadcast. However, they've been known to ask really demeaning questions like: "How many orgasms did you have? Did you enjoy it? What did he take off first? Tell me all about it, Sweetie. 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 calm 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 skeptical questions again by another group of precinct officers.

After the sex squad arrives and the preliminary questions are completed, everyone goes off to the D.C. General Hospital. There are long waits—one or two hours. Usually the woman is alone or else she is questioned by a sex squad detective in a crowded hallway 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 come down and testify six months later. Either way you're fucked over. Anyway, the intern, either out of ignorance or not wanting to testify, fudges 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 note all the bruises that are 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 really 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 in 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 leary 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 not consent, and that force was used against you. This causes a lot of problems, because the guy will simply say, "sure 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 consenting 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 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 is chairing 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 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?

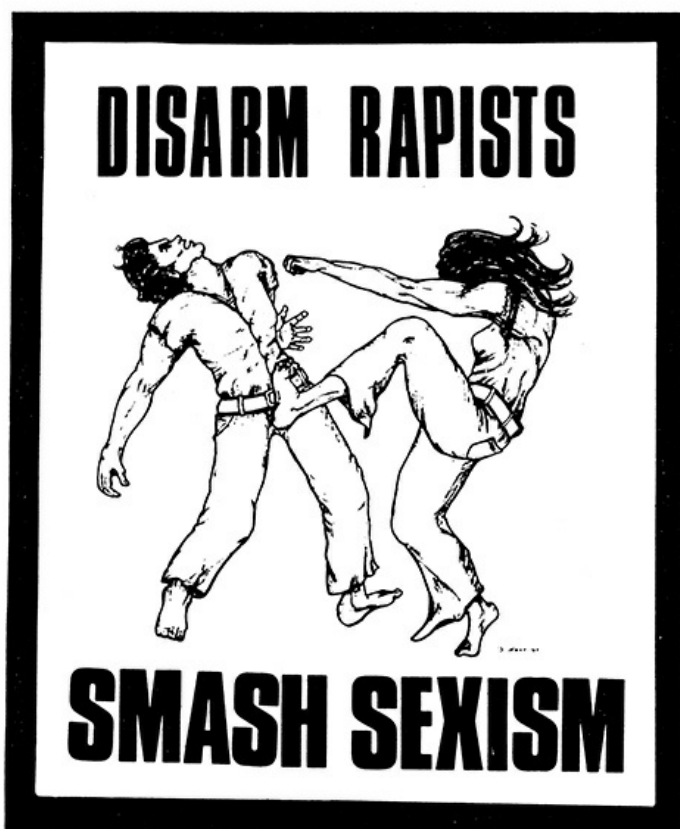
A: We've been able to make some impact, especially through the Task Force, as far as making recommendations to change procedures. These are all merely reform types of things, but they do make it easier for rape victims.

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 would 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.

continued

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DISARM RAPISTS by Cell 16 2 Brewer Street Cambridge, Massachusetts 02139
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Women Organized Against Rape

A telephone rings in a large, spacious hospital room furnished with several cots, two desks, and brightened by colorful wall posters. One of three 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 perhaps the most significant women-against-rape effort in the country has been underway in Philadelphia. The very unique feature of Women Organized Against Rape (WOAR) is that unlike other volunteer anti-rape groups, it has its headquarters IN Philadelphia General Hospital, the institution to which all rape victims who report the crime are taken for medical examination. When a rape victim is brought to the hospital, the WOAR room is immediately notified, and a counsellor (available on a twenty-four hour basis) joins the victim to give her whatever help she needs. The WOAR women are thus in the unprecedented position of being able to reach all the women in Philadelphia who have been raped and report it. In addition, women who fear the demeaning and humiliating treatment that usually goes with reporting a rape, can phone WOAR at a number set up for counselling treatment or just plain rapping.

A WOAR counsellor is trained to provide a rape victim with emotional support, to deal with distraught relatives and friends, to insure that the proper medical procedures are followed humanely and decently, to explain what is happening to the woman (a high proportion of rape victims in Philadelphia are women under fifteen who have never before had a pelvic examination). She also prepares the woman for the ordeal of police questioning which usually follows. Rape victims are invited to join a consciousness-raising group—offered for teenage victims, adult victims, and parents of teenage victims—which deals with the psychological after-effects of the trauma and the socio-political dimensions of rape. In the event (rare, as elsewhere) that the rapist is caught, charged, and brought to trial, WOAR women prepare the victim for the court proceedings and accompany her to the trial. WOAR believes, with other anti-rape groups, that the presence of a large body of women in the courtroom serves notice on the predominantly male lawyers, judges, and jurors that the rape victim is not sick, alone, alienated. Although the active membership of WOAR is sixty to seventy women at any given time, the group has a mailing list of nearly eight-hundred. Informed by the District Attorney's office of the trial dates and dates of sentencing, WOAR can mobilize a hefty contingent of women to be present at court.

How did the Philadelphia women get into the heart of the system, which elsewhere is largely uncooperative or even hostile toward anti-rape groups?

In August, 1970 Philadelphia women, outraged at the treatment rape victims received at the hands of police, hospitals, and courts, began to collect signatures of women who were interested in starting a Rape Crisis Center. By November 150 women had joined together to form Women Organized Against Rape. Advised by a woman physician working with them, WOAR decided to take a different route from that taken by existing anti-rape groups. "It was obvious to us that hotlines and crisis centers which work outside the system would reach mostly middleclass and movement women. We felt we had to be available to poor and Third World women who are particularly vulnerable to rape, and who are the women most abused by medical and legal agents of the patriarchy." To illustrate this point, a WOAR woman pointed to the D.C. Crisis Center located in a predominantly black neighborhood, in a predominantly black city, where the majority of rape victims are black, but where the Crisis Center has had difficulty in reaching black women. Starting from the assumption that the help of rape counselors should be available to as many women as possible, the group decided to aim at setting up headquarters in Philadelphia General Hospital where they could reach all women reporting rapes, in addition to those women who might call the service voluntarily.



by The Feminists 120 Liberty Street New York City 10006 23 X 29" \$2.00

WOAR talked to a woman district attorney, a well-known woman judge, women members of the Philadelphia City Council, several well-known black women. They described and documented the existing treatment of rape victims and the urgent need to correct the situation. These women agreed to serve on the board of directors of WOAR and to give their full support to the group's effort to gain access to Philadelphia General Hospital. As a spokeswoman said, with such backing, with women supporters in each key institution, it was difficult for the police, the hospital, the D.A.'s office, to resist pressure to cooperate. "After all, whatever they felt privately, how could the male authorities tell this group of women doctors, lawyers, judges, civic leaders, that they were against the improved treatment of rape victims?"

What has WOAR learned since May 1? In three months WOAR counselled over 300 rape victims, from an eighteen-month baby girl to an 85-year-old woman. Ninety percent of the victims reporting rapes are black. Sixty percent of the victims are girls under sixteen. Over thirty percent of the victims had been physically beaten and assaulted in addition to being raped.

What has been their impact? Undeniably improved treatment of the victim by the hospital—and WOAR feels, a better chance of conviction with their watchdogging the collection of evidence. Although they feel that police treatment of victims leaves much to be desired, WOAR sees the beginning of change. "It isn't out of the goodness of their hearts. They cooperate because they see that we are actually helpful to them. We cut down their waiting time at the hospital. The fact that we calm and reassure the victim enables her to remember better what happened and give a more coherent statement. We also use guerrilla tactics as a check on police excesses. We use the system against itself by bringing incidents of maltreatment

to the D.A.'s attention. And we are in a position to build up a pattern of behavior—against Detective So-and-So who is repeatedly reported by victims to be insulting or piggish—so that the particular guy is removed."

WOAR sees the crucial battlefield as public consciousness, and after counseling, gives priority to educational and publicity activities. "Counseling stops the immediate bleeding. But we also have to put a stop to the aggression." Women from WOAR present programs and talks to high school students, community groups, professional associations. (Currently the entire WOAR chest comes from speaking engagements and donations.) They work to maintain constant coverage of their activities against rape on radio, TV, in newspapers, magazines. Much energy is given to pressing for legislative changes in existing rape laws, which continue to see the woman as the criminal and the rapist as the victim. WOAR is incensed that the newly-written Pennsylvania Penal Code ("this is 1973, right?") requires the judge to instruct the jury in a rape case to weigh the evidence of the woman with extra care, since the emotional disturbance caused by the incident may have affected her testimony. "It's the same old bullshit. They used to instruct the jury that the woman might be lying (presumably, to get the man). Now it's emotional disturbance. Of course, you're not emotionally disturbed if you are held up and shot in a robbery."

Women interested in joining Philadelphia WOAR to help continue and win the struggle against the institutions which help condone and perpetuate rape should write to:

WOAR
P.O. Box 17374
Philadelphia, Pennsylvania 19105
(215) 823-7997

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