

Transcript – Rhode Island Women’s Health Collective

Narrator: Roberta Aaronson, Wanda Brown, Elizabeth Edgerly, Johnette Rodriguez, Hilary Salk, Barbara Schermack, Carol Shelton, Amy Tabor

Interviewer: Mary Murphy, Nancy L. Buc ‘65 LLD’94 hon Pembroke Center Archivist

Interview Date: July 10, 2024

Interview Time: 9:27 A.M. E.S.T.

Location: Alumnae Hall, Brown University

Length: 1 video file; 01:38:59

Mary Murphy: Welcome to the Pembroke Center Archives at Brown University. My name is Mary Murphy. I am the Nancy L. Buc Pembroke Center Archivist where I manage and curate the archives of the Pembroke Center Archives. Today I am here with the wonderful group of people from the Rhode Island Women’s Health Collective founding members. Would that be appropriate to say? Or we can clarify that down the line. But to begin, it is July 10, 2024, at 9:27 A.M. So, I’m going to begin. We’re going to do a round robin of short introductions and I’m going to begin with Hilary Salk and then I’d like each of you to take a moment and tell us how you became involved with the Collective and what drew you in to the Collective. But to Hilary first, again, many listeners and viewers of this interview may not know [1:00] the history and background of your organization. So, I’ve asked Hilary to begin by introducing yourself and to take a few minutes to describe the Rhode Island Women’s Health Collective and its mission. Please set the scene for listeners who may not know anything about this organization.

Hilary Salk: Well first of all, I have to tell you why I had to organize *Our Bodies Ourselves*. *Our Bodies Ourselves!* It’s not *Our Bodies Ourselves*. It’s the Rhode Island Women’s Health Collective. I had come from Boston in 1973. In 1966, I had a birth of my first child. I had an amazing experience. And the only reason that I had that amazing experience is I had a few women who had had natural childbirth. If it hadn’t been for them, I would not have known, and I would not have had the experience I had. I had a midwife who came with me, I had [2:00] the Boston Association for Childbirth education at the very end of my pregnancy. And when I moved here I had already had some contact with the women in Boston who had started our, their organization that developed all of the things that we know about in *Our Bodies, Ourselves*. And that became my mission when I got here to say, this town, this Rhode Island, was a little bit behind Boston. By the time I came here in 1973, Boston had had a lot of changes. And at the

time that I gave birth, which was the moment of opening my eyes to feminism, even though I didn't think of myself then as a feminist, it was my recognition [3:00] that, that the need to change the medical system was absolutely part of what I, I felt had to happen. And it was happening in Boston and it wasn't happening here. So, I did decide to find other women who might feel a commitment to this. And those two women right there were one of the first two to participate. I remember meeting both of them in 1975, as that was two years after I had come here. And I knew that it had to be done in a way that was very similar to what I had learned from the people who had started *Our Bodies, Ourselves*. And that was that you didn't have a controlling voice, there was not a president per se. There was a group of women that came together and [4:00] shared their lives and their experiences. And then we worked together to make changes that were not just for ourselves. And that had already been the goal of the women in *Our Bodies, Ourselves*. And I had a very, very close relationship with one of them who is Norma Swenson, who I had learned about on the night that I, that I went into labor. And that was 1966. Because she had, she had been part of the Boston Association for Childbirth Education. And then because of me, actually, she got connected to *Our Bodies, Ourselves*. And I had only read that little news script piece that I know you have copies of. I do too. But that was, that was essential to my thinking about how to [5:00] work together.

MM: Hilary, I'm going to ask either you or someone else at the table before we go further, again for listeners who maybe coming in cold, could someone please describe the *Our Bodies, Ourselves* booklets, what is was in the beginning? What is *Our Bodies, Ourselves*.

Carol Shelton: It was a book that came out of a group of women who got together, I think it was at a college in Boston, and they were talking about all the issues that were of interest to them. And eventually they realized that the kind of information that they got when they went to medical libraries was limited in some ways. There was not a whole lot of attention to women. And I'm sure that a lot of it was probably false, and some ideas about how women, what women did, how they felt, and whatever. [6:00] So each one of them, as I understand it, got together and explored a particular topic. So it could have been contraceptives, childbirth, abortion, and sometimes just ordinary kinds of problems that are particularly relevant to women. Maybe urinary tract infections, there was always a chapter on other problems. But, most of them had to

do with things having to do with choices in childbirth. I guess one of the big things in the Boston area first, before it ever came to Rhode Island, was that when women went to the hospital because they had a biopsy that indicated they had breast cancer, they would go into surgery not knowing whether or not they were going to have a mastectomy, gone, they didn't have any idea [7:00] what was going to happen. And they waited on the table, the doctors would send the specimen to the, to the lab, the lab would come back and say positive, and then the woman would wake up and find out that she didn't have a breast anymore. I mean, that's one really pretty powerful example of what was happening in Rhode Island and then it began to, Boston changed first and then eventually, I mean, you don't hear of that today. So that's one example. So, it would be all elements of women's health and body choices, parenting, and over the course of time, just because things changed over the years, things about the new reproductive technologies, and other kinds of things like that. So it's, it was almost like a textbook. And I taught nursing and that was the textbook I used [8:00] when I was teaching a course on motherhood.

MM: So, I will ask also for you to introduce yourself now. And why don't I stay with you and ask you to tell us how you became involved with the Rhode Island Women's Health Collective.

CS: Yeah, my name is Carol Regan Shelton and actually, Hilary happened to meet my husband who was a community organizer at some meeting and she started telling him about wanting to get people together. And he said, "Why don't you talk to my wife?" So that was way back in what, '75? '74, '75. So, Hilary called me and there was a meeting at her house. I'm sure Libby was there in some of those early meetings. And I don't know how many people were there. maybe 6 or 7 or 8. And one of the first things we talked about sort of doing this big conference. And I'm glad, I mean I haven't seen that in all these years. [9:00] The program, I mean it was, talk about ambitious. And it was, the thing that is so amazing about it is that there were no staff people, there were no people working on it that were getting paid. This was all done by a whole group of volunteers. And you know, so it was exciting. I mean, it was our way to address some of the issues that some of us had some concerns about.

MM: So I'll ask that you hold on the question about the conference –

CS: OK.

MM: Because we're going to circle back to it in just a minute. So I'm going to go to you next. Could you please introduce yourself and tell us how you became involved with the Collective?

Elizabeth Edgerly: My name is Libby Edgerly and I had just moved to Rhode Island so I was looking for new people and I guess I must have seen the advertisement or whatever it was, the announcement that Hilary put in the paper, and I showed up.

HS: And we met at Pembroke in the café [10:00] that they used to have here.

EE: Yeah, yeah.

HS: I'll never forget that.

MM: In this building?

HS: I don't –

MM: Maybe?

HS: I don't think it was. I think it was underneath somewhere.

MM: In the quad somewhere.

HS: Yeah.

EE: So, I was interested in what she was talking about and a little skeptical because, well, I, I had been part of a women's consciousness raising group in Riverside, Connecticut, and when we moved to Rhode Island I had lost that. But I wasn't too keen on joining a group that went by

Robert's Rules of Orders. That had never worked for me in the past. But then talking with Hilary, I realized this wasn't going to quite work like that. And so, I thought OK –

HS: Far from it!

EE: These might be my people. And so the other thing that happened was I also felt like I didn't have anything to offer. [11:00] Hilary had all her experience in Boston and Carol had all her nursing stuff and I, I said to Hilary, "Well, I don't think I have anything to offer this group and, and this conference." And Hilary said, "Yes you do! You have all the nutrition you've taught yourself and this whole thing is that women can take charge of their own health and you have that knowledge and you can share it!" And I was sort of, hmm. So, so I began to take myself a little more seriously in that area because I had just been educating for myself to, you know, survive and help my kids, but, oh, OK. So, that was, that kind of hooked me.

MM: Thank you. And how about for you? Please introduce yourself.

Amy Tabor: My name's Amy Tabor. I don't recall exactly how I heard about the Women's Health Collective, but I was very interested in it. I came [12:00] from a somewhat different interest initially which was a combination of interest in patients' rights – I was a recent law school graduate and one of our teachers had done an excellent job drumming into us the importance of informed consent. The idea, not often honored I don't think, that medical personnel are supposed to inform patients of not only diagnoses, but options, choices, the risks and benefits of various choices. And that the patient ultimately has the decision, the right to make the decision about what is going to happen to my body. And I question how much that's done today. I think the technology of zipping little things in front of you with computers and having you sign there before you've read anything, [13:00] if anything has undermined informed consent once again in a new and creative way. But, in any event, that was one of my interests. And another was the economics of health care. Access for poor people, the costs of medical care. That was partly a family interest. My father who was a URI econ professor had studied this and written a book on the American Medical Association and its political and economic restrictive practices keeping the costs, and their income, higher, and making access much more difficult as a

result. So those were, those were a couple of my interests. I learned a lot more working with the group. And they certainly made a huge difference in terms of my own decisions when it came to times of childbirth. And I'd just like to add one more comment to Carol's description of *Our Bodies, Ourselves* as a very useful [14:00] textbook. To many of us, the book that came out, a big thick book, was our bible as women dealing with the medical profession and with our own bodies. It talked to us in terms that we could understand, and that were intelligent, and that were well written. And told us, here are some of your choices. You don't have to accept narrow choices. Here are questions you can ask. Here are options you can consider. And here's how your body works. This was an amazing book and I think it nationwide became extraordinarily important to thousands, millions of women, and for many, many years.

HS: I just want to add, one more thing about the book, *Our Bodies, Ourselves*, is that every section contained personal quotations from women of their own experience [15:00] which, you know, had been frowned on because we were supposed to be very objective in the way we wrote and everything. And this was no longer the way most women wanted to learn things. We learned things by and large by sharing our personal, and that was one of the brilliance of the book. And it's, to this day, sad that a lot of people have never heard of it. And they, they were doing issues into the year 2000. They don't, I don't think, have any new issues, but they do have a website which I haven't made much use of at this point, but.

MM: I was born and raised on *Our Bodies, Ourselves*, so I can say that, you know, at least two generations in our family that was the women's bible for healthcare in our home. Even as a very little girl, I remember seeing, you know, kind of being presented with the book [16:00] and being able to leaf through the pages. And I went back to it for adult healthcare issues as I became an adult. So, it definitely had a really powerful run, at least in Minnesota where I'm from. So, very far away from the east coast, it was fully in use in our house in St. Paul. So, OK, I want to, and I actually do have a follow up question on that. We can hold it or folks can answer it now and then we'll continue around the table. The personal quotes, the quotations that you're using, or the firsthand experience, I'm hearing, or I'm wondering if this is driving again directly out of consciousness raising groups out of The Women's Movement, this idea of threading in personal experience into public work. I'm just kind of curious about that. So, maybe, why don't we just

put a pin in that thought and continue around the table and maybe we can circle back to that.
Would you like to go next?

Johnette Rodriguez: These folks were earlier than I was. [17:00]

MM: OK.

Roberta Aaronson: I don't quite remember how I got involved. I don't think I was involved in that very early, very successful conference.

MM: Can you say your name?

RA: That would help. It's, my name is Roberta Hazen Aaronson. And, yeah, so I think I got, I think I became involved probably, maybe soon after my daughter was born in 1978. And I, I think I became very active from the start. I was particularly interested, well, the experience that I had in terms of giving birth to my daughter. Carol was there, was there to assist. You know, I think, I think that motivated me and gave me some incentive and interest, [18:00] and then later some passion in the issue of childbirth. But I'm, I was also very interested and still am interested in the whole issue of maternal and infant mortality. And so much of my career has been spent on that issue in terms of doing community organizing, lobbying, etcetera. But yeah, worked on, well, we'll, I guess we'll talk about it later. But that's how, I think that's how I got involved. I have a pretty good memory, but I –

HS: I feel that it was even before that, Roberta, because I knew about your first birth.

RA: She wasn't my first birth.

HS: She wasn't?

RA: No. I actually lost, I lost my first baby.

HS: That's right. That's what I was talking about. I knew you –

RA: Most people don't know about it and I don't usually talk about it. It was –

HS: I knew you then.

RA: It was un, totally unexpected. That was in 1996, '97.

Barbara Schermack: I don't think I knew that, Roberta.

RA: Probably didn't, no. [19:00] I just don't talk about it. But –

EE: 1976, not '96.

RA: No. You're right. Of course. It wasn't '96, it was '76. It was December of '76. I don't know. But I wasn't, I don't think I was really involved with the Health Collective at that point.

HS: Well, I knew about it. So, I don't think I would have talked about it if I didn't know you.

RA: Maybe I knew about it. Maybe I talked more about it. I don't know. And it's possible, and maybe I even attended that first conference. I have no clue.

CS: I think you would have remembered that.

RA: I have no memory of it and I do have a memory, a pretty good memory of a lot of other details that we'll talk about.

MM: Over to you. Please introduce yourself.

BS: My name is Barbara Schermack and I, I remember vividly the day that I first became involved with the Health Collective. It was a meeting at your house.

MM: Where was this again?

BS: On Fifth Street.

CS: Oh yes. [20:00]

MM: Here in Providence?

CS: Third Street.

BS: Third Street. On the East Side. And I had been searching for information because I had had two unfortunate experiences with gynecologists. I had a, a cyst that needed attention because, due to endometriosis, and I had several outrageous interactions with two different gynecologists and I was, and I was searching for, for more information. And I can't remember who told me about the Women's Health Collective, but I went to a meeting and I found the information that I needed from that meeting and went on to have the surgery that I needed and so on because at that point I was interested in becoming pregnant. And, and then it [21:00] fit nicely into the Health Collective's focus on natural childbirth, midwifery, and so on. And so, yeah. That was pretty much it.

MM: OK thank you.

JR: My name is Johnette Rodriguez and I moved to Cal – I moved from California to, to Rhode Island in 1973. In California, I was introduced to the natural childbirth movement, but I was also recovering from a rape and a court session in 1968 and '69 in Cambridge so I already knew what it was like to be a woman surrounded by men who aren't listening to you. And I remember coming up to Providence actually, to Planned Parenthood to try and deal with contraception. I had a toddler with me and [22:00] when the male doctor did the exam he said to me, I said to him, "I have some pain right down, you know, around my cervix." And he said, he said, "How do you know what your cervix is?" And I raised up off the table and I said, "You've got to be kidding me." And so, I was polarized to be working for women's rights and to be involved in

organizations. I was also involved in the early Rape Crisis Center. And I'm also an advocate of people from southern Rhode Island. So, we had organized a health conference in Southern Rhode Island in 1976. And I honestly don't [23:00] remember which came first, but I think we were, some of us were involved in the one that was done up here and then we did one in southern Rhode Island. And we went on to do other conferences there, and women's support groups and things like that. So, yeah.

MM: Thank you. Welcome in. If you could take a moment and please introduce yourself and tell us how you became involved with the Rhode Island Women's Health Collective.

Wanda Brown: Wow.

MM: I know. It's a big question. Take a breath.

WB: So, my name is Wanda Brown. I was diagnosed with HIV in, I think 1990. And I met a woman by the name of Johnette Rodriguez and that's how I got involved with the Rhode Island Women's Health Collective. It's been a long time ago so, wow. Just so many powerful experiences from [24:00] sitting around the table, you know, listening to women talk about all the many issues that we deal with, and some not dealt with. And I've been an advocate probably all my life. Just as a child, you know, knowing how children didn't treat other children well and so I would stand up for them. And so, from that day to this. Sixth grade, standing up against a teacher who was teaching a lesson about the Battle of Bunker Hill and he left Crispus Attucks out and I was just like, who is this guy? You know? And I was suspended that day for the first time. And he was like, "You can't come back until you bring your mother in." I was saying under my breath, "You don't want to meet my mother." And so, hence the next day I brought her back and she just explained to him, you know, "Whenever a child is raising their hand [25:00] to answer a question, acknowledge the child. Or if they feel they really have something to offer to the conversation, they'll probably speak out like Wanda did. And when I leave here, I would like to make sure there's no suspension on her record because you don't ask a child to leave a classroom because they have information they can share." So, she just told him about teaching a whole lesson or don't teach it. So that gave me a lot of power. You know, from that moment on I

felt even more powerful than I did before that day. And the power was in knowing that you have the right to speak your mind. And so, my mother always encouraged us to tell the truth, but say what's on your mind. And I've always done that. And here in 2024, I've been appointed a commissioner for Mayor Elorza. I've done plenty of work in the city of Providence advocating for folks in recovery. I'm in long term recovery. [26:00] I will have 34 years in November from alcoholism and drug addiction. I've gone back to school to earn a bachelor's and a master's degree and I teach at College Unbound. I'm on my third generation of raising nieces and nephews. So, I understand how women struggle emotionally, mentally, spiritually, and you know, would like to have children and raise a beautiful family, but a lot of times are incapable. A lot of it has to do with society and oppression that is put on you. So, yeah I have – and actually I'm glad I made the decision to take my niece to her program first because I wasn't sure what the setup was here. And so, she's 15 as of July 3 and I was going to bring her with me for a little while and then take her to her program. And I said, "No, let me just take you. I'll just be late." Because I didn't really understand what was [27:00] happening. So, you know, I'm raising now a 9 year old, a 10 year old, a 15 year old, and a 16 year old. And they came at 1 ½, 2 ½, 7, and 8. So, needless to say, I'm a little tired this morning because my life is full. And so, I teach in a prison. I have a women's, I'm in a women's facility, and I teach outside the College. I'm also Community Care Coordinator for the College. So, I help people with resumes, soft skills, housing, jobs, food stamps, etcetera. Whatever it takes to help you across the finish line to ensure you earn your bachelor's degree. So, I'm here this morning to participate as long as I can because I didn't realize the content of this meeting and so, I'm here.

MM: Great. Thank you. Thank you very much. So, this was a really important round of introductions. And thank you for sharing, being willing to share your [28:00] experiences with the world and for people all over the country. I want to step back just a little bit before we go further, and then we will go on to talk about some of the actions and things you did as a group. But I want to make sure that folks who are listening have a sense, again going a little bit deeper, of what was happening around women's healthcare at the time of the founding of the Collective. So, what was the problem? And we've heard a couple of examples already, but people need to understand, I think, what was the situation like when a woman had a health problem if she, or an issue, if she needed an abortion, if she did have breast cancer, if there was a problem with her

pregnancy. What was it that ticked off this explosion [29:00] of activism on behalf of women's healthcare. I, can someone please paint the picture for us about what was at the, what was underneath all this?

BS: It was the, I think it was the assumption that we would follow, without question, follow the advice that was given to us by our mostly male doctors, and not question what was, what was being told to us. And, and at that time, getting a second opinion could really earn you the ire of, you know, I mean, it was not, it was not generally done because it was so unpopular. And, yeah, just that, that women would not question the recommendations of the medical staff. [30:00]

MM: Others? Do other people have, you know, instances and things that just, you know, honestly enraged you enough to, to get, you know, to do this?

CS: I think in the area of childbearing, I think was a big one. Because I, you know, I worked in a neighborhood health center for a while and, you know, a doctor would examine a woman and, you know, he would pat them on the bum afterwards and say, you know, "We'll take, I'll take care of you. You don't have to worry." You know, "Don't worry, don't ask questions." You know, "It's going to be OK." So, in a way there was no, there was no childbirth education. And I think in a way, some of the books that came from Europe like the Lamaze method, you know, Doctor Lamaze and who's the fellow, Grant something.

HS: Grantley Dick-Reid.

CS: He was somebody who wrote from England. These were physicians, male physicians, but they were [31:00] talking about the importance of women having control over their bodies. And, you know, people didn't – I remember in, when I was in training to become a nurse, I was in a clinical, I was in a clinical setting and a woman was pregnant, but she came in, she was in labor, I mean she was actually going to be ready to birth the child, but she was totally out of it. She was like, sort of unconscious.

HS: Scopolamine.

CS: Well, it was either scopolamine, I mean, scopolamine I don't think people were, were out of it. They didn't know what was going to happen.

HS: They weren't going to remember it.

CS: That they weren't going to remember it, but they were sometimes active and out of control.

HS: Right. Exactly.

CS: But anyway –

HS: That was the way most women gave birth in those days.

MM: I was going to say, could you explain this, for people listening, what that is.

HS: Scopolamine was the way every birth was conducted because you were unaware, [32:00] you would have no memory of it afterwards. No memory of it. But it was like you were still alive during it. I don't know. I didn't live under that. Fortunately, I had been given the opportunity through the Boston Association for Childbirth Education to have a Lamaze coach come in with me. If it hadn't been for the Lamaze coach, she kept the doctor at bay. Really, that was, that was essential. And to this day, I feel that women do need to have what you've worked on.

RA [?]: Doulas.

HS: Doulas. And I happen to be, now, the grandmother of four African American girls, women, and one of them is somebody I paid to have a doula for [33:00] because there is so much worry about what is happening for African American women particularly. And, you know, this whole, I had no idea this would happen to me. I learned through my children because they went to Martin Luther King school and they became very involved with children who are of color that, that the lives of African American women were more subject to the issues that we were concerned about. And I actually have with me, what I did get to do, because this was before I had these

grandchildren. And my boy had married, or not married in one case, and African American woman. But there was, in 1984, a women's, a Black women's health conference [34:00] that I went to in Atlanta with a lot of women of color.

[unintelligible]

HS: Yeah. Well, Billy wasn't from here. But I went with, on a train to Atlanta with African American women in Providence, not ever knowing that I would eventually be, you know, the grandmother of five, well, four anyway, children who are African American. So, I mean, this, this is an enlivening thing for us to have the ability to be able to talk from our personal pain and experience and then use that in a group situation to make change. And that is the important thing. The important thing is that we didn't just sit and talk. We actually did community activism. [35:00] We were in that era where a man like Henry Shelton came and talked about consumer participation in child – in medical care. That was something that I attended. He came to the Jewish Community Center and there's where I went because I was interested in consumer health issues. And there I met Henry Shelton who is a name in Rhode Island to this day. Although, people don't remember him either. And then fortunately had the opportunity to meet all of the people who are here. I don't know that we met, did we Wanda?

WB: We had.

HS: You didn't go –

WB: I'm trying to think of who made that banana, that bread. Somebody, was it you? My stomach is thinking about bread.

[unintelligible]

WB: But all I know to do is, I want to just say that [36:00] I graduates a student by the name of Shaylin [unidentified last name] –

Unidentified speaker: Oh, I know Shaylin.

WB: I know you do. Who, who helped to push a bill so doulas can get paid. You know, when I think about doulas and I think about all the lives that are lost because of the inappropriate care, healthcare. So many lives. Because women just don't get the proper treatment, especially women of color. And when Shay started doing the bill around doulas, I just thought that was so powerful. And for it to happen was even more powerful. And I often tell the story about how back in the day, I don't know, 1800s, I'm not clear about time zones, but when, when women of color were birthing, women of non color were helping them give birth, helping them bring their children into the world, [37:00] and parenting them, and breastfeeding them, and feeding them, and at some point the doctors decided that those women weren't smart enough to give birth. When you started regulating, when you started putting on paper and you knew they couldn't read and couldn't write, or they couldn't take the test, but then you push them out of the system and began to do what they were doing. And so midwives came and people of color got pushed to the side when they were smart enough to take the satchel and figure out what that baby weighed. I'm talking about way back when. And then you pushed them out of the system and you said they could no longer help deliver children because they weren't smart enough and they couldn't read. And I want to just say that how history repeats itself. Here it is in 2024 and those women would have been called doulas back then.

RA [?]: You would call them midwives.

WB: Midwives. So, but I'm saying, so history repeats itself. [38:00] You might have pushed them out of the system a while ago, but look at them leading the charge now in the world of doulas. Just wanted to say we've come full circle.

AT: You know, when you ask, "What was it like?" I think one of the things that some of us were aware of, and others just internalized, was the amount of sexism in the medical profession and then how it affected us. For some people it wasn't for years later that you thought back on some incredibly humiliating experience and realized, wait a minute, that was, that was really wrong. That was sexism. That wasn't just me feeling rotten. And we heard about things like in medical

school there were stories of some medical, some, some of the professors, they'd have a series of slides on cells or whatever they were showing, and as a funny joke to their almost entirely [39:00] male students, there would be suddenly a Playboy centerfold picture of a naked woman. Ha ha ha. And we definitely heard stories that that sort of thing happened. As well as inappropriate exams. Someone who goes in, I had a friend who went in to a university health clinic with some ankle problem and the doctor thought she needed a breast exam. She was militant enough at that point to say, "Absolutely no," and report him and get rid of him. Or, the school got rid of him. But there were those sorts of things that many, many women experienced and were unaware of it – unaware at the time that this is societally unacceptable and this isn't just some rotten thing that I'm going to feel bad about [40:00] when I go home. So, that I think was one part of what the medical field was like. The fact that there are now so many more female doctors, they were a tiny percentage. I think about 10 percent of the physicians were women at, at, in the 1970s. Add the fact that other medical caretakers were more able, more able to get respect, to get authority. Nurses, nurse practitioners, doulas, midwives. Every one of those was a battle, a whole series of battles with, for the most part, the, at that point, predominantly male medical profession fighting it tooth and nail. So, that part of, I think, what things were like when we got started. And for many years before that.

HS: I, I remember that Brown Medical actually [41:00] had some of the women from the, our group come in. And I don't know who it was. I don't remember who it was. But, we allowed them to examine us so that we could tell them how to do it in a way that was not painful to us. I don't remember who, who volunteered to do that.

CS: I didn't, but I do remember people doing that. So, in other words, as a way of, you know, in a way, sensitizing the physicians, particularly male physicians, to what it's like for a woman, for the woman who they're being taught about, that she can say, "That is uncomfortable." Or, "Cover me up. You don't have to, I don't have to be totally, you know," –

MM: On a slab.

CS: On a slab, yeah.

MM: Any other voices on this question?

RA: Well, the issue, I mean, I was [42:00] very involved with promoting the use of midwives. I, I worked for the midwives on and off over the years. Last time it was what? 2018? But, my first venture was, and pretty much doing it, I think as a member of this organization and drawing on people as a coalition. From 1988 to 1990, worked very hard to get legislation passed that would provide for, not so much for the licensure, but for the reimbursement of midwives. And of course, the biggest foe was the Medical Society. Remember we had meetings, had a few meetings at Women and Infants. And Mark Montello who was the lobbyist for that group, I remember he came and, you know, was very, very opposed. And actually, the guy from the health department, which we talked about before, I think when we started. Dedmond Scott who had a [43:00] big job in the Health Department. I don't know if any of you remember him. He was opposed, too, but he said it was because the Health Department was too busy on too many other issues. Yet, we were able to get a few other allies from that department to go to a meeting with one of the legislators. They weren't supposed to be there, but they came and they supported and, you know, but it took three years.

CS: I was going to say that, in a way, when we first started, I think a lot of it had to do with education. Sort of giving, empowering women to be able to speak up to, you know, on an individual basis with your physician, you know. Advocate for yourself to get what you want. For example, you know, a, a, a birth without having an episiotomy because almost everybody had episiotomies. And I think we went [44:00] from there to the work that Roberta was oftentimes the leader of, which was public policy. You know, organizing people to go to the State House, getting legislators to support the legislation that we were about. And that was, that was way back when, right?

[unintelligible]

RA: It was 1990 that it actually passed. We were also getting people, midwives were very helpful. I don't know how many midwives there were at that time. Maybe 10? But they, I remember we had a letter writing party at our old office on Printery Street in Providence, getting

them to actually write letters in support of the legislation and sending it off to the legislators and, you know, getting [unintelligible] involved as well.

MM: I have a quick question also for our listeners. The duration of the Rhode Island Women's Health [45:00] Collective.

RA: That's a good question.

MM: Your starting date again?

HS: '75 was our first meeting. We would meet in, in our homes and we would take our children with us because we were a very child-centered group. And you know, feminism at that time was not always that child-centered as our group was. And I think that's one of the things that drew me to becoming open to *Our Bodies, Ourselves* was that it wasn't like anti-male, you know? It really wasn't. Maybe anti-doctor, yes. But not anti-male and that was important.

MM: And then the organization would wind down in its form –

HS: '99.

MM: '99. OK.

HS: '99. And we donated our stuff to the John Hay –

MM: OK.

HS: And all the stuff is there. And we had, we had a lot – Johnnie, you could speak to [46:00] some of the stuff that was going on at that point.

MM: I want to just wait before we jump ahead. I actually have two questions. So, I do want to hear now about that, those early actions. And specifically, I do want to hear now, if someone

could describe the conference that you did organize. And then I also want to jump ahead about, and hear from you about a person who comes in, you said in the early '90s you became involved?

WB: Yes.

MM: And so I want to do some comparing and contrasting about, you know, what, what was happening maybe around HIV and AIDS in women's health at that time versus these, maybe the issues that were really centered in the '70s, I would think, around abortion and access to reproductive healthcare. So why don't we start with the conference, unless you want to start. Do you want to jump in now?

JR: I wanted to jump in and say that I've thought about when you were describing *Our Bodies, Ourselves*. There were diagrams [47:00] of women's bodies and there were words and explanations. Women didn't know. You know, we've talked a lot about trying to educate the doctors, but we were trying to educate ourselves as well. And when my goddaughter started medical school at Brown in, I think 2004, one of the very first workshops she had she realized – no, I guess she was, she was in a clinic at Women and Infants, and she heard the doctor explain about this trouble pregnancy to a young woman and her partner and afterwards, she took her aside and she didn't understand a thing that had been told to her. The words didn't mean anything. So, my goddaughter has always been about explaining things to people. She's a fabulous doctor.

MM: Thank you. OK so let's use that and talk about, in addition to diagrams [48:00] and helping women know what's happening and what their body is, the different parts of their body. So, this, this action, these first – so you've now gathered as a group, you've now started to meet, there are all of these issues and adversarial feelings going on between women and their doctors and their providers. And so then, how do you decide OK, we're going to do this conference, or we're going to you know, tell me about what happened in 1976. Like, what is the first push? Like, what do you decide to do as a group first? And then it sounds like you go on to more legislative work after that kind of first moment, that first action. So, can someone describe that event.

CS: Well, this is the program that I haven't looked at in, after all these years. But it's astounding. I mean, these are each separate workshops. Homebirths, Patient's Rights, Healthcare in Pregnancy, Lesbian Lifestyle, Children and Hospitals, Women and Menstruation, History of Women's Health, [49:00] Growing Up Female, Nutrition: Not All Habits Are Bad Habits, Women's Health Clinics, Breast Cancer, Breastfeeding, Women and Menstruation – some of them are repeated – Nutritional Needs During Pregnancy, Female Sexuality and Communication, To Parent or Not To Parent, Self Help, Women as Parents. I mean, I could go on and on, but, Midwifery, Contraception, Improved Health with Better Nutrition, Abortion, Women and Welfare. So, I mean, it went from soup to nuts. From things having to do with specific things, you know, like childbirth and menstruation or whatever, kind of a lot of sharing on the one hand, but also you know, basic education on the other in some cases.

MM: I want to have, please paint, I want to have someone paint the picture for me. So, how are you organizing this conference? Are you [50:00] sitting in your home? Do you have additional volunteers? This seems like a major conference. Where was it held? What was your favorite – was this a highlight, do you consider this a highlight of the organization? So, put me, place me there.

HS: Alright, well, it was where the mall is now, which was Rhode Island College at the time.

[multiple speakers at once]

HS: Oh, it was a downtown campus of URI. My memory. And, and that's where the mall is now. And, and so it's very central to where people would come. And we had 500 women who came.

MM: Whoa.

HS: And there had been, there had been a conference in Boston the year before which had many of these same subjects. Now, talking about lesbianism, including African American women, and there was something I think that was specific to African American [51:00] women in, I don't think you read that because –

CS: No, I didn't read all of it.

HS: Because who is, who is the woman who, who has a school named after her?

Unidentified speaker: Juanita?

Many speakers: Juanita Sanchez.

HS: Juanita Sanchez. I think she ran one of the workshops. And so we were already very eclectic and, you know, we were transformed by, in a way, the leaders from Boston. And, you know, many of them who had run the workshops in Boston, came to Providence. And the majors, the two people who were the major speakers, would we call those people –

MM: The keynote?

HS: The keynotes, were Norma Swensen and Judy Norsigian from *Our Bodies, Ourselves*. And by then the book was very well known so that was a draw. But it was also, there was, [52:00] I see that there was good publicity in the *Providence Journal* about it. And I have one of those articles here. So that really enabled us to feel like we can make changes here. And don't forget, we are in a state of one million people as opposed to most other states. We could make a difference without the kind of numbers that other people might have needed. And, and so, you know, and this person right here, Roberta, was always one of the greatest advocates for making legislative kind of change, so she can speak to that more than I can. But, we certainly needed that. And we also were able to talk to our, at the time it was Women and Infants Hospital. No, it was not. It was called lying in. I was born there, so happened. [53:00] But we could, we could urge them to make the kind of changes that were already going on in the Boston area like husbands in the delivery room, rooming in, that kind of thing which didn't exist here at the time. Did not. But, fortunately I had rooming in even with my child in 1966 because of the Boston Association for Childbirth Education meeting I went to the night that I went into labor and it was on that, it was on that subject of having rooming in with your baby. I wouldn't have known to ask for it otherwise. So, it, it, it almost doesn't matter that it was, it was legislative or, you

know, some – I don't know what your question was that leads me to say this, but it, it, it was the fact that we could talk to one another [54:00] and that we could feel that we could say whatever we needed to say.

RA: I'd like to know, organizationally, who put this conference – I'm quite sure I wasn't involved with that. Who put it together? Was there a staff person at that time?

Multiple speakers: No.

HS: It was these two women for sure [pointing at Carol Shelton and Elizabeth Edgerly]. Were you, you weren't there were you? And Taber. Yes, we were just people. Just women that wanted to do this and we were in a little state and that helped.

MM: How did you get the word out?

EE: I'd like to add a little bit to this as one of the people in this group who needed sleep, and the rest of them didn't. We would meet at Hilary's house and so I would leave at 9 or something because I needed sleep and they would go on until midnight or something, so. And it was all volunteer. There was no money whatsoever. And [55:00] it was just so much hard work for every, for me especially. I'm not as energetic as those folks. So, when it was over we didn't have an organization, we just had –

CS: Well, we had money because people paid to come in.

EE: Yeah, OK so we had –

CS: All of a sudden, if we had 500 –

EE: I had forgotten that we had some money.

CS: So that was all of a sudden, the first pot of money that we had.

EE: Yeah. So, and then, then we were faced with what next? I mean, even the, the eager beavers were tired. So, it took a while to recover and then try to figure out an organization. And I was going to ask Wanda, did you work on the board?

HS: She's not Wanda.

WB: I'm Wanda.

HS: You are Wanda! Juanita is who I was thinking about.

EE: Did you serve on the board, on a board or something for a while?

WB: I'm sorry?

EE: Well, did you serve on a board for [56:00] the Health Collective for a while?

WB: Yes, yes, I was on the board.

EE: OK so, what I wanted to tell you, and, we went from, you know, this circle in Hilary's house and eventually we had money to pay an individual. That was through the, Henry Shelton's Fund for Community Progress. So, then we had money to pay an individual organizer. And then we had to have a president and a treasurer and all of these things, which was much resisted in the organization. Nobody wanted these titles. And a board. We were supposed to have a board if we were going to apply for grants. So, the whole process of becoming organized and legitimate and getting money, that's one of the things that was really important.

CS: And we got money, we got money for the, this is from the Committee for the Humanities. [57:00] So we got little grants here and there.

EE: Yeah, that was, we got grants and we produced these wonderful things.

Unidentified speaker: That was the series that we had on –

EE: But the process of transforming, and we resisted. I mean the titles, we just didn't pay attention to the titles. But if we went to talk to the Rhode Island Foundation, we'd attach those titles to people.

MM: This is fascinating to me.

EE: It was just a rouse.

MM: So, the capitalist state forces the Collective into a hierarchal structure.

EE: Well, we actually –

HS: Yes!

EE: There was a woman who was our treasurer who took it very seriously and was always trying to get us to –

RA: Who was that?

EE: [unintelligible]

RA: [unintelligible]

EE: And she was always trying to get us to pay attention to the financial factor and figure out a more systematic way of getting money. And everybody would just sort of say, well now we want to do this or that, you know. So anyway, there was a mixture of chaos and organization.

MM: Are there any more comments about the, the [58:00] conference?

HS: Yes.

MM: And then I would like to ask a question about stepping onto that board and what was happening in the '90s.

HS: First of all, I have this announcement from the *Providence Journal* of the conference. And at the time it was the paper. Most of us don't –

RA: There were two papers.

Many speakers: the morning and the evening.

HS: So here is this one. “By, for, and about women's – women. Health is the topic for learning and sharing.” And they announced this –

EE: Who wrote the story?

AT: It's a large headline.

MM: Oh, it's a great image.

AT: And at the time –

EE: Who wrote the story?

AT: Bear in mind – Carol Stalker is the writer. But, bear in mind, there was no internet. People don't get their news from their cellphones and other places, if they get it at all. The *Providence Journal* was [59:00] where people found out what was going on. And since you always, everybody wanted to read the obituary page and the crime page to see who they knew had been arrested, who they knew who was going to jail, and who had died. And maybe the marriage section. Most people, many, many people, the vast majority in Rhode Island, got the *Providence*

Journal. And if you got a headline in the *Providence Journal*, in those days, about a conference on something like all issues involving women's health and here are some of them, that is undoubtedly a major reason that we had 500 people at this unbelievably lively conference. I remember people going from room to room, from workshop to workshop. How we put all of that together, I mean, looking at the list of different conferences for a day long – I, to this day I cannot remember exactly how we pulled this off, other than sheer [1:00:00] determination at this point.

EE: Well, we had Kathy Kressy who was a good organizer. And Hilary and Carol put work in nonstop.

CS: I'm not such a good organizer.

EE: So, it was volunteer.

RA: It was even a whole film, there was like a film festival built into this.

Multiple speakers: Yeah.

CS: That apparently went to Pembroke. Whether it, we've never seen it. You know, the film that was done interviewing Lillian Ieroni who was an actual midwife. She was a, she had been trained in New York City and she retired. She was originally from Bristol, Rhode Island. And she, she birthed my first home birth and she, she wasn't sort of – I mean, a lot of the, some midwives did things where people wanted candles and stuff like that. Lillian was all business. And, but, you know, it, [1:01:00] you know, it was just interesting to, to realize that a group of people did pull that together without any staffing and stuff. And it just was successful and I mean, I mean, I think in a way, as time went on through the '90s, a lot of us who were, maybe some of us were stay at home moms, not all of us were. I certainly wasn't. But, I think in a way, more women were working in more responsible positions. So, in a way, the energy that probably was used to get this together was, had changed, because people's lives had changed as they, as time went on.

EE: That's true.

CS: You know, there were more women getting good jobs in sectors that before they might only work part time, and stuff like that.

HS: It was a transformational time. [1:02:00] And, and, it wasn't just a Women's Movement that caused that to happen, but the Civil Rights Movement was very lively and we were all imbedded in, in that kind of excitement. And it was a difficult time, too. Although, because we had just lost two very important people in 1968 – Martin Luther King was killed and –

RA: And Bobby Kennedy.

HS: And what?

RA: Bobby Kennedy.

HS: And Bobby Kennedy. And, of course, you know, there had been the assassination of John Kennedy. So, we, we were, we were stunned in lots of ways.

Many speakers: Malcolm X.

HS: What?

WB: I said, and Malcolm X.

HS: And Malcolm X.

EE: Malcolm X in there. Yeah.

HS: So, anyway. It, it, it was just a time of fluidity. And we did have more time because most of us weren't working full time. And I had a very lovely job [1:03:00] with the Urban Educational

Center which I was allowed to teach – what did you call it? You know, people who didn't get their high school education.

EE: GED.

HS: GED. Yeah, I taught the GED which was just a part time job. So, it didn't, it didn't affect my being involved in a very intimate way with all of this. But it was also that, that we could speak to each other about the things that, that had happened that had hurt us, really. That, that, that was the lively thing that helped us to stay together and to keep working hard.

MM: So I want to go, I want to flash forward to the '90s a little bit and then I'm going to ask for highs and lows as we kind of near into the back section of this interview about your moments that were most important to you when working [01:04:00] with the Collective, and also maybe moments where you found most difficult or frustrating. But before that, I do want to hear, what was it like, because I do think that people think of *Our Bodies, Ourselves*, the Boston Women's Health Collective, the Rhode Island Women's Health Collective, they do think of the Women's Movement. But then we're moving into the '90s and these organizations are still fully underway, focusing on different and new issues. So, as you join the collective, you know, what, what was happening at the time? What were the issues that, that you were focusing on? And what was happening at the organization, if you can, in the early '90s? Like, spring us there to that moment.

WB: So, I would defer to Johnnie because when I came, when I became a part of this beautiful group of women, it was about women's health as related to HIV and AIDS and the lack of understanding that – a basic example would be, if a man weighed 200 pounds [1:05:00] and you gave him a prescription for medication, it's based on his weight, etcetera. But a woman at 110 should not take the same dose. It didn't make sense. So, I'm one of the people who pushed back on medication. All of the new medication that was coming out to fight HIV and AIDS, there was a lack of education around that. So, for me, it became real important to get a better understanding of how women's bodies broke down medication, how women were more impacted by the, the amount of medication that was being given by doctors without any thought. And so, I'm one of the ones that would challenge the doctor and say, you know, "Is there a study? How many people

took this already? Get back to me when you get the numbers.” Because I’m, I wasn’t one of the people that was willing to die to live. And so, I was always pushing back. And then, I can’t even say how I met Johnnie, but I was just thankful for Johnnie because [1:06:00] she opened me up to a new group of women who were already doing the work, had laid the foundation on women’s health issues. So, I had the ability to read a lot of the content of the work that they did prior to. It took us all the way to, to Washington, DC, to advocate for HIV and AIDS. And you know, it was just really a powerful time in the movement where I began to be more educated in women’s health and be able to share with people in my community and those organizations like FACTS with Paul Fitzgerald. There was a time when babies were being born HIV positive and affected because of lack of understanding in transmission. Like, we didn’t have enough information. So, a part of my work was to make sure women understood how you can get it and what happens when you get it. And the medication came out where you could take this pill and maybe your child won’t be affected. And so, it was just a lot of lack of information [1:07:00] in the community and so my role was really starting to tell people that looked like me, predominantly, what was going on. And so, I was beginning to educate folks without even knowing that’s what I was doing because it was just happening. Like, I was in situations and places where I gained information, I shared the information, and so I was impacting people’s lives in a way that, I look back throughout the years and say wow. I made a big difference, right? Because at that time you don’t even know that you are. You know, it’s like a ripple effect. You put that little pebble in the water and you don’t know how far it goes. And so, I run into people occasionally and they go, “You told me this a long time ago. It worked. It helped.” You know. I’m like, “OK,” and I don’t remember the people, so I always go, “Oh, that’s beautiful. I’m so happy,” you know. So, so yeah. A lot of information from around the table [1:08:00] helped me to transform my life and educate and help other people.

So, but Johnnie is the, the reason why I became a part of it. And I think I was also on the board for Project Rhode Island – AIDS Project Rhode Island at the time. And I remember Paul Fitzgerald from FACTS. A lot of different organizations got involved in helping women differently than they did in the past. It was like a new thing. All of a sudden, women were the priority. It was like oh, this is good. Not to mention that, had it not been for us, men wouldn’t even be here. Men seem to forget that part. And so when they started recognizing the power of the woman some doors started to open up.

MM: Would you like to add to that at all?

JR: Yeah. I think I did meet Wanda at Project AIDS and I said, “You need to come tell us what you’re saying.” [1:09:00] And so, Wanda and her partner at the time, and I, drove eight hours in a rain storm to Washington, DC, to see that last display of the entire quilt. The AIDS quilt.

MM: Oh, yes. Tell us, so, tell us about this experience. Paint, again, paint the picture for me.

WB: I’ll tell you real quick.

JR: Yeah.

WB: Johnnie was like, “Do you want to go?” Da da da da da. I was like, “Sounds exciting.” “You don’t have to pack nothing, don’t worry. Just come.” Oh, my goodness, I had no idea. We was in a ride, you know, I just got to say, only but God is the reason we made it there successfully and back. Johnnie was like, “Don’t pack no food, I got it.” Johnnie had all this healthy stuff. I come and I see chickpeas. I’m like, “What?” I said, “You have, I’m going to need a burger or a fish sandwich or something.”

MM: On like a thirteen-hour car ride.

WB: And so, it was the ride of my life, but balanced with [1:10:00] the conversation about Johnnie and her knowledge as it relates to women’s health and life in general, was just so powerful and so rewarding and refreshing because I had not been in a car with somebody that long with somebody who kept talking about things for that long. Consistently, right? So, by the time we got to DC, it was overwhelming. I’m choked because I’m thinking about it. It was like a sea of people. It was just like, so powerful and so beautiful and so sad. I remember volunteering to display the quilts and stand around them and have a conversation with people, and they even allowed me to read the names of the people from Rhode Island. I was so choked up because one of them was my friend and I had no idea he was on the list. You know, you don’t know who’s on the list. You’re just reading it. And so, I was in tears. It was just [1:11:00] really a moving

experience and I went from the podium to standing on the side of the podium which meant the people that came off the podium I began to hug and embrace and that was like, Shari Belafonte, Jesse Jackson, it was Judith Light.

JR: Right.

WB: It was Lily Tomlin. I remember approaching her. She had like a whole women entourage of butches. I was like, yo, what's happening? They were so cocky and they was like, they didn't want me to come towards her. And she was like, she pushed their hand back and was like, "Let her come." So, I had an intimate moment with her and it was so, so real. And then, and then this thing happened with the rain. I'm standing with the quilts and I'm standing with the people, and because I'm HIV positive it had a different meaning for me, I'm sure. And all of a sudden, the ground was going in. I felt like I was going in. [1:12:00]

RA: Johnnie, in addition to what Wanda's sharing, could you talk a little bit more about what the kinds of things you did, you go on to be the executive director.

JR: Well, I also wanted to say that ride is chronicled in this newsletter. I, on the ride back, I don't know why I thought of it, but I had my little tape recorder with me and I turned it on. And when Barbara and I worked on the newsletter and we looked at the transcript of Wanda and her friend Karen talking about their experiences, we said, there's not very much we can edit out. We just printed it.

BS: Yeah, I would like to put in a word for the newsletter because –

RA: Yes.

BS: Talking about, you know, women getting good information and accurate information, we – the newsletter existed almost the entire time of the, of the Health [1:13:00] Collective. And so that, it was really an important –

RA: Barbara was the editor. Right? Right from the start.

BS: Right, well, there must have been others.

JR: There was a committee. I looked at that.

BS: Yeah. But yes, for many years I was. And I have all of them here. And the Pembroke Center can have them.

RA: We also, we also did a book. Is this in the archives, probably in the archives?

MM: It may or may not be.

RA: I hope so because this is the only copy I have.

MM: OK. We'll check on that.

RA: Yeah. Barbara and I, and I think we had some help. This is from, interns did a whole –

BS: Did a lot of research.

RA: A lot of research on what was going on in Rhode Island with regards to childbirth, the options, the alternatives. This was published in 1990.

MM: So, I want to, so, speaking of this, obviously that moment with the quilt is a striking one for you.

WB: Absolutely.

MM: Can I [1:14:00] hear, just do a round robin as we run up a little bit on time, I want to make sure that you get to share today what you want to get on the record about this organization. I

don't want you to be controlled or like suppressed by my questions. So, I would love to hear about maybe a moment with the organization that was the most important to you. Maybe a moment that was the biggest headache to you, wish we could forget. Or something else that you want to share that I have not asked. So, if we can, I, and I actually would like to hear from each of you if that's possible. I want to make sure each person's voice is heard here. Who, would you like to start?

JR: Well, I just wanted to say, that in the early '90s, in 1990 was the first time they hired a staff person. So, that was me.

HS: Hutchinson. Pat Hutchinson.

JR: I didn't know you paid her.

HS: Oh yeah, we did pay her. [1:15:00]

JR: OK.

MM: Second.

RA: She was the executive director. I'm sorry, the administrator.

JR: OK. So, I was the director and I had one other staff person helping me, but I had tons of interns, so there was another generation that benefitted from the Health Collective. And those, I've stayed in touch, in close touch with five or six of them. And they have become, you know, like a doctor here in Rhode Island, a nationally known historian who lives in Chicago, and you know, a writer.

HS: What are their names? What are their names?

JR: Kate Masur is the historian. Dr. Katie Sharkey is at Kent County and Butler. Donna Miele is a writer and an editor. Abby McCreath [1:16:00] started a dance company in New York City for free, for girls. And she's been running it for 20 or 25 years. She's been on the Today Show. Ann Einhorn is the, she works in healthcare. Sort of the IT part of the healthcare system. She lives in New Jersey. And, I think that's five. And of course, I've kept in touch with some of the board members like Wanda and Bernadette, that I mentioned before. And so, I think that that was, that was important.

We did a hotline when we had an office and a director who was full time. We had, we always had a way to answer the phone and to answer people's questions. And those ranged all over the place. And we had great volunteers helping on that hotline. And we did workshops on older women's health. We created forums and [1:17:00] lectures and support groups for older women's health. And I think there was just a lot of education and support that, that was intensified in those years. I left in '94 and there were a couple of other directors that kept things going until '99, so.

MM: Thank you. Who would like to go next? Volunteers? Those sparkly, really most valuable recollections that you have, moments for you in the organization. Or one that was super challenging.

EE: Well, I would say this. The fact that we're still connected and we can just pick up the phone and say, "Hi," or, "Come do this," or something. And get quite a response.

HS: Can I ask you, Libby, to talk about [1:18:00] what you've just done? Because of this meeting, actually, preparing for it, that you actually looked into something and that you actually got a job that you really wouldn't have gotten.

EE: Yeah. I forgot about that. Yeah, I did. I had a second career and part of the reason I got the job was because I'd been on the Health Collective and been researching the behavior of doctors and pharmaceutical companies. And I worked for 20 years doing research for social investing. I don't know if you know what that is, but –

MM: Yes.

EE: It's now called ESG. Environmental, Social, and Governance research. So, I kind of, in the little group that got bigger and bigger, I was the expert on doctors and medical devices and pharmacies and what the crucial issues were. And I was also the breastfeeding advocate. I [1:19:00] did the research on how Nestle, why Nestle deserved to be boycotted, and maintained the research that we did on all the publicly traded companies and how they behaved in terms of the public, and women's issues especially. And so that was my life and I'm still interested. And unfortunately, like many things, the clock has gone back a bit.

HS: Oh, has it!

EE: And why I just looked up breastfeeding to see, had it increased worldwide? Well, no. It kind of stalled. And the issues that, that the UN pushed against the infant formula companies, you know, you can't put white coats on your marketers and send them around the [1:20:00] birth wards. Then they come back again and the UN is very unhappy with what they're doing now. So, I was very unhappy to see that it was still going on, but for a while they were embarrassed and did make some changes. And the Gerber baby came off of the, every, the advertising – very successful advertising. So, yes, it did become my life in a way.

MM: So, maybe the regression is a lowlight, at least some of the things that we're seeing right now that are regressive. Next, would any, can I, again, let's kind of go around that round robin. Things that you'd like to share that I haven't asked you, or a highlight or a lowlight. We want to end on a positive note right now. It is tricky to do that, so again, maybe a bright spot of the organization or just something else that you want to share. [1:21:00] Someone we haven't hear from.

RA: Well, I think for me, the highlights were the wonderful programs we put on at the gazebo at Roger Williams Park. They were called fiestas. There were at least seven of them. At least, that's what my documentation seems to indicate. Multicultural, lots of people came. It was also intended as a fundraiser. It was only \$2 to get in –

JR: Celebrating women artists.

RA: Exactly. So, that was great. Then, also for me, being able to use my organizing skills to, to help advance women's issues, particularly in the legislative arena. And doing coalition building along with folks from the Health Collective. [1:22:00] Those were important. And kind of a highlight, but kind of a lowlight at the same time, we – do you remember when we worked to try to keep Women and Infants? Women and Infants, do you know where they're located?

MM: Yes.

RA: Where they're located now, well you know they weren't, were not always located there. They had another location. Used to be called Lying In Hospital and it was Women and Infants, and a, we thought it was a perfectly fine facility. And there were hearings, we would get people to come out to the hearings. We were opposed to the move. We thought it was too expensive, it was unnecessary, it was inappropriate. I say a highlight in terms of bringing a lot of people out around this, but we weren't successful, so that's – and the other, I think lowlight was, I don't know all the details. I think it's a lowlight was that the organization ended. And I think one reason why it ended, I think [1:23:00] it had something to do with the fact that we didn't have a lot of funding. We didn't have the person in place who was really able to do the funding. And I should have known because I, I was involved. I was the interim director the year before we hired this person. She came to the interview and I should have, we should have known. I don't know who else was there. She had left her keys, her keys, she left her keys in the car. That should have been a sign. So, I think there were, there were issues with her. And then she moved, for some reasons she moved. I don't know how many people were involved with that decision to move from a perfectly fine facility in Pawtucket to downtown Providence. And it, it died soon after. I don't think she was there for more than two years. And maybe it had nothing to do with her, but it might have had something to do with what was happening, or what was not happening.

MM: Internal. Internally.

RA: Internally. And the [1:24:00] fact that the funding, I don't think the funding was there.

AT: I would add on the, on the Women and Infants hospital issue, our concern at the time was that a huge amount of money was going into this wonderful, sparkly new facility. Among other things, one of the things they advertised was we're going to have this really great neonatal unit for low birthweight babies, babies at risk, and our concern was that a lot of those low birthweight babies and babies at risk were born that way because there were insufficient supports for adequate nutrition, adequate prenatal health, preventative medicine. And we presented sufficient compelling arguments to at least slow the process up for a while, arguing that the money, those kind of monies should be devoted to these kind of supportive preventive practices rather than [1:25:00] trying to rescue the unfortunate result of not having them. What I do remember is that one of the, of the primary spokes people for the new facility seemed to develop a very bad nervous tick as the procedures went on because we seemed to be getting listened to. In the end, the money did prevail and the battle over getting sufficient funding and finan – support for people who need to feed their babies and feed themselves to feed their fetuses, is just as bad today, I think. It's a constant battle between greed on the one side and caring on the other. And we're not doing too well.

The disappointment I think none of us have actually spoken is this war on women that's going on right now with the whole issue of abortion [1:26:00] and we don't give a damn if it's going to put some women at risk. We don't give a damn if that baby, if that fetus was the result of a rape. We don't care if the mother's health is at risk, and you prove that you're about to die before we do anything for you, and I don't dare do it because I'm going to lose my license if I protect your life. This is extraordinarily bad stuff. And it's shocking. It's shocking.

MM: Other folks who would like to comment who we haven't heard from? And then –

CS: I think a couple of things. I'll just try to make it brief. On a personal level, being part of the Collective and getting more information about women's health and particularly childbirth has helped me in so many different ways because I was teaching Public Health Nursing at Rhode Island College and I had to, I had to go to school to [1:27:00] get a PhD so I could be tenured and stuff like that. And my research was all about a midwifery-based care center in New York City. So, you know, like on a personal level, you know, it opened up more information to me. And I was able, you know, I probably didn't do as much with the dissertation as I probably could

have or should have, but. And it also opened up for me the opportunity at Rhode Island College to teach courses, one of which I created called Critical Inquiry into Issues of Childbearing and Mothering. And it was a liberal, it was open to students in whatever major. And so, you know, you're trying to get the message out. And so, those things on a personal level, you know, I'm, I'm terribly grateful. [1:28:00]

On a community level, I'm agreeing with Amy and Roberta in the fact that things are, the fact that infant mortality among African American women and minority women, it's such a disgrace in this country. And unfortunately, I think because in the OBGYN arena there's, there are so many more tests. It's so hard for people to say, "No, I don't want that test." I mean, some of us didn't have sonograms. I remember one doctor when I was pregnant with my last child and I was in my middle forties, the doctor said, "Oh, I think, I'm not sure this baby," one time he said, "Oh, I think the baby's too small. I think we should have a sonogram." Then oh, I think the baby's too big." I said, "No, I don't think I want a sonogram." He was so pissed off at me for saying I didn't want it. And I think that women are not quite as empowered as [1:28:00] some of us were at that particular time in history because there's like, oh, but, what if, you know. And it makes women very nervous about saying, "No I don't want that. I don't think I need it." You know, and you always are, you know, you're dealing with someone who presumably knows more than you do, but you know, they're trying to avoid those kinds of risks. And so, the fact that that empowerment of women that, at least around the childbirth arena, and perhaps other too, the fact, I mean I think women certainly are able to speak up, which is good, but I think in a way, when it comes to, especially about childbirth, because you're always dealing with, there's a baby in there, I think it's harder for women to feel empowered, so it's better to go along and get along than [1:30:00] decide not to do that. I mean, caesarian section rates are still too high and we've known that forever, so.

MM: We haven't heard from the three remaining folks at the table. If you'd like to share, please do and then we're going to close out the interview with just a last comment. Any, would you like to share?

CS: Did you say something?

BS: No.

CS: She, Barbara didn't.

BS: Yeah. I think that the, the positive is just the community that was built, at least for me. Both personally and professionally, it's been so broadening to be part of this group of women and to be able to share things, to feel powerful. I mean, it was, it was just, it was the time, but it, it was also the [1:31:00] quality of the discourse and it was, it was just wonderful. And the things that, when I'm looking back on it now, I think it might have been the way I got to your meeting was, it might have been in a hotline call. I might have called the hotline because when they, when we were on Stimson Avenue I think there was, there were people answering the phone. And, and so there was a lifeline, there were programs that were so rich. There were, you know, a film series, we had the newsletter. It was just, it was just so wonderful. And I think that we, we accomplished a great deal. Although the downside is the backlash that's occurring against women currently. And, and, and that things are, are [1:32:00] you know, the caesarian rate, the, you know, it's very discouraging to see what's happening today. But, but still it was, it was just a wonderful organization. It was a wonderful time. And, and it's, it was transformational for me personally.

HS: Well, I know that one of the things that I brought was the conference thing. And a lot of the women would like to have a copy of that and I, I wonder if before we leave we can do that, because that was a moment in time for us. It was the reason that we were on the map. And I do have that article in, in, in the *Pro Jo* that enabled us to do that. And it was an enabling organization because we had [1:33:00] trust in one another and we all were coming from something that was relatively new for women to have that opportunity to be able to communicate about the things that were that meaningful to us. And that is not so available now. And we still maybe have it right today, which is brilliant that we have it today. And I couldn't be who I am without this group, without this feeling of entitlement to speak and to love one another. And we, it never broke up. There are other people who, other groups that did. But we, we managed not to do that, which just was incredible that we could hold together like this. [1:34:00] So, I want to thank you for making us come together again. And I wish that other women could have what we

had, and I wish we could have it again. I do have to have community, and I do have it through my library on Rochambeau, well, the Rochambeau Library. It's just an amazing world for me. And, so, I just think that we need to have that. And I know that you guys in Cranston, you know, you have your village. I think you should speak to that a little bit.

MM: I actually want to focus this conversation. Would you like to say, to add to the highs and lows? And then would you like to add to highs and lows?

JR: I just want to say that women still have power, and they may have a great power in what's coming. So, vote.

HS: Absolutely.

MM: And would you like to add to highs and lows?

WB: Well, I would just like to say that it's been an honor and a privilege to sit amongst you all. And also, just acknowledge that [1:35:00] when I came into this friendship we were doing this work that needs to happen again now because we're right back where we started.

EE: Yeah, that's –

WB: And so, I sit here thinking how can I do something to spark this generation –

EE: Me too. I was just having a Health Collective Moment. I'm so pissed. I'm so pissed that the information that the birth is healthier if the interference is cut out and the support is there. I'm just so mad.

WB: So, so I would like to say that when I leave here today, I'm going to give some thought and some prayer to how can we begin this process again because for me it's not the end. It's like a continuation and I need to figure it out because I still have some time left and I need to be about my business and women have always been about my business. So I just need to figure out, you

know, who can be [1:36:00] involved, who would like to be involved, and where do we start? Where do we go from here? Because all the information that you're sharing and you're passing off is still in your heart and your mind and your spirit. You got to, you got to keep sharing it while you have it. And so, I don't think this is the end for me. It's like the beginning. And so, I thank you for this opportunity to help, for me, ignite the fire. So, I'm always about fanning the flame of desire and so, I have a desire to do something different and help people understand that you still have power. Women have power. And the communities in which I grew up in, a lot of people are the product of their environment. And so, as a part of the education system that I teach in, I'm always trying to empower women to have some self-esteem, some self-worth, and understand you can make healthier choices for yourself. And being a homeowner, you have to understand where the power is and it's in these places where – that's why they didn't want you to read, they don't want you to own property, own land. And so, there's a lot [1:37:00] that women need to know. And I'll end with this thought. There's a woman by the name of Tiffany Aliche, better known as the Budgetnista. And she has, she's a part of the education system. She's teaching around the world, women about finances and how you empower yourself by understanding your money and your value and your worth. She's done some amazing work in many communities of color, but just women in general. And so, there's so many places that we have to start, but our body is the first one because without good health you won't be here as long. So, you've done an amazing job with your bodies because you're still here. So, that's a testament and that, that is, it affirms the work that you did in real time because you're still sitting here. It's powerful. So, thank you for allowing me to be a part of it.

CS: I feel like we should sing Holly Near's "We're Still here." [1:38:00]

MM: So, thank you. I think at this, I think at this point we will officially close this oral history interview. I want to thank you for taking this time to sit in community together today and for trusting the Pembroke Center Archives with the stories that you shared today. We will take very good care of them. We will be, my team and I will be in touch with you before this interview becomes public. And I look forward to continuing these relationships. I do ask that if you are collectors of records about the Rhode Island Women's Health Collective, or activism you've continued to do today, that you think of the Pembroke Center Archives as a really good place to

preserve that material and make it accessible for research. So, you never know when I'm going to come swimming around, circling for more materials. So, thank you very much.

Multiple speakers: Thank you.

--END--