

FEMINIST WOMEN'S HEALTH CENTERS

Interview with Dido Hasper

Dido Hasper is the president and coordinator of the Federation of Feminist Women's Health Center and founder and director at the Chico Center. She discusses how a feminist Organization integrates personnel issues and politics and how it's delivery of health care is different from traditional practice.

"*Feminist Women's Health Centers, Interview with Dido Hasper*", *Women's Culture: The Women's Renaissance of the Seventies*, by Gayle Kimball, Ph.D., Editor, Scarecrow Press, Metuchen, N.J., 1981., page 264-279.

GK: *How did the Feminist Women's Health Center get started?*

DH: In the late sixties and early seventies there was a group of women that was working very hard to legalize abortion on demand. The Health Centers started out of that group. The first Feminist Women's Health Center was built out of the concept of self-help. Carol Downer was the first woman to see her own cervix and then show it to other women. She realized that self-examination was a basic tool to regaining control over our reproduction. Working as an advocate for women getting services at a hospital, she saw women's cervixes when they got abortions or pap smears. She wanted to be able to see her own, so she took a speculum home from the hospital. Once she saw her own cervix she realized she had had sex kids and a yearly pap smear but the only person to see her cervix was her doctor. She went to the group she was working with to legalize abortion, got up on a table, inserted the speculum, looked at her own cervix, and showed it to the other women. This was the first self-help group and the beginning of a movement to regain control of our bodies.

The self-help groups realized from doing self-exam and watching abortion that the technology of the abortion was a simple, safe technology that women could learn themselves. They talked about different methods they used to cure their vaginal infections and stay well. This group continued to fight for abortion on demand and also continued with self-help.

In 1971 Carol Downer and Lorraine Rothman took a trip across the country visiting abortion clinics and learning more about safe abortion. They returned and started the Women's Abortion Referral Service in Los Angeles. This referral service was set up to ensure women the least expensive abortion using the best technology. They would go with the women to the hospital and be an advocate for her to ensure the quality of care she received. The Women's Abortion Referral Service had enough women calling them so they could make demands on hospitals about the kind of abortion technique used. Women could have a local anesthetic instead of a general, the physicians started using more flexible instruments, and finally they stopped dilating the cervix so much. In 1973 the Supreme Court legalized abortion on demand, and so they opened a clinic themselves.

GK: *That was fast.*

DH: Yes, it was. They opened the first women-controlled clinic, where they provided the services they had been fighting for in the hospital. The clinic provides a more relaxed situation; women did not have to have an IV before their abortion or have extensive medication if they didn't want it. They hired physicians and trained them to do the least traumatic abortion procedure.

At the same time the clinic was starting menstrual extraction was also developed. Lorraine Rothman invented what we call the Del'em. It consists of a canning jar, aquarium tubing, a one-way air valve, a syringe, and a cannula (which is what's put into the uterus to do an abortion) it was all relatively readily accessible to women. The self-help group started doing their own women-controlled research; so while we were providing abortions in our clinics, we were also learning the technology ourselves to ensure that if the legislature made abortions illegal tomorrow women would still have that technology.

GK: *The other advantage of menstrual extraction is just to get it over with.*

DH: Right. Menstrual extraction is not designed solely for pregnancy. Women have used it to limit their periods. Some who have really painful cramping would prefer to have a menstrual extraction have the contents of their uterus removed on the first day and get it over with right then.

GK: *So the clinic in L.A. got started doing abortion procedures and teaching self-help. Maybe you should first define self-help; then, second, how did the other centers get started and affiliated?*

DH: Self-help in the Feminist Women's Health Centers is the process that we use in health care and in many ways we work. Self-help groups are groups where women get together and use a plastic speculum, a mirror and flashlight, to look at their cervixes to better understand their bodies. By having this better understanding we were able to take care of many of the things that have sent us to our gynecologist. Self-help groups are able to relieve simple vaginal infections or overgrowth of certain kinds of bacteria in our vaginas without having to use medicine. One of the things, for example, that came out of the self-help group was using yogurt to control yeast overgrowth. And that's been very successful. It's a commonly known thing in the women's health movement.

GK: *You might mention the "yogurt conspiracy."*

DH: In 1972 a self-help group in Los Angeles included both staff people of the Los Angeles Feminist Women's Health Center and women from the community. It also happened to include an undercover policewoman. It was an ongoing self-help group. The women got together one night a week for six weeks to discuss their health care. They learn how to fit diaphragms, talk about vaginal infections, prenatal care, anything that the group decided to discuss. One woman had a yeast infection and asked Carol to spoon some yogurt into her vagina.

On the fifth week of the group the Health Center was raided. Two women were arrested (Carol Downer and Colleen Wilson) for practicing medicine without a license. The yogurt in the refrigerator-which happened to be people's lunches-was seized as evidence of this illegal activity. Carol was charged with several counts of practicing medicine without a license and Colleen Wilson was charged primarily, although there were other counts for fitting diaphragms. At the time Colleen and the group decided that she was not in the position to go through a trial, so she pleaded guilty to a lesser charge. Carol went to court, had a jury trial, and was acquitted of all charges. We saw it as a great victory for self-help and for women taking control of their bodies, to the Summer Institute, and out of that the Tallahassee FWHC started in 1974.

At this time there was a women's clinic at night at the Free Clinic in Chico, in northern California. They referred all the women that wanted abortions to the Oakland Feminist Women's Health Center. Oakland had so many referrals from Chico it suggested a clinic here. They did a self-help group for us and showed us menstrual extraction and we got very excited. We opened in February 1975. Since we opened

Feminist Women's Health Centers have started in Atlanta, Concord, and San Diego. Originally Oakland, Orange County, and Los Angeles were all incorporated as one Health Center with three branches. They used to rotate between those three Centers. You'd be two weeks in your own Health Center, one week in each of the other Centers. This structure was good for communication, but very exhausting. So the structure was changed in late 1974. All the Health Centers incorporated separately at that time.

There's a Federation of Feminist Women's Health Centers. That includes Los Angeles, San Diego, Orange County, Concord, Chico, and Atlanta. The Federation is founded on the principle that we agree on our political strategy, our goals, and our internal workings. We are accountable to each other. I think we've gone farther than we ever expected to because of our ongoing fight with the state. For instance, we standardized our clinics. Now you can go into any of the FWHCs in California and get the same health care. If you're a health worker in one, as soon as you get oriented to where the supplies are kept, you can work at another clinic without noticing much difference. So, in that way we are very similar and we have a lot of communication among Federation Health Centers. In fact my job now is coordinating the Federation.

GK: *How do you keep in touch?*

DH: There's a lot of telephoning. I send out reports on an irregular basis and make sure that I'm talking to people constantly. These reports go into the staff reports at each Health Center. We have Federation meetings also.

GK: *How often are the Federation meetings held?*

DH: About once a year because it's so expensive to get everyone in one place. We rotate to each other's Health Centers, work on projects together, and attend conferences together.

GK: *Is there some kind of formal leadership within the structure? Does Carol Downer chair meetings? Are there agendas?*

DH: Our meetings are pretty informal; we don't use Roberts' Rules of Order or traditional Board of Directors meetings. Our agendas come from the needs of the Health Centers. Carol is definitely recognized as the leader of the Federation and of the Health Centers. There's a lot of input into our direction from every level of the Health Centers. Very little happens without a lot of people talking about it first, and I think that that's most of the time our benefit. Some of the time it's really slowed us down, as I'm sure any collective process does.

GK: *Let's say there's a Health Center that's doing a procedure that other centers don't think is proper. What can they do?*

DH: Believe me, there's been disagreements in the past over many different things that the Health Centers are doing at different times. It usually gets talked about when we rotate. There's a lot of rotation within the Health Centers, where women will go to different Centers for different reasons: sometimes for training, sometimes because that Center is short-staffed or because a person's expertise is needed at another Center. Many times someone has come to a Health Center where something is happening that is very different than in theirs. That will immediately start a discussion.

There isn't really a hierarchy in determining what the end result is going to be. I know that when I've been to different Health Center it's not only changed their Center, it's changed Chico too. Whenever somebody has a better way of doing it, we'll try it. Where it's come down to political differences within the Feminist Women's Health Centers, we have done everything we could think of to work it out. We've met and met and struggled to try to come to an agreement. If it's something that's big enough, it generally means that somebody may decide not to work with the Federation.

GK: *Is that what happened to Oakland?*

DH: Yes, We had some basic disagreements about feminism and capitalism. I really hesitate to expound on it at this point because we have a lot more agreements these days than we have disagreements, but at the time that it happened there was bitter disagreement that has resulted in Oakland and the rest of the Health Centers not working together.

GK: *It was a money-making kind of issue?*

DH: Yes. At the time they were pooling their resources with the Feminist Federal Credit Union and Diana Press to buy a women's building which had been a women's club in downtown Detroit and we just couldn't see eye to eye on that. I think that there were a lot of other things that were evolving at that time that separated Oakland from the general course that the rest of the Feminist Women's Health Centers were taking. Something that I think we've learned over the years is that Health Centers are going to have different priorities at different times that Centers seem to have a growth pattern. Initially it has been important for a Health Center to get grounded in its community.

GK: *It usually involves a battle with local doctors.*

DH: It very often has. All the Health Centers have experienced some amount of harassment. In some communities all the physicians have been against the Centers existence. The Tallahassee Feminist Women's Health Center filed an antitrust suit in 1976 against the local physicians who were boycotting their clinic and forcing doctors to not work with them. They just recently settled the case.

GK: *Will doctors work for them now in abortion clinics?*

DH: Yes. That was part of the settlement. They have local back-up now.

GK: *So the federation is mainly for information sharing?*

DH: I have good news about that. We have two books now. One, *Women's Health in Women's Hands*, is a comprehensive guide to women's health care from a self-help perspective. The other, *A New View of a Women's Body*, is a shorter book of the illustrations and pictures from WHWH. We started writing a book in 1975 about women's health care. We wanted to put down our own experience and be able to share that with other women. WHWH has been a mammoth project. It's five years later, it's written, and it's very complete. It's the best health resource I can ever imagine a woman could have. Suzanne Gage has done wonderful drawings of how to insert a diaphragm, what a cervix looks like, the structure and functions of the clitoris and different reproductive organs. We have extensive photographs of cervixes at different stages in a women's cycle. These drawings are being published separately from WHWH. They will have captions and cover all that is in WHWH in a more condensed and less detailed way. So finally our work is going to be available for any women who can go into a bookstore and buy a book. Women

will have some idea of the things that we've learned.

WHWH was written collectively. I believe there are fifteen authors. They came from Chico, Orange County, San Diego, Los Angeles, and Tallahassee. All participated in research gathering and financing; it's really been an all-health center project.

GK: *What are political concerns that you are working on as a group?*

DH: Of course, we all define ourselves as feminists first and foremost. That's getting to be less and less of a commonality these days, as you're probably experiencing yourself. It seems like the women's movement isn't as active or as popular as it once was. We very much are trying to regain control of our reproduction. We see that as being one of the most important parts of feminism and being a woman. Because we're feminists, our politics we see encompassing all aspects of our lives, our personal relationships, the way we interact with each other and with the rest of the world. Over and over again it's been said in the Health Center that of you're not doing it in your own like (like confronting sexism), you're not going to be able to do it out there any better.

We've expanded our political perspective over the years. We've started talking more and more about imperialism and how it affects us as woman, as feminists, and as people who live in the United States.

GK: *Like testing birth-control pills on Puerto Rican women? And sterilization of the Third World Women?*

DH: That's something that we've always pretty much known about. I think we've been well aware of imperialism since 1975, when we went to Mexico City and were appalled at what happened with International Woman's Year and how they could have a government-sponsored women's conference with poor women starving in front and not notice it. We've taken the step from seeing it to fighting it, working with international struggles against imperialism and working to ensure feminism isn't dropped. I've seen too many political organizations in the last few years drop feminism from their principles of unity. We've always seen that we had to fight patriarchy and capitalism hit us daily in the medical community. I think the big change over the last years has been that we have started expanding to an analysis of imperialism, the super powers, and imperialistic forces.

GK: *Rita Mae Brown said, what good is it if you have a feminist ideology and the multinationals pollute the environment, etc?*

DH: Yes, to expand on that, what good is it to have an analysis of revolution without having feminism as part of the analysis? We see it as necessary to have both daily changes as well as to fight for the future, however distant or close that is. We do see our work in our clinics as being reformist. We have been part of discussions about patriarchy and imperialism and how imperialism hurts us as feminists, how it benefits us, and how we can fight it. I don't think we can fight imperialism individually, like throwing out your TY or not driving a car. I don't think that that's the answer; I think it's much more broad-based than that.

One of the things that we have done is try to be in contact with people of other movements. I think Carol Downer going to Iran in 1979 was a step that helped us to better understand both the struggle in Iran and also the one in the United States. Little information is available in the United States about liberation struggles around the world. I feel like we are being kept dumb by the lack of information. We have made a commitment to get this information. Right now there are women from Nicaragua who are

training in the FWHC in Oakland. Any time that we can share any of our resources (like our clinic skills), we will. We're not a highly monied organization so our contribution to other movements can rarely be financial.

GK: *What about the internal structure as in the Chico FWHC? You talked about having to live the principles of feminism, not just talk about them. What input does the receptionist have?*

DH: You picked the right person. Our receptionist is a self-helper and a very active participant in most all of the political activities that the Health Center does. Our goals were to have everyone be full-time, do everything, everyone agree and have the same commitment. As a matter of fact we started out that way. Over the years we came to see that that was a pretty exclusive position. It left out women who had different pulls on them that didn't allow them to plug in the way we could. Then we tending to swing the other way; at times in our own Health Center we've been inclusive to the point of sometimes having people working in our Center who actively disagree with us. That is just plain liberal, there's no two ways about it. Our goal is to have women work in the Health Center who basically agree with feminism, controlling out reproduction, fighting patriarchy and capitalism, and these women work to what capacity they can. It's not an easy task. We have a lot of personnel problems all the time.

GK: *But there are directors, how many?*

DH: They've ranged from twenty to seven; now there are six directors and nine full-time staff. We consider that we have an open-ended hierarchy in the Health Center. People can plug in to it whatever degree they can and are encouraged to always plug in more, from having a limited commitment and a very defines job to being in a leadership position. Of course, you're not going to be in a leadership position unless you have many of the qualities of leadership. People who are in leadership positions usually have experience in political activities and have some kind of vision of the direction of the Health Center.

When you come to work at the Health Center, if you come to work as a full-time staff, you start by having a two-week orientation at the Center where we try to show the range of what the Center does and believes. It's a fifty-five-hour per week orientation, which is not unusual for our hours; in fact fifty-five is pretty good a lot of times. After that you go through a four-to-eight week training period. The length of that training is figured on your own and the group's evaluation of your progress.

At the end of that training you can evaluate with group input to be a full-time staff person who is a member of the internal working collective and has an area of responsibility. Of course, we want everyone to become directors.

If you come to work at the Health Center and you can't make a full-time staff commitment, your training will probably go somewhat differently. You would probably have a specific job like receptionist or an assistant to a particular area; Medi-Cal billing, bookkeeping, accounts receivable and payable. Some of the training is the same because everyone goes through a self-help group who works at the Health Center, but you wouldn't go through eight weeks of training to be a receptionist. What we're trying to do right now is to make all the political activated be as open to everyone's input and participation as possible. Though we know people can't plug into the fifty to seventy hours a week of administration, clinics, and meetings we do think that people can plug into the outcome of that work, which is political events, discussions, and political education.

GK: *As I understand it, there are some feelings that the people who are part-time feel left out of things.*

DH: Oftentimes that's true. Sometimes we have arguments about it. I've never fully understood why people feel that way because it is a self-determined limitation. We have never to my recollection forced anybody into a lesser position than they wanted. We push awfully hard to make sure people are going forward, but I don't remember ever pushing anybody back.

I really disagree with a division being made around hours worked. I think division should be made around politics and political beliefs. I really support those kinds of discussions. But in a feminist workplace if the divisions are all around hours worked, it doesn't really get to the root of the problem. In my experience I've often found that some of the people who are talking the loudest about the division around hours worked really did have disagreements with the politics. But I'm speaking as a full-time staff person and a director too.

GK: *What about the time involved in making decision on a consensus basis in meetings?*

DH: I think the book would have gotten written three years faster if we hadn't been collective. I think that we'd probably be at least twice as rich, or half as poor, if we weren't collective. When I was working on the book, we used to joke that if we really wanted to give it to somebody we'd make them write a book collectively. It was the hardest process. For example, when we were writing the book, the book ended up without a single joke in it because no one could agree on what was funny. It was the most dry material because what was funny to some was offensive to someone else and stupid to a third person. Naming the book, that was hell.

A lot of times the most amount of our time we spent ensuring that everyone has all the information. There's no way that every decision that we make can be a collective decision. Sooner or later you have to delegate a certain amount of responsibility to different people who have the information. Most of our time is spent sharing information that we've gotten or need input on. That is really the bulk of our communication, both internal and with other Health Centers.

GK: *What about the principle of self-criticism and criticism? How does that work in practice?*

DH: In the Health Centers people feel very strongly about what they believe in. I think a lot of our criticisms come through having disagreements, having the argument and fighting it out. Also criticism and self-criticism is another principle like feminism that's becoming less and less popular, in my experience. A lot of the different community groups where I'll attend meetings are less focused and make fewer demands on people to state their disagreements or agreements. On a day-to-day basis it mainly works through somebody disagreeing with someone else and then coming to the end of that disagreement of who's right and who's wrong.

GK: *Kind of dialectical?*

DH: Right, very much so. When people really believe in what they're working on, it seems to come to a lot easier and a lot freer and be taken in that way too. Some of the most productive disagreements I've ever had have been with people who felt as strongly as I did about what we were working on and disagreed. At least that's the way it works for me and that's the way I've been able to further develop my own politics. Especially if the criticism is given with a big dose of nonjudgmental. I think when it gets really hard is when you're criticized with a judgment.

GK: *You're a bad person if you don't think this.*

DH: Yes, right. Being judgmental is something we've discussed, talked about, fought over, and really tried to criticize ourselves about.

GK: *Are there other ways that the FWHC is different from a patriarchal business or medical establishment?*

DH: Right from the minute you walk into the doors of the FWHC it has to hit you. If you look at the surroundings, it's put together by women for women, it's comfortable. You don't have to have your examination on a table with stirrups and you don't have to be draped. You get to know right away what's happening to your body and why. You get to stop if you want to stop. That manner of health care delivery is because we're women and because we're feminists. We ask ourselves if we could do it any way we wanted, how would we do it? From there we go to the practical.

I think that our views of fairness are very different than traditional patriarchal structure. A good example is our salary scale. People who have been here longer get a higher base pay than people who have been here a short time. We do feel strongly that commitment, time, and the work that you've done needs to be recognized. But we're also in a position where we don't always get our full salaries. We get prevent salaries when we don't make enough money to pay ourselves and pay our bills. The way the salary scale works is the people who make the most money take the biggest cut. I've never heard of a patriarchal capitalist business that works that way.

Another difference is the way we view the work we do; no one has ever been above cleaning the Health Center, no one has ever risen above working the clinic or doing billing or adding up the checkbook. We don't have executives in that respect. We talk about our relationships, our families, our living situations; we get input from each other on how to make them better.

GK: *What about bringing children to work?*

DH: Every woman who works at the Health Center has childcare. The way we prefer to do it is we have our own childcare program where we can have some input and go and see the children. The kind of childcare we offer depends on the number of kids we have. We do bring our children to work whenever we can, whenever it's practical for them and us, and we take care of women's children who come into the clinic.

It's not always the best situation. I know that two years ago we had a political education among the Health Centers and everyone was pregnant. We said, "Oh God, can you imagine what it's going to be like next year when everybody has kids." And a year and a half later there were seventeen kids. This is a group that four years ago had Carol's children and Lorraine's children and maybe a smattering of other. There were seventeen kids; it really changed the nature of political education.

We do think that childcare should be provided because we want to do everything we can to make as many different kind of women as possible to be able to plug into our Health Centers and not to leave mothers out. We've done some amazing things too. We've changed people's statuses, we've redefined their work around their families, we've given them different hours. My hours now change on a daily basis, it's not my hours---it's my daughter Carmen's.

It's important to say that we're not profit motivated; the amount of money that we bring in and the amount we need to operate don't always balance. Our goal, of course, is to pay ourselves what we're worth, which we haven't ever succeeded in doing. But we try to pay people enough to live on, make sure that we have the supplies we need, and we don't charge much over that to the women who use the Health Centers.

GK: *You charge on a sliding scale?*

DH: Right, we have a sliding scale for all of our services.

GK: *What about the lunch program and the health club membership?*

DH: We have some unconventional benefits. We have the conventional ones too: we have health insurance and a retirement program. Over the years we've become more and more health conscious ourselves, and we all now have a lunch program where we serve healthy food for low cost to people who work at the Health Center. We strongly encourage exercise, have memberships in local gyms, try to support each other to get the exercise and take the time out of our day. Any reproductive health care that we need is of course provided by the Health Center.

We have feminist personnel, which is something that's very different from ordinary businesses. Our personnel department is not concerned with maximizing output as much as it is concerned with ensuring that the output that we do put out is working toward our goals. Personnel makes sure that we have childcare when we need it, that we have days off before we're ready to drop, and that we have discussions on the agendas about conditions that are affecting people's work.

People don't always understand that we're not anti male and we're not separatists. We have women of all sexual preferences. That's another real benefit about working on the Health Center. You can be open about your sexuality. We have women who aren't married to men; we have women who are in relationships with women, with men, women who are mothers, single women, and women who aren't in relationships with anybody. We try to encourage ourselves to talk about it as much as we can to better understand what we're doing and why.

GK: *You're providing an alternative, and that's an assault on the patriarchy.*

DH: Not in itself. I think that providing the alternative gives us better lives right now, but I don't think that it changes anything in and of itself. But the better lives we can have the more we can do to get at the heart of the fighting patriarchy and capitalism.

GK: *That's always the question-how does one get this kind of radical change?*

DH: I wish I could answer that one. We see certain aspects of what we do as being revolutionary; we have always seen self-help as being a direct assault and directly regaining control. Whenever we are in a position where we've seized technology, such as developing menstrual extraction, we see that as being revolutionary. We also provide alternative workplaces that do make our lives better right now. If I didn't work at the Health Center I would have a regular job forty hours a week and then I would spend at least twenty hours a week in political work. Being at the Health Center has enabled us to have a working situation where we can more directly do our political work for a lot more hours than if we had to work

for General Motors or IBM.

GK: *What about future directions? Where would you like to see your energy goes a FWHC and as a Federation?*

DH: As far as overall goals, we want to have more contact with Third World liberation movements, with women in those movements, and be able to share resources on that level as well as on the inter-Health Center level. We're all trying to learn Spanish in California because we felt like we've been effectively cut off from a big portion of the population. If you go into any of the FWHCs everything has the word for Spanish written on it as well as the word for English. Some of the FWHCs in San Diego and Los Angeles have been doing self-help in Tijuana, Mexico, to expand beyond our own groups. A lot of energy is used to broaden our base, getting bigger, including as many women as want to be included, and expanding in that way.

I would love to see a more united women's movement. Now it's you there and me here and so and so over there. The way that we are represented to the rest of the country and the rest of the world is in the conferences like WHC and State Department Women's Conferences. Their existence has looked like they were purposely put up to sort of derail the women's movement. One of our basic goals is changing power relationships: on an individual level, on a group level, and in the big picture.