

## **Making Our Legacy Matter TRANSCRIPT**

Welcome to Making Our Legacy Matter, our International Women's Day feminist tea

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party. I'm Amy Agigian. I'm the executive director of Our Bodies Ourselves here at Suffolk University and I'm so happy to

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welcome all of you. This is an important day around the world for

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women and this is an event where you're going to have a chance to hear from some very

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significant women who have been in this struggle for a long time. And I love that everybody is getting their coffee,

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getting their tea. you should take a teacup and saucer which you can take home with you. We are

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also planning I want to mention something that's not on the schedule which is that as many of you know we

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lost our cherished co-founder of our bodies ourselves Paula Doress-Worters very recently and her daughter Hannah

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will be here and after this event we're going to have a small gathering for anybody who wishes to stay for that to honor Paula's memory.

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So with that I want to read our land acknowledgement and then I will introduce our speakers

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without further ado. So Our Bodies Ourselves acknowledges that Boston is located on the traditional unseated

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territory of indigenous peoples who have been brilliant stewards of the land and water for hundreds of generations.

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specifically the Massachusetts and Wampanoag First Nations peoples along with particular recognition for the

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Pucket, Napanset, and Nipmuk peoples who have traveled, lived, worked, and cared

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for their lands in and around Boston for tens of thousands of years, if not longer.

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We don't really know, we extend respect and gratitude to all First Nations people who continue to live and

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steward in the cultural, spiritual, and educational customs of their ancestors.

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We also acknowledge the overwhelming violence, physical, cultural,

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environmental, and spiritual, that has been inflicted by colonialism for over 400 years, which continues to this day

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to profoundly affect the lives of indigenous peoples.

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We express our deep respect and appreciation for Massachusetts women, men, children, and elders, both leaders,

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and ordinary people. We also know that a land acknowledgement is not enough and commit Our Bodies Ourselves to honoring

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and lifting up indigenous voices and perspectives in all our work.

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and be one last thing before I introduce our

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illustrious speakers. It was suggested to me that I mention I am wearing this jacket because I am invoking spring.

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Okay, we all need the spring to remember, right? Springtime is coming.

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We're going to defeat fascism. That's what I'm saying. Yeah.

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And this jacket is just a small symbol of that. So,

## **Chapter 2: Building the Women's Health Movement: A Conversation - Our Bodies Ourselves co-founder Judy Norsigian in conversation with women's health icons Byllye Avery (Black Women's Health Imperative) and Cindy Pearson (National Women's Health Network)**

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okay, I'm going to introduce all three of the next speakers right now and

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Then Judy will come up. Judy Norsigian is a co-founder of Our Bodies Ourselves,

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an author and editor for each of the nine editions of Our Bodies Ourselves,

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the nine US editions. She served as executive director of the organization organization from 2001 till 2015

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and as chair of the OOS board of directors from 2018 to 2023.

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Judy is now a part of our leadership council, executive advisory board,

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global projects committee and advocacy committee. So she has not gone anywhere. In other words,

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Judy is an internationally renowned speaker and author on a range of women's health concerns.

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Her areas of focus include women in health care reform, abortion and contraception, childbirth, especially

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the role of midwifery, genetics and reproductive technologies, and drug and device safety.

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Okay. The next speaker I'm going to introduce is Billy Avery. Billy Y.

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Avery, who is a pioneering women's health activist who founded the Black Women's Health Imperative in 1983

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and co-founded Raising Women's Voices for the Health Care We Need. In the 1970s, her dedication led to the establishment of two centers in Florida.

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the Gainesville Women's Health Center,

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an abortion clinic, and Birthplace, a birthing center. As a health care activist for 50 years,

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I would say over 50, Avery has left an indelible mark on women's health and reproductive justice.

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And the third speaker who I am honored to introduce is Cindy Pearson,

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who is the former executive director of the National Women's Health Network, the first grassroots women's health

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organization to bring the voices of women to Washington DC. Cindy worked at the network for 33 years, the majority of the organization's existence.

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During that time, she became one of the nation's best known advocates on women's health and is widely admired for her

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leadership in catalyzing grassroots action to hold the government and other powerful entities accountable.

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All three of these women have left an incredible legacy and we are honored to have them speaking here today.

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I have to say this is an extraordinary moment for me to be here with both of you, Billy and Cindy, dear dear friends

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for decades, sisters in many different struggles. And I think for all of us here, it's going to be such a treat to

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hear about your experiences in creating what is an extraordinary legacy for the women's health movements. It's

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not just one and they're across the globe. We are faced now with all manner of atrocious realities and it's

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almost kafka-esque for us to look around and see the world we're in today. But gathering like we are at this moment is a good way to give us a renewed spirit,

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a sense of common purpose, and maybe more hope that we can see ourselves through this period and come out where

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the light will be shining brighter on many of the issues we've worked on. I also want to just say a few things about things that are available here on the

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table and will be for viewers maybe at a later point. , we have a really extraordinary obituary about Paula

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Doress. It appeared yesterday in the Washington Post. It's here for those of you who'd like to take a look at it or if you want to get a copy of the PDF

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file, you can email me directly. , we also have a few cards that Norma Swenson's daughter Sarah made up when

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She passed away last year that are simply beautiful. And I just want to

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quote something that Norma said to the late Mary Howell, who was the first woman dean at Harvard Medical

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School. We will never see your like again, but I hope you know that we are still here, still trying to match your

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deathless spirit and pass it on. And I feel like that's what so many of us here in this room and in the audience are

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trying to do at this very moment. We also have a list of selected documentary films, some of them filled

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with really good humor. And it's just one page. It's not complete. And I'm urging all of you to pick up a copy and email me with your favorite

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documentaries we can add to this. There are dozens of extraordinary films including Plan C, which I forgot to

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include on this last night, but it is another more recent documentary that many of you are aware of.

These are a good way not just to remind ourselves of

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the way that we've been struggling to make sure that women have access to contraception, to abortion care, to all

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the other things we need. But I'm thinking that it's fun. It's a way to draw in friends and family members to some of these same conversations.

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There are other materials you can take a look at over there. I'm also going to be putting on display a really

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extraordinary book called The Women Who Caught the Babies. It's about black African-American midwives in the United

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States. And it's an extraordinary book for children, but it's a great gift to all the grandchildren we have out there.

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And I'm going to put that out there for your perusal as well. So, in this extraordinary women's health movement,

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We've dealt with reproductive justice across the lifespan. The overprescription of estrogens, the

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inappropriate behavior of the pharmaceutical industry at times, access to contraception and abortion,

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evidence-based birthing care, including access to midwifery and birth centers, and many of the struggles to

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avoid overmedicalized treatment. And then maybe more important than anything is access to health care, period. And I

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think with that, I want to throw it out to both you and Cindy and Billy to talk about a campaign that was so

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important to both of you because you were both in the leadership of this campaign and I want you to say a few words about it and it is the raising

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women's voices campaign that you created and led so beautifully. So Cindy, why don't you start?

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Oh gosh. Well, it wouldn't have been raising women's voices without Billy and also without Lois Utley that we were

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the u leaders of the three organizations that co-founded it. And we saw a window of opportunity coming. This was

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in about 2005. And by sharing, we saw the movement that was developing then

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which was ignoring us and trying to keep us from talking and especially talking about our uteruses.

So we realized if

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we could put together the various streams of how the women's health movement worked and revitalize it

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directed towards health care reform, we would have a chance to make whatever happened meet the needs of women as best as it could. So that was our intention.

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We found each other. That was probably why we were able to leave it so beautifully. We weren't put together by

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a funer or or or anyone with an ulterior motive. We found each other. We

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decided to collaborate on making access to health care and and and whatever kind of reform happened meet

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women's needs. And so that's how we found each other and you know the

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the weaving together of the beginning. And Billy, why don't you talk about the structure or the way in which we had an impact?

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Thank you very much. And I just want to say I'm happy to be here on International Women's Day and I was

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thrilled to be working the crossword puzzle and it was full of women's names and international women's day was the theme. So I'm glad somebody's paying

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attention to us. It's just the cross word puzzle constructors anyway. but thank you so much for leading off

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with raising women's voices because this was indeed incredible collaboration between the

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three of us and the thing we wanted to do was first of all raise money so

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that we could help women's organizations

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fledgling organizations help them grow help them mature and I think We we had I don't know I don't know about

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numbers 25 or 26 of these groups across the country multiethnic you know and all the thing we crossed off all the

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boxes every box you're supposed to cross off we had it and what we did with these groups was we went and we looked at their infrastructure and we gave them

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the strength around building their infrastructure and then the other thing we did is we provided them with

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information that they could then use and activities that they could then use with the grassroots.

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And thanks to Loris Sutley, who is the editor of our time, we had a newsletter that went out weekly no matter what was

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going on. And the members of Raising Women's Voices knew that it was coming and that we could do this. And we

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of course brought them to DC. We had all kinds of trainings. , we first

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started off by asking women, "What do you want in healthcare?" I'm a firm believer of you go directly to the

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affected population to get the answers as to what we should be focusing and working on. And we did this and we came

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up with a whole list of u things that women needed. And so, you know, gender

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was easy after that. We just tried to give them what they needed.

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I think that is extraordinary. And the other thing I want to mention is that it was a state-by-state campaign as well.

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You had local organizers who knew the needs of their own community and had a message in the best possible way. And

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We're learning that local messaging is in fact key to so many things like saving our democracy. I think also

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I'd love you Billy to reflect a few moments on your work with the National Black Women's Health Project around

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broaching the subject of menstruation with young girls and menstrual justice in particular.

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Okay. Well, I I would be remiss if I didn't start off by saying that a lot of

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the inspiration for what I I have done over these last 50 years has come

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directly from the 1975 conference on women in health that I attended. That just blew me away. And I can still

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Remember how I felt as a young person attending that conference. And I wanted that for black women. Another thing that

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comes to mind was I'mma get to your question, Judy. Another thing that comes to mind was I I remember the day we

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at the Gainesville Women's Health Center and it was before the 75 conference and we had ordered a hundred copies of our

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bodies ourselves and I remember when the box came we were oh my god we were ecstatic. It was just so wonderful. So,

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A lot of the reasons I've gotten from point A to point B has been caught because of Judy and Norma and the work at the Boston's Health Book Collective.

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So that 75 conference led me to dream about having that for black women and

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through some miracle I got invited to Spelman and I was there and I was amazed by the resources and the Harriet

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Tubman Hall and all and I came back and I said to Judy I think I'd like to have the conference at Spelman. Well, Judy

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said, "Oh, my best friend just became the provost there." And she introduced me to Dr. Barbara Carter. I met with

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her, Beverly G. She chef Doll. All doors were open. , the rest is history. ,

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two years later, 2,000 women gathered on Spelman's campus for the first national conference on black women's health

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issues. And according to the New York Times, that weekend changed how we look at health. We moved away from blaming

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ourselves as individuals and started looking at systems that do not deliver to us, systems that oppress us, systems

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that need to be changed. And it's just been an incredible

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experience. And a lot of what I got I learned from our bodies ourselves. I learned from working with these women.

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So it's just been an incredible experience for me.

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And thank you for mentioning the 1975 conference. For people who don't know,

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that was held nearby at Harvard Medical School despite their attempt to stop it several days before it began. 2,500

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women appeared. We didn't know that many women were coming and it was an extraordinary gathering, the proceedings for which are at the website at Our

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Bodies Ourselves. You will see amazing speeches by many of our loved ones in the women's health movement who are no

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longer with us. Helen Rodriguez Triaz Barbara Seaman, Dorothy Brown,

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There are just so many luminaries who spoke at that conference. Right now underway is planning for another

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conference like the 1975 conference for next year 2027 and the staff at Our

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Bodies Our Cells are working with Norma Swenson's daughter Sarah Swenson to coordinate and plan such an event. It'll

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be probably held here I suspect and not at Harvard but it'll be a great event. , and so any

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of you interested, you should touch base with us about that. So Cindy, I want you to go back into the many many of your

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memories about standing up for women down in DC, particularly around the Food and Drug Administration where the National Women's Health Network

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influenced policy year after year. It's an extraordinary story. And maybe you could talk a little bit about estrogen products for a .

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So in the time we're talking about I was a college student. I was in San Diego. I had seen my cervix thanks

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to the that wing of the women's health movement that was doing cervical self- exam and I was looking at what was happening in DC was sort of my eyes wide open in amazement.

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Eventually in in the 80s I did move to DC and then I heard these stories from the people who were there and the

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stories I heard were about women sharing stories with each other, sharing experiences in consciousness raising

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groups like our bodies ourselves you know its founding story but in in

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Washington DC and the WI DC women's liberation was sharing stories about the

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birth control pill And these young women, all of whom had experienced some sort of side effect or other, none of

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whom had been told to expect it from their doctor. And when they heard there was a hearing going on in Congress about

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the pill and what right patients had to know information, they decided to attend. That was part of the weaving

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together of what became the National Women's Health Network. At the same time in Ann Arbor, Michigan, , Belita Cowan

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was talking to women again, listening to women who had been given some sort of something. They was called a morning

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after pill at Student Health Center and were still pregnant or were having, you know, side effects that they didn't

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like. So, she she was hearing stories and then saw an article published saying that this morning after pill was 100%

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effective. Just as an important side,

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this is not the morning after pill that we fought to get over the counter. This is dees. So, everyone coming

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together from different stories from Barbara Seaman as a health journalist who was feeding information to Congress to have that hearing to women sharing

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their stories about their own experience with the birth control to women you know talking to someone on

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campus about their experience with a different kind of synthetic estrogen related product dees.

Those all led to

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the FDA because the FDA was responsible for approving drugs and at that time patients had no right to get written

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information about their drugs and doctor knew best and doctors didn't think with few exceptions that patients should know

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what the side effects might be. So over a period of years, women decided and

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realized what we need is accurate information that's provided with every package of these pills and also estrogen

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products. And the only place we can count on to get it is the FDA. So the FDA was sort of the bad guy, but the

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poss the avenue towards trustworthy information.

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Absolutely. And the network's first public action was outside the the the the FDA building in the suburbs of of of Maryland, outside Washington DC,

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holding signs. It was on the day that an a scientific journal article came out linking estrogen for menopause

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menopausal women to cancer of the uterus. And the the women knew enough to combine the two issues, birth control

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pills and and estrogen replacement therapy, and had a protest with signs, feed estrogen to the rats at the FDA.

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And their call was for a policy change, and they got it. Those patient package inserts exist to this day.

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Right. Right.

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And and to this day there's there not enough of them. They're not good enough.

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Blah blah blah blah blah. either they're too long so they don't read them or they're, you know, stapled to the bag you get at at CVS and they're not

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they're not completely balanced, but they're there. And for those years onward, so that was that was 1975,

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December 16th, 1975,

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the FDA was always the avenue where we could say, you work for us. You we are

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the people. We pay our taxes. You work for us. You don't work for the drug companies. you don't work for the doctors, good as many of them are, but you work for us.

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And so, , I I kind of emphasized more the FDA side of the story because it's so front of my mind right now because

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the FDA has badly strayed from that that initial public duty.

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Exactly. And if if we come back to estrogen and menopause as as the conversation with the audience goes on,

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I can say more about that.

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Yes. And before we break to that conversation with the audience, I want you Billy to say just a little bit about the education around menstration that Right. I forgot that. I'm sorry.

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I forgot to remind you.

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Yeah. Well, you know, you get old, you forget things, get carried away. But I always had an interest in ministratation because mostly because I had such bad

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cramps and I just didn't believe it was natural or should happen. But anyway, I decided to change my attitude about it.

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So I fell in love with my period and so I had a daughter who would be getting her period pretty soon and I started

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saying okay so this was an oppportunity you know I've turned everything into a workshop into a project and so I created

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this workshop started it out with her explaining everything did it to a few schools in

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Gainesville to the boys and the girls and then later on with the black women's health project. We produced the

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first film talk between mothers and daughters talking about ministratation on becoming a woman.

Mothers and daughters

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talking together and it really allowed us to talk a lot about a lot of different things like the girls

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wanted to know how did their bodies work. They wanted to know what were the products of what do you use? What are the tools of the trade? How do you put

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in tampons? How do you wear a pad? We had belts then. You remember the sanitary belts with the metal buckle? I

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mean, Lord, that's come a long ways. And but we brought all of this in. The mothers had to deal with their feelings

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about their girls becoming getting their periods because they're not women.

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They they are still girls. Some of them playing with toys and so we shouldn't say that they are women, but they do have their period. And but a lot of

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the women had to deal with their feelings of their daughters wearing tampons.

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That's where the rub was. A lot of stuff came up about tampons. So we had to go down that rabbit hole and see what are you saying? What are you dealing with?

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But in the process, we also gave mothers tools for how to talk about their to the to their daughters and their sons and

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their husbands and to do it with feelings cuz ministrations had a lot of feelings

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as we all know. So what that has evolved to is in present day Lisa Cunningham

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at BWHI put together this most incredible film called Me Period and

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and so in order to get it done she couldn't do like we did in the 80s. It was just all of us sitting around the table who had daughters. We gathered up

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at this church and several of them filmed us in this very hot church over a period of two days and we talked. They

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were she was required to get stars. So we had to have named people. So we have Tabitha Brown and Cheryl Raph and

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their beautiful daughters. It's a beautiful documentary. but it's the upto-date version of me period and it also includes conversations with men.

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And so that has led us into the menstrual equity work because there's been a lot of period shaming around the world. and

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it's just a whole worldwide movement around menstrual equity. So,

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we're glad to be a part of that.

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That's wonderful, Billy. And it's really rippled out in so many ways. You can go into high schools and public settings

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where there are free tampon menstrual products that people can use if they happen to get their period, you know,

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unexpectedly and they don't have anything with them. And I'm very happy to see on campus a lot of activists who've worked hard to make sure that there's access to these products.

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So, we have about 10 s and I would like to turn it over to the group here. I know that one of our very close colleagues, Dr. Marcy Richardson,

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is here. Marcy, where are you? yeah,

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there you are. Marcy was one of the editors for this 2006 publication, *Our Bodies, Our Cells, Menopause*, and has

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been an amazing colleague for decades and supporter and more recently

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became an advisor to another organizational colleague of our bodies ourselves, *women living better women*

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*living better.org* or is one of the best resources on information about the perimenopause and Marcy along with other

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scholars and researchers are advising Nina Klov who co-founded that organization and website almost 10 years

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ago I think and they're doing amazing work research listening to women gathering their stories and I'd like

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Marcy to say a couple of things particularly because we're seeing a lot of hype around the menopause including that film that's going around the

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country called *the M factor*. And if you're willing, Marcy, we've got a microphone right there and you could say a few words.

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Well, thank you, Judy. You know, Judy and I were classmates in college.

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Anyway, but we're not telling you when.

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You know, menopause has been fascinating. I was privileged to start a menopause consultation group before the

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women's health initiative. , and and that's meant that I've been through

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incredible swings in how the medical profession has thought about menopause.

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But we've finally reached the time when women are ahead of doctors. And unfortunately

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as well, women are ahead of the research. And so now we're stuck in this

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situation where there are a lot of capitalistic

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or entrepreneurial aspects of what the conversation about menopause. and of course our

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current administration has deep sixed all research.

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So I think that the good news is that we can talk about it and that there's a lot

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of wonderful discussion and information about it. The bad news is some of it is

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not supported by good evidence and there are really a lot of unanswered

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questions. the movie that Judy's was talking about has two versions. The

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first version was I thought a little over the top. They had somebody who said everyone should be on testosterone.

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you know and when every time and I prescribe testosterone and some women really benefit from it but you know

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women's level of testosterone is about one tenth what men get so that always every time I write the prescription I

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think if we could just reduce the amount of testosterone in the world we might all be better but

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that's a little off topic But the thing about these you know

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the movie is quite slick. I had the privilege of watching it last week actually. but it's got some

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misinformation and it doesn't say loud enough how much we don't know. And I

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think that getting menopause care is really challenging because one of the results of the women's health initiative

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which has been what's the word? This is word retrieval is something that'll happen to you when you get older.

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One of the things that the women's health initiative it's been maligned. It was actually set out to answer the

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question of should all women take estrogen to prevent heart disease.

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And the answer to that question was no then. And as far as we know, it's still

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no. We still don't really know. Although my opinion is that there probably are individuals for whom it might help

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present heart disease, but there are lots of other interventions that are good. But anyway, the the it my real

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message about this is how wonderful it is that women are getting to talk about this, how pathetic it is that the

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traditional medical profession knows so little and we just need to keep trying to figure out what's going on.

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And women's stories are very important. women's stories certainly have is what have led me to the

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understanding I have and Judy mentioned Nina Klov who is this amazing

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human being and she had the experience as a 40some or actually she was in her

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late 30s maybe woman with some exper some symptoms and she went around to all her doctors and they all said oh no this

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isn't menopause you aren't this is you're too young, you're having regular periods.

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And she and I and another wonderful nurse researcher collaborated to do a survey which demonstrated quite clearly

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that women who are still having regular periods in their late 30s and early 40s are having symptoms related to

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menopause. And this has actually changed the conversation, I think. I mean, it's hard for me you to know what's really going. Anyway, I'm going to stop

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talking, Judy. That's enough, don't you think?

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Well, we could listen to Marcy for on end. And I want to move quickly over

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to Emily Anesta, who is at the table to my right. Emily is a leader of the Bayate Birth Coalition. , I serve on

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the small board. Emily led us after more than 20 years of struggling in a very

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important campaign to license and certify certified professional midwives

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needed to be brought into the mix of health care providers for those giving birth. And Emily's leadership has been extraordinary.

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CPM, certified professional midwives and CNMs across the country are trying to establish more birth centers. They

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are a very important piece of the reproductive justice solution. But I want Emily just to say a few things about this work and its meaning on International Women's Day.

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Thanks, Judy. I'm very honored to be able to speak at this phenomenal event.

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you know really proud of the work that we've done here in Massachusetts to pass a major maternal health law in

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2024. I recently observed that the law is now about a year and a half old.

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So it's a toddler and you know we're we're it's taken some steps but you know we have yet to see what will happen and

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what it will become. but you know Judy Judy and our buddies ourselves

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and so many midwives and women over so many years have been

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in this you know this fight this movement for you know so many aspects of women health women's health but one part of it being restoring access to

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midwifery that was that we've been deprived of because of this racist and

36:31

misogynist campaign to push midwives out and push our options for giving birth outside of the hospital,

36:40

for example, out and suppress it. And you know I'm so grateful to have been

36:48

able to join something that had been going on and and be you know mentored by people like Judy and you know do my

36:57

part to help push things forward. And you know on the the theme of storytelling that that Marcy mentioned

37:05

as well it it my background is in engineering actually so I I like anyone stories get to me but I I'm

37:14

really interested in the data and the that sort of thing but I learned in this advocacy for policy you definitely need

37:22

to have the data to ground people's stories and to show that that there's a pattern that when one person shar

37:29

shares their story. It's representative of a larger trends and things that are happening. But it is that that

37:36

storytelling mode that that really does make change because it it you know it gets to people in a different way.

37:43

even legislators and and all the people that we needed to to come on board for this.

37:50

Thank you, Emily. And I'm so deeply grateful for all your work on the legislation and everything else. this

37:56

is a a story that will be told in many different ways in the coming years.

38:02

The last person I want to call on is a dear dear friend and executive director of the Resilient Sisterhood Project,

38:08

Lily Marcelin. And I want to tell you that if you haven't already seen Call and Response, which is the most

38:16

extraordinary exhibition, yes, it is about the atrocious experimentation of J Marian Sims on enslaved African-American

38:25

women, but it's also about our hope for a different future and about the empowerment of women in a very different

38:33

way. And Lily can say a little bit about that project, which we hope will travel all over the country. Oh, well, thank

38:40

you. I did not know I was going to speak.

38:44

Oh, wow. , thank you, Judy. yeah I hopefully I don't know whether I I hope many of you here may have had the

38:53

opportunity to see the the exhibition but quickly I like many many people I

39:02

went throughout my adult life never and I never heard about Marian Sims until I happened to be at the right place

39:10

the right time which was at I was at Welsley College and I bumped into a friend who says oh are you here for

39:18

a lecture with professor Susan Reverby someone I dearly loved a former professor I was like no she's

39:27

like oh she's giving the lecture I was like oh do you know where and then what she's like no I don't know but I know where I building so I found it and the

39:36

lecture happened to be on this small pentatician physician who spent

39:43

about five year five years exper experimenting on enslaved adolescent

39:50

girls. Usually people refer to them as women, but I remember listening to Susan talking about these women. I was

39:58

horrified, petrified, and during the Q&A, I could not wait to find out how old these women were. And Sims experimented on a dozen enslaved women.

40:10

He named only three. We did find the names of the other nine, but I wanted to know how old they were. And Susan let

40:18

us know that they were an archa on whom he operated 30 times was only 30 years old.

40:28

I'm sorry. No, sorry. I'm sorry. 30 times was only 17 years old. Oh my god.

40:33

And Betsy and Lucy were only 18. And one of them, the other unnamed ancestors,

40:39

one was as young as 13. And all of these young girls, these adolescent girls found themselves at Sims crosshairs

40:47

because of fistula, which is a severe disability. this a severe

40:58

condition that which is a result of protracted labor where you a woman can end up with a tear in the

41:06

vagina or in the rect extremely painful very dis disabling socially isolating

41:14

but any event I I was stunned to realize that I've never heard that

41:21

story she talked talked about how Sims is known as the father of modern gynecology. He's credited for having invented the speculand many

41:30

gynecological tools that people when we go see our gynecologist, they might those tools might be might be made

41:38

in China, but they were black women's bodies were tortured for these tools to be be made and they are being used

41:46

today. There's a speculum that is used every day on women that is still called u the Sims speculum even though

41:54

there is a major movement and fight to change it to call it the Betsy speculum because Betsy was the first when he

42:02

made the makeshift his first prototype makeshift speculum was used on Betsy. So that's being changed. in any event I I I don't want to take too much time.

42:16

Lily, I just want to say you're going to stay afterwards and there's a really important story here. I hope many people will join you will go to the Resilient

42:23

Sisterhood Project website, learn more about the exhibition and maybe join us in efforts to have it more widely

42:32

used and and you know another film left off my list is the At Your Cervix, which is filled with good humor, too, and

42:39

there's a lot of cervical self-exam. In that film, they actually have footage of the moment in I don't know 2018 or so

42:48

when they knock down the statue of J Marian and Sims in Central Park. Yes. Very satisfying moment for many of us.

42:55

Yes. And and and I have to I have to say that myself in the res project we spent many many years have been

43:03

collecting petition to support the groups in New York who fought really hard to have the statue removed. So

43:11

happy to do that. But I hope you please sign up for our newsletter to stay in touch about where we host the

43:18

exhibition. The next is going to be in at the Charles Drew Medical School in LA from June to August. Yeah. So thank

43:26

you Lily. And I want to mention that I'm joined today by two other amazing co-founders, Joan Ditzian and Wendy

43:35

43 s, 35

Sanford, who are in the table right in front of me. I won't put them on the spot, but you may want to go up to them and ask your questions about

43:44

their involvement in this amazing and long legacy. we are now open to any questions, comments, we have a few

43:52

s. if you don't have anything to say now, there'll be opportunities later because we'll be mingling and having tea together. Yes.

44:02

Yeah. I was Oh, wait for the U microphone.

44:06

Hi, thank you. This is tremendous history. U I was struck that the about the what you said the protest at the FDA

44:14

so civil resistance a FDA in 1975 and just in a class I taught last week I was

44:21

talking about ACTUP in the mid80s doing a dianin at the FDA but I didn't actually know that they were picking up those methods from you. I was wondering,

44:31

were there other actions like that at the FDA or any that preceded you of the civil resistance type demonstrations right there at their at the headquarters of the FDA?

44:41

Oh my god. The Cindy.

44:45

Yeah. So, Alice Wolson was the network co-founder who was in DC full-time as and part of DC Women's

44:54

Liberation. they they went to the FDA. They had heard through a leak that

45:01

the FDA was having a meeting about the safety of the birth control pill. And at that time, anyone could walk into the

45:08

FDA building, not like today. And they went to the hallway and knocked on the door, you know, let us in, let us in,

45:16

let us in to this closed meeting.

45:18

Someone opened the door, say, you can't come in. And they just pushed their way in. They said, you got to leave. And the woman said, call the police.

45:29

and they chickened out and that was actually led to policy change. So they took a vote to have the door opened

and from then on as within a couple of years there was an actual rule that every meeting had to be open to the

45:45

public noticed in advance and have time for an open public speaking. So that

45:51

wasn't as there aren't pictures of that so we don't and we don't know the exact day but that was a really

45:59

important civil disobedience action to to that took place within the

46:05

FDA and you know you can follow up with me after and I'll try to connect you with people who have more of the

46:13

nitty-gritty stories from those years and there's a long tradition of this kind of protest and demonstration in

46:20

earlier women's movements and I remember one of the reasons that Paula Doress-Worters wrote about Ernestine Rose this wonderful book of her writings her

46:29

speeches is that she early on was she coined the term women's rights are human rights and she was very outspoken about

46:37

things that people weren't talking about both the AIDS movement but also and by the way one of our board members has

46:46

written about this Aziza Ahmed who's on the the law school at Boston University.

46:51

, but there was a lesson to be learned by many movements forming around civil

46:58

rights of various sorts. People with disabilities had been organizing. And if you have not seen that incredible reenactment of what Judy Hume did in San Francisco in the 70s on this, you know,

47:11

taking over the federal building. ,

47:14

you it's in drunken history. I don't think many of you know what that is.

47:19

Go look up drunken history and Judy Humeman and you will find this amazing reenactment. And the story she told is

47:26

also in a um I think it's even in Camp, which was a Netflix documentary that the Obamas funded where she tells

47:35

that story. But there were so many examples of activists in different movements learning from demonstrations, not just women's health activists, but others had engaged in.

47:46

and you happened to see it on the news or you read about it and it inspired you and it comes, you know, we're bringing

47:53

this right up to the present. The, you know, the students at Boston College are upset about the way their university is

48:00

denying them access to critical reproductive health information. So this little card here, which Suffach staff,

48:08

Grace in particular, and the students at Suffolk and at Boston College worked on,

48:13

was something we handed out on the streets by Boston College. Couldn't be done on campus property because they

48:20

wouldn't allow it. But the story is an important one to tell. , you know,

48:24

it's not new. The Boston Globe had it front page news 13 years ago when they tried to do it again. But I think we

48:32

have to keep on pressing for access to information over and over again and to say no to the people who would deny us access to that core information.

48:43

Anybody else or is I I think that's it then?

48:51

I don't see anyone. yeah, one person here.

48:59

Mine is is just a comment. when I was in in high school few years ago, I

49:07

found this book on a on a window sill and I picked it up and it was Our Bodies Ourselves and I was like, "Oh my god,

49:16

this is incredible."

49:18

, I think it had a lot to do with my formation as a feminist and as a lesbian and anything else. , but I want to

49:28

thank all of you who were involved with it in the beginning and just say it's as you know it was a very powerful tool.

49:38

Thank you. , this work is so important. When the obituaries for Norma Swinson in the New York Times and now Paula in the Post were first

49:47

published, there were dozens and dozens of responses from people who had stories about how the book meant so much to them. Some of them not older, some of

49:55

them younger. And I have to say that my favorite story is a college kid in either St. Paul or Minneapolis

50:04

who got up and said he read the book cover to cover. He found it in his mother's bedroom when he was 13. 12 or

50:11

13. And I looked at him, I said, you know, I don't think anyone has read that book cover to cover. , what possessed

50:18

you to do that as a 12-year-old boy? And he said, well, I wanted to be a good boyfriend someday. Oh,

50:25

I thought that was profound.

50:28

Anyway, I think we're done with this segment of the afternoon tea party,

50:34

but we're going to be able to talk more afterwards and mingle and share resources and ideas. And thank you so much Cindy and Billy for joining us.

50:46

Do you have any parting comments you want to make just before you know we turn attention to the next speaker?

50:55

Well, I do. I was at this incredible conference for the last few days. and

51:04

I would just like to give the closing of the talk that I gave there called let me

51:13

leave you with this and it was about reproductive justice but it's also women's health all and all of this

51:20

reproductive justice in the future will not be defined by a single policy win.

51:26

birth without fear. A

51:34

queer patient walking into a clinic and being called by their right name. A midwife's hands respected.  
A paycheck

51:42

that lasts. Children playing in neighborhoods free of toxins and terror. Policy shaped not by panic but  
by love.

51:52

We are not only defending our rights. We building the conditions for dignity. A history tells us  
something more

52:00

powerful. Every major shift toward justice has happened because ordinary people like us organized  
with

52:08

extraordinary courage. We the heirs of women who refuse silence. We are the stewards of children  
we may never meet.

52:17

We're the generation that must decide.

52:20

Will we shrink in this moment or will we build the future anyway? Reproductive justice is not a dream  
deferred. It's a

52:29

promise unfinished. And time is asking us to listen more deeply,

52:36

to organize more boldly, to love more radically, and to imagine a future large enough to hold us all  
over.

52:46

Oh, thank you. Thank you, Billy. I want to end on that. I I want to hold that feeling.

52:53

Yeah. Well, thank you again. And now, Laura,

53:01

thank you again to our amazing opening panel. , a round of applause, including you, Judy.

53:10

, so we're going to take a break now because we'd like to give you all some time to talk with each  
other and mingle,

53:16

maybe share some stories. In fact, if you haven't noticed, on your tables,

53:20

there are conversation cards with some icebreaker questions. Some of them are more personal than  
others, so you can decide what you'd like to talk about.

53:30

, we also invite you to take a teacup if you haven't and enjoy some refreshments. , many thanks to  
Bag

53:37

Ladies Tea for donating the tea for this event. , and we have some samples for you to take home, some boxes that were

53:45

donated to us. , and also if you would care to tour the room a bit, I just want to point out what we have out. So the

53:53

materials that Judy was talking about are at this front table. , we have our own our bodies ourselves feature table

54:01

with our wonderful students Gabriella and Sarah and feel free to talk to them too because they are great advocates for what what we're doing now

54:09

and how the current generation are embracing the whole mission of our bodies ourselves. there's a a

54:18

54 s, 18

small display examples of our ongoing project our bodies are quilts which is about gender- based violence and ask

54:25

people to create quilt squares expressing what survivorship means to them. So that's a preview of some of

54:33

the squares we've collected. and just hope you enjoy all that. The half hour I'm sure will fly by. so we will

54:40

resume at 3:30 hear from my colleague Grace Koch about current work at our bodies ourselves and student involvement

54:49

and also our keynote Diana Waboet will be delivering our keynote

54:56

connected to this last display I want to note over here which is a map showing the many places around the world that

55:04

have global projects connected to our bodies ourselves in 34 different languages , and of course there's a donate donation table in the corner as well. , so we'll reconvene at 3:30.

55:16

Hope you have a good time talking with each other. Thank you.

### **Chapter 3: Hannah Doress honors Paula Doress-Worters**

55:26

Hello everybody. Can you hear me with this mic?

55:29

Okay, great. My name is Hannah Duress and I'm honored to have the opportunity to do my best to walk in

55:39

my mother's footsteps as much as I can. And I really love modern technology because I'm looking

55:47

right at her on the screen right in front of me and you're looking at her up there.

55:53

so my mom, she was very pragmatic and she would often just kind of suddenly rise to the occasion.

56:02

many people know the story of how she was in this TV show I think with Judy

56:09

and there was this doctor going on and on about all these different kinds of the pill and all the side effects that it was you know going to this one for

56:17

this side effect, this one for that side effect. And mom found a diaphragm on the table and she goes, "This is a diaphragm. It's this percent effective."

56:25

And she just started rattling off everything she knew about the diaphragm because it just had to be done. So,

56:33

I think another thing I just want to share about mom before I sort of finish that thought about mom being

56:40

really direct is that mom and I both have had really close and continue to,

56:48

you know, in so much as mom from the spiritual realm is continuing with me to have a really close relationship with

56:55

Amy Agigian and just so much joy in the continuation and the growing and the flowering and the diversifying of Our

57:04

Bodies Ourselves. I mean, it is just a dream come true that just keeps creating new dreams and and dreams we can all

57:11

participate in because it is inclusive in that way. , and so it's wonderful too because I think that that Our Bodies

57:19

Ourselves embodies so much history and practice from movements that works and that we need to sort of continue and

57:27

keep passing down and keep changing and keep adapting and and using that

57:34

strength and that power and that background to power ourselves in this very very difficult moment.

57:41

There's so much that I could say and so much I would say and I invite you to get me talking anytime. I'm happy to do

57:48

it. But in this particular situation at this time where there are other people that have more important things to say right now, I just want to be

57:56

really direct like mom would and say and I've never said this before actually in in public or with any

58:06  
kind of to anyone besides my wife. but it means so much to me when

58:13

people share their stories about our bodies, ourselves, and how it touched them. It really does. Like I can't express how important that is to me. And

58:22

also I always think if every single person who told me one of those stories

58:31

remembered the year that happened in their life and then counted all the years since then and multiplied that by

58:38

as much money as they could think of and gave it to our bodies ourselves.

58:43

I mean, what the hell could we do with that, right? Am I right? Okay. So I'm just I just want to say like you know

58:51

the people who did this work I mean my mother worked for our bodies ourselves like you know she was living large she

58:58

was taking like limousines she was staying in fancy you know I mean no she wasn't we were sacrificing we were

59:06

sacrificing for this greater good and I'm so proud of her for doing that and I'm so happy that she did that and it made my life rich beyond measure but

59:15

The movements need resources. So, I just want to encourage everybody to look deeply in your heart. , to honor my

59:23

mother, to honor yourself, to honor other people that can be touched by this work. , and please support

Our Bodies

59:30

Ourselves. Thank you. And I'll be here after. I'm really excited to talk to everybody.

#### **Chapter 4: Crossing Generations - Grace Koch with video remarks from our student workers, volunteers, and interns (Our Bodies Ourselves)**

59:41

My name is Grace Koch. I'm the program associate for Our Bodies Ourselves here at Suffolk University. Thank you.

59:51

I just wanted to start by saying like what an honor it is that I get to speak up here with women that have led this

59:59

legacy and you know I'm the newest one here and I really appreciate it and look up to you all so much.

1:00:07

So I themed this whole speech around community and to be involved in this Our

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Bodies Ourselves community is something truly unique and I feel it's changed my life in so many ways already. I wrote

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this speech on on my way home from Paula Doress-Worters funeral and also in reflection of Norma Swenson's beautiful

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funeral service. I'm always so grateful to be in spaces with our founders and feel the truly unique community that they've built for us. Our Bodies,

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Ourselves, and our deep, deep history is so inspiring to me as a young feminist. We're rooted in bravery, activism,

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community, and profound love.

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love so bold that these women built a global community that not only calls for change but also created a place for

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everyone and their complex life stories that come with them.

1:01:03

So today I'm meant to speak to the future.

1:01:07

I recently asked my mom who's watching the live stream if the world felt so heavy today because this is what it's

1:01:15

like to become an adult. I'm 27 by the way. or if this fast-paced,

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overwhelming, and often very scary world is something that's worse than it's ever been before. And I think it we both

1:01:28

think it's probably a little bit of both. But it can't deny as I speak today that young women are facing many attacks on our right to health, autonomy, and

1:01:37

empowerment, which is why creating this intergenerational movement is so needed today. So when I look at our bodies

1:01:46

ourselves and learning about the history, I think, wow, what was it like to stand up in a time like that, so brave? , and when I pitch Our Bodies

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Ourselves at local events to young feminists, I always start by telling our history, which is the most inspiring part. And I think it resonates with

1:02:04

young activists to know that this path has been here made for us to follow.

1:02:10

Young women are hungry to find a place where we can make change and I know that we will unite.

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So I think it can be so rare in today's world to feel community bond like our bodies ourselves created where screen

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time dominates our social spheres. To feel that community is truly unique. I loved Miriam Holly's story this last

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week at Paul's funeral about how they used to share caretaking of their families and make mozzaball soup together.

1:02:40

And I just kept thinking that's so something that we need right now. My people my age need that right now. so

1:02:48

I just love you all to take a look around at each other and say hi to your community because this is really special.

1:02:59

Yay.

1:03:01

This is what makes our bodies ourselves so strong and what young feminists need to feel right now and be a part of. Our

1:03:08

Bodies, Ourselves will continue to be that comfy porch for women across the world to join us. , join us, speak

1:03:16

your truth, and demand our autonomy. In a time that can feel so overwhelming and isolating, I believe that our power is in profound love and shared experiences.

1:03:27

So, bringing more women into this space and seeing them thrive has been the absolute joy of my time with our bodies ourselves. Some of them in this room

1:03:35

today. It's their spring break, so they're off in fun places. , but I tr I would just love to end by showing you the amazing young feminists that I get to work in community with every day. ,

1:03:46

and it's just a privilege to be with them, working to improve the lives of women everywhere.

1:03:52

Hi, my name's Alex. I'm a student worker at Our Bodies Ourselves. I go to Suffolk University. I'm a junior and I've been working at Our Bodies Ourselves since

1:04:01

2023, my freshman year. Hi, I'm Sarah. I work at Our Bodies Ourselves. I'm a work study student and I've been here for two semesters now.

1:04:10

Hi, my name is Nikita. I'm a graduate fellow with OOS.

1:04:14

Hi, I'm Brynn. I've been working at Our Bodies Ourselves since my freshman year and I'm currently a junior.

1:04:21

My name is Anna Dippolito and I'm a sophomore and I work at the Our Bodies Ourselves office at Suffolk University.

1:04:27

Hi, my name is Illiana Hudson and I'm a student worker at Our Bodies Ourselves.

1:04:30

Hi, I'm Leia. and I'm a current intern here at Our Bodies Ourselves.

1:04:34

Hi, my name is Eliza Iacobucci. I'm a volunteer here at Our Bodies Ourselves and for the Center of Women Health and Human Rights at Suffolk.

1:04:43

I enjoy working for OOS because of the incredible community of volunteers,

1:04:48

interns, and leadership who come together to share the work of OBOS. ,

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and I'm especially grateful to have had the opportunity to meet and connect with some of your original founders. As a volunteer, I feel like it's given me so

1:05:01

much opportunity to build connections and also just better my education and continue my learning on women's health and human rights. And I feel like these

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conversations really build community for me and it's a great learning opportunity. OBO is really a resource

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for women by women. , it feels like such a collaborative process the entire time and we're constantly trying to get

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new voices and new perspectives so it doesn't feel stagnant or sort of stuck in any moment of time.

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My favorite part of OBOS's work is our commitment to global feminism. I love the fact that our adaptation our global

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adaptations aren't just translations but carefully made by local groups within those communities. I love how our

1:05:49

buddies ourselves are constantly looking to improve and never settles for any kind of mediocre information. me especially being a volunteer. This is a

1:05:58

space that gives me a lot of access to conversation and I feel like I can learn a lot from the peers that I'm working with, the other work study students and the other interns and like the directors

1:06:06

Laura and Grace offer a lot of space to ask questions and communicate our feelings about what's happening in the world and the current events and kind of

1:06:14

bring it back to our bodies ourselves and the way that we can access resources here for free. I love the different perspectives that we really try to

1:06:23

incorporate. We're not trying to just tell one person's story or even one group's story. We realize and recognize that everyone has a different story.

1:06:30

Everyone has different experiences with all parts of women's health. I also love that, you know, we really, while we focus on a lot of reproductive and

1:06:39

sexual health, you know, that's not all there is to women's health. , it really takes a whole round and well-rounded approach.

1:06:51

I love being able to work in an organization that I have the same beliefs with. Like I think if you are like an intersectional feminist and this is like the place to work for you.

1:07:02

To me, our bodies ourselves is a direct reflection of all the brave women who have been involved in it from the beginning. It's a reminder that there

1:07:10

are always new voices to be heard and new stories to be told when it comes to everything about women's health. and that there's also so much more progress that can be done.

1:07:24

Absolutely. I always recommend OBOS to my friends. In fact, my roommates have been to every single OBOS event. I think

1:07:31

It's such a valuable resource for people our age who are seeking genuine and accurate health information. Having

1:07:38

access to reliable information is really important since we see a lot of things that are fake and on social media and I think it's really important to

1:07:46

have reliable true information. I would definitely recommend Our Bodies Ourselves to my friends, my family,

1:07:53

anyone I meet. I feel like so many women are in the dark about their own bodies.

1:07:57

Our Bodies Ourselves answers so many questions that women are scared to ask or don't know where to look for answers.

1:08:03

Of course, I would recommend OBOS to my friends. even my friends who may not be in the public health, you know, field

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or even if they're not super involved themselves, I think OBOS is still an amazing resource that anyone, not just

1:08:19

my friends can really rely on and reference. and it's also just such a cool part, I think, of history to be a part of and be involved in in any way.

1:08:34

OOS can make all the difference in the world. It can, you know, a simple resource that we have on our website

1:08:42

that's in our books can really mean the difference to so many people. It can quite simply save people's lives around the world because they now have access

1:08:50

to information that they wouldn't have otherwise had access to. , and not only that, but it's helping women and

1:08:57

Even gender non-expansive people feel comfortable in who they are and also safe and secure in who they are. I

1:09:04

Thinking about it for me, the book and all the resources on the website especially offer a sense of reliability.

1:09:10

I think we're in a time right now where we're having a lot of trouble with resources and access to resources for all sorts of people. And I think our

1:09:18

bodies ourselves as a website and all of the books in multitudes of languages and through lots of cultures can offer a lot of reliability to these resources for

1:09:26

women and their health rights and their human rights.

1:09:34

the fact that so many people are so excited about the work that we're doing here at Our Bodies ourselves and that just like have so much energy and

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excitement to give to the movement at the time in which like rights are being limited. I think that it's really inspiring. It can be really hard at

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times and discouraging in today's climate especially. But I think the power of social media and stories and seeing how many people are willing to

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still mobilize and stand up and speak up for women's health, not just for it to be recognized, but also prioritized, we

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see people of all ages, all genders, all cultures coming together. So that's always that continues to be really

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inspiring. I think the fact that we've been here for so long and that we're not going anywhere just really gives me hope

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for women's health and just intersectional feminism. Organizations like our white as ourselves really does give me hope for the future of women's

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health. It's incredible to see that there are still so many forces working to protect women and I love that I'm able to be a part of it.

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Yay. Those were my students. Also, they made that all by themselves.

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So, that was amazing. That was self motivated. Yep. And I'm just going to stop sharing.

## **Chapter 5: Keynote: Beyond Borders - global women's health activist Diana Namumbejja Abwoye**

1:10:53

And I'm going to bring up our next amazing speaker.

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Diana Namjan Aboy is a family nurse practitioner at the Worcester Rise for Health and is a dedicated global health

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advocate. She was the chair of Our Bodies Ourselves board and is now a member of our leadership council and our global projects committee. Diana is also

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a member of the international advisory committee for surrogacy 360 with the center for genetics and society and she serves on the advisory board for the

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global nursing caucus. Diana has been an OBOS global partner also since 2012 when she began the project of

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translating and adapting several chapters of Our Body Ourselves the book for Luganda speaking women in Uganda.

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You can probably find it on the map. and with over a decade of experience in culturally sensitive health care and global public health initiatives, Diana

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is truly a leader in shaping global health care policy and advancing health equity worldwide. So our keynote Diana

1:12:01

So, I am very monotoned and that's by nature. So, I'll move this to a position where you can hear me. How is that?

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Perfect. I'm also terrible at reading my own speeches, but I write them anyways to feel good. , thank you, Grace, for

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that amazing introduction. I'm really delighted to be here and be in this space at such a time. And I also do

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thank you Amy and Laura for having me. I have no clue how I could speak after Judy and Bailey and and and

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everyone else. And the students said everything I wanted to say this evening, so we might as well just mingle and mix.

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But I'll try. ,

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I have a few questions for the audience and just feel comfortable to answer if you'd like. It's only by show

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of hands. I'd reach out I'd wish I'd get a 100% participation if possible, but they're just simple and kind of just

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fun, which would lead us into what I want to talk about today. So, here we go. By show of hands, how many of you

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know what you want to be when you grow up? Perfect.

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How many of you have changed your minds over the years?

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There we go. How many of you are in position to work towards what you want to be in the near future?

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Good. And how many of you are still figuring it out?

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Love it. And how many of you think you have the resources to get there?

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Love that. So this brings me into my positionality and I do want to in the spirit of self flexibility, I do want

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to acknowledge my positionality as a black woman born in Uganda that you see up there somewhere in the east coast of

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Africa. I have had a privilege to travel the world and I can somewhat speak and advocate for other women without fear. I

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do acknowledge that there are many women in the world that do not have this privilege. They constantly fear for

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their safety and their voices may never be heard.

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A disclaimer, I speak multiple languages for sure. And if I don't translate to you very well today, please don't

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hesitate to pull me, grab me, and ask me questions after. I'll be happy to chat.

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I want to take a moment to honor several women in the world, mostly Jana Muhammad who was murdered in front of her house a few days ago.

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Jana Muhammad is an Iraqi feminist leader. She was assassinated outside her home a few days ago. She founded the

1:14:52

organization of women's freedom in Iraq and we all think about her and deeply pray for her soul.

1:15:00

I do want to honor other brave women,

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sisters around the world who are brave enough to show up and advocate even when it's not safe.

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I want to honor girls, women, and other individuals who are victims of violence.

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Some of whom have been brave enough to share their stories. Some of whom we've read about in the news very recently.

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Some of whom their stories will never be heard. We think about you. We see you. We are working to improve things.

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We'll keep trying no matter what.

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That's a lot. Before I jump in, I want to think about my dear friend Norma Swinson, who if she was around, I can

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bet you would be sharing this stage together because I kind of feel like I took over from Norma as the global person for OBOS for the last few years,

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but she and I had so many lengthy conversations. And today as I speak I remember the conversation we had last

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year at women's international women's day and I think about her a lot and my thoughts go to you Hannah as well

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because Paula is also one of the founders we deeply miss.

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The slide you're looking at that's my childhood home. I did mention I was born in Uganda and I out of five

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siblings. My mom nurtured us to the best of her knowledge and how best she knew how. I had an opportunity to be at my youngest, two youngest siblings, bath,

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both baths at home, attended by a now who we call traditional bath attendants.

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I'd like to say I had no idea what bath meant. And in our generation, you kind of stayed in the next room and had people crying, but then a baby came up.

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But I was there and that memory has stayed with me until today. My mother started her childbearing age at the age of 13.

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She never had an opportunity to education or access education beyond primary school.

1:17:04

She died young at the age of 35. And for a while there I my goal, trust me, was to outlive my mother. And as Grace was

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speaking, I'm very delighted known to be the youngest person in OOS because last year I turned 40, two goals met,

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outlived my mother, known the youngest in OOS. And I deeply appreciate the new generation we have at Suffolk every single day because we begin today to move forward the movement.

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When I was a young girl, my access to education was limited. Quite frankly,

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there are times if my parents could not afford a fuel that lit the lights that we used as kids in in those days to do

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homework, I would never get to my homework. If the moon wasn't out,

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sometimes, you know, homework would never happen. And sometimes I'd be so exhausted from traveling from school to

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home and trying to get to my homework after my household chores.

1:18:04

I had limited access to vaccine to healthcare. In our days, access to health care for at least me and my

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family was when you were pregnant, you interacted with healthcare somewhat. And for children like us, when

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you were having vaccines, that was what we saw and knew as healthcare.

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I can be honest to you. I learned early on in my life that we cannot discuss women's health without thinking about

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the economic, social, and political drivers of health. We've seen this play out both in the global north and mostly

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in the global south. I am so glad that as I sat around here today, so many of these things came up.

But I'd like to remind us that the political, economic,

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and social drivers of health, some of whom people call determinants, but I am reshaping this by saying we should look

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at them as drivers because movements like ours actually change this. You can alter drivers but determinants we give

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them so much power because that means to some degree we can never alter them

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when I was growing up. This is the access to health information we had.

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Campaigns like this emphasized us keeping ourselves for marriage. No intercourse before marriage was the

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message on the African continent to prevent the spread of HIV and STDs. No one discussed protective methods or how to keep ourselves safe. I tell you what,

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girls had sex anyways. And this was either because they wanted to or because it wasn't because they didn't agree

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to do so, but it happened. And several of them, including those close to me,

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struggled and dealt with the consequences of being pregnant. And some of whom were expelled from school because as much as they told us not to

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have sex and save ourselves for marriage, they also did routine pregnancy checkups. And when they found you are pregnant, that's it. You were

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shunned out of the community and society.

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So I observed and as I grew up and learned from so many people I and I got

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older and found my voice I got involved in the movement more so the OBOS global network at the time and my campaigns

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were different. My campaigns were for based on bias-free information. You could tell here on the streets of Campala nailing it saying, "Hey, you got

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to protect yourself, but this is how condoms look like." And in these days these images were very rare in the community where I come from. My

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goal and here forward when I use I honestly truly I refer to Our Bodies Ourselves whether at home here or in the

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global sense. , my goal was always to partner with grassroots organizations in the region to provide evidence-based

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information that was culturally congruent.

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I would move on once when I was traveling in northern Uganda in 2013. I met a group of young women, teenagers

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really literally, and they were they had babies. I had never seen a baby so malnourished. And yet I was younger. I just was speaking to Professor Shapiro

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in the room. I was at UMass Boston at the time and I was deeply touched by these girls. I didn't know what to do

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but I thought you know what I will start by forming support groups talking about education of nutrition basic life

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support and and and figure out how to support them. I did realize early on

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that discussing basic nutrition and support systems without access to nutritious food was actually a waste of time. So I turned around and that was

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before you know I was at the time I was doing my degree at UMass. I was also a young immigrant woman in the

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country before my PhD life before knowing what a needs assessment is. That was me trying to be pragmatic and

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finding a solution to a problem. I stepped away, thought through their concerns, turned around and went back and then founded a vocational training

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program that would later on evolve over the years. But really the goal was to hear what they need, provide what would

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help them, but also leave them with skills that they could use to support themselves and their babies. In the region, they had had a 20-year-old war,

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which you probably have heard about the Coney War that had gone on for 20 years.

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These girls had been born in a refugee camp with to parents who are internally displaced. So they didn't know any life outside that, no access to education.

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And I never knew that this would later shape some of the things that I do today and working with these girls has been such now women and the program evolves but has been such a thrill in my life.

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I would then go ahead as you will see on the map to join the other global

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partners and translate and adopt a book to Luganda and traveled around the country disseminating information. And I

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think the key highlight to me has been how our bodies ourselves supported different women in different parts of

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the world to adopt this information in ways that were known to their cultures.

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There was never a time where when I worked with Aisha and Sally back in the day where I did not feel supported but

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also I took a step back and observed the support other women were getting and empowering them to take this resource that was so vibrant and brilliant to the

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west and bring it in their cultures in their countries where it's actually applicable to them and to their way of

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life and ensure that it's culturally appropriate for them to views.

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In addition to Luganda, this book has been adopted in many languages as you will see on the map. I keep pointing there and different countries. Some

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languages cross over from different countries, but pretty much what we look at mostly is how adopted it is to the culture there.

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Most of my most recent work has been centered around menopause. And I just did enjoy the conversation earlier about menopause. I don't even know how at my

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age I got into menopause but here we are. I have just been doing menopause work.

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I traveled. As we know OBOS, we love to hear experiences of women. Someone reached out to me and said I'd like for

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you to give me comments about menopause for the women you work with. And I said I'm not menopausal. How about I

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make you a deal? I will go travel and bring you voices of these women so you can hear their own stories. So off I

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went traveled across last the 2024 summer and had groups and

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interviews with women about their experiences of menopause and this work has evolved hopefully you know we'll

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have some short films a soon to be documentary and I you know I am just so thrilled but because we all know that in

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many times experiences of certain people from certain backgrounds are never had and so for me being part of this work

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and making these women part of this work so we can all understand that actually they can have menopause symptoms at 38

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is a great thing and a thrill to be part of our bodies ourselves.

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Every opportunity I get as a person I bring my kids along. Some of you know me so well. I have girls and trust me I

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deeply believe that we begin today really today as we walk out of this room if you haven't yet started

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to develop global citizens. So I check with them wherever I go and teach them the way of the world because again they will be the graces of tomorrow.

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When I think about women's global health,

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it makes me pause because I do define it as a landscape currently of crisis and vulnerability.

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To be honest with you, sometimes I actually do not understand how women live outside the US, but they do.

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I did have the privilege of traveling again a few summers ago and spent time in a refugee settlement in northern

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Uganda which is at the border of South Sudan in Uganda and I spent time there.

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Ideally I was there to do some research and you know I lived with these women and I ended up doing some clinical

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practice as well. In the picture you see that's a midwife sitting at a chair doing prenatal visits with three women

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seeing them together because she had another line waiting to be seen.

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The same midwife actually was also delivering and assisting with deliveries for babies that day but

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also doing postpartum care. one midwife even if I went there not to provide medicine and not licensed to provide

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medicine in this space I could not sit back and observe. So I got my hands dirty in in good faith and something

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that has remained with me and I have so searched and thought about it and how ethical that would be in in such spaces

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but here we are because there's a lot of crisis and vulnerability in this world.

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Violence against women is on a you know it's heightened and it's not only specific to the global south it's all over the place. people are having

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heightened experiences of violence as we've read in the news in South Sudan, in Sudan, in you know, wherever

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we read, they're using rape as a weapon of war.

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And so many of these stories we'll never hear. This building you see here, which speaks to the funding cuts that we have currently going around, it's called a

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women's space. I had the pleasure of sitting in this space and hearing several women's stories, of violence, of

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struggle, of name it, things that we are privileged to have every single day, but some people dream of and will never get

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to. Some people want to be something in the world, but even if it changes a million times, they'll never have the resources to get there.

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2025 I get a phone call and this space has been closed. I will tell you as someone who has been here and interacted

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with women and hear how much they looked over their shoulders for this space to be closed. It was heartbreaking. There

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was access to a social worker. There was access to a psychologist. There was access to a volunteer lawyer who came in there every once in a while. And there

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was access to midwives who supported these women in so many ways including having what I won't mention that you

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know what that results sometimes and you're wrapped and you don't want to continue with it. So the funding cuts have affected them deeply and this is

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not only central to this place this is in many other places in the work that I've been doing as we've heard the

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stories in Palestine. I remember speaking to Chris Alonzo, one of our former board members, and she was in

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tears a night early last year, telling me about how a small clinic that we had talked about was closing because there

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was no funding and yet this clinic was taking care of women in Palestine.

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A picture to the left is a woman who delivered a baby in a refugee camp and her postpartum care happened in that tent. So like I will say to you today,

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we have so much privilege and the things that go on today that we are able to see. There are so many things that go on in the world that we are not able to

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see. And it's these stories that bring them home with us.

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Women are facing poverty, violence, and poor health outcomes. Well, the nonprofits serving them are navigating

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shrinking resources and political backlash.

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Many providers in global health as I've mentioned are closing operations and this is due to funding cuts. So many

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midway midway free colleagues that I know that I've worked with over the years through my global health career are out of employment simply because the

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funding that employed them to work in some spaces doesn't exist.

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And of course this is escalated by the impact of conflict and displacement.

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And as we take a moment today we have the privilege of being in in in unity on on such a day and there are so many

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women who would love to do so but they can't. And so I bring their voices to you and tell you that they actually do

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exist. Funding cuts are not just affecting the global south. Funding

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cuts do affect us here in in in you know in the global north in the US.

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I'll give you an example where I practice at rise. We are seeing our patients are really newly arrived

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immigrants or refugees or asylum seekers. And every single day I watch them navigating the impact of funding cuts, having no access to basic shelter,

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food or health resources. An example at the back there is my colleague from RISE, but there's a patient I saw on

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Monday, recently in her 20s. It was her first time to interact with healthcare in the US after 3 years of being here.

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And she came in to see me and she had 11 things on her list. the work that I do.

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I paused and I took two hours out of my clinical day to take care of this individual, including giving her

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diagnosis of diabetes. She had had a vaginal infection she had stayed with for over two months. And we open our

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doors to people like that. And like I said, when I say I, I mean OBOS, because then I've gone back to OBOS and said,

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"Well, this is what you need. Can you give me a resource to support these women with breastfeeding? Can you give me resources to support these women with

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pregnancy and child birth? Can you give me resource to support my patients?

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And I work with Grace and the global committee to get whatever I can scramble together and bring it back

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to my patients. So sometimes when people hear about funding cuts, we think this affects the global world. Actually not.

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It's affecting us here at home.

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There are so many ways as or that we are positioned and so many things we can do to continue this work especially at a time that is needed now more than ever.

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I will tell you that just in December I was traveling on a flight from Dubai.

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Gosh, I trek the world and I was carrying my baby and I was sitting next to this woman and for so many years I've

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gone back with Judy both back and forth with Judy and said I'm very concerned about women who are leaving their homes,

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leaving their countries because they don't have access to resources and they're crossing over to the Arab world

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to work as domestic workers. This has been documented. The experiences are all over. You can read about them, but I see

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them every day and I speak to them every day and I hear their experiences. Woman was sitting next to me and I go, "Oh,

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hi." And you know, we get talking. I spoke her language and we started talking and I asked, "Let me guess.

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You're coming back from where? South Arabia? She said, "yeah, I am" "And what are you going to do?" "I'm going home" When I left

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3 years ago, I left my 3 months old baby and I haven't seen them until now.

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there. I was sitting next to her holding my three months baby, old baby going to spend time with family. I'd spent some

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time in Dubai and I was moving on and I was sitting next to this woman and I go,

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"Okay, tell me about your experience and talk about hearing women's stories." She would go on to tell me her experience,

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how her life has been working, the experiences of her friends, colleagues, and how they survive in the Arab world.

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You think slavery happened many generations ago where people who look like me were brought to this world. That is different. Slavery has been

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modernized and done very well strategically and people are still carrying it on. So today I ask you to read, educate yourself as a movement.

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Let's think about how you can join me because I'm doing this to help these women.

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There are so many other things we can leverage including the already partner organizations and relationships we've

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built in different countries. We are positioned to be able to support these organizations to carry on the work that

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they're already doing except how do we support them? Technical support. you have people like me with lived

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experiences somewhat educated I guess and have open arms to do this work

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let's partner together and let's carry forward doing this work the one thing I will say is all the things I have

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mentioned actually do significantly touch mental health and I had someone

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talk about whole life earlier on and that's something I wanted to talk about let's let's continue focusing beyond

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reproductive health and looking at whole life including safety,

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security, autonomy and quite frankly the economic and political drivers of health

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because they all drive women's health outcomes.

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I was in Japan a couple of not you know I'm going in a few weeks but a while back I went to Japan and I they have

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their own issues I won't lie they have their issues about contraception history and abortion and all that but

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this thing was so cool that I witnessed visiting this birth center midwives being you know treated and regarded the

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same way we are doing in the US which is very unfortunate but these midwives had figured out a way of using their spaces

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to still remain part of women's reproductive journeys. They were using their spaces as post for postpartum

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support where women would go ahead and deliver in the hospitals with whoever is available. They would come to this space

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and they would take care of them holistically, have other women who have just had babies. They would share meals together. They would teach them how to

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breastfeed and their insurances were actually paying for it. And these women would have up to a month and if they had postpartum depression, they stayed there

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longer. But this was a space very culturally appropriate. You know, the bed is on the floor, the tatami floor, there was that small crib for the baby.

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They had a community kitchen. And you know, it was just amazing to me. And I said, how in the world what how much we

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would change so much by just incorporating mental health beyond words, beyond a piece of paper, but in

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practice for so many of the women who are along the reproductive continuum all beyond.

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And so that is one other thing that I like for us to think about. And of course, let's focus on flexible feminist

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funding. I mean, there are so many funds. Luckily for us at OBOS, we don't take funding from certain spaces because we need to continue the momentum of

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speaking when we have to. But focusing on feminist funds that are flexible enable us enables us to do whatever we

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want as long as it's for the benefit of this work.

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And to all of us who are here today with as friends of OBOS as children of OBOS or

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grandchildren of OBOS sometimes we do not need to cross borders. Actually these women are in our neighborhoods.

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They are our next door neighbors.

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Pause. See them. We can't know what they need if we don't listen. And like one of

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the speakers said earlier, there's power in hearing women's stories and there's power in hearing people's stories. When

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I took that trip to the refugee settlement, I went there to do a qualitative research study sent by Yale,

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you know, I'm finishing my PhD over there and I sat down and after living there with my children, I came back and even my dissertation changed.

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So I will say today that offer unconditional regard because what links us all is humanity. Thank you so much.

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Amy is next.

## **Chapter 6: Closing Remarks - Our Bodies Ourselves executive director, Amy Agigian**

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Whatever. I think it's good.

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Well, thank you so much Diana for and and I want to thank everybody who has

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spoken today. I feel so proud of this organization and all the incredible

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women and gender expansive people who I get to work with all the time. And it's

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really just this incredible gift to me to be able to do this work and to carry this work forward. , you know,

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the just the the brilliance that you have seen, the brilliance of the speakers, the commitment,

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the understanding of how it all ties together and with the human, right? We

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all need to be seen as human beings and have our human rights.

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and not limited to reproductive rights which of course are critical and

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I want to say the word abortion very loud and clear. this is abortion is

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absolutely critical and you know it gets to and the the horrible politics regressive

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patriarchal politics that are happening not only in this country but in many places in the world that are trying

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to deny women access to abortion, to birth control, to divorce, to voting,

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to all of the things that enable able us to live to have the chance to live

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our full humanity is, you know, that that's a really important piece of what we have to fight for right now is

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reproductive and sexual health and rights and justice. And as has been pointed out so eloquently

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and beautifully, we're not limited to that. We aren't only living reproductive lives. We are multigenerational. We live, you know, hopefully a long time.

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And our bodies ourselves in our current incarnation is very much about

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the interconnections between reproductive health, mental health,

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heart health, relationships, ending gender-based violence, gender, you know,

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all the different elements of human rights because it all is connected.

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And that's part of what the human rights perspective brings. That it's not only the social, economic, political drivers,

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and I love that drivers, not determinants. Drivers. We're not determinists here. of health.

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It's also our it's our

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sorry, it's our economic and social rights as well. the right to housing,

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the right to poverty relief, the right to health care, the right to pleasure, the right to sexuality, to

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being able to identify our own genders and to choose our own families, our own it's all connected and this is what we

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are fighting for, this is what the misogynists, the brologarchs

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the people who are trying to make the world in their dead image cannot stand is for women to be free.

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And so all of us in this room are actively resisting that domination just by being ourselves, just by speaking out.

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That's not the only thing we need to do,

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but I think we can take some some joy in knowing that just our existence

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is a huge problem for those who want to erase and and oppress women and gender expansive people.

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So, I'm only going to talk for a pretty short here. I want to let you go on time. I will remind you

1:45:05

that we're going to you know very shortly after we close today we are going to have a smaller gathering to honor our beloved colleague sister

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form mother for crone Paula Doress-Worters and I also want to just

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acknowledge a few people who haven't been acknowledged yet these are our bodies ourselves content 10 experts who

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are here with us in this room. And some of you know we have we've had over a hundred people working with us who

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have expertise in their areas since the this current incarnation which started

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in about 2020. and expertise for us is not just medical expertise although

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that's incredibly important. Thank you Marcy. , it's also women's lived experiences, people's

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lived experiences, that is a form of expertise. Activism is a form of expertise. Policy, legal expertise,

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there's all kinds of expertise and we really bring all we work hard to bring those all together. ,

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intergenerational experience is a form of expertise. ,

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racial and ethnic diversity is a form of expertise. So we have a lot of experts

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and you know with that broad definition and I want to just mention and I hope you will all stand up and

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give a hand for Evette Kosier, Marlene Freed

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you can just stay stand standing up, Marlene Freed, Anne Dofow, Rebecca Ballston

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and Christina Barman Yes, we absolutely could not do it without you.

1:47:02

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these conversations I so I so treasure these conversations where I get to learn so much from all of you and get to talk

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to people who are older than me, that are younger than me, that are, you know, from different parts of the world, ,

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different life experiences. And that's part of I think what has always made our bodies ourselves so powerful is you know

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as has been pointed out that we honor the stories of actual women who are who

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are living our lives in our bodies and in our societies. we're not coming in from above or from outside saying oh you

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people in this country you should be doing it like this or you know you should be doing it this way. But we listen and we honor and we hear. We try. I'm not saying we're perfect.

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so it's really a pleasure to to be here with you. And I want to

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mention a couple of new projects that we are going to be working on that we're starting to work on now. And then I'm

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going to make my pitch. because this is a fundraiser, too. So as you know,

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so I want to mention two new projects that are coming right up and one is

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that we are starting a planned giving campaign that is called our bodies our legacy.

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And this is something where we are asking and listening to women who and

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and people of any gender. You could be men, you could be women, you could be whatever you want. , as long as you can do planned giving in this case. So,

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people who want to commit some amount of their their legacy to maintaining our

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bodies, ourselves over time. We really need to build our endowment. , it's

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not that we mind Oh, it's not that it's not that we're afraid to fund raise.

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It's just that we having that that stability will help us a lot to keep

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doing the kinds of work that we all know are not especially supported by the

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government at this moment, right? And that's been true at various times.

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It's not only this government. so we're excited about that. The other thing so I want to mention it. I don't have any handouts for you, but you know,

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just putting it out, planting the little seed, so think about it. , the other thing is that we are well on our way to

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planning a new print edition of Our Bodies, Ourselves.

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And yeah, we are super excited. It will be the first edition, the first update since 2011.

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, and I think you know a few things have changed since 2011. There are a few

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updates that need to happen. , it's so interesting because when we first started merging with our bodies ourselves in 2019,

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, you know, everything I heard was,

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you know, people don't want a book. you know, they books go out of date so quickly and everybody just wants things immediately on the internet and you

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know, nobody wanted that's just what I was hearing from all directions. Some people wanted a book, but mostly I was hearing they wanted people wanted

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an a digital resource. I was just giving a talk about resisting fascism with reproductive justice yesterday

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to a bunch of young activists, which was amazing. And I asked them, I pulled the room. I said, "How many of you would

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like to have an actual book and every single hand went up and this is what I've been hearing because they don't

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they want the privacy. People do not trust for good reason that they can maintain their privacy on the internet.

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They want to be able to just hold it in their hands, read what they want to know, share it with a friend, and not

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have the surveillance. So, we are hard at work, laying down the groundwork to get a new addition going.

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And if anybody is interested in that or interested in supporting that,

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please keep your ears open and come and talk to us about that. So,

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having said all that,

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I'm going to just state something that is probably obvious, which is that none all of this costs money.

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all of most of you, all of you have already given to come to this event and we so appreciate that. It's been a fantastic fundraiser.

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all we really appreciate everybody coming and giving and and we're well aware not everybody is able to give and

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that's fine. So if you're here and you didn't give we want you to be here just as much. Okay. So at the same time we

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do have this wonderful table over there that has a place that you can give if you are able

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to give again to give another as Hannah was saying thank you Hannah. I didn't expect Hannah to talk about to

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make a pitch for us. we love it when people give a monthly gift, even if it's small. That's actually something Paula used to do. She gave a monthly donation.

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It's very much appreciated.

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or just some you know if our bodies ourselves is important to you. If it's

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something that you want to see other women and young people of of a variety of genders be able to experience and

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have access to. That's something within your hands that you can do that. And so I just want to encourage you to consider that as much as you can go nuts,

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you know, give another gift on your way out. And we have the QR code you can give just by like taking a picture of

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that and just type in what you want to give. and on that note, I will just say thank

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you so much for coming. Thank you for being a really important part of our community and for giving me and all of

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us the opportunity to be in these spaces to learn and to make a difference for future generations.