

on our way

THE CAMBRIDGE WOMEN'S CENTER NEWSLETTER : APRIL, 1978



Dear Sisters,

It's great to be back in print. Our thanks to the many women who sent us messages of support and encouragement.

As we have struggled with the many important questions raised by publishing ON OUR WAY on a regular basis (financing, distribution, working towards becoming bilingual), we have seen the weeks slip away and our January issue become our January-February-March issue! However, all that is behind us now (?) and we hope to approach a monthly schedule.

With this issue we begin to print partially in Spanish. We intend to work in close cooperation with the Luisa Capetillo Collective (see this month's Looking Out section), and we see this as the first step towards making On Our Way supportive of and accessible to Latina women.

Spring is on its way even though winter is still in our way...The sun is re-energizing everybody, and we move forward in a year of changes. We are glad we're moving forward together.

El Centro Para Mujeres de Cambridge fue inaugurado en enero de 1972. Este servicio se estableció cuando un grupo de mujeres norte americanas de la vecindad de la área de Cambridge y Boston buscaron un sitio para trabajar. El grupo de mujeres desde el comienzo tuvieron muchos obstáculos para fundar el Centro. Un factor sea económico. Hasta el presente ha operado mediante donaciones de individuos que apoyan al grupo, los mas de feministas.

El Centro se habrió para dar ayuda en todos los niveles del desarrollo de la mujer, y así fue creciendo ya resistido por 7 años. Las mujeres han cooperado con proyectos y servicios para mujeres de distintas lugares del país entre la unión y la lucha feminista y así fueron comprendiendo la necesidad del control de sí misma, y así haciendo un análisis del proceso de la mujer para conseguir la liberación por medio de la educación y otros factores que se han formado con el trabajo continuo de varios grupos organizados.



El Centro Para Mujeres de Cambridge está compuesto de una casa de tres pisos. Tiene:

OFICINA
SALA PARA SENTARSE
SALA DE REUNIONES
SALAS DE CONSEJERIAS
SALA DE GUARDERIA INFANTIL
SALA DE LA BIBLIOTECA
UNA COCINA Y
DOS BAÑOS.



Es un centro de información. Tiene un directorio completo en todos los tópicos referente a la necesidad de las mujeres:

REVISTAS: DATOS DE TODO EL PAÍS.
EDUCACIÓN: CURSOS Y OPORTUNIDADES DE ESTUDIO.
SALUD: DISTINTAS SERVICIOS.
LEGAL: SERVICIOS GRATIS
VIVIENDAS
TRABAJO
RESTAURANTE PARA MUJERES
TEATROS
CINES
BAR PARA MUJERES, ETC. ETC.

Historicamente el Centro es conocido para ayudar a muchas mujeres a desarrollar cualquier y nuevos proyectos. Si usted tiene interés en organizar algo relacionado con la mujer, puede asistir a las reuniones que hacen proyectos y a las reuniones de personal:

STAFF/PROJECTS MEETINGS

Todos los lunes a las 8PM. Puede asistir y plantear sus ideas e iniciar su proyecto.

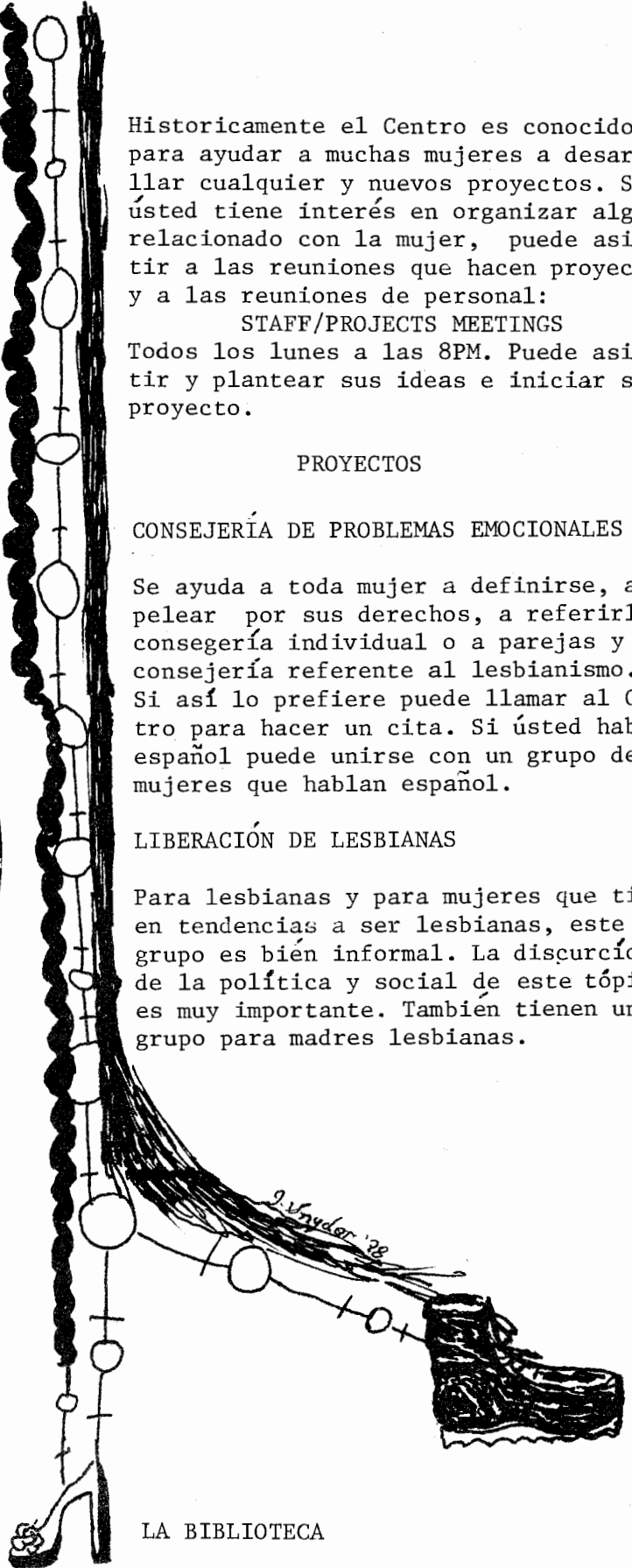
PROYECTOS

CONSEJERÍA DE PROBLEMAS EMOCIONALES

Se ayuda a toda mujer a definirse, a pelear por sus derechos, a referirle consejería individual o a parejas y consejería referente al lesbianismo. Si así lo prefiere puede llamar al Centro para hacer un cita. Si usted habla español puede unirse con un grupo de mujeres que hablan español.

LIBERACIÓN DE LESBIANAS

Para lesbianas y para mujeres que tienen tendencias a ser lesbianas, este grupo es bien informal. La discusión de la política y social de este tópico es muy importante. También tienen un grupo para madres lesbianas.



LA BIBLIOTECA

Tiene un colección de libros de feministas. Incluye ficción, periódicos, revistas, y panflets. Se reciben libros en español si ustedes quieren donarlos.



PERSONAS DE LA OFICINA

Toman las llamadas del centro y organizan las informaciones pedidas y utiles para el trabajo del Centro. El Centro necesita mujeres para hacer éste trabajo. Si alguna de ustedes les interesa hacer trabajo voluntario y pueden venir algunas horas al Centro, por favor llame al Centro. Cada temporada se hace un inventario claro para renovar revistas y artículos para si mantener el centro de información al día.

LA REVISTA

Es un medio de comunicación. Se puede realizar una nueva revista informado a cerca de la mujer con noticias, artículos, entrevistas, arte, poemas y recetas. Si alguna de ustedes las interesa hacer un trabajo voluntario y dedicarse algunas horas de su tiempo, puede ayudar en cualquier forma. Llame al Centro sobre información de la revista.

CORE

Es un grupo de la colectiva de mujeres que se encargan de las finanzas, y reglan las cuales el Centro de mujeres se rige, y así tomar decisiones en la función del centro en todos aspectos. Está abierto a toda mujer que tiene interés en la responsabilidad de cooperar por lo menos un año de involucramiento.

LA CASA TRANSITORIA

Es para las mujeres que tienen problemas en sus hogares con sus esposos o sus amantes que las golpean brutalmente y la mujer necesita tomar una decisión como irse de la casa con sus hijos si tiene hijos. Puede contar con esta casa transitoria como ayuda y refugio. Allí encontrará asistencia social, emocional, médica, guarderia infantil, servicio legales, y consejería. Puede llamar al teléfono que está 24 horas al servicio de la mujer en caso de emergencia: 661-7203.

LLAMA AL CENTRO DE MUJERES. DEJE SU NOMBRE Y UNA PERSONA QUE TRABAJA EN EL CENTRO QUE HABLE ESPAÑOL LE DARÁ MÁS INFORMACION Y AYUDA

*-Translated by Juanita Rieloff
& Jennifer Snyder-*

CORE

CORE meets every Monday night at 6PM. We are concerned with keeping the Center open and financially solvent. CORE also discusses and formulates policies on specific issues which affect the Center as a whole. The membership of CORE is fixed. It is open to women willing to assume certain responsibilities and make a commitment to participate for one year.



CENTER STAFF

Staff is responsible for taking care of the every-day running of the Center: taking phone calls, making referrals, handling crises as best we can, meeting and interacting with women who come to the Center, shoveling the walk, supporting one another. We are all feminists who see working at the Center as a vital part of putting our commitments into action.

The CORE meetings have been fairly brief for the past month and a half, due to the snowstorm and the flu.

We have been spending a great deal of time and energy on fundraising. The Women's Center must continue to receive funding (without strings!) to survive and grow. If anyone has any suggestions of possible funding sources, please leave the information for CORE. Jean Rioux, our fundraiser, will research any suggestions to determine what kinds of strings, if any, are attached.

Two projects will be happening at the Center in the next couple of months. One is a free energy audit of the building, so we can make winterizing improvements. (Note: As of this writing, the audit has been done. It appears our spaciouly high ceilings are costing a tremendous amount in loss of heat. The electric bill is soaring as well, so please watch the lights.) The second event is a landscaping project of the Center's backyard, so that we can utilize the space for meetings and get-togethers. The Center has gotten a Cambridge CETA position for a childcare worker/staffer. Bunny started staffing in early March. (Note: See Staff Report.)

CORE urgently needs new members. There is a lot of work to do, and there are too few of us to do it. Anyone interested in the work CORE does should contact the CORE committee by leaving their name and phone number at the Center. We ask that anyone interested have a working knowledge of the Center, and make a commitment to participate in weekly meetings for a minimum period of one year.

The Center welcomes a number of new women to the Staff. In spite of the Great Blizzard of '78, ten to fifteen women attended the staff training session on Saturday, Feb. 11, much to the delight of training personnel (Libby and Candace). Night Staff meetings were started up again Tuesday, Feb. 22. The group discussed its first experiences answering (womaning?) the phone, dealing with men at the door and wading through the bulletin boards. They talked about ways to stay connected with each other and feel some involvement with the Center. Possibilities mentioned were a telephone chain, a work list, a regular bi-monthly meetings on alternate days. Subsequent meetings have been held on Thursdays at 6:30PM. Depending on the staffers who attend, this schedule is subject to change. Please check the notes from the meeting on the bulletin board by the office.



Day Staff continues its work, after the blizzard closed down the Center for a week. Juanita is organizing an English/Spanish translating collective, while proceeding with community outreach (see article). Lorraine has reorganized the bulletin boards, and asks that people respect the new dividers. Esther will be building a new table for the front hall (no more waiting to see who will be the next person to knock off the Transition House pamphlets...). Cross-referencing of the Rollerdex with the updated referrals has been undertaken by Kathy. Ann and Cristy are developing a project around using the living room to display the work of women artists. Any feedback on this idea and other ways in which to help reorganize the office would be much appreciated. As this article goes to press, Bunny arrives from Transition House staff to work at the Center part-time, and Lauren joins the full-time day staff. More in the SPRING issue....

INTRODUCTORY MEETINGS

All women are welcome to come to the Wednesday night (8:00PM) topic discussion groups on feminist related issues. Introductory also helps start general and special interest, consciousness-raising and support groups.

Introductory successfully completed its new format of Wednesday night meetings for January and February. However, the collective is now reorganizing and seeking new members. Because of this process they have (at the time of this writing) suspended meetings temporarily. The collective expects to start meetings again in mid-April. Please call the Center for more information. Women interested in joining or starting a C-R group can contact the Introductory collective by leaving a message for them at the Center.

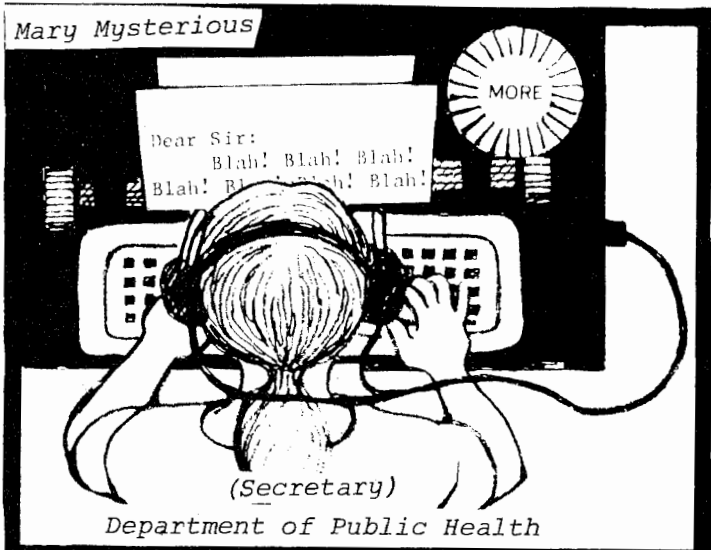
*****WOMEN'S COMMUNITY HEALTH*****

Dear Sisters:

The Massachusetts Department of Public Health (DPH) has issued an ultimatum to Women's Community Health, the state's only feminist health center offering abortion care. In a letter dated March 2, the DPH threatened to deny the Center's application for a clinic license and take legal action to close Women's Community Health, if various certificates pertaining to clinic licensure are not in the hands of DPH officials by May 31, 1978.

Women's Community Health, which offers a variety of health care services under physicians' licenses as well as educational self-help programs, is currently renovating office space in Central Square in order to satisfy extensive physical plant requirements for clinic licensure. The DPH has notified the Center that "relocating" before obtaining a clinic license will be considered a criminal offense. All of the required certificates, however, must be obtained for new location before licensure. Again it is unclear what the DPH is requiring" of Women's Community Health(WCH). WCH is investigating the meaning of the seeming "catch 22's."

These repressive measures are the direct result of a campaign by anti-abortionists to close the Center as one way to make abortion a more and more difficult option for women to choose. Compulsory pregnancy tactics are becoming more repressive throughout the United States. In Massachusetts numerous bills have been introduced in the legislature to limit access to abortion. A bill to deny Medicaid funding for abortion is part of the bill appropriating money for Medicaid, aid to the elderly, special education for handicapped children, etc. The Governor is not expected to be able to veto one part of this bill while approving the rest, the tactic that prevented a cut off of Medicaid payments for abortions in 1977. Another bill seeks to restrict minors' ability to obtain abortions. Following examples in other states, an "informed consent" bill is designed to frighten and pressure women into continuing unwanted pregnancies



There are also bills making excessive restrictions as to who may provide abortion services and how they may be provided.

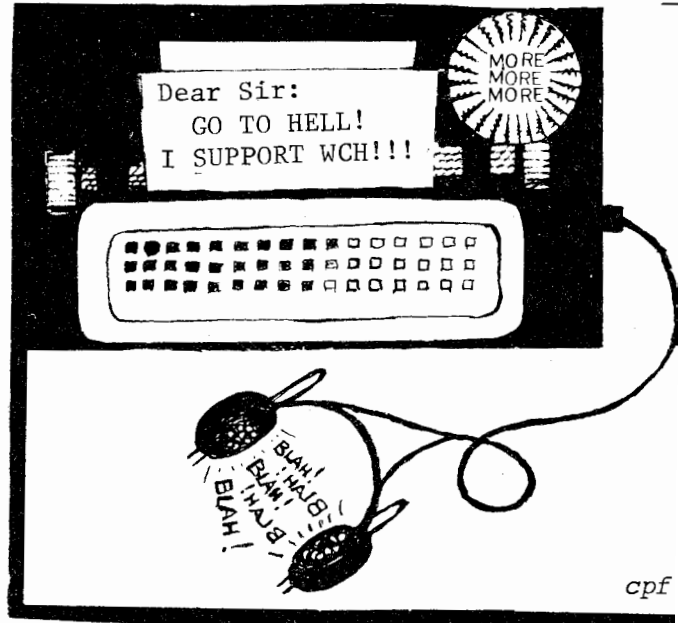
Specific attempts to harass abortion providers, especially Women's Community Health, have been escalating since Nov., when State Representative Flynn persuaded the Post Audit Committee of the legislature to ask the Attorney General to rule on the legality of health facilities operating while in process of obtaining a clinic license.

Although the Attorney General decided it would be improper to make a ruling on the specific questions posed by the Committee, he has pressured the DPH to take action against unlicensed facilities, especially abortion facilities. The DPH has responded by reversing their policy of allowing facilities to operate while in process of becoming licensed. In the future, any facility seeking clinic licensure will be required to obtain the license before offering health care services. This is a severe blow to all small, community or consumer based groups. Only those with access to large amounts of money will be able to open clinics, making it even harder for people to have control

over their own health care.

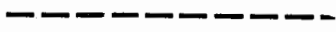
Women at WCH see the campaign to deny abortion rights as a spearhead in a much broader political movement against women. Black and other Third World people, homosexuals, and other oppressed groups who have been organizing to take more control over their lives. The Massachusetts legislature has already passed a bill calling for a constitutional convention to outlaw abortion. At such a convention, attempts could be made to rewrite the constitution in other areas, providing legal basis for many kinds of extremely repressive laws. Until Women's Community Health receives a clinic license, it will operate under threat of closure. Continuous alertness and support can overcome this harassment. Already, public support of the Center has had an impact: the Attorney General's office actually called the Center to try to stop the letters pouring in! Financial support has enabled the Center to raise over half of the money needed to move to a licensable building, but there is still almost \$10,000 more required to meet renovation and moving costs. By the time this information appears in print, it may already be outdated. It is vital that women demonstrate our determination to fight for our right to control our own bodies and our health care. We must not allow the state to close feminist health centers like Women's Community Health!

--Women's Community Health
 137 Hampshire St., Cambridge,
 Massachusetts, 02139. 547-2302





Institutional Violence (a women's coalition made up of feminists from the women's, prison and mental patient liberation movements, which is co-sponsored by the Women's Center). The Coalition is working to prevent the opening of the so-called Unit for Violent Women: a maximum security, behavior modification prison unit planned for Worcester State Hospital. We had hoped to cover the Coalition this month but, due to lack of space, we found that to be impossible. We suggest, instead that women read the current issues of Sister Courage and Sojourner for the most up to date information on the fight against the Unit.



From Us:

The Newsletter Staff now consists of Cristy Barsky and Candace O'Brien. We were very excited by the response to the last issue of ON OUR WAY. For those of you reading ON OUR WAY for the first time: the intent of this newsletter is to both keep women in touch with the ongoing work of the Women's Center (and some of the political struggles in which women are engaged in the Boston area), and to discuss the content of that work and the hopes, plans, and visions of the women involved.

Our format:

News Reports: these reports are primarily on Center projects and are often written by women in the projects. However, we have also decided to cover, on a regular basis, news from Women's Community Health because they are at a critical stage in their struggle to become a fully licensed clinic (see the report in this issue). We fully support the work of WCH and we believe that their success will depend largely on women in the community being informed, and thus able to act in support of that struggle. We also will cover news of the Coalition To Stop

Looking In: articles and interviews that explore the politics and process of the women working at the Women's Center and within Center projects. In the coming months we plan on articles on the struggle of a woman who works at the Women's Center to get Social Security Disability Insurance (SSI) for her twin daughters who are retarded; and the work of the Women's School Collective: their collective process and their feminist, non-academic approach to education.


Looking Out: this section also covers process and politics, only we focus on women, issues, and projects outside of the Women's Center. We will, in coming issues, be presenting articles on and interviews with, the Winnie Mandela Coalition (a multi-racial women's coalition working in support of African women living in apartheid South Africa, and in support of the African liberation struggle in South Africa); and Women, Inc., a multi-racial refuge and support center for women.

We continue to work towards a sensible financial policy. As things stand now we have decided that women who want to receive ON OUR WAY through the mail will have to subscribe...subscriptions will help us cover the costs of printing and will also make clear to us the size of our committed, regular readership. By subscribing you will be helping the newsletter continue to exist...having a sizable number of subscribers will also help us maintain our ability to provide women who cannot afford to pay with issues for free. The rates we have decided upon: 25¢ per issue (for those who can afford it) at our distribution points: Women's Community Health, Women's Exchange, RedBook, Cambridge Women's Center, Somerville Women's Center. We also plan to distribute copies at Cambridge High and

Latin and through the Luisa Capetillo Collective. Subscriptions: \$1.25 for six months, \$2.50 for one year. Women who receive this issue through the mail should contact us and tell us if you want to continue receiving ON OUR WAY by subscription...please make out checks to the Women's Educational Center, Inc. (the Center's official name). We hope many women will choose to subscribe! We also would be happy to receive donations...

We continue to look forward to hearing from women who are reading ON OUR WAY. Let us know what you think about our choice of subject matter, your opinions on specific articles, or suggestions for new distribution points.



 For Lorraine on your 43rd birthday...
just in case you think you've seen it all:



LOUISIANA WORKER/cdf

"We understand you tore the little tag off your mattress."

LOOKING IN

affects poor White, Black, Native American, Puerto Rican and other Third World Women who use public health facilities, and whose health care is paid for by HEW through Medicaid and the Public Health Service.

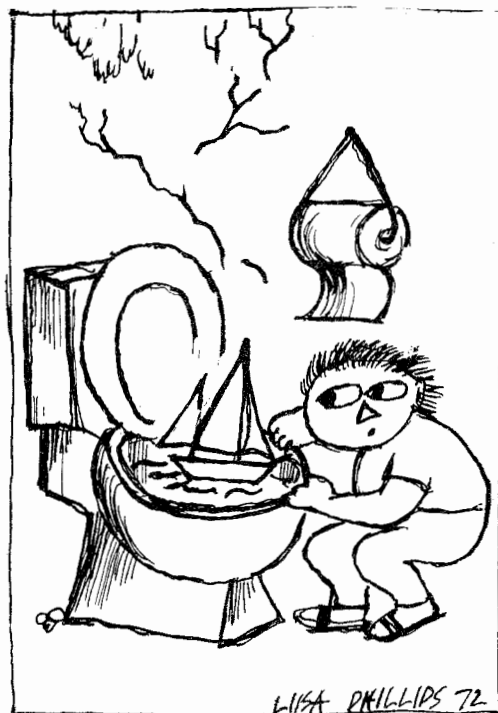
Tubal ligation ("having your tubes tied") is the term most often used to describe female sterilization. It involves cutting, burning, or banding the Fallopean tubes with the aid of a probe-like instrument called a laparoscope, to prevent conception. The procedure should be considered irreversible; it involves anesthesia, but can be performed on an out-patient basis in about half an hour. A relatively safe operation under good conditions, possible complications are perforation and/or infection of the uterus, and interruption of the bowel tract. Hysterectomy, the partial or total removal of the reproductive system, is called a "therapeutic" sterilization; medical and legal terminology distinguishes between sterilization for personal reasons (non-therapeutic), and sterilization to avoid pregnancy for medical reasons (therapeutic).

As a White, middle class woman, I would have easier access to money and information regarding the sterilization procedure. More likely to be using



The Committee to End Sterilization Abuse (CESA) evolved from the Boston Women's Union, a group concerned with abortion and population control in 1974-75. With the help of an already active New York chapter of CESA, the group reorganized itself specifically around the issue of sterilization abuse. Early work focused on investigating hospital practices in Boston, while chapters in New York and California organized around specific suits. Now a collective of eight women, CESA's work is oriented around education. They have developed a slide show which describes sterilization and discusses the many ways in which it is abused, specifically the Health, Education, and Welfare (HEW) program in Puerto Rico.

CESA defines sterilization abuse as occurring when the person is unaware of the nature of the operation, and/or has no knowledge of or access to available alternatives. The Committee's information, plus government studies and the testimony presented at sterilization abuse hearings, indicate how widespread the practice is. CESA is asserting women's right to control their reproductive lives. In light of the blatant disregard of existing regulations, the Committee maintains this right has been violated; this particularly



private medical services, I would receive more individual attention from a doctor and more counseling on my decision: was I positive I wanted to give up the (White) American Dream of the happy mother of a large brood in the suburbs? And what doctor would risk a malpractice suit from Mrs. Jones of Lexington, by deciding to tie her tubes while she was admitted for childbirth or abortion? The poor, Third World woman is far less likely to get counseling, might not read or speak English well enough to comprehend or fill out the forms, and it is likely that she would not be able to afford a second opinion, should the doctor prescribe a "therapeutic" sterilization. How many White doctors have shoved a consent form under the nose of a Black or Hispanic woman in labor, deciding for the patient that since she was on welfare, she had no right to have any more children? A different health "care" for White and Black, wealthy and poor. This is blatant racism. Evidence of this abuse was presented by the Public Citizen's Health Research Group Study on Surgical Sterilizations (Wash., D.C.), which found patients being sterilized without giving informed consent.

Another question was raised last year, when HEW Secretary Califano's bill successfully ended Medicaid funding for abortions. Abortions are still legal, for those who can afford them. For those who cannot, options in birth control are further narrowed. Statistics show tubal ligations are on the rise, as are hysterectomies. The fact that the government will pay for sterilization but not for abortion immediately raises the spectre of population control. Allegations of genocidal government policies were substantiated by figures from the Native American Solidarity Committee (NASC): 24% of all Indian Women have been sterilized, yet only 19% of that population is of childbearing age. The Government Accounting Office's Report on Indian Health Service (June, '77) found patients being sterilized without giving informed consent. Dawn Gore, a Native American woman, testified at recent

hearings; she spoke painfully of being admitted for an appendectomy and unknowingly being sterilized, at eighteen years of age. In Puerto Rico, HEW funds twenty free sterilization clinics, yet abortion is not available. Over one third of all women of childbearing age have been sterilized.



Experimentation is yet another controversy: sterilization, especially hysterectomies, is used as a practice operation in teaching hospitals. The American Civil Liberties Union Survey of Sterilization Practices in Teaching Hospitals found patients being sterilized without giving informed consent. In '75, Nader's Health Research Group sent out questionnaires to major teaching hospitals; the results revealed that not only were hospitals ignoring guidelines for informed consent procedures, many were not even aware of the specifications set up in '74 by HEW. These regulations designated a 72 hour waiting period between the signing of the consent form and the operation, and an age limit of 21; they protected the patients from loss of benefits and included some definition of informed consent.

CESA documents a multiplicity of abuses. Women have had consent forms presented to them while in labor and under sedation, as well as when admitted for an abortion. As evidenced in the Relf vs. Weinburger case and others, women have been threatened with the loss of welfare benefits, and the loss of their children. CESA asserts this decision making under stress is not free choice, but coercion. Similarly, the collective points out that poor and Third World women are more vulnerable to unemployment, inadequate health care, and limited access to day care. If presented with sufficient financial and support services for birth control and childbearing, how many women would choose to be sterilized?

While not primarily an active lobbying group, CESA did testify at the Regional Hearings held in Boston on Feb. 22, in critical support of proposed guidelines for sterilization. These regulations delineate a more concrete definition of informed consent; no distinction is made between therapeutic and non-therapeutic, a loophole which had been used by doctors to circumvent the regulations. The guidelines include a thirty-day waiting period between the signing of the consent form and performance of the operation, minimum age of 21, protection against loss of

benefits, appropriate interpretation for the handicapped, safeguards for institutionalized persons, and provisions for enforcement. The consent form must be in the client's primary language, and signed by all involved medical personnel. CESA indicated that while these specifications are a positive step toward insuring women adequate protection, they only apply to Medicaid and Public Health Service recipients; the regulations must be more inclusive and "go hand in hand with safe and accessible Medicaid abortion".

Sterilization abuse is not yet the household topic that abortion and Anita Bryant have become. CESA wishes to make clear they are not against sterilization itself. The issue is that of informed consent. Are women choosing to be sterilized with full knowledge of all other alternatives available to them? The Committee is trying to make people aware of the many issues (race, class, population control, sexism, abortion, rights of the handicapped, etc...) that surround this malpractice. Should a severely mentally retarded person whose handicap is not genetic be sterilized, and if so, by what process should the decision be made if she is not competent enough to do so herself? The regulations apply to male sterilizations as well, yet the statistics depict an overwhelmingly White, male doctor population, sterilizing an almost entirely female population, where minority women are disproportionately represented.

CESA is interested in any information regarding sterilization abuse. The collective is available for speaking engagements, which can be arranged in Spanish. They are open to new members. Write: The Committee to End Sterilization Abuse, P.O. Box 2727, Boston, Mass. 02208, or call 776-3340.

-Candace O'Brien-

*LOOKING

OUT*

Luisa Capetillo is the first Feminist in the recorded history of Puerto Rico. She was an organizer in the factories of the last Century. She was the first woman to wear slacks in Puerto Rico. She worked and organized in the tobacco factories where the workers collected a little money among themselves and gave it to her to read to them while they were working. So while they worked, they learned! The tobacco workers of that time were the most active. Because of her work to educate the people, and the large amount of literature she has also written, we decided to name our Latin Women's center in her memory.

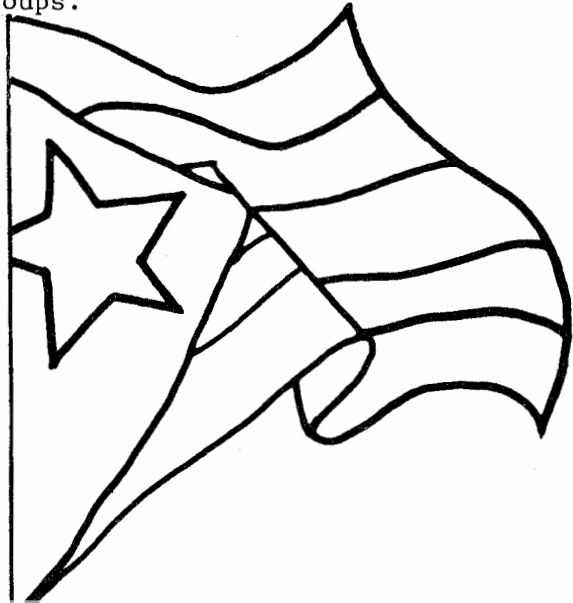
We are a collective of Latin American women living in Cambridge who have come together to build an educational center to deal with the needs of the Spanish speaking women in this community. This collective grew out of a larger community organization by the name of CHAC, Centro Hispano Americano de Cambridge, because the women feel they needed first of all a space of their own from which to work. These women are very diverse in their skills. They are experienced with the welfare system, court system, educational system, housing system and police departments. They include mothers, welfare advocates, educators, child care workers, factory workers, lawyers, clerical workers, students, and are involved with employment service at many levels. This collective has a mixture of all kinds of life experiences, difficulties and successes. Our main interest is to pull together a group which will work closely with the community.

While I was on Welfare, I got a phone call from my WIN program counsellor. He sent me to the CETA program who sent me for a job interview. It turned out to be a good position with the Women's Center. When my interview came up at the Center, I introduced myself as being a community worker and a student at the University of Massachusetts. My title was to be "Translator" but first I felt we should build a connection in

the community; and so I changed my title to "Community Advocate of the Women's Center, and suggested we set up a group of women to do translations. I then informed the Women's Center of my work with Luisa Capetillo Collective.

Soon after I began working at the Women's Center a group of women from Luisa Capetillo came with me to a Center staff/projects meeting. We all discussed the importance of an educational program for the community. We specified the most immediate needs of the Latina women in Cambridge, especially how the Women's Center could be involved and working with the Third World Women of Cambridge.

In terms of legalities, the conditions of life in Cambridge confront Latin American women with many problems. The women of Luisa Capetillo proposed to begin training in basic Welfare, Legal and Educational self-defense as well as to make investigations and studies of U.S. laws concerning immigration, work, women and bilingual programs. Also, we discussed how we are already helping other women take care of their problems, and that we are ready to reach out to more women. We recognized that some problems are class issues. As for translation, we expressed how the collective Luisa Capetillo is committed to a bilingual identity. Therefore, it is most important to work with the women and the written materials of English speaking women's support groups.



We are prepared to exchange knowledge and to share in the experience of the daily work which each group carries on; and to make an analysis of the broad women's issues of basic aspects of life and to work to build unity. And we talked about a store front we found which is both ideally located and available when we receive funds.

Luisa Capetillo is in the process of raising funds in order to open the store front and start developing the educational program with Latina women. The Latina women are organized; financial support is now our priority. If any woman would like to help financially, she can send from 50¢ up... to Luisa Capetillo, %The Women's Center, 46 Pleasant St, Cambridge, Ma 02139.

If any woman would like to know Spanish or would like to help in the field, she can contact Juanita Rieloff, at the Women's Center (354-8807). We will take her around to the homes of women who need help in the languages. This is the way we work.

-Juanita Rieloff-



ANNOUNCEMENTS

SHELTER

Shelter, a refuge for homeless men and women in Cambridge, is opening a semi-separate apartment to house eight women. We need interested volunteers for night staffing. Training, supervision and some stipends are available for the midnight to 8:AM shift. Call Pam for more information at 547-1885.

LESBIAN SELF-HELP GROUP

Heterosexually-oriented medicine has not only denied lesbians good health care, but has also kept us from learning about health issues which affect us. In lesbian self-help groups we can deal with whole body care, share information about sexually transmissible diseases, and discuss issues like lesbian sexuality, parthenogenesis, and lesbians and children. The group begins on May 3rd at Women's Community Health, 7-10PM. There will be four weekly sessions. Call 547-2302 for information and registration.

ON OUR WAY



APRIL, 1978

('78, #2)

Cambridge Women's Center
46 Pleasant St.
Cambridge, Mass. 02139

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