

Transcript – Hilary Berger Ross, 1963

Narrator: Hilary Ross Salk
Interviewer: Karen Lamoree
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Track 1

Karen Lamoree: This is Karen Lamoree, August 5th, 1988, interviewing Hilary Ross Salk. Hilary, why don't you tell us where you were born.

Hilary Berger Ross: I was born in Providence, Rhode Island. Should I expound upon that?

(break in audio)

HBR: OK, I was saying that I'm very moved by this because I have looked, all my life, for a way to have a continuous sense of community, and a sense of a continuous tradition, and as an army brat I was moved, from place to place. My mother's family, though, came from Pawtucket. And it was the only place that I ever felt any sense of continuity. People knew my mother, and therefore I had more value than I did in other communities, where nobody knew who I was and I was always struggling to, to make myself a part of that community. And I always achieved it, but it was really always as quasi-inside, outside person. And in Rhode Island, [00:01:00] I have really, having come to settle here – and it took me quite some years before I recognized that, in fact, it took really just moving here, and doing it, to realize that I did have a lot of history here, and I could really find what I was looking for, despite the fact that I didn't grow up here. And, well, Brown isn't really a lot of my sense of community in Rhode Island, it does contribute to it, and it's so nice that I have that as a resource. And my mother did also graduate from Pembroke. And my aunt did, too. So, and they have a tremendous sense of, of a community through their years at Pembroke, which I didn't get, for a number of reasons. Should I elaborate on that?

KL: Sure!

HBR: Well, partly that, again, I came as a second-year student. I didn't come in with a freshman class. [00:02:00] So I, I bonded with the freshman class as a sophomore, and so when I wouldn't come back to reunions, even though I thought I might come to my 25th reunion, which was this past year, but that I really did not feel the need to see anybody in that class. I would go to the '64 reunion much more readily, and that's why [Rochelle Princetons?] is one of my close friends, and I have another very close friend from the class of '64, and others, too, that I – well, not others that I keep in touch with, but that I bonded with at the time. So, that's one of the reasons I don't have a real good sense of community.

KL: Is that because, when you came, did you go through orientation with the freshman, or –

HBR: Yes.

KL: Oh, I see.

HBR: Yes. I did. I think I did. I don't recall orientation that much, but I – I think I did. But I was also commuting during the first year, and so these friends that I have are the commuting students. And [00:03:00] we were in West House. Now, West House was very important for making friends, and feeling a part of the school. Do you remember – you know what –

KL: Yeah!

HBR: Is there still West House?

KL: No.

HBR: No. So, what do commuting students do, today?

KL: I think they hang out in the Blue Room.

HBR: Oh, that's not enough! We used to get to spend the night there.

KL: That's right, you could spend a couple nights there

HBR: Yes! And I spent every night I could there. And so did Rochelle. And we really were much more a part of the campus, as a result of that. And I forgot about that. And so, thinking about, you know, what I was going to say about Brown, and its effect on me, I really was going to have to struggle. But obviously, it'll come out. There are things that, that were there for me. That really was important, and in fact I think, probably one of the most important things. I'm sorry that it doesn't exist for commuting students anymore. Because it is hard to integrate, when you're not in the dormitory. I was a dormitory student then, for the next two years. [00:04:00] For junior and senior year.

KL: Where did you live?

HBR: I lived in Andrews, and – is Andrews an old dorm? And –

KL: It was built in '47.

HBR: Yeah. Andrews. And then I lived the first year it opened, in – I've forgotten the name of those dorms that are now gone. They were built, what, in the –

KL: Emery Woolley, or –

HBR: Yeah, I think so.

KL: Morris-Champlin?

HBR: Morris-Champlin, yeah. Morris-Champlin. Can't even remember the names.

KL: Was it hard to adjust to living in a dorm, or did you like living in a dorm?

HBR: Well, I had lived in a dorm as a freshman at Emory. And I had wanted to do that so badly. I'm an only child, and I always liked the idea of having a lot of kids around me, and being in completely kid environment. But – and I wanted a roommate very badly. I really didn't want that at all. And I ended up having – I first started with a single, and I was so disappointed, then found a roommate and then we did not [00:05:00] make it. Then went back to a single, and so I liked having a single, and I did have singles the years that I was there. So, yes, I like dorm life, but I – you know, it wasn't as thrilling to me as I thought it would be. (laughs)

KL: Do you remember – this is just a question for another chapter that's being written – but since you lived in a dorm, I'll ask you. Do you remember the curfews and the sign-in, sign-out rules?

HBR: Mm-hmm.

KL: Do you remember what you thought about them?

HBR: Well, I used to find ways around them.

KL: Oh, yeah?

HBR: Yes. I went out with my husband who, at the time, and he was a local. And his family would let me sleep there, so I would sign out to his house and so that's how I got around, you know, having to be in a lot of times. So those were the last two years, when I was involved with Steve, [00:06:00] and in the dorms, that's what I was able to do.

KL: Do you think that was widespread? People circumventing the rules?

HBR: Oh, sure. It was very easy, when you had a boyfriend from Providence, and a lot of women I knew did. And I think they did that quite a bit.

KL: What's one of the questions we have. Do you remember what people felt about the deans?

HBR: The deans. Not really. I hardly remember the deans. They were very removed from me. There's one dean who I still see, who was a temporary dean, I think, and I can't remember her name right now. And she was more personal than most of them, but unfortunately I can't even remember her name. And which goes to show you. Who could it have been? I mean, who –

KL: Charlotte Lowney?

HBR: It was Charlotte Lowney. Yeah.

KL: She's a nice person. She's still there.

HBR: Yeah, right. [00:07:00] And I do see her occasionally, and I still feel very warmly towards her. But, you know – I don't know what I was going to say. Should I? (inaudible) Yeah, I think I'm (inaudible).

KL: Was there any sense with the curfews that it was unfair because the boys didn't have the same?

HBR: Certainly, not in my memory. I mean, we had no consciousness of women's issues during the years that I was there, that I was aware of. And I never gave it a thought. Never gave it a thought. And I didn't really, really feel the need to rebel against those things, I just did what I did because I knew I could get away with it safely. I didn't – we didn't even think about the possibility it should be otherwise. I was '63, when I graduated. I don't know when that happened. Obviously very soon afterwards, but certainly there was no precursor, even, [00:08:00] in my years, of that being an issue.

KL: What did you major in while you were there?

HBR: In English.

KL: In English

HBR: Mm-hmm. I'm just realizing that I meant to write on there, too, that, you know, one of the themes in my life is feminism. And it only came into my life, let's say, in 1967, '68. But I did also go to graduate school at Brown. I have an MAT from Brown. And interestingly enough, I chose to write on the women in Shakespeare, because Elmer Blistein said, "There is nobody who's done much writing about the women in Shakespeare." And I was attracted to that immediately, and so I did my MAT thesis under Elmer Blistein, writing on the father-daughter relationship in the tragedies of Shakespeare. And I didn't put that down as one of the things that's printed, but that is in – you have it.

KL: We have it.

HBR: Yeah, you have it. [00:09:00] Which really always interests me, that before I was a feminist I would –

KL: Something was there.

HBR: Clearly ready! Yeah. Ready to start to be concentrating on women's issues, and wanting that very badly. And he gave me that little in that I wouldn't have – there was no one else who did. You know? No one else gave me that permission. Or even made me aware of writing about women as a subject, you know?

KL: You went to graduate school directly after you finished your BA?

HBR: Yeah, yeah. I did it really because I needed to be independent of my parents. They disapproved of my husband. And I had to be independent. In fact, there was a period where my

parents said they would not even pay for my last year of school if I didn't give up the relationship. And I worked for a while [00:10:00] on campus, and I had never really had to do that before. Worrying about how I was going to manage. And, of course they gave up on that, because they really wanted me to finish school. And, but then I knew that the next year I wanted to be able to be free of that. So I really took the MAT program because that was a way to be totally financially independent, and still be in school. And I don't know why I still wanted to be in school that much, but I knew that I could live on that internship money that came in. Plus, it was, I think the rest of it was scholarship. And the internship money was enough to pay for my dorms. Or, my apartment, actually. I lived right down the street from here. With another graduate student from Brown, whose name I don't even remember. Ruth Sherry, that's who it was. It was Ruth Sherry.

KL: So, you weren't married at that point.

HBR: No, I wasn't. [00:11:00] Although I eloped out of that apartment, and left her hanging there. Which I really think was very irresponsible of me! Terribly irresponsible of me. I don't know how I did that to her. And I don't think we spoke too much after that! Maybe that's why I don't remember her name. But I eloped in March, and she had – she had the rest of the year to go. I'm sure I don't know how she resolved it. I really don't.

KL: When you finished your BA, what did you think you were going to do with the rest of your life?

HBR: Well, I knew I wanted to have children. That was a very important thing to me. I didn't really feel career-oriented, particularly. I felt rather unformed. I did get the MAT, and I was prepared to be able to earn my own living, and that was something that was extremely important.

KL: As a teacher?

HBR: Yeah. It was very important [00:12:00] in terms of the way I'd been brought up, that it was essential for a woman to be able to be financially independent.

KL: Why do you think that was?

HBR: My father's sisters were single, one for all of her life. And the other for most of her life. And my father absolutely felt that everybody should be able to be financially independent in the world. It's still the major theme of his life. Is to be able to make it financially. And I'm an only child, so also, I think, I really got the full brunt of it. And I don't know that my mother felt differently. She worked most of my life. Not for the first 10 years or so. But after that, she worked and she needed to do that. That was her need for stimulation, and [00:13:00] feeling like they're a full human being, and so on. And my other aunts, they eventually worked, too. Her sisters also worked. Not as much in the beginning, because they were both married, and were supported by their husbands. But eventually all the women that I know – that I know, that are important in my life – of that generation, were working women.

KL: Mm-hmm. So, when you – you got your Masters. What did you do after that?

HBR: We got married in March of the year that I was still taking my courses at Brown. I finished the interim teaching. I really couldn't have gone to Boston, which is where Steve's job was. If it was any more than that. And I planned to teach. And I got a job in a private school that first [00:14:00] year, in Copley Square. Little school that was – I don't think exists anymore, and had just begun there. It was really sort of the beginning of the alternative schools. They grew up in that period of time, to deal with the kids who were really beginning even in high school to – to rebel. And I liked it. I was the only English teacher, and I taught all four grades. And I created the curriculum. I wasn't very creative, I must say. Because I took, basically, what I had been teaching in my intern year, and used that. But it was an interesting opportunity, and I really liked that year of teaching, when I reflect back on it, better than the following year, when I taught in a very traditional school, in Needham, Massachusetts, where there were lots of Brown [00:15:00] teachers.

The head of the English department was a Brown graduate, and he liked to hire anybody that came to him from Brown! So there were about three or four of us who were Brown graduates who were in the Needham High School English department. And wonderful man. A man who had polio from childhood, had grown up in that town. And he was absolutely, totally unable to move his legs, basically. And it was amazing what he, you know, the strength of character that he had as a person who obviously had some years as a strong young man. And it was a very good department, and it was an awful lot of work. Oh! It was the most difficult year, I think, of my life. I was pregnant at the time. I really don't envy any English teachers, [00:16:00] and I never wanted to teach English again, until lately, you know? (laughter)

KL: So, on your form here, you say in '66, you got involved in the Boston Association for Childbirth Education. How did you get involved in that?

HBR: Well, that's probably one of the keys to understanding why I'm involved in a lot of the things I'm involved in. And in some ways, the birth of my daughter was like the rebirth of me. I had a few influential friends (inaudible) had natural childbirth. And I was really – they just caught me. They caught my ear. And I was very interested in the possibility of having a natural childbirth, which, in 1966, was very uncommon. And one of them – or, both of them, even – had their husband – no, one of them had their husbands in the delivery room with her! [00:17:00] That was just the most wonderful thought, that Steve could be there with me when I have my baby. And it would be helpful to me. And I didn't find any classes until – I don't think I was looking that hard, but all of a sudden, like in the last month – and I was late, too, I was due around October 1, and I didn't have the baby until the 20th of October. I found the Boston Association for Childbirth Education. The woman lived like two doors – not two doors away from me, but two blocks away from me. And she said, well, there – I couldn't get into classes, it was too late, but she knew of some Lamaze monitricers who would teach you privately, and then go in with you.

And so I connected with a Lamaze monitrice. And she taught me two classes and Steve came, and learned how to be supportive. And I was going to be giving birth in Newton Wellesley, and she came in with me throughout. And if she hadn't been there, the experience would have been entirely [00:18:00] different. So, I felt extremely grateful to her, which many women feel grateful to their obstetrician. Steve, meanwhile, was with me throughout the labor. He was extremely supportive. And he was looking in the delivery door, because he couldn't come in, and it was the most ecstatic moment of my life, was that physical, mental, emotional,

spiritual moment of giving birth. And, so I'm glad he was somewhere present! And I'm yelling, you know, "I love you, baby! I love you!" And this doctor is sort of like, "What is going on here, you know?" (laughs)

KL: He's used to having the women knocked out, yeah.

HBR: Well, not knocked out, but at least a little, you know, spinal! A spinal! I didn't have a spinal. And so, I really felt so opened by that experience. That I wanted to share it with others. And I felt it was extremely, [00:19:00] extremely important that all women know that this is a possibility, that birth did not have to be like it was, you know, traditionally, the Bible, all of these terrible things that go on. My own mother, who gave birth here at Women and Infants Hospital, to only one child, as a result of the infection she got from the birth. That her fallopian tubes were closed off, as a result of an infection. She had to have a Caesarian. And I do believe she had to have that Caesarian and she was very grateful about, about that, but she knows that a lot of things that happened to her in the hospital were wrong. We've talked about it, a lot since. For instance, breast feeding. She was told she couldn't breast feed. You know, because she had a Caesarian. Which is nonsense. And she was told that the brown stuff coming out of her breasts [00:20:00] was pus, instead of cholesterol. That's how ignorant they were. Because that first few days, it is sort of brownish in tone. And she was told it was pus. I mean, and she wanted to breastfeed.

That's a whole other thing, because her experience at Brown was one where she very much – was a biology major – and there was a whole impetus, I think, in that department, to support very natural ways of doing things. It wasn't a medicalized view of the body, and she really inherited a tremendous of respect for the natural processes. And she always told me how bad it was to polish her nails, and she'd give me reasons why it wasn't good for the body. And I would never polish my nails. I remember doing my toenails, but then somebody in the Boston Association for Childbirth Education also [00:21:00] graduated from Brown, and was one of the first teachers in Boston of natural childbirth.

And I wonder, you know, what that connection is, with Brown. Her name is Justine Kelliher. And so that is an interesting connection too. I mean, when you think about it. And she's at about – she was, I don't know, probably graduated in maybe the early 50s. She's at least 10 years older than I am. Maybe even more (inaudible) –

KL: Had you taken biology when you were at Brown?

HBR: No, not at all.

KL: No? So, you didn't have any interest in it prior to that?

HBR: No, no. I was absolutely into the liberal arts, and totally unscientific after my first year at Emory, where I thought I was going to be a doctor, and then got an A in one biology course, got a C in another one, and decided, "Forget it, I'm not going to be a doctor." (laughs) But obviously, I'm interested in health! So, there's something going on there.

KL: So, with the Association, you [00:22:00] taught classes? Or –

HBR: Well, I first became involved as a member of their board, and I was one of those people that sailed in and really wanted to do everything I possibly could for this organization. And it was a very, very exciting time. Norma Swenson, who is still one of my close friends and mentors, had just finished being the president of the international Childbirth Education Association, but she was very much involved in the local group, of which she had been the president before that, even. And there were other wonderful, wonderful women in there. And we would get together for our meetings but stay until two o'clock in the morning, because Norma never wanted to go to bed! She was one of those people that would stay up all night and, you know, sleep all day. But I was never like that. But I could stay up and still get out in the morning. And we would sit and talk about not only childbirth, but child rearing. And it really changed the way I [00:23:00] I brought up my children.

And, you know, it being also the '60s, and all the new ideas that were coming in and changing from sort of bottle-feeding it every four hours, to breastfeeding, and you know, on demand, and not using playpens, and all kinds of things that I would never have even thought of doing. My kids were never in playpens. My kids never had bottled baby food. Because of my contact with them. So it wasn't just childbirth that we talked about, but we talked about all kinds of things about baby's health, and read things that were not traditional stuff, like Dr. Spock, but Miles Newton, for instance, said, "Don't bathe your baby all the time. You don't have to bathe a baby every day." And people were in those days, and they had these little bath basinetts, which, you know, were rubber. I never had one of those. [00:24:00] Because they bathed their baby all the time, you know? And it's hard to bathe your baby, those few first weeks. All the time, you're exhausted, and you know, you don't need to do that. And she would advise, you know, "Take a bath and put your baby on the towel next to the bath. When you're ready, bring the baby into the bath with you, and have both this wonderful contact."

You know, I would never have known about all this fun I was having! If it hadn't been for them. So, at that time, that was really where I was seeking community. I was seeking community. And I really, really appreciated the women, and the other mothers. And integrating new women, as they were having babies. And passing it on, and we had a breast feeding council. And I was on that, and so I'd give talks to them on breast feeding. Eventually became the first person, I guess, [00:25:00] in the organization, at base, to teach the classes in Boston without having a nursing degree. And then that just broke open the possibility of doing that. But before that, there was no one who didn't have a nursing degree. People even went to nursing school just so they could teach childbirth education classes. Which is really unnecessary, to be –

KL: Did you have to be certified by the state in any way?

HBR: No, no. You didn't have – and you still don't have to be certified by the state, but there are all kinds of certification programs now, which were just beginning to form, then. And that's part of what I was involved in, as well. In Boston, was trying to really get these classes to be high-quality classes. And we worked very hard together to – initially, even before I was a teacher, to set up the standards, and make sure that the people who taught were really the best. To this day, I really do believe that the community [00:26:00] classes are really superior to any classes you get in hospitals, but the childbirth classes have been coopted a great deal by being now taught by hospitals. Because in the '60s, when we were starting in the '50s, and so, they were completely organized by parents, who would maybe hire somebody who – a nurse, or something. Something like that, to teach for them. But that nurse had to be very special, and really be of the mind to be

a critic of the medical system. And not to just teach to what was being the traditional way of giving birth, in that particular community.

And that's what hospital classes, by and large, still are, now. It is to teach you how to be a good patient in that hospital! And to accept all of the procedures. And there's very little courage, even though some of those people teaching may really see [00:27:00] that there are reasons to give women some notice about what not to do. But that doesn't happen, so women now think they're getting a real good childbirth preparation class, but in my opinion they are really just being taught to be good patients. And I find it very frustrating, you know. Sort of like we haven't really progressed. Although there's still the alternative classes. And many more people are getting educated, but probably no more, maybe, than in the '60s, in the quality classes that give you a sense of really the power to make your own way through that system, in a way that's individual. And not institutionalized.

And that's really, you know, why I'm involved in all of the work that I'm involved in. Because that's such an important experience for me, personally, to have been able to have [00:28:00] that, that peak experience of birth, as a result of nothing of what I've got from any doctor. From what I got from the women who told me, from my little contact with the childbirth education group before my birth, and then later on I had my second child at home, as a result of being so immersed in birth. And realizing that even having a baby in a hospital, to me, was not natural. You know? Was not necessary. And so, by the three years that passed, I was ready to consider having a baby at home. It was, you know, (inaudible) I know the evolution of it, I just (inaudible) what it was, really not something I would have thought of, when I had my first, at all. But it was that [00:29:00] exposure.

KL: That was pretty early, because when my sister was born in '66, and I remember – you know, my mother's a nurse, as a matter of fact. And her going in and doing a very traditional thing, and my mother has always had a problem with working in OB. Because she was brought up in this very traditional mode of OB work, and she was telling me, one time, about how much the doctors hate the natural childbirth, because it means that the patient is aware of everything that's going on. That it makes them question, you know, "Why are you doing this?" And my mother really never got into it very much, until they brought in a childbirth chair. You know those? Big chair things that they have nowadays. You can sit in. And she saw one baby delivered on that, and she just thought, "This is so much easier than having the women lying flat! This is crazy! Everybody should sit in this!" You know, who can. And she realized that [00:30:00] the only people who got to sit in that chair, who got to use that chair, were people who really pushed their doctor. If you didn't push your doctor, you were put flat on the table.

HBR: Well, that whole thing is what the Health Collective is about, in Rhode Island. And because birth has been my focal point, and tends to be the focal point of many of the other women attracted to the Health Collective. That is where we have put most of our emphasis. And there is no question in my mind that the way Women and Infants has evolved, partly as a response to the criticism of people in the Health Collective, and other organizations. I mean, there is a Childbirth Education Association in Providence. And there are a lot of educated consumers that personally are making [00:31:00] those things. But it's pressure, pressure, pressure all the time, so when you talk about the pressure that's been put on Brown, we put that kind of pressure now on hospitals.

Track 2

HBR: [00:00] I don't know how much to attribute it – I don't think you can attribute it to Brown women, or anything, but I think that you can certainly see that as part of the Health Collective. The pressure, on there. And it continues to go on. And we will probably never be satisfied with what happens at Women and Infant's Hospital, because it is such an incredible amount of trying to understand and respond to these demands, without ever really sort of understanding the basic –

KL: Why you want to do –

HBR: – The basic need, here, which is really something about owning that process, that it is entirely in the hands of the woman who gives birth, and her mate. Her loved one. It must be. [00:01] And how can a hospital, which, you know, has to run in a very, you know, really like a factory, in lots of ways. How can it really ever be that? It can't. It really can't. But it strives a bit harder to be more humanistic, and to be more responsive, as a result of these pressures. So, you know, the sense of future coming out of what we worked on all these years is that there's always going to be more and more – not more and more, but a number of women more so than certainly in the '60s – maybe no more than there has been over the last 10 years, or so, who will not give birth anywhere but in their homes, as long as they feel they've been careful about –

KL: Preparing.

HBR: – Preparing, and they know they don't have any high-risk reasons for going. So there will always be those, and we would really like [02:00] to see a system in place that really responded to what those women need, in order to make it a bit safer. And to make it available to more women who would like to choose it, who are just not ready to make that decision without a better system. And small birth centers, which we had for a short period of time in Rhode Island, but then we will again, most likely. But, to have, you know, all – most – women go to a hospital which is prepared primarily for the high-risk mother, who treats all women as potentially high-risk, isn't ever going to be satisfactory.

KL: Do you think that's in any way a gender issue?

HBR: Oh, I think it's very much a gender issue! It's absolutely one of the main issues. But there are so many women of our gender who – [03:00] every woman is, but – who don't feel, you know, who are part of that medical establishment, and who don't feel the same way. But the childbirth movement is a woman's movement, and out of the strength of that movement, I think a lot of what happened in the women's health movement has (inaudible). You know, the childbirth movement, women's health movement, particularly when you think about somebody like Norma Swenson, who came out of that, who is an author of *Our Bodies, Our Selves*.

KL: Do you think women who are in a medical profession, as nurses and doctors, and technicians – do you think they have a certain amount of tension between the medical profession, and what they might intuitively [04:00] know?

HBR: Yes. I'm not one of them, partly because I cannot imagine being able to live in that system, which was not devised by women's minds at all. And would never have come to look like it did, and I really have recently given thought to being a midwife. And I was all ready last year, sent away for my application to Yale, because they have a program for non-nurses to become nurses and midwives, in the course of three years. And I thought I would like to finally get back to where my heart is. And I gave up the idea after talking to a lot of my friends who know me very well and who are part of this movement. And they said, "You'll not be able to function. You will just not be able to." And I think they were right. That the system is just – I would see too much that I couldn't bear.

And there are lots of women [05:00] who are in that system, who see things that they can't bear. And it's tremendously painful to many midwives, who are nurse midwives, who function in ways that it's unbearable– I don't know if you know the book by... I'm going to blank out on this. Her name, and the name of the book... Woman in Residence, I think, is the name of it. And I know her fairly well. She went in to be an obstetrician, and she was training at Beth Israel Hospital and her first year, she just had not considered the kind of treatment that she had to deliver, during her training. It's just so unacceptable, to some of us. And some people do it, because they want the freedom at the other end. And that can be wonderful, afterwards. But to have to even go through it, you know, the process [06:00] is terrible. So I have avoided it, and thought in terms of being a lay midwife. And I've given up that idea, because I don't – I just don't think I could be that devoted you know. And it's fighting all the time.

But what I would like to see is that there be a midwifery school established that is not a nurse training situation. And there are some, in the country. And of course, in Europe midwifery is not part of medical. And that is definitely out of a woman's tradition. And that has evolved with the healers of the ages. Midwifery has. And when it's taken on to the medical system, [07:00] then it is really getting placed into a male model, and I won't accept that. I won't accept that. And I don't think that it's going to be easy to create that. But part of my ultimate – my ultimate career goals, at this point, is to be involved in some way in creating, in Rhode Island, a midwifery school that is independent from medicine. Not necessarily independent from an institution. I'd love to see it at Brown, or at Rhode Island College, or at the junior college, which isn't the junior college anymore, but anyway, the community college, or URI, or Roger Williams. Wherever. But not to be in nursing. So that it really is a woman's creative profession.

KL: What would you say [08:00] – what is the job of a midwife? If you had to explain it, what would you say that is?

HBR: Well... The word I use is a metaphor for other things, so it's very difficult for me to actually define it, because a midwife, to me is somebody who is there to guide, to be supportive, to teach, to respond to any emergency, because there is, indeed, knowledge about how to deal with any medical emergency, or health emergency. But to be there, in those capacities, mostly with the kind of a hands-on, in some ways, and hands-off, in other ways. Hands-on [09:00] in that there's so much need for physical comfort and support, emotional support that can come through touch. So, but the hands-off in that the greatness that – with the body to be able to have,

to be able to continue what women have always done, which is to bear their own babies, with minimal kinds of machines. With very little tools.

Not that there isn't a great respect for some of the tools that have saved women's lives. And they are important, and we don't want to give them up. So, it's that balance, too, of recognizing, and not being so traditional that one has thrown out the baby with the bathwater. [10:00] But to really see that those tools are not, not to be used except in certain instances. But that's not the way most women experience birth. The tools are always around. They're always there, as though it is inevitable that something could go wrong. So, does that answer your question?

KL: Yes, yes. To backtrack a little, let's go back to Boston. Now, you were involved with the Boston Association for how long?

HBR: Well, Nicki was born in '66, and so I was involved from the moment of her birth, or just slightly before. To the time I moved, which was '73. And then when I came here, I began to put out feelers here for the childbirth education group here in Providence. And it was not as [11:00] consumer-oriented as we were in Boston. There wasn't that heady feeling that somehow these women were really criticizing the way birth was, in America. And that we were really, sort of, working on something that was leading towards changing and revolutionizing the way women gave birth. It was more of a sense that, you know, they wanted the referrals from the physicians, so they were being somewhat cautious. I think they were probably okay, and if I had wanted to go in there and really become active, I think that I would have been able to do it. There were some wonderful people, Ann Mason, who's now a midwife is the one that comes to mind. But it felt like going backwards, rather than going forwards. So I did a few things. I wanted to teach more than. I [12:00] coached a woman – a young girl – at the home for unwed mothers, which I guess still exists over in Cranston, I can't remember the name of it. And then I couldn't go into the hospital. They wouldn't let me in as a labor coach. And I was devastated. I was just devastated. And furious. And I didn't know what to do with that anger. She was going to be all by herself. A little 16-year-old, giving birth. Isn't that pathetic? But that's the way it was, you know. You lived by their rules, and you didn't even think about how to – that you could probably have walked in there, and they would have had to gotten the police to get you out. Maybe they would have. I doubt that they would have gone that far. But there was a feeling, "You know, you can't come in." I went there, they said "No." I couldn't.

So, I lived with that sort of feeling of guilt, at not having done that, and [13:00] feeling of anger about that. And I felt – I had just moved from Boston, and the Boston Women's Health Collective had formed, and I had known about that group right when it formed, really. I was at one of the opening conferences. The first conference that they – not they, had – but several of the people who ultimately organized it, and I delivered a paper there, and so on. But I couldn't see myself being involved in that. It was a little more radical than I was ready to be, at that time. And also it was too involved. I had two little children, I had the Boston Association for Childbirth Education, which was taking up so much time. My husband was really getting very uptight about it. And I just chose not to be involved. Norma, on the other hand, became involved. And so, with that connection, when I moved here, and I watched what was happening at that time. It was just the little book. Then the book came out. [14:00] The official – you know, the real – at first there was this little home printed thing. I don't know. Do you remember – you haven't seen it, you don't know.

KL: Which one?

HBR: *Of Our Bodies, Ourselves*.

KL: Oh, yeah, I've seen it. We have a copy of it. Stapled together?

HBR: Stapled together.

KL: Yes, yes. It looks mimeographed. Yeah, yeah, someone gave us a copy.

HBR: Yeah, well, Norma wasn't there from the very, very first. In fact, I was the one that introduced her to the group. But she, she was there fairly soon after, enough to have been part of the collective, because the collective closed very quickly. You know, there were only 12 to 15 women in the group. And I knew what was going on there. And I knew I had that connection. And for two years before I started the Health Collective, I would wake up in the morning and feel like I had to do something. There was something that was just – oh, Rosa! Finally. [15:00] Would you mind if we shut it off now?

KL: Sure.

(break in audio)

HBR: So, I would feel I had all these resources, and I knew that things weren't happening in Rhode Island that, you know. There was just no women organized around these issues, even though there was some – certainly the Women's Liberation Union. But for some reason, I did go there and talk to them about it, but I did want it to be, I guess, independent of that. And I don't know why. I think it was a good decision, in the long run. But because I think that, if it had been a part of the Women's Liberation Union, which I respected, as a really good feminist organization, it would have been dissipated somewhat by – I would have wanted to see the union be strong. I wouldn't want, you know – and it was so many ideas, so many things [16:00] that they were doing, that ultimately it would've dissipated my energy, from concentrating on this one thing, even though that would've been what I would've – I think. Maybe I'm wrong. Who knows? But I think they were a little disappointed, that it worked out the way it did. Because I did invite them – people from the union – to the first meeting. And some of them came. Maybe Joan. Do you know people from the union? Do you know anything about the Women's Liberation Union?

KL: I know Anne Fausto.

HBR: Yeah, and I don't think (inaudible) but Joan [Rongo?] (inaudible). So, anyway, then, also, the thing that finally impelled me to do it, you know, after having woken up, you know, every morning thinking – you know, that's my time when I think about these things – "I've got to do something about this." [17:00] There were about three things happening at around the same time. One was my own experience, which was that a doctor that I thought was great – Andrew Blazey fitted me for my diaphragm, and told me that he could provide my diaphragm for me without my

having to go to the pharmacy. And he charged me an additional ten dollars. I thought to myself, “I haven’t gotten a diaphragm in a while. Why does that seem like a lot more?” And he was trying to save me time, I guess. So, I went to [Well’s?] Drugstore and I found out I could get it like for four dollars and then I was so furious. At that time I had very little money. You know, every penny really meant a lot to me. You know, six dollars, I think, meant a lot to me, at the time!

And then I went [18:00] – as I went back to this building, to complain about this – because I was outraged – I went into his own building, and there was a pharmacy, and it was like two dollars and fifty cents in his own building. And I went up there, you know, I never got to speak to him in person, but I wrote him a letter. I was angry at the nurse, because, you know, I couldn’t speak to him, so the poor nurse got my anger. You know, of course I had, at that point, been turned on to the fury that many of us felt, in those early years of the women’s movement. I had already been furious, you know, about childbirth, and so on. And I haven’t even talked about how I evolved into a feminist, because, I mean, that’s completely left out so far, in everything I said. But I was, by then, clearly a feminist. And wouldn’t be satisfied, I guess, without an organization that was ultimately a feminist organization, dealing with health [19:00] issues. Then I got to know Roberta Shine, at the time. Who I’ve suddenly got back in my life. And she was working at Women and Infant’s Hospital in the abortion unit. She had been an abortion councilor during those early years when abortion was legal in some states and not legal here. And she loved being that kind of a counselor, so she got the job at Women and Infant’s when they opened their abortion unit, to do counseling there. And it was a terrible environment, and the kind of abortions that they did were almost punitive. And they only did abortions under anesthesia. You could not be awake for your abortion. Which is really not in the best interests of your health. And, you know, some women may want that. But there’s lots of reasons for not doing that, besides health [20:00] reasons. But for growth reasons, you know? (telephone rings) So – let me answer that, I just can’t stand it.

KL: You were talking about Roberta – she was an abortion councilor before abortions were legal, in Rhode Island?

HBR: Yes.

KL: Now how did that work? How did people find out about her?

HBR: It was a part of a pastoral counselling service. And there’s a number of churches who are not against abortion who, you know, wanted to help women who were in this situation. And people would come there and get abortion counselling. And they would find out how to go to New York, and what to do, and I don’t know that much about it. You’d have to speak to Roberta. I just know it existed. I know that that was, like, that was before it was legal here in Rhode Island.

KL: That’s interesting, because the same [21:00] woman who gave us our copy of *Our Bodies*– you know, the original copy of *Our Bodies, Ourselves* – also was involved in the Rhode Island coalition to repeal abortion laws. [Right Crough?] I guess they called it. And she was talking about a friend of hers who – she was at Brown until ’71, so this was pre-legal period, and how she tried to find an abortion when she was at Brown. So I was just curious about when you were

talking about being an abortion counselor (inaudible). I thought, “Well, that’s interesting, as part of a pastoral counseling service.”

HBR: I don’t think that’s unusual. I don’t think it’s at all unusual. I think you might find it existed in other states, as well. That that was something that some of the churches really thought was a need, and that they did that. And, you know, if you’re interested in it, I can connect you with Roberta. But in any event, Roberta’s work there was terribly painful to her. Seeing the way they dealt with women there. [22:00] And I think she was either fired, or ready to quit, or whatever. And then I – Faith Shocked who worked for Planned Parenthood, was either fired, or quit. She was dissatisfied with how it was done at Planned Parenthood. And now, I have some respect for Planned Parenthood, but I also have some criticism for Planned Parenthood because they’re not basically a feminist organization, and it’s important to me that they understand, you know, because many women working there are, and really see that the first thing that they’re serving is the needs that woman – and not the needs of Planned Parenthood, which is to have population control.

KL: Right.

HBR: And that is something that, you know, that isn’t acceptable to me. The organizations got to first care what women want for themselves, [23:00] and that woman’s self-determination is the key. And if they want to control the number of babies they have, fine. But that is not, you know – so anyhow, so there’s problems with Planned Parenthood.

And I can’t remember now, even, why Faith – but because I had met these two women who were involved in health, and I felt would be a good nucleus for getting to start. I had my first meeting the end of February, 1975. And I was scared to death. I breathed childbirth (inaudible) on the floor. I was just so scared! Because I knew it was a terrible responsibility, in some respects. Because I had never been the president of any organization. Never wanted to be the president of any organization. And have never been the president of any organization. I have been co-chair, numbers of times. [24:00] And so, I was ready to do it partly because I knew about the model of the Health Book Collective, and there were no presidents. They were all chiefs. And that was extremely interesting model, for me. And gave me the courage to go ahead and think about doing this, because I was never going to be the president. I was never going to be the only one who was going to be on.

But the first meeting, obviously, was my responsibility. And the first three or four years, believe me, it was, you know, me that had to carry on with the leadership thing. And it’s strange. I love it, and I hate it at the same time. I’m thrilled that I did it, but as I think of what the responsibility of that is, it’s overwhelming to me. So, I don’t know what that’s all about, quite. But it’s liking to be [25:00] a part – and an important part – of a collective effort, and not wanting full responsibility. I guess that’s it.

KL: Now, how had you met Roberta and the other woman, whose name...

HBR: Faith I think I might have met through the Women’s Liberation Union. And maybe Roberta also. Although Roberta and my husband graduated from Classical together. And possibly through Friday Group, by that time, now. I don’t know. She – I can’t remember. She might remember. But there are numbers of ways, in Rhode Island, to meet people. Because

you're running across them. And Friday Group is an alternative Jewish organization. I don't know if you've run into that, which really has a lot of connection with Brown, and was started by Marilyn [Maschmeyer?] who I don't think went to Brown. But whose husband is on the faculty [26:00] there, and is something you might – I don't know if you would be interested, at some point. Certainly has been important to me in the years that I've been here.

KL: So, at the first meeting, there was you and Roberta and Faith. And who else?

HBR: I think Joan [Rongo?], from the union. And her friend, at the time, who I can't remember who she was. And several other people who – none of them actually became involved, in the long run.

KL: So it was just a nucleus of basically feminist oriented people that you might have called up on the phone, or something like that?

HBR: Yeah, yeah. And then the important person, next, who I think really was the key to my being able to sustain my energy in the organization, [27:00] knowing that, in fact, it had hooked on to other people, was Carol Shelton and the way that I got – Carol Shelton – that I attended, in the name of the Health Collective, at the time, meetings that I think the Rhode Island Committee on Humanities sponsored on health care all around the state, on health policy issues. And I went to one at the Jewish community center. And her husband was Henry Shelton, who I don't know if you know who he is, but he is one of the primary organizers of [alt-O?] organizations like Consumer Justice Movement. Where did he go (inaudible)... Wage. Poor people's organizations. Organizations that you think of as typically '60s organizations.

KL: Community action.

HBR: Community action. And he and she were ex-priests.

KL: [28:00] Oh, how interesting!

HBR: Yeah. And already had two children at that point. And he met me, and he saw that there was some energy there, and he knows how to find that in people. That's his great skill. And he told Carol about me, and Carol reached me, and Carol got involved in the Health Collective. And she's still involved in the Health Collective. And her life has been very much changed as a result of her involvement in the Health Collective. In the way that mine was changed, too, but mine was more, in some ways, changed by [Chubber?] Group in Boston. She subsequently had all her other children, I think, at home. Maybe one more was born in the hospital. Many of the women in the Health Collective, without our saying, ever, that one should have their babies at home – because we've never done that, I would never advocate, to anyone, to have their baby at home, even though I will very much say that for me, it's normal and natural, and it seems unnatural to go to the hospital.

But that's such a difficult decision for families here, because it's so, so against the system. It is a really radical act, still. Maybe getting more radical, again. So, it's amazing, though, how many women – without our making that a chief topic of meetings, or anything like that – had their babies at home, in the Health Collective.

KL: What was your goal in those early days?

HBR: I probably have it written somewhere, but... And I don't think we were so sophisticated, necessarily, as to sit down and write the goals. [30:00] Although, you know, I was a teacher and I used to think about lesson plans and have lesson plan goals. I guess to change the way women's health was delivered in Rhode Island.

KL: Was provided.

HBR: Was provided in Rhode Island, too. I certainly saw Women and Infant's Hospital as a target, and I certainly saw the need to... Have women be exposed to a book like *Our Bodies, Ourselves*. And to, therefore, be able to be independent in other things besides birth. From medical viewpoints, because primarily women, for maybe 30 or 40 years, hadn't quite got anything like that [31:00] in the way that they raise their children. Because they go to pediatricians who tell them how to raise their children. In the way that they choose birth control, which influences their sex life. And who else –

Track 3

HBR: [00:00] – was very lopsided. And not at all acceptable. So, to change the whole relationship that a woman had with her physician, to make that clear, that that relationship wasn't going to get them, for the most part, what they thought they were going to get, which was basically information! Women, for the most part, go to physicians, they don't get information, they get some sort of immediate, quick, quick treatment, and they're dying to sit down for hours at a time and share what they know, and what they are learning about their own bodies, and question somebody who can give them the answer. And it doesn't happen in five minutes. It takes much more than that. So, to be able to sit in a group of other women who are having that kind of experience, too, is just completely radical. Completely changes the whole way you view yourself, your power, your [01:00] control over your life. Your sense of being able to direct the way you raise your kids. I mean, it had the influence – and it still does – that really, the church used to have. And so, I feel, still, to this day, that what we're doing is something like Martin Luther did. You know? When that book was written, it was like when Martin Luther hung that thing up on the church door and completely broke from the Catholic Church. That what we've done with *Our Bodies, Ourselves* and that sense of consciousness, is to completely break with the trust that women had, and this society still has, in that medical system. Which is so cocky, because they still think that they know more than we do. And that has to change! They don't know more than we do! [02:00] And a few doctors are beginning to say that. I just read Siegel's book, for instance. Do you know it?

KL: Mm-mm.

HBR: Bernie Siegel. *Love, Medicine, and Miracles*.

KL: Oh, yeah! I've seen a review of that.

HBR: And you know, I mean, he's saying exactly what I have known for many years, but haven't ever heard any physician say. And he comes the closest. Well, I'm sure there are a few that have. You know. And I may not remember some. But, you know, they need to change. So that they recognize that this is a mutual experience that's going on. This isn't something that's a one-way street. And they better be really, really excited about what they can get from the other person, who knows much more about their own body than that physician does. And that's what's exciting about being a physician, to me. [03:00] But that's not the way the training goes. And so, that system, to me, is like – it's in need of total repair. I mean, we may as well throw it out. And I say that quietly, when I know that that's what I want to see happen. But it won't happen, because there's so much money invested in it. And so much life invested, and so much power. And that, if you look at the institutions in the 1900s, that have been built – it's not churches, not big churches. It's big hospitals. And some churches have even come down, but they are it. In the 20th century. And they're getting not less powerful, but more powerful. And it's dangerous to our health.

KL: Well, you'll enjoy this story. [04:00] The first time I ever went to have a pap smear done – now, my mother's a nurse, right? She never took me to a gynecologist, ever. And so I was, what, 21, trying to – the first time I ever went. And I was living in the Adirondacks in New York state, which has like one doctor every million miles. And luckily, a friend of mine recommended this doctor. He was a young doctor; he was in his mid-30s. And she really liked him, and whatnot. But anyway, and he was a very nice guy. I mean, he sat down and he talked to me for a long time before he said, "Undress," or anything. And in New York state, it's the law that a female nurse has to be in the room while –

HBR: That's new, you know!

KL: – while a male doctor is doing this. So, anyway, you know, you're on the stretcher, or whatever you want to call it, and your feet are in the stirrups. And the nurse sits –

HBR: Had you met him before he saw you in that position?

KL: Yes, yes.

HBR: In your clothes? (laughs)

KL: Yes, I had migraines and so I had [05:00] to go into him, which, as it turned out, were tied to my menstrual cycle. Anyway, which is a whole other story about the medical profession. Me and my migraines. But the nurse sits near you, and this particular nurse sat – some nurses sit down by the doctor, some nurses sit by you. But she was sitting near me. And so, you know, he's explained, very carefully, what he's going to do, you know, and what it's going to feel like. Which I thought was kind of funny, that a man is explaining what it's going to feel like, to me. And so he said, "OK, I'm going to insert." And he said, "First I'm going to touch you on your thigh, and that's going to be the signal that I'm going to start to insert." So he touched me on my thigh, and I tensed. You know, it's a strange person touching you. You know, you tense. And he said, "You know, relax, relax, it's really not that bad. It doesn't hurt." And I looked up at him and I said, "How do you know?" [06:00] And the nurse started – of course, she was a woman.

She got it. And he looked up at me and he goes, “You’re right.” He said, “I’ve done a million of these, and I never thought, before. What do I know? I’ve never had one of these inside me.” And after I got back and dressed up, he said, you know, “I was glad that you said that, because it never occurred to me before now.” In terms of my migraines, which we realized were tied to my menstrual cycle. I get them when I ovulate. He put me on a caffeine kind of medicine, which did nothing at all.

HBR: Caffeine!

KL: Yeah. Some people, it really does work.

HBR: Oh, that’s right. I guess I have heard that.

KL: And it didn’t work. Ingesting the pills. And so I –

HBR: It’s just what you want though, isn’t it? The result. One problem replaces another.

KL: I eventually – how I found out how to deal with this situation was all through talking about it to every woman I ever met.

HBR: That’s right, that’s right.

KL: And so what happened was [07:00] I called him up to say, “Listen, this did not work.” And you know, I don’t know if you’ve ever had any kind of a migraine, but they’re just terrible. And you want a solution now. And so he suggested I take these caffeine things in suppositories. And I said, “If I’m in the middle of a migraine, I am not ready to do something like that.” And he said, “Listen, there’s no other thing I know of that can help you.” So I was talking to my mother, and she said, “Well, you know what we give people in our hospital, when they come in? Is Sinutab. That will lessen the pain. It’s not going to prevent it from occurring, but it will lessen the pain. And it will put you to sleep, which is what you want to be, anyway. You don’t want to be awake.” And then, luckily I was reading in a newspaper, a woman wrote in describing her migraine, which she got when she ovulated, and she was able to prevent their occurrence for 40 years by taking [08:00] calcium carbonate supplements, every day. And so I asked my doctor about that, and he goes, “I’ve never heard of any such thing. I wouldn’t recommend it.”

HBR: Oh, no, no. Of course not. It’s half poison, of course! It’s far less poison than caffeine.

KL: No kidding! It’s not going to hurt you, anyway. You know, I didn’t know what to do, and my husband couldn’t stand to watch me in this pain. He said, “You are going to try this.” And so it worked for two and a half years, and I just got in July, which was quite traumatic, because I don’t know why.

HBR: Hm, that’s very interesting.

KL: I don’t why, but my –

HBR: So you're wondering what's going to happen in August.

KL: Yeah, I'm very nervous about what's going to happen in August, and my –

HBR: But the calcium carbonate works, huh?

KL: It worked. It worked. So I tell every woman I meet, because every woman knows – practically every woman knows someone who gets migraines, through their menstrual cycle.

HBR: That's the wonderful think about, you know, what *Our Bodies, Ourselves* really has [09:00] created, which is the permission to do that kind of thing. And also, the beginning to document all these remedies that, you know, they have a wonderful office in Boston, which is a tremendous resource. Full of files that you can just go to, that's open to the public and look up any kind of thing. So, if you look up "migraine headaches," you might find that has a remedy in the files. (inaudible) I don't know if I've heard of that. I've certainly heard of a lot of different things, but I'm not sure I've heard... I like to store these things in my mind. I might put that down, in fact.

KL: It did work. I mean, I think what I'm wondering is maybe, I've taken the same dosage over this period of time, and maybe I need to take more now. Maybe my body's become immune to a certain level of dosage.

HBR: Or maybe you had an old group or something like that.

KL: Yeah, something like that, I don't know.

HBR: [10:00] It's hard, isn't it.

KL: Yeah. Because it came out of nowhere, and around the same time that I started to get the migraines, I started to have a whole bunch of other things happen in my menstrual cycle. Which is always in flux. It never – I mean, although I was very regular, weird things were always going on, and I could never find anything wrong, of course. And anyway, I mean, when I started taking the calcium carbon, I didn't have migraines for months. My breasts would always hurt. From the–

HBR: So that's what happened, instead.

KL: That was the tradeoff. Which I was willing to take, believe me. And then this month, my breasts didn't hurt. And I thought, "Why aren't they hurting?" I mean, you know, you come to expect it.

HBR: That's really very strange!

KL: And they didn't hurt! They were fine. And just the very day when I was starting to think – it's not a throbbing pain, it's just like if you strain a muscle, kind of thing – [11:00] and I thought, "Where's that pain?" And then that night, it happened. Luckily everyone in my family

has very high tolerance for pain, and, you know, you build up a tolerance, too, so the pain isn't what annoys me. It's the aura that happens beforehand which, again, doctors are not equipped to deal with that, because that's not a pain syndrome. It's something very different.

HBR: Well, wouldn't it be nice to have a system where you could go and just tap in to all kinds of remedies that have been known to work. A whole series of them. A little bit of history about them. Or, even a person who isn't tied to only one way of thinking of the problem. And who was willing to be open to the possibility there's nutritional influences, there's psychological influences. There's exercise influences. [12:00] There's whatever's happening in the moment of being in the moment, for you.

KL: Right. I mean, my husband and I are buying a house. It's very stressful; that, you know, could be doing something. So.

HBR: It's very hard to find, somebody. Somebody. And it's always, we always think in terms of a condition. But there is – you know, the Health Collective here also does have a file of referrals, and we have all kinds of alternative physicians who we more recommend than some of the (inaudible) positions. I think we need something more to drink, here. How about something like...

(break in audio)

HBR: It's a real dichotomy, in my personality, in lots of ways, to see me in real estate. And it took a lot. In fact, I wouldn't tell Carol Shelton what I was going to do right away. I remember keeping it a secret. [13:00] But I did it because I did so well buying this house. I bought this house in '73, and by the time I went into real estate, which was in '79 – '78 – I knew that this house had made as much money as I had, just sitting here, being a house. And I hadn't made very much money (laughs) in those years between 1973 to '78. And I felt, you know, people – and it was very affordable, in '78! Still. Providence was still a great buying, a great buy-in for what, '83 make. And I had lived in Boston – owned a home in Boston – and I knew, you know, the difference of what I could get in Boston from what I could get here. That was all numeric. So I rationalized going into real estate at that time, feeling that I could help people who wanted to get established [14:00] economically, and who were not well to do, but who could get a better toehold in this society by owning their own home. That was one of my focuses. Of course, I liked always working with the whole person. When you're working with a person buying a house, it's almost like working with a person in childbirth. Getting to know all their needs, and their finances. And their relationships with other people, and so on. So it's satisfying, in lots of ways. But not so much anymore, because, you know, who can I help, now? I mean, I'm helping people who don't really need much help, and it's very hard to find something for somebody in those situations. And in the beginning I was also very interested in single women being able to buy, and sold to a number of single women. In fact, did a course through Opportunities for Women, which no longer exists in Rhode Island. [15:00] For women buying homes, because buying was so unfamiliar. It was always something that couples did together, which is hard for a couple to understand the process! But a woman alone, you know, in the '70s, I don't think women were anything as independent, many of them, as they are now. So many women have done it now. It's not that hard to find another one and ask her what her process has been. But I wanted to let them know and make it simple. And then –

(break in audio)

KL: OK, so we talked about the goals of the Women's Health Collective in early years. Now, how were you going to achieve those goals? Were you going to have classes for women, or –

HBR: Well, you know, I didn't have any one thing in mind. There could be classes for women, and in fact I did teach at – I don't know whether it was before the Health Collective. It may have been. [16:00] Of course, based on *Our Bodies, Ourselves* in College Without Walls – University Without Walls – which also existed in the '70s. It doesn't exist here anymore. But I was going to see what came out of the group. I mean, first of all, also, there was another goal, which was the idea of working collectively. The idea of being mutually supportive to one another. The idea of creating community. The way that the Health Collective in Boston has done. So the process was as important as anything that we produced. And while we have never been as process-oriented as the Health Collective in Boston, who ever even heard of being process – you know, concerned who ever even had that concept?

KL: I think women tend to be more process-oriented. Whereas men, I think, tend to be goal [17:00] oriented.

HBR: Well, women who haven't been introduced, though, and whose organizations have been based on male models, my experience is that –

KL: Robert's rules of order, yeah.

HBR: Yeah, yeah. But we were never going to be like that. And to this day, we have never done anything like that. But we have changed and come back to being somewhat more formal than I ever would have thought. Not my doing, but I'm not going to stand in the way of it. So, anyway, what was the question?

KL: The process you were going to achieve your goals by.

HBR: Oh, yeah. So, one of the goals was the process itself. To make the process always to be understanding what's going on with the women who are contributing to this group. And doing things that made us feel not like we were doing something that we had to do. But something that was really evolving [18:00] organically. Whatever it was that we felt was the most important. And both for ourselves personally, and for the community at large. So there was this dual thing going on. We were always going to satisfy – I always felt – that it was not just the community we were responding to, but that, in fact, we needed to get something out of it, also. And I think I was more process-oriented than some. Although, there are always women who are, who are that way, right?

So, we struggled for a little while with where we were going to put our first energy, and what kind of project we were going to have. And what happened is, in '75, I went up to Boston to a wonderful women's health conference that was more, I think, several feminist organizations, including *Our Bodies, Ourselves*, put together. But it was incredible. All the women who contribute to *Our Bodies, Ourselves*, all the people who over the last five or ten years have been

creating these wonderful new things. Sure, there was feminist health clinics, and women were writing on menstruation, and on menopause, and it was the beginning of writing about battered women, and it was coming out into the open, just beginning to come out into the open about how many women had experienced incest. And so there was all of this, and it was all in this one place. And, you know, Boston was really a hotbed.

And I was, really, probably, I think maybe me and one other woman, I think, did go to that conference. I guess it could have been [Lindell?] Northup. [20:00] Went to that conference, and we were just bowled over. And that's what we wanted to do. And so we came back and we said we were going to do that. We spent the next year organizing for that, and that put us on the map, and that's where the real nucleus of the Health Collective came from. From the women who organized this incredible conference that we had in 1976. I still get chills thinking about how exciting it was to work on that conference, and to have that conference. I don't think I'll ever experience anything as exciting, in terms of organizations. But I occasionally get it, even now, though. I just ran a forum on homebirth, which was very, very exciting.

And I'm doing chairing for the Health Collective at a conference on older women's health issues. [21:00] Out of this new book that's come out. You know the book, *Ourselves Growing Older*. Which is an imitation, in lots of ways, but not really an imitation, but it's evolved out of *Our Bodies, Ourselves*. The writing of that new chapter – the new book – they had a whole lot on older women. And they realized they needed a whole book on that, so one woman who's part of the collective, and somebody else who worked on that health book project, created a new book with the same process. And the same format. And I can show it to you. It's going to be a very exciting time in Rhode Island, again, I think the way that was. But on older women issues. And we're having a conference in October, then we're going to follow it up with – first we're just having the two major speakers from that project, who wrote that book. And then following in the spring, in '89, [22:00] we're going to have small workshops out of what people ask for.

(break in audio)

KL: You were talking about your mother.

HBR: Yeah. My mother felt that going to Pembroke established for her that she was able to hold her own anywhere in the world. That she could meet the Queen of England, and have a perfectly wonderful conversation with her, and be on an equal with her. And she conveyed that to me, Also, that she felt that way. And she always felt that I could do anything I wanted to do, and I didn't necessarily get the message from anybody else that I could do anything I wanted to do. But boy, my mother. My mother felt that way about herself, basically.

KL: Did she ever mention anything about being Jewish at Pembroke?

HBR: No, but I do think she was very aware that, you know, she was part of that Jewish quota. And her sister, in the same class. And [23:00] I think there were a few other Jewish women in her class. But, you know, she became very friendly with many of the women in her class the majority of who was non-Jews. But she might have something more to say about that. I've never asked her, really, to talk about that. Except that it was very clear to me that she knew she was in a very special situation. My father went to Yale, and he knew he was in a special situation. And

his brother also went to Yale. And I grew up knowing that my parents were unusual. I felt that. You know, they weren't...

And I assumed I'd always go to college. I didn't know I would go to Pembroke, necessarily. My father didn't think I would ever get in. He was surprised when I got into Emory. So, I graduated [24:00] – I was smart – but I graduated a year early from high school, and a rotten high school in Georgia. And he was kind of just the opposite of my mother. He's put down people. So I didn't get in my first year, to Pembroke. My second year, I did get in, because I did real well at Emory. And they were really worried that with that little limited education I wouldn't have been able to make it. And I would have. But anyway. I said what I had to say about my mother.

KL: We were talking about the '76 conference, and how you organized that. So, that was on the same lines as the one in Boston. A, kind of, general overview conference?

HBR: It was not an overview, at all. It was very, very concrete and specific, and things happened in every workshop. I mean, people's lives are changed. Years later, people would come up to me and say, [25:00] "I went to that conference and it changed my life." And not one person, but many people told me that. The conference changed people's lives. First of all, Judy Norsigian and Norma Swenson from the Health Book Collective came up and were the key note speakers. And then we had individual workshops over two days, on all of those subjects that I was talking about, and others, like topics that were in the book, but aren't like an expert's kind of topics. Like, "to have a child or not to." Which was a big issue in the '70s. Women were talking about whether they would ever have children or not. Many feminists were thinking, "I am not going to have children." And so we had a panel of women who, you know, one who had many children, one who had only one child deliberately, one who was not going to have any children. It was a fascinating opportunity for a woman who was concerned about that issue [26:00] to come into a group situation and hear other women, and then hear themselves, respond to that. And that's how we learn. And you do change a person's when you sit around and you talk about something as gutsy as that. Because that's your life! And where do you have an opportunity to sit in a structured way and ask that question in a group. "What should I do? Do I want to have a baby in my life?" And interestingly enough, one of the women who – Donna [Marcelo?], who was on that panel – was on the panel because she had decided not to have children. She has children now. (laughs) Because of course, she grew and she changed.

And now, at the older women's health conference, what are we going to do? We're going to have a workshop on women as older mothers. And women are going to come in who maybe are debating about well– or are scared and want to have a baby and they're over 30 [27:00] who want to have a homebirth! And Carol Shelton will be on the panel, and she had most of her children after she was 40 and they were born at home. I mean, that's a gutsy thing to do. In some countries they really discourage that, where there is normal homebirth.

So, we had some workshops that were like that, where you didn't have an expert or anything. But then we also had the experts. But these were experts who were coming out of women's expertise. Out of this new you know, part of the whole, just a second wave, of these feminists who were thinking about these things, and who had written, and who had researched, and who had begun to see things through different eyes. And we were so close! You know, an hour away. And that connection that I had there empowered us to have all these women coming in! Post partem. You know how important that is? At that time, [28:00] there was very little

about how you felt post partem. They were beginning to really do a lot of research of each other. You know, how new women's researchers are the thing.

And so, women could come and talk about how they felt post partem, and I was actually very interested in that issue. And tried to organize, here, post partem support groups. Something I'd forgotten. I never did it, but it got done, partly as a result of my involvement.

KL: I saw something in the paper just the other day. A post partem group in Kent County, I think.

HBR: Mm-hmm. I don't know that that's an evolution of the ones that I almost helped to start, so to speak. That I helped to germinate. So, the conference really put us on the map. Made us a group.

KL: Now the women who came to that, were they women just from the general public? [29:00]
Or –

HBR: Yeah, we did everything we could to make this very, very accessible to everyone. And we – I don't know if we had signing. We might have had signing. I think we did. We had – I think we had wheelchair accessibility, because I remember a woman was there in a wheelchair. We had it at URI, which is where we're having it again. This other conference is going to be there. Downtown. Which is a very accessible place. It's easy to get to by busses, so people who didn't drive – but we also had co-sponsorship with many community organizations, which helped us to bring in people who might not ordinarily have thought to come with us. And [Lee Bernstens?] had something on health issues. I have the program for you, by the way. Health issues for [30:00] ethnic minorities. And so that really helped to open up the community, and people who were not white. And that's hard to do, even now. It's hard to do.

KL: Yeah, I mean that's an issue at the Sarah Doyle Women's Center today.

HBR: Yeah, it's still hard to do. We're doing much better now than we have, but that has always been a theme, too, of the organization, is to attract minority women. And we've gone through a lot of hardship with it. But not as tough as some organizations.

KL: What kind of PR did you get, for the conference? HBR: Oh, excellent! Excellent –

Track 4

KL: [00:00] Let's start over.

HBR: OK.

KL: So, you got involved in a fight with Women and Infants because they wanted to build a new hospital.

HBR: Right. Were you here?

KL: No, I wasn't. No, I wasn't.

HBR: This must have been like four years ago. It's not that long ago. Four or five years ago. Seems like it's ancient history. I mean, the hospital's been there now, what? Two or three years? Took me until this year to walk into that hospital. I could not get myself to walk into it. (laughs)

Anyway, so Roberta, with the help of Amy and the rest of us, decided that we were going to really organize to stop it. We did not want that, because that was a foolish way to spend money to improve infant mortality rates in the state, that was not going to make it. That the way to spend the money [01:00] on infant mortality is better nutrition, better education for the women who give birth, good pre-natal care, midwives. Which really have been shown to be able to reach poor women in a way that physician care just does not. And anywhere where there's a strong midwifery service, these poor women, for the most part, have much better outcomes than when they are just in the service where there's only obstetricians. These are the things – and what did the hospital want? They were going to save little tiny babies that were born tiny, you know. With their machines. And they're doing it. And they were successful. And what was the real rationale? Brown Medical School. Brown Medical School! Because they want to be able to attract the [02:00] great medical people, and the great medical minds, to have a wonderful medical school. They want to be able to train their people. And believe me, that was – you read the document, it's not because they want to improve women's health, that we have Women and Infant's Hospital. It's because we want to attract – in Rhode Island – the best in terms of what the best is seen as in medicine, and that is not necessarily an improvement in women's health in Rhode Island. So, I mean, I have a lot of love for Brown. But I have also a lot of animosity towards parts of the medical –

KL: Well, the medical school is like a different being, than the rest of Brown. For example, the consent decree that basically gives women – women faculty – their bill of rights at Brown, does not apply at the medical school. [03:00] That's one reason why you see these kind of issues crop up in the medical school.

HBR: Well, no, it's not the only reason.

KL: No, that's – I'm saying it's one of the reasons. Because they have allowed them to get away with certain things that the rest of Brown is not allowed to give away, on an institutionalized basis. (telephone rings)

HBR: I can't let it ring, here –

(break in audio)

KL: Why don't we talk about how the organization has changed and evolved?

HBR: OK. Well, I think that the Women and Infant's fight has really had a major change in our direction. Partly because of the leadership that Roberta Aaronson, which is, in some ways, a great relief to me, because I really, for many years, felt, despite what I said earlier, a tremendous responsibility for making sure this organization continued. It was like a third child. And I cared [04:00] very much that it did, and was healthy. And that takes a lot out of you, you know, as having a child does. And gives you a tremendous amount, as having a child does. But I do this,

which isn't in my family tradition – it is something that my mother occasionally would say, “Well, what are you wasting your time doing that for?” Because, you know, she would like to see me at some point in my life to have made some money, to spend some time, or be more economically independent, which I said was a thread in my life.

So, there's a little bit of conflict there. But, so now, the Health Collective is clearly independent, the way somebody graduating from high school is. Maybe even somebody graduating from college. You know, that's a little older than what a child would be like. [05:00] There really is a whole body of women, now, who are carrying as much, if not more, responsibility than I carried at the organization. And it's at its healthiest – one of its healthiest years – is right now. It's some more low points. And it's always, maybe, after a high point, you know? That it really takes a little while to sort out, now, what's important, what do we do, and how do we maintain ourselves? How do we, again, have that electric feeling that something exciting is happening as we work together?

And this second, you know, like five or six years, has really been Roberta's years, I would say, although there are other people, too. But she's the one who started that front, and she's the woman who is really more out of a community organizing mode than I am. And so she's interested, [06:00] very much, in seeing it become more – more... Inclusive of all kinds of women, than I ever was. Even though it was important to me, I wouldn't spend that much time on it. She has. She has changed the organization structure, so that it doesn't behave quite in the – it still behaves like a collective, but it doesn't really have just a collective structure. It now has a real board. And every year, we talk about who do we want on this board. And we put people on the board who we know aren't going to necessarily put in the kind of time that we used to feel – and many of us are going to continue to give the organization. But, so there are like, 20, 25 women on the board, and some do become very, very tied. It's really been very good for the organization, and we do have women of color on the board. [07:00] And it's going to have an impact.

KL: (inaudible)

HBR: Sure, sure. So, we've been more of an advocacy organization than an educational organization, during her term. And she has taken us into that, and we've also been much more oriented towards projects for poor women. We did a breastfeeding education program through one of the health centers in south Providence, and it was addressed mainly to Hispanic women. We did a book, which I have here, but I can't give you. But you can get, I think. A cookbook that we produced – The Dorcas Place, on nutritionally good food for women during pregnancy. [08:00] And I can't forget, also, that before, I guess, the Women and Infants fight, Roberta also ran a wonderful series of conferences through the Rhode Island Committee on Humanities giving us a grant. And we looked at childbirth from a multicultural perspective, and, you know, how you have to – you may not know that the conditions of getting one of these grants are, but it's not advocacy, let me assure you. It's not advocacy. They're always caring to change situations, but. It was a wonderful conference, and it really did reach people who were in communities that you might not have reached.

And there's actually a little booklet that you can have that comes out of that series. And the [09:00] work has become more advocacy, also because we've worked on legislation now, with the help of Roberta. We've also worked more on coalition than we used to, which is also because of Roberta's influence. And she isn't very process-oriented at all. She gets a lot of work

done. An awful lot of work done. And we worked on getting that “Right Start” program through the legislature, not in this last one, but the previous one. And that was her effort, really, with the help of Nick [Chongas?], a wonderful representative on the part of the east side. He’s very radical. (inaudible) So, Rhode Island women, now, do have coverage for pre-natal care, which is really [10:00] one of the most important things that you can do. You don’t have to build a hospital. You have to give them good pre-natal care.

So, that really also evolved right out of that fight. Because that’s what we were doing, is raising our own consciousness, and the consciousness of the people in the state. So, that’s how you stop the infant mortality rate from being so terrible. And then this year, she worked on getting midwives reimbursement directly from insurers, and be able to give prescription on when to do things, like the diaphragm or pills, or something like that. You can imagine, you got to a midwife, you have to get the doctor to write the prescription. That’s really the need. Well, only one of those passed, which is the one for the prescriptions. We did not get through, and had a [11:00] terrific fight. Forget it. But the medical profession is totally opposed to midwives getting any kind of reimbursement because it allows them to (inaudible). And then, irony of irony, this year, right at the time this fight begins, we have this whole situation with [Rodelle?] Alexander having two babies born at home, and dying. And she’s very much a part of the Health Collective. She’s been involved in the group from the very beginning, of her work. And she’s been working for quite some time as a lay midwife, now as a certified nurse midwife. And she was the only one who had really worked under that reimbursement thing. It wasn’t done for that reason, but hoped that there would be many other women who wanted to be midwives and work independently in positions with, of course, a back-up. But it is an independent position. It does not [12:00], not need to have this hierarchy in order to have women be safe when you deliver that birth.

So, we were very disappointed. We will continue to fight for it. I don’t know what the form of the fight will be, but it’s been very exciting to see, you know, in 1966, when I gave birth to Nicki, I didn’t even know the word midwife, I don’t think. May have. But now we have midwives! I mean, this is an incredible evolution, in 22 years, that there were no midwives when I came here in ’73, and there are now, what, 20, 25 midwives in the state of Rhode Island, practicing. And we have this wonderful film. It was done by a Brown woman, which I can tell you how to get right through Brown media.

KL: OK, good!

HBR: And I don’t have the title of it right now, but I can tell you how to get it. And that should be part of the archives.

KL: That should be part of the archives, yeah. [13:00]

HBR: And really associated with the Health Collective, and it really is a beautiful documentation of midwifery in Rhode Island, because the oldest living midwife in Rhode Island, who just died this year – two days before our homebirth, childbirth forum, which was so ironic. So we dedicated the forum to her. Is in this film. So it has – a granny midwife, basically! Which means a lot to me. And she comes out of a school in New York which is not a nurse – it’s no longer in existence – at Bellevue. Bellevue used to have a midwifery school. In the early part of the

century. She was some 80 years old, and she'd been practicing care not all her life, but she actually came back to practice as a result of the new wave of women wanting their babies [14:00] born at home, but there was nobody around to do it. And Adele trained under her. And other women have, too. And it's documented. A lot of that is documented in that film. And we don't see enough. And, you know, I don't think people in the country were interested in midwifery, would know what a wonderful piece this is. I had the Health Collective in Boston do the (inaudible). So, it's not really a product of the Health Collective, although she worked closely with Roberta, I guess, the woman who did it, from Brown. She's no longer there; she graduated. But we know how to reach her. But all of the women in the Health Collective were pretty concerned about that issue. Because I'm not – many of them are, and it's very (inaudible).

KL: [15:00] On average, how many hours would you say you give in a week, to the Health Collective?

HBR: I would say 20 hours, at least. Rain or shine, summer or winter. And, you know, I don't wear a (inaudible), but I do rock a lot (inaudible). And I can do that. And in a sense, that's no reason why (inaudible) is because I figured, in 1978 – '77 – I had just lost my funding for a job that I had in the governor's office. I was hired under Noelle, but I didn't know anybody. It wasn't a political appointment. I lost the funding for that job. It was [16:00] – I felt tremendous conflict in a job like that, trying to bring in some new ideas. The system, though, was as dodgy as the Rhode Island system was. And very inexperienced, too, at that point, working in that kind of setting.

I gave up, in '78, believing that I would ever be able to find paid work that would satisfy what I need to do, you see. And I really feel sad about that, because I really want to be able to do that. I really want to be able to work at what I really feel I'm meant to work at. And that was one of the reasons – something I was hoping that would come out of the Health Collective, because the Boston's Women Health Collective has been able to do that. Several of those women are full-time workers for the Health Collective. But it's a very different [17:00] situation – I mean, they have the book. That brings in a lot of royalties. And it's a very different kind of situation. And you're never as independent as that allows you to be, if you get funded by, you know, a private or public agency.

And in the late '70s, I saw the handwriting on the wall, for some reason I knew that Human Services was shutting down. Which it more or less did, under Reagan. It became much tighter than it ever was – well, in those first years that I was beginning to get interested. And so, I thought about three different possibilities, and I wrote two grants for this. Title III under the Education Act. I don't remember what it's called... She could tell me, I was just on the phone with her. I wrote two grants. One was a grant for the Health Collective, [18:00] to run those conferences. And the other was to work with Family Services to develop a post partem support network in Rhode Island. And I worked without really having spoken to the director. And I expected to be hired (inaudible). And she told me, in the middle of writing this thing, that she couldn't do that. And she couldn't! You know, she had to go through a normal process. But I was so put off by that at the time, that I just... And it did get finished, and it did get funded. And I don't feel all that sad about it, because I got into real estate. It was the right decision, in terms of my economic life. I was very fortunate. I've been in the real estate business for 10, 11 years now. I have made a fair amount of money, so I have been the good girl [19:00] that my parents expected me to be. To be financially independent. And my husband was never much into making

money, and I respect that to some degree. I'm sad about it in other ways. But it's made me, you know, realize that if that was going to happen in our household, I was going to have to be a participant in it. And there was a point at which I really wanted that to happen. And without knowing that real estate would be like it was in the '80s. Of course, it all wasn't, in the '80s. In the beginning, it was terrible, in the '80s. But my husband and I went into the business together, after I had started with somebody else. He decided he liked it, or he would like to try it. Because he hated what he was doing. And we did that together, and we always did fine. And then we did extremely well, and now we're not doing all that well. But, you know, I can live with that. But I am more, again, interested in trying to find a [20:00] way to be paid for work that I love to do, even though I love to do my real estate. It isn't – it isn't me, completely. I mean, I'm not just a business woman. I'm not just interested in putting people into lovely homes, which is more what I have to do now than be able to help people that could use help. But now I just – which would be pleasurable, but still it's also so time consuming. And so it's a lot easier to try to get a listing, and have other people sell the property for you, and not work so closely with buyers, and so on.

But because, I want to be able to do this other work but there's still conflict in there, for me. And I don't know if I'll ever be able to integrate my needs enough to find paid work that really feels like this is really [21:00] what I'm supposed to do. And it's a source of discomfort for me, which, I don't always... I guess it's true for most people. I don't know whether it's true for you.

KL: Well, I get a lot of pleasure out of teaching the kids.

HBR: You're teaching?

KL: I teach the kids, yeah. I go into classes and I teach the history of women in Brown.

HBR: There is such a thing?

KL: Yeah, I go into individual classes and I serve as a guest lecturer. I do that. That started this semester, because I felt that there was a need for it, so I did outreach and I called the professors and said, "Can I do this?" And they said, "Sure." And so out of it, I and an instructor are going to write a grant through Brown to team teach a class on student life at Brown. Because what we found was, I mean, in one class they do the most work for was "Coming of Age in America." Which is basically what it's like to go to college. [22:00] You know, you're becoming an adult. And the kids had to do an oral history. I think that's probably how Shelly was done. Is from that class. And they had to do an oral history, and fit it within their framework with coming of age. But they also had to do a paper comparing today at Brown with something at Brown. The teens, or the twenties, at Brown. And this was only two parts of this whole big class. And we found that the kids just latched on to dealing with these women. And this was not just young women, who were in this class. It was also young men. And they just went crazy. They had a wonderful, wonderful time. And it was very gratifying to me. And I got to the point where I could practically do this lecture in my sleep, but I would always tailor it to the specific class. And every time I do –

HBR: What class is it in?

KL: It's a whole bunch of AmCiv classes. On coming of age in America, the new woman in America, history of American [23:00] feminism. English 1, I've done it in.

HBR: Oh, I could see it in English 1!

KL: It works.

HBR: That's the wonderful thing about English.

KL: It was talking about voices. And it works. It works so well, because there's nothing more of a voice than in oral history! And voice! But anyway, we – Liz Stevens. Do you know Liz? She's working at Brown. She and I were talking yesterday about what we call a conversion experience. Which is kind of like what you were talking about, with people changing their lives. And I did one of these lectures and this woman came up to me afterwards and said, you know, "For the first time, I feel like I'm part of a continuum of women. That there have been women before me, and that I'm setting the stage for women coming after me."

HBR: Yeah, yeah, I've known that for a long time. (laughs)

KL: And that makes you feel like, my job is worthwhile. I don't get paid a lot of money, so, that makes it feel like you're worthwhile. But my husband has more of a current conflict [24:00] too, because I partly chose the job I'm in to make decent money, and my husband is in the history profession, which pays nothing. He's curator of a historical society. And he gets paid nothing. And he likes what he does, but there is a tension, because he feels that he should bring home a decent wage. And so there is a tension. He doesn't –

HBR: I think it's worse than it ever was right now, living under the '80s. In the '60s, you know, there was a lot of support for not earning very much money. I mean, that's when my husband and I were just starting out, and we really chose things to do that really were in opposition to what my parents really would've thought was a wise idea. You know, like, he took – when I was pregnant, even – we went to visit my parents in [25:00] northern Hawaii, and he took courses at the University of Hawaii, because I got into a teacher's institute. So, he didn't work for a summer. Well, that's shocking to my parents. There he is, a father-to-be, and he's in Hawaii – well, we knew it was our last time to get to really have that kind of freedom, for many, many years. And it was, too!

KL: So, my husband's going through this period right now where he doesn't quite know what he's going to do, because it bothers him that we can't do things like travel.

HBR: Yes, it's hard!

KL: It's not the material things, but the experiences that only money can purchase you. And, you know, for people who say money is important, obviously, I don't think you're living in the real world because you need money to do things. That's just the way life is. You have to face that fact.

HBR: Although quite frequently, the jobs that you're in does lead to travel. The kinds of jobs you're in, as you evolve more and you really find your niche in your work, and you become somebody who's got a specialty.

KL: But, with [Colchup?] even when he travels, with what he makes, he can't afford to stay over three or four days, and investigate the areas. He goes in for the conference, and then goes out again. I mean, really, it's – the wages of history are a sieve, and that's a catchphrase in the profession. And it's true. So he's going through a difficult time.

HBR: That is a big problem. And particularly, I think – well, I shouldn't say particularly for men, because I think I've struggled with it like any man would have. Maybe more so, as a result of being a part of a feminist period. You know, the period where feminism (inaudible). But also (inaudible) a part of my family, I don't know. Although they never [27:00] had jobs that were really money-oriented jobs. They always knew they were secure, in the work (inaudible). And a decent living. (inaudible)

KL: It's a hard walk, it's a hard walk. And anyway, a part of the problem is that all of his friends are investment bankers, or optical engineers for Kodak, and they love their work, and they get paid one hundred thousand dollars a year to do it. Colchup's friend, he spends six months a year in Europe. So, there's always that rivalry between friends.

HBR: It's not rivalry as much as, you know, why can't I do that? You know, it's not –

KL: Yeah, I mean, it's not rivalry. I don't know. Jealousy, envy. Wanting to do what they do.

HBR: Knowing that that's – [28:00]

KL: Something you didn't care about. But anyway. Now, what would you say that – we were talking about, this is something you love to do, this work with the Health Collective. What needs does it fulfill? By doing this.

HBR: OK. Well, I am very interested in seeing things change, and I think I've always been like that. I don't feel I was very radical growing up. My parents didn't raise me to be that way, and I feel I was always a very good girl. But the first sense of those injustices, maybe... I don't remember exactly where, except certainly being Jewish, I think, [29:00] has been a big contributor to that.

I've been very aware of what was going on as I was being born in Germany. And then lived in Germany very shortly thereafter in 1948 to 1952, and was aware of my mother beginning to learn of how atrocious it was. And she came home one day from the kiln that she saw, and she graphically described that there was a woman in the kiln that looked just like her mother-in-law, my grandmother. Being pulled by her hair, nude, through the street. And that image is still there for me. I must have been all of eight or nine. She would talk, always talk to me as if I was grown up. I remember her crying.

I remember – you know, lots of times in my life, my parents just saying things that would ring, even now, in my ears, about how we'd never be just part of the crowd because look at what

happened in Germany, where people were just part [30:00] of the crowd. And that is the impetus for everything that I've done, with the Health Collective. Is recognizing that the way the establishment does things isn't right. And it's wrong to be silent about it. And there are so many wrongs, but you have to choose which place you are going to make your stand. And you're obligated to do it. It's an obligation. And people who don't do it aren't fulfilling an obligation that I think that we have. If they see it. And if they don't see it, then I don't know. There's something wrong with them, I guess! Because we know there are innumerable, innumerable injustices in this world.

Track 5

HBR: [00:00] – start?

KL: Yeah.

HBR: That is something that was very accessible to me, for another reason. I read Anne Frank when I was in fifth grade, and I wrote a journal since that time. And I wrote to Anne. She wrote to Kitty; I wrote to Anne. And so Anne was a person I spoke to for all my childhood years. “Dear Anne, Love –” like I was writing a letter to her. So that was a person in my life. I mean, she was dead, but she was a person in my life. And so that made it very clear. That was me. I could be her. It was people just like me that were treated that way. And so there's always been the sense of wanting to fight against injustices, and feeling [01:00] it very personally. But not always finding the fights that were personal to me.

And then, you know, in the '60s, as the women's movement began to come into reality again, I remember, you know, I was just really beginning, through the childbirth movement, to branch out into other things. The Vietnam War stuff. One of my best friends was very active in that. And, you know, I got active as a result of that. Did some crazy things, like go to Lexington with my kids the day that they were having the first years – when they were beginning to start the centennial shooting on the green. And I had my sign, and held my daughter, saying, “This is not fun. This isn't something you should note.” And people would call me a communist. And I was all [02:00] by myself! I did that all by myself. My family was with me. (laughs) Seems funny, now. But people did do that, at the time. It wasn't like I was the first one to do something like that. But I had to do these things. Something was impelling me.

And then there was the beginning of the civil rights movement, and I was beginning to get involved slightly with that. I remember one of the first things I did, leaving Nicki with Steve, was to go to a weekend to work on black-white issues. And then, suddenly, I read something which said that it's pretty difficult to really, really get involved in a cause. It was a feminist piece. If it wasn't something that was really organic to you. And that working in the black movement, and not being black, was not quite the same as being black and working in the black movement. [03:00] And I know that's true. And the women's movement was a place for that was organic to me. And I resisted it a lot.

I was sort of bored at home, after I had wanted children so badly. I'm an only child, and I always wanted siblings, and I love children. My mother had always made me feel that having a baby was one of the best things she ever did in her life. And then, that's a nice thing for a child to grow up hearing. But I was really, frankly, quite bored, being at home with this wonderful baby. Even though I loved, I loved my [bird?] and I loved being a mother. It was boring! And, you

know, how could you admit that? I mean, that wasn't the time. Sixty six was a little early. And I had so wanted to stop teaching, but I didn't want to (inaudible). [04:00] But anyway, about '67, there were all these things going on in the '60s. Kind of a new school in the little town that I lived in, outside of Boston, in Bedford. And there was a class called "The Problems and Potential of Women." And I decided I would take that. For me, it was a consciousness raising group. And we read books, but we talked about those books. And we read Simone de Beauvoir, *The Second Sex*. She handed us things that were like beginning feminist stuff that was happening then. Somebody wrote about how, really, for women the sin isn't selfishness, but not having anything herself. And so, all the church stuff was really the wrong thing for women. Oh, boy, that certainly seemed right to me! I certainly was never concentrating on anything for me. It's always somebody else. [05:00]

But, yet, I was just not really ready to say that – like, Simone de Beauvoir's not too keen on childbirth, at all. She really doesn't have any understanding of what the meaning of that can be. And there is a whole thread of feminism which does not really acknowledge what the experience of having a child is, for women.

F1: (inaudible)

HBR: Yes? Rosa?

(break in audio)

HBR: Anyway, the woman who taught that class and I became very good friends. And so I continued to have her as an influence on me. And slowly but surely, that stuff – it was not like, you know, for some reason the cobwebs just came off. That happened with childbirth. I mean, that's where the cobwebs just came off. But it was a much more gradual kind of thing, trying to integrate what childbirth had meant to me with the women's movement, and [06:00] resisting a lot of this stuff. I was even against abortion. I'm not, obviously, anymore, but it didn't take me too long. But I remember arguing against abortion in the early years.

So, she was influenced by me, and she ended up having a baby, which she probably wouldn't – maybe not, wouldn't have had, and her birth experience was very much changed because of her contact with me. And I, in turn, was totally changed as a result of her opening up to feminism, as somebody else might have been able to do that. I'm sure that it would have happened, but Susan [Gornellen?] did it. So, slowly but surely, you know, you just, you just (inaudible). You bring it into the childbirth stuff, it begins to – [07:00] because of the Health Book Collective, being in Boston, pushing us in the way that we were pushing the hospitals, to be more responsive to some of the realities that in fact, having a baby wasn't always just wonderful, you know? Gave you permission, finally, to be able to say, "It's a little boring sometimes." I needed that permission. And I appreciated having that permission from them. And that there must be some way to change your life so that your husband doesn't do all the work outside of the home, and none of the child care, and all of that.

So that fit pretty well, too, for me, because I had an in with – I always like to share anything, anyway, with him. Still do. We're partners in our business. And he, fortunately, was a person who [08:00] didn't resist it. He resisted a lot. Fought a lot. But not totally. He was open, and it was a struggle. But the marriage survived it, and it's worth it, as a result. And sometimes he says things that are far more feminist than I might even consider, which are great, great to

hear. I mean, he was like that even from the beginning. I remember breastfeeding, and some of the women saying, “How can you do that?” And he said, “What do you think breasts are for?” And I thought that was so nice, I didn’t have to say a word. (laughs)

So, then, I think the Health Book Collective really was the key to my using feminism in a way, in my every – not in my everyday life, because I had already begun to change that. But [09:00] through the organization, that I no longer could be satisfied with a childbirth education. It had to be a feminist structure, and a feminist philosophy, to be able to work. And so then, some of the other organizations that I was involved in – which is, do you know anything about the Feminist Theatre?

KL: I know something, but why don’t you tell me from your perspective.

HBR: Yeah. Well, I was probably in maybe their fourth production. And they were much younger than I, and different lifestyles as a result. I was the only woman with a child, probably – I don’t know if in the whole history of RIFT, but certainly in the history that I knew of it. And still am. And it was so odd, because, you know, it was men and women, in those early years. And [10:00] our improvisational creation, which was done the first time in my life that I’ve ever been involved in anything like that, where people get together and improvise. And then out of that improvisation comes a play. And I contributed the stuff about birth, and fertility, in that wonderful play. I mean, I hope that’s in your archives.

KL: “[Stefanie’s?] Return?”

HBR: Yeah.

KL: I’ve heard of it. The Rhode Island Feminist Theatre is supposed to give us some stuff this year, as a matter of fact.

HBR: Because those are all Brown people, early on. They were all Brown people.

KL: I’ll make sure, now, that I look for one, when this book comes in.

HBR: But it would’ve been a completely different play if I hadn’t been there, because they had no experience at all with what the meaning of birth was, toward the whole fascination with fertility that I’ve always had. And [11:00] that belonged in that play. I was most creative in my life, maybe, because that vehicle allowed me to express that in a way that I had never been able to express it before. I often want to do improvisational theatre again. It’s the only time I’ve ever done it, and developed things around women’s and health things. Maybe I will someday.

KL: How did you get involved in RIFT?

HBR: I had gone to a gestalt workshop and I had never done any therapy of any kind. But one of my friends said, “You must go! It’s a wonderful place.” And I went up, and it was, again, one of those rare times that I left the kids with Steve. And went up [12:00] for a weekend in the Berkshires to a gestalt workshop, and it freed up my sense of being able to just expose something that’s going on with myself, in a sort of dramatic kind of way. I don’t know if you know

anything about gestalt therapy? But you really – you actually are put in the center of the room, and you're asked to take on a role that they see that you're ready to take on, so to speak. You might be sitting in a chair and being yourself talking to your mother. And they would say, "What do you really want to say to her? Well, say it! Now, sit in that chair and talk back." And I –

KL: Role-playing, kind of.

HBR: Yes. And I could do that. And I learned a tremendous amount from that, you know? I was so excited. I wanted to be a gestalt therapist after that. And I was looking for [13:00] a way to put my energies. Because I have a lot of energy. And I had a wonderful job. I was teaching (audio skips) [13:22] Because I have all this energy for sort of writing in a journal, and trying to figure out what I'm going to do next. And I (inaudible) saw – I don't know, is it downtown? I just saw this thing on the wall that they were looking for actors and actresses to do improvisational theatre with Rhode Island Feminist Theatre. I don't think I'd ever been to any of their productions. I hadn't. And I said – because I was freed up enough – I've never done improvisational theatre. I'd done theatre at Brown, but it was not the time when you did improvisational theatre. Now they have that. [14:00]

And I thought, "Well, I think I'll just give it a try." And I went in there, and I just let go in the way that I did in my gestalt workshop. Forgot about, you know, having sort of an alter-ego that looks on to say "be very careful about what you say," and so on. And they took me. And it was really very frightening, because it was a huge commitment, for no money, at a time when we were very, very poor, and my husband was not a hard-working individual. He did not like to support me. I could still maintain my job at UEC, but I was going to be away from the house a lot, meaning that he would do childcare much more than he was ever intended to do it, as far as he was concerned. And it was truly the most conflict we've ever had in our lives. And the most rewarding experience, maybe. One of the most rewarding experiences. And I'd love to do it again. [15:00] And now I could do it again and I wouldn't have these conflicts. Because he doesn't have to sit home with the children from 7:00 to 10:00 every single night. Every single night. And weekends we would do performances once the performances got going, but we'd still rehearse every single night.

And you don't do that that easily, as a young mother. And my kids were quite young. So I never did it again. And that choice was because my marriage is probably the most important thing. Even more important than my children, in some ways, is my marriage, which I've come to realize over these years. And it isn't my husband, it's my marriage. (laughs) Which is quite different. So, it's the commitment to live through this life with one person, and to believe that I'm learning something every moment, even if it's not always so great, you know? [16:00] And this is the person who's also learning with me, and he's going to stick with me when it's bad as well as when it's good. So.

KL: How did you get involved with Women for a Non-nuclear Future?

HBR: Well, I heard... Oh, what's her name? I've had her at my house, too. She's a doctor, very famous.

KL: Oh, [Caldecott?]?

HBR: Yeah, Caldecott. We heard Caldecott. And I had read, when I was subscribing to Commentary Magazine, I had read the horrors of plutonium. This was early in the '60s, that I read this. That there was no way to deal with plutonium. There was nothing. And it was terribly, deadly dangerous. And the Commentary is a very conservative magazine. But it was a very good magazine, in those early [17:00] years. And I wouldn't touch it now. And I remember that, and being horrified that we were producing plutonium! I couldn't bear it. And then I heard Helen Caldecott, like in '79, '80, or something like that, and I was already part of the Health Collective then, and I felt like I did then, that I had some kind of information that if I didn't get it out, I mean, it was very bad for all of us!

And Helen said the same thing. I mean, she really made you feel it. She had done a lot to change things. And we could do a lot to change things. She was empowering. And I was ready to start an organization. I couldn't believe at this point, you know, how I told you I felt about starting the Health Collective. I was scared to death of starting another organization. [18:00] And just at that moment, Carol [Bragg?] from AFSC, who I knew because they were in the same building as we were – the Health Collective and the American Friends Service Committee – were in a wonderful building owned by Brown on the corner of Stenson and Hope. I feel like I'm talking like ancient history. It's not 10 years ago!

And I found out that she wanted to start a group like that. Well, she was paid to do her work. She was in AFCS. She was a great organizer. Is a great organizer. And so I said, "Fine, we're just going to become part of that. I'm not going to start anything." And I was so lucky, because I would never have been able to sustain both the Health Collective and Women for a Non-nuclear Future. And so I became active in Women for a Non-nuclear Future, but I never have been as active in that as I have been in the collective. Although there have been some years where I might have been more active in that than I was in the Health Collective. And right now [19:00] I'm dropping off the board, because the Health Collective has become so, so stimulating to me, again. And that's important to me. And the issues of Women for a Non-nuclear Future are still there, but somehow the heart, for me, is not quite there.

KL: Now, what was the impetus for forming a women's anti-nuclear group, as opposed to a general?

HBR: Well, it was partly process. The need to be in an organization where women had ultimate control. And, again, it was still part of all these women out of the Vietnam War era, and feeling that all those organizations were wonderful, but women were still doing the secretarial work. And so it was still a continuation of that thread of feeling like there's a way that women organize that's different than the way men organize, depend on there. [20:00] They tend to dominate it. There's a tendency, on the part of women, to be very overwhelmed by the technical information around nuclear issues. And so, there had to be a way for women to become more, feeling as though they're the ones who can speak about all these technical issues. And then, of course, a feminist consciousness. Of the difference, maybe, that we had to the sense of the value of human life, and birth, and I wanted to be in sisterhood with other people who felt that way. And it's not that necessary, right now. I mean, I think I'd be ready to bring men in. And I think we talked about bringing men into – we had talked about that. That will probably happen. But Women for a Non-nuclear Future is experiencing a little low point [21:00] right now. A very low point. I think. I mean, I haven't gone to too many meetings this year. And there's a lot of reasons for that. While the Health Collective was experiencing one of its biggest years.

I feel bad for them, I do. I feel, because I care about the women, and I care about the organization. But it isn't my child, in the way that the Health Collective is. The Health Collective is still my child. I'm so glad that she's independent, but she's still always going to be bonded in a way that I will not (inaudible).

KL: Do you ever feel guilty that you're doing all this work, and not being paid for it? Do you ever feel –

HBR: Oh, yes! I always do. I always do. It's a very big, big thing in my life. I mean, sitting here right now, I'm a little bit conflicted, because, you know, I have [22:00] always got this job that, you know, nobody's telling me to be there, thank God. And I love the freedom that it allows. But I also know that I have really not been giving the kind of time to it, and I will pay later, you know, in some form or another. But this does take much more priority. And maybe I just have to live with that, always. Because it's not that bad, in some ways, to have what I have. I really have a very good situation.

KL: Now, in, I think it was 1972, NOW came out and said that women should not volunteer. Women, you know, that was part of the traditional women's role is not to do anything. Do you remember when that happened?

HBR: More or less, yes. Yeah, and so, in a way, I've always hoped that the work could be paid for. And, as I said, I'm still looking for a way to make the work pay. But the work [23:00] is there, and needs to be done, and is more important than anything I get paid to do. So, what can I do? I'm not going to get paid to do it. And, so (inaudible). And fortunately, there are enough women who I feel are so exciting to be working with, who are equally committed, that I can still sustain that. And I have full (inaudible). Not done it, (inaudible) this year, and I will pull back again. But I will always be there. And I really do feel that way, I mean, as long as the Health Collective exists, I will be a part of it, in some form or another. And it's like my marriage! Or like a child. I just am always there.

KL: Now, the last two on your list here are the Friday Group, which is – what is it? [24:00] You had an alternate Jewish group. Now, how did you get involved in that?

HBR: Well, as a feminist it was very difficult to really find the temples to be responsive, and I did belong to Temple Beth El and I adored Rabbi Brody. And he loved me. And I never had a feeling, growing up, of being in a situation where I was in a Jewish situation, where I could potentially feel at home. So, I really wanted to. And I thought maybe I could at Beth El, although it's overwhelmingly too big, to feel that way. But when my daughter went to Sunday school there, and felt very alienated, I could not accept it. Then, when I went to hear Rabbi Brody, bring a speaker in to speak about Jewish women in the '60s, [25:00] or whatever it was, you know, somehow catching on to the bandwagon, and this man's major theme was that Jewish women better go out and have more babies because we're dying off. That did not sit very well for me. I could not continue to be a part of that. I couldn't.

And fortunately, in Rhode Island, organized some few years before, was something called the Friday Group. And I had heard of it. So I called them up, and found out about them.

And they were just what I needed, and what my daughter needed. It wasn't so great for my son, and for a while it was okay for him, and probably he will maybe grow up remembering some parts of it as being good for him. It was terrific for us, as a family, for a few years, while it was very small, and then it got too big, and I'm the only one that does anything with it, [26:00] and I hardly do anything with it anymore. But I really do feel very attracted to more contact in a formal kind of way with Judaism than I have. And I don't know whether I'll put that – someday it'll come out in some form or another.

KL: So the Friday Group, would you have services? Is that what it was?

HBR: No, no. We were a Hillel at Brown – and it still goes on. The children had an hour of education, 4:30 to 5:30 on Friday afternoons. It was not religious. We did not teach them to love God, or anything like that. But we taught them – and it was taught by Brown students. We hired the Brown students. And they were taught the Jewish history, the Bible, and so on. [27:00] But some people were believers in God. Some people were very traditional, but just didn't like temples. But the people who organized were atheists. Marilyn [Roschameir?], and several others, I guess. And so we didn't have prayers. Parents were supposed to come at 5:30 every week. We would dance Jewish dances, and Israeli dances, and we'd sing songs, and we would have challah and we would have a candle.

And we would pass the challah around, and we'd say something about what was going on. Somebody might say something about what was going on with them, or something like – not too much of that. It was not enough of that, really. I organized, through that, the Succoth Weekend, which took us together as families overnight [28:00] to someplace in the country, and I don't know if you know what a Succoth is.

KL: They sound familiar to me, but I can't place it.

HBR: Well, Succoth is a fall holiday, and it's the harvest holiday. And you are supposed to build, in your back yard, or wherever you are, a little hut made of out the things that are the waste from the harvest. Sort of as a side. Well, not necessarily. Anyway, you hang the fruits and the vegetables, and you're just remembering the miracle of the harvest. And so I organized having us go for at least one night, away, and so here we all were, families with their kids, out in – we went to these terrible places, but they were out in the country. [29:00] And a wonderful time for community. I mean, it was just what I wanted in the way of community, that I hadn't had growing up, because it was Jewish, also, and that was (inaudible).

And there were no feminists in the group, so that one year I ran the Seder. And I refused to use any language that was sexist, and so on. People were having a hard time with that, some people. Because there're not all that many feminists in the group, so sometimes we had all our holidays together, and it just met the needs of this family, for being Jewish identified and yet not having to be in a setting that was very stodgy and formal. Not very communal. And it meant a great deal to my daughter. My daughter is interesting, too, because she is in feminist work, ever since, probably, she heard we had this [30:00] – that class I was telling you about? She was a toddler in the room. I had it in my house, so that the kids could come. Because we couldn't get babysitters. And she won, from an essay contest for Women for a Non-nuclear Future that took her to Geneva, Switzerland when she was 15 years old.

KL: Wow, that's great!

HBR: Yeah, she's amazing. She's into (inaudible) right now. So, she's really farther into, sort of political stuff, than I am. In lots of ways.

KL: Have you ever met Margaret [Wynicke?]? She was at Brown about that time, and she and another young woman whose name escapes me –

Track 6

HBR: [00:00] – Friday Group, but who's now back in Providence and is a young lawyer with a new baby. Was a part of that, I'm pretty sure. She's an interesting woman, too. You might want to interview.

KL: We had a number of women who got really involved in religion. It's very interesting. Margaret, her oral history should have been done this semester. I haven't gotten it back yet from the student. But it should have been back this semester. Because that was an interesting thing. Unfortunately, that article I told you about, they don't want me to carry it up to that point, and I'm having an argument with the editor, because, I mean, it says something so important (inaudible).

HBR: Yeah, but it's not in existence anymore. No, I do remember – because it was a Hillel.

KL: So, the last thing on the list is this Citizen's Party.

HBR: That, in a way, was a sort of a fluke. I mean, I think every – not everybody, but certainly I have [01:00] always dreamed of running for public office. It would be a wonderful thing. But you know, I always thought, "Well, if I do that, I'll do that when I'm old." You know? When I've done all the other things, and I don't have to worry about earning my way in the world. I think of Lila Sapinsley, or somebody like that. Well, came home from a trip – the first trip we've ever had to Europe – in 1982. That was the trip that my daughter went to Geneva, and we decided, "She's going to go, we're going to get to go." Because my husband had never been to Europe, and I hadn't been since I was a kid. And took a long time, by the way, to get the economic wherewithal to do that, so, I mean, it can happen. Even –

KL: Someday?

HBR: Yeah. It can happen even when you're not expecting it, so to speak. Some opportunity comes up. [02:00] Came back and a friend of mine who was the coordinator of the Women's Health Collective, the pay coordinator, at the time, said, "Your name came up at a meeting I went to, to organize a Citizen's Party here in Rhode Island. And your name came up as a person to run for governor." And we started to laugh! I mean, we laughed and we laughed. Both of us. Because that is such a silly thing for her to say to me, and that was such a silly thing for me to even think of.

KL: What was her name?

HBR: Susan [Geary?].

KL: Oh, I know her!

HBR: How do you know Susan – well, is it the same Susan Geary, or –

KL: Wait a minute, yeah. Because the one I know is – she was a Young Republican, so –

HBR: No, no, no, no.

KL: So it must be a different Susan Geary.

HBR: Mm-mm. There are two. No, Susan's not... Well, I'll call the doctor to the family. I mean, it's sort of like a dream. You dream [03:00] that somebody's going to come and say, "We need you!" (laughs) "We want you!" (inaudible) ridiculous! So, Steve says, "I think it's a great idea. Why don't you look into it?" And Nicki – my daughter – was furious! I mean, she thought it was the most stupid thing I could ever do. And she, I think, was really going to be embarrassed by the whole idea of it. She just – who was I to think that I could run for governor, and – and really, it was not funny. It was not funny. And it made me uncomfortable.

But I still decided, "Well, why don't I go and meet the people?" And see if they're really viable, and if it's really sensible to do this. And I went, knowing there were going to be some people there who I'd never met before, but I'd heard about, who were community organizers in Rhode Island. And I was always a little scared of [04:00] them, because one guy named Irwin Becker, who I'd heard about, and I thought, oh, he sounded like, to me, like somebody out of the Saul Alinsky school, and I don't know if you know about that, but. You know, he just – I wouldn't care for him, and he was kind to be there. Henry Shelton, and all these people that, some of whom I liked, very much. And I went and said that I would consider it, but I wouldn't consider it unless there was really going to be a joint effort. That I couldn't consider it otherwise. And I found out what their politics were, and it certainly was my politics. It's feminism, it was peace. And it was question the establishment. And the purpose of it was, ultimately, to raise questions that wouldn't be raised if we didn't run a thing. And, you know, I don't know if you know about the Citizen's Party, but it is a party that is a national party. I don't know [05:00] if it's still in existence right now, because we don't have a candidate this year. But in 1980, there was a candidate, Barry Commoner. Do you know him?

KL: OK, yeah.

HBR: Yeah. And he got a fair amount of publicity. And then later, in '84, we had Sonia Johnston, and the guy who started the party here in Rhode Island was her vice presidential candidate. And that didn't go as far, I think, as Barry Commoner's. Because '80 and '82 was timely, somehow. Eighty four was beginning to get late. I mean, because at that point, you know, you couldn't believe, in 1980, that we would have a Reagan. So you didn't worry about whether you voted Democrat or Republican, or so. Then, all of a sudden, you got Reagan. Then in 1984, you really thought twice about voting for somebody other than Mondale, even though you couldn't stand Mondale, because, you know, Reagan! [06:00]

So, it was a very strange time. Now, in [1882?], it was a wonderful time to run for governor. Because Garrahy was in. And nobody was going to vote for anybody but Garrahy, and they didn't worry about losing a vote to a third party person. The Republican candidate was in token, like now the Democrat one is practically a token. His name is forgotten. [Marzulo?]. So I ran, and plus it was the year of the freeze. And that was a very active time for the peace movement. Of course, I had been involved in Women for a Non-nuclear Future, and that's why I was chosen. Not just because – because really, the public work that I had done had always been the Health Collective, but I had also, now, taken on the peace work. And I hadn't done all that much, other than those two things.

Oh, yes, I had. I had worked in the governor's office, and let's not forget that. It's the reason I felt entitled to do it. [07:00] I knew that they weren't so sharp. They're really not. At least the ones that I knew. One of them being Noelle. And I knew the state system, because one of the things that I had to do in the governor's office was to do a map of all the state services that related to children, which was almost every department in the state, had something that related to children, except maybe the Department of Transportation. But I knew about those departments, just simply because I had to know everyone to know which one catered to children. So, I felt very knowledgeable. Like, I didn't have to do a lot of homework to understand– if I got elected, I know, I know the structure of a state system! Because I feel like, they've got to know those things, you know? (laughs) If you're going to run for governor. Because I wasn't going to do it just dumb. And so, I got [08:00] coaching from the people who knew the other issues. And I put my own imprint on the issues that I knew most about. And we had a wonderful time, and we made a lot of opportunities. We were even endorsed by a union, which is very surprising, third party being endorsed by a union. Did I speak in front of the AFL CI – oh yes, I did. And they had to really consider me. They had to really consider me.

Why? Because there was a strike of Brown and Sharpe at the time, and that machinist union was not getting anywhere. Garrahy was doing nothing to really show that he was on the side of the unions. And it was embarrassing to the unions. They wanted to be Democrats. And you know, [09:00] it's already the beginning of the anti-union time. You know how strong it's been this past couple of years. So, they really, by all rights, they should've endorsed me. But only one union did. Or, one part of a union. And it is a union that is a very, you know, fairly progressive union. The machinist union. But I don't have much roots with unions, and that's because I felt very uncomfortable, in a way. But I took that on, and I was there every week in the line. Supporting that. And that's why they did it. And I learned a tremendous amount about the way they felt, and so on.

So there was the peace issues. There was that strike. Oh, there was all kinds of things. I mean, you'll see it in the literature. I do have that all organized, and it was an important time. But for me, personally – and I think that [10:00] because of the amount of publicity we got, we had, in fact, I got to debate Garrahy. People thought of things that they would never have thought of otherwise. For instance, in other states – not in Rhode Island – there are actual offices for appropriate technology. You know what appropriate technology is?

KL: Mm-mm.

HBR: It's a whole system of believing that people should, and can, do things more locally to create work that allows them to really more utilize what is going on in their own state. For instance, I would come up with all kinds of ideas out of that concept of appropriate technology.

'82 was an awful time, too, in Rhode Island history. We were very, very deep in struggle, economically, at that time. Interest rates were way up. It was just horrible. [11:00] It seemed like industry was closing by the day. So, what were we going to do? We were such a small state. There were lots of things that could be done. Like, even running a farmer's market, which we don't have, that other states have. So that the farmers don't have to lose so much of their profit. Pawtucket was dying. Literally dying, downtown Pawtucket. Because the way they arranged the traffic there. I had this wonderful idea for Pawtucket – because, of course, I have these roots in Pawtucket from my mother. Love Pawtucket. I love Rhode Island, too. And that also, I liked to be able to use that in talking, as a governor's candidate. RISD is here. We have many artists who stay in Rhode Island afterwards. Is there any artist center in this town? Is there anything where tourists come to see all the many [12:00] wonderful artists that we have? Why not put them all in Pawtucket. There are studios above where all these empty buildings are. Underneath, they sell. And the whole of Pawtucket will flourish with the beauty of having a center – a whole town filled with art.

I would go down to South County and talk there about the potential for appropriate technology, or really developing our fishing industry. Which is pretty well developed, and I think, you know, is further along, that is, now, but that we can do more canning here, and part of it came out of also talking about nuclear conversion. Converting all this industry that we have, which we depended upon, to make money. What can we do to change that, so that people aren't afraid to say, "Let's have a freeze." Because we'll lose all these jobs. See, [13:00] I had to deal with that. I love dealing with that. And so, appropriate technology is a way we do that. And you know, we make windmills, or we make public transportation down at EB. And I used to go to EB during my campaign, and talk to the workers, and so on. And I got some interesting responses from that.

So, it was quite interesting for me. And one of – again, one of the most creative things that I've ever done, is my feminist theatre year. And Steve was really with me on this. So that was really nice. And Nicki, I think, eventually saw that it wasn't such a sin that I had committed. Daniel was always very good, and I've never heard about Daniel as my reason for starting Tough Love. But this sort of diminished, because he's in good shape now. That's another whole thing.

KL: That's right, and your [14:00] reunion bio you mentioned that Tough Love. How did you get into that?

HBR: Well, because my son was really a basket case for a couple of years, and I didn't know what to do. Didn't know how to deal with it. Tried all kinds of things, and one of the things I got told about was that there was a national organization called Tough Love with local groups started by parents. That they formed mutual support for each other, and helped each other work through ways to deal with very troubled – troubling – adolescents. Maybe they weren't so troubled, but they were certainly very troubling. Into drugs, and into not going to school, and all of that. And it was very helpful, and I organized the group. It's still going on in Providence, and there's a group in South Kingstown which I would go to when I was down there, because we do go down there a lot. [15:00] So you know, there's a lot more to say about that, but I feel like we've really gone on forever.

KL: Yeah, I think we're pretty much done. Is there anything you want to say in summation? Is there some common thread you see through –

HBR: Well, I think I started with what I see as one of the common threads, is the desire to have more community. And that everything I work for is really to feel more part of a community. And that's been more possible than I would have ever, ever thought, by living in such a small state and being able to feel like it's my state, you know? I don't feel that way about my country, particularly, you know, in terms of being travelling, and anything like that. I'm ashamed of my country, most of the time. I mean, that's something that's important to me, too. That I don't want to be ashamed of my country. I would like to live in a country that I feel very proud of, so [16:00] it's nice to be able to work in this little, little, tiny state, and try to make a difference here. Because you have so much more impact than you do in someplace like Massachusetts, which is so large, in comparison. So many more people. So. So, I feel, you know, satisfied but still not completely satisfied, which I said, in my reunion thing. Who will ever be, I suppose, you know?

KL: OK. Good.

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