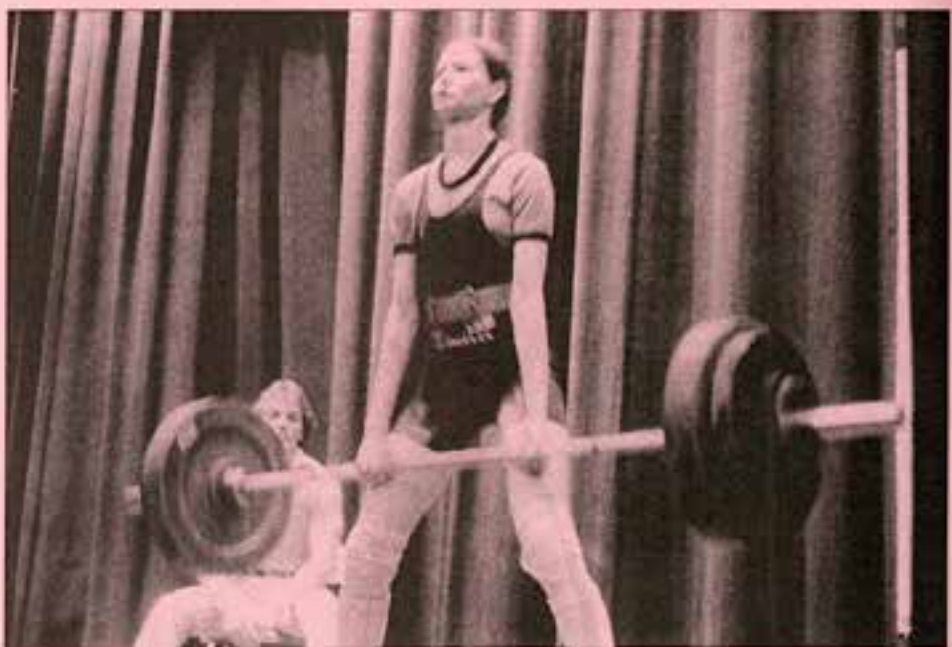
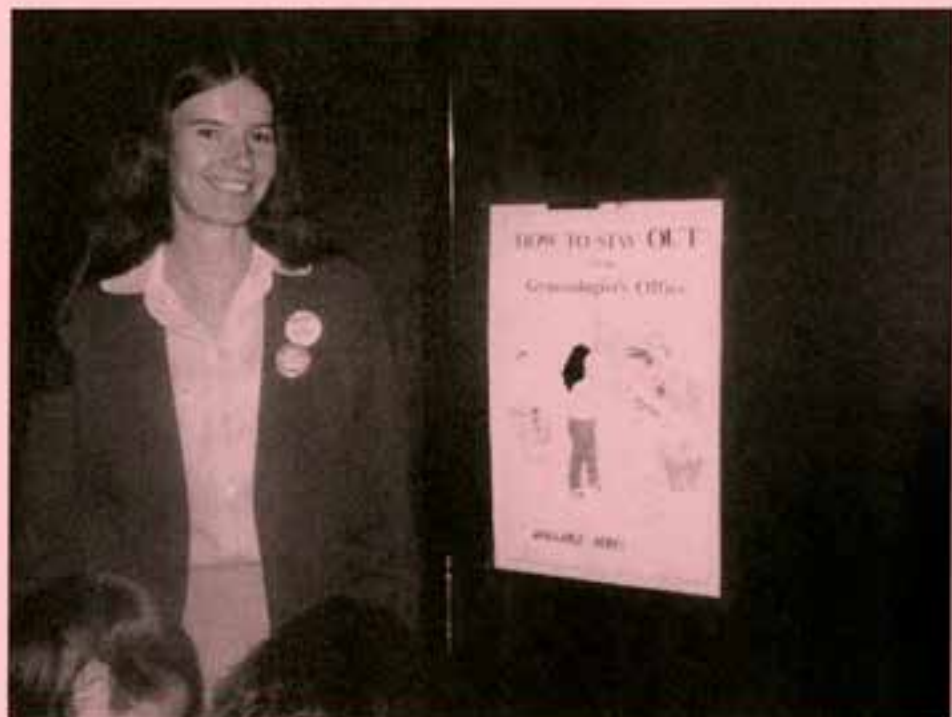


Suzann Gage





Top: Suzann Gage at the 1981 release of *How to Stay Out of the Gynecologist's Office*.
Bottom: Suzann Gage dead lifting approximately 225 pounds at an Amateur Athletic Union power lifting meet in the mid 1970s.

Suzann Gage

When Suzann Gage saw her cervix, her life changed. Gage has always been a visual person and loved art as early as she could remember. In 1972, as an art student, Gage attended a meeting with several other young feminists to learn about cervical self-examination. This was a radical new trend in the Women's Health Movement, which had itself evolved from the 1960s human rights and anti-war movements. Gage was taught by other women to see her own cervix with a speculum and a mirror. This caused her to have a political epiphany.

Suzann Gage gave up her professional training as an artist to become a full-time health activist. Soon after, she left small-town Illinois for Los Angeles. Gage now runs Progressive Health Services in San Diego, California as an OB/GYN nurse practitioner. She is also a nationally certified licensed acupuncturist and a nutritionist. Though she is no longer a practicing artist, her visual sensibilities and contribution to the visual culture of feminist health movements remains influential.

I discovered Gage's work in the book *A New View of A Woman's Body* (Federation of Feminist Health Centers, 1981). After reaching Gage at her clinic, I conducted this interview over the phone in May of 2009. Here is Gage's story accompanied by her drawings.

By Bonnie Fortune, August 2009. Published by Temporary Services in August 2009. All images used with permission from the Federation of Feminist Health Centers and Suzann Gage. Special thanks to I space, the Chicago gallery of the College of Fine and Applied Arts, University of Illinois at Urbana-Champaign, for funding the printing of this publication.

Bonnie Fortune (BF): How are you today, doing good?

Suzann Gage (SG): Good.

BF: Were you at the clinic this morning?

SG: I am, I am. I have been here this morning.

BF: So you go every day?

SG: Yes pretty much, I am on call to come in on Saturday and Sunday.

BF: And what exactly do you do in the clinic?

SG: I am a certified OB/GYN nurse practitioner, a licensed acupuncturist and a nutritionist. I have a specialty in gynecology, urology, and sexual and reproductive health and nutrition. And we have an integrated medical practice here.

BF: I'd like to trace the trajectory in your practice from your work as an artist, your work with the Women's Health Movement, and your continuing work with art and activism.

To start, can you describe your work as an artist? I first came in contact with your artwork in *A New View of a Woman's Body*, so I just wonder how did you become an artist? Did you study art formally, did your family encourage you, or were you on your own?

SG: Yeah, I first became interested in art - well, I have always been interested in art. My first

childhood memories are tracing my hand on a piece of paper, and making something out of that. I remember when I was that age, and someone asked me, "What do you want to be when you grow up," and I said I wanted to be an artist. I knew instantly what I wanted to be, and I was absolutely completely uninterested in medical training.

BF: Were your parents artists? Were you around an artistic environment?

SG: My father was a reporter at a small town newspaper. My mother worked in the home, and though not officially acknowledged as such, she was a gourmet chef. She could make divinity [a kind of candy] and English toffee from scratch. So she was an artist in terms of food and the aesthetics of the home. She was a food artist. She decorated the house around the holidays, that sort of thing. And they were very supportive of me doing artwork. Though I know I annoyed my mother at times, because I wanted my art supplies out where I could go and work with them right away.

She wanted everything neat and clean and put away, but then she had three other children to contend with – their messes too, you know. And sometimes I felt frustrated by that, that we did not have the luxury for each kid in the family to have their own room. And I never had the luxury to have stuff set up in my own room the way I wanted to. I often said the most private room in the house was the bathroom! You could be alone there.

BF: Did you ever study art formally?

SG: Yes, yes I did. When I was in grade school that was my favorite subject. I could not wait to be involved in some sort of art project. That is what I absolutely wanted to do. In junior high and high school, I always picked art first as an elective. I majored in art in college, first in a junior college and then later at a state school.

BF: Where did you go to school?

SG: I went to Blackhawk Junior College in Moline, Illinois.

BF: You're from Illinois?

SG: Oh yes, I was born in Rock Island.

BF: That's where I am. Champaign-Urbana. So, all of this is happening to you in Rock Island?

SG: Moline is right next to Rock Island. So, I went to Blackhawk Junior College. And then I went to ISU [Illinois State University in Bloomington-Normal, Illinois]. Then I left there and dropped out of college to travel to Los Angeles. To study ... to work at the Feminist Women's Health Center.

BF: So, how did you make that leap from studying art in Illinois to moving all the way across the country to work at the Feminist Women's Health Center?

SG: When I became involved, when I started to go to college, I became aware of the women's liberation movement. I knew a woman who was in one of my ceramics classes who was in NOW [National Organization for Women] and this was in the late 1960s. At that time abortion

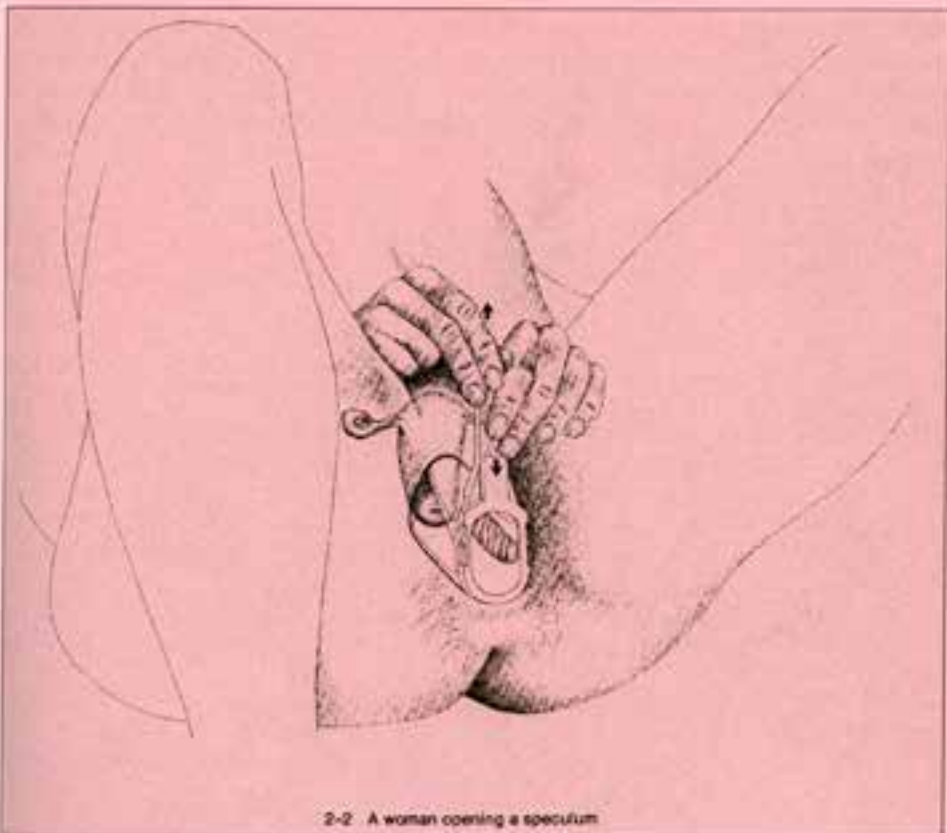
was illegal, and so one day I asked her to explain the Women's Liberation Movement to me. It was like there was a line on the floor and I just stepped across it, and I became a feminist. And there was no way I could ever go back to not feeling that way. I became a member of National Organization of Women and I started attending NOW meetings, and I went to a meeting where a group of women from the west coast were talking about vaginal self-examination and menstrual extraction and abortion rights. I decided to go to this particular NOW meeting where these women were speaking and showing a slide show and all of that.

I was working as a waitress at Town and Country Restaurant in Rock Island at the time. It was pouring rain and I had my little black and white uniform on, and my old beat up Dodge Rambler convertible's windshield wipers weren't working and I managed to get to this part of Rock Island I had never been to before, with no wipers and rain coming down ... I got there just in time, to the meeting, to listen to this lecture on vaginal self examination, and see an actual movie of a woman having an actual abortion. Which was incredible because nobody and any idea how it was done then. You know, it was pretty mystical.

BF: Now what type of abortion was this?

SG: It was with a doctor, a woman doctor. It was a woman doctor actually who did it, with a flexible plastic tube.

BF: What movie was that? Do you remember?



2-2 A woman coining a speculum

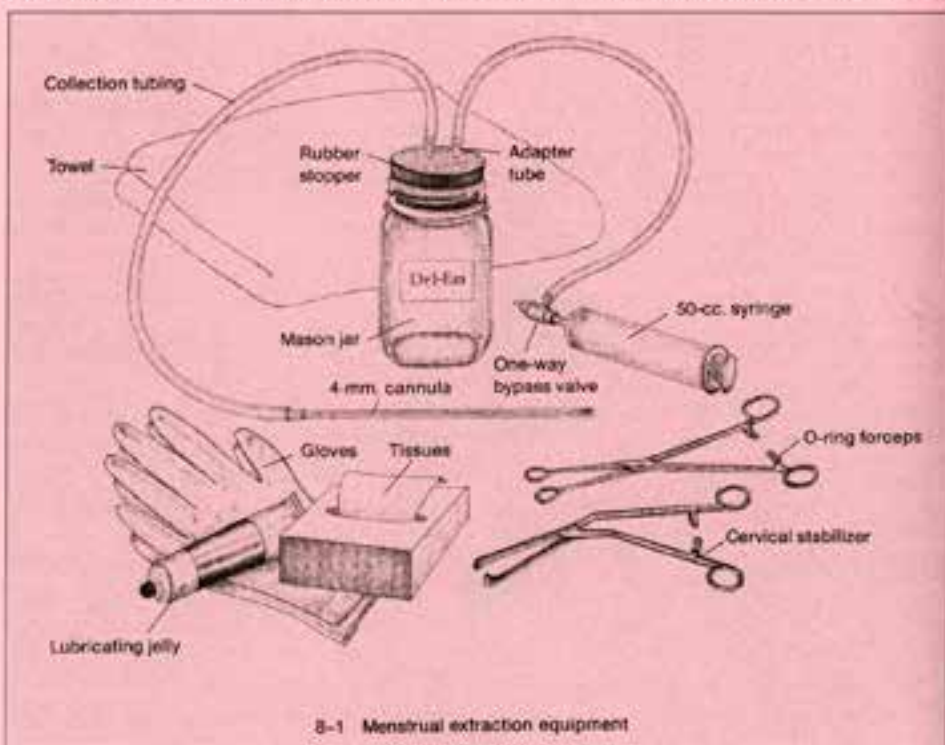
SG: Well, I think it was something that had been filmed for medical purposes, educational. It was not very long, just like a little snippet. I don't know where they got it.

Then they talked about vaginal self examination, and menstrual extraction, and learning your menstrual cycle. Carol Downer – who was a founder of the self-help movement, and Lorraine Rothman, who was also a founder and very actively involved in developing the Del-Ein [A menstrual extraction device developed by Lorraine Rothman for use in a lay person setting. This was a tool for first trimester abortion, or the removal of menstrual blood.] and all that – they were there doing the presentation.

Carol showed us her cervix, and I got a speculum and took a speculum home with me. It was just amazing to me being able to see your own cervix. It was like I gained a part of my body that was not available to me before and it was just amazing. I became very dedicated to the cause of women having control of their bodies. And so I kept in touch with these women through the mail, snail mail in those days. They sent me a mailer about an institute program they were creating for women to come out to Los Angeles to learn how to set up a Feminist Women's Health Center in their own community, and provide health services and so forth. I got on an airplane for the first time in my life, flew to Los Angeles, got on a local bus and went to the Feminist Women's Health Center office. That's how I wound up out there.

I dropped out of college to do this, because, I have to tell you, at the time while I was aware that there were political activists using art to make political statements, I was not directly in touch with those people myself. The extent of my experience of my artwork being used in human rights work was, "Oh! you're an artist? Here make this protest sign for us."

I was not into that at all ... I mean, I didn't want to letter a sign. That's not the type of art I was into at all. I was not into commercial art at all. I did not want to make pictures of dog food and Pepsi Cola, or you know, selling a product. I wanted to do fine art. And I was



very interested in ceramics and three-dimensional arts actually, I enjoyed 3-D work more. I was less interested in 2-D work and drawing.

At any rate, at the time I was feeling like the art community that I was relating to was not putting forth any political ideas, or really doing anything towards human rights, and I started feeling like my involvement in art was frivolous and it wasn't helping anybody in the world. It was ... it just seemed so meaningless relative to the fact that we were involved in the Vietnam War ... and women had few rights, you know. Abortion was illegal ... in fact, it was hard to get birth control if you were a young person. Women's lives were a hell of a lot better than they had been in the past, but it was still a deplorable ... the lot of women.

LGBT [Lesbian, Gay, Bisexual, Transgender] people were horribly oppressed, and I had come out as a lesbian at that time. This was all in the context of the women's movement. And you know, doing art just seemed so superficial and trivial compared to this compelling need I had to fight for human rights, and I just ... you know, I couldn't stand it! I felt I had to put all that aside and put all my efforts toward working for my rights and human rights in general and that's what I did. I dropped out of art school and got on a plane and flew to this distant land ... and, well, you probably know this ... did you grow up in Chicago?

BF: No, I grew up in Nashville, Tennessee. I lived in Chicago for six years.

SG: Well, let me tell you, having grown up in a very small midwestern community, the Quad Cities is not tiny. It's a big city compared to surrounding towns. But having grown up in a place like that, never having seen the ocean, you're totally landlocked, except for the Mississippi River, and then going to L.A., it was like going to another country, like France or China, it's so far away! In those days you were a lot more isolated than people are now. There wasn't the same exposure to things. All of these things that were happening in terms of anti-war demonstrations and so forth were happening in big cities. I personally never directly saw any of that. I read about it and saw it on the news ...

BF: So you had never been to Chicago.

SG: I had been to Chicago, when I went on art trips with the high school, or with the Rainbow Girls.

BF: What are the Rainbow Girls?

SG: That tends to be a smaller community thing. It's a Masonic organization ... there is a whole subculture of Masonic organizations that have religious tones to them, they are private clubs and they are philanthropic and they try to do good deeds in the community, and I was involved in the girls auxiliary of the Masons, which was called the Rainbow Girls, so that's where I was coming from.

BF: This is growing up in Rock Island. So you never went to Chicago for the larger demonstrations.

SG: No, and part of it was ... I was at the younger end. I will be fifty-seven in July, and at that time I was eighteen and nineteen years old. I had been at Normal. I did participate in an anti-war march in Normal, Illinois, when I was in college there at Illinois State University.

I went to a presentation by Del Martin's partner Phyllis Lyon, about lesbian rights.

[Dorothy "Del" Martin (1921-2008) and Phyllis Lyon were a lesbian couple and lesbian and gay rights activists. Together, they founded the Daughters of Bilitis, a lesbian social and political group in San Francisco, wrote for one of the first American lesbian publications, *The Ladder*, and became the first out lesbian couple to join the National Organization of Women.] I believe this was 1971. She spoke on campus at ISU about Lesbian and Gay rights. It was amazing! The auditorium was packed with people. I was finally able to connect with some political LGBT people, which was just incredible! It was so hard to get information about this then and to connect with other LGBT people. So, that's where I first had any contact with political activism, except with my NOW group in the Quad Cities, in Rock Island. And that group did do referrals to underground abortion services. National Organization for Women groups across the country at that time had these lesser-known radical activities that did refer women.

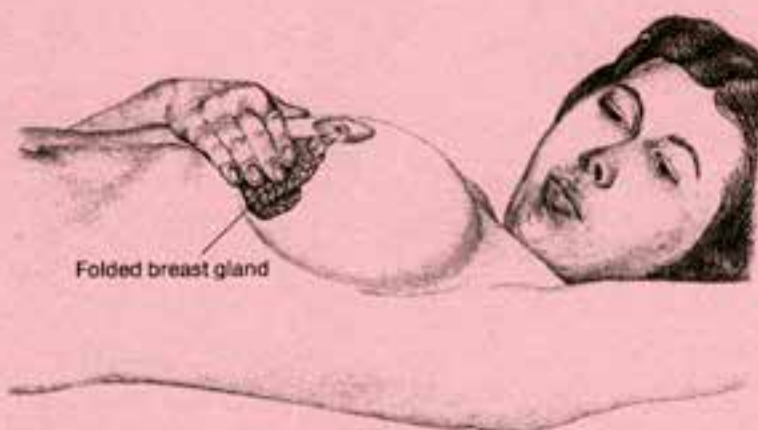
BF: I did not know that NOW did that. Obviously, you know about JANE in Chicago? [JANE was a collective of lay women who did abortions underground in Chicago before abortion became legal]

SG: Yes, they referred them to JANE in Chicago.

BF: What year did you come out as a lesbian and what year did you go to Los Angeles?

SG: I guess I came out in 1971 when I was nineteen. I went to my first self-help clinic in October of 1972 (in Illinois). In 1973, I think it was June 3, maybe June 2, but I am pretty sure it was June 3, I got on an airplane and flew to California. Abortion had been made legal in January of 1973. Within a couple of months after that, the Feminist Women's Health Center had formed the Women's Choice Clinic in L.A. and it was the first outpatient clinic that actually did abortions after the law was changed. They created the clinic out of the old Women's Center

Self-Examination



2-19 A woman lying on her back feeling a folded breast gland

in Los Angeles. They took over that building and created a woman-controlled clinic. [The Women's Center was a center for grass roots feminist activism in Los Angeles. When the center was converted into the Women's Choice Clinic, the Women's Center relocated to Santa Monica, California.]

BF: So you said that you kept in touch with Lorraine Rothman and Carol Downer via mail?

SG: Yes, and all of the women in the self-help clinic group that they formed in Los Angeles they referred to themselves as the West Coast Sisters.

BF: And didn't they have a newsletter?

SG: They did. It wasn't a very regular publication ... it was a self-help newsletter, and that's how I learned about them.

BF: Okay so, that's how you learned about them and then saw them in Illinois.

SG: Yes.

BF: Because you kept in contact with them, were you able to fly out there and immediately become involved?

SG: Yes, because I kept in contact and applied to their education program. I don't remember the exact name of the program. Probably the Feminist Women's Health Center's Institute Program. I do not know what the charge was at the time, but it was pretty nominal. It was a lot for me plus I had to pay for my plane ticket.

BF: And the idea was to go to their Institute program and bring back the training to Illinois to form a clinic there? [The Feminist Women's Health Center Institute Program was a program to teach women how to found clinics in their own communities.]

SG: Yes, but I decided to stay in Los Angeles.

BF: So, let's move from Illinois to California. Describe your experience with the Institute. You previously said that you were forgoing art practice to participate wholeheartedly as an activist, but somewhere along the way you went back to drawing because your work is an integral part of A New View of a Woman's Body.

SG: When I got to LA I worked in the Woman's Choice Clinic. The Feminist Women's Health Center's clinic was called the Woman's Choice Clinic. There, I learned how to provide health services and became a laywoman health specialist, for lack of a better way of putting it. We participated in the weekly self-help clinics at night where any woman could come and learn how look at her cervix with a speculum. And we participated in the clinic assisting the physician that came in to do abortions or did birth control services. We taught ourselves how to fit diaphragms and cervical caps. And we did pap smears with women in the clinic. The physicians that we collaborated with were all very amenable to our doing that under their direction.

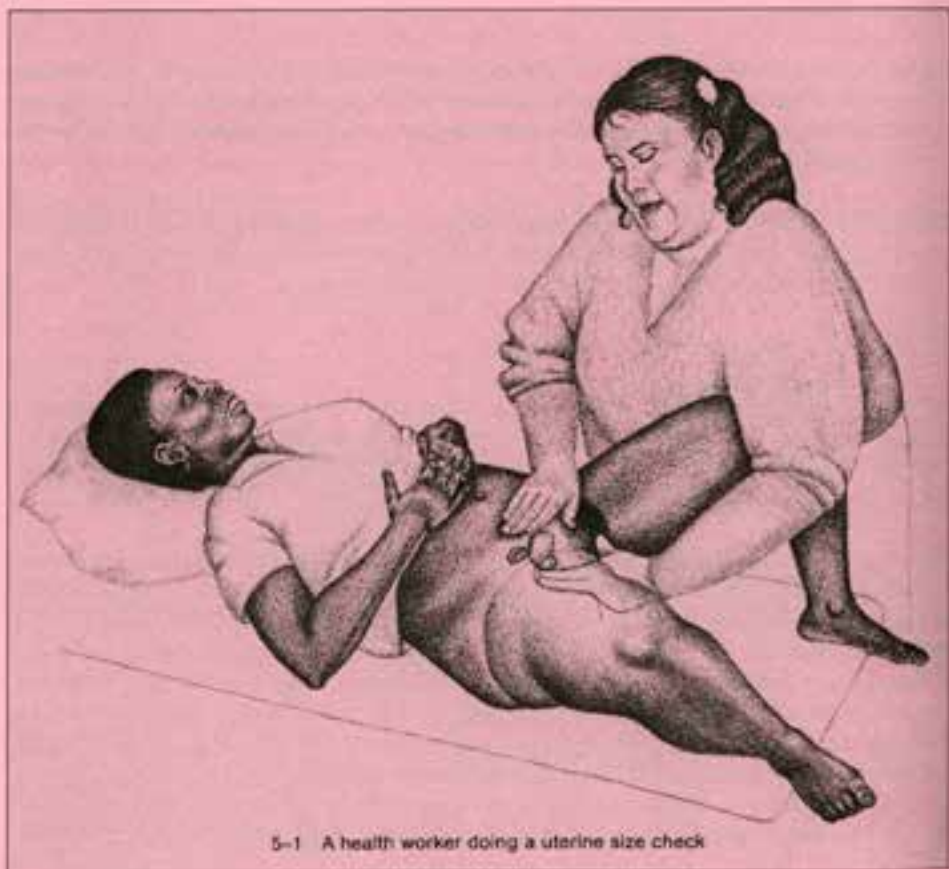
We did our services like a self-help clinic. So we would schedule women to come into our clinic in a small group and then we would all fit the caps together, or do pap smears to-

gether, and we would teach the women how to do it on each other in the group in the clinic. I mean it was very radical, and most women enjoyed participating in that. It was a very different era then.

At some point we talked about how it's hard for women in certain parts of the country, or in certain parts of the world, to learn about self-examination because they just don't have access to women's clinics. The goal of the Feminist Women's Health Centers was to inspire women to set these women-controlled clinics up all across country and in different parts of the world so that women could have truly women-centered, women-controlled health care, quality health care services, and full access to all their reproductive health options.

We realized that that was a tall order to fill, and in the meantime it would be helpful to have some sort of a book that described how to do cervical self-exams with an order form in there so you could send away for a speculum, and have actual color photos of a cervix through a menstrual cycle. We had only heard of one other woman who had ever tried to take pictures of a cervix throughout the menstrual cycle before, and we had never seen any medical journals or heard of any doctors taking actual photos of a woman's cervix every single day of the menstrual cycle.

That struck us as very odd, because how could you be a fully competent gynecologist if you had no idea what the normal changes were in a woman's cervix through her cycle? In these self-help clinics, we were looking at our cervixes every day, and looking at each others' cervixes and we could see this really wide range of normal. We knew that women's bodies did



5-1 A health worker doing a uterine size check

change dramatically and that the cervix and the secretions did change dramatically through the menstrual cycle and we wanted the average women to know about that.

Women were incorrectly being told by their doctors that they had health problems that they didn't have because their doctors just simply weren't familiar with what was normal in a woman's body. They had never been trained in medical school to recognize changes in the cervix that occur normally through the menstrual cycle. So, women were sometimes being told that they had vaginal infections when they didn't just because they had an increase in their secretions which was normal for them, but their doctor thought, "Oh my god, there's gotta be something wrong with this." Or, they were being told that they had cervicitis because you could see this reddish skin around the os [the little hole in the cervix where the blood comes out of the uterus during menstruation and where the baby comes out of the uterus during childbirth]. It is normal in younger women to see the red ring around the os, but [the doctors] had never been trained to know that.

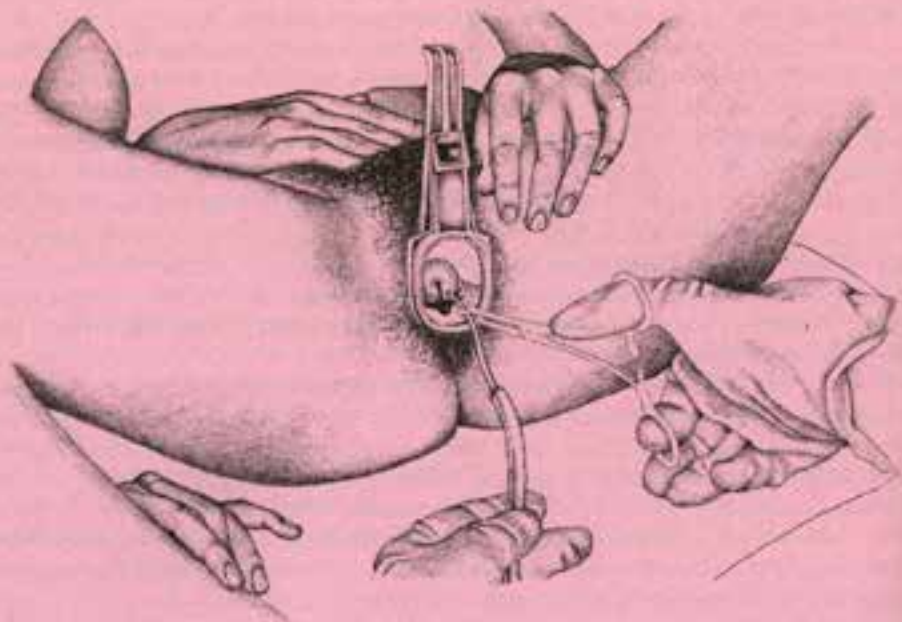
So, we found a woman photographer, Sylvia Morales, who participated in the menstrual cycle study with, I think there were nine of us. All nine of us would have a photo of our cervix taken every single day of our cycle. I assisted her, so I took photos of Sylvia's cervix ... and then we put them together for the book *A New View of a Woman's Body*. We selected certain ones out to show ... to be a representative example of the cervix during the cycle.

We also felt, if we are going to do this we need to do some basic anatomical drawings here so that women can see what the cervix is attached to. You know, like a see through drawing to show that the uterus is the back end of the cervix and all of this. Since I was the one who had experience doing that I became the illustrator!

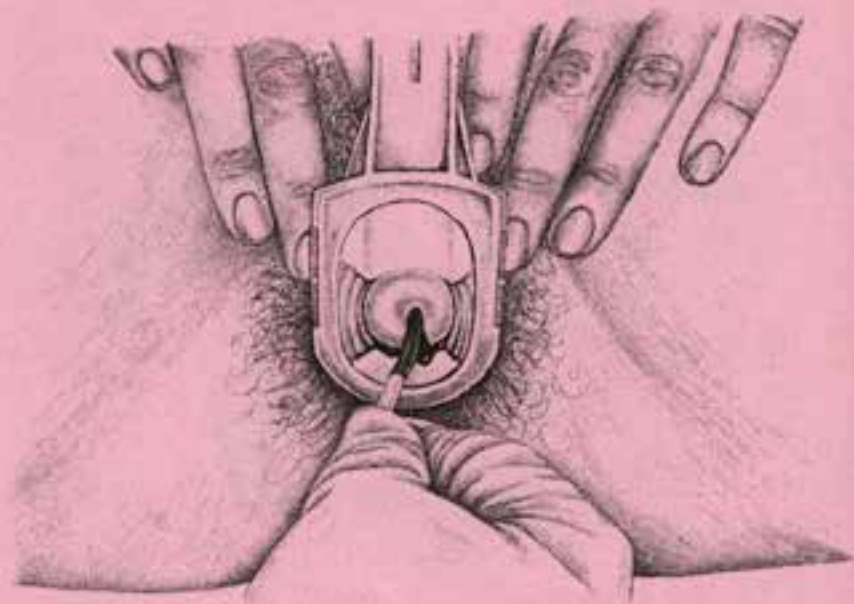
BF: Did you volunteer or did they volunteer you?



8-3 A woman inserting her speculum



8-6 A woman holding the cannula with O-ring forceps



8-7 The cannula inserted into the uterus

SG: Yeah, yeah, I mean they knew that I had dropped out of art school to come and work there and they knew that I could draw and so forth. I was the one in the group who could do the most life-like drawing and so I was asked to do this ... and I was happy to do it. I volunteered for it ... it was something I wanted to do. *This* is what I wanted to use my art for. *This* was going to really benefit somebody. To sit and draw a pretty picture of a flower is nice and everything but is that going to really concretely, materially change the quality of the course of somebody's life for the betterment of the world? Not ... not necessarily. That was my thinking at the time anyway.

I do think aesthetically beautiful works of art can have the ability to inspire, psychologically, socially, and spiritually, in many different ways. I absolutely do not knock art and all the various aesthetic forms of art. Don't get me wrong about that. I very much support the arts. But considering the political and social circumstances that I had grown up into I couldn't stand it. I just couldn't stand to see people suffering and to not have human rights and I felt absolutely compelled to take some kind of action. To get involved with groups, you know, to remedy these wrongs.

So, we started to put this book together. And originally we thought, well, we're just going to have these color cervix photos and we'll have a few drawings, and the speculum order form, and then we'll put this book together. As we started talking about it we started thinking, well maybe we should have a little bit more drawing of the anatomy, like how about a drawing of the anatomy of the clitoris. Okay! Yeah!

Lorraine Rothman was assigned to go out and go to the library and get some books on the anatomy of the clitoris and write a little short piece on it, and I would redraw some of the drawings that were already there and that would be that. You know it would be a very simple little task. Lorraine would go out and do this research and come back very confused and she would say, "You know, I don't think it's just such a simple task to do this. I mean this anatomy book is saying one thing and this other book is saying another thing. This book is saying that the clitoris includes these parts, and this book says no, no it includes these parts!" And she said, "I don't know what to make of this."

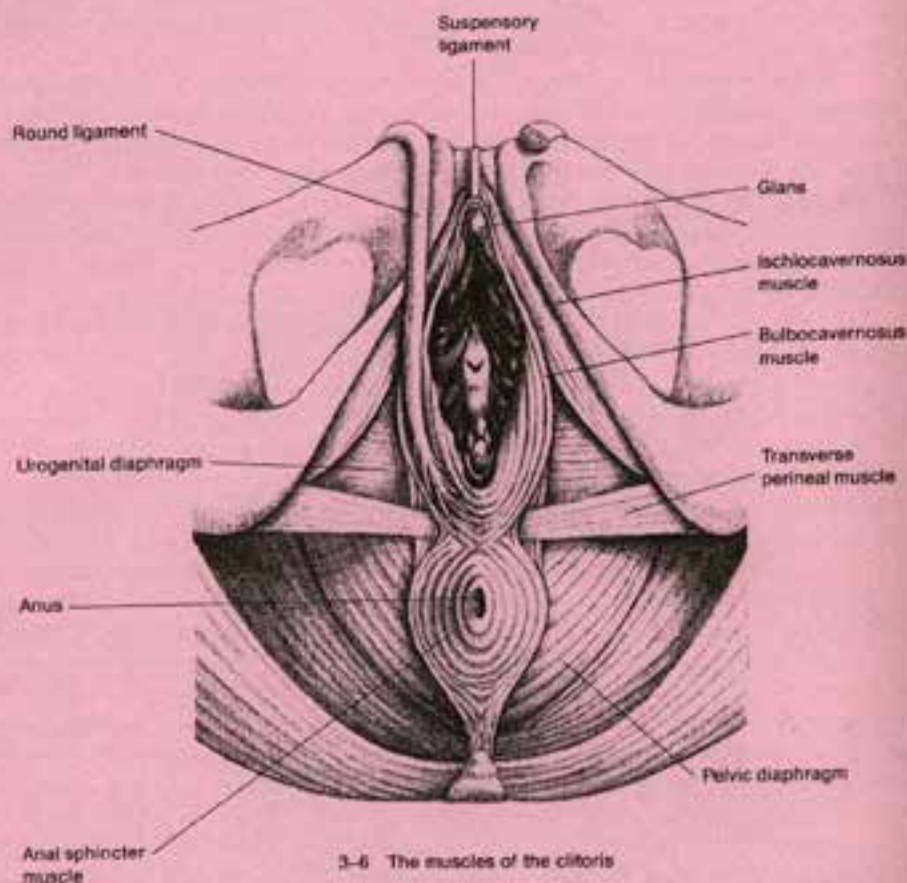
Then Carol would say, "Oh it can't be that difficult. Go out and try harder. Go back to the library and try harder." She'd go back and try again and she still couldn't make any sense of it. So, she went to the library and just got a pile of books that had pictures in them. And, at some point, I also went over to the UCLA [University of California-Los Angeles] biomedical library and just took out any book that had any sort of drawings or details or pictures of sexual anatomy, including some of male sexual anatomy. And we brought them back and we laid them all out, and looked at them as a group, what we called the Book Team, which at any point in time consisted of five to ten women working on this book. At some point we took off our pants and we did self-exams, and we compared ourselves to the pictures in the books, and compared our experiences to try to piece this together. It became apparent to us that there was this different way that women's anatomy was viewed as compared to men's anatomy. And, it revolved around a stereotype of what constituted sexual activity, that is, what defined sexual activity between a male and female. And in our patriarchal western culture, it was defined as penis-in-vagina sex, missionary position, penis-in-vagina sex. And of course we know that doesn't scratch the surface on sexuality. That's ridiculous, right?! And that includes amongst heterosexual people, that ... I mean forget about lesbians or any other group, you know?

So, after pouring over these books we found that a lot of the best information we got was from really old medical textbooks, actually from the 1800s and the early part of the 1900s. These were anatomical drawings that were done from cadavers and so these artists drew what

they saw. They drew quite literally what they saw. It was very apparent because you could see from the drawing that the female body had been dissected. The woman had died and they had cut the body open, and these drawings were intended for medical people. That was their audience.

Based on that, and these objective descriptions of various parts, we came to learn that the parts of the penis and the clitoris are literally analogous and correlated to each other, and that the fetus, the tissue in a fetus that becomes the penis and the clitoris is the same bunch of cells, that simply rearranges themselves into a different shape, or pattern there. And so you know ... based on that, we were able to piece together all of the parts of the clitoris, and I was able to then draw all of the parts of the clitoris to give a true representation. Compared to the older medical textbooks, the modern medical textbooks became more fixated on penis and vagina sex, and became more focused on the vagina as being the woman's sexual anatomy. The clitoris which was referred to as this little, tiny, pea-shaped bump, that happened to be kind of up above at the outer-outside of a woman's vulva - that was about all the attention that was paid to it. So, there was a digression between past studies and more modern studies.

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3-6 The muscles of the clitoris

It became a huge labor of love for all of us on the Book Team to try to explain this and recreate it and show it in these illustrations and text ... to educate women about the clitoris.

BF: So that became "The Clitoris: A Feminist Perspective," the chapter in A New View of a Woman's Body?

SG: Yes, yeah ... and that was a huge project.

BF: And this happened at the beginning of the Book Team's work?

SG: Yes, that was fairly early on in the Book Team's work.

BF: That chapter is very rich in its approach to medical illustration. There are multiple views and perspectives. I guess I am wondering, did this experience with this chapter early on shape the way you approached medical illustration from there on out?

SG: Oh yeah, yeah! It was important to me and to the Book Team to try to show things in a way that was really understandable by the average woman, and yet not edited down to simplistic mush that took meaning away from it. So, we put great pains into presenting every detail, in this case, of the anatomy of the clitoris and to use all of the correct terminology, so that women knew that that part of their body wasn't just this sort of vague generalized area of tissue swelling between the legs.

You know that there are very specific parts and structures, you know that there are specific functions. There is a glans to the clitoris, a shaft to the clitoris, two legs to the clitoris, two bulbs to the clitoris, a urethral sponge to the clitoris, a perineal sponge. The legs of the clitoris are called the crura, that the bulbs of the clitoris are made of this cavernous tissue called corpus spongiosa ... and you know these Latin terms. We wanted to avoid unnecessary obnoxious Latin terms that are confusing, but we also didn't want to water this down and not use correct terms.

BF: Two things: you spoke about working off of each other's bodies from photographs, and I am wondering, for your drawings, did you work off of live models, or from the photographs that you took as a group, or were you directly appropriating existing medical illustrations?

SG: For the anatomy of the clitoris?

BF: For, actually, for all of your drawings...

SG: Well, I certainly looked at tons and tons of medical drawings and photographs and anything I could get my hands on that had any details at all. Also, in self-help clinics we would do self-exams, and I would draw drawings from actual women's bodies. And I would draw certain internal anatomy based upon a combination of images that I had seen in medical books and anatomy books and I would recreate my own version or my own interpretation of the internal anatomy, based on things I had read and seen. And all of our own collective experiences as self-helpers and talking about the experience of sexual response and so forth went into a drawing.

BF: That is an amazing process, synthesizing that much information. Did you have any discussions at all with what might be considered a professional medical illustrator or doctor? I

know there were some doctors involved with the clinic. How sympathetic were they to the project?

SG: Oh they were very sympathetic ... the doctors we worked with all knew we taught women vaginal self-examination. They were supportive of that. They felt women had a right to have control over their bodies. Generally speaking the M.D.s that worked with us agreed with what we were doing. And some of them were supportive in terms of directing us to different resources here and there. I had M.D.s tell me they really liked the book, because they never got to see drawings like that or photographs like that in their medical texts!

Also you couldn't find pictures of women like in some of the pictures ... like showing a woman who has a speculum in and she's looking at her cervix, or some of those sorts of drawings.

And those are all people I know! I mean I can tell you who those women are, and I drew exactly what the woman looked like. If they wore glasses (in life) they wore glasses (in the drawing)! The idea was to show actual real women and what their bodies looked like. That was the whole point.

Another particular point with, well, the clitoris drawings in particular, I made a point of drawing the anatomy ... the healthy normal anatomy of the clitoris using an African American woman as the basis, because in a lot of medical text books up to that date, the only photographs we had seen of any women of color, or any people of color for that matter – in general – in medical textbooks were if it was someone who had a disease or a tumor, a fifty pound tumor or something like that. Otherwise all of the photographs or drawings of people representing normal anatomy were all Caucasian people. And of course that's absurd and racist obviously. So, we made a point of ... well we had a very mixed group of women.

BF: I wondered about that. What was the makeup of the group?

SG: So, our group was an ethnically diverse group of women, and age-wise a diverse group of women, and size-wise. So that was important to us to show that range, a broader range of experience and what women really look like.

BF: That is definitely represented in A New View of a Woman's Body and I was interested in how it played out in the day-to-day operations at the clinic.

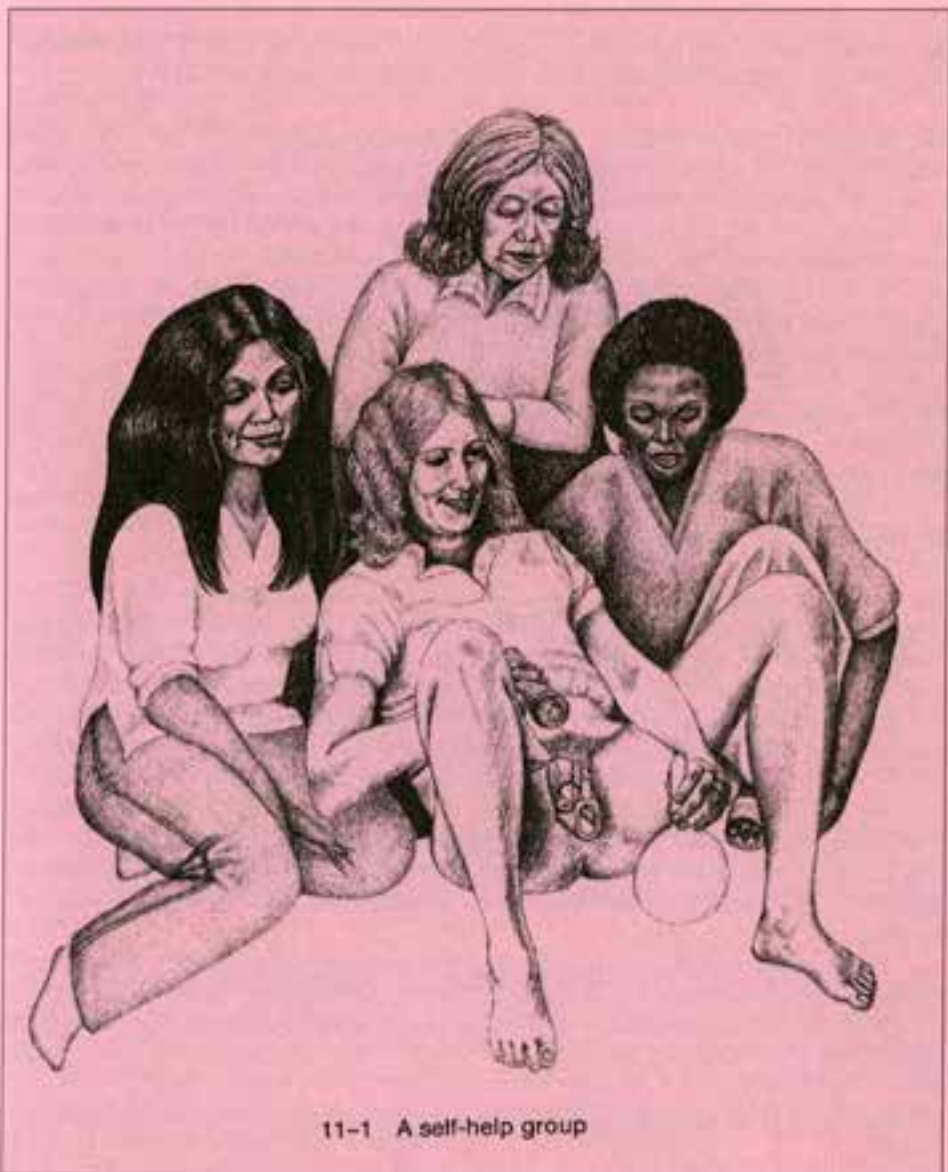
SG: The different feminist women's health centers in different cities had different combinations of women there. So, there were times when some of the groups had a larger percentage of Caucasian women participating, and at other times there were some clinics that had a larger number of Jewish women involved. The L.A. Feminist Women's Health Center had a larger number of Lesbian and Bisexual women involved, and this would change as people would come and go.

BF: You speak about doctors appreciating the efforts of the group, and I wanted to know about whether or not your work has benefited anyone outside of the medical community and whether your work had been used in an educational context?

SG: We had tons of women tell us how much they appreciated seeing these drawings of normal women and getting some information on the anatomy of the clitoris. And I will never forget at this presentation I did one time where I was showing the drawings about the anatomy of the

clitoris and explaining all the parts, and this woman came up to me afterwards. She was a middle aged woman who told me that she never had any information about this and she always thought that she was terribly abnormal or that she was somehow deformed or something, to have experienced the amount of swelling of the clitoris that she did.

In terms of during sexual response, the clitoris is comparable in its overall mass to many men's penises, you know? It's a good-sized organ and it swells to several times its size. It really engorges with a tremendous amount of blood and can become very distended. To think of the clitoris as the little, tiny, pea-size shaped portion, just the glands part of it, does not explain this experience. And this woman came up to me and she was in tears, and she said, "I always thought I was horribly deformed or there was something terribly anatomically wrong



11-1 A self-help group

with me, because I, I thought the clitoris was just this little part, and I would have this tremendous amount of swelling. Now, I have seen this ... this presentation, and I see that there are all these parts to the clitoris and it totally makes sense to me now." It was very dramatic what she said to me and I couldn't believe how heavily this impacted her and how validating this was. I mean here was this woman, she must have been in her forties or fifties, and for the first time in her life she felt normal or validated in her sexual experience and response.

BF: That's amazing, and this was after the book had been released?

SG: Yeah.

BF: And how many years did it take from the research that you all were doing in the Book Team to the actual publishing of the book, because it came out in the early 1980s ...

SG: Yeah, 1981, and we had been working on the book since the mid 1970s. Yeah, it just seemed to go on and on and on. And here we were running a clinic at the same time. You know some of us were designated to work on this book and others of us were designated to work in the clinic at times. So, it freed some of us up to be doing this work ... but still it was just, it was just a huge project. And true to the philosophy of the time a kind of collective consensus-based kind of approach to doing certain things in that era, you know, things would just get discussed to death in long meetings, like how to represent something in the book, you know. So, that would take up a lot of time.

BF: So you were working with a consensus model?

SG: To an extent, yes. On certain things, definitely...

BF: On other things it was more hierarchical?

SG: Yeah, or there would be certain people assigned to a particular thing, and they would just go do it and the book people wouldn't be involved in it that much. But we really did together ... we would have ... whoever was working on a particular section - like the Hormone Team, as we called it at one point ... we would have these really long meetings where we would try to sit down and problem-solve what all of these ideas about what hormones were about. And we discovered that what is presented to the public as hormonal fact is actually based on theory.

It's a lot of theory that hormone treatment is based on. There are a lot of sexist assumptions that are made about women's bodies and there is still very little known about hormones in the human body. It's a very difficult field of study. It's very hard to observe the healthy normal functions of hormones in the body if you're doing some kind of medical procedure to try to measure them and observe them and administer them to people. It's far more complicated than people realize.

So, it took a lot of time and effort to understand these things, and we had a biologist work with us. Lorraine Rothman's husband Al Rothman, who was a biologist, also participated in some of those meetings and was helpful in clarifying some of those things, some biochemical things with us.

BF: Wow. So when in this process did you decide to get your own professional medical education?

SG: Over the eleven years that I worked at the Feminist Women's Health Center, things had changed quite a bit politically in the state of California. When I was a lay health worker there initially, Governor Jerry Brown was in [office] and he was so liberal that he supported lay midwives. He was awesome in many, many ways. Then, after Brown left office, George Deukmejian became Governor, and he was very conservative.

[Gage takes a break for a phone call at the clinic.]

So, now I am a certified nurse practitioner, and a licensed acupuncturist and a nutritionist, and I run Progressive Health Services. I became very interested in doing holistic medicine at some point, because I had some of my own health issues that did not respond to traditional Western medicine. So, I left the Feminist Women's Health Center to study holistic medicine. I left the Center in Los Angeles in 1984. And then I founded Wholistic Health for Women in 1985, a non-profit, tax-exempt organization to focus on women's health and alternative medicine in Los Angeles. I went to nursing school after that to become a nurse practitioner. Primarily, because, well, in the state of California you could go to a community college for \$55.00 per semester ... you can't do that anymore! I didn't have any money. I mean, I was operating on a shoestring budget.

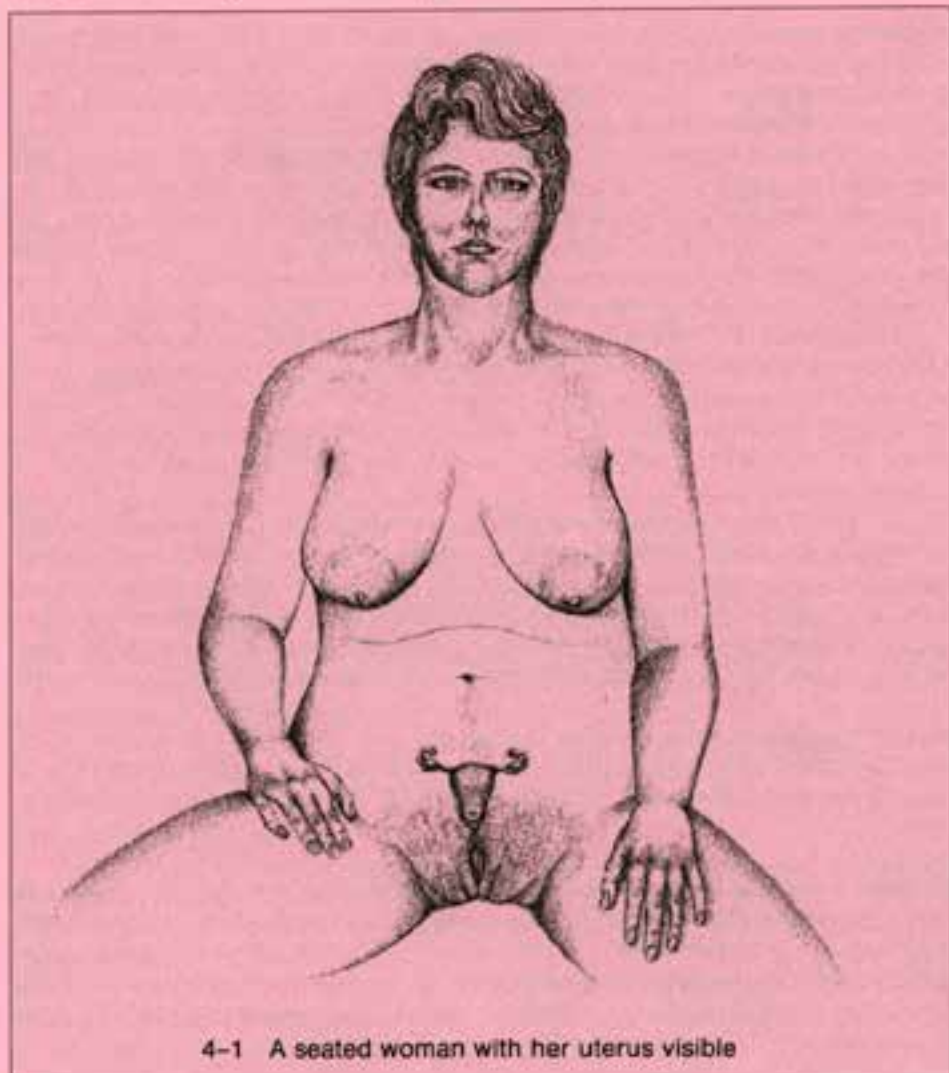
I wanted to be a nurse practitioner so I could prescribe medicine to someone, you know, if they had tested positive for gonorrhea, or so I could prescribe birth control pills. So if somebody wanted that, or a diaphragm, or a cervical cap, then I would have more latitude. So I started doing that while at Wholistic Health for Women, then I put myself through acupuncture school, which is more expensive, and learned holistic medicine. So, I slowly built my practice like that. At Progressive Health Services, in San Diego, I am the main clinician. We are a self-help based clinic. All women that come in, I show them how to put a speculum in and how to look at their own cervix. And I do self-help clinics every now and again. We actually started to see men. HIV came on the scene and we started to do HIV testing in 1986 when they were very first offering this, and we wanted to make HIV testing accessible to everybody. We said, you know, it doesn't make any sense to only offer it to women, so we just started to offer it to everybody.

A lot of men were coming in. And then women were saying, "Can you also test my boyfriend for gonorrhea?" I thought sure, why not, and I just started by default doing testing and exams for men as well as women. And a friend suggested we take on a more inclusive name. So we changed our name to Progressive Health Services, so that it was more obvious that we did services for everyone. We were still in West Hollywood at the time, when it was part of unincorporated Los Angeles, a little subdivision of Los Angeles. Now it's its own city.

BF: Can you talk about what it was like to study professional medicine and receive medical training after having been so deeply involved in the self-help movement? What were some of the challenges there? What were some of the limitations that you saw to self-help and vice versa?

SG: When I went to nursing school there were certain things that I was familiar with because I had been working in the capacity of a nurse practitioner at the Feminist Women's Health Center for years. You know I knew how to do pelvic exams, and breast exams, and pap smears, and I drew blood and handed out medication under the supervision of a physician and all that stuff. So, it was kind of weird going to nursing school. But of course there were certain aspects of it that were very different than what I had previously learned about.

I had not learned about heart disease, which is part of nursing school, and a lot of other body systems and health conditions. A lot of people don't realize this but nurses learn exactly what M.D.s learn. What nurses do in hospitals ... you care for a person that just came out of a surgical ward, who was just operated on, or people that come in with really serious illnesses. And you are responsible, you are the person who monitors that client who just had major surgery, or has this severe disease, and you have to monitor, to be able to recognize if there are complications or serious changes that could cause them to die. Most people don't realize that ... that you are the only one there at the bedside, and you have to recognize and call a physician or call a code if a person has respiratory arrest or their heart stops. You are the one who calls the code because you are the one who identifies that that person is at death's door! Then you participate in the CPR, etc. Most people think about nurses: "Oh, she's just a nurse. They just carry bed pans around." That's far from it! You have this very huge level of responsibility. I was learning these sorts of things, which are very intense, you know? I had been in-



4-1 A seated woman with her uterus visible

volved in well-person health care. You know, well-woman health care, when a woman has her period, or is pregnant, or goes through menopause, these are all normal healthy things. So, here I was thrust in this situation where there are these serious life-threatening conditions and it was very different for me. That was very challenging.

On the other hand, I went to nursing school with the intention of becoming an OB/GYN nurse practitioner, and so after nursing school, I immediately went to a nurse practitioner education program that Planned Parenthood offered in Van Nuys, California. So, that's how I became an OB/GYN nurse practitioner – through Planned Parenthood. I am very grateful to them for having that program.

BF: So you stayed involved in a feminist self-help community during your mainstream medical education.

SG: Yes, and I was running Wholistic Health for Women full time too. Going to school and running the clinic fulltime.

BF: Wow. Looking back, do you see any limits to the self-help model?

SG: I think it's a real health care ideal. I think it's a really good health model and should be utilized in all medical settings. Even in settings where people are not addressing well-person health care but are addressing illness. It's important for people to be given the opportunity to participate in their health care to whatever extent that they can, and to be given as much information as they want, to be able to make a truly informed decisions about their bodies, their health care and their lives. Some people are not as interested in being involved in self-help, but the majority of people, I think, want to be involved, actively involved, in decision making in their health care and to be informed to at least some degree.

Many people have become experts on their own particular health care concerns. For example a lot of gay and bisexual men became experts on AIDS by necessity. "Necessity is the mother of invention," as they say! Especially if you are a group that is classically discriminated against. A lot of gay and bisexual men would go to their doctor, and when their doctor found that they had AIDS, they would be treated differently. At this time when medical workers would find out that you were gay, you would be treated differently. Gay people were not given the same kind of respect and not given any information or loving care. So, by necessity, gay and bisexual men would set up self-help groups to educate themselves about HIV and share their personal stories with each other.

BF: Can you say in your own words what exactly self-help and self-education mean?

SG: I am very committed to self-help and learning about my own body. It has helped me tremendously. I mean, looking at my cervix that first day ... I mean, OH MY GOD. I felt like I gained a part of my body, as I've said. A completely hidden and mysterious place that I had not gotten any information about.

You know, I had participated in the very first sex education classes in public schools in the 1960s. Because of my age, that was the first time they had ever officially taught sex education in public schools and it was called the SIECUS [Sexuality Information & Education Council of the United States] Program. And these teachers ... I think some of these teachers did their best, but you know ... I know many of them were nervous and were being given materials that weren't very complete. They avoided talking about sex as a pleasurable activity and em-

phasized unwanted pregnancy. And of course you couldn't get an abortion then. And teenagers were not supposed to do *it*! You could get pregnant or get VD [venereal disease]. It was bad if you were sexually active ... you were a "bad girl"! And that's how sex was presented to us. There was nothing about sex being a loving thing you share with someone else or a pleasurable thing you do with yourself. When I look back I think, "Oh my God!" ...and of course nothing was said about homosexuality or anything like that.

So, I feel like self-help has been a necessity to learn about my body, to know about myself, to be able to talk to other women frankly about my body, and my experiences with my body, my period, and vaginal infections, bladder infections, and birth control. To share all of this information and learn about it was just a life saver.

I think many women related strongly with self-help because even some women who have had several babies, have absolutely no idea what is anatomically going on down there. They have never been shown any pictures. "Don't worry your pretty little head," ... that sort of thing. And the culture of the exam is such that you are under a white sheet and they will poke their head up and say something like, "Oh, you have a tilted uterus." And then as a patient, you feel like, "Oh, am I deformed? Is that why I haven't been getting pregnant?"

I had this one friend who had had several children and after one pregnancy her cervix tore. The next time she went to a gynecologist, he took one look at her cervix and said, "You have the ugliest cervix I have ever seen!" Can you imagine your doctor saying that to you?

There is already societal pressure for women to feel that there is something wrong with their bodies - too fat, too thin, too this, too that. Body image was also something that self-help helped me with too. I mean, I came to the clinic and this was the first time I had seen women who didn't shave. I had never seen that and, you know, some women have quite a bit of body hair naturally and this was viewed as beautiful and natural.



2-20 A woman with stretch marks on her breasts

BF: So, this is just changing what is normal.

SG: Yes, yeah. Also, be-

cause some of my health concerns didn't respond to Western medicine at all, I was left to my own devices to figure out how to stay well. Women who have chronic, severe vaginal infections who don't get any relief from Western drugs ... I mean what the *hell* are you supposed to do about that? Or a bladder infection that doesn't respond to medication? I found that certain herbs worked better, to use herbs as a vaginal douche, to douche with herbs. Or to change my diet, you know what I'm saying? I started to become my own health expert, started going to health food stores and I started reading any books I could that were written by self-helpers about certain natural ways to support my own immune system. A lot of those things worked better than Western medicine. Self-help and alternative health books had solutions to offer that Western medicine had no, absolutely, no solution to offer. Sometimes Western medicine would tell you, "You just had to live with it!" Like, for example, in those days, if someone had herpes, there were no anti-viral drugs! In those days there was nothing and you just had to suffer with it.

That's how I got involved in holistic medicine. The holistic community had real hope to offer these kind of chronic situations. Holistic medicine is very self-help based, by the way.

BF: Were problems with the way Western medicine approached health and healing one of the things that you and others were reacting to in the 1970s and 1980s?

SG: I think it's so important to continue to have self-help books like *A New View of a Woman's Body* available to women. Information is so important in allowing people to make informed decisions. And how amazing is the Internet?! We are working now to have cervix photos put up on line and I am doing some drawings for the website. Just to help women understand their anatomy. Information, you know, like how to put a tampon in. *My God*, you'd think that would be ... I mean they have little drawings, showing a woman putting a tampon in, but it still happens today that young women are not told about menstruation until the blood comes out. We have some wonderful computer-savvy people helping us to create our website [www.progressivehealth.org] including Jeanette Kangas [www.mywebolution.com] who is a fantastic website designer.

BF: So, to wrap up some of the things we talked about ... you sort of putting art aside ... we are having this conversation in advance of the exhibit I'm curating at the gallery I space in Chicago ["Every Body!: Visual Resistance in Feminist Health Movements, 1969-2009"]. How do you feel about your work being presented in a gallery context?

SG: Oh ... it's a total trip.

BF: Have you had time to do any art work lately?

SG: I have not really had time for fine art ... it's kind of been something I have done more for the clinic. I have designed flyers and stuff for our website, more on the side of running a business. The financial crisis has hit us really hard. We have had our clientele drop off so drastically that I was calling our business phone line to make sure our phones were working. And a lot of people in this crisis who are uninsured or under insured view health care as a luxury and not a necessity. They have not been coming in for health care in this economy.

I would like to get involved in the arts more. Hopefully, when the San Diego clinic becomes more financially stable, I will have time to pursue things like illustration for pleasure, and I always wanted to practice other art forms, like dance.



Challenging the male-dominated medical profession: Feminist Health Center

"You don't go to a doctor every time you get a cold," says Carol Downer (second from right), director of the Feminist Women's Health Center in Los Angeles, "so why should a woman have to go to a gynecologist every time she gets a vaginal itch? Three-fourths of gynecology is non medical and should be administered by women themselves in a way that doesn't assault their dignity." In 1971 Downer originated the idea that women meeting in small groups in their own homes could learn to examine themselves and each other, recognize and treat vaginal infections and determine if they are pregnant. Says Downer, "By teaching ourselves to use a plastic speculum (like the one she's holding), a mirror and a flashlight to examine our own cervixes, we are challenging the authority of the male-dominated medical profession which is founded on our ignorance." To dramatize their views, the group's poster depicts Wonder Woman vanquishing the enemy – the A.M.A., Planned Parenthood and Freud.

From *Life Magazine*, 1976, Special Report "Remarkable American Women 1776-1976" Clockwise from left: Suzann Gage, Seri Shiffer, Francie Hornstein, Carol Downer (holding speculum), Loraine Rothman (holding mirror and flashlight) and Lynn Heidelberg (reclining on bench).

BF: How long have you been in San Diego?

SG: Off and on since 1970, full time since 2007. It's about a two hour drive from L.A., so it's fairly close.

BF: I want to give you this opportunity, if you have anything that you want to communicate to a reader about your experience with this movement, or as an artist, or if there are any misconceptions you would like to clear up.

SG: I remember when I was at Illinois State University there was a group of women there who wanted to start an artists group. And I thought okay, cool a feminist artists ... group! These women had absolutely no desire to have any kind of feminist slant to what they were doing. And I was the only one who came to that meeting to discuss my experience being a female who was pursuing the arts. I was the only one there who had any desire to do that. These women did not want to do that at all. They did not want to have any involvement with women's liberation. They did not want the negative associations of being a women's "libber". These women were very defensive about it. And I never went back to that group. It saddened me because I know that there are groups of feminist artists, but I didn't have any access to that at the time.

Years later I was talking with a friend and she was asking about my background and how I got to California. I told her about wanting to be an artist when I grew up. That had defined my life! That's all I wanted to be! I LIVED to go to art class. I didn't care about anything else but that. Then this radical change happened to me when I got involved in the women's movement, and I completely left the art world behind to get involved in political activism.



9-1 A woman having an early suction abortion



10-1 A view of a healthy woman's breasts

BF: It's interesting that you made a big change, but it is also interesting how art did not leave your life in certain respects.

SG: I have found there are a lot of people who go from being right-brained artistic to left-brained mathematical later in life, and vice versa. A complete flip flop from one extreme to the next, but they are related in a way. For instance, I had a ceramics teacher, a fine artist, who had been a mathematician originally, and he made us calculate the ingredients in our glaze formulas in percentages. He had gone from being this mathematician to making and teaching art.

BF: Do you feel like there is some level of being an artist that has helped you as a nurse practitioner?

SG: I think in a very three-dimensional way and I think in pictures. I can't speak to anyone else's experience, but I think it's helped me understand people's bodies, in a way, because I really relate to that as a three-dimensional artist. It was helpful for me to understand the anatomy of women's bodies in a three-dimensional way, and also the aesthetic beauty of women's bodies and the diversity of women's bodies. The human body has a lot of very interesting aesthetic qualities. And I don't mean magazine models! It's just interesting to see how different people's bodies are and how inherently beautiful that is, in and of itself. And how I could use my artistic skill to learn about and understand and know their bodies.

There is one other thing that I would like to share. The drawings in *A New View of a Woman's Body* came out of a collective experience of a group of women. I was trying to represent this idea of women having control over their bodies and power over their bodies. The priority or the goal was to help the woman understand herself and become empowered. It was not to become some famous artist or something. I tried as best I could to keep my ego out of it and keep very focused on what our goals are here.

The big drawing of the group of women doing a self-exam ... the one with the women looking at a woman's cervix over her shoulder, the big one that you want to use for the poster [for the exhibition that you've curated], that was originally just the one woman looking at her cervix. Then, as a group, we decided we wanted to have an establishing illustration in the book to show a group of women in a self-help group looking at the woman's cervix with her. So, I added the other women. It's a cut and pasted image. The original image is a cut and pasted image. I didn't have these four women posing there for hours and hours. I had to draw them separately to composite something to show what really did happen in self-help groups. But that is what self-help groups look like! That is a very true to life kind of image.

The picture of the woman who is looking at her cervix, who is a very dear friend of mine, is on a different kind of paper, even, than the women who are around her, looking over her shoulder looking at her cervix. You can see that in the drawing. The original drawing is an illustration, rather than a rendering to hang up in frame, because it was intended as an illustration to educate.

BF: When did you stop doing the group cervical examinations?

SG: At Wholistic Health for Women we continued to do that. And I will still do it for groups of women, but I have been so busy lately.

BF: So, that image is of a practice that is still happening today.

SG: Oh yeah, there are still women who still do self-help groups together and distribute speculums.

BF: It is interesting to me that they do this as a group. I mean I have had a well-woman gynecological exam in Chicago at the Chicago Women's Health Center, which came into being because of the Women's Health Movement, but I have never been in a group of women, a group coming together to share collectively.

SG: Oh ... yeah, sure, and that's the thing about the group ... what is radical and revolutionary is that women could come together and be empowered. It is not that one woman was the expert or that it was her idea ... what makes it so special was the activity itself.

BF: Thank you Suzann, for doing this interview.

SG: Thank you for your interest.



TEMPORARY CONVERSATIONS

We have a great appreciation for the interview format. When researching a favorite subject or person, it seems we always prioritize the interview as a primary source of information and inspiration. Essays can be effective too, but reading about someone's work, in their own words, often with a tone that makes you feel like you are sitting in the room with them, is particularly satisfying and sometimes feels more trustworthy as a reference.

Too often when we go looking for interviews with people whose work we admire, we find that they either don't exist, were done a very long time ago, or don't focus on the aspects of their work that we want to know about. This frustration has led us to conduct our own interviews where we get to choose the focus and ask the questions.

Frequently, when people conduct interviews, they have to be severely edited to fit within the confines of a book or magazine. While it's not any fun to try to follow the transcript of a rambling, fragmented conversation, sometimes too much nuance, detail and personality gets lost in the editorial condensation process.

Temporary Conversations is a series where each booklet will focus on a single interviewee or subject. The booklets can be as long as they need to be. For us they will be an opportunity to connect with and spread the ideas of creative people of multiple generations. Some will be people we have a long history with. Others will be folks that we've never met, feel rather in awe of, and needed to work up the nerve to contact for the first time. We'd also be happy to see others conduct interviews that we publish but do not participate in so if you have ideas for someone you'd like to have a temporary conversation with, please contact us.

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