To Whom Does the Body of This Woman Belong? (2007)

Translated by Silvia Federici

The Naples WFH group demonstrates for the legalization of abortion at a December 6, 1975, demonstration in Rome.

My analysis in this essay centers on a fact that I consider fundamental for every other discourse concerning women's autonomy. That is: for women, in every part of the world, the construction of autonomy has meant first of all the reappropriation of their bodies. It has meant a struggle to be recognized as the only owners of their female bodies, an issue that has always been at stake in the relationship and struggle between the sexes. This was true for us at the beginning of the 1970s in Italy, as it was for the Mayan women when they began to draft their law in the early 1990s in Chiapas. In the text that follows I analyze and compare aspects of our shared problematics and struggles, battles that for us in Italy, for the women in Chiapas, and for many other women across the world have achieved many important goals but are far from over.

When I read the Revolutionary Law of the Mayan Women, I was struck by the very close correspondence between the demands presented in it and our own demands at the dawn of the 1970s. We, like them, had to unite as women in a movement in order to lift ourselves out of our pain and impotence. Impotence was the very problem we had witnessed in the lives of our mothers. It was the impotence, principally due to the lack of money, that made any choice, even running away from violent husbands or fathers, impossible. It was the impotence of not knowing our sexuality that made marriages fail, but that was inevitable, because our counterparts were men who also knew nothing about female sexuality.[1]

And, again, it was the impotence of not being able to communicate, as it was a taboo to speak with other women of things that were too intimate. The impotence that came from the stigmatization of life outside of marriage, that forced our still very young mothers to move from their father's house to that of their husband, without ever having a chance to find out who they were and what they wanted. The impotence of finding themselves mothers

just nine months after marrying, without ever having known themselves as women—prematrimonial 'virginity' being a social imperative. The impotence of being subjected to violence inside or outside of the family but not being able to speak about it, so as not to expose the family to a scandal and not be guilt-tripped by other men, starting with judges and policemen. The impotence of being subjected to sexual harassment on the job but not being able to afford to lose it. All these are issues that, despite great differences in terms of social contexts and living conditions, stand out clearly in the demands and debates that are developing among Mayan women.

In prioritizing the issues concerning women's sovereignty over their body, we find that women are fighting for the right to their sexuality, and not simply a sexuality orientated solely toward procreation or male satisfaction.[2] They are fighting for the right not to marry, to have the option of a relationship with a partner without being compelled to marry, the right to choose a husband or partner instead of having to accept the husband chosen by their parents. The right to control the number of children they want and can raise and the right to have special attention paid to their health care and nutrition and that of their children. The right to an education, which begins with the right to learn about one's body and the issues concerning 'reproductive health' and the right to have basic services. The right not to be subjected to violence either inside or outside of the family.

Furthermore, they are demanding that housework, which absorbs the entire day of a woman's body, be equally shared with men, as one of the conditions for having more time and energy to pursue their own interests. This too corresponds closely to what we demanded in the 1970s. We never considered a more equal division of domestic work the final objective of our struggle but only as a precondition for struggling to obtain better living and working conditions for ourselves and for other people. Women's struggle over the reproductive work has always created greater well-being and autonomy among the people dependent upon them, in the first instance children and the elderly. As is also well-known, we demanded that this work be remunerated, reduced, and supported by adequate services.

At the beginning of our movement we made a poster of the body of a woman with the caption: "To whom does the body of this woman belong? The Church? The state? The doctors? The bosses? No, It's her own." The answer could not be taken for granted. The need to affirm it derived precisely from the fact that fathers, husbands, doctors, and clerical authorities all competed for the right to control women's sexuality and reproductive

capacities. They all claimed the right to decide whether or not to allow women to have a sex life, to have access to contraceptives, to keep a child without being married, or to abort. The conquest of autonomy on this terrain and with regard to these 'authorities,' the reappropriation of our body, compelled us to move on different levels, and above all to build the knowledge of our bodies that women did not have.

To this end it was above all necessary to make and distribute small pamphlets with some illustrations, often small homemade pictures that gave basic information. For example, the structure of women's and men's reproductive organs, what needs are posed by the main events and changes in female biological life (menstruation, contraception, pregnancy, childbirth, nursing, abortion, menopause), what are the most common pathologies, how to recognize them, how to cure them, and how to gain knowledge about and experiment on the terrain of sexuality. In 1974, the famous *Our Bodies, Ourselves*[3] was translated into Italian. It was produced by a women's collective in Boston that had concentrated its efforts on the question of women's health and sexuality. A commitment to women's health and sexuality had characterized the feminist movement in the U.S. since the nineteenth century,[4] and it reemerged as a leading issue in the international feminist movement of the 1970s, triggering the diffusion of 'counter-information' that exposed the distortions or silences of medical science, aiming to give back to women the knowledge and decision-making power concerning sexuality and procreation that official medicine, from its inception, had violently taken away from them.[5]

It was especially urgent to launch a campaign for the legalization of the voluntary and free interruption of pregnancy, to be carried out in hospitals (we achieved this goal with law no. 194, in 1978), and to mobilize politically around the criminal trials for abortion that women were subjected to. One such trial took place in Padua on June 5, 1973, sparking the struggle on this terrain, due to a set of initiatives that we launched in common with the rest of the feminist movement. It was urgent to make it known that the majority of women who aborted were mothers who already had children and could not afford to have another one. We also wanted to expose the fact that too many women were dying or being severely and permanently injured by clandestine abortions, and that we would not allow any more suffering and death.

On April 7, 1976 a twenty-seven-year-old mother of two died in Padua following an abortion. Her death sparked the occupation of the university buildings where gynecology was practiced and taught. We publicly

denounced the many doctors who were conscientious objectors and refused to carry out abortions because of their Catholic beliefs, but in fact conducted a large, illicit business in clandestine abortions. Abortions that were generally carried out using dangerous techniques and without anesthesia, therefore causing the woman atrocious pain.[6] I have learned that in Mexico's rural regions, one in five women has had the same experience, often as a result of sexual violence suffered inside the family.[7] I hope that she does not have to suffer it alone any longer, that she does not have to face the dangers and pains to which Italian women were subjected before the rise of the feminist movement. Above all, I hope that she will soon have access to some means of birth control,[8] and in the case of sexual intercourse with uncertain outcomes, that she will have access to 'the morning after pill,' which allows women to avoid an abortion.

Childbirth[9] also became a moment of significant political mobilization and struggle in the hospitals where women who were giving birth were dying for no reason—three women died in the space of a few months in the obstetrical division of Padua's Civic Hospital. We opposed the excessive medicalization of the event, the imposition on women of a total passivity that turned them into patients, the sadism with which childbirth was treated (for example, stitching without anesthesia), and doctors' authoritarian, arrogant behavior. The response to all these problems was a vast mobilization and a women's movement that called for active childbirth and the restoration of women to their role as protagonists in birth. Furthermore, the movement demanded that the conditions of childbirth be such that women could experience it as something natural, to be held in a serene environment and surrounded by people they trust. It is from that moment that the presence of the husband or another person in the birthing room began. For us, this was a difficult conquest, whereas I have learned that the husbands of the Mayan women are present and cooperate in the birth.

In the following years, some 'birthing centers' were set up in Italy, with a few capable of providing hospital-like assistance in case of need, but above all structured to provide a domestic environment where childbirth can return to being a natural event and not be treated as a disease. The idea was revisited that women could give birth in their homes, but with the guarantee of a quick connection with the hospital if necessary. Birthing positions that women had practiced in the Middle Ages and in ancient times were rediscovered, certainly more natural and comfortable than the one imposed in the hospitals, which is only convenient for the doctors.

Concerning childbirth, I was struck by Guiomar Rovira's report[10] that village midwives in cases of breech delivery were able to turn the child inside the mother's womb. In Italy, too, the old midwives were able to do this. Now almost nobody can, neither doctors nor midwives, creating one more justification for cesarean births. The medical profession obviously does not consider it convenient to preserve this knowledge and skill. Instead, cesarean births have grown exponentially in recent years; in some hospitals they represent 40 percent or more of all births. However, it needs to be acknowledged that it is a surgery and not an alternative way of giving birth. Concerning childbirth, we also denounced the high number of children that were born with disabilities or injuries in some hospitals[11] because of bad practices or an incompetent use of the forceps. In contrast, in Chiapas an infant can die because of bad hygienic conditions or because it lacks what it needs to survive. In both cases, we see the destruction of the woman's long labor of care and hard work and of her and the infant's fundamental rights.

The condition of the unmarried mother, specifically the pregnant unmarried woman, was very punitive before the women's movement. Often, she was chased from the home, as are the Mayan women, without knowing where to go, what to do to continue her pregnancy, or how to find work to support her child. She frequently had to leave her child in an orphanage. There were some organizations for women who were pregnant out of wedlock, but these institutions were rather sad and when we did organizational work with their women guests we discovered that they very often made these women feel guilty.[12] In our international campaign for wages for housework, the figure of the self-supported mother with children was a fundamental one, because all advanced states devoted some funds and facilities to these women. Italy, was a negative exception. The family allowance provided by the state in Britain and the Aid to Families with Dependent Children given to so-called 'welfare mothers' in the United States[13] were among the first concrete forms of remuneration for the work of procreation and child raising that women do. In the analysis and mobilizations we devoted to this female situation, we denounced the Italian state for giving substantial financial support to the institutions that accepted the children these women had to abandon due to lack of means—financial support destined to be dispersed along the meandering paths of the 'clientelism' that permeates political relations. It would have made more sense to give that money to the woman to enable her to raise her child—even less would have been enough.

More broadly, to reappropriate their bodies women questioned and tried to establish a different relationship with every aspect of gynecology. At the time, almost all gynecologists were men; some women, many of them feminists, were just beginning to graduate with specialization in this discipline and would become a key point of reference. The same is true of the male activists that became gynecologists and who, responding to the new awareness that the women's movement had created, took the side of women and provided generous and serious assistance. It was in this medical field in particular that we collected testimonies,[14] as we did in every other field in which we moved. Some of us in Milan conducted an inquiry[15] to verify the functioning of the public health structures in their city, with some women agreeing to pretend to be patients. We found that there was no respect and no delicacy, to say the least. The authoritarianism of the doctors was even more unchecked in this field than average. What we found out about public clinics is significant. Women, besides having to go there very early as a group—which meant that they had to cross the city at dawn—then had to wait for most of the morning (getting an individual appointment was apparently too much to expect); they were also forbidden to speak among themselves, as announced by a sign hanging on the wall. That is, communication was forbidden. Today, this may seem absurd, but it provides a good idea about the despotism of the medical profession at the time. Soon, however, the movement was to break through this compulsory silence.

In 1974, to create an example of a different relationship between doctors and women we built the first self-managed community-based gynecological counselling clinic in Padua, a *consultorio* where both doctors and many women provided assistance. Soon others followed suit in other cities.[16] In these *consultori* women were taught how to conduct a self-examination, how to use a speculum, how to recognize the most common ailments, and how to treat them; they were taught about the diaphragm as a contraceptive that women could manage by themselves without needing to consult a doctor and without any cost. This is perhaps why the diaphragm, as a means of contraception, never particularly spread in Italy. It was a contraceptive that female students discovered on their first trips to England, as it was very common in the Family Planning clinics of Britain; with it they also discovered a sense of autonomy and how cheap it was to use it.

Not long after that, in 1975, bill no. 405 was passed, introducing clinics for family counselling. However, they would always be inferior in numbers to what the law decreed and lacking in the ability to provide information

and preventive measures, which was their function. They were certainly a far cry from the exemplary structures we had wanted to build. These deficiencies were obviously a function of the public and private business made off disease. Among the information that we provided was of the existence of the already available epidural injection that could spare women the pain of childbirth. But it was almost impossible to obtain it. The hospitals considered it a waste and hiring the anesthesiologists who could give the injection to the women who requested it an unaffordable expense. Above all, it was inconceivable that women should not have to suffer in childbirth. It was an entrenched belief in the medical profession that women should not have an alternative to suffering in that event. That in spite of the fact that in our pamphlets we asked the obvious question: "Even to treat a cavity one gives anesthesia, why then we should not receive it for labor pains?" The medical adherence to the biblical precept 'you will procreate in pain' remained practically unquestionable.

Only in recent years has this type of anesthesia begun to be more available in Italian hospitals, on account of the privatized character of health care, which creates a fear of competition among the structures that offer this option. This year, finally, the recently appointed minister of health care, Livia Turco, has decided that all hospitals must offer this procedure to women giving birth. This is a turning point in the history of female suffering. The same minister has also decided that 'the morning after pill,' which can allow women to avoid abortion in cases of sexual intercourse with the risk of pregnancy, should be available in all pharmacies and should be sold with a medical prescription. Here too, finally, we have an initiative that recognizes that women have the right to exercise their sexuality—a right that has always been recognized for men—as well as recognizing that sexual relations can in some cases have an uncertain outcome, and that in these cases it is a duty to give women the means available to science today to spare them the pain, in every sense, of abortion. As for the abortion pill RU486, which if taken during the first two months of pregnancy spares women the bloodiest type of surgical abortion, the same minister has authorized its experimental use in the hospitals across Italy. However, since this pill has already been experimented with in other European countries, where it is now for sale, this amounts to its official acceptance among abortion procedures. Here, too, breaking with the commandment that women should suffer the maximum pain, a device has been made available to them that—in the context of a choice that is inevitably dramatic—at least causes less

pain. It is nonetheless significant that the Karman method, that is, abortion by vacuum aspiration, a procedure that is also far less bloody than surgical abortion, and one that the feminist movements of the 1970s revamped, had, in the meantime, fallen into disuse.

While procreation and the interruption of pregnancy were events that a number of us had experienced, and which provided the basis for our awareness and determination to change their conditions, we had not, however, had the opportunity to experience how, at an older age, the female body would become the object of new abuses. How, for no good reason, but in the interests of the health care system and the medical profession, the older woman's body would often be mutilated and deprived of the organs that characterize it as a female body. I refer here to the abuse of hysterectomy,[17] a surgical procedure carried out even when not justified by the patient's pathology, or even in the absence of any pathology (accompanied in about half the cases by the surgical removal of healthy ovaries). This surgery has many negative consequences for sexuality, cardiovascular diseases, and the strength of pelvic floor muscles. Despite the negative side effects, in recent decades its abuse has characterized medical practice in many advanced countries. In Italy, one woman out of five can expect to undergo this procedure, while in some regions, like Veneto, where I live, it is one in four.[18]

This is the third great battle that the female body must face after childbirth and abortion. In many regions of the world, advanced or not, the battle is to defend the female body's integrity and the quality of life in mature age, including against the violence and abuse of medical science. The medical approach that sustains this abuse reveals a conception of the woman as a reproductive machine. Many doctors declare that when she has already procreated the number of children she desired, or in any case when she is near (or often, unfortunately, not near) menopause, it is better to take out those organs that are of 'no use' and that could one day contract some serious disease. But these organs, ovaries, and uterus are very important for the health and hormonal balance of women before and after menopause. However, in the eyes of too many gynecologists, the woman, as a person, does not count, the integrity of her body does not count, and even less her sexuality, which often this operation compromises.

Above all, it is profitable for the medical business to carry out many operations. The medical profession benefits from having on its record many of these interventions, which represent the most important type of surgery for gynecology. It is a battle in which the knowledge of one's body, the

determination to safeguard it, and far-reaching communication among women are crucial. Recently, several online websites have been created by groups of women to provide information about this operation and a site for many patients who have been subjected to it offer their testimonies.

The year 1974 was particularly important. With other women in the movement, we had won the referendum on divorce.[19] We had guaranteed that divorce—adopted into Italian legislation just a few years earlier—would not be abolished, something that would have condemned women and men to irreversible choices no matter what might happen or what the marriage contract might say. This was a victory that the movement won against a despotic condemnation to a life of suffering without remedy.

The other great theme regarding the female body was violence against both adult and young women. Reading about how, in the Mayan villages, women are often subjected to violence in the family as well as outside of it, I remembered how we discovered the violence that young women were subjected to in the family from reading the compositions they wrote in the elementary schools. The women in the movement who were teachers began to pay special attention to them. Soon they also discovered the extreme impotence of the mother: If she denounced the husband and he went to prison, who would support the family? How would those in the often rural environment in which the family lived react to this? How would the husband react once he returned home? This problematic was very similar to that of the Mayan women. With regard to cases of violence against adult women, there were numerous mobilizations, above all establishing with our combative presence during the trials against those who perpetrated this violence that the victim should not be turned into the defendant by judges, lawyers, or men in general. We decided that it was intolerable, a sign of lack of consideration for the woman as a person, that sexual violence should be classified in the penal code as a crime against public morality and decency and not as a crime against the person, and we worked to ensure that case histories and penalties would be better determined. Many bills were proposed, but none were passed for twenty years.

We had to wait until 1996 for bill no. 66 to be passed before we saw violence against women classified as a crime against the person, rather than against public morality and decency, penalties made more severe, and case histories catalogued with more precision. Meanwhile, our long-term activity and debate led to the emergence of women's associations[20] that awakened a

new awareness and determined a different, more respectful attitude among male and female operators at the sites a woman who denounced violence had to pass through (hospitals, police stations, courts). Today, the phone book of some communes, Padua included, offers among its public utility numbers the "Women's Anti-Violence Service." Other communes made up of rural villages object to the idea of women building centers against violence, because they consider it inappropriate that these stories go beyond the domestic walls. As the saying goes, "You wash your dirty linen at home."

Why this domination, this control by others over the body of the woman, and why is it impossible or at least difficult for her to exercise sovereignty over her own body? Why so much inertia on the side of the institutions, even though in some places the movement's intervention has generated initiatives that in some way confront it? The answer lies in another poster that pictures the body of the woman cradled and compressed within the walls of a house with the caption: "Domestic work sustains the world but suffocates and limits the woman." That is, her body must be imprisoned, so that she can provide the unpaid domestic labor that sustains the world and, in this world, men above all. But the answer must be found, first of all, in the representations of the women accused of witchcraft and burned at the stakes that proliferated throughout Europe in the sixteenth and seventeenth centuries, causing the atrocious deaths of hundreds of thousands of women, many of whom were midwives and folk healers, guilty only of possessing knowledge about childbirth, abortion, and contraceptive practices.[21]

The expropriation of women's bodies and their transformation into machines for the reproduction of labor power began five centuries ago, at the dawn of capitalism, when labor power became the most precious commodity and female sexuality was distorted and forced to function for procreation and reproduction of others. At the witches' stakes, not only was a knowledge of gynecology that had always been in the hands of midwives in an egalitarian relation with other women destroyed, but the model of the woman that the family in the developing capitalist society needed was also forged: a woman isolated, sexually repressed, subjected to the authority of her husband, the producer of children, with no economic autonomy, and without any knowledge and decision-making power about sexuality and procreation. Above all, with that homicidal expropriation the state stripped women of their knowledge and, assisted by the mediation of the medical profession that was itself under the control of state and Church, took control of the reproduction of labor power.

The model of the woman forged at the stake remained in place in Italy until the movement began to reject it. In the 1970s, we denounced male domination over the woman's body as a function of extracting from her body the maximum amount of work, above all domestic work, and the satisfaction of the sexual needs of men, who, for their part, did not have to address women's needs (hence the convenience of women's ignorance concerning sex). Violence intervenes as a disciplinary instrument in this work relation to the extent that the disciplinary power of the wage is missing.[22] It intervenes when the man's provision for her 'upkeep,' which is what the woman gains in exchange for her work on the basis of the marriage contract, is not enough to guarantee him access to a certain quantity and quality of her work.

We must, of course, think of domestic work in its complex character as reproductive work, that is, as a combination of material and immaterial activities, to understand how in many cases this violence can explode, especially now when women have in part reappropriated their bodies and desires. It is still significant, however, as reported by members of some anti-violence centers in Italy,[23] that even today male violence against a woman is often unleashed because she refused to do the housework or did not do it as he wanted it done. That is, the woman who is 'not well disposed' or well trained to do housework (certainly much less disposed or trained than in previous generations) is more exposed to the risk of violence. Let us add that today it is more and more difficult to earn a male wage capable of guaranteeing the upkeep of the wife and the children. Instead, it is secured by two precarious wages, his and hers. From this it follows that the woman certainly feels even less obliged to do domestic work.

As for institutional inertia regarding violence against women, which is a worldwide reality and in various Italian regions remains extreme, the reason is largely determined, as we already verified in the 1970s, by the need to offer men a safety valve for the frustrations they experience in their work and their lives, to offer them someone, the woman, over whom they can exercise power. We must add that the male complicity of staff members in the hospitals, police stations, and courts has always been and continues to be a reality, especially in those situations that have not been as immediately touched by policies that have sought to increase institutional awareness of violence against women and professional initiatives to reeducate the staff. Today, I repeat, the situation has improved in many of these places, so that we find more competence and sensitivity, which is also due in part to the

higher presence of women, who in the past were either completely absent or present in irrelevant numbers. And, of course, the work of increasing institutional awareness has also had positive effects for the male personnel.

The fact remains that while initiatives have increased that provide women victims of violence some reference point for gaining initial support, and while there has been some work to increase institutional awareness, as well as the training of specific staff members to address the needs of victims, the cases of violence against women have multiplied. The violence has become even more sadistic, with deadly torture, often carried out by a gang or as group violence. As for the violence within couples, a recent TV report[24] stated that from 2000 to 2002, in Italy, 405 such cases resulted in the murder of the woman. While a very high number of women who suffer violence do not report it, the number of those who do is growing.

In a social context where neoliberal policy reduces human life and the physical and social body that contains it to a commodity, women's sexuality remains a commodity that is emerging from a past where it was not recognized as a woman's personal right and can still be robbed with impunity. After all, the woman's body is still seen by too many men not as her own but as belonging to the man who takes it.

In recent months, the competition over who owns the woman's body has emerged in Italy with two dramatic cases, both of which ended in the death of the woman. A young Pakistani migrant woman, who had decided to lead her life in the way she saw other Italian women living, working, and cohabiting with their partners, was killed as the result of a decision made by her father, because she had chosen this life, instead of accepting being given in marriage to a man chosen by her parents.

In the second case, a young Indian widow killed herself by lying on train tracks, because she did not want to be married off to her husband's brother and wanted her two children to be able to remain in Italy, where they had gone to school, begun their formation, and made their first friends. She left a written note praying that the town council to take care of them.

These are two significant examples of how globalization, through the emigration-immigration flows it generates, also sees women engaged in a planetary process of elaboration and comparison of their rights and their own conditions. It sees the growth of a women's determination, cost what it may, to reappropriate their bodies, no longer as a productive machines controlled by others, but as their own bodies with their own desires and subject to their own decisions. What the movements that developed a quarter of

a century ago in the advanced countries have won as far as women controlling their own bodies represents a point of comparison and strength for other women who today must confront this difficult battle. The most fundamental rights, control over our own bodies and the emotions and feelings they generate, the right not to be imprisoned once and for all in marriages with men we have not chosen, the right to control the number of children we have or to decide not to have children or not to marry, and to nevertheless be treated with respect in society, to be treated with dignity even if we choose to remain alone, all of this is increasingly nonnegotiable.

It is true that to have money of one's own, to be able to have and inherit land, and to have access to education and basic services are all very important instruments in the construction of women's autonomy. Nevertheless, the battle to reclaim one's body cannot be delayed or subordinated to other deadlines—it must prepare its own instruments to succeed. In this sense, I have started with our little pamphlets from the 1970s and the initiatives that we took at the time to begin to discover and liberate our bodies.

Notes

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1 A significant book on this topic is Lieta Harrison, *La donna sposata: mille mogli accusano* (Milan: Feltrinelli, 1972).

2 As Guiomar Rovira reports, "men simply 'use' women." It is striking that this is the same verb used in the past in rural environments in Italy. Rovira reports that female sexual pleasure is unknown. The same was true for us before the movement. Sebastiana in the dialogue with the government at the end of 1995 denounced this situation, screaming angrily that women's sexual pleasure "is not accepted, this is the habit"; Guiomar Rovira, *Donne di mais* (Rome: Manifestolibri, 1997), 76. And later, at the dialogue table, she added, "When did we ever feel pleasure in our sexual relations? Never, because they never teach you that, and it is sad that this is not done in our communities; they say that this is the custom, and that it is the same for women everywhere" (174).

3 Boston Women's Health Collective, *Our Bodies, Ourselves* (New York: Simon and Schuster, 1971).

4 Its beginning coincided with the peaking of a popular health movement (1830–1850) that pursued and practiced a type of medicine completely different from that of 'regular' doctors coming out of the universities. Taking a class and feminist perspective, this movement was above all concerned with guaranteeing medical treatment for the lower classes of whatever ethnic origin and with preserving and elaborating upon knowledge that was certainly more valid than that of the pretentious medical science at the Faculty of Medicine.

5 Barbara Ehrenreich and Deirdre English, *Witches, Midwives, and Nurses: A History of Women Healers* (New York: The Feminist Press, 1973) and *Complaints*

and Disorders (New York: The Feminist Press, 1973). The two original pamphlets have been put together in a single Italian book, *Le streghe siamo noi: Il ruolo della medicina nella repressione della donna* (Milan: Celuc Libri, 1975); Silvia Federici Silvia and Leopoldina Fortunati, *Il grande Calibano: storia del corpo sociale ribelle nella prima fase del capitale* (Milan: Franco Angeli, 1984). See also Silvia Federici, *Caliban and the Witch: Women, the Body and Primitive Accumulation* (Brooklyn, NY: Autonomedia, 2004), particularly the chapter on "The Great Witch Hunt."

6 Collettivo internazionale femminista, ed., *Aborto di Stato: strage delle innocenti,* (Venice: Marsilio Editori, 1976).

7 Rovira, *La donna sposata*.

8 It seems appropriate for me to inform women that the pill, the condom, or the diaphragm are not the only possible contraceptives. Small devices are now available that a woman can administer herself, these are markers that test her saliva, turning one color or another, depending on whether she is a fertile or not on that particular day.

9 Gruppo femminista per il salario al lavoro domestico di Ferrara, ed., *Dietro la normalitá del parto: lotta all'ospedale di Ferrara* (Venice: Marsilio Editori, 1978).

10 Rovira, *La donna sposata*.

11 Gruppo femminista per il Salario al lavoro domestico di Ferrara, ed., *Dietro la normalitá del parto*.

12 Comitato di Lotta delle Ragazze Madri, *Ragazze madri in lotta: documenti e testimonianze delle ragazze madri della Casa della Madre e del Fanciullo di via Pusiano* 22 (Milan: self-published, 1973). See also Lotta Femminista a Modena, *Madri in azione*, a mimeograph that reports on the history and the activity of "Mothers in Actions," a collective of unsupported mothers with dependent children, without distinction of race or nationality, present in London since 1967.

13 Mariarosa Dalla Costa, "A proposito del welfare," *Primo Maggio* 9–10 (Winter 1977–1978).

14 Movimento di Lotta Femminista di Ferrara, *Basta tacere: testimonianze di donne: parto, aborto, gravidanza, naternitá* (self-published, undated).

15 L.C. Poggio, *Avanti un'altra. donne e ginecologi a confronto* (Milan: La Salamandra, 1976).

16 Clara Jourdan, *Insieme contro: esperienze dei consultori femministi* (Milan: La Salamandra, 1976).

17 Hysterectomy means the surgical removal of the uterus, while oophorectomy, or ovariectomy, means the surgical removal of the ovaries. I have dedicated a book to the abuse of this operation that includes many testimonies of women and doctors; Mariarosa Dalla Costa, ed., *Gynocide: Hysterectomy, Capitalist Patriarchy, and the Medical Abuse of Women* (Brooklyn, NY: Autonomedia, 2007).

18 In comparison with neighboring France, and on the basis of the type of pathologies for which it is applied, 80 percent of these surgical interventions seem unjustified. In the United States, the country that sadly is the leader as far as the number of these operations, one out three women will undergo this operation before the age of sixty and 40 percent before the age of sixty-four.

19 Lotta Femminista, "Vogliamo decidere noi: donne, referendum, divorzio," *Document* 275 (March 1974).

20 In Padua, the "Centro Veneto Progetti Donna" has conducted this type of activity, as well as organizing support for women who had been victims of violence. This is

an initiative of Lucia Basso, a feminist who was very active in the Padua Committee for Wages for Housework. Together with other women, Basso also created the Gruppo Donne Ospedaliere, which played a very important role in the struggles about women's health care in the hospitals.

21 Silvia Federici and Leopoldina Fortunati, *Il grande Calibano*; Silvia Federici, *Caliban and the Witch*.

22 This theme has been thoroughly analyzed in Giovanna F. Dalla Costa, *The Work of Love: Unpaid Housework, Poverty and Sexual Violence at the Dawn of the 21st Century* (Brooklyn, NY: Autonomedia, 2008).

23 In Europe, the first anti-violence centers, or houses for women who suffered violence, appeared toward the end of the 1970s. In Italy, except for the initiatives organized by the feminist movement of the 1970s, they appeared at the beginning of the 1990s. They are supported by public funds and voluntary work. Today there are more than eighty, of which one-quarter offer hospitality in a secret apartment, or shelter. The first four shelters for women who suffered violence were created in 1990 and 1991 in Bologna, Milan, Modena, and Rome.

24 Channel 5, September 29, 2006, 1:30 p.m.