Women’s Health Movement In The U.S.A.

HEALTH is an issue for women which has the potential to cut across class and race lines. For women, body education is core education. Our bodies are the physical bases from which we move out into the world. Ignorance, uncertainty, shame about our physical selves create in us an alienation from ourselves that stops us from becoming the whole people we should be. Such feelings prevent us from forming satisfactory relationships with ourselves, our work and with other people.

During the 60s (when the American women’s movement revived, women began to meet in small groups for consciousness-raising sessions. In these sessions they “spoke out” to each other about all their tensions, problems, needs and desires—physical, mental, emotional.

Naturally, their medical experiences were an unavoidable topic of discussion.

Every woman, at some time or other, had felt frustrated and enraged by the condescending, callous attitudes of doctors and of the medical system in general. As they talked to each other, women began to realise how little they actually knew about the inner workings of their own bodies. So they decided to begin a collective exploration.

In spring 1969, one group in Boston decided on a summer project. They planned to undertake some research and prepare a course for women on women and their bodies. To quote them: “As we developed the course, we realised more and more that we really were capable of collectively understanding and evaluating medical information...We are especially struck by how important it was for us to be able to talk openly to one another and share our feelings about our bodies. The process of talking was as crucial as were the facts themselves...” And after they had prepared their course and begun to teach it: “We had something to say but we had a lot to learn as well—we did not want a traditional teacher-student relationship. At the end of 10 to 12 sessions we found that many women felt both eager and competent to get together in small groups and share with other women what they had learnt. We saw it as a never-ending process, always involving more and more women.”

This process initiated by women’s groups all over the US soon blossomed into a full fledged Women’s Health Movement. In 1970, the first two women’s health centres providing routine gynaecological services were opened. Soon after, many other centres opened across the country. Within a year, more than 800 women gathered at New York for the first National Women’s Health Conference.

In 1971 the movement took a new and decisive turn. In April of that year, Carol Downer, a health activist and mother of six, demonstrated gynaecological self-examination to a group of women gathered at Everywoman’s Bookstore in Los Angeles. It was a remarkable moment in women’s history. Until Downer combined the use of a speculum, mirror and flashlight to examine her own vagina and cervix, women’s in-sides had only been examined by doctors. That women could become as...
familiar with the creases and folds of their vaginas and the blemishes on their cervixes as they are with the lines and pimples on their faces was a revolutionary discovery. By regular monthly self-examination, women gained the skills to know their bodies better than doctors ever could in 15-minute annual appointments.

Working with Lorraine Rothman, Downer travelled across the country giving self-help demonstrations in 25 cities. Within a year self-examination had been demonstrated to more than 2,000 women. The same year, Lolly Hirsch of Connecticut began publishing The Monthly Extract—An Irregular Periodical which has served as the newsletter of the self-help movement since that time.

From Self-help to Self Control

Today, self-help means far more than self-examination. It represents a philosophy about women which empowers them to take control of their own bodies, to take a more active role in providing women’s health care and to put women at the centre of decision-making in reproductive rights. The self-help movement has given birth to a federation of health clinics—the Feminist Women’s Health Centres now located in six cities. These clinics provide a model of care which is unparalleled in traditional medical services.

In these clinics, six women have an appointment at the same time. They meet for two hours with three health workers and a woman doctor. Each woman discusses her own problem and is then instructed in how to do self-examination, to perform any necessary tests and to complete laboratory work. In this way, the patient participates in the process of understanding and treating her ailment and the mystery surrounding modern medicine is lifted.

By 1973, there were 35 women’s health projects working in the US and 116 women’s centres, many of which also offered some level of health services. By 1974 the number had grown astronomically—more than 1,200 groups were providing health information and services. The same year, the Boston Women’s Health Book Collective began publication of Health-Right, a quarterly newspaper providing women’s health news and analysis. After this, many feminist journals began to regularly report on health-related issues.

In 1974, the first group was formed to try and influence state policy that affected women’s health and lives. In 1975, the National Women’s Health Network was formed for this purpose. In the past several years, much of the energy of women’s health groups has been directed toward fighting restrictive abortion laws, filing court suits against manufacturers of harmful contraceptives and drugs, and educating women on these issues.

Women have also worked to publicize how black and third world women are forced into sterilization, how certain birth control devices like Depo Provera increase the risk of cervical cancer and how dangerous some kinds of hormonal therapy can be. The movement has taken an increasingly active role in criticizing American childbirth practices.

Central to all these issues is the demand that women not be treated violently—a demand which is now in the forefront of the women’s movement. Violence against women—whether in the form of rape, beating by partners, pornography, media exploitation, sexual harassment in the work-place or medical maltreatment—will clearly be a key issue for the women’s health movement in the 1980s.

Established Medicine and the State Retali ate

There has been a series of crack-downs on the health movement by established medicine and the state. Women’s health activists have been arrested on charges of practising without a licence, legal cases have been instituted against health centres and a lot of propaganda has been let loose against the movement as “dangerous quackery.”

Established medicine has also tried to cash in on the “know your body” idea by opening expensive clinics where some of the practices but none of the philosophy of women’s health care are used. These clinics employ female counselors but all examinations are still carried out in the traditional way with one doctor seeing one patient for 15 minutes or less.

The huge drug companies have also tried to exploit the market created by the women’s movement. Through their advertisements, they try to link new drug products with the image of “liberated” woman (just as sanitary towel manufacturers claim that their products will “set women free!”).

Redefining Medical Care

While the women’s health movement has managed to educate some doctors, the prevailing mentality of medicine remains one in which the doctor has the power and the information and the patient pays the bills. Thus the future of the movement lies in three directions which are all of equal importance: to increase dramatically the number of women-controlled facilities, particularly in areas which are underserved by existing medical services, to work with existing health facilities and improve the quality of care that women are receiving, and to identify allies within the medical establishment who are sympathetic to women’s health needs and will take a stand on controversial issues. When doctors speak out, legislators are forced to listen.

As Barbara Ehrenreich and Deirdre English put it: “There is something in the medical system that we want, we cannot live without but is there any way to get it on our terms? What is it we want? Is it just “more services”? Even if these services may have little to do with our real needs? Clearly, our demands must go beyond the quantitative. We want a new style and a new substance of medical practice for women. Yet we must not forget that millions of women still lack the most routine medical care which we must continue to demand...Self-help is not an alternative to confronting the medical system with the demand for reform of existing institutions.
Self-help or self-knowledge is what we need to equip ourselves for that confrontation.”

“...Women may have different opinions on questions related to health, maternity and the policy that should be followed with regard to them, but the real question is: Who today controls the options? In our concern to understand more about our own biology, we must never lose sight of the fact that it is not our biology that oppresses us but a social system based on domination. This is to us the most profoundly liberating feminist insight—the understanding that our oppression is socially and not biologically ordained. When we act on this understanding we ask for more than ‘control over our own bodies.’ We are asking for and struggling for control over the social options available to us, and control over all the institutions of society that now define these options.”

The Experience of One Group

The most significant contribution of the women’s health movement to the definition of the female experience is that it has created a positive image of woman’s body in which the major physical changes from menstruation to menopause are seen not as medical “problems” or sicknesses, but rather as new opportunities for growth.

The Boston Women’s Collective was one of the first groups to produce material which acted as a catalyst in getting women to collectively explore and act around the issue of health. Their experience would be useful to women who wish to work as a group:

“...We want to present some of our 12-year history as a collective because we think our experience may offer some understanding of the dynamics and possibilities of a women’s work and personal-sharing group...We started out as a small discussion group on health in 1969...We decided to meet and work through the summer with each of us researching and writing on a topic particularly important to her personal experience—menstruation, pregnancy, abortion, sexuality, birth control...We quickly discovered that the factual information we brought to the group took on a new usefulness when we talked among ourselves about our experiences and feelings...Each of us through her involvement in the project learned more about herself as an educator, researcher, writer, parent, lover and friend.

“In 1970, a few of us worked to pull our many papers together into a book that was published by a local non-profit press. Within two years, more than 200,000 copies of the book were sold. The title was changed from Women and their Bodies to Our Bodies, Ourselves, reflecting our personal changes. It was an exciting and fertile time. We had lived our lives as though we were inferior but we learned that this personal sense of inferiority was in fact shared and that as long as men continue to hold all power in society, women will be made to feel inferior. We began to re-assess what we had felt were our weaknesses and to see them as strengths.

“We prepared this book in a process we evolved ourselves. One or two of us would write a first draft and read it out to the group. A draft including everyone’s comments was then given to outside people: nurses, doctors, women of various ages and backgrounds...It was sometimes very painful to share control over what we had written. At the same time we were excited to discover the co-operation that
We want to start a health column

Manushi plans to start a regular health column from the next issue. Not only to talk about our painful experience as women — our health problems, confusions, ignorance. But also to try and understand our bodies without fear, guilt, superstition.

Women’s oppression is intimately linked to patriarchal society’s desire to control women’s reproductive capacity, that is, women’s bodies and sexuality. So any movement for women’s rights has to confront all the blatant and subtle methods whereby our bodies are rigidly controlled, distorted, alienated from us.

We invite your suggestions. Please tell us which you think are the crucial areas of women’s experience that need to be talked about and explored. Please send us material of all kinds—from details of customs and traditions that affect us, like the taboos and myths surrounding menstruation to accounts of personal experience in confronting the medical system whether for abortion, birth control, or just a routine check-up.

We want to look at and evaluate the medical system from the women’s point of view—does our experience show that this system is really helping or harming us, taking us towards health or keeping us sick? In the process, no doubt, women will have to challenge the exploitative socio-economic structure within which our health is neglected and our lives considered expendable.

We must ask why the population gap between the sexes has grown from 3.4 million in 1901 to nearly 20 million in 1970. We will have to question the social practices which result in a 30%-60% higher infant mortality rate among girls than among boys.

Even more important is the fact that the traditional healing system, with all its positives and negatives, through which knowledge of the body, its ailments and healing techniques were passed on from mother to daughter, is being looked on with contempt and slowly destroyed. We are left to the mercy of profit-motivated doctors, specialists who treat us as passive objects.

We want to raise questions that arise from our experience, we do not want this to be a column of the usual “The Doctor Answers Your Questions” variety, where we are still kept at the receiving end. We want this to be a forum for women to speak out so that from a sharing of experience, feeling and thinking, collective answers may emerge.

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Our Bodies, Ourselves

Our Bodies, Ourselves is a book by and for women. This book is exhilarating because it is so different in its approach to women’s health. We have been taught to value our bodies only because men may be attracted to them. “We are encouraged to feel as if our bodies are not ours. Our ‘figure’ is for a man to admire. Our breasts are for him to fondle, for babies to suckle, for doctors to examine. We feel negative about ourselves. We feel ugly, inadequate. We do not measure up to the ‘ideal’ woman. She is not an ideal we have created.” It begins by examining the whole question of why women need to get in touch with their physical selves. In the first chapter “Our Changing Sense of Self”, the women who made the book describe how this process of creation affected them — how they overcame their feelings of inferiority, rediscovered their anger, their activity, their separate identities as women, not just as wives, mothers, daughters.

The second chapter is a beautifully illustrated description of women’s anatomy. In the chapters on sexuality and sexual relationships, women speak out about their sexual feelings, fantasies, their positive and negative feelings towards virginity, masturbation, orgasm, their experience of living singly, in marriage or in relationships with men.

Every topic is approached through women’s innermost reactions, in their own words, and then discussed, debated, analysed. Questions are raised and possible answers suggested. A great deal of research has gone into the making of this book and the results are presented with beautiful simplicity for the lay-woman. Each chapter has a useful bibliography attached. Using the various tools available to them the authors try to move towards the right questions: “Slowly we are beginning to work our way out of the web of myth, ignorance, and confusion in which society entangles us...We seek an understanding of sexuality that includes a wide range of feelings and actions...” The chapter on lesbianism is written by a group.
of lesbians. They attack the myths that tell us homosexuality is ‘‘unnatural”, “immoral.” They seek to express the joy of living with and loving women as a consciously chosen and liberating way of life.

The chapter “Taking Care of Ourselves” gives information on exercise, diet, self-examination techniques, how to detect infections and danger signals. From Rape and Venereal Disease to Birth Control, Abortion and Self-Defence—the various weapons with which we are physically attacked and the means we can use to defend ourselves are presented in their historical, sociological and political context.

Later chapters consider parenthood, pregnancy, childbirth, and seek to confront women’s hidden feelings of depression or joy after the baby is born. Menopause is another experience that is examined in detail from the woman’s point of view. The book ends with an analysis of how health care is controlled and operated and goes on to discuss the possible ways in which we can organize alternative health care and demand our rights as patients.