

HEALTH THROUGH COLLABORATION: FEMINIST HEALTH HISTORY

by Dawn Betts-Green

Jennifer Nelson, *MORE THAN MEDICINE: A HISTORY OF THE FEMINIST WOMEN'S HEALTH MOVEMENT*. New York University Press, 2015. 280p. notes. index. pap., \$26.00, ISBN 978-0814770665.

Before the end of World War II, *health* was generally understood in the United States as the condition of not being sick or debilitated. In its 1948 constitution, however, the World Health Organization (WHO) offered a different perspective with this definition: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."¹

It wasn't until those involved in civil rights movements took up the mantle of healthcare equality, however, that the notion of *women's* health — in terms more closely matching the WHO's definition — entered the mainstream consciousness. This is not to say, of course, that the concept was immediately incorporated into healthcare practice or accepted by the medical establishment, but as Jennifer Nelson demonstrates in *More than Medicine*, the existence of the more comprehensive definition helped to develop the agendas of the civil rights, New Left, and feminist movements of the 1960s and 1970s, and it later grew into what we now think of as feminist health.

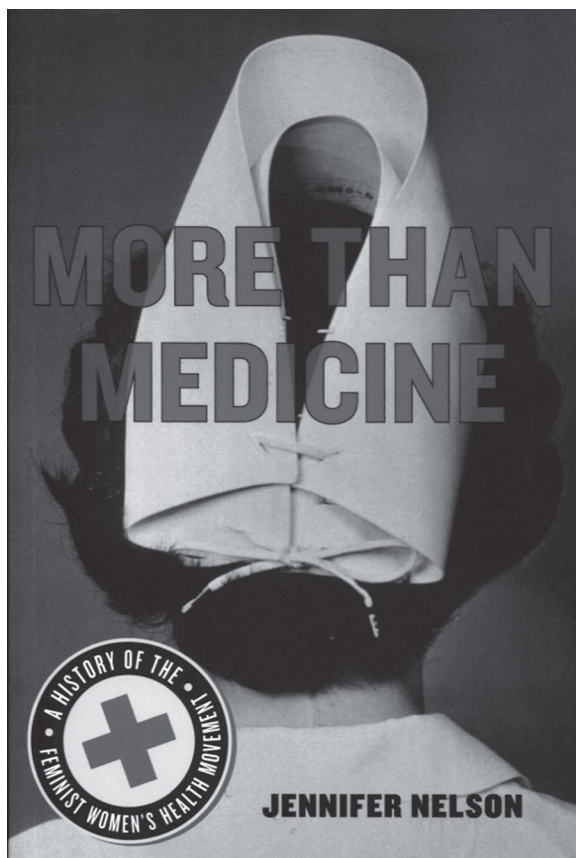
Nelson's examination of feminist health history begins in the fight against poverty, citing Dr. Harry P. Elam, who codirected Chicago's Mile Square Health Center: "In the ghetto, you cannot separate the delivery of family medical care from housing problems, underemployment, culture, traditions, and mores" (p. 15). This notion of poverty eradication as a form of healthcare reform was fairly revolutionary — not in the sense that people had not advocated for it,

but rather that the mainstream medical establishment was not willing to accept this explanation for the poor health of those in impoverished circumstances. Mile Square was part of a network of clinics known as neighborhood health centers (NHCs) that used the very philosophy Dr. Elam promoted; they moved into inner cities and low-income areas to provide accessible and affordable health care and referrals

to social services. People needed these services but often weren't aware they qualified for governmental assistance in receiving them. The clinics grew out of the New Left/civil rights notion of participatory democracy, which blossomed into participatory medicine — giving people the knowledge and ability to make informed decisions about their health and well-being.

We can see the connections here to the early and current feminist health movements. Medical care, and especially reproductive health, has long been defined by a male-centric medical establishment that, as research into birth practices shows, is typically less concerned with the wants and needs of women giving birth and more focused on standardization and control.² This sense of control presents itself most clearly in relation to the abortion access

struggle. Although abortion is legal in the United States, conservative groups are constantly pushing back, calling for budget cuts and stricter regulations that are most detrimental to low-income women, especially those living in rural areas. But these political attacks go much deeper than the conservative fixation on abortion, as can be seen in the



recent debates over funding. Women's health care in general is threatened by these measures, since many organizations — Planned Parenthood, for example — offer a vast array of important healthcare services, only one of which happens to be abortion. Nelson does not focus solely on the abortion access struggle, but it is an important topic to examine to understand the history of the feminist healthcare movement. All forms of health care for women are intricately entangled with one another, making tracing any history without a broad discussion impossible.

Nelson does an excellent job of tying the feminist movement's focus on health care to civil rights and New Left actions surrounding poverty and equal access. Feminism has long been criticized for not being inclusive of transwomen and women of color — a true and rightful claim — and Nelson's history demonstrates that even despite current tensions, these movements are not unrelated. Narratives such as this are desperately needed not only to chronicle the path we have taken but also to highlight the connections made along the way. Malcolm X, in his "The Ballot or the Bullet" speech, said, "It's freedom for everybody or freedom for nobody."³ Although he was speaking in that instance about racial injustice, the sentiment is certainly transferrable, particularly to concerns about how transwomen and women of color are represented in feminist movements. In the same way that abortion access is tied to general women's health care, feminist health movements are inextricably tied to health movements for people of color,

transwomen and transmen, low-income people, and all other marginalized groups as well. This history does a fair job of making that clear. No historical study can be completely exhaustive, but Nelson's work in *More than Medicine* is a solid primer on feminist health and the need for collaboration across social justice platforms.

Notes

1. who.int/about/mission/en.
2. For further discussion of this concept, see Claire Wendland's examination of Cesarean births and call for a feminist obstetrics movement, in "The Vanishing Mother: Cesarean Section and 'Evidence-Based Obstetrics,'" *Medical Anthropology Quarterly*, v. 21, no. 2 (2007), p. 218.
3. Malcolm X, "The Ballot or the Bullet" (speech, Detroit, MI, April 12, 1964), Gay Homeland Foundation; library.gayhomeland.org/0008/EN/malcolmx_speech_1964.htm.

[Dawn Betts-Green is a doctoral candidate in library and information studies at Florida State University. Her work focuses on LGBTQ young adults in rural libraries in the U.S. South, and she is the author of a chapter in *Queer Library Alliance: Global Reflections & Imaginings* (Library Juice Press, forthcoming).]



Miriam Greenwald