

Book Reviews

WOMEN, HEALTH AND NATION: CANADA AND THE UNITED STATES SINCE 1945

Georgina Feldberg, Molly Ladd-Taylor, Alison Li, and Kathryn McPherson, Eds.
Montreal and Kingston: McGill-Queen's University Press, 2003

REVIEWED BY LYKKE DE LA COUR

Women, Health and Nation is a compilation of twenty essays and documents that examine, within a comparative framework, the history of women's health care and women's health activism in post-1945 Canada and the U.S. One of the key purposes of the book is to explore how and to what extent "national citizenship" has influenced women's health experiences in North America. The collection also strives to fill in some important gaps in the field of women's medical history, such as the under-researched post-1945 era and the effects of race, ethnicity, class, religion, and region on women's health care experiences. Divided into five parts, the essays cover a wide range of topics, including modern biomedical and pharmaceutical developments, reproductive health issues (abortion, sterilization, childbirthing, and new reproductive technologies), native health care, and women's work as health care professionals and health activists. The volume also contains several documents that offer first-hand glimpses into women's experiences and perspectives as patients in the health care system.

Included in this collection are two important "think pieces," one by the editors and the other by American historian Susan Reverby, which frame the essays in a broader theoretical/political analysis of historical developments in women's health and health care experiences.

While a number of the essays in this collection do highlight how "nationality" has differentially affected women's health in Canada and the United States (most notably around the issue of greater accessibility to health care in Canada due to government-funded health insurance), one of the striking impressions for a reader is how "citizenship" for women in North America is constituted in ways that transcend national boundaries. Elena Gutiérrez's essay on the forced sterilization of Mexican-origin women in L.A. County, in the late 1960s and early 1970s, along with McPherson's and Zelmanovits' studies of nursing care in Canadian aboriginal communities, and Flynn's and Gamble's explorations of the experiences of Caribbean immigrant nurses and Afro-American women physicians, illustrate how race transcends state borders, structuring women of colour's experiences both as patients and health care providers. Similarly, Laura Ettinger's article on Sante Fe Catholic Maternity Institute's services for Latino women and Aline Charles' study on the caregiving work of nuns in Quebec Hospitals forefront how religion (along with race and ethnicity) has impacted the delivery of health care services in both Canada and the United States. Other articles, focusing on topics such as the development of Premarin as a drug therapy for menopause or the rise of genetic counseling and new reproductive procedures like IVF, demonstrate how gender experiences

also operate as a form of transnational "citizenship" in that women in both Canada and the US find themselves subjected to many of the same new biomedical pressures. Although particular health care experiences related to gender, race, ethnicity, class, and religion may play out differently in Canadian and American contexts, what the essays in *Women, Health and Nation* collectively reveal is how centrally women's socio-economic location determines their health and health care experiences in both countries.

This shared commonality takes on added meaning when considering the broader political questions raised in the editors' and Reverby's chapters. In "Comparative Perspectives on Canadian and American Women's Health Care Since 1945," Felberg, Ladd-Taylor, Li, and McPherson argue that a "rethinking" of feminist health care agendas and activism is urgently needed as governments in both Canada and the United States reduce spending on social security (including health care) and political attention shifts to issues such as terrorism. As these authors point out, "the war on terrorism has thrown women's health issues far off the national agenda. If we are to improve health care for women amidst these unprecedented political and economic challenges, we must sustain the efforts of generations of activists to render women's health issues visible" Both this essay and Reverby's emphasize the importance of carefully reflecting on past women's health activism, particularly the under-theorized tension that has existed historically in women's health care activism between individual "body" and collective "body politic" interests. Reverby's essay, "Thinking through

the Body and the Body Politic,” deals directly with this issue, noting how the more radical call for knowledge and control in women’s health activism, in the 1970s, shifted over subsequent decades into highly individualistic, consumeristic and depoliticized quests for women’s health “information.” According to Reverby, this has simply become a source of “reinscription of control by those selling us health ‘information’.” It has also frequently led to a diminution of attention to diversity and women’s varying health care needs. What both the editors and Reverby need to consider more fully, however, are neo-liberal economic and political policies associated with what is currently being referred to as “globalization.” Ironically, the “national” perspectives that this collection attempts to shed light on might soon be a thing of the past as neo-liberal policies and the World Trade Organization increasingly impose American-style, privatized, free-market economies, institutions, and policies around the world.

Women, Health and Nation is a timely publication for getting readers to think about women’s health care not only historically, but also at a particularly critical, current juncture in history when women’s health activism is sorely needed. To this end, this collected volume of essays is particularly useful as a teaching tool, as the comparative framework, the mix of primary documents and essays, and the attention paid to diversity, allow for an exploration of a number of important questions—such as body/body politic issues, women’s own agency in ascribing to biomedical models, and the conceptual frameworks that shape women’s health activism. Most importantly, though, the collection bespeaks the crucial need for women to consult, to theorize and to work across “borders,” transgressing boundaries both within and across nation-states, to further advance their health care interests.

FAMILY LIFE AND SOCIABILITY IN UPPER AND LOWER CANADA, 1780-1870: A VIEW FROM DIARIES AND FAMILY CORRESPONDENCE

Françoise Noël
Montreal and Kingston: McGill-Queen’s University Press, 2003

REVIEWED BY CLARA THOMAS



Professor Noël, of Nipissing University, has written a carefully researched and well-documented study of social manners and customs and has presented it in a logically organized form. She has divided her findings into three major sections: The Couple, Parents and Children, and Kinship and Community. Each one is subdivided and plentifully supplied with evidence from diaries, journals, and letters. Section I gives us Courtship and Engagement, Marriage, Housekeeping and Household Production, and Married Life; Section II, Childbirth and Infancy, Childhood, Children’s Accidents, Illness, and Death and

Parent-Child Relationships; and Section III, Domestic Rituals and Celebrations, Family Sociability, Mutual Assistance and Reciprocity, and Family Correspondence.

It must be remembered that in 1780, Noël’s starting date, Lower Canada was a much more mature and settled society than Upper Canada. It was not until the large influx of immigrants from the British Isles after the finish of the Napoleonic Wars that the population of the two Canadas began to approach parity. The difference is reflected, of course, in the number of documents available to Noël for her study. She has scoured the available sources as her references and footnotes indicate and has generated an engrossing and valuable study, though two reservations emerged and took on importance as I read.

First I would have much preferred to have the Kinship and Community section placed first, because in my opinion that was by far the most important factor in both family life and sociability. Second, Noël might well have placed much more stress than she did on the effects of religious affiliation on society at every level. In Lower Canada, of course, the Roman Catholic Church enfolded most lives from cradle to coffin and was of prime importance; in Upper Canada the Anglican, as England’s Established Church, was well entrenched, but other denominations, especially the Presbyterian, Methodist, and Baptist, were also exceedingly important in determining the actions of their adherents in every aspect of their lives. My paternal grandmother was born in 1863 and always Kinship and Community were her prime determinants, along with the church of her parents and then of her husband. In general, in rural and small town Ontario, I believe, there was only one time of major choice for a woman and none for a man: a woman might choose at the time of her marriage to leave the church of her family and “go with” her husband, but the man was by