

Making Connections Women's Health and the

BY JACQUELINE J. KENNELLY

It is a movement
that is more
vibrant now in
the South than
the North, and
as a Southern
movement, it is
undoubtedly shaped
by colonialism
and the crises of
development.

L'auteure s'inquiète de voir les mouvements pour la santé des femmes aux prises avec la mondialisation et elle étudie la théorie du mouvement social, l'histoire des mouvements pour la santé des femmes du Nord et du Sud et les défis à surmonter. Elle termine avec son expérience à Québec comme une activiste anti-mondialisation et elle cherche à voir si les deux mouvements se recourent ou non.

In Vancouver recently, I attended a protest organized by the Grassroots Women's Network. The protest was outside the Pan Pacific Hotel, a swanky establishment on the waterfront that was hosting the Premier's meetings to discuss Canada's health care system. The women were protesting the possible privatization of health care, expressing their concern that women's health would be particularly impacted. In their literature, they made explicit links to larger global trends of neoliberalism and globalization. This was the first time

I had seen these links being made in a Canadian protest. I was particularly interested because I had just completed a Master's degree where I had studied the impacts of globalization on women's health.

What follows is drawn from that work. It is rooted in my interest in the possibilities for coalition-building, moving away from the notion that different social movements are acting in entirely different spheres. It seems that many people in activist communities are recognizing the value of making connections to groups working in different areas of social change. Here, I reflect on two movements that are not widely considered to be linked: the women's health movement and the anti-globalization movement. I begin with a description of the history, growth, and challenges of the women's health movement and then turn to a reflection of my own experiences as an anti-globalization protester, searching for connections between the two as I go.

Social Change and the Women's Health Movement in the North

The women's health movement in the North has firm foundations in the Second Wave of feminism. In fact, it was within the consciousness-raising groups characteristic of the Second Wave, where women shared "frightening tales of illegal abortions and manipulative gynecologists" (Dreifus xxv), that the women's health movement was born. It was from these discussions and shared stories that women began to organize on various levels into a social movement specifically concerned

with women's health. They began by putting out publications such as the Boston Women's Health Book Collective's *Our Bodies, Ourselves*, first published in pamphlet form in 1970 (Ruzek). In Canada, the women's health movement dispersed information through various health and publishing collectives, such as the Montreal Health Press, the Vancouver Women's Health Centre, and *Healthsharing* magazine (Tudiver). These initiatives arose in response to a strong perception of the need for change. As Sheryl Ruzek writes:

Feminists were and are bitter that they are often ignorant not out of choice or inability to understand but because doctors make it difficult to acquire the information they need to make competent decisions for themselves. In waiting rooms, there is little health education material to help patients understand their bodies or aid them in communicating with their doctors. In the examining room, they feel demeaned when called "honey" or "dear." Most wonder why they must address physicians as "Doctor X" when they are addressed so familiarly by pseudo-intimate terms or by their first names. (34)

In response to these and other troubling conditions, women organized in multiple ways to create social change. Such initiatives encompassed everything from an underground abortion service to self-help clinics, where women taught themselves and each other about the inner workings of their bodies (Dreifus). In Canada,

Anti-Globalization Movement

the women's health movement played an important role in shaping health policy, acting as agents for change, system watchdogs and protectors of important women-centered institutions, such as the Women's College Hospital in Toronto (Maharaj). In 1993, the Canadian Women's Health Network was officially launched, representing more than 70 organizations from every province and territory in Canada ("Canada. The Canadian Women's Health Network"). This was the result of almost 20 years of planning, networking and discussion; conversations began about it in the 1970s (Tudiver), and the Committee for a Canadian Women's Health Network formed in March, 1981 (Penney).

There is ample evidence that the women's health movement has indeed made the hegemonic power-holders sit up and take notice, in the United States, Canada and elsewhere. As early as the mid-1970s, articles began to appear in medical journals "on how to manage the 'new breed of women' who asked questions and demanded to know why they were getting a particular treatment" (Boston Women's Health Book Collective 38). The issues surrounding women's health have become more and more central until former American president Bill Clinton declared that women's health was a new policy priority in the United States (Palley and Palley). In Canada, the results of women's health movement organizing have been many, including the establishment of five Centres of Excellence for Women's Health funded by Health Canada (one of which is housed at York University, entitled the National Network on Environ-

ments and Women's Health).

Of course, success in a social movement is always limited; no matter how much is achieved, there remains so very much to be done. As women's health seems to have achieved a certain level of mainstream acceptance and focus in the "developed" world, it continues to be an issue of pressing importance but of dire unconcern to the powers-that-be in the South. While the work is far from done in the U.S. and Canada, the women's health movement has largely become a social movement located in and focussed on the South. It is also in the South where explicit links have been made between women's health activism and globalization, links that are only just beginning to be articulated in the North.

Social Change and the Women's Health Movement in the South

The history of social movements in the South have very different contributing factors from those in the North. In *Africa and Asia*, for example, the past century of social movements have been marked by struggles for national independence (Amin). Ponna Wignaraja describes movements in the South as arising very specifically from the conditions of colonialism, development and industrialisation that have been imposed upon them by so-called developed countries. The women's health movement fits into this description of social movements in the South. It is a movement that is more vibrant now in the South than the North, and as a Southern movement, it is undoubtedly shaped by colonialism and the crises of development. In-

deed, this is likely why the women's health movement in the South has been making explicit links between women's health and globalization for several years now. This is their context; they have lived the Structural Adjustment Programs and the liberalisation of trade. Given this reality, it is not surprising that globalization has become an issue of concern within the women's health movement in the South,

where campaigns have become increasingly vigorous in the face of recession, structural adjustment policies and widespread environmental deterioration. (Doyal 197)

This shift in focus is reflected in the discussions that took place at the 8th International Women and Health Meeting in Rio de Janeiro, March 16-20, 1997. The plenary panel discussion that began the five day meeting was entitled "Globalization and

It is in the South where explicit links have been made between women's health activism and globalization, links that are only just beginning to be articulated in the North.

women's health: conservatism and adjustment policies" (Stemerding 4). As Gisela Sánchez Díaz points out in her report on the meeting, important progress was made by

naming and describing the characteristics of the fundamentalism of the market, the perversion of globalization, that has deteriorated conditions of work, life and health of women around the world. (5).

Grassroots activists within the women's health movement in the South are also making links to the negative impacts of globalization. Campaigns against quinacrine sterilisation that took place in India made connections between western imposed population control priorities and the liberalisation of trade that had permitted the dissemination of the drug. Indian feminists organized protests and court cases against the Indian government that eventually resulted, in 1998, in India banning the drug ("Quinacrine banned in India"). Similar analyses and campaigns are being undertaken around anti-fertility vaccines ("International Campaign Update"), and concerning population control and women's rights in general (García-Moreno and Claro).

Ongoing Challenges

While the women's health movement has achieved and continues to achieve much, it faces a great many challenges. One issue facing women's health activists in the South is the perception by the general public in their own countries that they are unduly influenced by feminism from the North (García-Moreno and Claro). Radha Kumar describes the impact of this on the Indian women's movement, which she says is perceived in India as imposing "crass, selfish, market-dominated views on a society that had once given noble, spiritual women the respect they deserved" (81). She writes:

These market-dominated views of equality and liberty were portrayed as being drawn from the West, so Indian feminists stood accused of being Westernists, colonialists, cultural imperialists, and, indirectly, supporters of capitalist ideology. (81)

There is great irony in this, of course, given the growing critiques of capitalism and globalization within the movement. However, the accusations of overbearing western influence also find their counterpart within the women's health movement, and the women's movement generally. Southern feminists are levelling stronger critiques at western, white-dominated feminism, accusing it of being exclusionary and colonialist in its own right. This accusation is echoed within women's movements in the North, where exclusionary practices towards women of colour, queer women and women with disabilities are being identified and problematised. Vijay Agnew suggests that,

[t]he absence of women from Asia, Africa, and the Caribbean from feminist activity in Canada is the result of the race biases of white feminists." (66)

In the Canadian women's health movement, Sari Tudiver describes how Aboriginal women, women of colour, immigrant women, women with disabilities, and lesbians have

challenged mainstream society and predominantly white women's organizations to confront their attitudes of racism, homophobia, and fears of disability. (96)

Issues such as these illustrate that the women's movement and the women's health movement are not immune from the global power imbalances and colonialist history that shape our world.

That said, one of the strengths of

feminism lies in the creativity of its thinkers and activists. This has meant that these issues, while far from being resolved, are (sometimes) being addressed. For example, in partial response to these complex issues, Alexander and Mohanty call for the recognition of Third World feminism as distinct from, though connected to, western feminism. They describe this distinction as follows:

Our framework challenges the still firmly embedded notion of the originatory status of Western feminism. It does not simply position Third-World feminism as a reaction to gaps in Western feminism; it does not summon Third-World feminism in the service of (white) Western feminism's intellectual and political projects. Instead, it provides a position from which to argue for a comparative, relational feminist praxis that is transnational in its response to and engagement with global processes of colonization (xx).

In addition to suggesting the need for a changed framework of understanding the interplay of western and Third World feminisms, Alexander and Mohanty suggest the need for cross-border solidarity, since, as they state, "global processes [of capitalism and globalization] clearly require global alliances" (xxix). They call for transnational feminism, rather than global sisterhood, suggesting that the latter points to a dichotomy of center/periphery or first-world/Third-world models that we need to avoid.

While this has only been a brief overview of the women's health movement, I hope it has served to illustrate the growth of the movement, the ways it is beginning to address globalization, and some of the challenges that it faces. While globalization is beginning to turn up in discussions of women's health and feminism in general, it remains on the periphery of discussion; this reflects the multitude of important

and pressing issues that the movement is trying to grapple with, such as reproductive rights, access to abortion, breast cancer activism and others. However, there are other ways in which globalization is being challenged. Indeed, large-scale protests against globalization and the institutions that represent it (such as the WTO, the World Bank and the G8), have been garnering greater and greater media attention, particularly since the gigantic protests against the World Trade Organization in Seattle in 1999. I participated in the large-scale protest against the Free Trade Area of the Americas (FTAA) in Quebec City in April, 2001. I turn now to a personal reflection on that experience, and on the possibilities for alliances between the women's health movement and the anti-globalization/anti-capitalist movement.

Reflections of an anti-FTAA protester

From April 20 to 22, 2001, I joined 40,000 to 60,000 others in mass rallies, demonstrations, protests, and teach-ins on the streets of Quebec City, in a gigantic mobilisation against the Free Trade Area of the Americas (FTAA). The leaders of all the countries from the Americas (North, South and Central America), with the exception of Cuba, were meeting there to discuss the implementation of a free trade zone that would extend over the entire region. Protesters from around the world gathered to express their dismay over this extension of globalization, voicing concerns about corporate control, the loss of essential services, the exploitation of developing nations and many other issues.

Not surprisingly, participating in the anti-FTAA protests left me with more questions than answers. One question relevant to this paper is of the role that the women's health movement has to play in the anti-globalization movement, if any. In all of the propaganda dispersed and speeches given leading up to and

throughout the anti-FTAA protests, I never once heard mention of women's health as an issue of concern, although health issues were often referred to when discussing the privatization of services. There may be many reasons for this; one is that, although globalization is being discussed within the women's health movement, women's health simply is not being discussed elsewhere. It may be because women's health does not seem as pressing or immediate as the loss of Canadian jobs or the Chapter 11 provision in NAFTA that allows corporations to sue governments because of lost profits. Given the lack of air time that women's health presently receives in the dominant globalization debates, would it be of benefit to the women's health movement to be making strategic links to the anti-globalization movement? Or does it serve the movement better to stay focussed on the campaigns which are being undertaken at present, which are generally more locally or nationally focussed? I suspect that the answers to these questions are many, and each has its own strengths and weaknesses.

Even if strategic links between the women's health movement and the anti-globalization movement are not made, the anti-globalization movement would benefit by taking the lessons learned by feminism to heart. One common critique being levelled against the movement is that it is largely white-dominated, and peopled by northern activists. This, of course, echoes critiques that have been made of feminism and the women's health movement, as described above. The anti-globalization movement could (and does) learn from the ongoing struggles of the feminist movement to de-colonize the movement. There are feminist tactics that could be adopted by the anti-globalization movement that would change the tone of the protests that are taking place. While in Quebec, I participated in the "River," led by Starhawk, a feminist wiccan and author committed to non-violent pro-

test. The general protest atmosphere was often one of antagonism and aggression directed at the police lines that guarded the fence; I was very uneasy about this. However, I was equally uneasy about the existence of the fence and police lines, which were intended to protect the delegates attending the FTAA meetings, and served to severely limit the right to protest. In the midst of this, I found the River to be a welcome relief. We began by singing and chanting in a circle, and then took part in a spiral dance, right there, in the middle of the street, as thousands of protesters streamed by on either side. After about an hour of singing and dancing, we went together up to the wall, singing quietly as we went. Several people were carrying large flowing pieces of fabric, and the overall effect was of a river of people flowing together through the conflict and tear gas and pepper spray. After the protests, back at my computer scanning the Internet for reports from the streets, I read testimonials written by people who had witnessed the River go by, and described it as soothing and calming. It was certainly a place of respite for myself and other like-minded protesters. For me, the River represented an alternative way of protesting, and one that I feel to be deeply feminist: respectful yet determined, celebratory and courageous. My experiences in the River jarred hard against overhearing one young man on the telephone, just before leaving Quebec City, describing with great gusto the destruction in which he had participated. While he is by no means representative of the majority of the protesters, the existence of that element at these mass protests is hard for me to reconcile with my own presence there.

The anti-globalization protests have only been getting bigger, and the stakes are getting higher; the protest in July 2001, in Genoa, Italy, resulted in the death of a protester, shot by a police officer. In spite of the changed context of civil dissent that has unfolded post September 11th,

the anti-globalization movement has a momentum that is carrying it forward. For example, a counter-conference to the June 2002 G-8 meetings in Kananaskis was held in Calgary, playfully and pointedly names the "G-6 Billion" conference. Where is the meeting point between these mega-protests and the relatively quiet, often painstaking work of the women's health movement? Here, I think, lies the mystery of social movements. They are neither linear nor predictable, and they cannot be captured under a unifying theory. Nonetheless, analysis, discussion, and constant grappling with the theoretical issues provides the backbone for the work undertaken by activists. It is the convergence of theory and action, combined with the multiple personal experiences and activities of hundreds or thousands of people that results in social change, piece by painstaking piece.

Conclusions

I am left with many questions about the directions needed to create social change around issues of women's health and globalization. As described in this paper, the women's health movement is beginning to consider the impacts of globalization, whereas the anti-globalization movement does not seem to be making explicit links to women's health. While the latter may be useful, I do not see it as a pressing strategic direction. Rather, I see a great deal of hope in the fact that these issues are being worked at from many different levels. Social change and social movements happen via a multiplicity of actors working from multiple positions. Nonetheless, it is important that connections continue to be made; one result of this increasingly globalized world is that events and decisions in one place can have impacts in many other places. As long as these connections are being made, those who are fighting for social change have a chance of staying ahead of the game.

Jacqueline J. Kennelly recently finished her Master's in Environmental Studies at York University, where she studied the impacts of globalization on women's health. She is presently living in Vancouver, BC.

References

- Agnew, Vijay. *Resisting Discrimination: Women from Asia, Africa, and the Caribbean and the Women's Movement in Canada*. University of Toronto Press: Toronto, 1996.
- Alexander, M. Jacquie and Chandra Talpade Mohanty. "Introduction: Genealogies, Legacies, Movements." *Feminist Genealogies, Colonial Legacies, Democratic Futures*. Eds. Chandra Talpade Mohanty and M. Jacquie Alexander. Routledge Press: New York, 1997.
- Amin, Samir. "Social Movements at the Periphery." *New Social Movements in the South: Empowering the People*. Ed Ponna Wignaraja. Zed Books: New Jersey, 1993.
- Boston Women's Health Book Collective. "When Yogurt was Illegal." *Ms Magazine*. July-August 1992: 38-39.
- "Canada. The Canadian Women's Health Network." 1999. *Journal of the American Medical Women's Association* 54 (1) (1999): 20.
- Doyal, Lesley. *What Makes Women Sick. Gender and the Political Economy of Health*. Rutgers University Press: New Brunswick, 1995.
- Dreifus, Claudia. Ed. *Seizing Our Bodies. The Politics of Women's Health*. Vintage Books: New York, 1977.
- García-Moreno, Claudia and Amparo Claro. "Challenges from the Women's Health Movement: Women's Rights versus Population Control." *Population Policies Reconsidered. Health, Empowerment and Rights*. Eds. Gita Sen, Adrienne Germain and Lincoln C. Chen. Harvard University Press: Boston, 1994.
- "International Campaign Update." *Women's Global Network for Re-*

productive Rights Newsletter 61(1) (1998):17-18.

- Kumar, Radha. "From Chipko to Sati: The Contemporary Indian Women's Movement." *The Challenge of Local Feminisms: Women's Movements in Global Perspective*. Ed. Amrita Basu. Westview Press: Boulder, 1995.
- Maharaj, Rohan. "The Role of Women's Advocacy Groups in Shaping Canadian Health Care Policy." *Women's Health Issues*. 9(5) (1999): 259-263.
- Palley, Marion Lief and Howard A. Palley. "Rethinking a Women's Health Care Agenda." *Women & Politics*. 21(3) (2000): 75-97.
- Penney, Jennifer. "Why We Need a Canadian Women's Health Network." *Healthsharing*. 3(2) (1982): 14-15.
- "Quinacrine Banned in India." *Women's Global Network for Reproductive Rights. Newsletter*. 61(1) (1998): 18.
- Ruzek, Sheryl Burt.. *The Women's Health Movement. Feminist Alternatives to Medical Control*. Praeger Publishers: New York, 1978.
- Sánchez Díaz, Gisela. "Health, Poverty and Quality of Life: Strategies for the Future." *Women's Health Journal. Latin American and Caribbean Women's Health Network*. 2 (1997): 4-7.
- Stemerding, Beatrijs. "International Women's Health Meeting: Introduction." *Women's Global Network for Reproductive Rights. Newsletter* 58 (2) (1997): 4-7.
- Tudiver, Sari. "Canadian Women's Health Network. One Step Back, Two Steps Forward." *Canadian Woman Studies/les cahiers de la femme*. 14(3) (1994): 96-100.
- Wignaraja, Ponna. "Rethinking Development and Democracy." *New Social Movements in the South: Empowering the People*. Ed. Ponna Wignaraja. Zed Books: New Jersey, 1993.