

Saying Good-bye to *Healthsharing*

by Amy Gottlieb

L'une des collaboratrices de l'ex-périodique "Healthsharing" pleure la perte de cette ressource inestimable pour les femmes. Ce périodique qui n'a pas survécu aux coupures drastiques du gouvernement procurait aux femmes canadiennes une analyse féministe de la santé depuis déjà quinze ans.

Like saying good-bye to a loved one, I struggle with the loss of *Healthsharing* magazine. I was part of the third wave of women involved in the magazine. It says something that we were around long enough to have three waves, but I feel angry that successive women will be robbed of this precious resource. And this is so clearly a collective loss. For whether we read, wrote, edited, designed, or illustrated the magazine, there was a connection that will be missed and a resource that we will yearn for.

I alternate between feeling guilty we weren't able to save the magazine, and feeling rage that despite our achievements, we couldn't survive Tory deficit cutting attacks on working people and progressive and feminist movements in Canada.

Healthsharing's serious financial troubles began in 1989, when our federal funding was cut by 15 per cent. But the bigger blow, and the one which we never really recovered from, was in 1990 when \$2 million was cut from the Secretary of State Women's Program. As a result, funding to three national feminist magazines (including *Healthsharing*) and over 100 women's centres was eliminated and funds to several national women's research and advocacy groups (including NAC), were drastically reduced. It was clear that this was a political cut, designed to silence critics and demobilize our movements. Response to the cuts was quick and militant. Women's organizations across the country campaigned to stop the government cuts. We were successful but our victory was limited. While our actions forced the government to back down and reinstate funding to the 100 women's centres, funding to national women's groups and publications was never restored. We need to be clear that there have been very serious long-term costs to the women's movement as a result of these cuts and those that have followed. The Tories were able to redefine the limits of government funding and shift the emphasis and focus away from stable operational funding to more limited project-based funding. And despite its rhetoric, the Liberal government is in no rush to reinstate or expand funding to groups that have



traditionally been denied access to power in this society.

The current crisis in funding for women's groups is more accurately described as a struggle about who has the social responsibility to address and change the systemic inequalities that women face. The continued cuts to public funding for women's organizations suggests that this work should be and is being privatized, that it is no longer the responsibility of the federal government.

Funding cuts mean that our tax dollars are not being spent on the programs and services that are essential to fight all forms of discrimination against women. While there are clearly dangers that accompany public funding in the way that governments then try to set our agendas and dilute our militancy, we do have the right to demand that our tax dollars be spent on redressing the sexism, racism, poverty, ableism that are permanent features of our society. The move towards privatization means we must carry our organizations on our own backs—we work for less money, donate more money, put in more unpaid time. The denial of public funding means that our organizations are more often than not operating on a crisis footing, with very fragile infrastructures.

Publishing an alternative feminist magazine, like *Healthsharing*, became untenable without some ongoing operational support from the federal government. It is not possible to apply the logic of free enterprise to alternative magazines given the economy of the market, though the federal government cynically pushed us to do so.

When all is said and done, one of the lessons of the *Healthsharing* closure is that the women's movement has not been able to stem the tide of privatization, despite our attempts. Public funding is now at risk of disappearing altogether.

Since the devastating cuts of 1990, *Healthsharing* had survived on what had become a mainstay: a small and overworked staff, lots of volunteer labour, loyal and supportive readers, and a project grant from Health and Welfare to anchor the work of building a Canadian Women's Health Network. In our search for more permanent public funding we came up empty handed, falling between the cracks of not being a service and therefore ineligible for much of the health-based funding nor eligible for arts funding at either a provincial or federal level.

Of course, to begin with, *Healthsharing* was privileged to be receiving federal funding, when compared to many other groups organizing at the local and national levels,

particularly among working class and poor women, among women with disabilities, among rural women, among African, Asian, Arab, First Nation, Latin American women, and among lesbians. But when I say that *Healthsharing* was privileged that doesn't mean we didn't deserve the funding, just that others did as well.

I keep coming back to the fighting spirit of the *Healthsharing* project, remembering the energy and commitment that women poured into the magazine and the thousands of readers we felt connected to. What I will miss most about *Healthsharing* is its radical message, found in the stories, analysis, and advice from women who were activists and women struggling with their health and the health of their communities. Most of these women were not professional writers. *Healthsharing* attempted to reflect the radical roots of feminist health activism and broaden the traditional concept of health. For *Healthsharing*, women's health issues were not just reproductive issues, not just about diseases which affect women more than men. For *Healthsharing*, feminist health activism was about looking at women's lives as a whole, about the impact of women's oppression, poverty, racism, class bias, ableism, and ageism on our lives—it was and still is about making fundamental changes to our medical system so that it addresses all of who we are.

I have heard stories for years about how an article on how to choose a therapist, or about hysterectomy, or on body image has been passed from friend to friend like a precious talisman. During the closing of *Healthsharing* I have heard even more of these stories, illustrating how much a lifeline the magazine was to the women who read it and passed it around.

But while *Healthsharing* was a really important lifeline and resource for women across Canada, it wasn't as good as it could have been. The magazine was constantly struggling with issues of representation. Being located in Toronto and attempting to be a national publication, *Healthsharing* struggled to be representative of regional specificities and differences. We laboured over the past five years to make *Healthsharing*, which had represented primarily white middle class women, into a publication which belonged as well to women of colour, working class women, and women of diverse cultures. And always we worried about making the information and analysis accessible and readable. My balance sheet is that *Healthsharing* had the potential to be much more inclusive than it was, much more powerful, much more radical and reach a hell of a lot more women than it did.

But that is not to take away from the remarkable things that *Healthsharing* did achieve over its 15 years. Over that period, the magazine transformed itself, responding to different struggles and developments within our communities and taking on the mainstream medical system. The magazine touched individual women, bringing them information and analysis that assisted them in making crucial decisions about or taking new approaches to their health.

At a broader level, *Healthsharing*, along with feminist health activists across the country, has had an impact. I'm not talking about a revolution, but rather an acknowledgment within mainstream organizations and at some levels of government that women have and that the diversity of women's voices must be integrated when developing health policy and research programs. We see these changes reflected not only in the number of free alternative health magazines and resources, but also in government action to set up women's health centres in Ontario and similar initiatives in other provinces. Preventive health programs have more support, both because of government's looking for a place to trim health care budgets but also because the groundwork has been laid by community and feminist health activists to encourage the health care system to break out of thinking only about curing or controlling disease. While *Healthsharing* maintained a critical stance, at the same time it provided support to people working for change within these institutions and to mainstream practitioners with an alternative vision.

Within mainstream publications and organization, this reflection of women's health issues, is more often than not, "whitewashed" and focused on more "respectable" middle class concerns. My fear is that with the closing of *Healthsharing*, we are losing one of our strongest voices to counter this burying of the radical content of feminist health activism. Any movement loses some of its vitality, fighting spirit, and grass roots mobilization, when its left wing is cut off. Fiscal restraint and backlash mean that, in practical terms, concrete changes are harder to come by, though not impossible. Now, more than ever before, we need a *Healthsharing*.

One of the things that calms me in this time is the knowledge that local organizations with powerful visions working around a myriad of women's health issues are alive and kicking. The closing of *Healthsharing* isn't about giving up, it's about recognizing that the publication couldn't survive as it was in the current climate. And while that hurts, it doesn't signal that the politics of *Healthsharing* are dead. Far from it.

The project that *Healthsharing* was part of over the past ten years, and anchored over the past three, the Canadian Women's Health Network, is another source of hope. This project has a long history and is taking concrete shape.

And finally, there is nothing like going out with a bang. And that spirit will be reflected in a book, *On Women Healthsharing*, that Women's Press is putting together of articles from the past fifteen years. This will hopefully be a volume which will both keep our memories of *Healthsharing* alive and push us to act with others to transform our notions and practice of health care in this society.

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