

"In 1969, Barbara Seaman proved that women can talk back to doctors—
calmly, rationally, and scientifically. For many of us, women's liberation began at that moment."

—BARBARA EHRENREICH

VOICES

VOLUME ONE

of the WOMEN'S
HEALTH
MOVEMENT

edited by

BARBARA SEAMAN

with LAURA ELDRIDGE

voices of
THE WOMEN'S
HEALTH
MOVEMENT

VOLUME ONE



BARBARA SEAMAN

with LAURA ELDRIDGE



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To My Daughter, Elana Felicia
—Barbara

To My Grandmothers, Grace, Ellen, and Ray
—Laura

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Introduction

WHEN ELIZABETH CADY STANTON decided to re-set her son's collarbone in the mid-nineteenth century she wasn't trying to be radical, she was trying to be a good mother. She wasn't trying to empower female healing and reject the mostly male medical establishment. She was trying to respond to the unalleviated pain of a cherished love one.

In addition to her tireless writing and activism, Stanton was a mother of five children. Never daunted, Stanton moved her writing desk into the nursery and worked in between spending time with her brood. When her eldest son Daniel was born with a dislocated collarbone, the Stantons tried to get him the best medical care. Repeated doctors' visits resulted in bandaging and treatments that actually made the problem worse. When a nurse helping Daniel refused to respond to the fact that his hand was turning blue from the bandages, saying, "I shall never interfere with the doctor," Stanton sprang into action. She replaced the doctor only to be disappointed a second time. She wasn't about to be fooled a third time, and, to the nurse's shock, took off her son's bandages and with arnica (a homeopathic remedy) and gentle pressure redressed her son's bones. She concluded, "I learned another lesson in self-reliance. I trusted neither men nor books absolutely after this . . . but continued to use my 'mother's instinct,' if 'reason' is too dignified a term to apply to a woman's thoughts."

Her decisiveness goes to the heart of women's health activism. It is almost always born of personal experience, often a social injustice acted out on the body. It is inherently and un-self-consciously radical. Throughout human history—and more recently the nineteenth and twentieth centuries, we have witnessed brilliant and courageous examples of women taking control of their bodies and health choices. These experiences have often led to a greater sense of autonomy and equality. In many ways, it is an original rebellion.

In these days as we debate the basic right of human beings to have medical care, it is an often-made point that one of the simplest ways to control a citizenry is through access to health

services. Women have known this for a long time, and the process of coming to understand and reject this system of control often helps them to see themselves as independent agents in a larger sense.

In the nineteenth century, medical services were consolidated by doctors taken with new and changing medical technologies. As physicians and scientists pioneered surgeries, pharmaceuticals, and new mental health practices, they pushed out traditional (often female) providers, including midwives and makers of alternative medicines. Because these doctors were almost entirely male, they treated distinctively female body parts and health issues as disease. Male bodies were healthy and female ones were pathological. Nineteenth- and early twentieth-century ideas of the hysterical woman appall our twenty-first century sensibilities, but they haven't entirely gone away. The way that menopause has been treated as a disease state is evidence that while there is now a different language used to misinterpret and medicate women's bodies, the tendency persists.

When Elizabeth Cady Stanton and the other first-wave feminists abandoned the recommendations of physicians, they were creating a model of resistance that lived on in small pockets of activism throughout the twentieth century and then was taken up again in major ways in the 1970s. I was lucky enough to be a part of that movement.

When we talk about the "women's health movement," we are, of course, talking about many movements. We can look to the work of women who writer Susan Brownmiller has termed our "heroic antecedents," daring women in past centuries who stood up against a culture that discouraged open speech about health problems, or who provided alternative care when none was available. We can speak specifically about the second-wave women's movement in the 1970s and look at the foundational writings that have changed the landscape of women's health. And we can listen to the voices of young activists who help us to understand the new issues we face today.

So many of my friends recall sitting in rooms where secrets were shared among women. Typically any shameful feelings we may have had lifted as we learned that our private experiences often turned out to be universal.

I remember the voices: "Yes, I had an illegal abortion." "Yes, I was raped." "Yes, my neighbor (brother, father, uncle, priest, doctor, therapist, teacher) hassled me sexually." "Yes, I faked orgasms." "Yes, every birth control method I've ever used was a disaster." "Yes, my gynecologist makes me feel uncomfortable, but I can't admit it, he's so esteemed. His pelvic exams are so rough it hurts." "Yes, I took a drug that made me very sick, but my doctor told me to keep taking it."

Women talked, listened, and spread the word. We went back to our communities, started our own women's groups, consciousness-raising groups, and know-your-body courses. By 1975, there were nearly 2,000 official women's self-help projects scattered around the United States and countless unofficial ones.

Do women talk less to each other now than they did then? The very possibility is troubling.

If I have a single hope for this book it is that the women who read it be inspired to talk among themselves about health, since women who talk to each other about health will go on to talk to each other about anything and everything.

At the turn of the millennium, a Barnard College senior asked Judy Norsigian of *Our Bodies, Ourselves* what she hopes to see when the continuously updated volume celebrates its fiftieth anniversary in the year 2020. Norsigian answered, "The creation of a health and a medical care system that is far more responsive to women's needs and accessible to all women regardless of age, income, sexual preference, race, etc. . . . And using technology in the most appropriate way—that

is science-based, not profit-based . . .” People need to be in control of their own health. But in order for that to be possible, they must have information from a trustworthy source.

I asked Cindy Pearson, executive director of the National Women’s Health Network, what she thinks about patients taking their health into their own hands. “Thirty years ago,” Pearson said, “if anyone talked about a bad experience they had with the health care system . . . the response would usually be ‘You need a better doctor. . . .’” Today, in part through the hard-won battles of consumer advocates, AIDS activists, and the feminist health movement, among others, that isn’t the only answer. Pearson continues, “People talked about finding a good doctor but then realized good doctors aren’t the answer, informed patients are the answer.”

We believe that within the yin and yang of these two thoughtful responses there is to be found the right approach: good science combined with leadership from the patients’ points of view. What makes a good doctor these days isn’t always easy to say. But if there is one quality we should all be looking for in our doctors, it is the willingness to listen seriously to their patients.