1 September 2005

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Dear Catalina,

It has proved possible to follow up on yesterday’s email exchange faster than anticipated—but at a cost. I would have liked to send a “fairer” copy of your contribution to TA as a small, though heartfelt, token of my gratitude, as well as the pleasure of our collaboration on a small scholarly project.

Enclosed please find two photocopies of the “Reviews” section of TA, Volume 13, No. 1, Spring 2005, including, on pp. 70-71, your review, co-authored with Ms. Elsa Cornejo, of the following book:


One of the copies is for Ms. Elsa Cornejo.

TA had an extensive backlog of reviews when you approved the final version of your review at the end of November 2003. During 2004, the journal experienced unanticipated production delays and the American Anthropological Association outsourced the production of most (if not all) journals to the University of California Press. Under the new production regime, the TA Editorial Group can no longer give each contributor a complimentary copy of the issue in which her/his article, review, or commentary appears. A photocopy of the published text has replaced a copy of the issue. Aside from having a photocopy of your own review, however, I thought that you, Ms. Cornejo, and your colleagues in the Program on Health and Society might enjoy reading the other contributions to the “Reviews” section.
A fundamental shortcoming of the book is Minear's silence about "international development" actors—multilateral or bilateral agencies and NGOs specializing in long-term, sustainable development. He repeatedly refers to "relief organizations" (those dealing with presumably short-term needs for water, food, and shelter) and "rights organizations" (those advocating human rights), but neither describes nor differentiates development organizations. Consequently, Minear underemphasizes development assistance as a crucial component of what he calls "the humanitarian enterprise equation." The linkage of, and dynamic interplay between, organizations focused on sustainable development and those that respond to humanitarian crises deserves fuller integration in several passages of the text—if not an entire chapter, given the nuances of bureaucratic politics. If Minear disagrees that such relations are significant for the humanitarian enterprise (which seems highly doubtful), an explanation is warranted.

With humility, and a sincere appreciation of progress to date, Minear urges all players in the humanitarian enterprise to embark upon concerted action to bring about necessary reforms. His book is a refreshing reality check for those ready to stop complaining and get on with the hard work of improving humanitarian assistance in the twenty-first century.


ELSA CORNEJO and CATALINA A. DENMAN
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Into Our Own Hands is based on the premise that "modern social movements are experienced and structured as political forces" (p. 12). Combining historical documents with interviews of over forty women who worked in feminist health advocacy groups and community clinics during the 1970s and 1980s, Sandra Morgen traces the history of the women's health movement in the United States through foundational stories about efforts to challenge the capitalist, male-dominated health care system, and to empower women to reclaim their right to control their health and information about it. Morgen's materials about women and groups exemplify issues ranging from the need for empowerment and the threat of co-optation to difference and diversity. Her attention to these latter issues is one of the book's major contributions for those interested in understanding the United States women's health movement in all its complexity, especially readers of English in Mexico and other countries of the Americas, who might not be familiar with such details.

The book's first part explains the need to construct a history of women's health in the United States based on the unifying concept of a social movement. Acknowledging that the political incentives and development processes of each organization vary according to its particular context, Morgen supports the idea that shared values and a common history constitute a women's health movement by analyzing how individual histories coalesced into a collective consciousness and political force. The sense of a movement, she shows, "came directly from the consolidation and exercise of power" (p. 40).

The first women's health groups organized around the struggle for reproductive rights, particularly abortion, as well as the need to contest the paternalistic relationship between health providers and consumers. Organizations such as Jane, the Federation of Feminist Women's Health Centers, and the Boston Women's Health Book Collective appropriated the discourse of health advocacy to legitimize abortion referral, cervical self-examination, and the mainstreaming of women's health information, thereby changing the way women saw themselves and their health.

Parallel to the emergence of women's health advocacy groups across the United States, and especially after the Roe v. Wade decision legalizing abortion in 1974, feminists established clinics to provide health education and counseling, affordable care, and safe abortions, among other services. The clinics, usually women-controlled, followed the feminist principles of equality, empowerment, and political change in their services, as well as their workplace structure. Their fundamental mission was to create a grassroots response to the male-dominated, capitalist health care system. One of the major obstacles faced by these feminist clinics, Morgen explains, was a lack of funding, exacerbated by a political context that, after the advent of the New Right in the 1980s, discredited their social change orientation and promoted selective funding, finally forcing the clinics to focus on service provision. The clinics also had difficulty maintaining a collective decision-making process and a nonhierarchical, nonbureaucratic power structure. This difficulty created a problem with much broader implications. First, the backlash experienced by the women's health movement was reflected in more stringent government control, with officials often demanding changes in workplace structure, including task specialization and the appointment of directors. Second, a collective structure was usually based on a common political ideology and shared goals, which often eroded as clinics developed, especially when
Researchers and activists will find this text helpful because of its thorough bibliography, detailed index, and directories of individuals and organizations. A clearer discussion of methodology would have enhanced the book's value for feminist scholars. Nevertheless, attentive researchers and activists—in the United States as well as neighboring countries—will find ways to follow in Morgen's well-placed footsteps.

Morgen chronicles many of the struggles faced by Women of Color—and, to a lesser degree, sexual minorities—to include their needs and perspectives in the broader women's health movement, led mostly by White, middle-class, urban, heterosexual women. Byllye Avery and like-minded activists believed that Women of Color must organize collectively in order to set their own agenda within the movement. "The racist ideology of the mainstream, [W]hite-led birth control movement," Morgen notes, "and especially its connection to the rising eugenics movement, complicated the issue for Black women" (p. 51). When the women's health movement first organized around reproductive rights, for example, the White-led majority's interests centered on abortion rights and access to contraceptives, while Women of Color were more concerned with sterilization abuse and access to quality health care services. In addition to documenting how cultural sensitivity came to be used as an outreach tool, Morgen explores the ways in which racial tension often masks deeper class biases, which, unacknowledged by women's clinics, were rarely handled by their internal conflict resolution mechanisms.

The women's health movement of the 1970s had a profound impact on health care services and policy. Morgen's examples include right to know, a less paternalistic doctor-patient relationship, and the institutionalization of health services and programs aimed at women. Nevertheless, the "woman-friendly" environment promoted by larger clinics and government agencies today does not necessarily mean adoption of the feminist principles of women-controlled health care that guided the clinics and watchdog organizations of the early women's health movement. The market-oriented health care system often co-opted characteristics of feminist clinics to increase clientele, but without the commitment to social change and empowerment for women. In order to compete, many feminist clinics adapted to market forces and shifted their objective from advocating social change to delivering social services. This development often produced ideological rifts among clinic workers. Some favored adapting to funding shortages, government regulations concerning workplace changes, and the need for greater staff diversity, whereas others believed that change would compromise their political integrity.

For readers interested in understanding the intricate dynamics of the United States women's health movement, Into Our Own Hands offers a clear and committed vision. Avoiding simplistic generalizations, Morgen illuminates the complexities of gender, ethnic, and class differences in the struggle for women's health.