The Golden Speculum: A History of the Vancouver Women's Health Collective, 1970-1983

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Abstract

The enormous practical changes to women's health care that have taken root since the late 1960s can be directly attributed to the work of the women's health movement. Particularly in the United States, the movement relied on feminist self-help strategies including self-education, sharing information, the hands-on practice of cervical and breast self-exam, and the creation of laywoman-operated clinics. Self-helpers destabilized the naturalized authority of the medical professional and asserted that women were the true experts on their own bodies. This thesis examines the work of the Vancouver Women's Health Collective (VWHC)—the first women's health organization in Canada to take up feminist self-help strategies—from its inception in the early 1970s until the early 1980s. This thesis traces the movement of feminist ideas across the US-Canada border and analyzes the VWHC's relationship to Canadian feminisms, the state, and the mainstream medical system.

Keywords: Women's health; women's liberation movement; feminist self-help; feminism; activism; Vancouver

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1. Introduction

On July 11, 2009, a group of protestors calling themselves the Femininjas gathered outside of Lu's Pharmacy in Vancouver's Downtown Eastside neighbourhood to call attention to its exclusive, transphobic policy of serving only "women born women."[1] The recently opened pharmacy was the latest project the Vancouver Women's Health Collective (VWHC), a nearly forty-year-old organization born out of the women's liberation and women's health movements of the early 1970s. By late July 2009, the Femininjas had joined forces with other feminist groups to draft and deliver a letter of concern regarding the policy to the VWHC.[2] Months went by without a response, but in January, 2010, trans activists were surprised and delighted to learn that the Collective had overturned their policy and were now accepting all self-identified women clients.[3]

Though the two groups first encountered one another in conflict, the Femininjas' dedication to fighting for better health care options for people with marginalized identities is historically rooted in the work of early feminist health activists like the very women who created the VWHC. The women's health movement in which the VWHC took part contributed to making enormous practical changes to women's experiences of health care. Feminist health activists researched, wrote, and distributed new information on women's health and bodies, innovated new kinds of preventative care, and pushed to make abortions legal and accessible, to name just a few significant changes. But the

1 Charlie Smith, "Transgender activist opposes Downtown Eastside pharmacy ban," *The Georgia Straigh*t, July 10, 2009, http://www.straight.com/article-238663/trans-activist-opposes-pharmacy-ban.

2 Tamara Letkeman, "Women-only pharmacy reverses policy excluding trans women," *Xtra Magazine*, February 19, 2010, http://www.xtra.ca/public/Vancouver/Womenonly_pharmacy_reverses_policy_excluding_trans_women-8271.aspx.

3 Letkeman, ibid.

movement also contributed to an important and yet abstract shift in how medical professionals and the general public think about health care.[4]

Before practical change is possible, it must be imaginable. For many women, the women's health movement made the concept of women's health as a particular and specific priority, imaginable. Further, the movement was a major contributor to the idea that health is socially and culturally determined.[5] In this way, feminist health activists participated in a project of what Canadian historian Ian McKay has described as "living otherwise" —the important work of first imagining that other ways of living are possible, followed by the daily work of making that change a reality.[6] Indeed the radical feminist practice of consciousness-raising—in which women came to recognize their personal experiences as political problems—was the first step in deconstructing gender-based injustices that had seemed natural and inevitable for so long.[7] By living otherwise, the women's health movement successfully altered the terms of the dominant discourse within the health care system as well as contributed to practical changes. It is this dedication to living otherwise that links the VWHC and the Femininjas not through the tired narrative of two generations of feminists encountering one another in opposition, but as one group of feminists challenging another in an effort to achieve similar goals.

4 Shari Munch argues that the American women's health movement had a significant impact on women's health care policy, but also touches on the ways in which the movement effected a more abstract, epistemological change. Shari Munch, "The Women's Health Movement: Making Policy, 1970-1995" *Social Work in Health Care*, Vol. 43 (1) 2006, 18.

5 Marina Morrow, "*'Our Bodies Ourselves*' in Context: Reflections on the Women's Health Movement in Canada" in Marina Morrow, Olena Hankivsky, and Colleen Varcoe, eds, *Women's Health in Canada: Critical Perspectives on Theory and Policy*. (Toronto: University of Toronto Press, 2007) 33.

6 Ian McKay, *Rebels, Reds, Radicals: Rethinking Canada's Left History* (Toronto: Between the Lines, 2005) 10.

7 See Wendy Kline, "'Please Include This in Your Book': Readers Respond to Our Bodies, Ourselves" *Bulletin of the History of Medicine*, 2005, 85, 90; Alice Echols, *Daring to be Bad: Radical Feminism in America 1967-1975* (Minneapolis: University of Minnesota Press, 1989) 83; Nancy Adamson, Linda Briskin, and Margaret McPhail, *Feminist Organizing for Change: The Contemporary Women's Movement in Canada* (Toronto: Oxford University Press, 1988) 44; Michelle Murphy, "Immodest Witnessing: The Epistemology of Vaginal Self-Examination in the U.S. Feminist Self-Help Movement," *Feminist Studies* 30, no. 1 (spring 2004) 124.

This thesis examines the work of the VWHC from its inception in the early 1970s until the early years of the 1980s. Though the VWHC continues to operate today, the 1970s were a particularly vibrant and active time for the organization as well as the period of its founding, and just as the larger women's movement began to shift and change in the 1980s, so too did the VWHC.[8] The VWHC grew out of a small women's health discussion group that held weekly meetings at A Woman's Place, a feminist resource centre created by a women students at the University of British Columbia (UBC). Officially adopting their name in 1972, the VWHC morphed into a separate organization, attracting members from outside of the university community. The Collective operated their own laywoman-run women's health clinic (the first of its kind in Canada), created and distributed their own booklets and pamphlets on difficult-to-find women's health information, ran workshops, and dedicated themselves to learning about their bodies through texts, as well as through interactions with other women.

This thesis examines the experiences of a group of Canadian feminists who organized an American-style feminist self-help group in Vancouver, British Columbia. Though the political ideology and strategies for change the VWHC used were common practice within the American women's health movement, their work represented a departure from that of the typical contemporary Canadian women's health movement. Therefore I ask, how did the locally specific dynamics of culture, race, politics, and funding, for example shape the practice of feminist self-help in Vancouver? What role did these categories play in determining the VWHC's guiding political ideologies, its ability to access funding, and in shaping which women outside of the Collective were attracted to joining the group or attending their women's health clinic? I argue that the VWHC was

[8] Changes in the early 1980s fell into two major categories: financial and ideological. Canadian women's liberation groups experienced drastic funding cuts as a result of both the provincial (Social Credit) and federal (neo-liberalism associated with Prime Minister Brian Mulroney) governments. Ideologically, the question of differences among women was rooted especially in race and class began to be explored with greater emphasis in the early 1980s. See Georgina Feldberg, Molly Ladd-Taylor, Alison Li, and Kathryn McPherson, "Comparative Perspectives on Canadian and American Women's Heath Care since 1945," *Women, Health, and Nation: Canada and the United States Since 1945* (Kingston: McGill-Queen's University Press, 2003) 17, 30-1.

directly inspired by the women's health movement in the United States—in particular by the political ideologies of radical feminism and practical strategies of feminist self-help—but that the organization's local context strongly shaped the way in which the organization negotiated with the state and the mainstream medical system.

The women's health movement includes a wide variety of philosophies, particular feminist politics, strategies, and actions, but in the United States beginning in the late 1960s and through the early 1980s, feminist self-help dominated grassroots feminist health activism. I use the term feminist self-help to refer to a specific set of political ideas and beliefs about the relationship between women's bodies and the mainstream medical system as well as to particular strategies for making change. Feminist self-helpers rejected the naturalized authority of the medical expert and struggled to reframe women's experiences as the starting point for the creation of knowledge about women's bodies. Self-helpers advocated a do-it-yourself approach to health care that put women themselves at the centre of their own care and focused on prevention rather than trusting treatment from a doctor without understanding one's body. The practice of feminist self-help involved research on women's health issues, sharing information with other women through booklets and workshops, discussing personal experiences within health groups, and the creation of women's health clinics that relied primarily on the work of laywomen health care providers. Though self-helpers typically held a critique of the sexist mainstream medical system in common, their strongest bond was often in their dedication to creating new health care options for women. They were engaged, on a daily basis, in the practice of living otherwise.

In the context of feminist health activism, the term self-help was initially used to refer to self-help gynaecology. The symbolic touchstone for self-help gynaecology was the vaginal or cervical self-exam (CSE), which feminist activist Carol Downer first demonstrated to a group of women at a women's bookstore in 1971. Downer quickly popularized the self-exam when she linked up with Lorraine Rothman—another feminist self-helper who had created a menstrual extraction kit she called the Del-Em—to tour

the country teaching both processes.[9] Menstrual extraction was somewhat of a euphemism—the Del-Em could be used for that purpose, but it could also be used to perform an early term abortion without the assistance of a medical professional.[10] The pair later returned to their home in Los Angeles, where Downer and other women found the Los Angeles Feminist Women's Health Center based on the principles of self-help.[11] Throughout the 1970s, the feminist self-help philosophy that characterized Downer and Rothman's work inspired the creation of countless women's health discussion groups, clinics, workshops, and information pamphlets by feminists in the United States. This included the creation of the canonical women's health text, *Our Bodies, Ourselves* (*OBOS*), which was born out of a women's health discussion group at a college in Boston.[12] The women of the VWHC saw themselves as members of a self-help, or "mutual aid" group.[13]

It is important to acknowledge that the critiques of the medical system and the specific priorities of feminist self-help groups including the VWHC were shaped by the identities of their members. Self-helpers had a tendency to refer to "women" generally and to highlight commonality of experience rather than difference, despite the fact that in the United States, the early women's health movement was populated overwhelmingly by white, typically young, middle-class, well-educated women. Though there were some exceptions to the rule, VWHC members too were almost all young, white, generally well-educated, middle-class women. Like most American feminist self-help groups active in the 1970s, many VWHC members were heterosexual, but unlike the majority of American feminist self-help organizations lesbian and bisexual women were also well

9 Sandra Morgen, *Into Our Own Hands: The Women's Health Movement in the United States, 1969-1990* (New Brunswick: Rutgers University Press, 200) 22.

10 Sheryl Burt Ruzek, The Women's Health Movement: Feminist Alternatives to Medical Control (New York: Praeger, 1978) 55-6.

11 Morgen, *Into Our Own Hands*, 23.

12 Morgen, *Into Our Own Hands*, 17.

13 Former VWHC member Melanie Conn quoted in Nancy Klieber and Linda Light, *Caring for Ourselves: An Alternative Structure for Health Care* (Vancouver: University of British Columbia School of Nursing, 1978) 48.

represented within VWHC. Nonetheless, the VWHC's work centred on the health care concerns of heterosexual women and tended to marginalize lesbians and sometimes received criticism for it. Beginning in the early 1970s and continuing to the present day in the United States, women of colour organized feminist health groups that challenged the white women's health movement's exclusivity. In the VWHC, however, the dominance of white women's perspectives and interests went largely unchallenged and the group uncritically ignored the issues of women of colour until the early 1980s. Indigenous feminist Jessica Yee argues that overlooking the traditions of indigenous communities results in a skewed understanding of the history of feminism, which is dominated by white women:

> The women in my community, in many Indigenous communities around the world, started what we would now call 'feminism.' Our matriarchal societies concretely demonstrate that women were in charge of resources, and had respected positions of political significance. Reproductive rights? That started with us, too, since our women made decisions about family and had methods of contraception long before the clinical intervention of the birth control pill… Feminism was not invented from a movement in the 1960s.[14]

When I refer to the women's health movement or the feminist self-help movement throughout this thesis, I am describing what was actually a predominantly white, cisgendered, heterosexual, and middle-class women's movement that was challenged in varying degrees by women of colour, lesbian, and working-class women much more so in the United States than in Canada. The particular histories of the health care experiences of those women's whose identities fall outside of the perspectives privileged by the VWHC are beyond the scope of this thesis and would be an extremely important and valuable trajectory for further research.

The VWHC emerged in a time of heightened political activity in Vancouver, as well as the rest of North America. The eruption of social movements—civil rights, the

[14] Jessica Yee, "I'm an Indigenous Feminist, and *I'm Angry*," *Our Times;* Feb/Mar 2011; 30, 1, 22-3.

student and new left movements, women's and gay liberation, and environmentalism—provided the broad background for the VWHC's birth. The organization was directly connected to the women's liberation movement, which was rising to its peak in the early 1970s just as the student and new left movements were beginning to decline. In 1970 while a handful of UBC students were putting together A Woman's Place, another group of feminists set off from Vancouver on the nationwide Abortion Caravan, a traveling demonstration for abortion rights.[15] The massive protest was organized by the Vancouver Women's Caucus (VWC), a women's group that grew out of the new left and student movements at Simon Fraser University in Burnaby, British Columbia.[16]

Historians of the women's movement in Canada emphasize the centrality of the struggle for abortion rights to both feminist health activism and women's liberation more broadly. The story of the Abortion Caravan for example has become iconic in the historiography of both the women's movement and the women's health movement in Canada. Historians Angus McLaren and Arlene Tigar McLaren credit the event as having "brought the nascent Canadian women's liberation movement to its feet."[17] In her popular history of the Canadian women's movement, Judy Rebick devotes an entire chapter to the Abortion Caravan, deeming it the "first national action of the women's movement in Canada."[18] The Caravan is also the subject of an MA Thesis, Frances Wasserlein's "An Arrow Aimed at the Heart: the Vancouver Women's Caucus and the Abortion Campaign, 1969-1971," and a documentary, Nancy Nicol's 1987 *Struggle for*

15 Ann Thomson, *Winning Choice on Abortion: How British Columbian and Canadian Feminists Won the Battles of the 1970s and 1980s* (Victoria: Trafford, 2004) 41-61.

16 Thomson, *Winning Choice on Abortion*, 1-7.

17 Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980* (Toronto: Oxford University Press, 1997) 143; Kathleen McDonnell, "Claim No Easy Victories: The Fight for Reproductive Rights," in *Still Ain't Satisfied: Canadian Feminism Today*, edited by Connie Guberman, Maureen FitzGerald, and Margie Wolfe (Toronto: The Women's Press, 1982) 32.

18 Judy Rebick, "The Women are Coming: The Abortion Caravan," *Ten Thousand Roses: The Making of a Feminist Revolution* (Toronto: Penguin, 2005) 35.

Choice.[19] Ann Thomson's *Winning Choice on Abortion: How British Columbian and Canadian Feminist Won the Battles of the 1970s and 1980s* emphasizes the centrality of ordinary women, rather than simply the "towering figure of Dr. Henry Morgentaler" to the struggle for abortion rights in Canada, detailing the history of the VWC and the Caravan over numerous chapters.[20] Historical analyses of the Canadian women's movement note the importance of the Caravan, and most recently historians Christabelle Sethna and Steve Hewitt have revealed that the RCMP executed an extensive program of surveillance on the VWC.[21] The mounting body of scholarly and popular attention paid to the VWC and the Caravan attests to their significance to both the women's health movement and the women's liberation movement in Canada.

Curiously the work of the VWHC, which closely resembled that of the majority of women's health movement organizations in the United States, is almost entirely left out of the Canadian literature, which concentrates primarily on efforts toward the legal reform of abortion laws. The VWHC is mentioned only in passing reference to their early connection to Vancouver Rape Relief in Rebick's history of the women's movement.[22] Thomson intermittently notes the tangential involvement of Health Collective members in other organizations' abortion reform work.[23] In her analysis of the Peterborough Women's Health Care Centre (which began offering women's health care services based on feminist principles in 1980), Susan Law laments the lack of scholarly attention focused on similar clinics, noting that projects like those of the VWHC "have existed for

[19] Frances Wasserlein, "'An Arrow Aimed at the Heart': the Vancouver Women's Caucus and the Abortion Campaign, 1969-71 (MA Thesis, Simon Fraser University, 1990); Nancy Nicol, *Struggle for Choice* [video recording], 1987.

[20] Thomson, *Winning Choice on Abortion*, ix.

[21] Allison Prentice, Paula Bourne, Gail Cuthbert Brandt, Beth Light, Wendy Michinson, and Naomi Black, eds, *Canadian Women: A History* (Second Edition) (Toronto: Harcourt Brace and Company, 1996); Bryan Palmer, *Canada's 1960s: The Ironies of Identity in an Rebellious Era* (Toronto: University of Toronto Press, 2009) 244, 303; Christabelle Sethna and Steve Hewitt, "Clandestine Operations: The Vancouver Women's Caucus, the Abortion Caravan, and the RCMP" *The Canadian Historical Review*, Volume 90, Number 3, September 2009,463-495.

[22] Rebick, *Ten Thousand Roses*, 71.

[23] Thomson, *Winning Choice on Abortion*, 140, 151, 172, 182, 202.

some time across Canada."[24] The most major scholarly study of the VWHC is Nancy Kleiber and Linda Light's *Caring for Ourselves: An Alternative Structure for Health Care*. Produced in 1978 through the UBC School of Nursing, the report closely examines the work of the Collective including its strategies, philosophies, and daily activities. However, since Kleiber and Light both became members of the Collective and produced their report in the time period that this thesis examines, it is most useful as a primary source.

The omission of the VWHC from analyses of the Canadian women's health movement is due in part to the contrast between the predominantly self-help focus of the VWHC and the abortion rights focus maintained in the women's health movement, as conveyed through Canadian literature. A few authors have considered the role of feminist self-help in Canadian contexts. Sethna's work on the *Birth Control Handbook*, a multi-edition information booklet on sexuality, birth control, and reproduction created by students at McGill University in Montreal, comes closest to examining the influence of feminist self-help in Canada. A useful resource for feminists in Canada and the United States, the *Handbook* was sometimes praised by self-helpers for its woman-centred focus.[25] However Sethna's research contextualizes the *Handbook*'s feminist style as just one of its underlying influences, arguing that its analytical focus was initially rooted in the

[24] The other clinics Law notes are the Winnipeg Women's Health Clinic, which started in 1980 and the Bay Centre for Birth Control in Toronto, a hospital-supported clinic that opened in 1973 (see Women's College Hospital, "Milestones," http://www.womenscollegehospital.ca/about-us/our-history152/milestones158). The VWHC is by far the earliest Canadian example of a clinic based on feminist principles. Susan Law, "Big Goals, Small Steps: The Early History of a Women's Health Centre in Ontario, Canada," *Reproductive Health Matters*, No. 10, November 1997, 46.

[25] When the women's health movement came into full-swing, the *Handbook* became an important tool for many feminist self-help health organizations including *Jane*, who distributed copies to women who accessed their abortion service, and the VWHC, who included the *Handbook* among their roster of publications for purchase. See Christabelle Sethna, "The Evolution of the Birth Control Handbook: From Student Peer-Education Manual to Feminist Self-empowerment Text, 1968-1975," *Canadian Bulletin of Medical History*, Volume 23:1, 2006, 104; Vancouver Women's Health Collective, General Info Sheet, 1973, CHODARR Archives, edocs.lib.sfu.ca/projects/chodarr/documents/chodarr0765.pdf; Laura Kaplan, *The Story of Jane: The Legendary Underground Feminist Abortion Service* (New York: Pantheon, 1995) 34-5.

new left and student politics of the late 1960s.[26] The *Handbook*'s student authors argued that disseminating information was a matter of student rights, but as the publication persisted through the decline of the student movement and the rise of women's liberation, the influence of feminist self-help became increasingly important.[27] Lori Wasserman's MA thesis on the subject of the treatment of breast cancer within the Canadian women's health movement begins to explain feminist self-help's ideological roots. Wasserman suggests that the Canadian context of publicly funded health care altered its practice north of the border, yet it is beyond the scope of her thesis to examine the problem in detail.[28] Through a close analysis of the VWHC, this thesis thoroughly engages the question of feminist self-help within a Canadian context.

The VWHC deserves scholarly attention. While by 1974, over 1200 American women's groups were providing some type of health service in the United States, during the same period the VWHC was the only major feminist self-help organization operating in Canada.[29] Not until the Winnipeg Women's Health Clinic was created in 1981 was another clinic founded in Canada on similar principles.[30] The VWHC's longevity and commitment to creating positive change and its unique position as the first women's health collective of its kind in Canada makes it a historically significant institution in the history of medicine, women's history, and the history of feminist organizing. This thesis aims to fill this gap in our historical knowledge.

[26] Sethna, "The Evolution of the Birth Control Handbook," 94.

[27] Sethna, "The Evolution of the Birth Control Handbook," 92, 95.

[28] Lori Waserman, "Before Pink Ribbons: Understanding the Invisibility of Breast Cancer in the Canadian Women's Health Movement During the 1970s and 1980s" (MA Thesis, Carleton University, 1997) 9.

[29] Ruzek, *The Women's Health Movement*, 144. There was no major feminist self-help clinic in operation in Toronto during the early 1970s, though my research did turn up one reference to a women's health centre. See The Ontario Committee on the Status of Women Newsletter, February 1975, 4, York Space Institutional Repository, http://pi.library.yorku.ca/dspace/handle/10315/2740. Their services are briefly listed as "general health counselling… health discussion group, massage, and natal care."

[30] Women's Health Clinic (Winnipeg) "Who We Are," http://www.womenshealthclinic.org/aboutus.

In contrast to scholarly analysis of the Canadian women's health movement, scholarship on the women's health movement in the United States has generated a clear picture of a wide variety of feminist health activism. Sheryl Burt Ruzek's early sociological work of the women's health movement, *The Women's Health Movement: Feminist Alternatives to Medical Control*, provided a rich and thorough analysis for others to build upon. Though the VWHC is left out of scholarly work on the Canadian women's health movement, Ruzek draws on the Collective's publications throughout her study. Ruzek's inclusion of the VWHC is revealing: the Collective is treated as a common women's health movement organization despite its difference in location. While Ruzek's decision to include the VWHC (the only Canadian women's health organization she makes any reference to) in a sociological study of the women's health movement in the United States confirms the similarity between the VWHC and the typically American approach to feminist health activism, I examine what it means for a feminist self-help collective to operate within the context of Vancouver, British Columbia.

Though it makes no reference to the VWHC, Sandra Morgen's *Into Our Own Hands: The Women's Health Movement in the United States, 1969-1990* provides the most thorough and current historical and anthropological analysis of the women's health movement. Morgen highlights a number of examples of feminist health activism that occurred throughout the country in order to argue that while each instance was the result of the work of local women and their particular circumstances, in concert they represent a national movement held together by similarities in ideology. As Morgen argues, "local history always provides the soil from which particular organizations grow."[31] Morgen's analysis reveals that challenges to the movement's white, middle-class, heterosexual focus typically came from women of colour, working-class women, and lesbians themselves. This is due to both the demographics of American cities as well as the prevalence of feminist self-help ideology within the women's health movement in the United States. I borrow from Morgen's analysis to examine the VWHC as a part of this

[31] Morgen, *Into Our Own Hands*, 35.

broader movement as well as to explore the significance of location when it crosses the border.

Further investigation of the VWHC provides an opportunity to explore the women's health movement in the United States and Canada in comparison. In their essay "Comparative Perspectives on Canadian and American Women's Health Care since 1945," Georgina Feldberg, Molly Ladd-Taylor, Alison Li, and Kathryn McPherson begin to construct such an analysis. The authors suggest the importance of comparative analyses, pointing to the similarities between the two countries, but also highlighting their differences. The authors argue that citizenship plays an important role in how feminists constructed arguments for change and decided upon specific strategies. While Americans tend toward arguments rendered in "the language of individualism" in their pursuit of political change, Canadians, the authors suggest, struggled for health care changes "within a community or welfare-state context, as a benefit of citizenship."[32] Also while Americans, as a consequence of the Vietnam war, frequently "define[d] themselves in opposition to their nation's policies," Canadians perhaps had more faith in their government and the welfare state.[33] Importantly, Canadian feminists could access funding through the state in ways that were "unimaginable in the United States."[34] Drawing on the differences the authors merely begin to suggest here, I consider the ways in which these important matters of location shaped the work of the VWHC.

A few scholars of the American women's health movement approach the topic through a focus on particular projects. Former *Jane* member Laura Kaplan's *The Story of Jane: The Legendary Underground Feminist Abortion Service* uses oral interviews to construct a narrative-driven examination of one of the most radical feminist health

[32] Feldberg et al.,"Comparative Perspectives on Canadian and American Women's Health Care since 1945," *Women, Health, and Nation*, 28.

[33] Feldberg et al, 28-9.

[34] Feldberg et al, 29.

activists groups.[35] Anthropologist Kathy Davis' *The Making of* Our Bodies, Ourselves argues that *Our Bodies, Ourselves* is a successful feminist project that has travelled and been transformed by women around the world.[36] In "'Please Include This in Your Book: Readers Respond to *Our Bodies, Ourselves*," historian Wendy Kline argues that the interactions between the readers and writers of the classic feminist health text had a significant effect on its direction and character.[37] Historian of science Michelle Murphy's work on the epistemology of the self-examination is extremely useful in understanding the role of self-exam in the VWHC, which figured prominently in conversations with former members. Like these authors, I use the VWHC as a case study through which I explore broader questions. I draw on the analytical insights of scholars who have analyzed feminist self-help and consider their implications in the national context of Canada as well as the regional context of Vancouver and the Pacific Northwest. I make use of Davis' work in my examination of how information travelled across the United States-Canada border in Chapter 3, building on and extending her analysis. Especially in Chapter 4, I examine the ways in which feminist self-help operated as an ideology that transgressed the border, in part because of the principles and assumptions that comprised it.

In order to examine and analyze the work of the VWHC, I draw on numerous primary sources. My thesis makes use of archival documents such as reports, newsletters, pamphlets, and meeting minutes. In particular I draw on the Vancouver Women's Health Collective collection of the Community Health Online Digital Archive & Research Resource (CHODARR) and the Women's Bookstore Collection at Simon Fraser University Archives, which contains material on the VWHC, the women's resource centre that hosted the first discussion groups from which the VWHC originally emerged, and the women's movement in British Columbia more broadly. I also consulted

[35] Beginning in 1969 as an abortion referral service operated by one woman in Chicago, Illinois, *Jane* transformed into a laywoman-operated abortion provider that secretly and illegally performed over 11,000 abortions in fewer than four years. See Kaplan, *The Story of Jane*, ix-xx; Morgen, *Into Our Own Hands*, 5-7, 31-5.

[36] Kathy Davis, *The Making of* Our Bodies, Ourselves (Durham: Duke University Press, 2007) 5.

[37] Kline, "'Please Include This in Your Book'," 81-110.

a variety of archival collections at SFU Archives related to feminist activism in 1970s BC, including the Francis Wasserlein fonds dedicated to the Vancouver Women's Caucus, and numerous Women's Movement Collections organized by collector.[38] Archival sources are useful in getting a sense of how the members of the VWHC voiced their politics and how the organization positioned itself in the time period in question, as well as gathering factual information, including names and dates.

The main focus of my primary source research, however, arrives through oral interviews with former VWHC members. Over the course of five months I conducted interviews with sixteen women who were involved in some capacity with women's health activism in Vancouver, primarily in the 1970s or early 1980s. Out of the sixteen, fifteen were former members of the VWHC and one woman worked as an abortion counsellor at Vancouver General Hospital. Of the fifteen former members, two (Linda Light and Nancy Kleiber) were also connected to the Collective as researchers on a project about the VWHC, and two others, Liz Whynot and one woman who wishes to remain anonymous, acted as doctors at the women's health clinic. I initially located the women I interviewed through an open call-out that I distributed to the VWHC, at a women's history event, and through feminist and history email listservs. Women who answered the call-out frequently referred me to friends and acquaintances that had also been involved in the VWHC. Finally, I contacted some women directly after learning their names from previous interviews and archival sources and performing a web search.

Oral history methodologies have been crucial to the development of historical studies of marginalized groups. Specifically feminist oral history blossomed in the 1970s, expediting the process of creating new narratives about the lives of ordinary women. In an early essay on the use of oral history in writing women's history, Sherna Gluck describes the methodology as a "feminist encounter," regardless of the political position

[38] Margo Dunn fonds, F-115; Women's movement collection (Candace Parker collector), F-165; Women's movement collection (Anne Roberts collector), F-165, Maggie Benston collection (Sue Cox collector), F-69, Simon Fraser University Archives.

of the narrator.[39] By creating new sources through interviews, Gluck and other feminists treated women's voices and experiences as valuable contributions to the historical record. The impulse to imbue women's lives with historical significance had much in common with the work of the VWHC as well as Kleiber and Light, the feminist researchers who studied them. Each project was created out of "the conviction that women's experiences were inherently valuable."[40] This natural affinity in many ways contributed to the success of my interviews. Having come of age working with a feminist collective that valued women's experiences, many of the women I interviewed were already quite comfortable talking about themselves and their memories.

Oral history interviews were also particularly important for my project because so much of the work of the VWHC, as a grassroots feminist organization with radical feminist underpinnings, was done in conversation through consciousness-raising groups that did not leave behind notes about the thoughts or feelings of their participants. Archival documents on the VWHC are generally polished information-sharing work like pamphlets, booklets, and newsletters, or stylized grant proposals written to persuade government officials to fund the organization. The group did not leave behind meeting minutes, so the entire process of consensus-based decision-making, which was central to the group's operation, can only be understood through interviews. The thoughts, feelings, and personal experiences of the women who did daily work with the VWHC come alive through the oral history interview.

[39] Sherna Gluck, "What's So Special About Women? Women's Oral History," *Frontiers: A Journal of Women's Studies*. Vol. 2, No. 2, Women's Oral History (Summer 1977) 5.

[40] Sherna Berger Gluck and Daphne Patai, "Introduction" to *Women's Words: The Feminist Practice of Oral History* (New York: Routledge, 1991) 1.

The way in which I conducted my interviews was inspired by scholarly conversations on the subject of what Michael Frisch has termed "shared authority."[41] Frisch and other historians have argued that oral history is a collaborative process that takes place between the historian and the interviewee.[42] I developed a set of basic open-ended questions which I brought to every interview, but I intentionally allowed the thoughts and interests of the women I interviewed to guide the conversation.[43] As a result, the content of my thesis was partially determined by which parts of the VWHC's work were most often discussed by the women I interviewed. For example, though abortion referral was a significant part of the VWHC's work, it is not a main focus of my thesis because the women I interviewed were often more vocal about the importance of the self-help clinic, which I thoroughly analyze. Rather than predetermining the specific topic of the interview, I allowed what was important to each woman to be as fully explored as possible. Having conducted interviews with numerous university educated feminists, the women I interviewed also sometimes offered developed analytical insights into the historical questions I ask in my thesis. In developing the analytical framework for the thesis, I constantly balanced the direction given by my interviewees with my own analytical insights, using my position as a historian and outsider to the group to contextualize the work of the VWHC. I further developed my critical analysis of the VWHC with guidance from post-structuralist feminist theory in order to think about women's voices and experiences not as self-evident or self-explanatory but as an

41 Michael Frisch, *A Shared Authority: Essays on the Craft of Oral History* (Albany: State University of New York Press, 1990) xx-xxi; Frisch, "Commentary: Sharing Authority: Oral History and the Collaborative Process," *The Oral History Review*, Vol. 30, No. 1 (Winter-Spring, 2003) 111-3; Lorraine Sitzia, "A Shared Authority: An Impossible Goal?" *The Oral History Review*, Vol. 30, No. 1 (Winter-Spring, 2003) 87-101; Wendy Rickard, "Collaborating with Sex Workers in Oral History," *The Oral History Review*, Vol. 30, No. 1 (Winter-Spring, 2003) 47-59.

42 See Frisch, *A Shared Authority*, xx-xxi; Alessandro Portelli, "What Makes Oral History Different," *The Death of Luigi Trastulli and Other Stories: Form and Meaning in Oral History* (Albany: State University of New York Press, 1991) 54; Gluck, "What's So Special About Women?," 6; Katherine Borland, "'That's Not What I Said': Interpretive Conflict in Oral Narrative Research," *Women's Words*, 63-75.

43 Gluck recommends a similar strategy, "What's So Special About Women?," 9-11.

important source to be probed for meaning and placed in its historical context.[44] I have aimed to amplify the voices of the women I interviewed and take their analytical insights seriously, while maintaining my own critical position as a historian. I shared authority with my interviewees to produce what has become a collaborative effort across time between feminist actors of different time periods to produce a history of one particular organization.

My position as both insider and outsider also shaped the outcome of the interviews. Though I tended to keep discussion of myself to a minimum during the interviews, my appearance, my interest in the group, the way I framed questions, and the answers I gave to questions about myself gave the women I interviewed an idea of my own political identification as a feminist. The tone of the conversations often reflected this shared general political position and as a result, it was not uncommon for the women I interviewed to see me as an insider who is part of a new generation of feminists. However, given my younger age and the fact that I have never been a member of the VWHC, I also inhabited the position of outsider. Though my insider status contributed to the willingness of many women to share their thoughts, often very enthusiastically, perhaps the ways in which I am also an outsider to the group facilitated a more honest critique of the group and a willingness to discuss problematic aspects of the VWHC.

Scholarly debates on the use of oral history also influenced my methods. While early oral historians struggled simply to include marginalized voices in representations of

[44] Joan Scott importantly argues that in writing women's history, one cannot take women's experiences as self-evident or self-explanatory since experience is constructed through both language and discourse. See Joan Scott, "The Evidence of Experience," *Critical Inquiry*, Vol. 17, No. 4 (Summer, 1991), 793-4. Donna Haraway's exploration of the problem of objectivity in feminist science studies reaches a similar conclusion: all knowledge is both embodied (lived experience is real and significant) and partial; shaped by identity, location, and all other aspects of individual subjectivity. See Donna Haraway, "Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective," *Feminist Studies*, Vol. 14, No. 3. (Autumn, 1988) 575-599. Oral historians have also warned against presenting oral history without analysis, "as if its meaning was self-evident"; see Michael Frisch, "The Memory of History," *Radical History Review* 25, 1981, 17.

the past, many scholars have begun to explore the role of subjectivity, meaning, and memory in oral history.[45] For example, Alessandro Portelli argues that oral history tells us "less about events than about their meaning."[46] Portelli continues, the interview can tell us "not just what people did, but what they wanted to do, what they believed they were doing, and what they now think they did."[47] This turn to focus on meaning and subjectivity provides a greater space for the often complicated, nuanced, diverse, and even incongruous ways in which individuals experience their lives and express their memories. Meaning is made and remade through the process of remembering in the oral history interview. These theoretical insights informed the ways in which I interpreted and analyzed the experiences of the women I interviewed.

This thesis is divided into three parts. In chapter 2, I examine the political and philosophical roots of feminist self-help and consider its connection to radical and socialist feminisms. I define the strategies that constitute feminist self-help in order to show that the VWHC's work was akin to the feminist self-help organizations that flourished in the 1970s throughout the United States. In chapter 3, I examine the cross-border connections between the VWHC and their American counterparts that facilitated the transfer of ideas and created a feminist network, which inevitably moved information in both directions. I show that the VWHC was influenced by American feminist self-help activism, but that the group's approach to politics also resembled that of other Canadian feminists before them. In chapter 4, I examine the specific relationships between the VWHC and the federal and provincial state as a funding institution and the mainstream medical system in order to demonstrate the various ways in which national context shaped the strategies and praxis of the organization. I will conclude with a summary of my findings and explore the ways in which the revolutionary ideas and effective

[45] Frisch argues that "the process of historical memory itself" is an important "subject of study" in "The Memory of History," 16; In "Telling our Stories: feminist debates and the use of oral history," Joan Sangster explores the process of remembering the past as it relates specifically to women's history in "Telling Our Stories: Feminist Debates and the Use of Oral History," *Women's History Review*, Volume 3, Number 1, 1994, 5-28.

[46] Portelli, "What Makes Oral History Different," 50.

[47] Portelli, "What Makes Oral History Different," 50.

strategies of feminist self-help continue to travel and be taken up by new generations of activists who make important connections between their marginalized identities and their experiences with health care.

2. Situating the VWHC: The Roots of Feminist Self-Help

In an image that first appeared in the newsletter of the Los Angeles Women's Center and was later tacked up as a poster in the VWHC's space, Wonder Woman snatches a speculum from a tiny, crouching physician. The towering princess proclaims, "with my speculum, I am strong! I can fight!" The simple plastic device developed an elevated symbolic significance among the women of the VWHC, too. When a member left the group, she would receive a plastic, spray-painted gold speculum as a gift from the Collective. Part joke, part memento, former Collective members remembered the makeshift trophy fondly, often retaining it as a keepsake. As Donna Haraway writes, before the women's health movement, the speculum was representative of "the displacement of the female midwife by the specialist male physician and gynaecologist."[48] But through the process of cervical self-exam (CSE), self-helpers re-appropriated the device for a feminist agenda, thereby transforming the speculum into a visual symbol of women's reclamation of their bodies, lives, and power. Viewing one's cervix gave women a direct route to knowledge of their own bodies, unmediated by the figure of the medical expert. Women often experienced CSE as both deeply politicizing as well as emotional, and sharing the process with others served as an important point of connection. By simply looking inside their vaginas, feminist self-helpers of the 1970s experienced a sense of awe, inspiration, and agency that made the speculum an appropriate choice for a parting gift.

[48] Donna Haraway, "The Virtual Speculum in the New World Order," *Feminist Review*, No. 55, Consuming Cultures (Spring, 1997) 41.

In the late 1960s and early 1970s, the most radical feminist health activists in the United States argued that the mainstream medical system was an inherently oppressive institution embedded in larger systems of patriarchal control and, to a lesser extent, capitalism. It was these institutions from which women must reclaim their bodies. Feminist health activists charged that the medical system failed to provide adequate access to safe and effective birth control and abortions, and that the basic philosophy of the dominant medical system overmedicalized what many feminists saw as "routine passages of women's reproductive lives."[49] Feminist criticisms of the dominant medical system centred on women's negative personal experiences with health care and characterized the system as patronizing and insufficient. Women's health activists argued that physicians typically intentionally withheld information, failed to create a comfortable atmosphere in their practices, and were often uneducated about or dismissive of women's particular healthcare needs.

While VWHC members saw their work as part of the larger Canadian women's movement and the Collective maintained connections with other women's groups, the VWHC were primarily inspired by feminist self-help politics and the work and publications of the American women's health movement.[50] The VWHC practiced and preached feminist self-help politics within a Canadian context where most women's health movement activists, while perhaps inspired by some aspects of feminist self-help, ultimately worked toward legal reform.[51] Feminist self-help politics coming out of the United States spoke directly to the women of the VWHC because of the way it addressed issues that legal reform strategies could not adequately resolve. The

[49] Such as fertility, pregnancy, menstruation, and menopause. See Sandra Morgen, *Into Our Own Hands: The Women's Health Movement in the United States, 1969-1990* (New Brunswick: Rutgers University Press, 200) 72.

[50] On being part of the broader Canadian women's movement, see, for example, Conn, interview by author, Vancouver, British Columbia, September 7, 2010; Claudia MacDonald, interview by author, Vancouver, British Columbia, November 3, 2010; Linda Light, interview by author, Vancouver, British Columbia, October 27, 2010. On connections between the VWHC and other arms of the women's movement, see, for example, Joanne Silver, interview by author, Vancouver, British Columbia, July 28, 2010.

[51] Susan Law, "Big Goals, Small Steps: The Early History of a Women's Health Centre in Ontario, Canada," *Reproductive Health Matters*, No. 10, November 1997, 46.

emergence of the VWHC demonstrates that there was a need for a new kind of feminist practice in early 1970s Vancouver.

In this chapter, I first explore the roots of how and why American feminist health activists developed their analysis through an examination of the role of women's bodies in Western science, medicine, and philosophy. I then consider the connections between feminist self-help and two other feminist ideologies: radical and socialist. Finally, I define and examine the practical strategies of feminist self-help, which include education and information-sharing, constructing revised feminist epistemologies about women's bodies, and reclaiming laywomen's control over healing and health care. My analysis shows that the VWHC's work fit into the paradigm of feminist self-help. Further, while ideas and political ideologies influenced and inspired the women of the VWHC, the organization prioritized making tangible change over pinning down a specific feminist politics. In a time period where many women's groups eventually began to fracture or disband over ideological differences, the VWHC's focus on feminist self-help strategies contributed to their longevity as an organization.

The philosophical foundations of the ideology and practice of feminist self-help emerged in reaction to a long history of the subjugated role of women's bodies in Western intellectual history. As feminist scholar Marina Morrow notes in her survey of the Canadian women's health movement, the ways in which thinkers have imagined similarities and differences between men and women deeply influenced the development and practice of science and medicine.[52] Historian Thomas Laqueur's discussions of the one-sex and two-sex models of human anatomy, for example, demonstrate the significance of gender in the development of Western science and medicine. Laqueur argues that the one-sex model, which imagined male and female bodies as essentially

[52] Marina Morrow, "*'Our Bodies Ourselves*' in Context: Reflections on the Women's Health Movement in Canada" in Marina Morrow, Olena Hankivsky, and Colleen Varcoe, eds. *Women's Health in Canada: Critical Perspectives on Theory and Policy* (Toronto: University of Toronto Press, 2007) 34-5.

similar, prevailed until the eighteenth century.[53] This model made direct comparisons between body parts such as the ovaries and testes, but often with the assumption that female body parts were imperfect, underdeveloped, or abnormal versions of their perfected, normal, male counterparts.[54] Despite centuries of development and progress in medical science, the influence of this foundational concept for explaining difference in relation to sex, gender, and the body continues to be discernable in the practices and theories of modern science and medicine. Feminist health activists' critique of the over-medicalization of women's bodies (the treatment of pregnancy, menstruation, childbirth, and menopause as sickness or disease rather than typical processes of the healthy female body) was a challenge to the tendency of medicine to treat men's bodies as normal or standard and women's as abnormal or ill.[55]

The two sex-model, which later replaced the one-sex model as the prevailing paradigm, posited an essential difference between male and female bodies. Though this theory no longer imagined the female body as an imperfect version of the male body, it continued to play a role in legitimizing and naturalizing inequality between men and women by fixing sex more permanently to gender. This epistemological shift more readily enabled value-laden comparisons between genders by assigning essential,

[53] Laqueur's arguments have been critiqued for a lack of specificity regarding when, why, and where the shift from the one-sex to the two-sex model took place, as well as for failing to integrate a sense of subjectivity, which historian Dorinda Outram argues can result in writing "the history of the body as the history of its representations." See Dorinda Outram, "Body and Paradox," *Isis*, Vol. 84, No. 2 (June 1993) 348, 350-1; Angus McLaren, "Making Sex: Body and Gender form the Greeks to Freud by Thomas Laqueur" [book review], *The American Historical Review*, Vol. 98, No. 3 (June 1993) 348. Since I argue that both the one- and two-sex models continue to play a role in terms of how sex, gender, and the body are imagined in Western culture, Laqueur's lack of precision is of small consequence to my point. Thomas Laqueur, *Making Sex: Body and Gender From the Greeks to Freud* (Massachusetts: Harvard University Press) 4-10. For an additional critique of *Making Sex*, see Peter Cryle, "Interrogating the Work of Thomas W. Laqueur," *Sexualities*, Vol. 12(4), 411-7.

[54] Laqueur, *Making* Sex, 4, 8; Barbara Ehrenreich and Deirdre English, *Complaints and Disorders: The Sexual Politics of Sickness* (Old Westbury, NY: The Feminist Press, 1973) 10; Wendy Mitchinson, "The Medical Treatment of Women" in Sandra Burt, Lorraine Code, and Lindsay Dorney, eds, *Changing Patterns: Women in Canada* (Toronto: McClelland and Stewart, 1993) 239.

[55] Cheryl Krasnick Warsh, *Prescribed Norms: Women and Health in Canada and the United States since 1800* (Toronto: University of Toronto Press) 4, 15, 58.

biological characteristics to men and women. As Laqueur writes, since the eighteenth century, "[b]iology—the stable, ahistorical, sexed body—is understood to be the epistemic foundation for prescriptive claims about social order."[56] Feminist thinkers such as Susan Bordo and Emily Martin point out that these comparisons frequently imagined connections between masculinity and activity and femininity and passivity, which continue to shape the way in which medical texts ascribe gendered characteristics to biological processes. The most often-cited example is the common medical textbook description of sperm as strong and active and eggs as lazy and passive, despite the reality that it is the eggs that usually travel toward sperm in the process of fertilization.[57] While the two-sex model provided the philosophical basis for explanations of essential difference between men and women that naturalize women's subordination, cultural feminists, later built arguments for women's liberation on similar claims of essential difference, either rooted in biological sex or socially and culturally constructed gender.[58] The point is that the ways in which sex, gender, and the body are imagined in Western culture have been shaped by the influence of ideas generated by science and medicine. Not only have scientific and medical conceptions of sex, gender, and body been used to justify unequal power relations between men and women, they have in fact contributed to generating the very terms of the debate.

Women's health activists frequently made reference to the history of women's bodies in science and medicine in order to construct arguments for change. In *Complaints and Disorders: The Sexual Politics of Sickness* and *Witches, Midwives, and Nurses: A History of Women Healers* Barbara Ehrenreich and Deidre English argued that the history of women's bodies and health was central to understanding gender-

[56] Laqueur, *Making Sex*, 6.

[57] Susan Bordo, *Unbearable Weight: Feminism, Western Culture, and the Body* (Berkeley and Los Angeles: University of California Press, 1993) 15; Emily Martin, "The Egg and the Sperm: How Science has Constructed a Romance Based on Stereotypical Male-Female Roles" in Carolyn F. Sargent and Caroline B. Bretteii*, Gender and Health: An International Perspective* (New Jersey: Prentice- Hall, 1996) 29-43.

[58] Alice Echols, *Daring to Be Bad: Radical Feminism in America, 1967-1975* (Minneapolis: University of Minnesota Press, 1989) 6-8.

based oppression. Ehrenreich and English suggested that historical conceptions of women as "defective versions of men" and later as inherently sick (upper class women) or sickening (poor urban women) illustrate that science and medicine played a central role in creating "rationale[s] for sexism."[59] This is especially significant since these conceptions of women and their bodies were popular during the period in which the medical profession itself was formed.[60] In *Witches, Midwives, and Nurses*, Ehrenreich and English argued that women were historically connected to the role of healer, but that this role was actively taken over by men through the professionalization of medicine in the nineteenth century.

Ehrenreich and English challenged the idea of the male medical professional as the natural and inevitable expert on women's bodies and health and urged women to reclaim their role as healers: "Medicine is part of our heritage as women, our history, our birthright".[61] Both texts used historical analyses to make claims about the contemporary significance of women's bodies and health care to women's oppression more broadly. As a call to action, the ideas in both pamphlets strongly influenced the political analysis of many women's health movement activists, including the VWHC.[62] Inspired by analyses such as those of Ehrenreich and English, women channelled their negative experiences with physicians and frustration at the inaccessibility of reproductive and sexual health resources into the creation of a movement that prioritized the reclamation of women's experiential knowledge about their bodies and re-valued the abilities of laywomen to care for one another's health.

Feminist self-help was also connected to radical feminism—or as historian of science Michelle Murphy puts it when describing the American movement, the "feminist self-help movement took part in the radical feminisms of the late 1960s and early

59 Ehrenreich and English, *Complaints and Disorders*, 10, 16, 12.

60 Ehrenreich and English, *Complaints and Disorders*, 12.

61 Barbara Ehrenreich and Deirdre English, *Witches, Midwives, and Nurses: A History of Women Healers* (Old Westbury, NY: The Feminist Press, 1973) 3.

62 See Claudia MacDonald, "Self-Examination," *Wicca*, Vol. 1 No. 7, May/Jun '75, 8, SFU Archives, F-111-7-2-31: Vancouver Women's Health Collective 1974-1980.

1970s."[63] Radical feminists theorized patriarchy as the root of women's oppression and saw gender, rather than class or any other principle for organizing power dynamics, as the "primary contradiction."[64] Historian Alice Echols argues that radical feminism, an ideology that saw men and women as inherently similar except that women were systematically oppressed by patriarchy, dominated the American women's movement throughout the 1970s.[65] In their historical study of the Canadian women's movement, Nancy Adamson, Linda Briskin, and Margaret McPhail articulate a similar definition of radical feminism in the Canadian context.[66] Adamson et al attribute the strategies of "cultural organizing, women's services, and women's businesses" to radical feminism.[67] While Adamson et al remember radical feminism as having been "the dominant grass-roots politic" of the 1970s, their work focuses primarily on socialist feminism and they note that the history of the role of radical feminism in Canada "is still to be written."[68] Like the American feminist self-helpers Murphy analyzes, the VWHC also shared ideological territory with radical feminists. Therefore the history of the VWHC sheds light on the history of radical feminist ideas in Canada.

Many former VWHC members explain their feminist beliefs in ways that illustrate the influence of radical feminist analyses. Marti Wendt's response when asked about the root of women's oppression, for example, connotes a radical feminist analysis: "I always thought oppression came from all men, but the most oppression from the most powerful men, with more to win or lose. Dismantling patriarchy was my focus."[69] Similarly, Claudia MacDonald identified the group's focus on patriarchy: "we were challenging patriarchal

63 Michelle Murphy, "Immodest Witnessing: The Epistemology of Vaginal Self-Examination in the U.S. Feminist Self Help Movement," *Feminist Studies*, Vol. 30, No. 1 (Spring 2004) 117.

64 Alice Echols, *Daring to be Bad: Radical Feminism in America 1967-1975* (Minneapolis: University of Minnesota Press, 1989), 3.

65 Echols, *Daring to be* Bad, 6-8.

66 Nancy Adamson, Linda Briskin, and Margaret McPhail, *Feminist Organizing for Change: The Contemporary Women's Movement in Canada* (Toronto: Oxford University Press, 1988) 65-7.

67 Adamson et al., *Feminist Organizing for Change*, 67.

68 Adamson et al. *Feminist Organizing for Change*, 66-7.

69 Marti Wendt, email interview by author, August 8, 2011.

structures and sexist attitudes which oppressed women."[70] Former VHWC member and doctor Liz Whynot recalls that "discussion of patriarchy was common" and describes the group as a "radical feminist" organization.[71] Former Collective member and researcher Linda Light also commented on the VWHC's emphasis on patriarchy.[72] Barbara Mitzes, who joined the organization in 1981 indicated that the VWHC continued to "focus primarily on patriarchal relationships" into the new decade.[73] In fact, out of seven former VWHC members who responded to a second round of interview questions, all but one saw their work with the organization as more closely aligned with radical feminism than with socialist feminism.

Though feminist self-helpers like the women of the VWHC shared a focus on patriarchy with radical feminists, their full analysis necessarily centred the relationship between patriarchy and institutionalized medicine. In the introduction to *Complaints and Disorders*, Ehrenreich and English articulated a feminist critique of the institution of medicine that inspired countless feminist self-help activists, including the VWHC:

> The medical system is strategic for women's liberation. It is the guardian of reproductive technology—birth control, abortion, and the means for safe childbirth. It holds the promise of freedom from hundreds of unspoken fears and complaints that have handicapped women throughout history. When we demand control over our bodies, we are making that demand above all to the medical system. It is the keeper of the keys. But the medical system is also strategic to women's oppression. Medical science has been one of the most powerful sources of sexist ideology in our culture. Justifications for sexual discrimination…must ultimately rest on the one thing that differentiates women from men: their bodies. Theories of male superiority ultimately rest on biology."[74]

70 Claudia MacDonald, email interview by author, July 29, 2011.

71 Liz Whynot, email interview by author, July 31, 2011.

72 Linda Light, email interview by author, July 31, 2011.

73 Barbara Mintzes, email interview by author, July 27, 2011.

74 VWHC member Claudia MacDonald made use of this quote in her article on self-exam. See Claudia MacDonald, "Self-Examination," 8. See also Ehrenreich and English, *Complaints and Disorders: The Sexual Politics of Sickness* (New York: The Feminist Press, 1976) 9.

This passage encapsulates a crucial analytical element of the feminist self-help movement. The focus on women's biological bodies as a fundamental site of oppression calls on radical feminist discourses on difference between men and women. The authors identify the institution of medicine as central to women's oppression as well as to their path to liberation. As Murphy argues, feminist self-helpers focused "closely on the body as the matrix in which freedom was to be won."[75] Reclaiming one's body meant reclaiming it specifically from both men and mainstream medicine. The feminist self-help argument that women's lack of knowledge about their bodies was directly connected to their lack of power follows from the analysis demonstrated by Ehrenreich and English. For example, in *Women and Their Bodies*, the precursor to *Our Bodies, Ourselves*, Abby Scwartz, Nancy Hawley, and Toni Randall preface their rather factual essay on "Anatomy and Physiology" with the following assertion:

> We [women] have been ignorant of how our bodies function and this enables males, particularly professionals, to play upon us for money and experiments, and to intimidate us in doctors' offices and clinics of every kind. Once we have some basic information about how our bodies work by talking and learning together and spreading the correct information, we need not be at the total mercy of men who are telling us what we feel when we don't or what we don't feel when we do (it's all in our minds!)[76]

Much like the authors of *Women and Their Bodies* and *OBOS*, the VWHC also combined a feminist self-help perspective with a radical feminist-influenced critique of patriarchy. As former VWHC member and researcher Nancy Kleiber recalls, the "VWHC's focus on ending patriarchy was to give women the tools we needed to take responsibility for our own health care."[77] Kleiber's statement illustrates that the VWHC was ideologically interested in abolishing patriarchy, but that their work was focused on practical strategies for improving women's lives. By educating themselves about their bodies and sharing that information with others, the women of the VWHC took what they

[75] Murphy, "Immodest Witnessing," 137.

[76] Abby Schwartz, Nancy Hawley, and Tony Randall, "Anatomy and Physiology," Women and Their Bodies: A Course (Self-published by the Boston Women's Health Collective, 1970) 10.

[77] Nancy Kleiber, email interview by author, July 31, 2011.

saw as the necessary first step in empowering themselves fighting back against patriarchy. This sentiment is captured in an article on CSE written by Claudia MacDonald for the VWHC's short-lived newsletter, *Wicca*:

> The 'raison d'etre' of the Women's Self-Help Health Movement is that women must gain knowledge about their bodies and the phenomena which affect them as an important step in regaining power and control over our own lives. This regaining of knowledge about our physical selves is essential to the women's movement in that it is our biology upon which sexist oppression is based.[78]

Echoing Ehrenreich and English's argument, MacDonald identified a specific strategy for making change. Though the theoretical goal of radical feminists—eradicating patriarchy—could seem impossibly broad, the feminist self-help focus on mainstream medicine provided a narrower, more realistic aim that was no less revolutionary.

Murphy argues that radical feminists and feminist self-helpers held a fundamental belief in common: that "all knowledge production should begin with women's experiences."[79] The bold emphasis that radical feminists and self-helpers placed on the "epistemic privilege" of experience distinguished them from socialist feminists, whose analyses still valued women's experiential knowledge, but stressed the significance of capitalism to women's oppression.[80] Socialist feminist strategies for change were connected to the role of capitalism in women's oppression since dismantling capitalism would theoretically solve the problem of women's oppression. Radical feminists devised their own strategies as well. Through consciousness-raising, radical feminists learned to recognize the ways in which what they once imagined were simply personal experiences were actually common problems among many women. As a result, radical feminists theorized their own sex and gender as the primary site of oppression within patriarchal American culture. Feminist self-helpers took up the strategy of consciousness-raising to make connections between their oppression and their female bodies. In both radical

78 Claudia MacDonald, "Self-Examination," 8.
79 Murphy, "Immodest Witnessing," 117.
80 Murphy, "Immodest Witnessing," 117-8.

feminist and feminist self-help analyses, women's experiences, especially as they were rooted in their bodies, became the primary lens through which oppression and injustice were understood and strategies for change were imagined. Women's experiences of both their bodies and their lives under patriarchy came to be viewed with an authority that was connected to feminists' perception of experience as authentic.[81]

Feminist thinkers have since critiqued the notion of the authenticity of women's experience and challenged the feminist strategies that stemmed from it. Historian Joan Scott's work on experience as an authoritative explanatory force problematizes the use of women's experiences in creating feminist epistemologies in the field of women's history. Scott's analysis is useful in thinking more broadly about the practice of constructing feminist epistemologies, since women's history, which also emerged out of the women's liberation movement of the 1970s, shares that strategy with feminist self-help. In her influential essay, "The Evidence of Experience," Scott argues that experience is inseparable from and constructed by language and discourse.[82] Similarly, feminist theorist Donna Haraway argues that all knowledge is both embodied (lived experience is real and significant) and partial (shaped by identity, location, and all other aspects of individual subjectivity).[83] Therefore women's experiences are not unproblematic, authentic sources of truth; rather they ought to be framed and analyzed as what Haraway calls "situated knowledges."[84] Haraway and Scott's responses to the feminist intervention of creating new knowledge from women's experiences raised an important warning.

Despite the criticisms of Scott and Haraway, Kathy Davis argues that experience remains strategically useful to the women's health movement. Davis contends that Scott and Haraway's interventions are important but that it is nonetheless possible to develop

81 Murphy, "Immodest Witnessing," 117.

82 Joan Scott, "The Evidence of Experience," *Critical Inquiry* , Vol. 17, No. 4 (Summer, 1991), 793-4.

83 Donna Haraway, "Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective," *Feminist Studies*, Vol. 14, No. 3. (Autumn, 1988), 575-599.

84 Haraway, "Situated Knowledges," 575-599.

feminist epistemologies and challenges to the medical system that begin with women's experiences, so long as experience is not taken as "an unproblematic source of the 'truth' about all women or even all women in a particular group."[85] Davis uses *OBOS* as a celebrated example of epistemological usefulness of women's varied experiences. Through a critique of the mainstream medical system grounded in its historical maltreatment of women's bodies, Davis argues that *OBOS* uses women's "sentient, situated knowledge" to improve the medical system.[86]

Post-structuralist critiques of experience become particularly relevant when connected to the problem of difference in the women's health movement. The strategy of beginning with women's experiences sometimes had the effect of diminishing differences between women. Often created by women who share relatively similar identities, projects like *OBOS* and many women's health collectives have tended to flatten issues of difference and focus on what they perceive to be women's often biologically rooted similarities. Women's health groups comprised of individuals with similar rather than divergent social and cultural identities tended to extend their understanding of women's experiences to include all women. For example, the repeated use of the term "we women" in *OBOS* and other feminist self-help literature demonstrates the way in which "women" was initially uncritically used as a universal category.[87] This lack of understanding frequently led to the prioritization of the concerns of the educated, white, heterosexual women to whom the general term "women" actually referred.

Challenges from women whose identities differ from the dominant culture within the women's health movement, however, had a significant effect on the movement. Davis argues that while *OBOS* may have originated with a homogenous group of largely educated, white, heterosexual, middle-class women, it has been taken up, challenged,

85 Kathy Davis, *The Making of Our Bodies, Ourselves* (Durham: Duke University Press, 2007) 134.

86 Davis, *The Making of* Our Bodies, Ourselves*,* 135.

87 Davis notes but does not critically explore the use of "we women," *The Making of* Our Bodies, Ourselves, 26, 149.

reworked, and reimagined by a vast array of women around the globe.[88] As historian Wendy Kline has show, the history of *OBOS* includes numerous revisions that were directly influenced by readers who wrote in to the group with both supportive suggestions for inclusion and angry demands for change.[89] Rather than a static representation of one particular type of women, *OBOS* became a dynamic, malleable text that changed over time. While beginning with the radical feminist-influenced strategy of producing new epistemologies that stemmed from women's embodied experiences was initially problematic for those women who were marginalized by the process, their ability to challenge feminist self-help narratives profoundly influenced future editions of *OBOS*. Similarly Sandra Morgen has shown that within the United States, women of colour and lesbians mobilized to create their own women's health organizations and publications as a reaction to their marginalization within the broader women's health movement.[90] In the United States and especially in the case of *OBOS*, it was after the challenges from women whose experiences were not represented in feminist health texts and the feminist self-help movement more generally that new voices were heard and later included.

The problem of difference was also relevant to the VWHC's work. Like the early women's health movement in the United States, the VWHC was a fairly homogenous organization in terms of the identities of its members. Most members were white women with some university education. Many members were middle-class or raised middle-class, but some identified as or grew up working-class.[91] The VWHC's members were

88 Davis, *The Making of* Our Bodies, Ourselves, 5-7.

89 Wendy Kline, "'Please Include This in Your Book': Readers Respond to *Our Bodies, Ourselves*" *Bulletin of the History of Medicine*, 2005, 85, 90.

90 Morgen, *Into Our Own Hands*, 41-69, 206-231.

91 While Linda Light and Nancy Kleiber note that "a number of [VWHC women they surveyed] survived on very minimal incomes but include the important information that "some members were also supporting or supported by other people" and that some members' low incomes "represented a choice of life-style" whereas for others it was explained by a sexist employment market "which discriminates against them and undervalues their work." *Caring for Ourselves: An Alternative Structure for Health Care* (Vancouver: UBC School of Nursing, 1978) 60-1.

largely heterosexual but the group tended to include more lesbian- and bisexual-identified than similar American organizations. Unlike *OBOS*, the VWHC did not use the term "we women," but their early literature typically refers to "women" generally rather than attending to the specific dimensions of identity that differentiate women from one another. Former VWHC members recall that throughout the 1970s the Collective was generally unconcerned with considering differences between women and as a result, the group reached few women who were unlike themselves.[92]

Despite the involvement of lesbian and bisexual women, the VWHC's early projects did not include any specifically lesbian focus. A letter to the group printed in their newsletter, *Wicca*, demonstrates that some readers felt excluded by their narrow definition of "women's health":

> I am not advocating changing the whole book to be "Lesbian-oriented" but am asking you to please realize that there are a lot of gay women in existance [sic] and any attempt to cover "women's" health care has a responsibility to focus some energy on their needs. The same with prisoners and prostitutes, as well as Third World Women. A lot of good energy in your book, I know, and it is appreciated. But please be aware that "women" are not all white and primarily concerned with Birth Control and Child Raising/Rearing.[93]

Criticisms such as this one were not as common for the VWHC as they were for the authors of *OBOS*, and other similar American feminist self-help organizations. However, in 1985, the Collective offered a Lesbian self-help night and one of the group's members, Robin Barnett, published the first Canadian article to tackle specifically

[92] Marti Wendt, interview by author, Vancouver, British Columbia, November 3, 2010; Rebecca Fox, telephone interview by author, November 23, 2010; Light, interview; Mary J. Breen, telephone interview by author, October 26, 2010; Darlene Shirley Steele, "A Study of Women Using a Self-Help Clinic" (MScN Thesis, University of British Columbia, 1974) 28-41, 75.

[93] Letter to VWHC, *Wicca* Vol. 1 No. 8, 19, SFU Archives, F-111-8-0-109, *Wicca*, 1975.

lesbian health concerns in *Healthsharing*.[94] By the mid 1980s, the Collective developed a somewhat deeper consideration of lesbian experience.

Throughout the 1970s, the VWHC demonstrated a lack of attention to race as an important determinant in women's experience of health care and their work primarily appealed to white women. Former Collective members recall the intermittent involvement of a few women of colour, but the group was not significantly connected to indigenous communities, immigrant communities, or the communities of women of colour more generally. As former Collective member Rebecca Fox recalls, the VWHC began to take on work that connected them with some women of colour in the 1980s, but it was not prioritized:

> The occupational health group did some stuff with clerical workers and farm workers, but not a lot of work. So there were some ideas about the workplace, food, children… some obvious places where connections could be made [between white women and women of colour]. But those are the kinds of connections that you have to nurture over time. And I don't remember very much that was really sustained.

This lack of attention to points of connection was a significant reason why the group continued to be dominated by white women and their issues. Nonetheless, in the 1980s the group did expand its focus by creating women's health materials written in Spanish and Chinese and pamphlets directed toward immigrant women.

The topic of racial diversity began to be discussed more frequently within the Collective by the 1980s.[95] In the group's 1980 Women and Health Wall Calendar, an anonymous author asserted the common feminist self-help argument that women are historically connected to the role of healer, but also mentioned that "upon settling in North America, [European] women combined their knowledge with that of native Americans, and continued to practise as healers until scientific discoveries and the

[94] Robin Barnett, interview by author, August 10, 2010; Robin Barnett, "Examining Lesbian Health," Healthsharing 6(2), 1985.

[95] Fox, interview.

advent of industrialization made health care a profitable enterprise."[96] The author acknowledged that indigenous knowledge was replaced by that of the medical expert, but was uncritical about the relationship between white women, colonization, and indigenous healers. Instead the author placed the historical European woman on a level playing field with indigenous people of the past, framing them both as victims of the rise of the medical profession. This argument reveals the way in which the VWHC tended to ignore analyses of the roles of race and colonization in women's experiences of health care in part because they had yet to develop an understanding of their own race-based privileges and continued to see themselves exclusively in the role of the oppressed rather than the oppressor.

The Collective often focused on the struggles of women of colour in other locations than their own local communities. In another section of the calendar, an anonymous author calls attention to the problem of forced sterilization for "third world women" and poor black, Latin American, and Native American women in the United States.[97] The calendar also makes reference to a handful of significant dates related to indigenous and civil rights struggles in the United States. The Collective's simultaneous lack of attention to women of colour and indigenous women at home and increased attention to race analysis more generally suggests that the group's attention to diversity was influenced by changes in the American women's health movement rather than by direct confrontation from local women.

While feminist self-help drew largely on radical feminist ideas, many self-helpers also expressed critiques of capitalism that drew on socialist-feminist traditions. Notably, the first essay in *Women and Their Bodies* is Lucy Candib's "Women, Medicine, and Capitalism, an Introductory Essay." However, the bulk of the essay criticizes institutional

[96] The author's general historical understanding is somewhat incorrect here, and it is safe to assume that she is drawing on Ehrenreich and English's argument that women were divested of their traditional knowledge of healing when medicine was professionalized. Vancouver Women's Health Collective, Women and Health Wall Calendar (Vancouver: Press Gang, 1980), CHODARR Archives, http://edocs.lib.sfu.ca/projects/chodarr/documents/chodarr0561.pdf.

[97] Vancouver Women's Health Collective, Women and Health Wall Calendar.

medicine as an oppressive system in and of itself, saving a critique of capitalism until the final paragraph:

> [C]apitalism is incapable of providing good health care, both curative and preventive, for all the people… The capitalist medical care system can be no more dedicated to improving the people's health than can General Motors become dedicated to improving the people's public transportation.[98]

Indeed, many members of the early Boston Women's Health Book Collective, the group which created *Women and Their Bodies* and *Our Bodies, Ourselves*, were previously or concurrently members of the Boston-based socialist-feminist organization Bread and Roses.[99] Though as Claudia MacDonald recalls, some members of the VWHC were "concerned about the negative impact of capitalism," linking critiques of capitalism with the principles of feminist self-help did not gain momentum until the early 1980s.[100] By 1982, the VWHC described itself as "a feminist, anti-capitalist group which is part of the women's movement" and listed one of its goals as "[t]o continue to develop our critical perspective of health and ill-health as they exist under capitalism with a particular focus on the Health Care Industry and its far-reaching destructive effects."[101] Until that time, as both MacDonald and former Liz Whynot recall, most members channelled their concerns about capitalism into other projects such as working for co-ops or unions.[102] This suggests that early VWHC members tended not to see women's health care through a socialist-feminist lens as a problem intimately connected to capitalism. Further, their

98 Lucy Candib, "Women, Medicine, and Capitalism, an Introductory Essay," *Women and Their Bodies* (Self-publish, Boston Women's Health Collective, 1970) 8.

99 Boston Women's Health Collective, *Women and Their Bodies*, 3.

100 See also The Vancouver Women's Health Collective training manual, 1986 and 1987, CHODARR Archives, http://chodarr.org/node/1777, http://chodarr.org/node/1518; the VWHC's critique of the health industry as a big business, Vancouver Women's Health Collective, Women and Health Wall Calendar, CHODARR Archives, http://chodarr.org/node/1500; The Vancouver Women's Health Collective, "The Politics of the Drug Industry," CHODARR Archives 1984, http://chodarr.org/node/1576.

101 The Vancouver Women's Health Collective, Untitled list of goals, undated. CHODARR Archives,

102 MacDonald, email interview; Liz Whynot, email interview.

focus on specific projects suggest that the women of the VWHC were typically more concerned with making practical change than sorting through ideological debates.

The desire to do rather than to debate is an important element of feminist self-help, and the tension between enacting particular feminist politics and providing services that "filled in gaps" is a theme I return to throughout this thesis. An important example of this is *Jane*, the laywoman-operated abortion service that provided over 11,000 abortions to Chicago-area women over the course of four years.[103] Though many of the group's members came to the work from the Chicago Women's Liberation Union (CWLU), the impetus for the group's creation was women's need for abortion rather than feminists' desire to put their politics into practice.[104] The group did take a political stance: "reproductive control [was] fundamental to women's freedom."[105] However, at every step of the group's evolution from abortion referral service to abortion provision service, its members acted primarily because women had contacted them for information about acquiring abortion.[106] As former *Jane* member Laura Kaplan describes in her narrative oral history of the organization, they were "a group of ordinary women with weaknesses and strengths who saw something that needed to be done and did it."[107] Another former *Jane* member commented that "[p]olitics doesn't matter. What matters is action and service. That's how to build a movement."[108] Though the VWHC did not create a laywoman-operated abortion service, at times former members related the importance they placed on simply acting so that women's health care experiences would be improved, regardless of particularities of political motivation. Former VWHC member Mary J. Breen explains,

[103] Morgen, *Into Our Own Hands*, 34.

[104] Morgen, *Into Our Own Hands*, 35.

[105] Laura Kaplan, *The Story of Jane, the Legendary Underground Feminist Abortion Service* (New York: Pantheon Books, 1995) x.

[106] Kaplan, *The Story of Jane*, 6.

[107] Kaplan, *The Story of Jane*, xx.

[108] Kaplan, *The Story of Jane*, 71.

> What I remember is our focus was not on dismantling the patriarchy nor capitalism (even we weren't that naïve) but instead we wanted to make the health care system easier to navigate. We wanted to learn and share information about our bodies and we wanted to share our growing analysis of the medical system. We also wanted to provide some services (health groups, abortion counseling, clinical care) to fill in the gaps we perceived in the system… No one that I remember saw what we were doing as "dismantling the patriarchy"; though of course we were challenging aspects of it. In our home and relationships, however, many of us were very much trying to understand the role of patriarchy.[109]

At face value this former VWHC member's recollection seems to contradict the generally radical feminist persuasion of many other members. However the discrepancy between this member's memory of the group's politics and the memories of other members points to the way in which ideological debates often took a back seat to the every day work of making change through feminist self-help strategies. While radical and to a lesser degree socialist-feminist ideas contributed to the ideological positions of feminist self-helpers, in practice the work of their movement was generally concerned with meeting a badly felt need for women than creating services that adhered to the tenants of any particular brand of feminism.

The belief that ordinary women, rather than medical experts who were typically men, ought to be the primary agents of their own bodies and health care was central to the practice of feminist self-help. Naturally, this meant that women should be empowered to take control of their own bodies and health via education and prevention rather than passively following the commands of their doctors. For the VWHC, as for the feminist activists of the American women's health movement, the strategy of sharing information was a deliberately political, rather than neutral act. The first step in this process was generally the acquisition of hard-to-find information about the female body through research. To this end, most early 1970s women's health groups, including the VWHC, made self-education one of their first goals. Typically this required searching through medical texts books, but as the movement flourished, new resources authored

[109] Mary J. Breen, email interview, August 1, 2011.

by women's health activists themselves became increasingly available. After the women had individually researched particular topics, they would return to the group to share the information via conversation or by creating information booklets that could reach an even broader audience of women. In the introduction to *Women and Their Bodies*, the authors explain their process:

> As we worked, we met weekly to discuss what we were learning about ourselves, our bodies, health and women. We presented each topic to the group, gave support and helpful criticisms to each other and rewrote the papers. By the fall, we were ready to share our collective knowledge with other sisters.[110]

Inspired by *Women and Their Bodies*, the Wednesday Night Health Group, which later became the VWHC, made use of a similar process. In their publication, *A Vancouver Women's Health Booklet*, the authors describe their work: "At our first meeting we talked about what each of us wanted from the group. We developed an agenda, including every subject any woman was interested in discussing or finding out about."[111] The group proceeded to research a variety of topics, gathering information from many sources including medical textbooks and the knowledge from group members' personal and professional experiences.[112] The booklet discussed birth control options, abortion, childbirth, women's relationships with doctors, and other women's health issues at length, making specific reference to the resources available in Vancouver. Beginning in the early 1970s and continuing to the present day, the VWHC researched and produced countless information sheets on women's health topics including reproductive health and the birth control pill, STDs and STIs, the diaphragm and the cervical cup, menstruation, menopause, and other issues, as well as later branching out into information on sexuality, occupational health, and many other topics. The Collective's space operated in part as an information resource centre where women accessed information sheets

[110] Boston Women's Health Collective, *Women and Their Bodies*, 3.

[111] Vancouver Women's Health Collective, *A Vancouver Women's Health Booklet* (Vancouver: Press Gang, 1972) 83.

[112] Vancouver Women's Health Collective, *A Vancouver Women's Health Booklet*, 83.

and the Collective devoted itself to sharing information through both informal health groups and structured workshops.[113]Feminist self-helpers believed that this process transformed women from "passive patients" whose bodies were acted upon to "active consumers" who understood and were responsible for making decisions about their bodies.[114] Education and information-sharing were two of the fundamental principles of feminist self-help. Knowing one's body was the first powerful step in reclaiming it from the patronizing and patriarchal institution of mainstream medicine.

Beyond information sharing in the form of education on women's health topics, the VWHC also provided a venue for ordinary women to share information on their experiences with particular doctors, so that potential patients could avoid "bad" doctors and instead choose a physician based on the recommendation of another woman.[115] The idea of creating a doctor directory, which was the original intention of the Boston women's group when they developed their initial course, was taken up as one of the VWHC's first projects. Hired on for the purpose of gathering information for the project, the doctor directory was the initial avenue through which former Collective member Catherine Russell came to the group. Russell's paid position required her to go door-to-door discussing women's experiences with their doctors, a topic which ordinary women were surprisingly amenable to communicating about. Russell attributes such openness to discussing personal topics to the widespread dissatisfaction many women felt with their relationships to their physicians in the time period[116]:

> [It] tapped into a need I guess. People wanted to—you know if they were willing to talk about it, I guess they wanted to… A big thrust of the whole women's health movement was to empower women to take responsibility for their own health care. Because what was true at that

[113] See the following chapter for a discussion of the politics of including CSE in the workshops.

[114] Kline, "'Please Include This in Your Book'," 82.

[115] Vancouver Women's Health Collective, *A Vancouver Women's Health Booklet*, 3; Conn, interview.

[116] Catherine Russell, interview by author, Vancouver, British Columbia, November 23, 2010.

> time was that doctors sort of ran the show. So that was a lot of it. And I guess a lot of women wanted that.[117]

Russell's memory illustrates that contributing to a doctor directory was one form of information sharing that the ordinary women who the VWHC solicited were generally inclined to participate in.

The process of sharing information among women could sometimes bring up the murky question of women's differences. The differences between the feminist VWHC women, who Russell describes as "pretty scruffy looking folks" and the women who answered the questionnaire makes their willingness to participate even more remarkable.[118] Russell perceived a social distance between herself and the women she canvassed based on appearance and politics. Nonetheless Russell notes that the neighbourhoods in which they canvassed were predominantly middle-class. Though Linda Light and Nancy Kleiber report that a number of VWHC members "survived on very minimal incomes," many former Collective members identified themselves as middle-class.[119] Though their appearances made them feel socially distant from the women they called upon, they were canvassing the sorts of neighbourhoods where many VWHC women grew up. It is likely that underlying similarities in identity may have facilitated the conversation between VWHC members and the women they solicited. Perhaps the interaction provided the VWHC women with the opportunity to reach out to the apolitical or politically moderate middle-class women who Marti Wendt describes as having been difficult to reach out to: "one of the things that we found frustrating is that we felt that there was kind of a subculture of the feminist women who knew we were there, but we didn't really know how to outreach to more middle class conventional women." Despite VWHC members' perception of difference between themselves and politically moderate women, the information sharing process involved in the doctor directory project was enabled by both underlying commonalities as well as a genuine

[117] Russell, interview.
[118] Russell, interview.
[119] Kleiber and Light, *Caring for Ourselves*, 60-1.

desire on behalf of a wide variety of women to gain access to better information and experiences with physicians.

The creation of a women's self-help clinic was one way of sharing both knowledge and information and of creating women's health care that started from the principle of recentering women as the experts on their own bodies. In a typical visit to the clinic, a woman user would first complete a medical "herstory" form (the Collective's version of a medical history form).[120] The form was a deliberate attempt to share both information and care with the women who used the Clinic, and the workers encouraged women to take home copies of their "herstory" forms, along with handouts on topics like breast self-exam (BSE) and CSE. Making women's medical history forms open to the women themselves served to "demystify" healthcare.[121] The process of collecting women's medical histories at the Clinic intentionally contrasted with what the VWHC viewed as the secretive way in which medical histories were traditionally dealt with by doctors and other medical professionals.

After filling out the form, a woman would consult with a pair of lay women healthcare workers, who were members of the VWHC trained by the Collective themselves. The team of laywomen healthcare workers would usually perform any necessary examinations and tests, ensuring that they answered the woman's questions and took as much time as was needed to explain the procedures and discuss any concerns the woman might have. Ensuring that the pace of the visit was never rushed and that women who used the Clinic fully understood the procedures was an intervention in women's health care that stemmed directly from the women's health movement's critique of the mainstream medical system as hurried, uninformative, disempowering, and patronizing.[122]

[120] Kleiber and Light, *Caring for Ourselves*, 116.
[121] Kleiber and Light, *Caring for Ourselves*, 116.
[122] Kleiber and Light, *Caring for Ourselves*, 115-8, 174-7; Conn, interview.

Almost all visits to the Clinic included a pelvic exam, during which the team of laywomen healthcare workers would explain CSE and invite the woman to take an active role in the procedure.[123] The Clinic did not make use of the typical paper sheet spread over the knees of women patients in mainstream medical visits because the Collective viewed them as unnecessary props used to retain modesty and distance the woman from her own body.[124] Instead, women were taught how to insert the speculum themselves (if they chose to) and were provided with a mirror, a flashlight, and instruction on how to view the cervix as well as to understand what she saw.[125] The inclusion of CSE in the Clinic experience was a defining strategy of the feminist self-help movement. The importance the VWHC placed on the procedure is indicative of the deep influence of feminist self-help on the Collective.

The women's health clinics and groups that were inspired by feminist self-help also tended to share a preference for organizing their work non-hierarchically in the form of a collective as well as making decisions by consensus.[126] Morgen notes that "most independent community-based feminist health clinics" organized themselves according to egalitarian, collectivist principles.[127] In their quest to create new forms of knowledge about the female body women's health care, feminist health activists dedicated themselves not only to sharing information but also to sharing power. The collective model was in direct opposition to the power dynamics that characterize mainstream medicine, where patients, especially women, play a subordinate role to that of the doctor, whose authority is determined by medical expertise. Women's health

[123] Kleiber and Light, *Caring for Ourselves*, 117.

[124] Kleiber and Light, *Caring for Ourselves*, 117.

[125] Kleiber and Light, *Caring for Ourselves*, 117, 174-7.

[126] Ironically, the only major American women's health clinics of the 1970s that deviated from the typical collectivist, consensus decision making-based methodologies were those of the Feminist Women's Health Centers (FWHCs) created by Carol Downer. Downer attributed her preference for by-fee service provision to class and politics—"too poor to offer 'free' services to anyone," Downer's philosophy held that applying for grants was a waste of energy since the FWHCs were too radical to relate to the state or institutionalized, mainstream medicine. See Morgen, *Into Our Own Hands*, 24-5.

[127] Morgen, *Into Our Own Hands*, 25.

organizations that provided alternative feminist health care services typically shared power by rotating tasks, receiving equal pay (if funding made paid positions possible at all), and making decisions by consensus rather than voting.[128] Operating collectively was a major element of the VHWC's focus. A statement on their collectivist politics explains the connection the group drew between sharing information and power and operating collectively:

> The Health Collective is committed to the concepts of sharing information, power and responsibility. The logical result of these ideals is that we are organized as a collective rather than having a traditional hierarchical structure. This means there are no bosses; all Members are valued and expected to take responsibility for our activities and participate in decision making.[129]

By reorganizing their work along these principles, self-helpers built a new model of women's health care to stand in place of the oppressive mainstream system they opposed.

In order to create direct change in their own lives and the lives of other women like them, feminist self-helpers developed a variety of strategies. They educated themselves and each other, and shared information, power, and responsibility by organizing their work collectively. Their insistence on the epistemic privilege of women's experiences intervened with the naturalized concept of the medical expert as the authority on women's bodies. The cervical self-exam symbolized the reclamation of what feminist self-helpers articulated as women's natural role as healers. Teaching other women CSE, creating women's self-help clinics, and leading workshops and discussion groups are all examples of how self-helpers actively constructed a new experience of women's health care. The formulation of feminist self-help thought was also constructed as a reaction to the history of the treatment of women's bodies in Western intellectual thought. By looking backward, feminists like Barbara Ehrenreich and Deirdre English

[128] Vancouver Women's Health Collective, "Collectivity," n.d. [catalogued as 1970s], http://chodarr.org/node/1754.

[129] Vancouver Women's Health Collective, "Collectivity," n.d.

identified the institutions of science and medicine as important sources of women's oppression. The history of the relationship between women's bodies and medical science helped to explain the negative experiences women in the 1960s and early 1970s so frequently had with their doctors. The ideologies that guided the creation of feminist self-help strategies combined a new, radical critique of the mainstream medical system primarily with elements or radical feminism and marginally with elements of socialist feminism. The VWHC became the first major women's organization in Canada to practice feminist self-help through the creation of new and better forms of women's health care in their own community. In the following chapter, I explore the ways in which both ideas and specific self-help strategies travelled across borders via both text and personal interactions to create a network of inspired women dedicated to making change.

3. Inspiration Across the Border: Feminist Self-Help Comes to Vancouver

Among the first thoughts Melanie Conn had after what she calls "the defining experience"—her doctor's excruciatingly painful and disrespectful attempt to insert a Dalkon Shield intra-uterine device—was "alright, yeah, we'll just start our own clinic."[130] The idea occurred to her after a friend in California shared a copy of the original edition of *Our Bodies, Ourselves* (*OBOS*). Inspired by the text's feminist self-help politics, Conn returned to her women's consciousness-raising group at the University of British Columbia determined to share her newfound perspective on women's health. Shortly thereafter, Conn began meeting with a women's health group at a feminist resource centre founded by students at the University of British Columbia. The Wednesday night health group was the precursor to the VWHC.[131]

The VWHC was largely influenced by feminist self-help strategies emerging out of the American women's health movement, but the organization's approach to feminist politics was also partially shaped by the intellectual traditions of Canadian feminists. This

[130] Melanie Conn, interview by author, Vancouver, British Columbia, September 7, 2010.

[131] Darlene Shirley Steele, "A Study of Women Using a Self-Help Clinic" (MScN Thesis, University of British Columbia, 1974) 3. In March of 1973, the group of women responsible for the women's health clinic amalgamated with an abortion referral service that had been operating out of a local women's centre to officially form the Vancouver Women's Health Collective (VWHC). Hence while I examine the Clinic as a project of the VWHC, its existence actually predates the official formation of the organization. The abortion referral group was the Women's Referral Bureau that worked out of A Woman's Place, a feminist resource centre located in an old house at the corner of Burrard and Broadway in Vancouver. A Woman's Place had been created earlier by a University of British Columbia women's group that Melanie Conn was a part of.

chapter examines how the VWHC was shaped by the traditions of mainstream Canadian feminism and investigates the process by which feminist self-help practices travelled across the border via individuals, texts, and hands-on skill-sharing. I attend to the ways in which Canadian feminists, including members of the VWHC, formed partnerships with American feminists, rather than being the passive recipients of U.S influence. Drawing on oral history interviews and archival sources, I further examine the reasons why the Collective members were inspired by feminist self-help through an exploration of personal reflections and argue that the philosophies of the movement themselves facilitated their transfer across the border.

In the 1960s, the advent of the Vietnam war and the resultant influx of American draft dodgers to Canada provided leftists on both sides of the border with an important reason to collaborate.[132] Historian Lara Campbell's study of draft resistance demonstrates that there was a direct connection between the emerging women's liberation movement and antiwar organizing.[133] Campbell's work begins to address the sort of cross-border connections established by feminists in the late 1960s.[134] Campbell's analysis is useful in understanding former Collective member Linda Light's experience of politicization, which is indicative of the ways in which cross-border connections and alliances that developed in around social and political movements in North America beginning in the 1960s. Initially involved in the peace movement in Vancouver during the early 1960s, Light became actively involved in the American civil rights movement when she moved to Toronto in 1964. As they had in Vancouver, Light explains the ways in which political ideologies passed across the border and alliances

[132] Numerous historians note the influence of draft dodgers in other Canadian cities. See Nancy Adamson, Linda Briskin, and Margaret McPhail, *Feminist Organizing for Change: The Contemporary Women's Movement in Canada* (Toronto: Oxford University Press, 1988), 44; Jill Vickers, "Bending the Iron Law of Oligarchy," *Women and Social Change: Feminist Activism in Canada*, edited by Jeri Dawn Wine and Janice L. Ristock (Toronto: James Lorimer and Company, 1991) 77; Lara Campbell, "'Women United Against the War': Gender Politics, Feminism, and Vietnam Draft Resistance in Canada," in Karen Dubinsky, Catherine Krull, Susan Lord, Sean Mills, and Scott Rutherford, eds, *New World Coming: The Sixties and the Shaping of Global Consciousness* (Toronto: Between the Lines, 2009) 339.

[133] Campbell, "'Women United Against the War'," 340-4.

[134] Campbell, "'Women United Against the War'," 345-6.

were sometimes formed: “there were a lot of demonstrations at the American Embassy and that kind of thing. Through the civil rights movement, from it coming North. A lot of draft dodgers and civil rights activists worked very closely with Canadians.”[135] As Light’s experience demonstrates, one did not need to have lived within the United States to be influenced by its growing social movements. Former Collective member Frances also sees the relationship between the two nations as dynamic rather than unidirectional: “there was a lot of connectedness [between social movements in the United States and Canada], partially I think out of a shared critical analysis.”[136] Partnerships between American and Canadian leftist activists had their roots in the social movements of the 1960s.

Historians of the Canadian women’s movement generally acknowledge the role of American feminist influence on Canadian feminism while also considering the importance of local context and history. [137] Feminist political scientist Jill Vickers posits a contrast between the Canadian women’s movement, which she characterizes as practicing a largely pro-statist “radical liberalism” and the radical feminism of the American women’s movement.[138] In her examination of the “intellectual origins” of the Canadian women’s movement, Vickers argues that in addition to being influenced by the American movement, especially through texts and media, Canadian second-wave feminists “inherited a set of ideas about how to do politics” from earlier feminist organizing.[139] Focusing on the continuities in feminist organizing in Canada, Vickers argues that the ideologies of pre-1970s women activists exerted a strong influence over how the movement both theorized and practiced making change. Vickers distinguishes

135 Linda Light, interview by author, Vancouver, British Columbia, October 27, 2010.

136 Frances, interview by author, Vancouver, British Columbia, October 7, 2010.

137 In her case-study of LOOT, Becki Ross notes the influence of American lesbian-feminist thought on lesbians and feminists in Toronto. Becki Ross, *The House That Jill Built: A Lesbian Nation in Formation* (Toronto: University of Toronto Press, 1995) 43, 62. See also Jill Vickers, “The Intellectual Origins of the Women’s Movement in Canada” *Challenging Times: The Women’s Movement in Canada and the United States* (Montreal and Kingston: McGill-Queen’s University Press, 1992) 39-60; Adamson et al., *Feminist Organizing for Change*, 44.

138 Vickers, “The Intellectual Origins of the Women’s Movement in Canada,” 40, 51.

139 Vickers, “The Intellectual Origins of the Women’s Movement in Canada,” 40.

these "ideas about how to do politics," which she labels radical liberalism, from dominant American feminist theory and practice of radical feminism. Radical liberalism, in Vickers' view, is characterized by a commitment to the ordinary political process, a belief in the efficacy and importance of the Canadian welfare state, and faith in the power of the state to remedy injustice. Vickers argues that the radical liberalism inherited by Canadian feminists in the 1960s from those who came before them in part "limited the influence of many of the ideas of American feminism, which was anti-statist and committed to making changes in consciousness and among individuals outside of the ordinary political process.[140] Nonetheless Vickers concedes that a commitment to ordinary political process was not absolute: "experience with right-wing governments in British Columbia, for example, has lessened this commitment and made Vancouver feminist groups much more anti-system than many of their eastern counterparts."[141] Vickers' argument and definitions are useful in understanding and contextualizing the VWHC, whose ideologies, values, and strategies are in in some aspects accounted for by Vickers' analysis, but also complicate it. Radical liberalism characterizes the more reform-oriented wing of the Canadian women's movement, rather than the philosophy of grassroots feminist organizations in Canada.

Nancy Adamson's historical analysis of the activity of women's movement groups in Ontario provides further insight into why the VWHC emerged in the early 1970s. Adamson argues that an ideological shift occurred in the women's movement shortly after the Abortion Caravan action of 1970.[142] She divides the so-called "second wave" into two time periods. Beginning in the late 1960s, Canadian feminism grew out of the discontent of women in the New Left who recognized sexism as commonplace within a movement that claimed to struggle in the name of liberation for all. By approximately 1972, many feminists in Ontario began to think and talk about women's oppression as

[140] Vickers, "The Intellectual Origins of the Women's Movement in Canada," 40.

[141] Vickers, "The Intellectual Origins of the Women's Movement in Canada," 44.

[142] Nancy Adamson, "Feminists, Libbers, Leftists, and Radicals: The Emergence of the Women's Liberation Movement," in Joy Parr, ed, *A Diversity of Women: Ontario, 1945-1980* (Toronto: University of Toronto Press, 1995) 253.

an experience in and of itself, rather than in connection to the oppression of the capitalist system. In her history of the Lesbian Organization of Toronto, Becki Ross describes this process in the context of lesbian inclusion and exclusion.[143] Adamson points to the splintering off of the New Feminists, a more radical feminist organization, from the Toronto Women's Liberation group as an early example of this ideological difference.[144] Historian Myrna Kostash has argued that the split can be attributed to the influence of a high proportion of recently immigrated American women in the New Feminists.[145]

Adamson's analysis explains the work of Ontario feminists, but a similar trend is evident in the history of Vancouver feminist organizing. Complaining of the sexism of their male counterparts, the women of the Simon Fraser University's Vancouver Women's Caucus (VWC) began organizing in isolation, until their group grew to include non-student women from the surrounding community.[146] The VWC generally expressed a socialist-feminist ideology; for example, VWC member Margaret Benston argued in her paper, "The Political Economy of Women's Liberation" that "the roots of the secondary status of women are in fact economic… If this special relationship of women [to the means of production] is accepted, the analysis of the situation of women fits naturally into a class analysis of society."[147] The Health Collective, though not in conflict with the VWC, did not begin to frame their work in socialist-feminist terms until the 1980s because they were more inspired by radical feminist ideas and feminist self-help practices.

The influence of American feminism on the VWHC was in part related to the personal connection many VWHC women had with the United States. Numerous

[143] Ross, *The House That Jill Built*, 25-7.

[144] Adamson, "Feminists, Libbers, Leftists, and Radicals," 258.

[145] Myrna Kostash quoted in Adamson, "Feminists, Libbers, Leftists, and Radicals," 258-9.

[146] Ann Thomson, *Winning Choice on Abortion: How British Columbian and Canadian Feminists Won the Battles of the 1970s and 1980s* (Victoria: Trafford, 2004) 2-7.

[147] Margaret Benston, "The Political Economy of Women's Liberation," quoted in Frances Jane Wasserlein, "'An Arrow Aimed at the Heart': the Vancouver Women's Caucus and the Abortion Campaign, 1969-71" (MA Thesis, Simon Fraser University, 1990) 55.

Collective members had recently emigrated from the States or had spent a significant portion of time there. Some former members of the VWHC were first politicized through American social movements while living in or visiting the United States. [148] Former Collective member Rebecca Fox, for example, recalls first being politicized around the issue of Vietnam, an experience that quickly led to her identification with feminist values.[149] Notably, Fox was first introduced to feminism through a consciousness-raising group organized by the Boston Women's Health Book Collective.[150] Melanie Conn had trained to becoming a social worker in New York during the 1960s, where she narrowly missed attending a meeting of the Redstockings radical feminist women's liberation group.[151] For some VWHC women, connections to American social movements served as a primer for the work they would do in Vancouver.

More significant than the emigration of individual, politicized, American feminists to Canada, however, was the way in which ideas were transmitted through text. Consciousness-raising and information sharing through text was fundamental to the women's liberation movement in both the United States and Canada. The "click"—the moment of coming to political consciousness about a personal experience shared with other women—that is repeatedly described in women's liberation movement memoirs and histories often occurred for individual women in the process of reading a feminist text, when it did not transpire within an actual consciousness-raising group.[152] For former

[148] Six out of 16 former VWHC members I interviewed had been living in the United States directly before they came to Vancouver and began working with the VWHC. Conn, interview; Helena Summers, interview by author, Vancouver, British Columbia, November 17, 2010; Nancy Kleiber, telephone interview by author, November 9, 2010; Rebecca Fox, telephone interview by author, November 23, 2010; Robin Barnett, interview by author, Vancouver, British Columbia, August 10, 2010; Marti Wendt, interview by author, Vancouver, British Columbia, November 3, 2010.

[149] Fox, interview.

[150] Fox, interview.

[151] Conn, interview.

[152] Alice Echols, *Daring to Be Bad: Radical Feminism in America, 1967-1975* (Minneapolis: University of Minnesota Press, 1989) 83; Wendy Kline, "'Please Include This in Your Book': Readers Respond to *Our Bodies, Ourselves*" *Bulletin of the History of Medicine*, 2005, 85; Susan Brownmiller, *In Our Time: Memoir of a Revolution* (New York: Dial Press, 1999) 281.

Collective member and researcher Nancy Kleiber, that moment occurred when she read Betty Friedan's *The Feminine Mystique* as an undergrad at Radcliffe College in Cambridge, Massachusetts.[153] Similarly, four years before joining the VWHC, Marti Wendt read the same book and promptly joined a consciousness-raising group.[154] Politicization through feminist texts was of particular importance to the women's health movement, which undertook efforts to drastically increase women's access to information about their bodies as one of its primary goals.

The most singularly influential text of the women's health movement is unquestionably *Our Bodies, Ourselves.* Created by a group of women during a conference in Boston, the now iconic text was first designed as a course on women's health entitled *Women and Their Bodies*. The authors intended the text to guide women's liberation discussion groups on the topic, suggesting in the introduction that the various papers contained within its first edition "should be viewed as a tool which stimulates discussion and action, which allows for new ideas and for change."[155] Authored by a group of over 19 women calling themselves the "Boston Women's Health Collective" (later changed to the Boston Women's Health Book Collective (BWHBC)), *OBOS* and its predecessor, *Women and Their Bodies* stressed the importance of women taking the process of not only learning about their bodies, but producing and sharing knowledge, into their own hands.[156] By doing so, these early women's health movement activists believed in the radical possibility of creating change. The authors explained:

> It was exciting to learn new facts about our bodies, but it was even more exciting to talk about how we felt about our bodies, how we felt about ourselves, how we could become more autonomous human beings, how

[153] Kleiber, interview.

[154] Wendt, interview.

[155] Boston Women's Health Collective, *Women and Their Bodies*. Self-published, 1970, 4.

[156] Authorship of *Women and Their Bodies* is credited to the Boston Women's Health Collective, but particular names are credited as authoring each specific chapter. Boston Women's Health Collective, *Women and Their Bodies*. Self-published, 1970, 3.

> we could act together on our collective knowledge to change the health care system for women and for all people.[157]

OBOS was and continues to be a primary text through which the ideas and practices of feminist self-help were not only expressed but also developed.

The self-help philosophy of the text and the movement made change accessible to women, especially white, middle-class, educated women like those of the VWHC. The text was what initially inspired Conn to connect her individual negative experience with a doctor to those of other women. Conn then interpreted her experience and the experiences of other women as a political issue, and developed a collective solution to the problem when she decided to form a women's health group and work towards the creation of a feminist clinic. While living in San Francisco, former Collective member Helena Summers also encountered the text and was similarly inspired: "I read it and the information sang to me. I loved what these women were doing and knew that I wanted to become involved in the women's self-help movement."[158] Former VWHC member Bonnie Nilsen referred to the text as "our bible" and former Collective member Mary J. Breen used the same phrase to describe the book, explaining that the text was both inspirational and instructive in terms of determining how the VWHC would accomplish its goals as a women's self-help health movement organization. [159] One former Collective member and doctor for the VWHC clinic used the text to help shape both the content of workshops she gave for the Collective and in schools on sex education as a medical student.[160]

OBOS' tendency to universalize the experience of womanhood and having a female body, which I examined in the previous chapter, enabled the women of the VWHC to imagine themselves as similar to all women, including those who authored

[157] Boston Women's Health Collective, *Women and Their Bodies*, 4.

[158] Summers, interview.

[159] Bonnie Nilsen, email interview by author, November 25, 2010; Mary J. Breen, interview by author, telephone interview, October 26, 2010.

[160] Anonymous former VWHC member and doctor, interview.

OBOS. The focus on women's perceived commonalities drew attention away from their social, cultural, political, or economic differences including those connected to their geographical location. This sense of unity through the common experience of being a woman, rooted in female biology, is discernable in Conn's explanation of her feminist analysis of the time:

> You know the feminist thing about the personal is political? I guess I took that to mean that the only way to understand what the political strategy is, is if everybody recognizes that it all matters to them and that it won't work if we're not understanding that you know, we're all women, we're all potentially pregnant. Or if we aren't then that's its own issue that we share with other women…unless we all kind of recognize the similarity in our beings in many different ways then there's not going to be really any political change.[161]

A perception of sameness initially enabled some women, especially those who shared similar privileges in terms of race, class, ability, and level of education, to connect with *OBOS*. Though feminists would later be criticized for their lack of attention to multiple points of oppression, the feminist ideology that focused on connecting women as women allowed VWHC members to enter an "imagined community" of women who could and did aspire to the same goals despite their differences.[162]

The emphasis self-helpers placed on sharing information facilitated the transfer of both information on women's health and the ideology of self-help itself. *OBOS* explained the importance of women sharing information about their health and bodies to its readers. Influenced by this principle, the VWHC carried on the work of sharing information in a number of ways, including by distributing copies of *OBOS* for an inexpensive price. The Collective also distributed *The Birth Control Handbook* and *The V.D. Handbook* produced by a group of student birth control activists at McGill university,

[161] Conn, interview.

[162] Benedict Anderson, *Imagined Communities*. London: Verso, 1983: 1-7.

as well as their own first publication, the *Vancouver Women's Health Booklet*.[163] Throughout the 1970s, the VWHC also produced numerous flyers and pamphlets advertising their own work as well as providing a vehicle for the sharing of information about women's health care and women's bodies, but they did not create any further formal publications until the early 1980s.

In 1983, the VWHC submitted an article entitled "A Feminist Approach to Pap Tests" to *Kinesis*, the newspaper of Vancouver Status of Women.[164] The article was written jointly by Robin Barnett and Rebecca Fox after Barnett was advised by friends to approach the Collective in order to access information about abnormal pap smears, a personal health concern for her at the time.[165] While Barnett did not find what she was looking for in terms of information, she did find a collaborator in Fox, and the two worked together to educate themselves on the topic, and then share that information with other women via the magazine article. Barnett later expanded the article to a full booklet, which was published in 1986.[166] Upon its publication, the process of sharing information came full circle when the VWHC began to send copies of *A Feminist Approach* to Boston at the request of the BWHBC for further distribution.[167] The fact that the VWHC made this distribution arrangement without consulting the text's authors reveals the organization's commitment to the feminist self-help principle of sharing information and the ideology of collectivism.[168]

The history of *A Feminist Approach* demonstrates that by the early 1980s, the relationship between women's health movement activists in Canada and the United States looked more like a partnership than a mentorship. While the VWHC was initially

[163] Vancouver Women's Health Collective, Women's Self-Help Clinic, 1973, Community Health Online Digital Archive Research Resource (CHODARR) Project, http://chodarr.org/node/1704.

[164] Abstract, *Kinesis*, February 1983, http://www.connexions.org/CxLibrary/CX2735.htm.

[165] Barnett, interview.

[166] The Vancouver Women's Health Collective. *A Feminist Approach to Pap Tests* (revised edition) (Vancouver: Press Gang, 1986).

[167] Barnett, interview.

[168] Barnett, interview.

inspired by American feminist self-help texts, the publication of Barnett's work demonstrated that the group were no longer simply consuming and redistributing information produced by feminists in the United States, they were creating their own feminist self-help texts that were in demand among the readership of *OBOS*. United by their commitment to information sharing, feminist health activists across borders created an informal network of distributed women's health publications.

Beyond the emigration of individual American feminists to Canada and the transmission of ideas through the canonical texts of the women's liberation and feminist self-help movements, the VWHC imported some of the strategies of the American women's health movement through direct learning experience. While Adamson and Kostash have shown that American radical feminism influenced Canadian feminists in Toronto, it was only in Vancouver that a significant, long-standing women's health collective directly inspired by the radical feminist principles of the feminist self-help movement came into existence. While more work needs to be done on the influence of feminist self-help in Toronto and other Canadian cities and towns, my research suggests that the reason why the American women's health movement was so influential in Vancouver is in many ways geographical. In the early 1970s, feminist self-help clinics began popping up throughout the United States, but were especially prevalent on the west coast. Feminist self-help activists were particularly active in Seattle, Washington, where four clinics were operating simultaneously in the early 1970s.[169] It is also likely that the small size of Vancouver, relative to that of Toronto, motivated feminist activists in Vancouver to make connections with women outside of their immediate vicinity. As Adamson notes, the large population size in Toronto allowed women's liberationists there to organize in a more insular fashion, with women whose politics were more precisely in line with their own, rather than branching out and building connections across political differences, as was necessary in smaller centres.[170]

[169] Conn, interview; Beverly Mayo, *A Woman's Place Newsletter*, May 23, 1972, F-111-3-0-7, A Woman's Place—Newsletter, 1972, Simon Fraser University Archives.

[170] Adamson, "Feminists, Libbers, Leftists, and Radicals," 271.

Making direct connections with American women's health movement activists was crucial to the VWHC's development. In January of 1972, a group of eleven women who regularly participated in a Wednesday night women's health group at A Woman's Place travelled to Seattle to visit several women's self-help health clinics.[171] One woman reported back, "We found Seattle women about a year or so 'ahead' of us—had a women's clinic on the go, abortion referral line, gay women's resources centre; also went to a women's bookstore, talked with some crisis line women, etc." The trip, the woman wrote, "provided us extended time to be together, and helped confirm our ideas."[172] The group also learned hands-on techniques, which another member of the health group described in a report on A Woman's Place: "learned how to help each other use the vaginal speculum for the purpose of examining the vagina and cervix, and had some instruction in doing bi-manual examinations as well. The trip inspired us to try our own self-examination."[173] While it is likely that many of the women had previously learned about CSE through *OBOS*, in this instance the health group were able to access direct information and skill transfer through their Seattle trip. Conn recalls learning the fundamentals of providing women's health care as a lay person on the trip: "I spent a week, learning about cervical self-exam and how they dealt with yeast infections and other things and how they worked in a team with two people and how they did some of the testing and, anyway, everything I could learn."[174] Consequently, the Vancouver women began practicing CSE only one year after the procedure was developed and publicly demonstrated by Carol Downer at the Los Angeles Women's Bookstore in April of 1971.[175] The VWHC maintained a connection with the Seattle women's health clinics,

[171] Nancy Kleiber and Linda Light, *Caring for Ourselves: An Alternative Structure for Health Care* (Vancouver: UBC School of Nursing, 1978) 97.

[172] Author unknown, "I: PAST," F-111-3-0-1, A Woman's Place Records, Simon Fraser University Archives.

[173] Joan Abbott and Georgia Swedish, "Proposal for A Women's Centre for Vancouver Report Appendix C: Wednesday Night Health Group," A Woman's Place Records, F-111-3-0-1, Simon Fraser University Archives.

[174] Conn, interview.

[175] Kleiber and Light, *Caring for Ourselves*, 57.

in particular the Aradia Clinic, which Kleiber and Wendt remember visiting in 1973 to attend a presentation.[176]

Those who were not involved in the trip to Seattle also found ways of learning CSE directly from other women, and outside of a clinic context the procedure often took on both emotional and consciousness-raising qualities. Former Collective member Frances described her introduction to the procedure as one of amazement and awakening:

> I can remember being at a radical seder, where a woman had come up from San Francisco. It must have been...1971… and after the seder she said, 'I want to take the women aside because I had the most amazing thing happen to me last week in San Francisco.' She pulled eight speculums out of her backpack and everybody sat around and did a self-exam. There was a woman who was pregnant who was crying. It was the first time she had seen her cervix even though she had given birth before. And I remember watching that and thinking, 'something's happening here.' Something... and I can't give it anything more than it was very magical.[177]

This memory was prompted by my question, "why health?" which I had asked, following her trajectory as a feminist activist. Frances's response illustrates both the practical connections between Vancouver and American cities on the west coast that facilitated information- and skill-sharing among self-helpers, as well as the affective dimension of the process of sharing information that was especially heightened when feminist health activists did so face to face. In the process of learning the practical skill of CSE, women also developed and deepened their connections with one another, which they based on their embodiment and on the experience of deconstructing many of the negative associations that women had with their bodies. The affective qualities associated with CSE help to explain why women were drawn to feminist self-help.

While the primary focus of the VWHC was feminist self-help, the Collective was not disconnected from the socialist-feminist and abortion rights struggles launched by

[176] Kleiber, interview; Wendt, interview.
[177] Frances, interview.

other Vancouver feminists. In part, the VWHC attempted to make change in a similar way. However, the VWHC generally took a support role in these struggles, and contributed by attending pro-choice rallies and meetings, and by publishing both advertisements and content related to the struggle for abortion rights in the various incarnations of their newsletters. For example, a 1975 issue of the Collective's newsletter, *Wicca*, reported that at the request of a woman doing abortion counselling at Vancouver General Hospital, readers are urged to "come to the [annual general] meeting [of the Hospital Corporation at VGH] April 23 Wednesday and lend your support so that women can continue to have safe, legal abortions at V.G.H."[178] Similarly, in another 1975 issue of *Wicca*, the Collective ran a long story on Dr. Henry Morgentaler's campaign to provide abortions and his subsequent incarceration and legal struggles. The article concludes with a plea for support, directing readers to contact the Canadian Association for Repeal of the Abortion Laws (CARAL).[179] The newsletter coverage of abortion rights campaigns and the call-out for support demonstrate that the VWHC was concerned with and connected to the struggles for legal rights to abortion, but that their role tended to be one of support rather than front line organizing.

Collective members were sometimes drawn to the organization because its radical feminist underpinnings, which stressed that women's expertise on the topic was directly connected to their essential embodied experiences as biological women, appeared more accessible to Collective members than the socialist-feminist approach to legislative change. A woman need not know about the intricacies of Canadian party politics or the details of the changing legal position of abortion and birth control in order to join a consciousness-raising group. Melanie Conn attributes her initial attraction to the self-help movement as based partially in her sense of what was political at the time. In response to a question about why she did not become involved with the Women's Caucus and their Abortion Caravan project, Conn explained:

[178] *Wicca* Vol. 1 No. 6: 6. F-111-8-0-0-109, *Wicca*, SFU Archives. Former Collective members sometimes recalled this event in their interviews. For example, MacDonald, interview.

[179] *Wicca* Vol. 1 No. 8: 7. F-111-8-0-0-109, *Wicca*, SFU Archives; Thomson, *Winning Choice on Abortion*, 140, 172.

> The women's caucus was very political. And at the time… I personally was really intimidated because I wasn't political. I mean they were Marxist-Leninists, Maoists, NDP, they were really political. And I went to one meeting and I didn't know what they were talking about. So, I didn't know what to do about that… I remember feeling really badly. I felt stupid, you know, like it was all these intricacies… So, when I heard about the UBC [consciousness-raising] group I was really excited. And at the beginning for quite a long time it was just anybody felt really at home there.[180]

Conn's memory reveals not only that feminist consciousness-raising was experienced by some women as a more accessible entry point to politicization, but also that before joining the group her concept of what counted as "political" was limited to dense theory and partisan politics. Because she imagined the legal struggles for abortion as political work that was beyond her understanding, Conn directed her path toward a women's consciousness-raising group, and later, through the influence of feminist self-help, discovered the ways in which her personal experiences could be imagined as just as validly political.

While other Collective members may have found the women's movement in Vancouver intimidating at one time, most Collective members linked their interest in the group to a personal experience with their health or with a doctor. The self-help philosophy of the VWHC was accessible to many Collective members insofar as it offered a way in which women's experiences could be interpreted as valuable and worth acting on. Marti Wendt first became involved with the VWHC after visiting the Clinic for a minor health problem. She describes the experience: "I loved the atmosphere when I went there as a patient, you know, because it was very open and friendly and straight-forward... The women there were receptive. And that was important."[181] After visiting the Clinic as a patient, Wendt was encouraged by Conn, an acquaintance at the time, to come to a Collective meeting. Conn herself was drawn to feminist self-help based on her

[180] Conn, interview.
[181] Wendt, interview.

own personal experience with a doctor, and further describes why she chose that philosophy over other possible activist strategies:

> What drew me to it was what happened to me! And, you know, you couldn't legislate that away. It just seemed to me that the *Our Bodies, Ourselves* approach, which was not at all a legislative approach was the way to make that change. I mean if you know Doctor 'schmo is going to be that way then we'll have our own clinic and I won't go through with that… We definitely took everything into our own hands… we experimented a lot to really see how far, how much health care could you do. Without, you know, hospitals and doctors.[182]

The connection that many Collective members made between their own personal experiences and the values of feminist self-help was a logical one. While women in the late 1960s and early 1970s lacked reproductive rights and information about their bodies, they also routinely encountered the problem of sexism within the medical system. Therefore the VWHC worked in alliance with feminists who were fighting legal battles, but focused on educating themselves about their bodies, sharing that information with other women, and reimagining the ways in which knowledge about women's bodies was reproduced and used.

In 1972, the VWHC was Canada's most active feminist self-help organization. The organization's approach to politics was shaped by specifically Canadian feminist traditions, but American feminist self-help strategies were its primary influence. Though a flurry of women's liberation movement activity was also happening in other parts of the country, feminist self-help specifically took hold in Vancouver in part because of the connections between some Vancouver women and women's health movement activists in Seattle, San Francisco, and other cities on the American west coast. American feminist self-help activists inspired the VWHC because strategies and analyses addressed members of the VWHC's experiences in a way that the women's movement in Canada, as of the early 1970s, had yet to focus on. To this end, the VWHC accessed American women's health texts such as *OBOS*, learned directly from self-help activists

[182] Conn, interview.

in Seattle, and created partnerships across a shared political analysis. The ideas themselves, such as information-sharing and the creation of new feminist knowledge based on women's own experiences of their bodies facilitated the ability of the texts to travel and inspire, as women shared them with one another across borders. The American women's health movement produced feminist epistemologies that rested upon a tendency to universalize the experience of womanhood and of having a female body. Imagining themselves as essentially similar despite the differences produced by identity and location, the women of the VWHC were initially inspired by their own experiences and the philosophies and politics of the American women's health movement, and directed their activism toward similar goals. This resulted in the creation of women's health consciousness-raising groups, various information-sharing endeavours, and the creation of the women's self-help health clinic.

How the VWHC negotiated the balance between their political activism and service provision in Vancouver is the subject of the following chapter.

4. Balancing Principle and Practice: The VWHC, the State, and the Mainstream Medical System

In March of 1977, VWHC members Helena Summers and Diana Lion travelled to Victoria to attempt what seemed an unlikely mission: to secure funding from Premier Bill Bennett's socially and fiscally conservative Social Credit government. When the federal grants that had funded the VWHC since its creation in 1972 ran out, the Collective turned to the province with both desperation and determination. Summers remembers the absurdity of the task: "here we were these hippy women with hair on our legs, not wearing bras, and we thought, okay, so we're gonna go talk with Social Credit."[183] As Summers and Lion sat in the gallery of the legislative assembly, after meeting with the Minister of Health, he surprised them by formally introducing them as guests and members of "a group which is doing an excellent job of delivering primary preventive health care in the Vancouver community."[184] The pair was taken aback. Not only were they accorded an unexpected measure of respect, but also to Summers' and Lion's amazement, the VWHC were granted provincial funding. Summers recalls the event with incredulity: "we were, you know, this really radical left-wing women's health collective getting funding from the Social Credit government!"[185] Why is it that a radical organization such as the VWHC was able to accomplish such a task?

[183] Helena Summers, interview by author, Vancouver, British Columbia, November 17, 2010.

[184] Official Report of the Debates of the Legislative Assembly, 1977 Legislative Session: 2nd Session, 31st Parliament, Thursday March 10, 1977, http://www.leg.bc.ca/hansard/31st2nd/31p_02s_770310p.htm

[185] Summers, interview.

In the United States, feminist self-helpers often opposed state involvement in their work because they feared that government funding would depolticize their work by reducing it to service provision or inhibit their autonomy as an organization.[186] Women's health movement activist Carol Downer, for example, rejected the involvement of any and all institutions in favour of a strictly grassroots approach. On the topic of funding, she explained, "we know that we will not be funded to make a revolution; we will not waste our energies applying for the proverbial foundation grant or writing the proverbial book."[187] As an alternative to state funding, many organizations of the American women's health movement made ends meet by staffing their clinics with volunteers, collecting donations from the broader community, and most significantly, charging fees for service.[188] Limited state funds became available to women's health clinics in the mid-1970s in connection with a broader trend toward expanding the American welfare state, but it came with contracts and requirements that adversely affected the many clinics.[189] Resisting cooptation, depoliticization, and unwanted direction from the state was a constant battle for many women's health organizations.[190]

Though the VWHC ascribed to the ideology of feminist self-help, which was forged in the political and cultural climate of American radical feminism, its relationship to state funding differed from those of the American feminist self-helpers whose work initially inspired it. Importantly, the VWHC were active within the Canada, where its members and the community of women they interacted and lived within a publicly funded medical system. As Georgina Feldberg, Molly Ladd-Taylor, Alison Li, and Kathryn McPherson note "Canadian feminists had access to the apparatus of the state to an

186 Sandra Morgen, *Into Our Own Hands: The Women's Health Movement in the United States, 1969-1990* (New Brunswick: Rutgers University Press) 161.

187 Carol Downer quoted in Morgen, *Into Our Own Hands*, 25.

188 Morgen, *Into Our Own Hands*, 73, 161.

189 Morgen, *Into Our Own Hands*, 161-6.

190 Morgen, *Into Our Own Hands*, 161-175.

extent unimaginable in the United States."[191] The VWHC was able to acquire funding by characterizing its work as primarily concerned with providing preventative health care, making its radical politics, which challenged the values, principles, and practices of the state-sponsored medical system, somewhat invisible to the state. Summers attributes her success in 1977 to the strategy of speaking to the Social Credit government in terms of "dollars and cents."[192] Like its American counterparts, the VWHC struggled with the trend toward depoliticization associated with government funding acquired through their role as service providers at the women's health clinic. However, as Feldberg et al argue, whereas American feminists in the 1970s "tended to define themselves in opposition to their nation's policies," Canadian feminists were typically confident in their government and the welfare state.[193] Accordingly, the VWHC viewed government funding as a positive, indeed even necessary, element of their work. The VWHC became active at a moment when the state was particularly willing to fund feminist initiatives. In particular, a bond was formed between the Canadian government and the institutionalized or liberal feminist wing of the women's movement.[194] The Collective was able to benefit from this relationship while remaining dedicated to its grassroots origin, strategies, and politics, including feminist self-help and collectivism.[195]

In addition to its relationship with the state, the VWHC also navigated ongoing interactions with the mainstream medical system. Feminist self-help presented a radical challenge to the foundations of institutionalized medicine: medical professionalism was called out as a tool of patriarchy designed to displace women from their "natural" role as

[191] Georgina Feldberg, Molly Ladd-Taylor, Alison Li, and Kathryn McPherson, "Comparative Perspectives on Canadian and American Women's Heath Care since 1945," *Women, Health, and Nation: Canada and the United States Since 1945* (Kingston: McGill-Queen's University Press, 2003) 29.

[192] Summers, interview.

[193] Feldberg et al, *Women, Health, and Nation*, 28-9.

[194] Nancy Adamson, Linda Briskin, and Margaret McPhail distinguish between institutionalized feminism and grassroots feminism in the Canadian women's movement, connecting liberal feminism with the former and radical and socialist-feminism with the latter in Nancy Adamson, Linda Briskin, and Margaret McPhail, *Feminist Organizing for Change: The Contemporary Women's Movement in Canada* (Toronto: Oxford University Press, 1988) 9-11, 29.

[195] Adamson et al., *Feminist Organizing for Change*, 9-11, 29.

healers, medical expertise was reframed as knowledge that ought to begin with women's experiences. In this way, the VWHC shared the political stance of the U.S. women's health movement in its desire to create alternative health care options for women that were operated by laywomen. For example, the VWHC created a women's health clinic that was staffed primarily by laywomen and which prioritized prevention, self-care, self-education, and information sharing. Similarly, the Collective's first publication, *A Vancouver Women's Health Booklet* put women themselves at the centre of their own care: the largest section of the booklet falls under the heading, "HELP YOURSELF."[196] Nevertheless, the Collective in Vancouver interacted with the mainstream medical system more frequently than its American counterparts and the way in which the VWHC put theory into practice was often more moderate than the radical ideology they were inspired by. Through an analysis of the group's interactions with doctors, medical schools, and other elements of the system, this chapter also examines the complex relationship between the VWHC and the institutionalized medical system they rallied against.

Canadian women began demanding that the state address women's issues in the mid-1960s. Liberal feminists argued that women's human rights were not being adequately addressed and called on the Canadian government to establish a royal commission on the status of women. The Committee for Equality of Women in Canada (CEW), the organization that made the official request, had their wish granted in February of 1967 when the Royal Commission on the Status of Women (RCSW) was appointed.[197] The Commission's *Report*, which was produced in 1970 served as a practical list of goals for the women's movement in Canada.[198] Canada's largest institutionalized feminist organization, the National Ad Hoc Action Committee on the

[196] The Vancouver Women's Health Collective, *A Vancouver Women's Health Booklet* (Vancouver: Press Gang, 1972) contents page.

[197] Adamson et al, *Feminist Organizing for Change*, 51.

[198] *Report on the Royal Commission on the Status of Women* (Ottawa: Crown Publication, 1970).

Status of Women (NAC) was born out of the CEW with the distinct purpose of advocating for the implementation of the *Report*'s recommendations.[199]

The recommendations in the 1970 Report on the Royal Commission on the Status of Women led to an increase in the availability of state funding for women's initiatives.[200]Political scientist Janine Brodie argues that a "strong bond between the English Canadian women's movement and the federal government" emerged in the 1970s.[201] Brodie attributes the state's willingness to fund women's groups to a shared belief in the role of the welfare state, and feminist political scientist Jill Vickers, like Feldberg et al, further argues that the same belief motivated women's groups to accept funding.[202] This funding allowed women's groups to expand and grow, and the bond between the women's movement and the federal government became further cemented by NAC and the RCSW because of their shared belief in the "effectiveness of state intervention."[203] This relationship, however, was primarily between the state and liberal, institutionalized feminists, who Adamson et al argue began to be viewed by the public as "the spokes women of the women's liberation movement" just as grassroots feminist organizations were marginalized because of their "focus on internal questions of strategy and direction."[204] As a grassroots organization whose members recall seemingly

199 Adamson et al., *Feminist Organizing for Change*, 52; Jill Vickers, Pauline Rankin, and Christine Appelle, *Politics as if Women Mattered: A Political Analysis of the National Action Committee on the Status of Women* (Toronto: University of Toronto Press, 1993) 4; Jill Vickers, "Bending the Iron Law of Oligarchy: Debates on the Feminization of Organization and Political Process in the English Canadian Women's Movement, 1970-1988" in Jeri Dawn Wine and Janice L. Ristock, *Women and Social Change: Feminist Activism in Canada* (Toronto: James Lorimer and Company, 1999) 86-7; Ian McKay, *Rebels, Reds, Radicals: Rethinking Canada's Left History* (Toronto: Between the Lines, 2005) 208.

200 Adamson et al., *Feminist Organizing for Change*, 55.

201 Janine Brodie*, Politics on the Margins: Restructuring and the Canadian Women's Movement* (Halifax: Fernwood Publishing, 1995) 41.

202 Brodie, *Politics on the Margins*, 39-43; Vickers, "The Intellectual Origins of the Women's Movement in Canada" in Constance Backhouse and David H. Flaherty, *Challenging Times: The Women's Movement in Canada and the United States* (Montreal and Kingston: McGill-Queen's University Press, 1992) 45.

203 Brodie, *Politics on the Margins* 43; Vickers, "Intellectual Origins," 40.

204 Adamson et al., *Feminist Organizing for Change*, 54.

"endless" meetings and discussions surrounding internal questions of politics and process, the VWHC fits into Adamson's configuration.[205]

The amiable relationship that formed between the women's movement and the Canadian state in the 1970s was only possible insofar as each party was able to view the other as a collaborator rather than a threat. Despite the fact that NAC operated as an umbrella organization that collected a wide variety of women's groups, including some that were more politically radical or socialist than others, it was seen by the state and the public as a predominantly liberal feminist organization. NAC and other liberal feminist women's groups came to represent a sort of acceptable feminism, which was deserving of funding since it perpetuated the status quo of the Canadian state, advocating reform rather than revolution.[206] NAC's goals and political position are accurately captured by Jill Vickers' concept of "radical liberalism," which is characterized by a commitment to the ordinary political process, a belief in the efficacy and importance of the Canadian welfare state, and faith in the power of the state to remedy injustice.[207] As Adamson et al have argued, the "equality-for-all stance of [NAC and other similar women's organizations] made them acceptable to the media and the government…."[208] For their part, most Canadian feminists "perceive[d] the state more as a provider of services…

[205] Nancy Kleiber recalls the meetings as "endless," and numerous other former Collective members expressed a similar sentiment, though they also typically placed a high value on the end result of such long processes. See Melanie Conn, interview by author, Vancouver, British Columbia, September 7, 2010; Linda Light, interview by author, Vancouver, British Columbia, October 27, 2010; Barbara Mintzes, interview by author, Vancouver, British Columbia, November 17, 2010; Nancy Kleiber, telephone interview by author, November 9, 2010; Anonymous former VWHC member and doctor, interview by author, Vancouver, British Columbia, October 20, 2010; Summers, interview; Marti Wendt, interview by author, Vancouver, British Columbia, November 3, 2010; Kleiber and Light, *Caring for Ourselves*, 38-9.

[206] Adamson et al., *Feminist Organizing for Change*, 63.

[207] A broader description of radical liberalism is provided in the previous chapter. See Vickers, "Intellectual Origins," 40; See also Lynn McDonald quoted in Adamson et al., *Feminist Organizing for Change,* 62 and in Vickers, "The Intellectual Origins of the Women's Movement in Canada," 44.

[208] Adamson et al., *Feminist Organizing for Change*, 62.

than as a reinforce of patriarchal norms."[209] Consequently they courted rather than debated state funding. The perceptions held by the state and of the liberal, institutionalized women's movement of one another contributed to a cooperative relationship that was not present in the United States. Subsequently Canadian feminists enjoyed a relative freedom from constraint when funded by the government that was not available to similar organizations in the American context.

Though the VWHC's strategies largely resembled those of the American feminist self-help movement, their attitude toward government was in step with the mainstream Canadian women's movement. When the VWHC became a distinct organization in 1972, it was already running on funding arranged by the women's health group the Collective sprung from, and the organization continued to seek out government funding throughout the decade. Though the Collective was strongly influenced by the American feminist self-help movement, their practices also displayed some elements of Vickers' "radical liberalism," in particular the belief in service provision as useful political work and their lack of hesitancy to rely on state funding to achieve their goals.

As was typical for Canadian women's groups in the early 1970s, the VWHC was first funded by small federal grants from the Local Initiatives Programme (LIP) and Opportunity For Youth (OFY).[210] A LIP grant, which offered funding specifically for women's health projects, financed the creation of *A Vancouver Women's Health Booklet*.[211] By the time the booklet was complete the women's group had blossomed into

[209] Vickers, "Intellectual Origins," 45.

[210] In 1972, the VWHC received an OFY grant for $3000. See Kleiber and Light, *Caring for Ourselves*, 21. The amount of the LIP grant is unknown, but early VWHC funding overlapped with funding for A Woman's Place. See A Woman's Place-- history/minutes, 1972, F-111-3-0-1, Simon Fraser University Archives; A Woman's Place—Newsletter, 1972, F-111-3-0-7, Simon Fraser University Archives. On VWHC funding see Mary J. Breen, telephone interview by author, October 26, 2010; Kleiber, interview; Catherine Russell, interview by author, Vancouver, British Columbia, November 23, 2010; Conn, interview. On OFY and LIP grants in general, see Judy Rebick, *Ten Thousand Roses: The Making of a Feminist Revolution* (Toronto: Penguin, 2005) 19;

[211] Russell, interview; Kleiber, interview; Mary J. Breen, interview; A Woman's Place – proposals/reports, F-111-3-0-2, Simon Fraser University Archives.

a more concrete, specific organization, naming themselves the Vancouver Women's Health Collective. While the VWHC were required to make progress reports to the LIP, the funding conditions did not restrain or direct the Collective.

A larger portion of their funding came from the Company of Young Canadians (CYC). In April 1965 Lester B. Pearson's Liberal government approved the creation of the CYC, a federal project designed to promote and fund youth-led social, economic, and community development projects in Canada.[212] Historians Bryan Palmer and Myrna Kostash have argued that the organization played a significant role in the state co-optation of grassroots social movements, by poaching core New Left activists from Student Union for Peace Action (SUPA).[213] The threat of state co-optation through funding was a primary topic of debate amongst left activists in the late 1960s, and as Palmer and Kostash argue, contributed to the eventual fragmentation of the movement. According to these historians, by the early 1970s the CYC had lost steam as an agent of political change and as Palmer notes, "while it lived on until 1977, the CYC was but a pale and inconsequential reflection of the radical purpose and commitment that it had fed off of from its founding in 1965-6."[214] However, in contrast to Palmer's assertions, my findings demonstrate that the funding it provided to organizations like the VWHC, who accessed CYC grants totalling $24,300 throughout 1973-1975, enabled others to continue to strive toward social change.[215]

CYC funding enabled the Collective to establish a presence in Vancouver and to maintain itself throughout the first half of the 1970s.[216] Though the CYC had a complex

[212] Ian Hamilton, *The Children's Crusade: The Story of the Company of Young Canadians* (Toronto: Peter Martin Associates Limited, 1970) 2-4; Margaret Daly, *The Revolution Game: The Short, Unhappy Life of the Company of Young Canadians* (Toronto: New Press, 1970) 3, 6-7.

[213] Bryan D. Palmer, *Canada's 1960s: The Ironies of Identity in a Rebellious Era* (Toronto: University of Toronto Press, 2009) 274-6; Myrna Kostash, *Long Way from Home: The Story of the Sixties Generation in Canada* (Toronto: James Lorimer and Company, 1980) 19-28.

[214] Palmer, *Canada's 1960s*, 276.

[215] Kleiber and Light, *Caring for Ourselves*, 75-9; 21-2.

[216] Barbara Mintzes, email interview by author, July 27, 2011.

history of involvement in both organizing and funding social and economic development programs, by 1972, when they cut their first cheque to the VWHC, the debates had subsided and the organization persisted primarily as a funder. Contrary to Palmer's argument that the CYC's retreat from radicalism decreased the organization's political relevance, its transformation actually benefitted the VWHC. Persisting primarily as a funding organization, the CYC was no longer a directly politically active organization. Therefore the VWHC was largely free to make use of the funding without becoming embroiled in interactions with the CYC that might have influenced the course of their actions, had they been the recipients of CYC funding some few years earlier.

In February 1974, the VWHC received a major Research and Demonstration grant from the Department of Health and Welfare for $30,700 and continued to receive Demonstration grants of $52,500 for 1975 and $47,000 for 1976.[217] The grant provided funds for the operation of the VWHC as well as additional funding for two researchers to document and evaluate the work of the Collective. The purpose of the grant was also to allow the VWHC to demonstrate their particular model for feminist self-help health care.[218] Former researcher and Collective member Nancy Kleiber attributes the VWHC's success in acquiring such long-term and relatively hassle-free funding to the fortuitous existence of a few feminists within the Department of Health and Welfare.[219] Kleiber remembers gaining a better understanding of why the group was awarded the major grant once she met some members of the grant's adjudication panel, who were "so excited that there was a possibility of making a difference" through funding the Collective.[220] The adjudication panel was impressed that the VWHC not only had a vision, but also had a clinic running at the time of their application for the grant. Hence, the Demonstration Grant is one example of the way in which institutionalized feminists

[217] Nancy Kleiber and Linda Light, "Report on Research," *Wicca* Vol. 1 No. 6, April, 1975, 5, *Wicca*, 1975, F-111-8-0-109, Simon Fraser University Archives; Kleiber and Light, *Caring for Ourselves*, 21-2.

[218] Nancy Kleiber, email interview by author, November 24, 2011.

[219] Kleiber, interview.

[220] Kleiber, interview.

had some influence over the accessibility of funds for grassroots feminist organizations. This helps to explain how the VWHC was able to attain state funding despite their radical politics.

Rather than directing the form the Collective's work should take, the Demonstration Grant enabled the VWHC to more successfully transform their vision for an alternative experience of women's health into reality. Helena Summers remembers how the funding had an immediate and productive impact on the VWHC:

> Oh, it was unbelievable. It was really great. The Demonstration Grant enabled us to do so much more. We further developed the counselling pieces and the women's self-help clinic that we were operating out of the Pine Free Clinic, as well as expanded the diaphragm fitting clinics at the Health Collective offices. We also increased the number of groups where women exchanged information about how their bodies worked.[221]

The Demonstration Grant also allowed the Collective to create a small number of paid staff positions, which were taken up by Summers, Melanie Conn, and Claudia MacDonald, as well as other members. Since the VWHC was dedicated to what Jill Vickers had described as "internal egalitarianism," a radical feminist organizing principle that aimed at "rotation of leadership and sharing of work" and rejected hierarchical forms of organization, they structured the use of the grant money in ways that suited their philosophy.[222] The VWHC generally referred to this philosophy simply as "collectivity" and the members were deeply committed to sharing power, information, and responsibility.[223] Rather than funding permanent paid positions that would translate to specific service outcomes, the Collective funded rotating paid staff positions, and each Collective member, whether paid or volunteer, contributed to multiple rotating tasks.[224] Therefore the Demonstration Grant had the effect of furthering the Collective's aims overall.

[221] Summers, interview.
[222] Vickers, "Bending the Iron Law of Oligarchy," 83.
[223] Kleiber and Light, *Caring for Ourselves,* 34-42.
[224] Kleiber and Light, *Caring for Ourselves,* 34-42; Summers, interview.

In their 1978 study of the VWHC, researcher-participants Nancy Kleiber and Linda Light found that the Collective was able to resist the kind of depoliticization and co-optation experienced by state-funded women's health movement organizations in the United States.[225] Further, they argued that the members of the VWHC retained a commitment to their original goals, ideologies, and values that might not have been possible had the organization or the clinic originated as a government-initiated project.[226] The VWHC's ability to attain state funding relied in part on the government perceiving the group as an organization committed to filling a gap in women's health care rather than a radical political group bent on challenging the status quo. Negotiating this balance was a consistent challenge for the VWHC, but as Light recalls, the organization managed to provide services without losing sight of their politics:

> I remember them as being very good at marrying the two [politics and service]. I mean they were able to bill the medical system for the medical services that they provided. They ran a clinic! You know and they taught women how to do breast self-exams, they did speculum exams, you know they did real services that they were able to bill so they were able to get money! I was never aware of them minimizing their political stance in order to maintain funding.[227]

In many ways, the VWHC's success at maintaining a political edge while providing a service can be attributed to the fact that, for the Collective, creating and operating a feminist self-help clinic was in itself a political act. This belief in service as politics resonates with Vickers' characterization of the Canadian women's movement as invested in service provision as a form of remedying injustice. The feminist self-help ideology the Collective based its work on resulted in a way of running the Clinic that was political in every facet, despite how it may have appeared to government funders.

This strength of the VWHC's internal processes is also evident in the relationship between the Collective and researchers Kleiber and Light, who were hired with funds

[225] Morgen, *Into Our Own Hands*, 115-6.
[226] Kleiber and Light, *Caring for Ourselves*, 145-6; Light, interview.
[227] Light, interview.

from the Demonstration grant. In their report, Kleiber and Light examined the ways in which the pair revised their own methodology to suit the particular needs and ideology of the Collective. Kleiber and Light began their work using traditional social science research and evaluation methods, including striving for a sense of objectivity and maintaining a distance from their subjects. However, their own sense that it was not working as well as interventions and challenges by Collective members motivated the researchers to construct a new, innovative approach that the pair often had to make up as they went along.

Kleiber and Light's research methodology transformed from a traditional social science method focused on objectivity and distance between researcher and researched to an interactive approach that aimed for "critical subjectivity."[228] In practice this meant retaining the components of traditional social science research that the researchers deemed important to structure: questionnaires, interviews, and data analysis, for example. What changed, however, was the ways in which the researchers conceptualized their relationship with the Collective. Rather than perpetuating an imagined sense of distance and objectivity, Light and Kleiber acknowledged their commonalities with the group members and the subjective and affective dimensions of the relationship between researcher and research. To this end, the researchers invested themselves in the work of the group, becoming both participant observers and Collective members. Light and Kleiber soon discovered that their decision to let go of the illusion of objectivity served their research well: "we feel that the loss in professional distance and objectivity was matched by a gain in perception and in sensitivity to the realities of the situation we were studying."[229] Reaching for critical subjectivity rather than objectivity produced a research project that was in keeping with the values of the Collective.

Kleiber and Light were influenced by the Collective's concept of sharing power and information. In *Caring for Ourselves*, the report on the Collective, the researchers explain the initial tension between researcher and subject:

[228] Kleiber and Light, 26.
[229] Kleiber and Light, 28.

> Collective members, acutely aware of the power of knowledge, are dedicated to the sharing of information so that power may be equally accessible to all. Our relatively closed-mouth approach was not only difficult for them to understand but ran counter to these basic organizing principles.[230]

Light remembers how Collective members challenged them to revise their research methodology:

> We would withhold our findings and I don't think we were going to necessarily withhold them until the end but we wouldn't necessarily participate by feeding back. I remember at the end of a Health Collective meeting [a Collective member] just said, "why?" And it was really interesting; it really made me think, well, ok, why? I had to justify it and she countered and we had a real talk about it. In the end, we didn't work in that way… we definitely fed back stuff to them as we went along and we also agreed in the writing of the report that… we would, anytime we made a presentation that we would include them in the presentation and we would speak from the point of view of the researcher and they would speak from the point of view of the researched.[231]

Ultimately, Kleiber and Light were able to devise a research methodology that was in line with the feminist politics of the VWHC, and which functioned in harmony with the organization's commitment to collectivism, and information-, knowledge-, and power-sharing. The researchers shared their findings with the Collective as they went along, they made their notes and reports available to the other Collective members, and Kleiber and Light participated in the daily work of the Collective's operations. The researchers' new methods were not only effective for this one project. Kleiber and Light's new research methodologies later became influential in their field—*Caring for Ourselves* has been cited as an early example of feminist social science methodology.[232]

[230] Kleiber and Light, 26-8.

[231] Light, interview.

[232] Francesca M. Cancian, "Feminist Science: Methodologies That Challenge Inequality" *Gender and Society*, Vol. 6, No. 4 (Dec., 1992), 628, 633.

In *Caring for Ourselves*, Kleiber and Light attribute the functionality of their new research methods in part to the similarities between themselves and the members of the Collective. As politicized individuals who identified as feminist before they became involved with the Collective (Light more so than Kleiber), the pair explained that they felt they "could relate [to the Collective members] as equals."[233] The identities of the researchers matched the dominant trends within the Collective and broad women's movement: as Kleiber and Light note, "we were all roughly the same age and social class, and shared life-styles and socio-political outlooks."[234] Similarly, the feminist politics of some members of the funding panel contributed to the researchers' freedom to stray from traditional social science research and evaluation methods and develop new critical processes.

While the VWHC enjoyed a level of access to relatively unencumbered state funding that was simply not possible for similar American women's health organizations, the well abruptly dried up in 1983. The Collective's main source of funding had shifted from the federal to the provincial level in 1977, forcing the group to devote more time to locating new sources of funding, which Kleiber and Light note "cut severely into the services offered by the Collective."[235] However when British Columbia Premier William Bennett revised the budget in 1983 the Collective, along with other women's organizations such as the Vancouver Rape Crisis Centre, lost all of their funding virtually overnight.[236] According to Collective member Barbara Mintzes, the cuts had a drastic effect on the Collective: "There were a lot of problems in terms of the running of the centre that were related to problems with funding insecurity while I was working there. Which had not been the case in about the maybe the seven or eight years beforehand." The 1983 funding cuts marked a new phase for the Collective; the heyday of accessible state funding, though never by any means abundant, had come to a close.

[233] Kleiber and Light, *Caring for Ourselves*, 29.
[234] Kleiber and Light, 29.
[235] Kleiber and Light, 22.
[236] Adamson et al., *Feminist Organizing for Change*, 85; Kleiber and Light, *Caring for Ourselves*, 22.

In addition to the direct state funding they enjoyed as a women's group, the VWHC also found ways of acquiring funding as a medical service provider. Beginning in 1973, the Collective devised a way to bill the government on a fee-for-service basis in connection with their women's self-help health clinic, while it operated out of the Vancouver Free Clinic for a few short years. Women who visited the clinic were directed to fill out billing cards, which were legitimized when the Free Clinic's medical director signed off on them and sent them away to the provincial government. Individual doctors who worked at the clinic were also able to sign off on the billing cards.[237]

While the fee-for-service system provided the Collective with some additional income, the Collective's politics complicated the situation. In an article in the Collective's short-lived newspaper, *Wicca*, Melanie Conn explained the discomfort the VWHC had with the process. First, the Collective thought that the fee-for-service system represented a marketplace approach to healthcare wherein a particular service was equated with a quantified fee. The Collective's feminist self-help politics conflicted with this approach, as the group advocated an approach to healthcare that rejected market- and business-related healthcare models. Second, the fee-for-service model was geared toward "procedures directed to illness." This model conflicted with the Collective's preventative healthcare model, which prioritized general exams, education, and information sharing.[238]

The Collective found a partial solution to the problem of balancing their politics with the funding of service provision by switching to sessional payments. This process consisted of the Medical Services Commission paying a flat fee directly to a doctor at the clinic for a 3.5-hour session. By basing their funding on time worked by doctors rather than patients seen, the Collective were able to move away from some aspects of the business-oriented model of healthcare that they saw as represented in the fee-for-

[237] Melanie Conn, "Struggling with Bureaucracy Clinic Funding," *Wicca* Vol. 1 No. 6, April, 1975, 4, F-111-8-0-109, SFU Archives; also reprinted in Kleiber and Light, 172-3. See also Kleiber and Light, *Caring for Ourselves*, 22.

[238] Conn, "Struggling with Bureaucracy Clinic Funding," 172-3.

service process. However, this meant that the money went directly to the volunteer doctors, who could then agree to donate it to the Collective if they wanted to. The Medical Services Commission refused to fund the Collective directly based on hours worked by doctors and they would not directly fund the lay healthcare workers, whose labour represented the bulk of the work done at the VWHC.[239]

The Collective saw the funding problem as a political issue that was indicative of a problematic model for healthcare provision. The government's unwillingness to fund lay healthcare workers despite their primary role in the clinic demonstrated the ways in which state funding contributed to the shoring up of the role of the physician as expert and primary healthcare provider. The struggle demonstrates the ways in which both the Collective's vision for women's health care and their practical model for service provision were political issues that challenged both the mainstream medical system and the state as a funder. While state funding was available for the project, it was only accessible if the Collective agreed to accept it through a process that conflicted with their political goals. In her 1975 article on the dilemma, Conn reached out to readers, sharing information about the Collective's struggle and process, and asking that community members write to the Deputy Minister of Health in order to pressure the government to fund lay healthcare workers via sessional payments.[240]

The VWHC also navigated ongoing interactions with the mainstream medical system. As with their relationship to the state, in practice the Collective's relationship to the mainstream medical system complicated the theoretical, ideological, and political commitments of the movement. As historian of gender and science Michelle Murphy explains, the women's health movement revalued women's experiences as primary source of generating knowledge about women's bodies as a reaction to the imagined expertise of the medical professional, which had become particularly problematic for

[239] Conn, "Struggling with Bureaucracy Clinic Funding," 172-3.
[240] Conn, "Struggling with Bureaucracy Clinic Funding," 172-3.

women in the 1950s and 1960s.[241] The concept of women's experience, Murphy argues, "as conceived within the feminist self-help movement, provided a kind of evidence that was used to critique science, especially biomedicine, by providing a different knowledge of the world."[242] The women's health movement explained women's negative experiences with doctors and other health care professionals as connected to their view of mainstream medicine itself as inherently, systemically, and fundamentally sexist and patriarchal.[243] As Marina Morrow notes, "the concern that women should be seen as active agents in their own health care rather than just as passive patients of the medical system, provided momentum for activism during [the 1970s]."[244] Therefore feminist self-help organizations in the United States typically operated independently of the mainstream medical system as well as the professionals associated with it. Instead of pushing for reform of the mainstream medical system, the feminist self-help movement endeavoured to build a parallel network of alternative health care options and services for women that relied on the work of laywomen health care workers and was supported by the practice of information sharing among ordinary women. In the United States, this philosophy fuelled the creation of such projects as *Our Bodies, Ourselves*, the feminist self-help abortion service, *Jane*, and numerous women's health clinics like the one started by Carol Downer in Los Angeles. In large part, these American projects operated independently of the mainstream medical system sometimes because of their illegal nature but also because the larger scale of the American women's health movement made it more possible for feminist self-helpers were often able to learn skills from one another. American feminist self-help organizations were also typically less willing to accept state-funding, instead turning to start-up funding from other similar organizations

241 Michelle Murphy, "Immodest Witnessing: The Epistemology of Vaginal Self-Examination in the U.S. Feminist Self Help Movement," *Feminist Studies*, Vol. 30, No. 1 (Spring 2004) 118.

242 Murphy, "Immodest Witnessing," 118.

243 Barbara Ehrenreich and Deirdre English, *Complaints and Disorders: The Sexual Politics of Sickness* (Old Westbury, NY: The Feminist Press, 1973) 9.

244 Marina Morrow, "*'Our Bodies Ourselves*' in Context: Reflections on the Women's Health Movement in Canada" in Marina Morrow, Olena Hankivsky, and Colleen Varcoe, eds. *Women's Health in Canada: Critical Perspectives on Theory and Policy* (Toronto: University of Toronto Press, 2007) 41.

or by viewing billing the women who accessed their services as less-than-ideal but necessary component of their projects.[245]

The relationship between the Collective and physicians, in particular the volunteer doctors who staffed the women's health clinic, was one of the primary points of connection between the VWHC and mainstream medicine. The Collective was inspired by a feminist self-help philosophy that valued self-education on women's health issues, information sharing among women, and the importance of women's ability to both monitor and treat many of their own health conditions. For some self-helpers, this meant the total exclusion of medical professionals, as was the case in Downer's Feminist Women's Health Centers.[246] Other groups, like *Jane*, built strategic relationships with traditional, mainstream doctors for the strict purpose of learning their skills.[247] Professional physicians were included in the VWHC's women's health clinic. The Collective's relationship to doctors was at times strategic and practical. For example, some Collective members received instruction on gynaecological procedures from a sympathetic doctor in North Vancouver.[248] Doctors who volunteered at the Clinic could also provide useful signatures on paperwork related to funding. It is also likely that the presence of qualified medical doctors may have further legitimized the VWHC and their clinic in they eyes of both the larger mainstream medical system and the women who

[245] Carol Downer was especially vociferous about operating outside of institutions: "We know that we will not be funded to make a revolution; we will not waste our energies applying for the proverbial foundation grant or writing the proverbial book. We will not have the support of publishers, businessmen, and certainly not doctors. We will not search for 'the sympathetic woman doctor,' and we're too poor to offer 'free' services to anyone… Yes we dare to want POWER. We want to take over women's medicine—nothing less," Downer, n.d. quoted in Morgen, *Into Our Own Hands*, 25. *Jane* also charged women for their services (abortions), frequently framing the issue as something women could do to empower themselves. By paying for her own abortion, a woman was taking her own life into her own hands. The group encouraged women who could afford it to pay, but would never turn women away for lack of funds. Higher prices paid by women with more money subsidized the lower prices the group charged some women as well as the occasional free abortion for women who could not afford to pay at all. See Laura Kaplan, *The Story of Jane: The Legendary Underground Feminist Abortion Service* (New York: Pantheon, 1995).

[246] Morgen, *Into Our Own Hands*, 25.

[247] Kaplan, *The Story of Jane*, 116, 200.

[248] Mary J. Breen, interview.

visited the clinic themselves. However, the Collective also valued the input of doctors in questionable or more difficult diagnoses and as consultants.

The Collective was highly specific about which doctors they accepted at the clinic as well as the role doctors played. The clinic was staffed exclusively by volunteer women doctors. This would likely not have been possible a decade or two earlier, but as historian of medicine Cheryl Krasnick Warsh has shown, the 1970s witnessed the most significant peak in women's enrolment in medical school since the nineteenth century.[249] Nonetheless, the Collective was not interested in simply substituting male doctors for female doctors. In order to actualize their vision for an alternative experience of women's health care, the role of the clinic doctor was intentionally marginalized in relation to those of the laywoman healthcare providers.[250] The Collective emphasized that the more primary relationship should be between the team of laywoman healthcare workers and the woman users of the Clinic.[251] To this effect, doctors at the Clinic primarily played the role of consultant.[252] On hand at every clinic night, doctors double-checked examinations at the request of the laywomen healthcare workers, or performed any procedures that were beyond the training of the laywomen.[253] Despite feminist self-help's ideological rejection of the concept of the physician as medical expert and the authority of the medical professional, the VWHC included doctors in a way that made use of their knowledge but resisted the dominant narratives and power dynamics associated with medical expertise.

Many former Collective members and doctors remember the relationship between the professionals and the paraprofessionals as typically friendly and without

[249] Cheryl Krasnick Warsh, *Prescribed Norms: Women and Health in Canada and the United States since 1800* (Toronto: University of Toronto Press, 2010) 176-182, 217.

[250] Kleiber and Light, *Caring for Ourselves*, 47-50, 51-3, 141-2; Liz Whynot, interview by author, Vancouver, British Columbia, July 7, 2010; Anonymous former VWCH member and doctor, interview.

[251] Kleiber and Light, *Caring for Ourselves,* 51-3; Conn, interview.

[252] Kleiber and Light, *Caring for Ourselves,* 135, 141-2.

[253] Steele, 21.

tension.[254] Former Collective member Claudia MacDonald explains: “They weren't [always] part of the Collective, they didn't come to meetings. But they got what was going on. They were really supportive. It was really nice to have them.”[255] Further, MacDonald explains that the feminist self-help critique of professionalized, institutionalized medicine did not translate to a negative personal relationship with doctors: “We weren't like out to kill the doctors, you know! [laughs] We weren't burning effigies of doctors. You know, it was the system. You challenge the patriarchy, but not men, you challenge the medical *system*.”[256] Since the Clinic doctors were volunteers, they were a “self-selected” group who often personally identified as feminists and often had already begun to develop their own critiques of the mainstream medical system.[257] Indeed, former Collective doctor and later member Liz Whynot, when asked about the relationship between the laywomen healthcare workers and the clinic doctors, responded by first explaining that she understood and identified with feminist critiques of medicine as an “institution” that “doctors are very much a part of.”[258] In her recollection of the relationship between laywomen and doctors at the clinic, Whynot notes that her own sense of privilege, as a person whose opportunities gave her access to the information and power related to her position as a professional, partially motivated her to step back and let the laywomen take the reigns. However, she calls attention to the relatively privileged identities of the Collective members, who were most often well-educated, white women.[259] The similarities between the doctors and the Collective members in terms of identity and privilege may have contributed to the generally smooth relationship experienced by the doctors and laywomen, but it was a shared sense of the

[254] MacDonald, interview; Whynot, interview; Anonymous former VWHC member and doctor, interview, October 20, 2010; Conn, interview; Summers, interview.

[255] MacDonald, interview. Some doctors, however, were Collective members at different times. An anonymous interviewee was a Collective member before she was a volunteer doctor and Liz Whynot became a Collective member after first becoming involved with the Clinic as a volunteer doctor.

[256] MacDonald, interview.

[257] Summers specifically described the volunteer doctors as “all feminists,” interview; Kleiber and Light, *Caring for Ourselves*, 133.

[258] Whynot, interview.

[259] Whynot, interview.

problems of institutionalized medicine that both Collective members and doctors remember as particularly effective at uniting them.

Volunteering for the clinic appealed to doctors for myriad reasons: some were feminists seeking a space where they were able to put their own values into practice and others enjoyed the work experience and chance to build a name for their future private practice.[260] While most doctors at the clinic were not members of the Collective, some, like Liz Whynot, later became members. One doctor in particular was a Collective member before she became a doctor. At the encouragement of the group, some of whom argued that more woman doctors would contribute to a change in the dominant medical system, the Collective member applied for and was accepted into medical school. As a medical student and later doctor, she returned to the Clinic as a volunteer.[261] Her story demonstrates the ways in which a reformist, feminist idea that more woman doctors might change the system persisted within the Collective despite the influence of feminist self-help, which challenged the very concept of professionalized medicine. While remaining committed to their theoretical ideals, the ways in which the Collective practiced their politics were often flexible.

The experience of the doctors at the clinic reveals the way in which the VWHC challenged and changed typical power dynamics through self-education and information sharing. Doctors who volunteered at the Clinic recall the work as a very valuable learning experience. Many doctors surveyed by Kleiber and Light reported gaining a deeper understanding of the importance of lay participation and communication with patients in women's health care, as well as creating an empathetic atmosphere that valued women's experiences. For some, volunteering with at the Clinic resulted in having their consciousness-raised about the prevalence of women's bad experiences with medicine and doctors.[262] Beyond the benefits of learning the philosophy of feminist self-help, the volunteer doctors also learned practical hands-on medical skills. For

[260] Whynot, interview.
[261] Anonymous former VWHC member and doctor, interview.
[262] Kleiber and Light, 136-7.

example, as the clinic became more established, the laywomen healthcare workers gained a reputation in Vancouver as experts on fitting diaphragms, which was something most doctors were not trained to do. Largely abandoned by mainstream medicine, the diaphragm was embraced by the women's health movement and the VWHC as a woman-controlled alternative to the birth control pill, which had come under fire by feminist health activists during the sixties and seventies as its unsafe and unpleasant side effects became better understood.[263] Both of the former clinic doctors I interviewed explained how their experiences at the clinic improved their knowledge and practice as doctors. One of the former doctors notes that she "learned how to fit diaphragms through the Health Collective:"[264]

> I felt completely confident when I was a physician fitting diaphragms and cervical caps because of that experience. And I was able to teach it to a lot of different people and feel confident that the women I was giving that contraception to knew how to use it and would have a successful experience with it. I felt pretty confident through my experience at the Clinic that I knew how to talk to women about sexually transmitted diseases, about birth control, about early pregnancy.

Working at the clinic offered new doctors a chance to learn about caring for women's health in general at a time when medical school barely prepared doctors for dealing with the topic:

> It was really pretty bad in medical school. There was gynecology and stuff but not much in the way of, well nothing really about contraception. It was poorly taught... I say that the people at the Health Collective were the ones that taught me how to do all that stuff.[265]

[263] Vancouver Women's Health Collective, "Our Newsletter Vancouver Women's Health Collective" Vol. 1 No. 3. (March '74), 9, SFU Archives, F-111-7-2-31: Vancouver Women's Health Collective 1974-1980; Barbara Seaman, *The Doctors' Case Against the Pill*. New York: Doubleday, 1980 [originally published in 1969].

[264] Anonymous former VWHC member and doctor, interview.

[265] Whynot, interview.

While the VWHC's goal was to increase the amount of information and care shared between themselves as lay women healthcare workers and the women who used the Clinic, the medical professionals and presumably the patients in their private practices also benefitted from the Collective's self-help philosophy and focus on sharing information.

By the mid-1970s, the Collective had a reputation for its expertise in some matters of women's health by some members of the mainstream medical system. As Melanie Conn remembers, mainstream medical doctors began to refer their woman patients to the Collective for diaphragm fitting.[266] While Conn attributes the referrals to a lack of interest on the part of most mainstream physicians, my interviews with former Collective doctors suggest that the referrals should also be attributed to the general lack of knowledge and practice that the vast majority of doctors had with diaphragms and cervical caps in the mid 1970s.[267] Further, that Vancouver doctors were regularly referring their woman patients to the laywoman-run women's health clinic indicates that the Collective had achieved, although unintentionally, a certain level of respect among some members of the mainstream medical community.

This unexpected position of respect helps to explain why in 1975 the Collective was asked to contribute to the education of medical students at the University of British Columbia by working as live models who would provide instant feedback for students practicing pelvic exams.[268] The request sparked mixed feelings among the Collective members but was ultimately vetoed by Conn. Drawing on feminist self-help ideology, Conn explains her disinterest in the project: "I remember thinking, I don't want to be teaching doctors how to do pelvics. You know, that isn't what I want to do I want women to learn [how to do cervical self-exam]… it just seemed like the wrong direction."[269] After Conn left the Collective, however, some members of the organization agreed to grant

[266] Conn, interview.
[267] Whynot, interview; Anonymous former VWHC member and doctor, interview.
[268] Kleiber and Light, *Caring for Ourselves*, 111.
[269] Conn, interview.

the medical school's request. One Collective member and volunteer doctor for the women's health clinic remembers participating in the project:

> There were about six of us I think, and we taught medical students how to examine women by using our own bodies… So we were pelvic models. Because it used to be that medical students would learn on women who were anaesthetized. You know, who never gave their permission to be examined! […] we went in and we were the pelvic models. And we said, "no, that's not my ovary," and so forth.[270]

By acting as live models for medical students, the Health Collective women were able to expose mainstream medical students to a feminist ethics of examining women's bodies as well as to transform the learning process into one in which the subjects of examination were better able to give consent. While for Conn, the prospect of teaching mainstream medical students conflicted with her own sense of women's health movement politics, for some other Collective members, feminist political aims were successfully met. While Helena Summers never worked as a pelvic or breast model, she supported the women who chose to and comments, in addition to the work of pelvic models the Collective members "also taught medical students how to do breast self-exam [and] how to teach women to do breast self-exam…So we actually made inroads and impacted the medical training at the UBC medical school and ultimately how new doctors provided care."[271] Despite the privileged position of power members of the mainstream medical system typically enjoyed in relation to both women as patients and to lay healthcare workers, in this instance the Collective members were able to transform that cultural script to suit their own ends. Armed with the confidence of already knowing their own bodies through their previous experiences with CSE and actively living within the counter-culture of the women's health movement, Collective members acting as pelvic models were able to be examined by students in a way that repositioned the women themselves as experts.

[270] Anonymous former VWHC member and doctor, interview.
[271] Summers, interview.

Hiring women's health activists as pelvic models turned out to be an educational experience for both parties. The Collective members provided the students with information, including feedback on how it felt to be examined and seemingly simple suggestions such as warming the speculum before insertion. Collective member Barbara Mintzes describes some of the exchange:

> [The goal was to have the student] learn to be more sensitive to the woman. Obvious things like to warm the speculum. Obvious things. Interacting with the woman at the time. Medical students could be just absolutely terrified of the experience of having to do their first pelvic exam. Male medical students especially, right? So it was kind of like reminding them to interact, suggesting just some kind of a neutral touch on the arm or something of the sort as a way of kind of establishing contact before doing the pelvic exam. Just even the kind of conversation… checking in that the woman is okay. Just the fairly basic kind of human side to it.[272]

Beyond achieving some of their goals through the process, some Collective members valued the experience for its educational outcomes. Barbara Mintzes further explains:

> In a way it was just interesting even to see what the physician who was the head of the session, what they were even training the doctors to do. So in a way I was getting a bit of medical training through it. I was interested in what I learned about the pelvic exam.[273]

As Mintzes' recollections attest, though the interaction took place between laywomen and students en route to becoming medical professionals, the Collective members were able to impress their own vision for women's health care, in particular their emphasis on the process of sharing information, on the situation.

Despite the collegial relationship the Collective developed with the medical school and with some volunteer doctors at the Clinic, the organization challenged the mainstream medical system in ways that sometimes resulted in conflict. The Collective's experience with operating the women's clinic out of the Seymour medical building in

[272] Mintzes, interview.
[273] Mintzes, interview.

Vancouver demonstrates the ways in which the organization's position in the medical community was not always one of respect or neutrality. In 1974, the VWHC moved their women's health clinic out of the Pine Street Clinic and into the Seymour medical building. However after two Collective members made what Kleiber and Light described as "controversial statements on the traditional health care system," the VWHC was asked to withdraw the statements but instead chose to leave the building.[274] Former VWHC member Mary J. Breen remembers the incident clearly:

> We had somehow heard that a particular drug that was given for trichomonas had some, if not dangerous, then worrisome side effects. I put a little paragraph in [the VWHC newsletter] saying, there was some concern about this drug called Flagyl, and stay tuned, more next time, while I did some more research. And by research I meant, I would read up on it. Of course we did not have a research lab. I was just going to try to understand what medical researchers were writing about it. The doctors were already very unhappy with us being there because we didn't have white coats and MDs; we were these crazy women who wore the wrong clothes and were threatening their territory…. Their reaction was, "Who did they think they are, doing research? They don't know how to do research!" This gave them the excuse they were looking for to ask us to leave. But you know, it was such a bad fit already.[275]

Breen's memory demonstrates the ways in which the Collective's work continued to be perceived as illegitimate by some members of the medical community. By inching even slightly in on the domain of the medical expert, the Collective presented a challenge to mainstream medicine, despite the ways in which it was sometimes perceived as a respectable or at least useful organization within the medical community.

While many former Collective members now remember the VWHC as having effectively resisted depoliticization, that sense of success did not come without some struggle. In the process of creating alternative women's health services such as the clinic, information pamphlets, and workshops on a variety of health issues, some

[274] Kleiber and Light, *Caring for Ourselves* 44; Conn refers to the incident as a "political dispute," interview.

[275] Mary J. Breen, interview.

Collective members argued that the provision of service was increasingly becoming the Collective's primary objective. Because the forced relocation of the clinic disrupted the daily work of service provision for the Collective, former member Cathy Stewart viewed the event as positive and politically rejuvenating. In a 1974 interview, Stewart expressed her frustration at the Collective's conception of its own work:

> I felt like [the work of the Collective] was a very political thing, but people didn't seem to be aware of that. They didn't seem to be tuned in to how much more political it had to be, and how it couldn't remain separate, like, what are the implications of maintaining an alternative service, without increasing it to the point that it's a threat to the status quo, or doing other things to threaten the status quo.[276]

Stewart interpreted the Collective's actions in challenging the mainstream medical system through their newsletter as constituting "a threat to the status quo," which she saw evidenced by the group's expulsion from the Seymour building.[277] For Stewart, the event provided somewhat of an awakening to a group that had perhaps forgotten the radical nature of their work.

By the end of 1978, however, the VWHC needed another wake-up call. Many Collective members had begun to lament what they saw as a trend toward the sort of depoliticization the organization had previously avoided.[278] In an attempt to resolve the long-standing tension, the Collective completely closed its doors for the winter months, and relied on their strong internal processes and procedures to come to a consensus about what should be done.[279] While most Collective members agreed that acting on their feminist politics was a priority for the organization, the day-to-day process of

[276] Cathy Stewart, interview by anonymous, July 23, 1974, CHODARR, http://edocs.lib.sfu.ca/projects/chodarr/documents/chodarr0766.pdf.

[277] Stewart, interview.

[278] Conn, interview; Fox, interview; Wendt, interview.

[279] Wendt, interview; Vancouver Women's Health Collective, General Flyer, 1978, CHODARR, http://edocs.lib.sfu.ca/projects/chodarr/documents/chodarr0830.pdf.

organizing with the Collective complicated the problem.[280] Marti Wendt, who had left the Collective before the time of the closure but was once again peripherally involved in their work at the time, expresses both the affective and the practical dimensions of the problem:

> I understood the politics of not just offering another service, but I am tender hearted. And it's like, but this person needs! And so if this person needs something and I can provide it I can't say no […] Of course in the beginning that wasn't an issue because nobody else was providing services. So what started out originally the services we provided *were* very radical. And because positive things happened, we were not as cutting edge in terms of our service.[281]

The ongoing tension that prompted the closure and re-evaluation period was not a result of two clear camps of opinion within the Collective, representing the desire to act politically versus the desire to provide an alternative service. Rather the problem was one of a perceived decreasing effectiveness in the strategy of providing a service *as* the organization's main political act.[282]

On Tuesday 30 December, 1978, the VWHC reopened its doors "after a long period of evaluation," and announced their reintroduction to the community through a flyer.[283] Practical changes included a new and improved resource centre, "a new more exciting format for health groups," a diaphragm fitting clinic that operated twice per week, and the return of the women's self-help health clinic.[284] Despite being reopened with the rest of the VWHC, the women's clinic was abandoned as a project shortly after the Collective's re-evaluation period, and the Collective reorganized its work into various subcommittees. The VWHC continued to work in this formation through the remainder of the 1970s and into the 1980s. Always maintaining cohesion through the larger

[280] Wendt, interview.

[281] Wendt, interview.

[282] Conn, interview.

[283] Vancouver Women's Health Collective, General Flyer, 1978, CHODARR, http://edocs.lib.sfu.ca/projects/chodarr/documents/chodarr0830.pdf

[284] Vancouver Women's Health Collective, General Flyer, 1978, CHODARR, http://edocs.lib.sfu.ca/projects/chodarr/documents/chodarr0830.pdf

Collective, various working groups were formed to tackle different tasks and topics, such as, for example, an occupational therapy group and later, in response to an increase in conversations about race and privilege in the broader women's movement in the 1980s, a team to work on producing women's health information booklets for immigrant women.[285]

The shift in the Collective was also ideological. It represented a recommitment to the politics of the organization and a chance for its members to remember some of the original goals of the movement. Fox remembers the results of the Collective's period of re-evaluation as effecting subtle yet significant changes:

> Out of that process came a different kind of Collective—it wasn't so much what was offered was different, it's just the attitude about it was different. Instead of providing a service, we tried to be more oriented towards empowering women and women helping themselves as opposed to coming to somebody who helped them. A sort of different philosophical and political approach. [The shift was prompted by] I think a sense of staleness that providing a service had its limitations. And that... you know, nurses and doctors could do that too and what the Health Collective wanted to be was more of an instrument for change.[286]

The similarities between the original vision of the women's health movement and the rearticulated values of the newly reopened Health Collective of Fox's memories are striking. While the re-evaluation and closing period experienced by the Collective indicates that the organization eventually did slide into the somewhat depoliticized role of service provider, the process prevented the organization from becoming a watered down version of the original group.

[285] Light, interview; Feldberg et al., 17, 30-1; Conn, interview; See for example flyer for occupational therapy group, Vancouver Women's Health Collective 1974-1980, F-111-7-2-31, SFU Archives; Vancouver Women's Health Collective "Birth Control for Immigrant Women," 1987, CHODARR, http://chodarr.org/node/1564; Vancouver Women's Health Collective, "STDs for Immigrant Women," 1987, CHODARR, http://chodarr.org/node/1478.

[286] Fox, interview.

From the time directly before the Collective became a cohesive organization until the funding cuts of the early 1980s, the VWHC managed complex relationships with both the state as funder and the mainstream medical system. The institutions presented challenges and benefits for the VWHC. While state funding delivered with it the opportunity for the Collective to expand their programs, demonstrate an alternative feminist self-help framework for women's health care, and financially support some Collective members, access to it required the VWHC to present itself as a service provider rather than a radical political organization. Engaging in service provision as a dedicated feminist organization required the Collective to be highly conscientious about maintaining their political edge rather than slipping into the role of filling a gap in the mainstream medical system. Similarly, the mainstream medical system offered the Collective the chance to both teach and learn, as well as material gains such as space to operate their women's health clinic, even as they were intermittently reminded that the Collective's primary political purpose was to disrupt the status quo and replace the system writ large. As Kleiber and Light concluded in *Caring for Ourselves*, "it is clear that the Health Collective is neither completely inside nor completely outside the larger system. The system and the Health Collective overlap and make use of each other in some areas and not in others."[287] Operating somewhat within the system, while challenging its very foundations was a tricky task. The VWHC was largely able to avoid the cooptation present in the U.S. movement and remain true to their politics in part because of historical context: the organization came about at a time when the government was particularly invested in funding institutionalized, liberal women's organizations and the mainstream medical system remained largely ignorant of many women's health issues. However, the group's commitment to their feminist politics and collective procedures played a significant role in their ability to adapt and change, remain accountable to one another, and continue to pursue their vision.

[287] Kleiber and Light, *Caring for Ourselves*, 45.

5. Conclusion

Reflecting on the outcomes of the women's health movement, former VWHC member Frances points out, "now everybody heats the speculum," and wonders, "is that a revolution?"[288] Her question gets at the heart of the significance of the movement. For most women who came of age throughout North America before the movement's advent in the 1970s, subtle attention and care to women's experiences was not yet a truly imaginable priority. Feminists had innumerable problems to solve: illegal and inaccessible abortion laws, a dire lack of information on women's bodies and health, medical education that starkly privileged male candidates and perspectives, blatant sexism in drug advertisements, and the common experience of condescension, insensitivity, and even pain and suffering that women endured from their doctors all occupied their time.[289] Self-help activists like the women of the VWHC are responsible for the drastic shift in many women's experiences of health care that has taken place

[288] Frances, interview by author, Vancouver, British Columbia, October 7, 2010.

[289] Melanie Conn, interview by author, Vancouver, British Columbia, September 7, 2010; See for example, an ad for oral contraceptives that reads, "When his 'pill' patient has problems, you can be sure he'll be one of the first to hear about them. And hear about them. And hear about them…," in The Vancouver Women's Health Collective, *A Vancouver Women's Health Booklet* (Vancouver: Press Gang, 1972) 68; Sheryl Burt Ruzek, *The Women's Health Movement: Feminist Alternatives to Medical Control* (New York: Praeger, 1978) 65, 84-93; Cheryl Krasnick Warsh, *Prescribed Norms: Women and Health in Canada and the United States since 1800* (Toronto: University of Toronto Press, 2010) 217-9; Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980*. (Toronto: Oxford University Press, 1997) 9, 143; Christabelle Sethna and Steve Hewitt, "Clandestine Operations: The Vancouver Women's Caucus, the Abortion Caravan, and the RCMP" *The Canadian Historical Review*, Volume 90, Number 3, September 2009, 463-4; Christabelle Sethna, "The Evolution of the Birth Control Handbook: From Student Peer-Education Manual to Feminist Self-empowerment Text, 1968-1975," *Canadian Bulletin of Medical History*, Volume 23:1, 2006, 90.

since the close of the 1960s. By imagining an alternative and by "living otherwise," feminist self-helpers created changes so significant and lasting that to most young women today, simple procedures such as heating a speculum before an exam seem routine, ordinary, and are even expected.[290]

A number of forces converged in the early 1970s to make the emergence of the VWHC possible. The social and political ferment of the 1960s contributed to the growing belief among many young people that the time was right for change. Numerous histories of New Left and student activism assert that a sense of new possibilities was in the air: terms like "spirit" and "mood" are often used to describe it.[291] The women of the VWHC acted within this political climate, and their belief that change was possible infused all categories of their lives. Women who organized with the VWHC were the same women who lived in collective houses, did their groceries at the food co-op, listened to co-op radio, banked at the new credit union, attended the free school, and shopped at the women's bookstore. In the early 1970s, all of these projects were in their infancy and as former Collective member Melanie Conn remembers, young people like her were "involved all the way around."[292] It felt, as Conn recalls, as though she were "living in a world in which [her] values were in practice."[293] In effect, making changes to women's health care was simply part of a larger project of making change in every way possible.

When the women of the VWHC set their sights on improving women's health care, they looked to radical and socialists feminists for ideological inspiration and the work of American feminist self-help activists for effective strategies. As I showed in Chapter 3, the influence of American feminist self-help arrived through texts like *Our Bodies, Ourselves* as well as direct interactions with feminists in the United States. The

[290] Ian McKay, *Rebels, Reds, Radicals: Rethinking Canada's Left History* (Toronto: Between the Lines, 2005) 4, 7.

[291] Doug Owram, *Born at the Right Time: A History of the Baby-Boom Generation* (Toronto: University of Toronto Press, 1996) 226; Bryan D. Palmer, *Canada's 1960s: The Ironies of Identity in a Rebellious Era* (Toronto: University of Toronto Press, 2009) 251.

[292] Conn, interview.

[293] Conn, interview.

VWHC's inspirations were a departure from what its members often saw as the more overtly political work of groups like the Vancouver Women's Caucus, who spared with politicians in Ottawa to change the laws surrounding abortion. The work of taking health care into one's own hands by researching women's bodies, sharing information with others, and creating their own health care alternatives appealed to the women of the VWHC because it appeared to be more accessible and offered a more direct route to making change. While many women's liberation groups that were active in the period eventually fractured and disbanded over ideological differences, the VWHC's tendency to prioritize action over debate allowed the organization to persist.

Though the Collective patterned themselves after American feminist self-help groups, they were nonetheless a Canadian feminist organization and the political climate at the time of their emergence benefited them immensely. In ways that their American counterparts could not have dreamed of, the VWHC was supported by a cooperative relationship with the federal and provincial government, which funded the group throughout the 1970s. As I determined in Chapter 4, the women of the VWHC were willing to pursue state funding because they, like many other Canadian feminists of their time period, saw government funding of women's initiatives as a proper mechanism of the welfare state. Motivated by the recent Report on the Status of Women, the federal government actively funded women's initiatives for a brief window of time. When the federal grants ran out and the VWHC was forced to look to the provincial government for funds, they switched up their strategy to highlight their role as medical service providers that would save the Social Credit government money through their focus on preventative health care.

The VWHC's relationship with the mainstream medical system was also typically more positive than that of many American feminist self-help organizations. The VWHC frequently cited the oppressive nature of the patriarchal institution of mainstream medicine as their motivation for creating new feminist options for health care. However in practice, the Collective's work was often more moderate than American feminist self-helpers whose work sometimes landed them in legal custody for performing illegal abortions or practicing medicine without a license. The VWHC routinely interacted with doctors and medical schools, preferring to shift the power structure so that their own voices were amplified than to avoid working with them altogether.

Though the changes effected by the VWHC and other feminist self-help organizations are impressive and important, it is crucial to consider the role privilege and identity have played in the story. The similarities in identity between VWHC members and the American women's health movement activists they were inspired by contributed to the transferability of feminist self-help philosophies despite the differences in local political context. While the Collective typically included more lesbian women than were present in women's health collectives in the United States at the time, the focus of their work did not include the interests of lesbians until the early 1980s and even then, to a limited degree. Similarly, the Collective largely excluded indigenous women and women of colour from their work by failing to develop relationships with their communities and uncritically pursuing the interests of white women. In these ways, the Collective inadvertently collaborated in the continued domination of white women's issues within the history of Canadian feminism. The relatively narrow focus of the VWHC often prevented the VWHC from connecting with women who were not like themselves. Therefore the work of feminist self-helpers, while crucial to effecting monumental shifts in women's experiences of health care, originated largely from not all women, but rather a select few.

While the women's health movement's work was primarily focused on the betterment of health primarily for white, middle-class, educated, able-bodied, heterosexual, and cisgendered women, since the 1970s individuals of myriad identities have taken up the spirit of feminist self-help to implement their own visions of change. This began in the United States with the creation of health-based organizations by women of colour. New generations of feminist health activists whose analysis was increasingly intersectional, taking into more serious consideration class, race, sexuality, and ability began to organize in the 1990s to create organizations such as Montreal's Blood Sisters, who focused on menstrual activism.[294] Drawing on feminist self-help,

[294] For an analysis of the connection between the women's health movement and the rise of menstrual product activism, see Chris Bobel, "'Our Revolution Has Style': Contemporary Menstrual Product Activist 'Doing Feminism' in the Third Wave," *Sex Roles* (2006) 54, 331-345.

Blood Sisters distributed “Hot Pants: Do It Yourself Gynecology,” a well-read zine containing herbal remedies for various gynecological problems.[295] Into the 2000s, activism has grown in the realm of better health options for transsexual, transgender, and gender variant individuals. For example, activists in Vancouver created the All Genders Wellness Centre in Spring, 2001. The multi-service centre was specifically developed for trans and gender non-conforming people and expressly values empowering those who use its services in the face of the “harm done by the helping professions through the pathologization of gender diversity.” The Centre aims to be community-directed, and prioritizes anti-oppression politics.[296] Still others have taken up the values and strategies first imagined by feminist self-help to organize and share information around creating a new experience of mental health care. Radical mental health has come alive through initiatives like the Icarus Project, which operates a web site to connect individuals to one another and produces publications like “Navigating the Space Between Brilliance and Madness,” a self-help text created for and by people with bipolar disorder that both shares personal stories and critiques the mainstream medical system’s treatment of mental health issues.[297] A wide array of alternative, grassroots, do-it-yourself health activist projects have flourished since the women’s health movement first asserted that women, rather than male medical professionals, should be considered the experts on their own bodies.

The work of the VWHC and the broader feminist self-help health movement was important, but the radical ideas about the possibility of change and the strategies for making it happen that the movement popularized were even more so. Rather than framing the work of health activists of a wide variety of identities as the legacy of the

[295] Isabelle Gauthier and Lisa Vinebaum, “Hot Pants: Do It Yourself Gynecology” [adapted from the French version, “C’est toujours chaud dans les culottes des filles] (Montreal: self-published, 1994), CHODARR, http://chodarr.org/node/1587>.

[296] All Genders Wellness Centre, “Statement of Collective Ethics” http://allgenderswellness.com/All_Genders_Wellness_Centre/About_Us/Entries/2011/11/29_getting_together_at_the_cafe.html.

[297] The Icarus Project, “Navigating the Space Between Brilliance and Madness: A Reader & Roadmap of Bipolar Worlds” (self-published, no date), http://theicarusproject.net/publications/navigating-the-space-reader.

women's health movement, it is more accurate to think of the work that came after as having made use of the same important tools, while dispensing with those aspects of feminist self-help that were no longer useful or appropriate. It is important to remember the ways in which the race, class, and other privileges of VWHC members and many women's health activists of the 1970s enabled them to work toward change in ways that less privileged identity groups were either restricted from doing or did not suit their priorities. The tools and ideas developed by the VWHC and the rest of the women's health movement represent and important contribution to an ongoing project of change. The fundamental impulse of feminist self-help—to construct new ways of caring for one another's health that enable all people to thrive and resist oppression—continues to be taken up by diverse individuals, identities, and communities.

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Appendices

Appendix A.

Narrator Biographies

An anonymous former VWHC member and doctor was born in the late 1940s and raised in a middle-class Caucasian family in England before she moved to Vancouver in 1970 to pursue her PhD in biology at the University of British Columbia. In Vancouver she became involved with a food co-operative and other community initiatives, which eventually led her to the VWHC in 1972. She was involved with the Collective for four years before deciding to go to medical school in 1976. She continued to volunteer with the Collective through medical school and later participated in the self-help clinic as a volunteer doctor. After leaving the VWHC about a decade after she joined, she continued to work in family medicine, at a community clinic, and finally through a private practice. In her work as a physician, she continued to apply feminist self-help principles.

Robin Barnett was born in Cleveland, Ohio in 1944, and completed a B.A. in history and art history before coming to Canada in the 1970s. She was introduced to feminist and lesbian politics during anti-Vietnam war activities in the U.S. Barnett first got in touch with the VWHC in 1981 after receiving an abnormal Pap smear report. She did not find useful information at the Collective, but she did meet Rebecca Fox, and the two of them researched the subject together. In 1983 they published "A Feminist Approach to Pap Tests," expanded from an article that originally appeared in the feminist newspaper *Kinesis*. This booklet became a "classic" of the English-language women's health movement and was updated twice. Shortly after the original article appeared, Barnett joined the Collective. Barnett and Lorna Zaback facilitated self-help workshops including a lesbian self-help night in June, 1985. After that Barnett wrote the first Canadian lesbian health article entitled "Lesbian Health Concerns," which was published in *Healthsharing* magazine. Barnett went on to receive a Media degree at Capilano College and then worked on women's health promotion for over 20 years including: community based work, hospital based community partnerships, social marketing, public consultations, planning projects, and gender analysis research. Barnett also collaborated on qualitative research on lesbian identity and leadership which was published in the Canadian Research Institute for the Advancement of Women journal *Feminist Voices/Voix Feministe*. This resulted in the *Odd Girl Out* website and media campaign to make findings available to a broad audience.

Mary J. Breen was born in Cornwall Ontario, and she graduated from the University of Toronto with a degree in biology in 1966. After teaching English as a Second Language in Malaysia, Toronto, and Vancouver, she began working with the group that eventually became the VWHC in 1972. She worked with the Collective from 1972-1974, and again from 1978 until 1979. When she moved to Kingston, Ontario in 1981, she worked as a counselor at a women's shelter where she became interested in the relationship between literacy and health. She went on to write *Taking Care,* a book of easy-to-read health information for women, and later, a book on menopause entitled *So Many Changes*. She also worked at the Women's Health Care Centre in Peterborough, Ontario.

Melanie Conn was born in Toronto in 1942. She moved to Vancouver in 1968 from New York, where she acquired her Master's from the School of Social work at Columbia University. While in New York, she was once invited to attend a Redstockings meeting but declined the invitation to her everlasting regret! However in 1969 she became interested in feminism and took part in a women's liberation group at the University of British Columbia. Conn initiated the creation of the

VWHC after a negative experience she had with a doctor in 1970. Shortly after, Conn quit her social work job and started organizing with the VWHC full time. She worked at the VWHC for several years. Particularly inspired by collective and co-operative organizing, Conn went on to work in co-op and community economic development for decades, always with a special interest in women-centred strategies and projects.

Rebecca Fox grew up in the United States and first became politicized at the age of 15 by the war in Vietnam in 1965. In her later teen years, she grew tired of sexism within the anti-war movement and joined a consciousness-raising group that used the office space of the Boston Women's Health Book Collective. Fox trained as a Physician's Assistant, for which her practicum led her to a United Farm Workers clinic on the California-Mexico border where she first experienced attempts to organize non-hierarchically within the traditional medical system. As part of the women's community in Baltimore, she had the advantage of being exposed to a diverse spectrum of women that included African American, lesbian, and other Jewish women like herself. After working in a primarily male jail clinic, she moved to Vancouver in 1978 and enjoyed working in a women's environment with the Collective as a paid staff member for three years, and as a volunteer staff member for years after. Her involvement included the diaphragm fitter's and occupational health groups and she co-authored *A Feminist Approach to Pap Tests* with Robin Barnett. After working with the VWHC, Fox helped start the Positive Women's Network for HIV positive women. Having experienced difficulty in finding a niche in the Canadian medical system, she has worked for years in clinical research in infectious disease and cardiology after obtaining a Master's in Epidemiology. Fox has proudly raised two children with her husband in a non-sexist family.

Frances grew up in North Vancouver. She was active with the anti-war movement before she began attending VWHC meetings in 1972 and remained involved while training as a nurse. During the same time she was involved in the development of a local cooperative radio station and worked with the *Georgia Straight*. She moved east in 1976 where she continued to work in a women's health clinic. In 1979, she became part of a small collective whose work led to a national feminist health magazine, clearinghouse and advocacy program, which became a hub for the women's health movement in English Canada and which led to the formalization of the Canadian Women's Health Network. Frances continued to work in feminist health care, in developing feminist health care service and advocating for policy and system changes. She is now working in consumer controlled primary care services.

Nancy Kleiber was born to a middle-class, Unitarian family in California in 1944. Her parents were well-educated immigrants from the Netherlands. The commitment to social justice Kleiber developed as a teenager led her directly to the civil rights movement and then the women's movement. She found women's liberation during the summer of 1964 when she read Betty Friedan's *The Feminine Mystique* as an undergrad at Radcliffe in Boston. She graduated in 1966 with a Bachelor's in Slavic Languages and Literature. Kleiber earned her Master's and her PhD in Anthropology from the University of California at Davis. In 1969, she moved to Vancouver with her husband where she did the research for her PhD while working with a team from UBC doing a simulation model of the Greater Vancouver Regional District in the early 1970s. This research focused on the relationship between family size and gender division of labour in the household in various ethnic groups in Vancouver. She joined the consciousness-raising women's group at UBC and was involved in formulating the first women's studies class at UBC in 1971. In 1974, she was hired as a researcher for the VWHC through the Demonstration Grant and soon became a member of the Collective. Kleiber went on to teach women's studies and anthropology at the university level as well as to work as a religious educator for a Unitarian church in Hawaii. She is now retired from both careers.

Linda Light was born in Vancouver in 1944 to an Irish- and German-Canadian mother and a recently immigrated German father. She comes from a socialist, activist background, including an uncle who founded the Canadian Peace Research Institute in 1961. She was first politicized through her family's anti-war activism, which she took up herself as a teenager. In 1964 she moved to Toronto, where she earned her Bachelor's degree in Sociology, continued to participate in the peace movement, and became involved in the civil rights movement. In 1967, she moved to London, England, joined her first consciousness-raising group, and became involved in the women's movement. Light began working with the VWHC in 1974 when she was hired as a researcher through the group's Demonstration Grant. As part of her role as researcher, she became a member of the Collective, focusing on developing new forms of feminist sociological research. Light earned her Master's in Sociology at the University of British Columbia, focusing on collectivity as a feminist organizational form. She went on to a career in the anti-violence field, addressing violence against women, children, and other vulnerable people, working both within government and in the community. She continues to work as an independent consultant in this area.

Claudia MacDonald was born in 1948 to a working class family. Her father was of Scottish descent and her mother was from Newfoundland. She was raised in Verdun, Quebec and briefly attended Sir George Williams University (now Concordia University). In the late 1960s, she moved to Vancouver and then to Victoria shortly after, where she first found feminism through the Victoria Women's Centre. When she returned to Vancouver, MacDonald sought out new feminist projects to become involved with and temporarily worked with the Birth Centre. Through that organization, she came to the VWHC in 1973 for a couple of very formative years. MacDonald later became a childcare worker and eventually worked for *Kinesis*, the publication of the Vancouver Status of Women. Currently, MacDonald continues to reside in Vancouver where she has been teaching yoga for over 30 years.

Barbara Mintzes was born to a Jewish family in 1955 in Washington, DC. She earned her Bachelor's in Geography from Simon Fraser University in 1982. During her time as an undergrad, Mintzes got involved with the VWHC after a personal experience motivated her to begin working on women's health issues. She worked with the Collective as a volunteer for two years and as a staff member for six years. Shortly after joining the VWHC, Mintzes became very active with DES Action in Canada. During the late 1980's and the 1990's she also worked with DES Action in Europe and with Health Action International in Amsterdam, an NGO promoting public interests in pharmaceutical policy. In 2003 she earned her PhD in Health Care and Epidemiology from the University of British Columbia. Mintzes is currently an assistant professor in the School of Population and Public Health at UBC.

Bonnie Nilsen grew up in Brooklyn, New York, where she majored in Fine Arts at Brooklyn College. She moved to British Columbia in 1971. She joined the VWHC in 1973 after learning of the group while volunteering at the Birth Centre where she was training to be a lay midwife. Her first experience with the Collective was attending a women's health course offered by the group. In 1974 Bonnie graduated from the licensed practical nursing course at Vancouver Community College. Her nursing and midwifery skills were part of her many contributions to the VWHC.

Catherine Russell grew up in Toronto, went to school in Montreal, and moved to Vancouver in 1971. She became involved with the women's liberation group at the University of British Columbia, which led to her involvement with A Women's Place, where she worked on the

Women's Health Booklet and with the women's health group that later became the VWHC. During her time at the VWHC Russell primarily worked on abortion referral. After working with the VWHC, Russell found other ways to gather with groups of other women including starting a support group for women whose husbands were training to become ministers. She currently volunteers at the Downtown Eastside Women's Centre.

Joanne Silver was born in 1951 in the West Kootenay region of BC and grew up mostly in the East Kootenay. The Silver family has been in North America since 1644, originally from England. Her mother was a Canadian of Norwegian decent. She was first politicized as a feminist during her time as a student at the University of British Columbia. Texts like *Our Bodies, Ourselves* and *Woman on the Edge of Time* by Marge Piercy inspired her, and she soon became involved with organizing around women's issues in a group that provided crisis referrals, which later became Vancouver Status of Women. Beginning in the 1970s, Silver worked along with the late Shelagh Wilson as an abortion counselor at the newly opened surgical daycare at Vancouver General Hospital. In this capacity, she regularly interacted with the VWHC, Pine Free Clinic and other woman-centred services. She went on to an extensive career in community based non-profit work, government relations, and was the Executive Director of the Centre for Menstrual Cycle and Ovulation Research (CeMCOR). Mainly involved with high profile or socially risky start-up projects, she recently had carriage of two ground-breaking initiatives in the field of law on behalf of the Canadian Bar Association, BC Branch.

Helena Summers was born in New York City in the 1940's. She graduated Phi Beta Kappa and Cum Laude from a top American University and worked in the counselling field. She became interested in the women's health movement after reading a precursor to *Our Bodies, Ourselves* in the early 1970's while living in San Francisco. She joined the VWHC in 1973, becoming one of its first salaried members. Summers developed programs and worked in all facets of the Collective until leaving in 1978. She went on to work as a sexual education trainer for health and social service professionals and became one of the first women in BC to do sexual abuse counselling with women. Currently she is the senior manager for Addictions Services in one of the largest Health Authorities in Canada, where she continues to support specialized services for people.

Marti Wendt was raised by Presbyterian parents and first encountered feminism when her mother gave her a copy of Betty Friedan's *The Feminine Mystique* shortly after it was published. Living in Toronto at the time, she joined a consciousness-raising group and became involved with organizing co-operative daycare. Wendt relocated to Vancouver in 1973 and first encountered the VWHC when she attended their self-help clinic for a medical issue. She joined the Collective in1974 after her very positive experience at the clinic and after being invited to a meeting by Melanie Conn. Wendt worked with the VWHC for four years before she moved to Lasqueti island where she continues to live, garden, and be an active member of her small community today.

Liz Whynot graduated from Queen's medical school in Kingston in 1972. During her time as a student, she became politicized as a feminist. In 1973 she began volunteering her services as a doctor with the VWHC after finishing an internship at St. Paul's Hospital in Vancouver. Her work with the VWHC led her to her first paid job at the Pine Free Clinic, which she worked at from 1973 until 1977. Since that time Whynot has worked as a physician in numerous roles, including family practice, public health and administration. She cofounded the Sexual Assault Service at Vancouver General Hospital in 1981, has worked with projects serving street-involved youth, and played a role in campaigns for abortion rights in the 1970s. Whynot became president of BC Women's Hospital in 2000 until 2008 and currently is a locum physician at Native Health and a member of the First Nations Health authority Board of Directors.

Appendix B.

Sample Interview Questions

1. How did you come to be involved in [the Vancouver Women's Health Collective, feminist organizing, the women's health movement]?
2. Do you remember your first meeting?/action?
3. What did it feel like to be involved/be a part of the group?
4. What initially drew you towards feminism?
5. Did you consider yourself to be a feminist before your involvement with women's health organizing?
6. Why were you particularly interested in activism related to health? Were you involved in other kinds of organizing or activism?
7. Did you think of what you were doing as being part of the women's liberation movement?
8. Were there women you considered role models? Who were they and why?
9. What were your goals as a feminist activist?
10. Was your work with [the VWHC, etc.] important to your identity? Was being a feminist important to your identity?
11. How do you think your previous life experiences contributed to how you approached feminist activism?
12. What do you think is important for health activists or feminist activists to be working on today?
13. Are you still involved in activist work?
14. What has been most satisfying about your work and experiences?
15. What were some of the challenges of your past work?
16. What was your impression of women's health care at the time you became active in [the VWC or VWHC]?
17. How do you think women's health care has changed since the 1970s
18. During the time in which you were active with VWHC and the women's movement, what would you have identified as the central source of women's oppression? Did you consider dismantling patriarchy or capitalism to be more important?
19. How have your thoughts on question one changed or evolved between the time of your work with VWHC and today?
20. What is your sense of the landscape of the feminist movement at the time in Vancouver in terms of how feminists conceived of the source of women's oppression? Do you think the VWHC and its members developed an analysis of women's oppression that was in line with feminist thought at the time or different? If it was different, how so?
21. During the time in which you were active with VWHC, would you have described men and women as essentially different or essentially similar? Did you see those differences or

similarities as biologically or socially produced? Have your thoughts on this changed over time?

22. How would you describe, characterize, or explain the particular type of feminist thought and practice that the VWHC engaged in? Did you see it change over time?
23. Do you remember conversations or debates about what type of feminist organization the VWHC was or should be during the time in which you were involved with the group? How about conversations or debates over ideas about the fundamental source of women's oppression? Please describe any relevant memories.