BOOK REVIEW


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Rights are those expressions that reflect revolt against specific wrongs. Articulation of rights represents a dramatic break with and disruption of past practices, requiring a new order.
Dana-Ain Davis in Beyond Reproduction (p. 105)

Beyond Reproduction (2009) by Karen L. Baird, with contributions by Dana-Ain Davis and Kimberly Christensen, focuses on the women’s health movement of the 1990s, its “composition, strategies and tactics, and [the] reframing of women’s health—and the newly formed context in which it operated” (p. 10). The uniqueness of the text comes from its ability to be read from two perspectives. First, each chapter examines key policy changes within a specific area of women’s health, focusing on how and why such changes were achieved within the given social, cultural, and political climate. Second, each stand-alone chapter contributes to an overall explanation of “an era in women’s health policymaking, and in the women’s movement, by taking a macro-level perspective with regard to the overall success and the many complex factors that led to the achievements” (pp. 33-34).

Beyond Reproduction argues that the women’s health movement consists of two stages. The first stage focused on women’s reproduction in the 1960s and 1970s—gynecology, birthing, abortion, contraception, protests about sterilization of women of color, and the book Our Bodies, Ourselves. The second stage, starting in the 1990s, went beyond reproduction—thus the title of this book. The book’s three authors represent this new wave of women’s health. Karen Baird, the primary contributor to the book, is a political scientist who has investigated the medical research policies of the Food and Drug Administration and the National Institute of Health. Dana-Ain Davis has studied poverty policy and welfare reform, and Kimberly Christensen is an economist who has focused on HIV/AIDS.

As the focus of the women’s health movement shifted and was no longer automatically associated with reproductive health, women’s health issues became “politically safe” (p. 19). The primary health issues
that made significant strides in the 1990s and on which the authors center their inquiries are the inclusion of women in medical research, HIV/AIDS, breast cancer, and violence against women. *Beyond Reproduction* makes the point that the early women’s health movement arose from feminism. This was a time when women had less access to higher education and the professions, so the activism came from outside ‘the system’. However, by the 1990s, enough women had entered medicine, law, and government, as well as administrative positions in the FDA and NIH, that leadership and action for change came from within the system. The less politically volatile nature of the issues being addressed, combined with insider pressure from academic, medical, and governmental institutions and outsider influence at the grassroots level, the politicization of women’s health issues, and the assistance of media coverage, all converged to aid activists in the struggle to gain recognition for their plight, as well as instrumental legislation.

The authors do not explain what happened to the early feminist activists and how this group did or did not become interwoven in the women’s health movement of the 1990s. Did they retire from political activism? Did they go to medical school or law school, so that they now constitute the leaders and policymakers of the new women’s health movement? Esther Rothblum has argued in the past (i.e., Rothblum, 1997) that there are different ‘generations’ of women in the professions and in academia. The first generation receives little official support for its endeavors and is often considered ‘crazy’. The second generation attended all the right schools and programs, and takes its acceptance into the mainstream for granted. The third generation has often come out of women’s studies programs and had female mentors; some are daughters of feminists. Baird states, “The new disease or issue-specific groups do not commonly view themselves as part of a larger social movement” (p. 18). In that regard, they may be part of the second generation and a newer, more radical cohort, is yet to appear.

Great attention is paid to the successes of the 1990s women’s health movement. Little attention however is given to other important areas of inquiry. This is not because of author short-sightedness or inattention to detail. In her introduction, Baird recognizes the limitations of the book to address such matters as unsuccessful women’s health issues and comprehensive analyses based upon a broader range of class, race, ethnic, and sexual minority dynamics as they concern various health issues. The primary activists examined in *Beyond Reproduction* are middle-class, white women, “a characteristic of the movement as a whole” (p. 33). To call attention to activism that existed around specific race/ethnic women’s health issues, Baird makes mention of such organizations as the National Black Women’s Health Project, the National Latina Health Organization, and the National Asian Women’s
Health Organization. Baird notes that such organizations probably began as a response to the mainstream organizations’ inattention to or ineffectiveness in addressing their specific concerns. Also, only one brief reference is made to lesbian and bisexual women, related to safe sex concerning HIV/AIDS found nearly halfway through the text. However, despite the briefest of efforts to acknowledge the presence of such groups, the lack of analyses regarding such activisms and issues concerning marginalized populations within the women’s health movement does raise pertinent and critical questions to which further research can be devoted. For example, is it ‘easier’ to politicize a disease or health issue if it is attached to a more mainstream or privileged group or population? Would the same sorts of media campaigns or legislative campaigns be effective? How might the discussion of ineffective or unsuccessful women’s health issues reframe those that were successful? Answers to questions such as these would provide an even more well-rounded view of the 1990s women’s health movement.

The quotation at the beginning of this review, articulated by Dana-Ain Davis, is an eloquent expression of the reality of and need for constant and vigilant social, cultural, and political change, especially for women and minority groups. The expression and articulation of rights goes beyond one’s ability to simply move and control one’s self. The expression and articulation of rights tells the story of a group’s collective history—both its struggle and its achievements. For women, it tells a story of inequality. Yet, it also showcases women’s spirit and ability for collective action and leadership. The rights women have gained since the 1960s, and especially since the 1990s, with regards to women’s health show how far women have come, yet they also signal how far women have yet to go. Given the past, yet more current, elections of President George W. Bush (2000 and 2004) and many Congressional members with more conservative or fundamental ideologies (2000 and 2002), combined with newer federal policies and laws, such as the Partial-Birth Abortion Ban Act, the Born Alive Fetus Protection Act, the Teen Endangerment Act, the withholding of funds to the United Nations Population Fund, among many others both at the state and national levels, women’s health issues and gains achieved remain “fragile and potentially reversible” (p. 125). As Baird declares, “[r]eproductive rights may survive the current assault and remain established rights for women, and the pursuit of other women’s health issues may continue. Alternatively, we may return to the era of the 1960s in which women lacked reproductive freedom. Indeed, we may have moved beyond reproduction only to return to the fight once again” (p. 125).
REFERENCES