Myth America, Women's Liberation & National Health Care

Jenny Brown: Thanks for inviting me here. What you will be hearing tonight is somewhat of a work in progress—it is material that Redstockings and Gainesville Women's Liberation are putting together about universal health care and its relation to achieving women's equality. So I look forward to discussing these ideas with you and getting your feedback.

Gainesville Women's Liberation is an organization of feminist organizers founded in 1968. It was the first women's liberation group in the South. Among many campaigns, we have worked to keep and expand abortion rights in Florida, against child sexual abuse, for publicly funded child care, and in support of the Gainesville feminist women's health clinic. We teach a class, "Women's Liberation: Where Do I Fit In?" which we'll be offering again this fall. We are a group that stresses organizing but we have a history and continuing connection with another of the pioneering Women's Liberation groups of the 1960s, Redstockings, which is now primarily focusing on radical feminist research and analysis—which it does through continuing consciousness-raising and with vast cross-referenced annotated clipping files which we in Gainesville Women's Liberation have helped assemble. We also work with Redstockings to distribute materials from the Redstockings Women's Liberation Archives for Action.

One of the things we've been looking at as an obstacle both to women's liberation and a new health system is the whole idea that America is the best, as in "America has the best health care system in the world"; "American women are the freest in the world"; "America has the highest standard of living in the world."

Redstockings pointed out in the book *Feminist Revolution* in 1975 that for a revived feminist movement in the U.S., and even elsewhere, to get off the ground, the myth of the American emancipated woman had to be dispelled—the myth that American women were the most emancipated in the world. Breaking through this myth was one of Betty Friedan's accomplishments with her 1963 book *The Feminine Mystique*. For example, one of the startling revelations in her book is that in Europe there were more women in the professions than in the U.S. (Friedan, 1963, pp. 368).

Myth America

Redstockings has been talking about how once again feminists need to break through this myth that "America is the best," a myth that we've begun ironically calling "Myth America," referring back to the legendary radical feminist protests of the Miss America beauty contest in the 1960s.[1] This myth is actively keeping us down and hurting us; we are really suffering from this myth. How?

A great example appears in Sylvia Ann Hewlett's 1986 book, *A Lesser Life: The Myth of Women's Liberation in America*. Hewlett, an immigrant to the U.S. from England, describes in detail her difficulties in trying to bear and raise a child and hold down a tenure-track teaching position at Barnard College in New York—a prestigious women's college—where she had no maternity leave. She talks about calling her sister, who still lived in England:

> "I was surprised to learn that she was entitled to an eight-month maternity leave, six months of it on full salary. . . I saw Great Britain as being rather backward on women's issues and decidedly "unliberated". . . I could not imagine that progressive America had anything to learn from the Old World."

Later in the book she says:

> "Many Western European countries have instituted generous maternity leaves, pushed

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This article was originally given in the form of a talk by Jenny Brown to the regular monthly meeting of Gainesville (Florida) Area National Organization for Women (NOW) in April 1999. It has twice been expanded and revised for publication. The first published edition was prepared and distributed for a workshop at NOW's National Conference in Los Angeles, California, July 1999.

Jenny has been active in Gainesville Women's Liberation and NOW since 1987, when she was 22. She started working with Redstockings in 1989.

ahead with public child care, and made considerable progress in closing the gap between male and female earning power. . .[the U.S. has] the largest earnings gap in the advanced world" (Hewlett, 1986, p. 141).

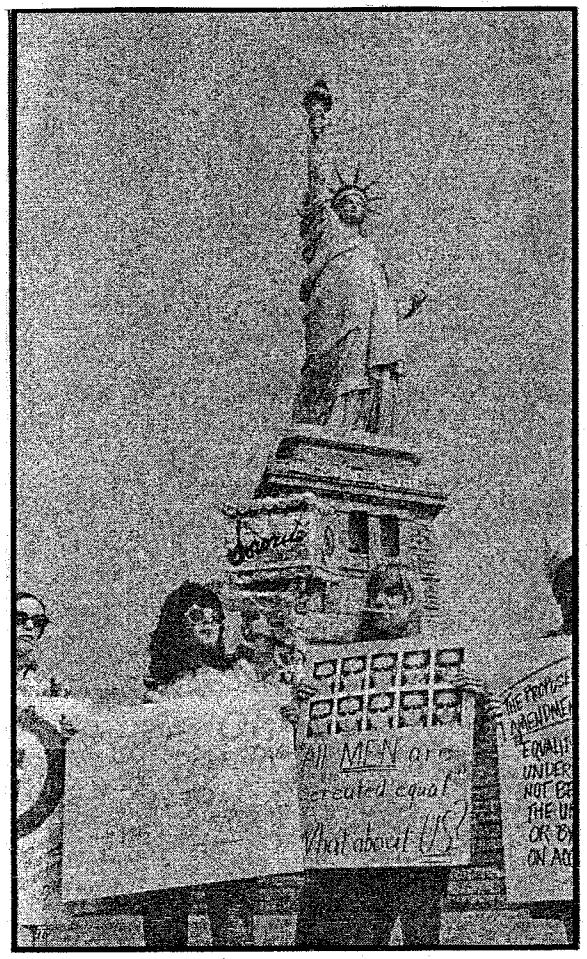
Hewlett goes on to blame U.S. feminists for this problem, or rather she blames us for not having fixed this problem, and her book is one of the 1980s backlash books against feminism. But as Kathie Sarachild of Redstockings points out, it is just the kind of widespread, starry-eyed belief in America that Hewlett confesses to have been wrong about, not feminism, that has been a big reason women haven't been able to win some of these advances. Hewlett came here with the same illusions we all have to one degree or another—that things are so much better here.

I was raised for some of my growing up years in Europe, my stepmom and two brothers are English. As a baby, when I was badly burned, it was the English medical system that saved my life. Even with these life experiences, there is so much propaganda around that I catch myself making this same thinking error. It's this unquestioned assumption that the media—and even many people who are critical of American policies—work from: America is Number One. For example, how many times do you see international comparisons in the U.S. media? It's very rare. The assumption is that it would be a waste of time to talk about what's happening in other countries, because, of course, it's better here.

One reason this is important is that I think you'll see that international comparisons between the U.S. and other countries on health care are a powerful way we can understand that we urgently need and can have something more, can have something better. Universal health care is something we urgently need that we can undeniably have because other people have won it, other people already have it. These comparisons will help us in a movement to radically democratize this part of our lives, a victory which I will argue has an important women's liberation component.

"We believe that this nation has a capacity at least as great as other nations to innovate new social institutions which will enable women to enjoy true equality of opportunity and responsibility in society ... In such innovations, America does not lead the Western European countries, but lags by decades behind many European countries. We do not accept the traditional assumption that a woman has to choose between marriage and motherhood on the one hand, and serious participation in industry or the professions on the other. ... True equality of opportunity and freedom of choice for women requires such practical, and possible innovations as a nationwide network of child care centers which will make it unnecessary for women to retire completely from society until their children are grown. ..."

—National Organization for Women (NOW) Statement of Purpose, October 29, 1966 (Carabillo, 1993, p. 161)



Myth America Protested. *Demonstration at the Statue of Liberty as part of the August 26, 1971 Women's Strike for Equality. Photo: Wide World Photos.*

Myth America: Not just hurting U.S.

These powerful misconceptions about the United States are not just hurting people in the U.S. by blocking understanding that we need and can have a better system. Global corporations are using these myths about how good we have it in the U.S. to attack in other countries what is called the "social wage."[2] The "social wage" includes universal health care (including long term care for the disabled, young and old), child care, free public education (including higher education), public housing, national pensions, unemployment compensation that doesn't run out, and 4-5 weeks of annual vacation guaranteed by law. These include the very kind of national assistance programs for parenting and other family care that author Sylvia Hewlett was so surprised to find there were so few of in the United States.

These publicly-funded supports are universal—they're for everyone. They go with you from job to job and continue even when you don't have a job. They are not "means-tested," only for those who qualify by having a low income; they are not only for those who can afford to pay premiums.

This social wage would make the lives of working men in the U.S. a lot easier and freer, but it particularly expands the options for women. The social wage means that the community, or the society, begins to provide or fund many services that women were previously bound to supply unpaid, as mothers (child rearing and caring services) or homemakers. With the social wage it becomes easier for women to leave the home for an outside job, with the possibility of greater economic independence this provides. (For more on how the universal citizen form of the social wage helps to overturn and replace the traditional, male-as-breadwinner "family wage," see the section starting on p. 21.)

In the U.S., women are particularly hard hit by the absence of universal social benefits because they are less likely than men to receive the limited kind of benefits that are available in our system of job-based health insurance and pensions. Right now, women are less likely than men to receive health benefits and pensions through their jobs and are more likely than men to change jobs, work part-time, or spend part of their working life in the home.[3]

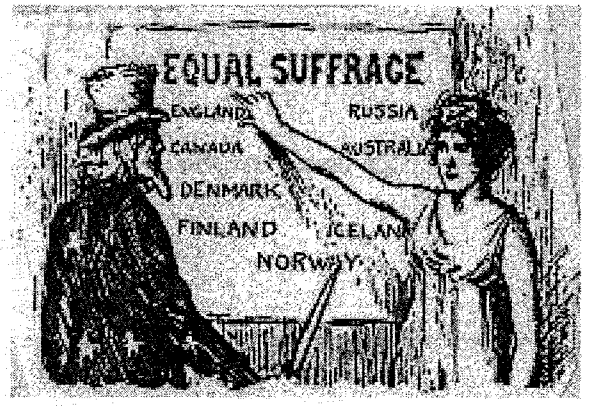
The fact that we don't have these universal programs here—don't even know we're missing them—is undermining these established

Carrying banners outside the White House in 1917, women struggling to win the vote in the U.S. used international comparisons as a powerful tool:

DENMARK ON THE VERGE OF WAR GAVE WOMEN THE VOTE. WHY NOT GIVE IT TO AMERICAN WOMEN NOW?

ENGLAND AND RUSSIA ARE ENFRANCHISING WOMEN IN WAR TIME. HOW LONG MUST AMERICAN WOMEN WAIT FOR THEIR LIBERTY?

GERMANY HAS ESTABLISHED EQUAL, UNIVERSAL, SECRET, DIRECT FRANCHISE. THE SENATE HAS DENIED EQUAL, UNIVERSAL, SECRET SUFFRAGE TO AMERICA. WHICH IS MORE OF A DEMOCRACY, GERMANY OR AMERICA?



Women in twenty-six countries had won the vote before the U.S. passed the 19th Amendment in 1920 stating that "The right of citizens. . . to vote shall not be denied or abridged. . . on account of sex."

Banners are quoted from *Alice Paul and the National Women's Party* by Inez Hayes Irwin (1964, pp. 204, 243) and *Jailed for Freedom* by Doris Stevens (1976, pp. 297, 350). Cartoon from *Women Together* by Judith Papachristou (1976, p. 177).

advances in other countries, advances which help both to equalize workers' power with employers and women's power with men. European workers aren't so desperate because if they lose their job they expect to get by on the universally-provided programs that guarantee that if you lose your job, you still have health care, enough income to pay your rent, and some security for your family.

Contrast this to the U.S. worker who loses her job. She faces a loss of health care, low unemployment benefits which quickly run out, expensive child care, and possible eviction from her home. U.S. workers face much harsher repercussions when they organize for their rights on the job, and this holds workers back from organizing for better pay, and better working and social conditions.

"[U.S.] Women are more vulnerable than men in each sector of the healthcare financing system. The privately financed sector of healthcare was founded on a model of providing benefits to male workers and their dependents. ... Many married women—both homemakers and those employed in service jobs providing limited or no health insurance—can lose access to health insurance through divorce or widowhood. This model undervalues unpaid caregiving and builds into public policy the traditional assumptions about women's natural capacities, family obligations, and dependency on individual men."

—Barbara Nelson and Kathryn Carver, Women & Politics Worldwide (1994).

Realizing this, corporations move factories into the U.S. from Germany or Japan, knowing that workers here will be more desperate for a job and willing to do more to keep a job than their counterparts in Europe. For example, BMW and Mercedes-Benz moved car factories from Germany to Alabama and South Carolina, where they could start people at $12 an hour (non-union) instead of the prevailing $28 an hour paid to unionized German workers (Brouwer, 1998, p. 177).

When factories leave Europe or Japan for the U.S. (or other countries with less of a social wage), the unemployment this creates in Europe causes the expense of the social wage in Europe to grow. This increases the tax burden on European workers, as well as corporations, and undermines the consensus supporting the idea of a social wage (Cohen, 1999, p. 3), a democratic principle which has been under constant attack.

As a result, people in other countries are in danger of losing social wages we in the United States haven't even yet won. If other countries lose their social wages before we gain them, there will no longer be a standard of comparison to use as leverage in our struggle to win them, which will make it a lot harder to win these advances here.

Global corporations prefer the "U.S. model" and are doing what they can to promote a "race

Source: Bureau of Labor Statistics. Reprinted from Electrical Union World, publication of International Brotherhood of Electrical Workers Local 3, Flushing, NY, June 17, 1993.

to the bottom." Something of a downward spiral is occurring. Cutbacks are affecting people in other industrialized countries. But the people of the U.S. are losing as much if not more while starting from a lower place to begin with when it comes to social benefits.

Cutbacks aren't the whole story, though. At the same time that workers in some countries are losing social wages, workers in other countries are seeing significant advances—one of the most under-played stories in the U.S. media. Rather than losing everything, as the U.S. media would have us believe, some countries are expanding their social wage.

For example, in France, workers recently won a 35-hour week. The French have also lowered their retirement age, while U.S. workers have seen their Social Security retirement age raised from 65 to 67 for those born after 1959.[4] These gains in France were won against enormous opposition from corporations around the world. Needless to say, owners in France and the U.S. alike prefer the American "model," which brings far more profits to the wealthy. Corporate-owned media pour millions into praising it and promoting it, flooding us with stories of the collapsing social wage abroad while underplaying gains, such as those in France. The real news is that the barrage of

"My father was an immigrant from Italy; he came here at the turn of the century. He would be rolling over in his grave if he saw the data I've just seen recently where Italian workers on average enjoy wages substantially higher than Americans."

—Tony Mazzocchi, national organizer for the U.S. Labor Party, 1998.

European "welfare state" alive, well, and popular

"As Mark Twain is said to have observed about premature rumors of his demise, reports of the death of the European welfare state turn out to be greatly exaggerated. Spending trends in Europe suggest that while some countries have taken steps to curtail certain areas of program growth, overall social spending continued to rise throughout the 1980s and 1990s. Growth in expenditure was particularly steep in programs that support families and children. Between 1980 and the mid-1990s, per-child spending on family policy in the Western European countries increased by 52 percent. ... Across Western Europe, average spending per employed woman doubled during this period."

—Janet C. Gornick and Marcia K. Meyers in The American Prospect, *2001.*[5]

"...despite severe budget cuts in virtually every European country, not one government was cutting its generous maternal and child benefits, with the important exception of reduced subsidies for child care in the former East Germany. In recent elections in both France and Norway, politicians had even competed over how to increase governmental support for families.

The American assumption that Europe can no longer afford its investment in good care for those who need it is clearly not shared by most Europeans."

—Ann Crittenden in The Price of Motherhood, *2001.*[6]

"Reforms in several European national health programs also introduced principles of managed care, market competition, and the privatization of public services [as in the U.S.]... Since the mid-1990s, European countries such as the United Kingdom, the Netherlands, and Sweden have reversed many policies that attempted to privatize their national health programs."

—Howard Waitzkin & Celia Iriat in The Monthly Review, *2000.*

"Prime Minister Tony Blair [of England] proposed the biggest reform of the beleaguered National Health Service in its 52 years, with promises of more doctors and nurses, improved patient care, reduced waiting times and spending increases of 6.1 percent above inflation over the next four years to bring the service in line with European averages. The erosion in health services has hurt Mr. Blair's popularity."

—Warren Hoge, July 28, 2000 New York Times.[7]

corporate media-predicted and promoted social wage roll backs often don't happen. People around the world are resisting the U.S. model of plummeting wages, longer work hours, and social wage cutbacks. In many cases, they are winning. Even here in the U.S., people are waking up to the scam—what's being touted as the U.S. model is something that Americans don't want to follow, either.

Health care is only one part of this "social wage." In the context of the U.S., though, a national health program is probably the most widely supported and urgently needed of all these social wage programs. You don't need to look much further than your own and your family's experience to see why that's true.

So let's focus on our health care system for a few moments and compare it to several others, primarily Canada's.

Costs more, covers less

Throughout our history, our system has denied medical care to those who didn't have the money. While other countries have solved this problem, creating national systems that guarantee care for everyone, in the U.S. we have an expensive, failing patchwork of private insurance companies and HMOs. Although per capita health costs have risen in other countries, they have not risen nearly as steeply as in the private, profit-driven system in the U.S. Moreover, it is only in the U.S. that individuals and families face these extraordinary price rises as individuals. The United Nations' World Health Organization recently concluded that the U.S. ranks 37th in the world in health care, but we pay the most (*Boston Globe*, June 21, 2000).

How did we fall so far behind? Our failure to implement the public health care and national health insurance systems of other industrialized countries has led to the unique growth of a giant and expensive health insurance industry—to the point where this pervasive system has become a terrible burden for the American people. As Ralph Nader said in 1994, "Our private insurance system has made health care in America the most expensive in the world." We pay more per person than any other country in the world. After the U.S., France pays the most per person, 2/3 of what we pay. France was ranked #1 in the world in a 2000 U.N. survey. Most other developed countries, including Canada, pay half what we pay.[8]

The results of the current system are disastrous for the uninsured and the insured: At an event commemorating the Gainesville Women's Health Center in May 1998, we heard the following stories:

• A woman with a genetic disease says her family has to keep the disease secret and family members don't get tested for fear they will be uninsurable.

• Seniors, even though they are covered by Medicare, report having to pay half of their medical costs out of pocket.

• A sheriff's deputy told us every time he gets a raise, the money goes to pay his increased insurance premium.

• A man who has worked all his life needs heart bypass surgery but because he can't pay for it and doesn't have insurance, he is unable to receive this lifesaving care.

These problems are increasing rapidly. Many people do not receive needed care even though they are paying premiums every month. In 1980, 97 percent of full-time workers received health insurance through their jobs, but in 1997 that number had dropped to 77 percent, according to the AFL-CIO (Coalition of Labor Union Women, 1998, p. 1).

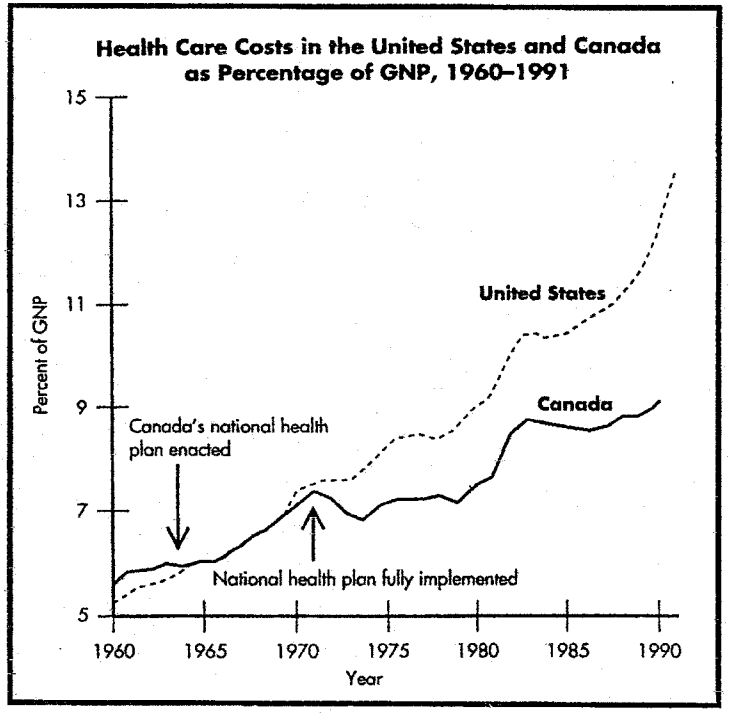
Top 40

The World Health Organization's ranking of the world's health systems.

1. France
2. Italy
3. San Marino
4. Andorra
5. Malta
6. Singapore
7. Spain
8. Oman
9. Austria
10. Japan
11. Norway
12. Portugal
13. Monaco
14. Greece
15. Iceland
16. Luxembourg
17. Netherlands
18. United Kingdom
19. Ireland
20. Switzerland
21. Belgium
22. Colombia
23. Sweden
24. Cyprus
25. Germany
26. Saudi Arabia
27. U. Arab Emirates
28. Israel
29. Morocco
30. Canada
31. Finland
32. Australia
33. Chile
34. Denmark
35. Dominica
36. Costa Rica
37. **United States** ←
38. Slovenia
39. Cuba
40. Brunei

(Boston Globe, June 21, 2000)

The insurance costs more and it covers less. According to the U.S. Census Bureau, more than 43 million Americans lack any form of health insurance—up from 35 million in 1989 (Sept. 29, 2000 Census report). Unpaid medical bills are now the leading cause of bankruptcy in the U.S. (Wordsworth, 2000).



"The Road Not Taken: Canada and the U.S. were spending about the same percentage of their Gross National Product on health care in 1965, just before Canada established its publicly funded health system for medical services. Since then, the U.S., which has retained private insurance, has spent a greater portion of GNP on health care." —Consumer Reports, "The Crisis in Health Insurance," September 1990. (Graph: Vincente Navarro, David Himmelstein and Steffie Woolhandler, The Jackson National Health Program, *The National Rainbow Coalition, 1988.)*

I just want to share another horror story of what happens when profits are more important than patients. Former Campus NOW president Andrea Costello sent me this clipping from the March 8, 1999 *New York Times*:

"Some doctors and hospitals have been forcing poor women to pay hundreds of dollars in cash for a popular procedure to relieve pain in childbirth... and the government has ordered hospitals to stop demanding such cash payments... In some states... [Obstetricians have] ordered the epidural in advance, but when the woman was in active labor, she was refused this service for lack of prepayment. Even though she tried to pay by check, credit card and a Western Union money telegram, the doctor refused anything but cash. ...Women said it was humiliating to dispatch their husbands to automated teller machines, friends and neighbors to get cash."

Contrast this to Canada, where they eliminated insurance companies from healthcare—a process which they completed in 1971—and set up a system where everyone is covered—no matter what your age, the kind of work you do, your marital status, your employment status, your income, or what your medical needs are.

"Our private insurance system has made health care in America the most expensive in the world."

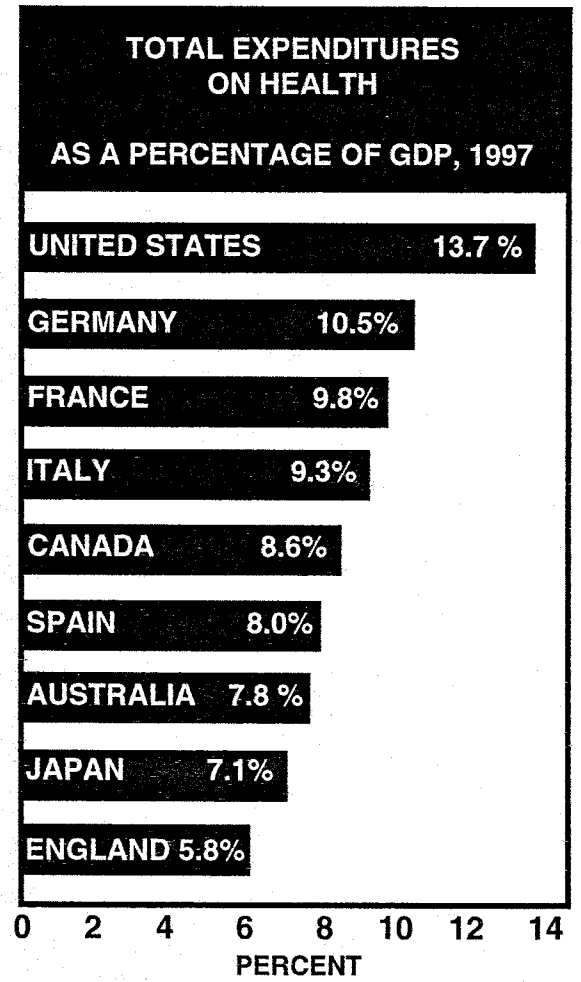
—Ralph Nader, Public Citizen (1994)

Their system is a lot cheaper than ours: we pay 14 percent of our Gross National Product for healthcare, where they pay only 9 percent.[9] Yet here in the U.S. we get less for the money, Canada covers everyone and pays far less money, while we have 43 million people with no health coverage at all and are paying more. Even those who manage to have health insurance here are inadequately covered even as we're being overcharged. For example, I have insurance, but it has a $1,000 deductible and only pays 80 percent over that up to $3,000. This basically means I have to pay for all routine care, but if some catastrophe occurs, the medical industry gets their money, and I spend my savings.

The Canadian system saves money by cutting out insurance company profits and all the extra paperwork involved in administering numerous different insurance companies. Canadians also save money by forcing drug prices down, and by providing full access to preventative care so people don't wait till they're really sick to see a doctor. A system like Canada's also lowers insurance costs in other areas of life, including car insurance, malpractice insurance and workers

compensation, because everyone is already covered for the medical component of this insurance (Himmelstein & Woolhandler, 1994, 140; Consumers Union, 1990a, p. 614).

The Canadian system is funded by a combination of taxes, which people pay in proportion

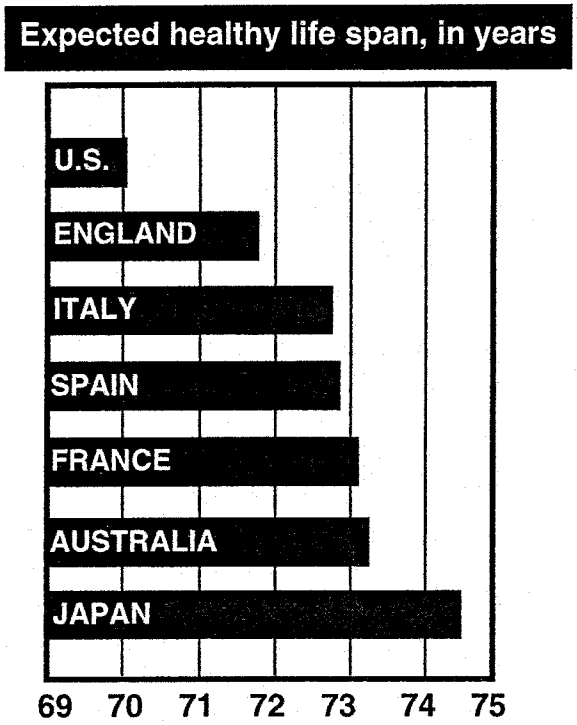


Source: World Health Organization *World Health Report 2000.* Data from 1997 (Baxandall, 2001, p. 38).

to their wealth and income. And they have higher life expectancy than we do here. Women's life expectancy in Canada is 81.5 years where ours here is 79.4 years. Men's life expectancy in Canada is 75.4 years while in the U.S. it's 72.7 years (1996 figures). Canadians used to have a lower life expectancy than us. Their mortality rates were higher than ours through the 1950s and early 1960s, falling below those in the U.S. after national health insurance came in (Himmelstein et. al., 1989, p. 107).

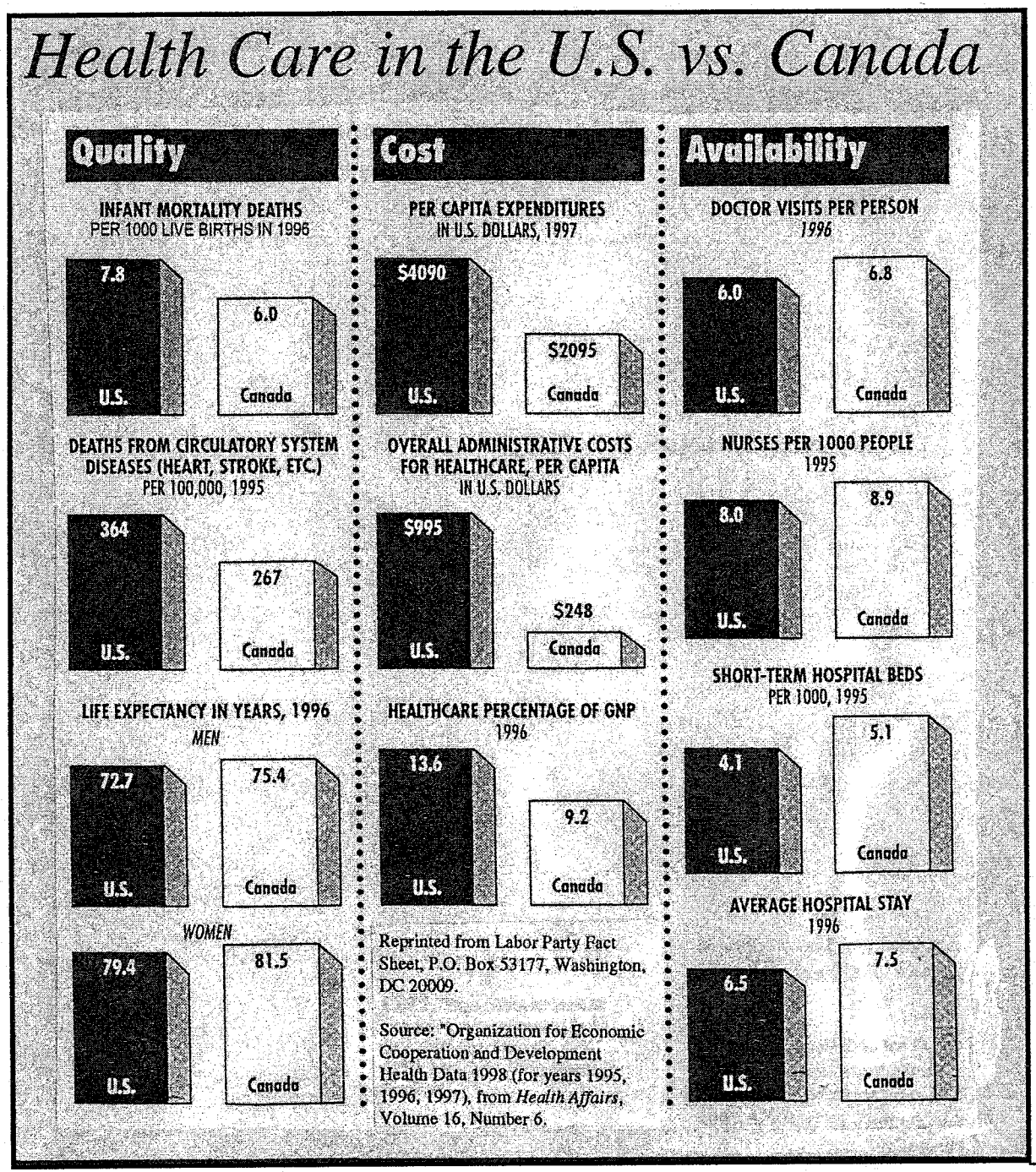
Canada's current maternal mortality rates and infant mortality rates are also lower than ours. Infant mortality in 1990 in the U.S. was 9.1 per thousand, in Canada it was 6.8 per thousand. Japan, Italy, Australia, France, Germany, Sweden and Singapore and many other countries have lower infant mortality rates than we do in the U.S. (Himmelstein & Woolhandler, 1994, p. 65).

The Canadian system comes under fire a lot in the corporate-owned media, which is why Canada's superior health statistics may seem surprising to us. The Fraser Institute, a Canadian thinktank whose slogan is "Competitive market solutions for public policy problems" is responsible for many of the negative stories about Canadian health care in the *Wall Street Journal* and elsewhere. "The Fraser Institute's consistent approach" says Florida health care activist Bob Crowe, "is to sort through available information about their health care system and slant their presentation in the most negative possible way" (Crowe, 2000, p. 4).



Source: World Health Organization *World Health Report 2000.* Data from 1997 (Baxandall, 2001, p. 38).

What do Canadians actually think of their health care system? Given a choice between the U.S. and Canadian systems in 1989, in a Harris Poll 95 percent of Canadians said they prefer the Canadian system, 3 percent said they'd prefer the U.S. system and 2 percent were unsure (Himmelstein & Woolhandler, 1994, p. 256). Among ten industrialized nations, a Harris Poll found that Canadians were most satisfied with their health care system (56 percent said they were satisfied), and Americans were least satisfied with their health care system (10 percent said they were satisfied).



"95% WOULD PAY LESS UNDER JUST HEALTH CARE PLAN"

The Labor Party, as part of their campaign called "Just Health Care" has added up the insurance premiums and out of pocket expenses Americans pay for their health care and calculated that 95% of the country would actually pay less for full health care than they are now paying. "The rise in taxes for those 95% is more than offset by what those households pay in out of pocket costs and premiums." They use the example of the middle 20% of income households, which average $39,450 a year, who spend $2,231 a year on health care out of pocket. That family's health care tax would be $789, a savings of $1,442 per year. The 20% of households above them, averaging an income of $59,060 a year, currently pay $2,455 out of pocket for health care and would pay only $1,624 in health care taxes, a savings of $831 a year.

The Just Health Care plan would cover:

- *Doctor visits, hospitalization and access to specialists.*
- *Dental, vision and mental health services.*
- *Prescription drugs and medical supplies.*
- *Quality nursing home and long-term care.*
- *Occupational health, preventive and rehabilitative services.*
- *A "Just Transition" program for displaced insurance company workers.*

Kathleen Connors, President of the Canadian Federation of Nurses Unions, describes what Canadians mean when they say their system is universal. "It doesn't matter who you are. You could be a homeless person on the street or a bank president or a corporate president, and you are entitled to the same level of health benefits." (Connors spoke at a Labor Party "Just Health Care" rally in Pittsburgh in November 1998.) Canadian physicians are prohibited from charging patients money for any service covered under the Canadian health care system. This makes it difficult for people with more money to use their money to get special privileges in the health care system. Because everyone gets an equal level of care, every Canadian has a reason to make sure the system is funded adequately and is providing good quality care.

Myth America and health care quality

All kinds of arguments are made to try to explain why Canadians and others with national health systems have better health statistics than we do in the U.S. Some people argue that the U.S. population is "too heterogeneous" to have good health statistics. One doctor, opposing national health care in a *New York Times* opinion piece, even said that Canada's health outcomes look better than ours because "the Canadian population is largely Caucasian" (Lerner, 1990, p. 29A).

The U.S. is "largely Caucasian" too, but it's not true that "Caucasians" here are getting better health care than in Canada. Although they have health statistics which are less bleak than those of African Americans, whites in the U.S. are dying sooner and experiencing higher rates of maternal and infant mortality than the entire populations of many countries with universal health care systems (Rodgers, 1979, p. 124).

These bad health results for Euro-Americans were being recorded and compared to other nations as early as 1966. In the state of New York in that year, whites had an infant mortality rate of 22.8 per thousand live births, worse than the entire populations of fourteen other nations, including Taiwan (Health Policy Advisory Center, 1970, p. 8).

Another indication that racial "heterogeneity" is not what makes our health data look so bad is that the U.S. used to rank much higher in the world in health statistics. Many other countries have been able to improve the health of their populations, but the U.S. has lagged behind (Sagan, 1987, p. 195).

"Is it reasonable to expect a nation that includes numerous newly arrived immigrants to experience the same health as those countries whose populations are socially homogeneous and highly educated, such as Sweden? Why not? In the earlier part of this century when the United States was even more of a 'melting pot' we were among the leaders in world health."

—Leonard Sagan in The Health of Nations (1987, p. 195).

IN THE UNITED STATES:

"Many of us are, to some extent, aware of the terrible health care that poor people get in the ghettos of our cities... But we seem to resist the reality that all of us are health poor. ... Any woman who has ever had to worry about a sick child knows this in her guts, but since there is nowhere else to turn, we try to quiet the anger rather than face the fear. When a child gets sick at 10:00 o'clock at night—or at 10:00 in the morning for that matter—there are almost no doctors who will come to the house to examine the child. The house visit ... is now a thing of the past. If the child gets sick during the day and the family can afford a private doctor, it is usually possible to arrange to take the child to the doctor in his office at his convenience. If the family is poor or it is late at night, the mother must bring the child to the emergency room... where they can wait half an hour or even eight hours for care."

—Alice Wolfson, "Health Care May Be Hazardous to Your Health" in Liberation Now! Writings of the Women's Liberation Movement, 1971.

IN DENMARK:

"The public health nurse presents herself in the homes of newborns early in the post-parturition period to offer her assistance to the family in the care of the new baby. Nearly all families in Denmark accept the service of the health visitor, and during the first year after birth she pays visits to the homes at regular intervals in order to control the health of the child and assist the mother with different kinds of problems. After the first year of life she reduces her visits and concentrates her efforts on risk-prone families or those already having trouble. She may continue to visit the family and child throughout the preschool age."

—Women and the Danish National Health Care System (1980).

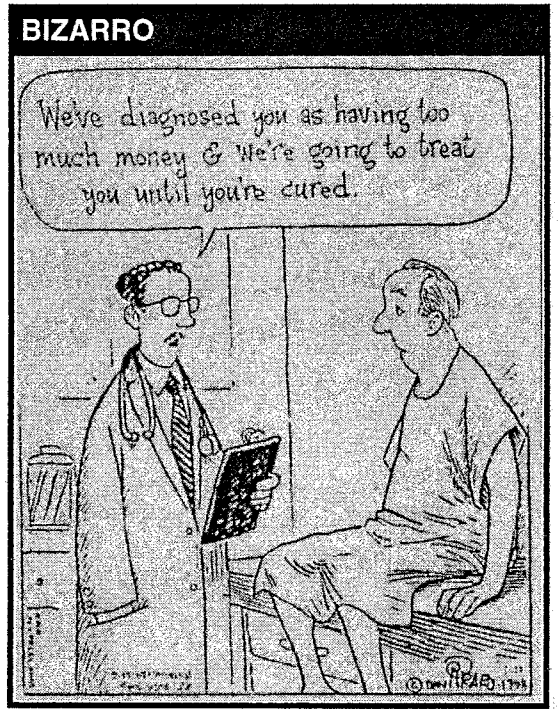
Furthermore, heterogeneity doesn't lead to bad health outcomes in countries with universal health care systems. In Sweden, for example, the ten percent of the population who are immigrants have nearly the same low infant death rates as native-born Swedes (Himmelstein & Woolhandler, 1994, p. 65).

A similar argument states that it is our high poverty rate that brings down our health record. "Large poverty populations—the real cause of our poor health care statistics—are nearly non-existent [in Canada]" Lerner argues, trying to prove that Canadians' better health is not related to a better health care system. But it's only in the U.S., among all industrialized countries, that lack of money means lack of health care.[10] In the U.S., also, overwhelming medical expenses and untreated illness are a cause of poverty.

And it's only in the U.S. that the health care system is arranged primarily for profit rather than for positive health outcomes. While many are denied care, those who are covered or can otherwise pay for expensive procedures and tests suffer unnecessary testing and surgery.

"When I was living in Egypt, I remember how surprised I was to learn that rich people in Egypt don't go to the U.S.A. for their medical care, they go to France or England."

—Michal Goldman, American woman who made a feature documentary film about the diva of the Arab world, "Umm Kulthum: Voice of Egypt."

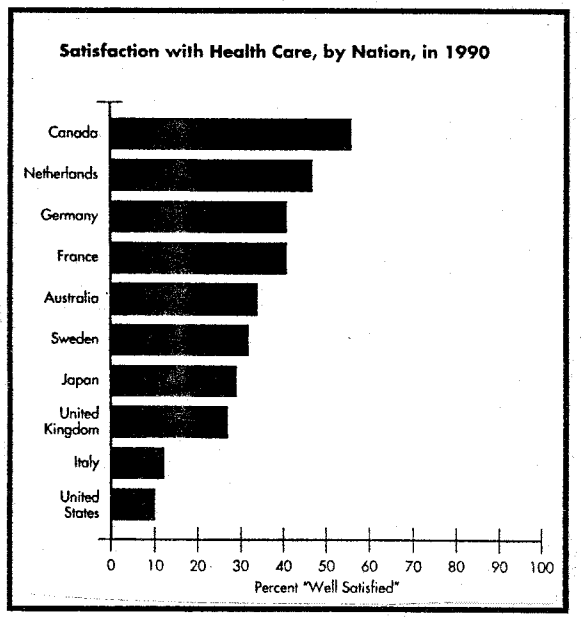


For example, comparing U.S. and British outcomes for cancer, epidemiologist Devra Lee Davis states, "The U.S. spends about 5 times more per patient on chemotherapy than the U.K., but survival for most common cancers does not differ" (Davis, 2001, p. 3).

In another example, the U.S. has a much higher rate of caeserian sections than European countries. The higher U.S. rate turns out to be concentrated in for-profit hospitals (25.3% of all births) and is much lower in federal government hospitals (17.0%) (Gabay & Wolfe, 1994, p.16). The c-section is "a major surgical operation in which the abdominal wall is opened and an incision is made into the uterus or womb ... similar in surgical scope to taking out an appendix or gall bladder... [and poses] a greater risk of maternal complications and even death than vaginal delivery" (Gabay & Wolfe, pp. vii, 1).

Since everyone in the U.S. is suffering under our profit-driven medical system, nearly everyone has an interest in winning universal health care in the U.S.

I won't go into a great deal more detail here—health care as an issue is important in its own right for all Americans, and I hope I've given you some reasons for this. But it also has a strong feminist component, which I'm going to talk about now. First I need to go into a little history of the health care issue in feminism.



(Navarro, 1993, p. 60)

The health care issue in feminism

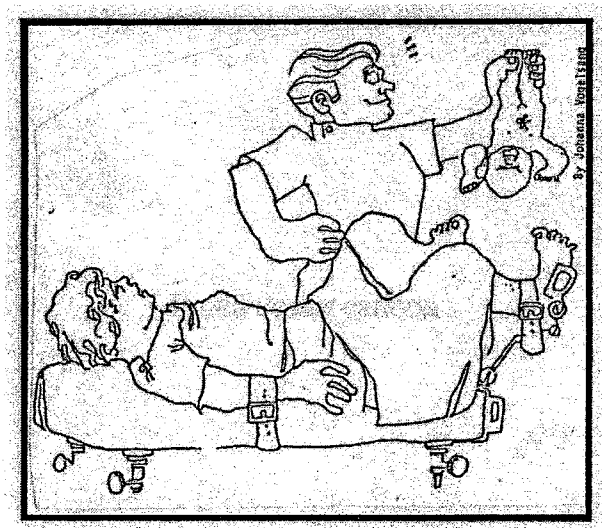
Gainesville Women's Liberation had been talking in meetings with Redstockings about universal health care for a few years, but we first started planning our Health Care for All project when our activist feminist health clinic, the Gainesville Women's Health Center, closed its doors due to mounting debt in fall of 1997. In many ways, the clinic was a model for how our health care system should be. Its slogan was "Health care for people, not for profit," and its first priority was fully informing and educating patients so that they could take control of their health care.

The clinic, which was founded in 1974 just after abortion was legalized, is also a bellwether of what is happening in our medical system: needed public and non-profit medical institutions are starved for funds while many people cannot get the care they need.

After the clinic closed, Gainesville Women's Liberation formed a coalition of former clinic workers and three feminist organizations which planned a tribute and fundraiser in May 1998. In organizing the event, we called on people to join us in a wider struggle to carry on and expand the clinic's mission of "Health Care for People, Not for Profit." The group that worked on the commemorative and forty of those attending pledged to take up the fight. With their encouragement, Gainesville Women's Liberation started our "Health Care for All" project in December 1998.

The loss of the clinic also dramatized to us the limits of the feminist response to our country's health delivery and financing system. Women were so mistreated, lied to and discriminated against in our medical system when the modern feminist movement started that many feminists responded to this by primarily focusing on the need for equal rights for women in medicine. This included getting women into medical school, good information for women about their bodies, patients' rights to know about their treatments, and countering sexism in health care.

Women's Liberation-Welfare Alliance of Washington, D.C. sits in at a health care task force banquet demanding open hearings, abortion rights, and decent health care. September 25, 1969. Quicksilver Times. *Photo: Phil Fenty.*



Johanna Vogelsang in *Off Our Backs*, Washington, D.C., 1970's.

Shaky progress has been achieved on many of these fronts. However, as health costs have skyrocketed, erecting more barriers to health care, the focus on gender and racial disparity alone has been overshadowed by the prime injustice of our medical system, in which ability to get care depends on employment and money.

While the Women's Health Movement tackled anti-woman policies in health care, many feminists stayed away from the health care issue altogether because they felt that women focusing on health played into some unfair stereotypes of women they opposed—the notion of women as "perpetually prone to

illness," and the tracking of women into paid and unpaid caretaker roles on the grounds that they were by nature more "caring" than men. Many feminists thought that to focus on health care would further fuel myths they wanted to demolish.

But again, most Americans, and feminists among them, have been laboring under another myth, the myth that in America we have the best health care system in the world. Some activists in the women's health movement may have known the score, but may not have seen that it was important to demolish this myth or how the financing aspect of our health care system was against women's interests. As early as 1971, *New York Times* articles clipped and filed by Redstockings radical feminists show that the U.S. had worse rates of life expectancy, maternal mortality and infant mortality than many other countries. But this information was such a contradiction to the view that the *New York Times* and other corporate media would usually present that it wasn't remembered. Only 15 years later, in the midst of the explosion in the price of health insurance, did the 1971 clipping get retrieved and fully absorbed.

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The labor and senior citizens movements in the U.S. have also gone through a process of learning that the compromise measures that they have settled for in the past in health care are no longer tolerable.

As health insurance costs rise, and as fewer and fewer people receive insurance through their jobs, the U.S. labor movement has re-awakened to the high costs U.S. workers are paying for our employment-based health insurance system. This has meant a return for many in the labor movement to the radical democratic principle that health care is a right, and a turn away from the compromise position that most of organized labor settled for in the first post World War II decades, a position that accepts health care as a job benefit and also ties workers to their employers.[11]

The elderly have also accelerated organizing for a U.S. health care system that covers everyone. Seniors in the U.S. are watching pieces of the Medicare system, which actually only covers about 50 percent of the health costs of seniors, turned over to private HMOs to allow them to mine profits (Himmelstein &

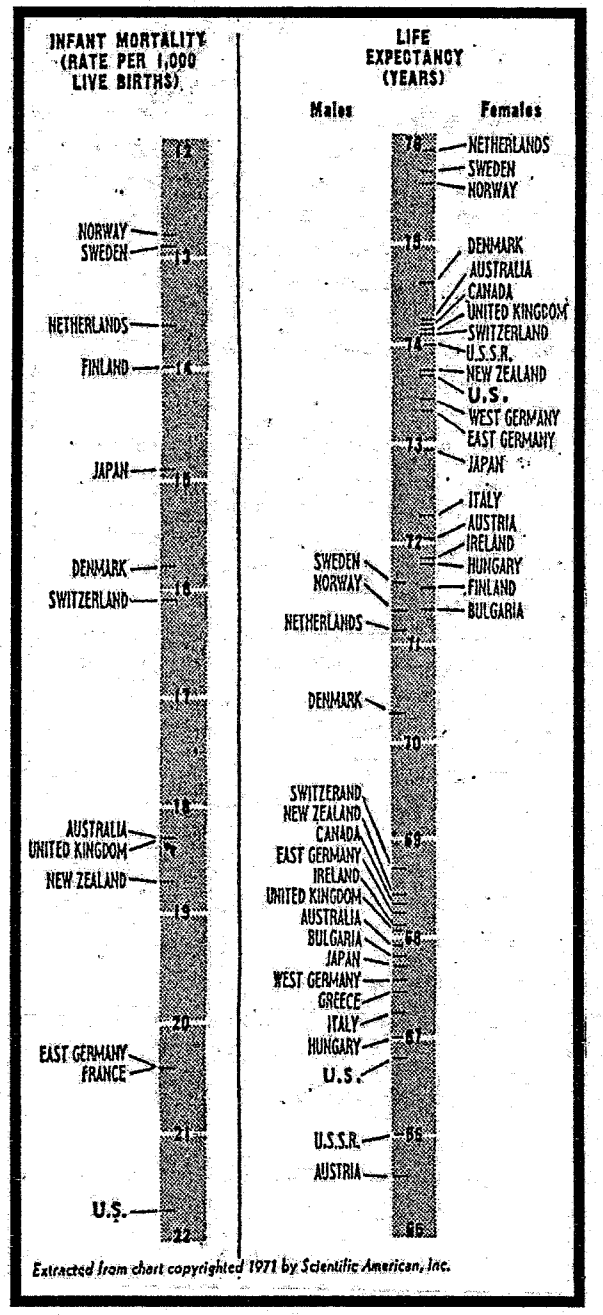

Chart from July 16, 1971 New York Times

Percentage of Americans Who Want a Tax-Financed National Health Plan

Date	Poll	Percent Support
1989	NBC (national)	67
1989	Louisville Courier Journal (KY)	62
1990	Los Angeles Times (national)	72
1990	Atlantic Financial (W. Virginia)	62
1990	CBS/New York Times (national)	64
1990	Gallup for Blue Cross (national)	60
1990	Hartford Courant (Connecticut)	60
1990	Roper (national)	69
1990	Associated Press (national)	62

(Navarro, 1993, p. 59)

Woolhandler, 1994, p. 35). This experience has made it clear to many that unless everyone is covered, seniors may lose what they already have under Medicare.

Similarly, organized labor has realized that piecemeal gains, like workers compensation and contract health benefits, are safest from attack when extended to everyone.

Universal health care and women's independence

U.S. women, in particular, are paying a high price in our private, employment-based health care system. We say this not because there is truth to the male chauvinist stereotype that women are weaker and sicker than men or that we constantly worry about our health.[12] It is because of our private, employment-based health system. In the U.S. women have less independence and bear more of the unpaid burden of caring than women in many other countries.

Because our health system is largely dependent on employment, men are more likely than women to receive insurance benefits. This means many U.S. women receive health coverage through marriage. U.S. women have to weigh health insurance coverage with other factors when deciding on marriage and divorce, where European women, for example, face no such constraints.

You know, it's not just Europe, Canada, Japan, Israel, Australia, New Zealand, and now South Africa. I was talking to an international student who's a member of the Graduate Assistants union—she's from Suriname, a small country in South America that was once a Dutch colony. She said that of course they don't have huge resources in their health care system because of the Dutch exploiting their country—but everyone has access. The thought of excluding people from care because of money is utterly bizarre to her. So women in Suriname, also, don't have to factor in health care when thinking about marriage, divorce, whether they can take time off from a job and still be "covered," if they can afford the medical costs of having a child and so on.

Here's another way of talking about the particular problem women have in the U.S.,

"The soaring cost of health care in America has become a subject of rueful humor. But for millions and millions of patients and their families, it's nothing to laugh about. For they have lost their homes ... drained their life savings ... and even been deprived of the medical treatment and prescription drugs they needed ... all because they made the mistake of getting sick in America. ... Medicare—founded to guarantee the health and dignity of older people—is becoming an unaffordable luxury for millions with a recent increase in premiums...

The Gray Panthers' fight for a National Health System is ... vital to the wellbeing of our country. ... Public meetings, press conferences, TV and radio appearances, and local organizing ... will enable us to dispel the myths about a National Health System ...

The myths say that a National Health System would be a burden on the economy. But the facts show that such a plan would actually save America billions of dollars each year. ...

The myths say a National Health System is merely the dream of a visionary handful—that most Americans don't care about getting the health mess under control. But the facts show that Americans endorse such a system by a wide margin! And in statewide and local referenda placed on ballots through Gray Panther activism, voters overwhelmingly backed a National Health System."

—Maggie Kuhn, National Convener, The Gray Panthers, 1989.

from a book called *Women & Politics Worldwide*:

> "[U.S.] women are more vulnerable than men in each sector of the healthcare financing system. The privately financed sector of healthcare was founded on a model of providing benefits to male workers and their dependents. Healthcare benefits are thus more available and more extensive in the heavily capitalized sectors of the economy that traditionally employ white men. Many married women—both homemakers and those employed in service jobs providing limited or no health insurance—can lose access to health insurance through divorce or widowhood. This model undervalues unpaid caregiving and builds into public policy the traditional assumptions about women's natural capacities, family obligations, and dependency on individual men" (Nelson & Carver, 1994, p. 752).

When we are divorced or separated, we're much more likely to lose our insurance than men, "Eighty percent of divorced or separated women who are out of the labor force had no health insurance in 1984. Uninsured divorced or separated women outnumbered uninsured divorced or separated men by 40 percent (1.7 million vs. 1.2 million)" (Davis, 1988, p. 164).

Military veterans and active U.S. military are the recipients of another form of employment-based health care, which has primarily benefited men. The only way women could benefit from this program was to marry a man in the military, until the ferocious gender barriers there started to be cracked in the 1970s. Still, the military limits the job categories in which women can enlist, and men are still the overwhelming beneficiaries of this program, which puts them in the position of "providing" health care for women who marry them. Women's access to this health care is through men, even though it is provided by public funds which women pay into.

Women's unpaid labor

Another burden faced by American women is long term care of the sick and elderly. Women, unpaid, provide 75 percent of the long-term care in the home (Hoskins, 1996, p. 29). In most other industrialized nations, long-term care is partially or fully paid for through a national health system.

I'll just say a few words about how homecare works in Canada for sick children, the disabled of all ages and the frail elderly. Although it varies from province to province, in the best cases the universal health program provides nursing services, personal care, visiting homemakers, daycare, meal services, and a handyman service for yard work, snow shoveling, and heavy chores. Home equipment and supplies are provided free. Physical therapy is provided. Respite services for family members are provided (Kane, 1993, p. 97).

I don't know about you all, but I watched my mother run around during a 3 or 4 year period taking care of her own mother and her mother-in-law, both of whom needed a lot of these kinds of supports. There was always a question of these extra services costing money, because of course they aren't covered. So my mom

Why is a Women's Liberation group focusing on health care specifically?

We believe that if we can win accessible, equal, universal, affordable, quality health care, it will be a springboard for women towards more equality and independence, both at home and on the job. As women, we have a lot to gain from health care being a community responsibility—a national responsibility. Women take up the work left undone by our inadequate health care system. At home, unpaid, women provide 75% of the health care—caring for people who have chronic, disabling illnesses and long-term care needs; we do most of the care when the kids get sick. The call for all of society to equally bear this burden is also a call for men to equally share the unpaid work that remains. We also think a full range of reproductive health services, including contraceptives and abortion, should be provided free through a national health plan. *—Gainesville Women's Liberation, May 1998.*

ended up doing a lot of it herself, while holding down a full time job with a long commute. It really illustrated to me how the unpaid labor of women is what keeps this system going and how we need this labor to get paid and shared around between men and women.

In the case of nursing homes, the U.S. system is so outrageously expensive that here it basically works by people deliberately bankrupting themselves and then the government taking over

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payments. How much money you start with determines the 'class' of nursing home you can get into. In Canada, you are not required to impoverish yourself, you are not required to spend money up front in order to "get in." You are simply admitted. There are co-payments, but they are low, some call it the "cheapest rent in town" (Kane, 1993, p. 94).

So, why encourage participation and leadership by feminists in the national movement for universal health care? A central goal of women's liberation is that responsibility for family care (particularly care of children) be shared more equally between men and women—and between the individual, family and society as a whole. Responsibility for health care is a central part of this burden of family care that feminism is fighting to share more equally.

Sharing the labor of caring is one of the radical changes at the heart of feminism.

Why U.S. feminism should make national health care a top priority

Universal health care is a "coalition issue" and an urgent one. I've tried to show that women as a constituency have at least as much to gain from universal health care as other constituencies that are at the forefront of this fight (the labor movement, the elderly). It's long been on the Civil Rights Movement agenda, too. Dr. Martin Luther King, Jr. reflected that "Of all forms of injustice, inequality in health care is the most shocking and inhumane."

But still, among all the pressing problems women face, among all the battles feminists are currently waging, why should our movement put resources towards this?

Like other social wage programs, National Health Care would help advance women's liberation in particular by reducing women's dependency on men and increasing their leverage with both men and employers. Or, as activist author Mimi Abramowitz says, social wage programs "enable people to survive while

"... A system of free quality health care for all—paid for out of public funds—always a necessary part of the program for women's liberation, a much needed step, is now on the agenda in the United States. For a majority of people, it will bring much needed relief, and for women in particular, a little more of a <u>base</u>, a springboard toward more and more independence, a greater social sharing of the costs of [raising children] without which the goal of full equal relations with men cannot finally be achieved."

—Redstockings, May 15, 1987
From the introduction to
"Women and the Danish National Health Care System."

avoiding unsafe and insecure jobs as well as unsafe and insecure marriages" (Abramowitz, 1996, p. 397).

This brings me to a question Redstockings has been talking about: How do we pick our battles? And how can we pick battles which combine our goals, and which make us stronger for the next round?

On the idea of combining, we tend to be caught in a large number of discrete small battles, each very important in its own way, but time-consuming, draining and expensive. For example, in health care, here are a few of the

battles we've been fighting (some we've lost, some we've won): To get health insurance coverage to continue when we're divorced or separated; to get health insurance to cover birth control pills; to get hospitals to not kick us out right after we give birth; to get domestic partner benefits—both for gay couples and for all couples who aren't married; to get Medicaid to cover us when we get off welfare, either when we get a job or get kicked off under the new time limits; to get Medicaid and private insurance companies to cover abortion; to get mandatory hospitalization for a mastectomy. Then there are the general health care battles: To get Medicare to cover prescription drugs; the right to sue HMOs if they deny us care... and on and on. Sometimes we win these little steps only to lose the war—in the 1980s. we won COBRA, the extension of benefits when you leave a job or a marriage. But now the insurance premiums are so high it's almost a joke, since you have to pay both the employer and employee part of the premium under COBRA.

Working for universal health care could not be as difficult and exhausting as all these fractured steps we're trying to take. Plus, we wouldn't always be holding back on saying what we really want, which is exhausting in its own way.

You know, we are caught in so many defensive battles right now. We're in a posture of responding to the outrageous and bad things—which, of course, we have to respond to—from abortion clinic pickets to the shooting of doctors, to the welfare repeal, to the attack on affirmative action, to what the University of Florida Police Department did by arresting a woman for daring to say she was raped.

The result of all this is that what we want—our vision—we barely get to talking about that. We need to remind ourselves of that. It's so rare we get around to articulating the positive goals of what feminism stands for.

"Working for a national health plan will bring together all the issues we have organized around for the last 20 years."
—Nancy Worcester, National Women's Health Network News, Jan./Feb. 1990

We think fighting for universal health care is a great way of combining—not just the idea about sharing the caring on health care—but it's a way of talking about the overall vision that feminism is such a large part of—the social sharing of work and rewards—sharing fairly the work and responsibility and the joys and fruits of our labor. ◆

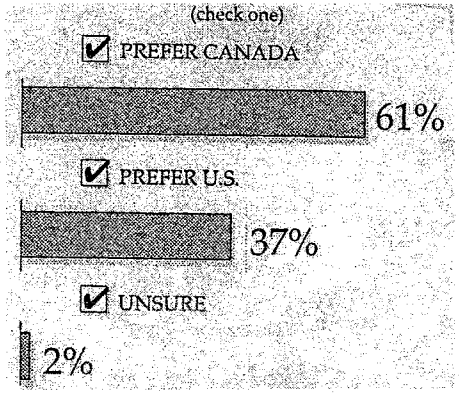
WHY DOES YOUR INSURANCE COMPANY PAY FOR THIS:

BUT NOT THIS ....

(1999 National Abortion Rights Action League mailing)

Women can vote in government decisions, but not in insurance company decisions. Getting insurance companies out of health care will solve many problems at once.

Harris Poll: Would Americans prefer the Canadian National Health Plan?



Blendon Health Management Quarterly, 1989
in Himmelstein & Woolhandler, 1994, p. 255.

CONSCIOUSNESS-RAISING QUESTIONS ON NATIONAL HEALTH CARE

"Consciousness-raising has proved to be a powerful tool both for the learning of the "organizers" and the learning of those whom they are organizing. If utilized by the movement for a national health care system, it offers enormous promise of help in popularizing the national health care issue and more quickly winning this wonderful advance for the masses of people in the U.S. and this basic building block of women's liberation."—Redstockings, 1987.

"Our health care system is in terrible shape. We know this without being experts on health care policy. We know it because of personal experience. Today in America nearly everyone has a personal story to tell about themselves, a family member or a friend."—The Labor Party, "Ammo for Activists: Just Health Care." Nov. 13, 1998.

1. What—*based on your personal experience*—has brought you to your present position in favor of a national health care system and your present readiness for action?

2. What personal experiences and/or convincing arguments or information have you heard and in what context brought you to the Conference?

3. What are or have been your reservations and worries about the idea of a national health care service? (Fear of not having much freedom of choice in doctors or services, fear of not getting personal attention, etc.) If you no longer have reservations, what caused you to change your mind?

—Consciousness-raising questions proposed by Redstockings for the First National Conference on Devising a National Health Care System, May 16, 1987.

* * *

1. What have you and/or your family gotten from the health care system that you needed?

2. What have you needed that you haven't gotten?

—Consciousness-raising questions for an action for universal health care, spring 1991 Gainesville (FL) Women's Liberation class.

1. What was your experience with the Gainesville Women's Health Center?

2. How did the Gainesville Women's Health Center model of health care affect you?

3. What is your experience with the U.S. health care system?

4. What do you want your health care to be like?

—Consciousness-raising question for May 30, 1998 Commemoration of the Gainesville Women's Health Center, Gainesville, FL.

* * *

1. What problems in your life would be helped or fixed if we had health care for all in the U.S.?

2. What struggles in your feminist organizing work would be helped or fixed if we had health care for all in the U.S.?

—Consciousness-raising question for a workshop at the July 5, 1999 National NOW Conference in Los Angeles, presented by Gainesville Women's Liberation.

Overwork, Women's Liberation and National Health Care

by Kathie Sarachild and Amy Coenen

"Whereas we believe in the right of all sisters to employment; and whereas there are not enough jobs to go around; and whereas this situation is expected to worsen in the 1970s, be it resolved that we support a shortened work week which will open more jobs to women and allow men more time to spend in the home."

—Action Resolutions, National Organization for Women (NOW) 4th Annual Conference, March 20-22, 1970.

"Women's liberation advocates a shortened work day so that both sexes can share in child rearing and child care."

—Joan Robins, Handbook of Women's Liberation, 1970.

"WE DEMAND THE RIGHT TO WORK LESS. A shorter work week for all... Housewives are hesitant to ask men after a week of at least 40 grinding hours to see after their own children and their own underwear. Yet women do just that, for themselves and for men... the struggle must be for a shorter work week. (Maybe men will take our lead for a change.)"

—Selma James, "Women, the Unions and Work: What Is Not To Be Done Women's Liberation National Conference," London, England, 1972

As early as 1970, feminists understood that the 40 hour work week interfered with the women's liberation goal of sharing housework, child rearing, and other domestic duties equally with men. At the same time, feminists also knew that a shorter work week would increase the number of job opportunities, opening the door to paid work for many women.

Instead of making progress toward the goal of shorter work hours in the decades of women's liberation organizing since 1970, however, we've seen the hours of work of U.S. wage-earners increase. This increased work time, whether due to overtime directly mandated by employers or imposed by economic necessity, is a serious impediment to reaching equality between men and women. In this section, we want to explore why this is so. We will also look at a key stumbling block to winning the battle for shorter work time: the unique U.S. system of employer-sponsored "fringe benefits," of which our private, profit-driven, health insurance coverage is the most expensive part.

The skyrocketing cost of health insurance as a fringe benefit has created a strong incentive for employers to demand overtime instead of hiring extra workers. Why? Employers usually pay these "fringe benefits" as a flat amount to each worker rather than on an hourly basis. This method of payment makes it cheaper to work one employee more hours than to hire two workers and pay two sets of benefits. The high cost of health insurance has also been a strong factor in holding down wages since the early 1970s,[42] forcing some workers to hold two or even three jobs to make ends meet.[43]

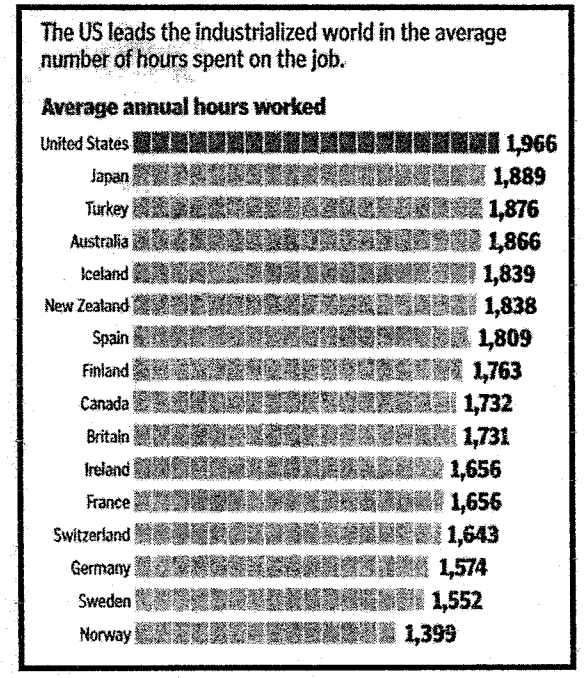
Winning a national health insurance system will get rid of the "fringe benefits" approach to health insurance, an important part of the dynamic driving many

Cartoon: Jennifer Camper. Ms. Magazine, *April/May 2000.*

Americans to work more and more hours. Less time on the job, in turn, opens up greater possibilities for full sharing between men and women of work inside and outside the home.

Going backwards: Americans working longer

Workers in the United States are working longer than they used to. They are also working longer than wage-earners in all other industrialized countries. According to a 1999 report by the International Labor Organization, a UN agency, in 1993 we surpassed the previous international record holders in that category, the Japanese.



Source: International Labor Organization, United Nations. From Boston Globe, *July 8, 2001, p. D8.*

"Over the past two decades the average time spent at a full-time job [in the U.S.] has risen from 43.6 to 47.1 hours per week," reported the Family and Work Institute in 1999 (Hunter, 1999, pp. 37-38). These figures reveal that the full-time work week has grown considerably longer than the 40-hour standard won in the 1930s after decades of labor movement struggle. The figures amount to an alarming four extra weeks of work a year, confirming the groundbreaking discovery of an "overwork explosion" in the United States made by feminist and labor economist Juliet Schor. In her 1991 book *The Overworked American*, she observes:

> "For nearly a hundred years, hours had been declining... this decline abruptly ended in the late 1940s. Equally surprising... has been the deviation from western Europe. After progressing in tandem for nearly a century, the United States veered off on a trajectory of declining leisure... [Each year] U.S. manufacturing employees currently work 320 more hours—the equivalent of two months—than their counterparts in West Germany or France" (Schor, 1991, p. 1-2).

Paid Vacation in European Countries

Country	By law	By agreement
Austria	5 weeks	—
Belgium	4 weeks	5 weeks
Denmark	—	5 weeks
Spain	30 civil days	4 1/2 -5 weeks
Finland	5 weeks	5 to 6 weeks
France	5 weeks	5 to 6 weeks
Great Britain	—	4 to 6 weeks
Greece	4 weeks	—
Ireland	3 weeks	4 weeks
Iceland	4 weeks, 4 days	—
Italy	—	4-6 weeks
Luxembourg	5 weeks	25 to 30 days
Malta	4 weeks	—
Norway	4 weeks, 1 day	—
Netherlands	4 weeks	4-5 weeks
Portugal	30 civil days	4 1/2 to 5 weeks
Germany	3 weeks	5 1/2 to 6 weeks
Sweden	5 weeks	5 to 8 weeks
Switzerland	4 weeks	4 to 5 weeks

Vacation time is legislated in many countries, just as minimum wage and maximum hours are legislated in the U.S. (Source: European Trade Union Institute, *Collective Bargaining in Europe in 1988 and Prospects for 1989* in Schor, 1991, p. 82.)

Longer hours on the job are undermining the welfare and rights of all wage-earners in the United States, men and women both—the right to a life free of unending work. But for the ever-increasing numbers of women in the paid work force, the situation is even worse. Too many women continue to be

held responsible for the unpaid care work in the family, even as more and more have also become partial or full breadwinners facing longer hours on the job.[44] This combination, amounting to two jobs for many women—one paid, the other unpaid—has been identified by feminists as women's "double day."[45]

The assumption behind the double day—that women must bear major and unpaid responsibility for family and child care—has long been recognized by feminists as a central barrier to women's liberation. Overturning this assumption, and whatever systems lay behind it, was at the passionate center of the renewal of feminism, as is clear in one of NOW's 1970 press releases:

> "A basic cause of the second-class status of women in America and the world for thousands of years has been the notion that... because women bear children, it is primarily their responsibility to care for them. Women will never have full opportunities to participate in our economic, political, cultural life as long as they bear this responsibility. ...[We believe] that the care and welfare of children is incumbent on society and parents. We reject the idea that mothers have a special child care role that is not to be shared equally by fathers" (Hole & Levine, p. 305.)

Yet progress in freeing women from an unequal share of unpaid labor in the home and family has not kept up with gains women have made in employment outside the home. No doubt there are many reasons for this lag, and women's liberationists need to understand and learn how to overcome all of them. One, however, is undeniably that the number of wage-earning hours per worker in the United States has grown rather than decreased. Why is this? How have the increasing hours of wage-earning work blocked women's advances toward equality in the home?

Shorter work time, shared breadwinning and shared parenting

The women's liberation goal is for men and women to share equally in family care responsibilities and work outside the home, including political participation in the community. But shared parenting, breadwinning, and political participation require more than common values and agreement between individual men and women in each household. Regardless of intent, dividing breadwinning and family care responsibilities equally is structurally impossible when available caregiving time is reduced to virtually zero for one or both parents. Although often women manage to find the time even when there isn't any, at other times in this situation, someone or something has to break, or crash.

Our current employment system is still arranged around what feminists have begun calling the traditional single breadwinner, single caregiver family model, with the man winning the bread and the woman giving the care. Even though most U.S. households no longer operate this way,[46] our organization of work has not altered to reflect the change. This institutionalized economic framework of male supremacy, coupled with individual men's sexism, has left women saddled with the double day.

From the American Association of Retired Persons publication Modern Maturity, *May-June 1999.*

Some women, in an attempt to escape two full-time jobs as paid worker and unpaid caregiver, opt for part-time paid employment or forgo paid work entirely. This permanently damages their earning power, leaving them economically vulnerable and dependent on men and on their adult children.

To make both shared parenting and shared breadwinning possible, as well as time for community and political participation, we will need a changed employment system based on a dual breadwinner, dual caregiver model. This more democratic reorganization would require fewer wage earning hours for all. But it would also involve various forms of family assistance from the larger community like child care, parental leave, elder care, and health care to which everyone is entitled. (Public education and social security are examples already in place of community assistance for the intergenerational care from which all citizens benefit.)

Of course, to safeguard women's share in any time won from the struggle to reduce hours on the job, we need feminist consciousness, organizing and struggle in the home. Winning more time for both parents won't automatically lead to sharing of domestic work. It could just lead to her having more time to serve him in his preferred activities and leisure. Women's liberation organizing will remain critical to achieving full democracy in the home, regardless of the amount of time women and men spend at their paid jobs.

Nevertheless, shortening the standard time on the job is a significant vehicle for moving toward full equality between men and women, assisting in two key women's liberation battles at once. By shortening the number of hours people are required to work, the number of jobs available would increase, creating more wage-earning opportunities for women. In addition, fewer working hours would expand time currently unavailable for all wage-earners to take on family care as well as breadwinning responsibilities. In this way, shorter time on the job would help to make a dual breadwinning, dual caregiving system of childrearing and other intergenerational

Caregivers who work sacrifice pay, promotions

Workers who take care of older relatives may pay a steep price on the job—losing out on pay raises, promotions, training and retirement benefits.

In a study of 55 employed individuals who provided at least eight hours of care a week, two-thirds reported earning losses resulting from caregiving obligations. On average, lost wages, pension benefits and Social Security over a lifetimes totaled $659,139.

Almost all respondents reported having out-of-pocket expenses for an average of two to six years, spending a total of $19,525.

The financial burden falls most heavily on women, who account for three-fourths of the nation's 25 million family caregivers.

The study was conducted by the National Alliance for Caregiving (NAC) and the National Center on Women and Aging at Brandeis University, Waltham, Mass., for the Metropolitan Life Insurance Co. The 55 participants were drawn from 1,509 caregivers surveyed by AARP and the NAC in 1997.

American Association of Retired Persons (AARP) Bulletin, January, 2000.

The French Miracle: A Shorter Week, More Jobs and Men Doing the Ironing

by John Lichfield
June 19, 2001, The Independent (UK)

PARIS—France's experiment with a state-imposed, shorter working week...is beginning to alter the country's rigid social patterns. ... Benedicte Rifai, 28, is a junior financial analyst with the French electricity board. [She said the 35-hour work week is] 'Fantastic, incredible, a complete change in the way I live. I see my small daughter for an extra day each week and my wages are virtually the same... It's difficult now to remember how people coped with a full five-day week.' ... There is even anecdotal evidence that French male, blue collar workers are doing the midweek shopping; or learning how the iron works. ...

From the Black Radical Congress email list, info at website: www.blackradicalcongress.org

responsibilities structurally possible.[47] Individuals and families would not be faced, as they are right now, with both time starvation and wage starvation. And the feminist goal of both pay equity and time equity would be in much closer reach.

Overtime and the U.S. "fringe benefits" system

Why are we experiencing the overwork explosion? Why are the hours of wage earners in the United States so much longer than those of workers in other industrialized capitalist countries? There are a number of reasons, but one of them is the unique American "fringe benefits" system of which our current patchwork of a health care system is a main part.

"The long hours ...owe a lot to the bias of fringe benefits," as Juliet Schor comments (Schor, 1991, p. 66). In the United States, health care and other benefits are provided by employers. In most other industrialized countries, health care as well as other benefits like sick leave, parental leave, vacation time, and pensions are not tied to a particular employer, but are publicly backed and the right of every citizen.

Because under the U.S. system employers pay individually for these benefits, they have a strong motivation to demand overtime from the workers they already have rather than hire new workers and take on another package of benefit obligations. According to Schor, the value of fringe benefits has mushroomed from 15% of a full-time worker's pay in the 1950s to 36% of a paycheck in the late 1980s (Schor, 1991, p. 66). A large part of this increase is due to the rising costs of health insurance. In 2000, insurance premiums rose 8.3 percent.[48] Because of this, even paying time-and-a-half for overtime costs the employer less than hiring a new worker with benefits (Moody & Sagovac, 1995, p. 13).

"Employers have learned," as columnist Ellen Goodman has put it, "that it's cheaper to pay fewer people more money than to hire more people and pay benefits." And "workers have learned that those who say 'no'" to employers' overtime demands "may be the first to go" (Goodman, 1995, p. 17). For example, "mandatory overtime" is increasingly common in hospitals. Nurses and other health care workers are threatened with disciplinary action or even firing for refusing to work overtime.

The system of tying health care coverage to a job also "encourages companies to use part-time and temporary workers... to evade providing benefits" as the *Labor Party Press* of May 1999 put it. A quarter of the labor force now works in part-time, temporary or 'contingent' jobs. This results in a different kind of overwork: workers

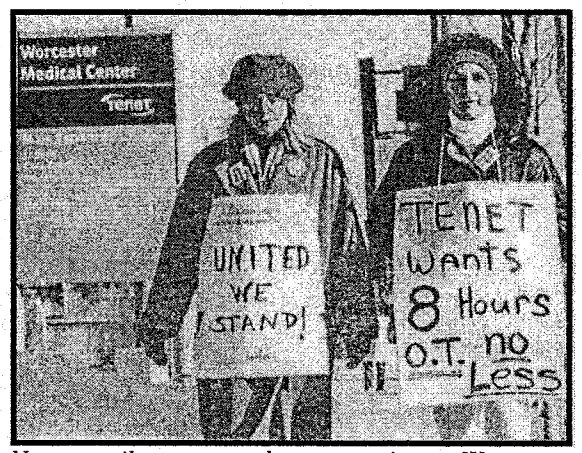
The Profitability of Overtime

Most companies calculate the cost of benefits based on the 40-hour week. For them, overtime is benefit-free. This means that once overtime begins, hourly labor costs drop from $18.04 to the (benefit-free) time and a half rate of $17.16—a savings of $.88 an hour. This is why it is cheaper to schedule overtime for the current workforce than to hire new workers. ...

Figures for an average manufacturing production worker in the U.S. in 1992:

Hourly Cost	
Hourly wage rate:	$11.44
Hourly wage plus benefits:	$18.04
Time and a half overtime rate:	$17.16
Double-time overtime rate:	$22.88

Because of steep increases in the cost of job-linked benefits, primarily health insurance, it's cheaper for corporations to pay current employees overtime than to hire additional workers. In some cases this is now true even when the employer is paying double time pay (twice the worker's regular hourly wage). This chart might give the impression that the company is strapped for money to pay workers due to the high costs of benefits. So it's important to note that for each hour this worker works he or she is creating $61.96 of value for the company and only getting pay and benefits equaling $18.04. This chart is excerpted from Time Out: The Case for a Shorter Work Week *(Moody & Sagovac, 1995, p. 13).*



Nurses strike over mandatory overtime at Worcester Medical Center in Worcester, Mass., April 2000. The hospital demanded that nurses work 16-hour shifts. (New York Times, *August 6, 2000, p. BU 4.)*

having to find second and even third jobs to make ends meet. In 1998, eight million U.S. wage-earners worked at more than one job (Jacobs, ed., 1999, p. 83). Women make up the majority of the part-time work force.[49]

Requiring overtime instead of hiring additional workers also reduces the number of jobs to go around. This causes a competitive scramble for jobs, which pressures people into working for lower wages or working part-time with no benefits. In fact, average weekly earnings in constant dollars are lower in 1998 than they were in 1970 (Jacobs, ed. 1999, p. 177). "We seem to be evolving into two classes, the underemployed and the overemployed" as Ellen Goodman has commented, "those who are desperate for work and those who are desperate for time."

Guaranteeing health care to everyone through a national program—as a right, not a benefit—will remove a major reason employers pressure wage-earners into working longer and longer hours. In addition to reducing the incentive of employers to demand overtime, a universal health system will reduce employers' *power* to require overtime. Employees who are not dependent on their jobs for health care have more freedom to resist unfair demands for overtime. We have seen that citizens of other industrialized wage-system countries are working fewer hours and enjoying more free time than U.S. citizens. They have won this free time in part because they have managed to replace fringe benefits systems with universal ones. U.S. wage earners can do it, too.

Shorter work time and National Health Insurance: Stepping stones to Women's Liberation

"Eight hours for work, eight hours for rest, eight hours for what we will," was the slogan of labor's long battle for the eight hour day, begun in the 19th century. In the United States, that struggle culminated in the 40-hour work week established by the Fair Labor Standards Act of 1938. The issue of work time is coming to the fore again in a revived Labor Movement, but this time, its slogans bear the imprint of Women's Liberation Movement influence. It's the familiar language from NOW resolutions of the 1960s calling for time for

More Time for Family and Community

▼ A 32-Hour, 4-day Work Week
▼ Double-time Minimum for All Overtime.
▼ An Hour Off with Pay for Every Two Hours of Overtime
▼ 20 Mandatory Paid Vacation Days for All
▼ One Year Paid Leave for Every Seven Years of Work

Each year we become more and more productive at work. In a fair and just economy, increased productivity should allow us to work fewer hours, not more. Yet compared to the late 1960s, we are now working an average of more than one extra month annually.

We work longer hours and have less vacation time than almost all workers in the industrialized world. While many of us cannot find work, factory overtime is now at record levels because it is more profitable to pay overtime than it is to hire new workers.

Enough is enough. . .

Taken together these proposals will create millions of new jobs and allow us free time we need to care for our families and to participate in our communities. More family time and more community time should be the fruit of our increased productivity.

Excerpted from the Labor Party's platform, "A Call for Economic Justice," adopted June 1996.

"work, family, and community." (See NOW's "Guiding Ideology" on p. 21 and the Labor Party's "More Time for Family and Community" box at left.)

The spirit of labor's new demand for shorter hours is the same as the popular refrain of the past movement, but the details are different. Now, when women are a larger part of the wage-earning work force than before, the missing ingredients in that eloquent refrain, and the need for even fewer hours on the job, are evident. Time for family and political participation needs to be factored into the demand for more hours away from work.

"Social and familial breakdown accompany increased work hours and the increasingly rapid pace of work lives. Overwork feeds the breakdown of civil society and results in worsened economic inequality. People who are struggling to survive don't have time to go meetings on affordable housing or get involved in civic or political affairs. ...

We need to build civic organizations to defend people, to break the influence of big money on democracy. What kind of society do we want to live in? The market is not a god. We can choose values. We can organize around spending time with each other, supporting one another in the care of the young and the elderly."

—Chuck Collins and Felice Yeskel, Economic Apartheid in America (2001).[50]

Because of increased productivity in the past half century, wage-earning women, along with men, should have been working shorter hours on the job.[51] Instead, most U.S. wage-earners have been facing longer hours and lower wages. The NOW resolution of 1970 with which this essay opened, outlined, briefly but brilliantly, the stake women's liberation has in the issue of working time. The U.S.'s profit-driven, fringe benefits system of health insurance, with its out-of-control costs, is one of the reasons we are now even further from this much-needed feminist and labor movement goal.

Shorter work time, combined with more community services like child care, elder care, and health care available to all, is a reform program which many countries of the world have moved to. In our country, some beginnings were made in the 1930s, when the eight-hour day and forty-hour week, unemployment insurance, and social security were put into national law. Today, the rise of a powerful women's movement, along with a revived labor movement, brings tremendous possibilities for new advances, advances influenced and shaped by the women's liberation call for equality between the sexes. For the reasons outlined here and further developed elsewhere in this pamphlet, we believe the place to begin fighting for this larger program is with the demand for national health insurance. ◆

Women on Strike for an Eight Hour Day. (Maupin, 1974, p. 5.)

Beyond the Family Wage: A Women's Liberation View of the Social Wage

by Kathie Sarachild

"Guiding Ideology: The basic ideological goal of NOW is a society in which men and women have an equitable balance in the time and interest with which they participate in work, family and community. NOW should seek and advocate personal and institutional measures which would reduce the disproportionate involvement of men in work at the expense of meaningful participation in family and community, and the disproportionate involvement of women in the family at the expense of participation in work and community..."

—Task Force on the Family, National Organization for Women, 1967.

"Since bearing and rearing of children is an important and valued contribution to the perpetuation of our society, maternity should not involve any penalties to women who have or wish to work" (emphasis ours).

—Task Force on the Family, Section 5, Maternity Benefits, NOW, 1967.

"RECOMMENDATIONS FOR PRIORITY: (1) CHILD CARE...(b) NOW should take vigorous action to disassociate child care centers from 'poor children of welfare cases.' Child care facilities should be community resources like parks and libraries, to be used or not at the discretion of individual citizens."

—Task Force on the Family, NOW, 1967.

In the 1960s, in many countries of the world, a resurgent feminist movement began to fight for equal pay and jobs for women, and against what has now come to be understood as the family wage principle.[13] According to this principle, men receive a "breadwinner wage" high enough to support a family, while women stay at home and work as mothers, homemakers, and general family caregivers. This proposition is one of the major justifications behind discrimination against women in the workplace.

Equal pay vs. the family wage

The family wage principle advocates and defends paying men more than women and reserving the better paying jobs for men in order to support the stay-at-home family caregiver. Whether or not the "extra" in the man's pay is enough to support a family, the family wage principle is at work when paying male wage-earners more and female wage-earners less.

The system, when it actually does pay a family-supporting wage, at its best means that the woman, as an unpaid family caregiver, is in a condition of dependency on the breadwinner who earns and owns the wage on which all live. (In fact, she is doubly dependent—dependent on the wage earner and the wage-paying employer.)

At worst, the system doesn't work at all. The man, particularly if he is a member of a minority group, can't find a family-supporting job (and sometimes in economic "downturns" or depression, even men in the majority group can find no job at all), and the woman must try to go out and support the family on the miserably low women's wages as justified by the male breadwinner wage system.

The family wage relegates women, with little or no breadwinning power, to double dependency and inequality. The family wage is no wage for the woman; the wage belongs to the man. The male breadwinner wields more control over the household money, and that authority weakens the woman's position in their relationship. The family wage system reinforces the unfair power the man already has due to other forms of male supremacy. It is sexist and oppressive.

But the family wage has one progressive element to it, and this is one of the better reasons that the predominantly male labor movements in the past often fought so hard

to win it. It recognizes the employers' obligation to pay something for the labor of family care, including the labor of replenishing and maintaining generations of the work force.

In the United States, however, feminists took aim at this male breadwinner "family wage" principle with only a vague understanding of the system they were up against. Most understood the problem of job and pay discrimination simply as prejudice and bias against women rather than, to some extent, a planned economy and a division of labor organized around nothing other than woman's biological ability to give birth.

An even greater problem, as we shall see, is that U.S. feminists took up the equal pay challenge to the male breadwinner "family wage" principle without there being much of the more extensive kind of "social wage" that was already in place as an alternative form of compensating and subsidizing family care in more social democratic or socialist countries. (The new "social wage"

Defining the Social Wage

The social wage is a social version of the "fringe benefit" so familiar to us in the United States. It's a more social form of the wage and fringe benefits paid and provided by employers, because it's paid by employers collectively and mandated by law to go to all citizens.[14]

The workforce, according to the social wage principle, encompasses not just wage-earning workers but all in the contributing population, including non-wage-earning caregivers in families, young future workers getting themselves educated, and retired workers.

As we have seen, one of the earlier conceptions of a "social wage" benefit, in the sense of employers investing in the longterm maintenance of the workforce, is the "family wage" paid by employers to male wage-earners as a group but not to female wage-earners.[15] As a result of over a century of labor, feminist, and anti-racist struggles, however, the understanding and political action around the social wage principle has gotten broader and more democratic. In more and more countries, social legislation is founded on the principle of universal entitlement rather than public charity, and doesn't restrict entitlements on the basis of age, financial means, or job type.[16] These universal entitlements also build on a model of women as individual citizens, rather than women as dependents on men.[17]

Social benefits that are mandated by law and that are universal represent the most advanced form of the social wage, for a variety of reasons. They are the most "feminist," because they eliminate social distinctions, including those between the sexes. A social wage that goes to all citizens and includes such things as health care, parental leave, child care, and elder care not only frees women from sole and unpaid responsibility for family care work, it gives women access to such services in their own right, not through a male partner's "benefits."

In addition to freeing women from a system of dependence on a male breadwinner, a universal social wage system provides all wage-earners with an alternative to total dependence on individual wages and on individual employers. Universality also means that because all citizens have access to a particular program, all have a stake in its quality and continued existence. Finally, the universal insurance form of the social wage spreads common risks, such as illness, accidents, disability, and joblessness, among the widest possible pool.[18] Here in the United States, the seeds of a universal social wage already exist in such familiar forms as public education, national parks and federal bank deposit insurance.

The most common method of employers' paying a social wage has been in the form of a progressive tax system where corporations, businesses and individuals pay at a varying rate according to their means. Taxes can redistribute income more democratically from men to women and capital to labor. Taxes, when fair, are a very efficient and effective way of sharing the costs and benefits of the society's work and cooperation.[19]

A hefty expansion and universalizing of the social wage in the United States would be a considerable gain for women and wage-earners, and an advance toward full liberation for both groups.

systems were in a sense widening and universalizing the progressive component of the old family wage, evolving from the principle of social insurance and investment for the male breadwinner family to that of support for the individual citizen at all ages.

New social institutions

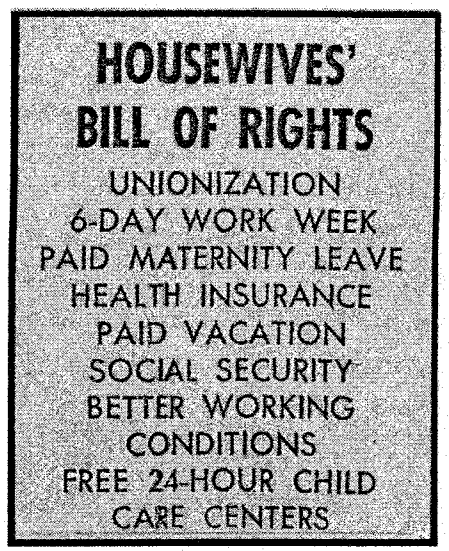
The idea that "new social institutions" were needed to achieve the feminist goals of true equality for women was understood—or at least proclaimed—by the more moderate U.S. feminist organizations like the National Organization for Women (NOW) and the more radical women's liberation groups alike. That the new institutions were necessary to enable the balancing of family, work and community was even eloquently attested to by NOW as "guiding ideology," as can be seen in the quotes opening this section. NOW, as we have seen, did not use the term "social wage," but it did acknowledge that in the "Western world... many European countries" were ahead of the United States in needed "new social institutions" (see the quote from the NOW Statement of Purpose on page 4 of this packet).

New York women demonstrate for child care centers, Dec. 12, 1970. Betty Friedan is at right. (Hole & Levine, 1971.)

The radical feminists and women's liberation organizers in the movement's rebirth years, on the other hand, didn't just talk about "new social institutions" but about feminist "revolution" and "socialism," and how "socialism would be necessary but insufficient" for finally and completely achieving women's liberation. But most also supported NOW's reform demands—arguing that an advance in one area of women's lives could deliver women more power to make change in other areas, helping to bring about the complete revolution women needed.[21]

Universal child care

Highest and most clearly understood of these "institutional measures" in the early years of the resurgent American feminist movement, among both the young radicals of women's liberation and the presumably more moderate, usually older activists in NOW, was universal child care. But both



Ladies Home Journal (The Women's Liberation takeover issue), August 1970.

Women's Liberation and NOW also issued calls for such wide-ranging measures as a shorter work week, a guaranteed annual income, and health insurance for housewives (see the Housewives' Bill of Rights above, the box on Guaranteed Annual Income on page 24, and the section on "Overwork" starting p. 37).

How the feminist movement's early zeal and momentum for child care got dissipated, moving from a top item on the feminist agenda to somewhere below lesbian rights, wheelchair access, and violence against women, needs full-scale evaluation and debate. For now, suffice it to say that although child care may have been the social wage measure that had the most understanding and support among a

In the explosive rebirth years of feminism in the late '60s and early '70s, women's liberation activists and organizations proposed that a "guaranteed annual income" (which other progressive movements of the time were advocating) would help women gain equality.

Many other nations now have income guarantees as part of their "social wage" programs. When combined with feminist consciousness and organizing, all these programs can help give women more bargaining power—at home with men, and as wage earners.[20]

From the Southern Female Rights Union Program for Female Liberation: "We demand an adequate guaranteed annual income for every *individual* (not family) in this country. Recognizing the failure of the local and national economy to provide jobs for people, particularly all females and non-white males, each person must be guaranteed an adequate income whether they can find work or not. Inadequate or part-time salaries must be supplemented to meet the guaranteed income level. There must be an end to the present welfare system that forces women to be beggars, and still have nothing, or to remain in intolerable marriage situations."

—May 8, 1970, New Orleans, La.

Beverly Jones in *Toward a Female Liberation Movement*: "Equal pay for equal work has been a project poo-poohed by the radicals but it should not be because [unequal pay] is an instrument of bondage. If women, particularly women with children, cannot leave their husbands and support themselves decently, they are bound to remain under all sorts of degrading circumstances. ... A guaranteed annual income would also be of direct relevance to women."

—June 1968, Gainesville, Fla.

National Organization for Women Resolution on Employment (1970): "Whereas over 10 percent of women are ill-fed because they are poor, and whereas this organization is on record as bringing our sisters out of poverty; be it resolved that we look toward the future by supporting in principle a guaranteed annual income."

—4th annual NOW Conference, March 20-22, 1970.

wide range of Women's Liberation Movement advocates in the "take-off" years of the movement, how it should be implemented was not that well understood. Behind the bold rhetoric, whether about "new social institutions" or "social revolution," there was a fair amount of confusion and divided opinion on how and around what kind of child care program to mobilize. Partly as a result of this uncertainty, child care—widely recognized in 1970 as a radical, core demand for achieving women's liberation on a mass scale—was displaced by other issues, analyses, and interests clamoring for attention in the feminist movement. It fell further and further down the feminist priority list as the years went on. For example, NOW achieved its compromise child care demand in its 1967 Bill of Rights, its call for tax deductions for child care. But it appeared to lose heart for or interest in the more important child care demand. Its eloquent appeal for universal child care in the same Bill of Rights has by now fallen from sight, disappearing into the archives.

Family leave

Other "social wage" universal programs seem never to have gotten beyond the resolution stage, although victories have been scored in some areas. A significant breakthrough in principle and in limited practice was made in recent years in establishing uncompensated family leave through a federal law affecting only some employers and some employees.[22] In the 1970s, a major advance for spouse-

homemakers (who are mostly women, needless to say) was made in the Social Security law. Instead of lasting twenty years, as required earlier, a marriage must now last only ten years for eligibility for the spousal share of the wage-earning mate's Social Security.

The movement has faced limits as well as punishment for its failure to stay on course in the pursuit of understanding, implementing and battling for the "new institutions." The lack of these programs has meant that our women's liberation gains have been more circumscribed than those in other countries, where child care, family leave, and housing, not to mention health care, are much more affordable and otherwise accessible. For instance, women in the Western European countries and the United States won the same gains in the legal right to abortion in the early 1970s, but in countries that already had universal health care, high expenses for medical care did not stand in the way of actually using those newly won advances in family planning and women's reproductive health and safety. Conversely, for women who are ready to have children, this right is also facilitated by universal health care. The paid maternity leave already in place in countries other than the United States, under the heat and light of the new feminist movements, was rather quickly and easily turned into the more advanced, feminist and gender neutral paid parental and family leave programs in a number of countries.[24]

Maternity Insurance: "Children are the Nation's Wealth," 1915

These comments by an American activist of the Progressive Era show how much indeed there was a feminist movement in Europe fighting for what we've been calling "social wage" gains. This stirring voice from 1915 also illustrates how much our recent wave of feminism has had to "reinvent the wheel" in our theory and action, searching out the fine line between claiming recognition and compensation for the economic value of woman's reproductive labor and resisting the unquestioned assumption and forced imposition of maternity as a "social duty."

"The development of state maternity insurance in Europe forms one of the most significant chapters in the history of the changing status of women. With its introduction, the economic valuation of maternity becomes a possible conception. ...This recognition is one of the most substantial victories of the German and Scandinavian woman movement.

"On the other hand, the foreign feminists have no desire to stress the economic valuation of maternity to a degree which would mean the denial of the mother's right to work, or her exclusion from the ordinary wage-earning occupations. But they do maintain that her hard-won and dear-bought economic independence shall not be sacrificed as a condition for maternity. ...

"The payment of a definite sum directly to the mother as maternity insurance marks the beginning of her transition from a use-value world to an exchange-value world. Hitherto, maternity has never been organized into the economic world at all. ...

"Needless to say, also, that section of the public which was most aghast at the idea of the right to motherhood was most alarmed at the falling birth rate. The woman movement was held responsible for both phenomena, and not altogether unjustly. While the falling birth-rate is due to many and complex causes, it is true that the branch of the woman movement which we are considering in this chapter has recently made a definite stand for the right of the married woman to limit her family. On the other hand, it has stood even longer for the woman's right to motherhood...

"The woman's movement makes these demands primarily for the sake of women and in the second place for the sake of the public welfare."

—Katharine Anthony, 1915.[23]

All of these programs afford women more time and money, reduce their dependency on men, and increase their ability to fight with their male partners to do their fair share of housework and childrearing.

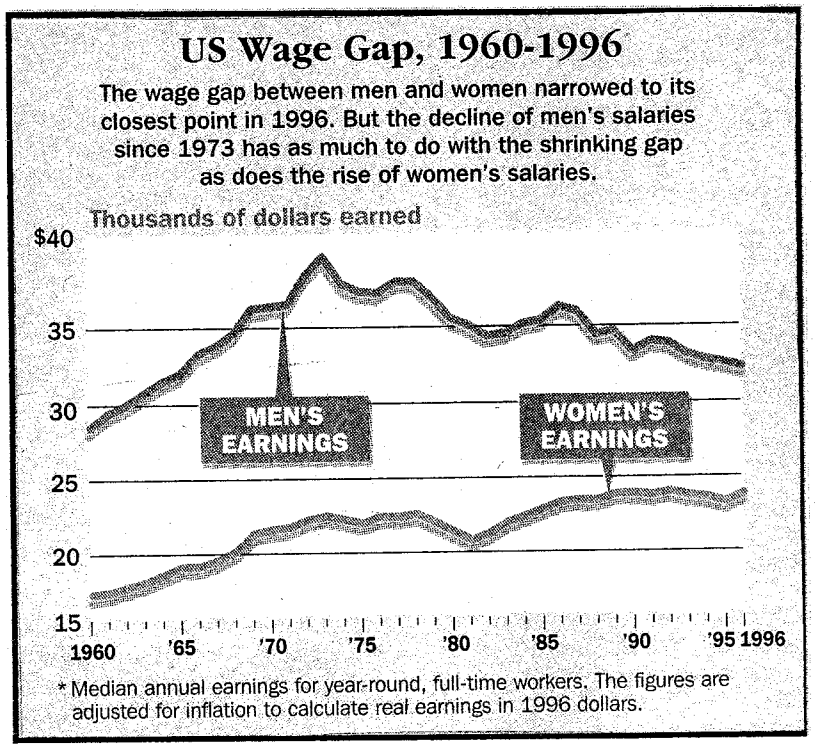
Slipping backwards

But limiting the movement's gains is the least of the problems. While the social wage in many countries is growing ever more universal and hence gender-neutral and feminist in form (no longer attached as a supplement to the breadwinner's family wage), programs of all kinds in the United States overall have been shrinking for decades. In many areas, social wage gains that had been achieved by progressive struggles preceding the feminist movement—the New Deal of the 1930s and some of the Great Society Programs of the mid-1960s—have undergone serious erosion. Although there have been the few advances already discussed—in Social Security for spouses, a step forward in family leave—the general trend has been down.

For instance, the entire baby boom generation and all people younger are facing the raising of their retirement age to 67—a major social wage cut that was sneaked in during the Reagan Administration, as a little-noticed law that wouldn't take effect for 20 years! Welfare in the U.S., after being starved for years, has now been virtually eliminated. Rather than being a universal form of family allowance (available to all families), it was a means-tested form (available to single parents of very little means). But at least, by not forcing the single parents (almost all mothers, of course) of small children to go to work, it provided something of a floor to help keep wages above a certain level for all workers. Now, former welfare recipients, forced off the rolls, are replacing current workers at lower wages. (For more on this, see "Welfare Reform: An Attack on Women's Pay" on page 33.)

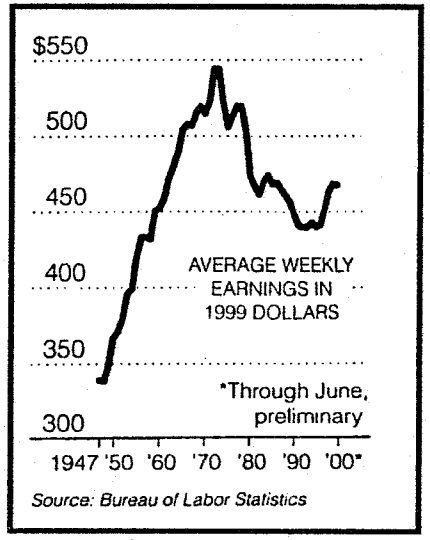
These reversals have especially serious consequences for women and the women's liberation fight. The feminist movement built on social wage programs like Social Security and welfare. For example, Social Security helped eliminate the need for women to have many children as insurance against old age. And wages for all women are beginning to decline in the face of "welfare reform."[25]

The social wage has long been lower in the U.S. than many other countries, but now the individual wage in many countries has overtaken that of the U.S. (see graph on p. 6). A good deal of what might appear as a feminist success—the narrowing of the gap between men's and women's pay—has, in the United States, occurred not by women's wages rising, but by men's wages falling.[26] This is certainly not what the Women's Liberation Movement intended. Some have blamed this decline on feminism, but there are strong feminist movements in many of the European countries, where equal pay policies have been implemented without a drop in wages. In fact, in these countries, the gender wage gap is smaller than that in the United States,



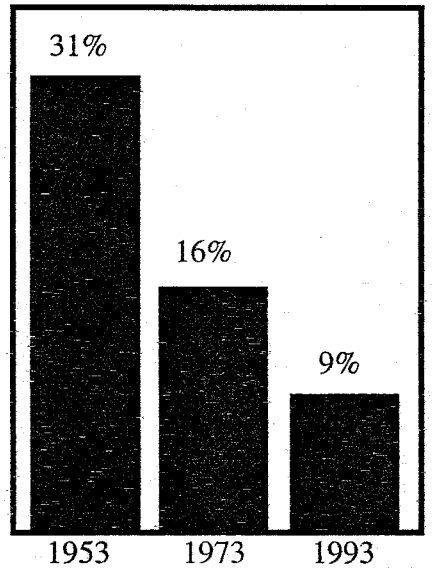
Data from U.S. Census Bureau. Chart from Christian Science Monitor, *July 17, 1998, p. 9.*

U.S. WAGES DECREASE



From the New York Times, *July 24, 2000, p. B7.*

U.S. CORPORATE TAXES DECREASE



Corporate share of federal tax revenues declines. (AFL-CIO, 1996, p. 24.)

and wages are in many cases higher than they were 20 years ago and higher than in the United States, once the country with the highest wages.[27]

Similarly the "benefits gender gap," long targeted by feminists along with wage inequities (Bird, 1968 and Webb, 1969) and seen as often more severe than the wage gap—has been narrowed, not by women gaining benefits, but by millions of people, and even more men than women, losing them.[28]

The great family wage robbery

Needless to say, what American feminists had in mind by fighting for equal pay was not that men's wages would drop, but that women's wages would rise. Since the 1970s, U.S. wages have dropped to the point that we have now lost whatever there was of a family wage. In most households, it now takes two workers to make the same amount of money one worker used to bring in.[29] The lost wealth, in this case the asset of time, could go—and often went—for a family member to stay at home to do family work, from care of children to care of a disabled elderly parent. While most households in the U.S. have lost a good deal of whatever really existed of a family wage, once the province of male breadwinners only, we have failed to gain much of another kind of social wage to replace it.

With wages in the United States far below their 1973 level, employers here are paying less than those in Europe towards a social wage[30] and very few are paying a family wage to support the woman's unpaid labor. Yet women are still doing the bulk of the unpaid caring work, even while they hold down full-time jobs. The family wage, at least in theory, paid for his work and her unpaid work at home. Now, both spouses are working, the unpaid home care work is still being done, mostly by the woman, and there is virtually no compensation for it either in the paychecks of the couple or in tax-supported social wage programs. This has left us in a situation where couples are now doing three jobs for the price of one and many single parent families headed by women are going homeless and hungry.

Birth strike!

It's no wonder, then, that women in the U.S. have undertaken a spontaneous "birth strike." There has been a tremendous rise in the number of U.S. women who have not had children. The percentage of American women who remain childless has gone from 8 to 9 percent in the 1950s to 10 percent in 1976 to 17.5 percent in the late 1990s (Crittenden, 2001, p. 107). Ironically, some U.S. journalists have recently been warning men in other countries that if they don't get busier about helping women with housework and other family work, their population will gradually dwindle down to nothing.[31]

Birth strikes have played an important role in winning social wage programs in

Europe. According to most accounts, a reproductive strike or "birth slowdown" brought much of the European social wage into being, combined with feminist agitation for birth control and the right to vote. Most explanations of how social wage programs came to be don't put it in terms of a reproductive strike, however. They simply refer to "falling birthrates" or "efforts to increase birth rates."[32] Yet during the time in the early 20th century that many European countries were instituting or expanding important social insurance programs for women, European revolutionary social democrat Rosa Luxemburg and U.S. birth control pioneer Margaret Sanger were openly calling for a birth strike (Rossi, 1973, pp. 517-518 and Davis, 1981, pp. 212-213).

We don't have to appear in your courts proving our mental incompetence to you before we can avoid forced childbearing! We refuse to be your passive vessels becoming impregnated for the greater good of society. We want a society that exists for our good as well as yours!

—Shulamith Firestone, Abortion Rally Speech, 1968, Notes from the First Year, *New York Radical Women*

For me the decision to have a child is one I want to make consciously, not something I got stuck with because a piece of latex broke. And as things stand in America right now (no national health care, no national child care, men taking little or no responsibility for their children), I do not want to have a child.

—Destry Taylor, NOW Speak Out for Abortion Rights, Gainesville, Florida, 2000.

Until the feminist upsurge of the late 1960s and early 1970s in the capitalist democracies, only the communist countries paid a social wage and allowed women the right to a birth strike, at least individually, in the form of access to abortion as well as birth control. In these countries and Japan, women had much more freedom in the areas of abortion and contraception, many years before the revival of feminism in the "free world." In the communist countries, the "social wage/benefit" package, as it were, was the highest and most advanced.[33]

Why, if so powerful in the past in other countries, has the spontaneous birth strike in the U.S. failed to bring more of a social wage to fruition? Unaccompanied by feminist analysis and action, the baby strike being undertaken by individual women is not enough to force social wage programs into being. The social wage was *fought for by women.* This has been often misunderstood and unrecognized, especially in the United States, because so little is known here of women's history, and for U.S. women, particularly, of European women's history.

Feminists in the United States have only the barest inkling how much more has really been accomplished in other countries and why. After all, it has been hard to know what's going on "over there." Americans have been flooded so long and so much by the giant privately-owned means of mass communication with a now mythical American success story. But the mounting evidence for the U.S. lagging, not leading, is becoming undeniable. Facing this reality, and learning more about the paths it opens to progress, will be an exhilarating tonic for the political spirit in the U.S. Knowing a reality, after all, is the first step to changing it.

Urgent choices

Today, feminist campaigns for increasing what exists of a social wage in the U.S. have growing urgency, because economic decline for the vast majority of Americans has opened the door to anti-feminist forms of partial relief for the pain and anxiety of the current economic situation. One warning sign is a troubling aspect of the "living wage" campaigns that have been growing in the U.S. in recent years, calling upon local governments to pay a minimum wage above the level of the long-shrinking national minimum wage.[34]

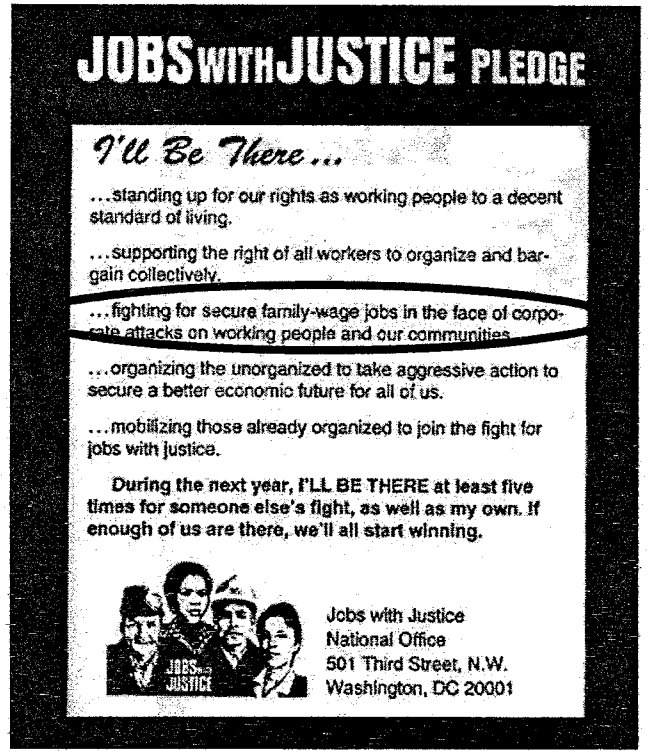
In the literature of these campaigns there is considerable confusion about whether activists are calling for a "living wage," defined as a worthy individual-supporting wage for all, or a "family-supporting" wage,

with its implication of a return to the male breadwinner "family wage." Some of the campaign literature clearly calls for a family-supporting wage, with the family defined as a two-child family. As far as we've seen, only the St. Paul, Minnesota Jobs Now Coalition has come up with something amounting to a sexism-free definition: A wage sufficient to support one worker and one child (Ehrenreich, 2001, p 15).

Moreover, the current living wage campaigns have two definitions of the "living wage"—one definition when "benefits" accompany the wage and another when the employer provides no benefits. National health insurance would eliminate the problem of defining the "living wage" in a divisive system where some workers get benefits and some don't.

MAINE LABOR NEWS

UNITE union Vice President Clayola Brown (far right) and union and community activists celebrate new rules enforcing a Maine law requiring equal pay for equal work. (America At Work, AFL-CIO, May, 2001.)



Back to the family wage or forward to a social wage? (Pledge card from Jobs With Justice, 1998.)

A return to the family-supporting breadwinner wage would be a blow to equality between the sexes. It is inconsistent with feminism's most widely supported appeal—equal pay for equal work.[35] More and more people are realizing this. The real social needs that the program of a family-supporting wage tries to fulfill can only be served in a way that advances women's freedom and equality by linking an adequate individual wage with the demand and struggle for the larger program of the "social wage."

National health insurance is one of those universal programs that will help free women from the family wage system—from women having primary and unpaid responsibility for child care and family care. Will we go backward to the old concept of the family wage? Or will we go forward to greater equality between the sexes and economic and racial democracy, to a social contract for a social wage? The feminist program needs to replace women's intensified double day with an extensive social wage—starting with national health insurance—and an equal sharing between men and women of the work at home that remains. ◆

The Primary Culprits: Health Insurance Companies

"Our current system of health care is in such bad shape that workers have no guarantee that they will be able to maintain their current health benefits from year to year ... Insurance companies make the final decision on how they will apply their own rules. Some workers are denied coverage because they have "pre-existing" conditions. So-called 'experience rating' drives up rates for all if one worker files a claim. That can prompt an employer to drop a policy altogether when costs rise too fast."

—AFL-CIO Legislative Fact Sheet, 1994

Our health care providers and hospitals are among the world's best. But they struggle with mountains of paperwork, uncompensated care, pre-approvals and other kinds of obstructions ... Don't make providers our enemies; many are our allies.

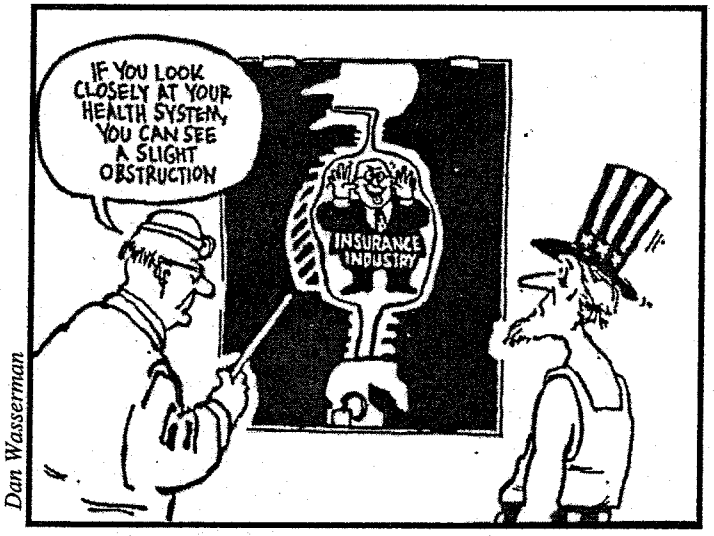
—AFL-CIO, May 1994, "Ten points for health care reform activists."

Judith Meredith (AFL-CIO Health Care Committee) termed our present system "sick, crazy. ... A huge lucrative health insurance industry like ours exists almost nowhere else on earth." It sprang up because "when other industrial countries were legislating their own health care and paying for it out of tax dollars, we weren't."

—Kathie Sarachild (Amatniek), "National Health Care, the Only Cure for a Sick America," 1991.

If you aren't going to abolish the private insurance industry, you aren't going to be able to afford universal care. Because those insurance companies waste billions of dollars, and that's the money you actually need in order to extend care to everyone. That's where the money's got to come from—cutting the waste involved in the insurance industry.

—Dr. Steffie Woolhandler (Labor Party, 2000, p.1)



Source: Flier of the Metro Spring Mobilization for National Health Insurance, April 1, 1993, New York City.

What happened to the "Blues"?

In the 1930's, hospitals set up Blue Cross and doctors set up Blue Shield because they wanted a steady flow of patients, and during the Depression people weren't able to afford their services. For an annual payment, the Blues guaranteed they'd take care of you. The government gave them "tax-exempt status in return for their agreement to offer coverage based on an average premium for the community in which they operated, rather than requiring sicker people to pay higher premiums" (Navarro, 1994, p. 30). When health insurance companies started to provide private insurance, they undercut the price of the Blues and only enrolled people who looked like they weren't likely to get sick. The Blues stayed afloat by starting to do the same things as the insurance companies. According to Navarro, "Before long, both the Blues and the commercial insurers were avoiding the sick and vulnerable and favoring the young and healthy." Congress withdrew the Blues' tax exemption in 1986.

As Good As It Gets Gets Audiences Riled Up

Helen Hunt in *As Good As It Gets*, not a favorite film of the HMOs

Across the country, audiences are bursting into spontaneous cheers during a scene in the film *As Good As It Gets*, when Helen Hunt makes an unprintable derogatory remark about HMOs. She plays a single mom who can't get decent treatment for her asthmatic son through managed care. It reminds us of the reaction audiences had in 1976 to the film *Network*, when Peter Finch said, "I'm mad as hell, and I'm not going to take it anymore."

How does James L. Brooks, the writer-director of the film, feel about having tapped America's frustration with our health-care system? "I'm happy to get a political reaction," he told us, "even though this is not a political film."

Parade Magazine, February 22, 1998, p. 10.

...and Drug Companies

"Drug companies have the biggest profits of any industry, and the U.S. has the world's highest drug prices," Dr. Steffie Woolhandler told the *Labor Party Press* recently (Labor Party, 2000, p. 4). "Two scholars at Boston University recently did a study that found that if the U.S. government used its bargaining power to negotiate drug prices down to Canadian levels, we'd save enough money to give drug coverage to everyone who currently doesn't have it—about 70 million people," she said. "What we really ought to be doing is forcing drug companies to bring down their prices, the way the Canadians are doing."

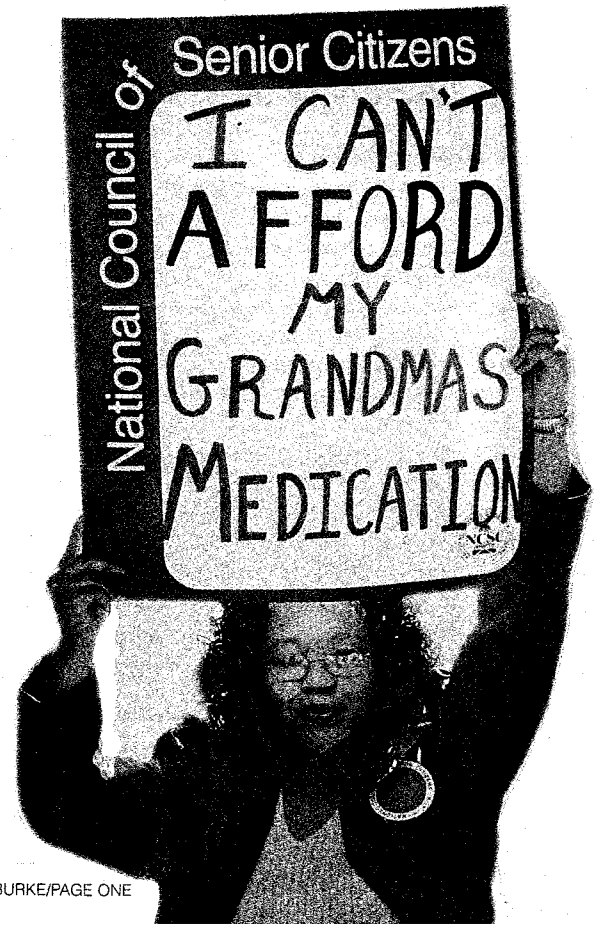
Clinton orders study of steep drug prices

WASHINGTON—President Clinton ordered a federal study of drug costs Monday, saying American senior citizens shouldn't have to "get on the bus to Canada" to buy medicine at lower prices.

He also accused the pharmaceutical industry of "flat-out falsehoods" in a multi-million dollar advertising campaign aimed at killing his proposal to include voluntary prescription coverage in Medicare, the health insurance program for the elderly and disabled...

"No senior should have to forego or cut back on lifesaving medication because of the cost," the president said. He said, for example, that a popular cholesterol-lowering drug costs $44 for 60 pills in Canada but $102 in New Hampshire.

(Associated Press, October 26, 1999.)



BILL BURKE/PAGE ONE

"The insurance industry has no interest in reducing health care costs. Here's why. Increasing costs work to the private insurance company's advantage since the higher premiums enlarge the pool of capital available for its prime economic function: providing loanable funds to the rest of private industry. (And you thought insurance companies were mainly interested in insuring you!) The greater the flow of dollars through a company, the more investment income they can generate. When you realize that the struggle for a national health care system pits you first against the insurance industry and then against large corporations that are depending on the insurance industry for investment capital, you realize how difficult a task we have in front of us."

—OCAW Factsheet #1, 1990. Oil, Chemical and Atomic Workers National Health Program materials.

"Be it resolved that NOW develop and support plans for a comprehensive national health system that ... ensures a public process of accountability to citizens and consumers; and prevents the emergence of a system that only perpetuates the monopoly of the insurance industry ..."

—National Organization for Women resolution on health care, adopted September, 1991

Insurance Companies vs. Women's Equality

Not only are insurance companies blocking national health care, they emerged as a major behind-the-scenes opponent of the Equal Rights Amendment (ERA). In the years after the ERA's defeat in the early '80s, the insurance companies—making a lot of money out of sex-based insurance rates—have increasingly become a target of feminist action.

Below are just a few examples of feminist battles with the insurance industry, from The Feminist Chronicles, *a year-by-year accounting of feminist advances and defeats by National Organization for Women activists Toni Carabillo, Judith Meuli and June Bundy Csida (Carabillo et al., 1993, pp. 102-129).*

Insurance companies fund ERA's defeat
In the final month of the decade long drive to ratify the Equal Rights Amendment, NOW President Eleanor Smeal charged that the insurance industry was among the "vested interests" in an "invisible lobby" that had worked to defeat the amendment. Other industries want to preserve cheap labor pools and ... "we know the insurance companies have been working state by state to block any bans on sex discrimination in rates and benefits," Smeal said. ...On June 30, 1982, the Equal Rights Amendment fell three states short of ratification. Business in general and the insurance industry in particular had opposed it. (January 1982)

* * *

Women pay more for insurance
In a settlement that marked a significant victory for women, a national insurance company agreed to decrease women's disability insurance rates to equal those of men in Pennsylvania. The settlement ended a discrimination suit filed four years before against Massachusetts Indemnity and Life Insurance Company by Ellen Starer. Starer, represented by the Women's Law Project and NOW LDEF [Legal Defense and Education Fund] charged that the sex-based rates were unconstitutional under the state's Equal Rights Amendment. The settlement to avoid trial suggested that the surcharges for women were "based on stereotype rather than supported by facts," commented Judy Goldsmith, president of NOW. (January 1983)

* * *

Insurance companies oppose sex equity laws
The insurance industry launched a multi-million dollar media campaign to oppose legislation that would outlaw sex discrimination in insurance. Umbrella groups representing major insurance companies placed full page ads in newspapers across the country, concentrating on major national papers and those in the home districts of House and Senate Committee members. (May 1983)

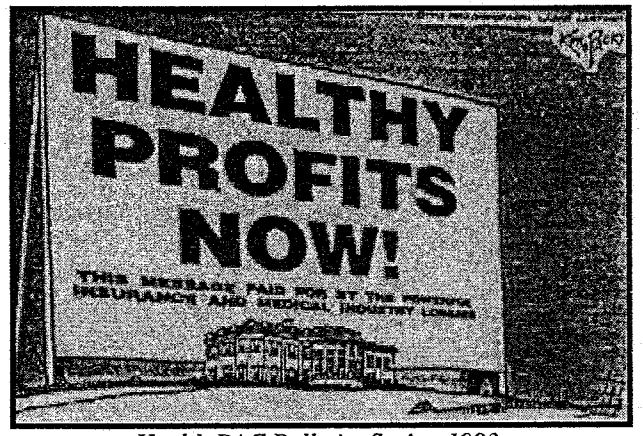
* * *

NOW pickets insurance companies coast to coast. NOW's National Day of Protest against the industry's opposition to equality for women resulted in over 50 insurance pickets from coast to coast. Hundreds of NOW activists successfully sent a message to their communities, from Santa Fe, NM, to New York City; sex discrimination in insurance, as in anything else, hurts women. Legislation that would outlaw sex discrimination in insurance (HR 100 in the House and S 372 in the Senate) was strongly supported by NOW because it would require insurance rates to be based on factors other than sex, and women would benefit economically. (June 1983)

NOW takes on a big boy
NOW and the NOW LDEF filed a $2 million lawsuit against Mutual of Omaha, the largest provider of individual health and disability insurance in the country. The class action suit, filed in the District of Columbia Superior Court, charged sex discrimination in Mutual's pricing of health and disability insurance. (August 1984)

* * *

Feminists beat back insurer assault on equal rates. Montana activists engaged in a fierce battle to defend their state's comprehensive law prohibiting sex-based rates in all lines of insurance from legislative sabotage. Insurers had won a two and a half year delay in its effective date, Oct. 1, 1985, "to allow time to prepare new rates and tables." Insurers were using the time to lobby the legislature to weaken or repeal the law. ... In April 1985, supporters of Montana's pioneering 1983 law, that applied the state constitutional ban on sex discrimination to all types of insurance, successfully withstood the full force of the national insurance industry's campaign to repeal the law. (January-April 1985)



Health PAC Bulletin, Spring 1993.

Consciousness-Raising: A Radical Weapon

The following represents a compilation and expansion of text, notes and comments from a talk Kathie Sarachild gave on consciousness-raising to the First National Conference of Stewardesses for Women's Rights in New York City, March 12, 1973. Sarachild outlined the original program for "Radical Feminist Consciousness-Raising" which was presented at the First National Women's Liberation Conference outside Chicago, November 27, 1968.

Kathie Sarachild

THE IDEA

To be able to understand what feminist consciousness-raising is all about, it is important to remember that it began as a program among women who all considered themselves radicals.

Before we go any further, let's examine the word "radical." It is a word that is often used to suggest extremist, but actually it doesn't mean that. The dictionary says radical means root, coming from the Latin word for root. And that is what we meant by calling ourselves radicals. We were interested in getting to the roots of problems in society. You might say we wanted to pull up weeds in the garden by their roots, not just pick off the leaves at the top to make things look good momentarily. Women's Liberation was started by women who considered themselves radicals in this sense.

Our aim in forming a women's liberation group was to start a *mass movement of women* to put an end to the barriers of segregation and discrimination based on sex. We knew radical thinking and radical action would be necessary to do this. We also believed it necessary to form Women's Liberation groups which excluded men from their meetings.

In order to have a radical approach, to get to the root, it seemed logical that we had to study the situation of women, not just take random action. How best to do this came up in the women's liberation group I was in—New York Radical Women, one of the first in the country—shortly after the group had formed. We were planning our first public action and wandered into a discussion about what to do next. One woman in the group, Ann Forer, spoke up: "I think we have a lot more to do just in the area of raising our consciousness," she said. "Raising consciousness?" I wondered what she meant by that. I'd never heard it applied to women before.

"I've only begun thinking about women as an oppressed group," she continued, "and each day, I'm still learning more about it—my consciousness gets higher."

Now I didn't consider that I had just started thinking about the oppression of women. In fact, I thought of myself as having done lots of thinking about it for quite a while, and lots of reading, too. But then Ann went on to give an example of something she'd noticed that turned out to be a deeper way of seeing it for me, too.

"I think a lot about being attractive," Ann said. "People don't find the real self of a woman attractive." And then she went on to give some examples. And I just sat there listening to her describe all the false ways women have to act: playing dumb, always being agreeable, always being nice, not to mention what we had to do to our bodies with the clothes and shoes we wore, the diets we had to go through, going blind not wearing glasses, all because men didn't find our real selves, our human freedom, our basic humanity "attractive." And I realized I still could learn a lot about how to understand and describe the particular oppression of women in ways that could reach other women in the way this had just reached me. The whole group was moved as I was, and we decided on the spot that what we needed—in the words Ann used—was to "raise our consciousness some more."

At the next meeting there was an argument in the group

about how to do this. One woman—Peggy Dobbins—said that what she wanted to do was make a very intensive study of all the literature on the question of whether there really were any biological differences between men and women. I found myself angered by that idea.

"I think it would be a waste of time," I said. "For every scientific study we quote, the opposition can find their scientific studies to quote. Besides, the question is what *we* want to be, what we think we are, not what some authorities in the name of science are arguing over what we are. It is scientifically impossible to tell what the biological differences are between men and women—if there are any besides the obvious physical ones—until all the social and political factors applying to men and women are equal. Everything we have to know, have to prove, we can get from the realities of our own lives. For instance, on the subject of women's intelligence. We know from our own experience that women play dumb for men because, if we're too smart, men won't like us. I know, because I've done it. We've all done it. Therefore, we can simply deduce that women are smarter than men are aware of, and smarter than all those people who make studies are aware of, and that there are a lot of women around who are a lot smarter than they look and smarter than anybody but themselves and maybe a few of their friends know."

In the end the group decided to raise its consciousness by studying women's lives by topics like childhood, jobs, motherhood, etc. We'd do any outside reading we wanted to and thought was important. But our starting point for discussion, as well as our test of the accuracy of what any of the books said, would be the actual experience we had in these areas. One of the questions, suggested by Ann Forer, we would bring at all times to our studies would be— who and what has an *interest* in maintaining the oppression in our lives. The kind of actions the group should engage in, at this point, we decided—acting on an idea of Carol Hanisch, another woman in the group—would be consciousness-raising actions . . . actions brought to the public for the specific purpose of challenging old ideas and raising new ones, the very same issues of feminism we were studying ourselves. Our role was not to be a "service organization," we decided, nor a large "membership organization." What we were talking about being was, in effect, Carol explained, a "zap" action, political agitation and education group something like what the Student Non-Violent Coordinating Committee (S.N.C.C.) had been. We would be the first to dare to say and do the undareable, what women really felt and wanted. The first job now was to raise awareness and understanding, our own and others—awareness that would prompt people to organize and to act on a mass scale.

The decision to emphasize our own feelings and experiences as women and to test all generalizations and reading we did by our own experience was actually the scientific method of research. We were in effect repeating the 17th century challenge of science to scholasticism: "study nature, not books," and put all theories to the test of living practice and action. It was also a method of radical organizing tested by other revolutions. We were applying to women and to ourselves as women's liberation organizers the practice a number of us had learned as organizers in the civil rights movement in the South in the early 1960's.

Consciousness-raising—studying the whole gamut of women's lives, starting with the full reality of one's own—would also be a way of keeping the movement radical by preventing it from getting sidetracked into single issue reforms and single issue organizing. It would be a way of carrying theory about women further than it had ever been carried before, as the groundwork for achieving a radical solution for women as yet attained nowhere.

It seemed clear that knowing how our own lives related to the general condition of women would make us better fighters on behalf of women as a whole. We felt that all women would have to see the fight of women as their own, not as something just to help "other women," that they would have to see this truth about their own lives before they would fight in a radical way for anyone. "Go fight your own oppressors," Stokely Carmichael had said to the white civil rights workers when the black power movement began. "You don't get radicalized fighting other people's battles," as Beverly Jones put it in the pioneering essay "Toward A Female Liberation Movement."

THE RESISTANCE

There turned out to be tremendous resistance to women's simply studying their situation, especially without men in the room. In the beginning we had set out to do our studying in order to take better action. We hadn't realized that just studying this subject and naming the problem and problems would be a radical action in itself, action so radical as to engender tremendous and persistent opposition from directions that still manage to flabbergast me. The opposition often took the form of misinterpretations and misrepresentations of what we were doing that no amount of explanation on our part seemed able to set straight. The methods and assumptions behind consciousness-raising essentially grew out of both the scientific and radical political traditions, but when we applied them to women's situation, a whole lot of otherwise "scientific" and "radical" people—especially men—just couldn't see this.

Whole areas of women's lives were declared off limits to discussion. The topics we were talking about in our groups were dismissed as "petty" or "not political." Often these were the key areas in terms of how women are oppressed as a particular group—like housework, childcare and sex. Everybody from Republicans to Communists said that they agreed that equal pay for equal work was a valid issue and deserved support. But when women wanted to try to figure out why we weren't *getting* equal pay for equal work anywhere, and wanted to take a look in these areas, then what we were doing wasn't politics, economics or even study at all, but "therapy," something that women had to work out for themselves individually.

When we began analyzing these problems in terms of male chauvinism, we were suddenly the living proof of how backward women are. Although we had taken radical political action and risks many times before, and would act again and again, when we discussed male chauvinism,

suddenly we were just women who complained all the time, who stayed in the personal realm and never took any action.

Some people said outright they thought what we were doing was dangerous. When we merely brought up concrete examples in our lives of discrimination against women, or exploitation of women, we were accused of "man-hating" or "sour grapes." These were more efforts to keep the issues and ideas we were discussing out of the realm of subjects of genuine study and debate by defining them as psychological delusions.

And when we attempted to describe the realities of our lives in certain ways, however logical—for instance, when we said that men oppressed women, or that all men were among the beneficiaries in the oppression of women—some people really got upset. "You can't say that men are the oppressors of women! Men are oppressed, too! And women discriminate against women!" Now it would seem to go without saying that if women have a secondary status in the society compared to men, and are treated as secondary creatures, then the beneficiaries would be those with the primary status.

Our meetings were called coffee klatches, hen parties or bitch sessions. We responded by saying, "Yes, bitch, sisters, bitch," and by calling coffee klatches a historic form of women's resistance to oppression. The name calling and attacks were for us a constant source of irritation and sometimes of amazement as they often came from other radicals who we thought would welcome this new mass movement of an oppressed group. Worse yet, the lies prevented some of the women we would have liked to reach from learning about what we were really doing.

THE PROGRAM

There was no denying, though, that we ourselves were learning a tremendous amount from the discussions and were finding them very exciting. From our consciousness-raising meetings was coming the writing which was formulating basic theory for the women's liberation movement. Shulamith Firestone, who wrote the book *The Dialectic of Sex*, Anne Koedt, who wrote the essay "The Myth of the Vaginal Orgasm," Pat Mainardi, who wrote the essay "The Politics of Housework," Carol Hanisch, who wrote the essay, "The Personal is Political," Kate Millett, who wrote *Sexual Politics*, Cindy Cisler, who led the ground-breaking abortion law repeal fight in New York, Rosalyn Baxandall, Irene Peslikis, Ellen Willis, Robin Morgan and many others participated in these discussions. Most of us had thought we were already radicals; but we were discovering that we were only beginning to have a radical understanding of women—and of other issues of class, race and revolutionary change.

Our group was growing rapidly. Other women were as fascinated as we about the idea of doing something politically about aspects of our lives as women that we never thought could be dealt with politically, that we thought we would just have to work out as best we could alone. Most of these issues the National Organization for Women (NOW) wouldn't touch. Was it because these subjects were "petty" or really hitting at the heart of things—areas of deepest humiliation for all women? Neither was NOW then organizing consciousness-raising groups. This

ROOTS OF CONSCIOUSNESS-RAISING

But why should I in so vast an ocean of books by which the minds of men are troubled and fatigued . . . expose this noble philosophy to be damned and torn to pieces by the maledictions of those who are either already sworn to the opinions of other men, or are foolish corrupters of good arts, learned idiots, grammatists, sophists, wranglers, and perverse little folk? . . . But to you alone, true philosophers, honest men, who seek knowledge not from books alone, but from things themselves have I addressed these magnetic principles. . . .

William Gilbert
Preface to ON MAGNETISM, 1628

We had to adopt the method which physicians sometimes use, when they are called to a patient who is so hopelessly sick that he is unconscious of his pain and suffering. We had to describe to women their own position, to explain to them the burdens that rested so heavily upon them, and through these means, as a wholesome irritant, we roused public opinion on the subject, and through public opinion, we acted upon the Legislature.

Ernestine Rose, 1860
HISTORY OF WOMAN SUFFRAGE

All knowledge originates in perception of the objective external world through man's physical sense organs. Anyone who denies such perception, denies direct experience, or denies personal participation in the practice that changes reality, is not a materialist.

Mao Tsetung
"On Practice", 1937

You can't give the people a program until they realize they need one, and until they realize that all existing programs aren't . . . going to produce . . . results. What we would like to do . . . is to go into our problem and just analyze . . . and question things that you don't understand so we can . . . get a better picture of what faces us. If you give people a thorough understanding of what it is that confronts them, and the basic causes that produce it, they'll create their own program; and when the people create a program you get action.

Malcolm X, 1964
MALCOLM X SPEAKS

only happened after 1968, when the new and more radical groups formed, with a mass perspective. Our group's first public action after putting out a journal was an attempt to reach the masses with our ideas on one of those so-called petty topics: the issue of appearance. We protested and picketed the Miss America Contest, throwing high heels, girdles and other objects of female torture into a freedom trash can. It was this action in 1968 which first awakened widespread awareness of the new "Women's Liberation Movement," capturing world interest and giving the movement its very name.

Our study groups were radicalizing our own consciousness and it suddenly became apparent that women could be doing on a mass scale what we were doing in our own group, that the next logical radical action would be to get the word out about what we were doing. This kind of study would be part of what was necessary to achieve the liberation of women on a mass scale. The pattern of obstacles to consciousness-raising was also getting quite clear. And so I outlined a paper talking about this—about how very political these so-called bitch sessions could be, suggesting what important information for our fight we still had to get from studying the experiences and feelings of women, describing some of the obstacles, and proposing that women everywhere begin.

SIX YEARS LATER

Since 1967, consciousness-raising has become one of the prime educational, organizing programs of the women's liberation movement. Feminist groups and individual women who at first didn't think they needed it are all doing it. As consciousness-raising became popular, many other groups and individuals have become involved in it and its nature has been changed to suit various purposes. The term consciousness-raising has become widely used in contradictory contexts. A recent *New York Times* article referred to a meeting called by Henry Kissinger to talk to the executives of the major television networks about the content of their programs as a "curious 'consciousness-raising' session with a Secretary of State."

Even in the women's liberation movement there are all kinds of proponents of consciousness-raising, people who are looked upon as "experts in the field" and people who are drawing up all kinds of guidelines and rules for its use. In all of this, the original purpose of consciousness-raising, its connection with revolutionary change for women, is all too often getting lost. This is why a look at the origins of consciousness-raising provides such an important perspective.

The purpose of women's liberation was to defeat male supremacy and give women equality. We felt this was such a monumental task. How to approach it? Consciousness-raising seemed to be what was needed.

The male supremacist Establishment and its forces of discrimination against women that consciousness-raising set out to critique have rolled with the punch. Now the opposition to consciousness-raising frequently comes under the guise of support or partial support. The Establishment is trying to change consciousness-raising, weaken, dilute, and take away its strength so it won't cause any more changes.

Going to the sources, the historic roots, to the work that set the program in motion, is one of the ways to fight this process. The wellspring of consciousness-raising's power is the commitment to a radical approach, a radical solution. What actually went on in the original consciousness-raising program which turned out to be so provocative, the thinking behind it, the literature which the original group produced, form the kernel experience from which all other lessons grew. From it we can also discover what may have been wrong in the original thinking that allowed some organizing to go off the track. But any corrections in the original idea must be done to make the weapon of consciousness-raising in the hands of women sharper, not duller.

CHECKING OUT THE ORIGINAL SOURCES

The people who started consciousness-raising did not see themselves as beginners at politics, including, in many cases, feminism. Yet they intended consciousness-raising as much for themselves as for people who really were beginners. Consciousness-raising was seen as both a method for arriving at the truth and a means for action and organizing. It was a means for the organizers themselves to make an analysis of the situation, and also a means to be used by the people they were organizing and who were in turn organizing more people. Similarly, it wasn't seen as merely a stage in feminist development which would then lead to another phase, an action phase, but as an essential part of the overall feminist strategy.

To get consciousness-raising started we, as organizers, gave it priority in our actions and outreach political work. In that sense we saw it as a first stage—to awaken people, to get people started thinking and acting. But we also saw it as an ongoing and continuing source of theory and of ideas for action. We made the assumption, an assumption basic to consciousness-raising, that most women were like ourselves—not different—so that our self-interest in discussing the problems facing women which most concerned us would also interest other women. Daring to speak about our own feelings and experiences would be very powerful. Our own rising feminist consciousness led us to that assumption by revealing that all women faced oppression as women and had a common interest in ending it. Anything less than a radical approach to feminism wouldn't interest other women any more than it did us, wouldn't seem worth the effort. We felt that other women, too, would respond to what was radical, although they perhaps would not think of themselves as "radical" due to widespread distortion of the meaning of that word.

From the beginning of consciousness-raising—as you can see in the first program outlined in 1968 —there has been no one method of raising consciousness. What really counts in consciousness-raising are not methods, but results. The only "methods" of consciousness-raising are essentially principles. They are the basic radical political principles of going to the original sources, both historic and personal,

going to the people—women themselves, and going to experience for theory and strategy. Experience in consciousness-raising can't be judged by expertise in any alleged methods but by expertise in getting results, in producing insights and understanding. It is striking how many people in the right circumstances can suddenly become experts by these standards! One of the exhilarating and consciousness-raising discoveries of the Women's Liberation Movement has been how much insight and understanding can come from simple honesty and the pooling of experience in a room full of women who are interested in doing this.

The paraphernalia of rules and methodology—the new dogma of "C-R" that has grown up around consciousness-raising as it has spread—has had the effect of creating vested interests for the methodology experts, both professional (for example, psychiatrists) and amateur. There have been a number of formalized "rules" or "guidelines" for consciousness-raising which have been published and distributed to women's groups with an air of authority and as if they represented the original program of consciousness-raising. But new knowledge is the source of consciousness-raising's strength and power. Methods are simply to serve this purpose, to be changed if they aren't working.

RADICAL PRINCIPLES BRING RESULTS

For instance, the aim of going around the room in a meeting to hear each woman's testimony, a common—and exciting—practice in consciousness-raising, is to help stay focused on a point, to bring the discussion back to the main subject after exploring a tangent, to get the experience of as many people as possible in the common pool of knowledge. The purpose of hearing from everyone was never to be nice or tolerant or to develop speaking skill or the "ability to listen." It was to get closer to the truth. Knowledge and information would make it possible for people to be "able" to speak. The purpose of hearing people's feelings and experience was not therapy, was not to give someone a chance to get something off her chest . . . that is something for a friendship. It was to hear what she had to say. The importance of listening to a woman's feelings was collectively to analyze the situation of women, not to analyze *her*. The idea was not to change women, was not to make "internal changes" except in the sense of knowing more. It was and is the conditions women face, it's male supremacy, we want to change.

Though usually very provocative, fascinating and informative, "going around the room" can become deadening and not at all informative, even defeating the purpose of consciousness-raising, when it is saddled with rigid rules like "no interruptions," "no tangents," "no generalizations." The idea of consciousness-raising was never to end generalizations. It was to produce truer ones. The idea was to take our own feelings and experience more seriously than any theories which did not satisfactorily clarify them, and to devise new theories which did reflect the actual experience and feelings and necessities of women.

Consciousness-raising, then, is neither an end in itself nor a stage, a means to a different end, but a significant part of a very inclusive commitment to winning and guaranteeing radical changes for women in society. The view of consciousness-raising as an end in itself—which happens when consciousness-raising is made into a methodology, a psychology—is as severe and destructive a distortion of the original idea and power of the weapon as is seeing consciousness-raising as a stage. As one woman, Michal Goldman, put it, "I get tired of those people who are always experimenting, never discovering anything, always examining, but never seeing—always changing, always remaining the same."

Nor does consciousness-raising, as some have implied, assume that increased awareness, knowledge, or education alone will eliminate male supremacy. In consciousness-raising, through shared experience, one learns that uncovering the truth, that naming what's really going on, is necessary but insufficient for making changes. With greater understanding, one discovers new necessity for action—and new possibilities for it. Finding the solution to a problem takes place through theory and action both. Each leads to the other but both are necessary or the problem is never really solved.

MINDLESS ACTIVISM

The purpose of consciousness-raising was to get to the

In my opinion, to search means nothing in painting.
To find is the thing.
— Picasso

Black poets should seek—but not search too much
In sweet dark caves, nor hunt for snipes
Down psychic trails (like the white boys do).
— Etheridge Knight

I get tired of those people who are always experimenting, never discovering anything.
You know, they're always changing, always remaining the same.
— Michal Goldman

A QUESTION FOR CONSCIOUSNESS-RAISING

This meeting was held . . . in an effort to educate the young revolutionary cadres in the fundamentals of class relations and class consciousness so that they could, as they themselves said, "get at the root of calamity." . . . The meeting lasted three days and three major issues were discussed: (1) Who depends upon whom for a living? (2) Why are the poor poor and the rich rich? (3) Should rent be paid to landlords?. . . . When the meeting broke up on the third day the three main questions had been settled in the minds of most: (1) The landlords depended on the labor of the peasants for their very life. (2) The rich were rich because they "peeled and pared" the poor. (3) Rent should not be paid to the landlords.

– William Hinton, FANSHEN, 1966

most radical truths about the situation of women in order to take radical action; but the call for "action" can sometimes be a way of preventing understanding–and preventing radical action. Action comes when our experience is finally verified and clarified. There is tremendous energy in consciousness-raising, an enthusiasm generated for getting to the truth of things, finding out what's really going on. Learning the truth can lead to all kinds of action and this action will lead to further truths.

But no particular change in a woman's personal behavior, nor any particular action or strategy, are presupposed. By the very logic of the idea no action can be required ahead of time in consciousness-raising unless a group is using consciousness-raising specifically to brainstorm for an action. The idea is to study the situation to determine what kinds of actions, individual and political, are necessary. This is also true quite practically. If women fear they have to take action on what they are talking about, especially action alone, as individuals, they won't talk about anything they're not ready to take action on, or they won't be honest. In fact, part of why consciousness-raising is the radical approach is that women are not coming to take immediate action. We can't limit our thinking or our action only to that which we can do immediately. Action must be taken, but often it must be planned–and delayed.

Our idea in the beginning was that consciousness-raising–through both C-R groups and public actions–would waken more and more women to an understanding of what their problems were and that they would begin to take action, both individual and collective. And this has certainly happened–on an unprecedented scale. Of course, with greater unity and organization more can actually be accomplished and solved. But people have to learn this, and there is more and more to learn about which methods of organization and action we need. There is also more to do about clarifying our goals and defining the obstacles–making connections between the oppression of women and other systems of oppression and exploitation.

Analyzing our experience in our personal lives and in the movement, reading about the experience of other people's struggles, and connecting these through consciousness-raising will keep us on the track, moving as fast as possible toward women's liberation.

We have been often asked, "What is the use of Conventions? Why talk? Why not work?" Just as if the thought did not precede the act! Those who act without previously thinking are not good for much. Thought is first required, then the expression of it, and that leads to action; and action based upon thought never needs to be reversed: it is lasting and profitable, and produces the desired effect. I know there are many who take advantage of this movement, and then say: "You are doing nothing; only talking." Yes, doing nothing! We have only broken up the ground and sowed the seeds; they are repaying the benefit, and yet they tell us we have done nothing!

– Ernestine Rose, 1860
HISTORY OF WOMAN SUFFRAGE

Kwame Nkrumah said, "Thought without action is empty and action without thoughts is blind." He says, "Revolutions are made by men who think as men of action and act as men of thought. These are the only people who make revolution."

– Stokely Carmichael
AKWESASNE NOTES, Early Winter 1974

SUGGESTED READINGS

"Program for Feminist Consciousness-Raising" by Kathie Sarachild (Nov. 1968). Published in full in *Notes from the Second Year: Women's Liberation*, Shulamith Firestone, editor, 1970, N.Y. (out of print). Also various parts in *Voices from Women's Liberation* (Tanner), *Radical Therapist* (Agel), *Sisterhood Is Powerful* (Morgan), *Woman's Fate: Raps from a Feminist Consciousness-Raising Group* (Dreifus). See Appendix.

"The Personal Is Political" by Carol Hanisch (Feb., 1969). In Firestone; Agel. See Appendix.

"Principles" by Redstockings (April, 1969). In Morgan (mistakenly attributed to New York Radical Women). See Appendix.

"Resistances to Consciousness" by Irene Peslikis (June, 1969). In Firestone; Tanner; Morgan.

"Redstockings Manifesto" (July 7, 1969). In *Masculine/Feminine* (Rozak & Rozak); *The Other Half* (Epstein and J. Goode), 1971; Firestone; Morgan; Tanner. See Appendix.

"False Consciousness" by Jennifer Gardner (Oct., 1969). In *Tooth and Nail*, 1969, Berkeley Calif.; Firestone; Tanner.

"Defining Reality" by Lynn O'Connor, *Tooth and Nail*, ibid.

"Redstockings West Manifesto" (March 20, 1970), Rozak & Rozak.

BACKGROUND

"The Women's Rights Movement in the U.S.A." by Shulamith Firestone (June, 1968). In *Notes from the First Year*, 1968, N.Y.: Tanner.

"Women of the World Unite–We Have Nothing to Lose But Our Men!" by Carol Hanisch and Elizabeth Sutherland Martinez (June, 1968). In *Notes from the First Year*.

"Toward a Female Liberation Movement" by Beverly Jones and Judith Brown (June, 1968). Published by Southern Student Organizing Committee; New England Free Press; Tanner.

Malcolm X Speaks, George Breitman, editor, 1965.

Fanshen by William Hinton, 1968.

REVOLUTION

LEFT LIBERALISM ERROR		RIGHT LIBERALISM ERROR
study group	consciousness-raising group	rap group
not really investigating things: pre-ordained conclusions	investigation & discovery	not really investigating things: no conclusions
scholasticism (book worship)	science (theory)	psychology
generalizations divorced from personal experience, no concrete	generalizations from experience, personal and historic	personal experience only; no generalizations, all concrete
The personal is not political	The personal is political	The political is personal
dogmatism	radicalism	empiricism

WANT SOMETHING DIFFERENT.

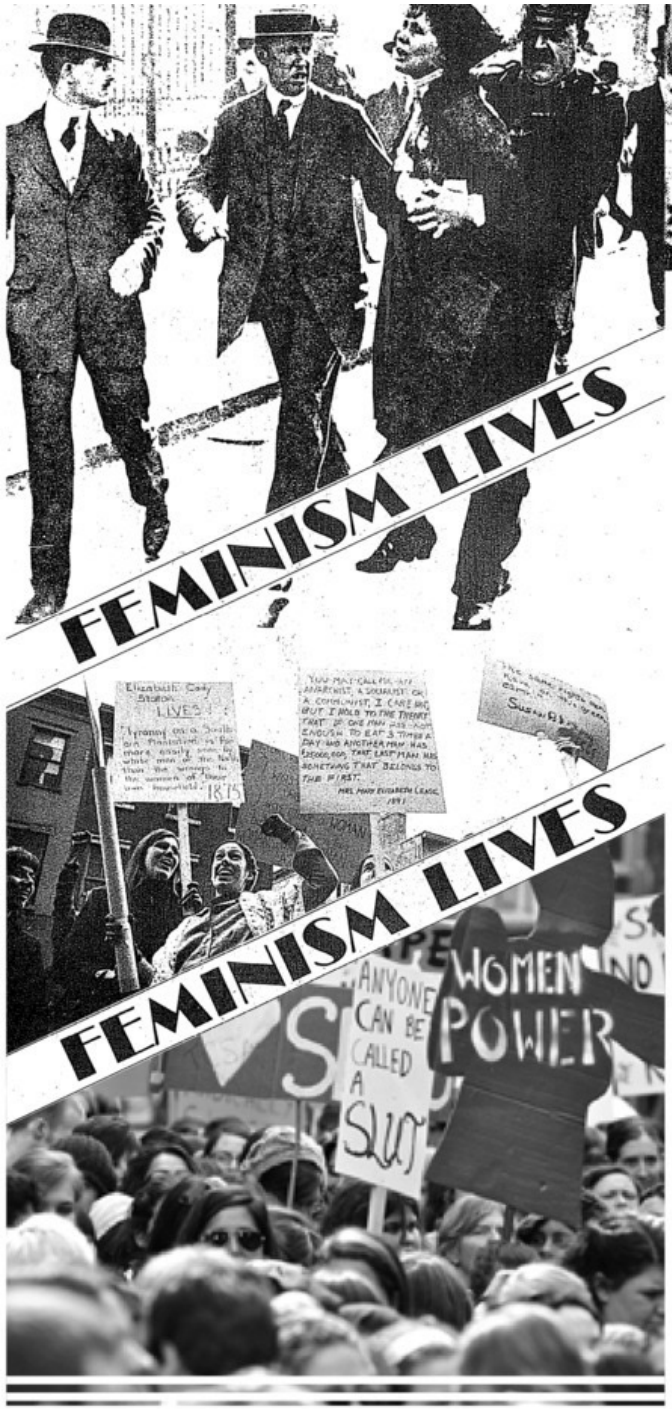
In the long march for equality, SlutWalk is only the first step. For those wondering where to go next, we offer: A RADICAL FEMINIST ROAD MAP.

True freedom is not just freedom *from*—from domestic and sexual violence, or catcalls on the street, from, in general, the actions of other people, inflicted on us without our consent—but freedom *to*. To what? Not just to choose among the existing options. Life is not a multiple choice test. Our answer to every question would be: none of the above. What we want is to *choose new choices.* We should identify the institutions and customs and the seemingly innocuous, apparently happenstance arrangements of daily life that inhibit our ability to act with conscious freedom—and then annihilate them.

Physical violence is only one form of domination. An end to rape culture is only the beginning: the true aim must be to end the culture—ours—which cultivates the subjection of women in ways infinite and invisible. Subjection is hiding in plain sight, in our existing arrangements, our assumptions about family, love, sexuality. They are hiding in the things that hold out the promise of happiness. We all want to be happy! So we keep betting on them, hoping it'll be our number that comes up, that we'll come out ahead. The house always wins. What feels like individual bad fortune is in fact the reality of being a woman, a reality that will remain until we recognize it together, as women. Improving our odds is still just playing the game, which isn't even that fun.

In deciding where we want to go, and determining the best way to get there, it helps to know first where we are. We are our own best compasses. We orient ourselves in our own lives, and then in the lives of others. We do this, in part, through **consciousness-raising**: meeting in small groups for telling the truth about how we experience the world as individuals to other individuals, with the goal of identifying common situations and feelings, analyzing underlying patterns, facing the conditions that caused them, and determining what action is necessary to dismantle these causes.

SPEAK NOW AND NEVER HOLD YOUR PEACE



Images and inspiration for this pamphlet drawn from *Notes from the Second Year*, ed. Shulamith Firestone and Anne Koedt. For more information, contact the n+1 Research team at bitchsisterbitch@nplusonemag.com

BITCH, SISTER BITCH!

a guide to feminist
CONSCIOUSNESS-RAISING

October 2011

A BRIEF HISTORY OF CONSCIOUSNESS-RAISING

"Consciousness-raising" was a practice developed by New York Radical Women, a feminist activist group, in 1967. Women's daily experience was denigrated as private, unpolitical. But small groups could share that experience consciously—discover that the "it happened to me" incident really happened to everyone—and craft a political analysis. Then attack discrimination and self-sabotage at its roots. Forty years later, the method still works. *(Early guidelines include "Program for Feminist Consciousness-Raising" and "Consciousness-Raising: A Radical Weapon," by Kathie Sarachild, and "The Personal is Political," by Carol Hanisch. Google them!)*

WARNING
C-R MAY CAUSE:

ANGER	that no one told you or educated you about feminism: its demands, its principles, its history and past achievements
FEAR	of feeling the full weight of your struggle
FRUSTRATION	that you have changed but the world hasn't
DESPAIR	for the future
ANXIETY	about the next steps
JOY	from mutual understanding and personal connection
EXHILARATION	of enlightenment
SENSATION	that the world has been revealed to you
PLEASURE	of renewed purpose and understading
ECSTASY	of coming into political consciousness
SECURITY	in the solidarity of collective struggle

HOW TO RUN A CONSCIOUSNESS-RAISING MEETING:

SPEAK

- Share personal experiences—of work, love, sex, friendship, family, etc—recognizing that no event is too minor, no topic too trivial to discuss.
- Confront memories of instances when we felt restricted, exploited, or limited.
- Evaluate feelings about our experiences both at the time they occurred and at the present moment.
- Pinpoint moments of unease and confusion in our past, or in our current testimonies.

LISTEN

- Go around the room with questions on key topics in order to find a basis for identification.
- Identify in these personal accounts any general patterns: shared experiences, common feelings, mutual frustrations.
- Make room for difference and disagreement; allow points of contention.
- Ask questions and work together to push past points of resistance.

SYNTHESIZE

- Examine when we feel hesitant to act and draw conclusions about the source of our hesitation.
- Arrive at an understanding of the nature of oppression as it exists in our lives and society.
- Recognize our collective strength and identify our tools of struggle.
- Aim for ongoing conscious expansion as we continue to develop a radical feminist theory and to pursue radical feminist action.

"START TO STOP"

- Reject false consciousness. Identify internalized oppression and call certain decisions out for what they are: survival tactics.
- Resist seeking only immediate, personal solutions and interrogate existing ones.
- Refuse to settle for anything less than we demand.

TIPS FOR ORGANIZING A C-R GROUP

- Keep each group under 10 people.
- Establish terms or rules of confidentiality.
- Encourage people to join in loose "pairs," so that each person has at least one buddy to make them feel comfortable in the group. But the best C-R groups are not groups of best friends and best friends only.
- Make sure that one person is always taking notes and following up on people's comments. This does not need to be the same person each time.
- Bring snacks. Plan breaks.

(CONSCIOUSNESS-RAISING IS NOT):

- *Group therapy*: we do not talk about our lives in order to improve them, to become well-adjusted. It is the world that needs adjusting, not us.
- *Gossip*: when women talked about their personal lives—and, excluded from public life for so long, those were the only lives they had—their concerns were deemed minor, petty, trivial. Consciousness-raising means casting off these categories, and taking the trivial seriously.

GET EDUCATED

ESSENTIAL TEXTS

- The New York Radical Women, *Notes from the First Year*, 1968.
- The New York Radical Women, *Notes From the Second Year: Women's Liberation: Major Writings of the Radical Feminsts*, 1970.
- Alice Echols, *Daring To Be Bad: Radical Feminism in America 1967-1975*.

FURTHER READING

- Simone de Beauvoir, *The Second Sex*.
- Shulamith Firestone, *The Dialectic of Sex: The Case for Feminist Revolution*.
- Betty Friedan, *The Feminine Mystique*.
- Audre Lourde, *Sister Outsider*.
- Christine Stansell, *The Feminist Promise: 1792 to the Present*.
- Michele Wallace, *Black Macho and the Myth of the Superwoman*.
- Robin Morgan (ed.), *Sisterhood is Powerful*.
- Ellen Willis, *No More Nice Girls*.
- Vivan Gornick, *Solitude of Self*.
- Laura Kaplan, *The Story of Jane: The Legendary Underground Feminist Abortion Service*.
- Rosalyn Baxandall and Linda Gordon (ed.), *Dear Sisters: Dispatches from the Women's Liberation Movement*.
- Boston Women's Health Book Collective, *Our Bodies, Ourselves*.

"It is not enough that we take collective action. We must know where we have come from historically and personally, and how we can most effectively break the bonds. We have identified a system of oppression: Sexism. To understand how sexism has developed and the variety of its forms of suppression and mutations, female liberation must re-examine the foundations of civilization."

– Roxanne Dunbar, "Female Liberation as the Basis for Social Revolution"