

OLOC Confronting Sexism Series April 18, 2023 Highlight Notes

An Anatomy of Institutions and their Impact on Girls and Women: Education and Healthcare

Rena Grasso gave the introduction: What is institution/institutionalization such as the institutionalization of –isms, forms of oppression, inequality. “Institution” – example: what does an image of a world/society that has only 25-50 people look like? It would be small where education would not have to be an institution, it would be more informal and probably based on customs. It is developed societies with larger numbers of people that establish organization, structure; charged by society to perform certain roles and services. Social institutions by and large that we grew up with and lived with were formed by patriarchy and conveyed to us. Institutions are natural to us, but the second wave feminist movement showed us that all institutions are stamped by the patriarchy and are historical. There are four characteristics of patriarchy: warfare, economic division, class division, and slavery (militarism/conquered by war). Institutions resonate with these four characteristics – male supremacy. Example: the institution of marriage where the father “gives away” the daughter a customary institution – patriarchy.

EDUCATION: Rena Grasso

Women have not always been part of education. In Greece and Rome history, only boys were educated and in medieval times women were sometimes educated in convents. They were educated at home on womanly roles and duties. In the 1900s, there was compulsory education in the developed world. Everything in all parts has developed out of patriarchy values. Their way of education now was not a creation by women – it is structured on hierarchy, who plays which roles and is evident on who determines the curriculum. Do we agree with this structure? What we are taught are not women’s decisions. How do we look at the structure, the relationships, the role of teachers?

Comments/Statements:

- The state of Florida tells it all. One man chosen to control what everybody will learn. For centuries, women were in charge – men rebelled, vagina control. Feel sorry for the children, books removed, good books.
- The connection between institutions and systems? Patriarchy as a system made up of many institutions with customs, values, and beliefs – the big web and institutions are components of that system.
- Concerned – laws passed regarding women’s health, schools. The fear among the patriarchy – too much equality, losing power, so clamping down like some Muslim countries, controlling women.
- 55.6% of students entering medical schools are female; there is a higher number of women getting bachelor’s and master’s degrees. Experienced rampant sexism in medical school.
- The library was another way of education/schooling for her as a student. It is part of the informal education of how we are educated in society – through family, friends, religious education, etc.
- Think up to the 1920s, options for women and girls for further education was limited and to only teachers or nurses – not many doctors. Controlled by men.
- Anecdote: when daughter was 4 years of age growing up in a liberal town, was allowed to watch only Sesame Street on TV, attended nursery school at a university. But, one day she came up to her and said, “mommies not supposed to go to work, supposed to stay home.” Where did she get that? Systemic and powerful.
- *How to Think Like a Woman: Four Women Philosophers Who Taught Me How to Love the Life of the Mind* by Regan Penaluna well written memoir.

- Look how many teachers are women and the ones sitting in the offices getting more money are men who are telling the women what to do and what to teach.
- Passed test for specialized science school in 1963; qualified to attend a school but one was too far away and the other one, a 15-minute walk was off limits because only boys could attend that one. Through high school wanted to be an engineer but was turned down. It took 8 years to become an engineer. (only 10% of engineers are women)
- Granddaughter wants to be an engineer and got to attend a summer session at Virginia Tech – engineering for girls. We have come a long way. For her, she got to skip a grade but when she needed another major class the counselor told her that she should take home economics. Public education has improved.
- Became an electrical engineer and a senior project manager in 1980s in the power industry. If men had an attitude about her and challenged her – they were gone.
- Have been a teacher for 20 years in the STEM program. One of the issues of girls going into the male fields is that they need female role models. Kids are choosing from a small window of occupations that they know about – parents, friends of the family. There are lots of STEM opportunities available. Parents are pushing their children into college. When they are asked why they answer don't know but have to go. Going to college should be based on the child's pursuits.
- We are affirming the structure of education: who teaches elementary education – women; middle school to high school – the average number is men. Policy decisions are made by men. This institution is reinforced by the structure and the roles (polarized). There was much gained from the women's movement, but it has disappeared.

HEALTH CARE IS VERY DIFFERENT FROM MEDICAL CARE: Sally Tatnall

In the 18th and 19th centuries, most healthcare was provided by women. These women were called wise women, midwives, and sometimes healers. These women held powerful status due to their healing 'powers.' Even today, women are often stereotyped with qualities of caregiver and nurturer. These women were not formally trained. Most were taught by their mothers, grandmothers, or other women in the community. They utilized natural remedies and herbal remedies. Many of which are still in use today. ***Ergot was used for the pain of labor.*** Ergot derivatives are the principal drugs used today to hasten labor and aid in the recovery from childbirth. ***Belladonna was used to inhibit uterine contractions and is still used today as an anti-spasmodic.*** The drug atropine is derived from the plant. ***Digitalis (Foxglove) properties on the heart and circulation*** are said to have been discovered by an English witch and is still an important drug in treating heart ailments.

- ❖ Women as healers harken back to ancient times. Women have historically brought these priceless gifts (of healing and hope) to their families, workplaces, and neighborhoods, sometimes at great sacrifice. These are the women who, as counselors, clerics, artists, teachers, doctors, nurses, mothers, and grandmothers listen, ease suffering, restore dignity, and make decisions for our general as well as our personal welfare.
- ❖ There is a distinct correlation in the history of Witches, Nurses, and Midwives. Multiple documents address this historical relationship. The Witch trials of Northern Europe and the Salem Witch Trials all have some relationship to healthcare practices.
- ❖ One theory lays the blame for the witch hunts and the relationship of nurses to the rise of the male medical profession in 19th century American on women being accused of having magical powers affecting health—of harming, but also of healing. They were often charged specifically with possessing medical and obstetrical skills.

Over vast spans of Western history, women healers were branded as witches and punished for practicing witchcraft as well as denied influential healing roles because of the political and economic monopolization of knowledge in academic, religious, and cultural institutions and practices through enforcement of regulations and access to care. Moreover, centuries of European colonization of other cultures around the globe resulted in re-shaping these cultures away from traditions of women healers, women-shamans, and women-leaders toward male dominance of these fields.

Documented historical accounts of non-Western pre-colonization cultures show that women healers were present and honored, but that European (meaning white men) invasions over the past seven centuries were especially marked by transmission of patriarchal religious and social norms. Moreover, available recorded pre-colonization history with regard to other cultures is presented through a Western lens, especially a Western male lens. However, contemporary critical historians have developed alternative accounts of this history and show that European colonizers not only shaped social gender relations in every culture they invaded, but distorted accounts of cultures prior to their arrival. Specifically, upon their arrival, European imperial explorers not only refused to speak to any women who held power in indigenous native communities, literally granting power exclusively to males, but they also interpreted cultural practices, symbols, and stories through their patriarchal Western perspectives. For example, religious importance of female deities, women-focused rituals, and women's roles as healers were often interpreted as demonic. Indigenous forms of healing, specifically by women, were perceived as a threat to new colonial powers and were especially targeted. Despite the historical persecution and extermination of indigenous healers, indigenous healing practices have persisted around the globe and appear to have survived the onslaught of Western scientific knowledge and practice.

Where history has been erased, those in power have committed intentional denial of women's access to healing knowledge or positions, or women were outright murdered for crossing the patriarchal lines. Some instances, in particular, stand out, such as the earliest known evidence of shamanic practice found by archeologists, dating from more than 30,000 years ago, indicated that the shaman was a woman and the dictum "who knows how to heal knows how to destroy", murderess, hag, she-devil, the instrument of the very vilest crime known in the annals of hell – these are just a few descriptions of women abortionists in popular nineteenth-century American fiction.

You can see how much power over women was needed to shift the distinction of the women healer. This was not an overnight process.

- ❖ In the late 19th century, health care was being turned into medical care, the increasing formalization of medical education led to women's increasing exclusion and the Medical Act of 1858 gave the force of statutory law to the increasing exclusion of those who had not undergone approved courses of training and obtained qualifications entitling them to practice. This act essentially resulted in the re-organization of the medical profession and enforced the exclusion of outsiders. The act did not specifically exclude women but with the emphasis now placed on standardization of medical qualifications from universities to which women had no access, it effectively prevented women from making it onto the Medical Register.
- ❖ Women's physical, mental, and emotional natures made them unfit for work as doctors, which may be true because the doctor is not involved in real healthcare. Women still retain a lot of power in terms of the health of family and community.

For a century, research to respond to illness was focused only on men. Research was composed of how to lengthen the life of men as well as how to treat their illness and this was focused on white men. The teaching of medicine was done by men who essentially stole the information from women. Medical was now in the hands of men and was limited to those who could access a doctor. Even when men took over the medical information, they needed to control healing, women were still available in rural situations where access was very limited.

What men did was to remove healing not only from women but to take it out of the community where much support was always given. It became very private and was not a subject of polite society. Where community help and resources worked in the past, now the value of isolation was promoted. Isolation has always been a main tactic for men to keep control. Not only isolation but the sharing of medical information was forbidden. One must not talk to others because it would lessen your own image. This was in direct opposition to how women function. Women share information for the education and good for all. Support from someone who was dealing with something similar would have been very healing.

Everywhere in medicine today the dominance of men is visible. While women have achieved the designation of physician, they are few and far between in the specialties that command the most money and prestige. And when it comes to what we commonly refer to as "healthcare" - or non-traditional, non-indigenous, medicine - women make up over 70% of the workers, too. What is key here is that while women are doing most of the health-related work, they are not getting the status.

Currently, there is research and modalities that use the wisdom of the traditional witches and midwives. More natural healing is used. Things like nutrition, massage, chiropractic, support groups, herbs, reiki, music therapy, art therapy, are all gaining in popularity. These are female values. Male values have focused on the longevity of white males, and they have lived longer, but at a cost. The health of the population shows vast disparities within race and income. There is no real health for all promise. There is no reproductive health for all women.

While I have great expectations for the abortion decision that has mobilized women all over the country, I still fear the strength of men who continue to separate women and ignore the poor. Medical care is not personal. It is a structure to limit and eliminate women. The book, *Witches, Midwives, and Nurses* by Barbara Ehrenrich and Debra English examines how women-led healing was delegitimized to make way for patriarchy, capitalism, and the emerging medical industry. As we watch another agonizing attempt to shift the future of healthcare in the United States, we are reminded of the longevity of this crisis, and how firmly entrenched we are in a system that doesn't work. First published by the Feminist Press in 1973, *Witches, Midwives, and Nurses* is an essential book about the corruption of the medical establishment and its historic roots in witch hunters. In this new and updated edition, Barbara Ehrenreich and Deirdre English delve into the current fascination with and controversies about witches, exposing our fears and fantasies. They build on their classic exposé on the demonization of women healers and the political and economic monopolization of medicine. This quick history brings us up to date, exploring today's changing attitudes toward childbirth, alternative medicine, and modern-day witches.

Comments/Statements:

- This was brilliant. Have listed books and authors to read the women's work which is important in (see below From the Chat)
- Thank you, Sally. As a nurse in the late 1970s we had to fight to not wear skirts or hats and to wear pants. But men who were hired as nurses got to wear pants and no hat and were paid "different"; nursing until recently – back then didn't have unions or led strikes (what about "your" patients?); there is no a little levering and changing. Men nurses all wanted and were able to be placed in high profile departments (more money) like ICU and Emergency Rooms. Now you see unionized and female nurses being taken over by the boys.
- After having three children, wanted to have tubes tied but the doctor asked, "Do you have your husband's permission?"
- Full credit to the women in the women's liberation movement in the 1970s for changes that took place in healthcare such as having an advocate in the doctor's office! No one could go with you into the office. There was huge support for the changes.
- In 1975 after third child, she also had to get husband's permission to have her tubes tied. Has it changed now? Thinks so. To go back to her birth name, she had to publish it in a newspaper and get permission from husband #2 who she did not take his name – the courts had already changed it to husband #2 after the marriage... She was employed in the healthcare system.
- The older you get the more major divisions. She grew up before the women's movement in the 1940s, 1950s, 1960s. No choices in the birthing process; nothing, drugged, just woke up when they were done. Second wave women's movement – an understanding of healthcare now; "Our Bodies, Ourselves" book; We new nothing of Carol Downer in Los Angeles showing women what a uterus looked like in women's studies, having them look at their bodies. Take control of healthcare back which started in the Greek and Roman times.
- Not one day goes by that I have to wait 6-8 weeks for an appointment with a doctor. Men took over the American Medical Association and limited the number of schools and graduates; it is hard to access medical care.
- In 1968, state power in Canada: women were arrested for teaching girls at colleges about menstruation.
- Money and power are more important than people (other than white men)
- Examples about other countries: in Cuba, if you got sick or died and had no money there is no cost. The government says that people are not responsible for birth and death, it is taken care of by the government. In Costa Rica, a friend got sick and went to a small hospital and was admitted and treated. What is the cost? For Costa Ricans it is free; for foreigners it was \$14 total for everything medical and the stay there.
- Entered medical school (Title IX). Asked, were you in because of affirmative action? No, same standards as men; does believe in affirmative action, generic drugs, national healthcare. Women make 20% less than men. Women put more time into their patients and listen; women are better as surgeons. Diversity, equity, and inclusion – race and class populations do worse in medical care. Women need to move up, have more research studies, better treatment, and better diagnoses.
- Women should do their own abortions – the Janes in Chicago. We can do anything we want to.
- The amazing women's liberation movement really had an impact on women in the healthcare system. But why is the medical provided called "Doctor ____" and I am just by my first name as a patient. There has been pushback on the women's movement and healthcare – managed care, HIPAA (Health Insurance Portability and Accountability Act) waving rights. Alternative healthcare has also needed to get signed informed consent forms, which is abusive. Has a sister who does

hands on practices as an art but because of all the ways of healthcare now, an assembly line... Need a new health movement with autonomy, self-respect, change the terms that are connected to capitalism, bring back the values of the women's liberation movement/second wave. What can we do?

- Medical establishment, the merger of patriarchy and capitalism; control of medical schools, competition, specialization – is this a good thing? Even in veterinarian medicine – more women but now the male veterinarians also have MBAs, creating veterinarian corporations and buying up the “family” practices. Same in human medical care.
- Haven't talked about mental health – one example is a child only has 15 minutes for the appointment!
- We are in the end state of capitalism; there are more women in medical school but are being taken into the patriarchal power. A course opportunity was an internship with a OB/GYN woman doctor who first teaches each patient what her body looks like. Medical care needs to move towards more holistic care/historical care. Women are pushed aside to keep patriarchal power. Physician Assistants were created so the “doctor” could still be in control, see more patients and make more money.
- Reflexology article in the OLOC monthly E-News to help people help themselves; having respect of self, take care of self, learn – take time to learn; know yourself; take care of who you are not listen to the authoritarian pressure; the more self it is easier; and share what you know with others. Balance for you.
- There is no relationship between healthcare and medical care; what women bring; male medicine has never been for all - longevity of white men, systemic. Medical care is going downhill; only the women can restore health; personal improvement is not social change.
- Understand the systemic nature of education and healthcare, who is running the system.
- Experienced discrimination of women in the health/medical care system. She was in favor of nutrition and health, and exercise. Supplements are unregulated, ethical questions, take this and that, need to eat the foods, do not take the pills. Misinformed public. Emotional issues like obesity. There are amazing new things in medicine. What about psychiatry? Women and mental health.

From the Chat:

- We all have internalized misogyny from systemic patriarchy. We need to decolonize our minds.
- Also, patriarchy is relatively new in human history.
- *How to Think Like a Woman: Four Women Philosophers Who Taught Me How to Love the Life of the Mind* by Regan Penaluna well written memoir.
- Western WHITE male
- As did Brown European colonizers. Let us never forget that the FIRST invaders/colonizers of this Turtle Island were from Spain and Portugal.
- See Ehrenreich and English authors of *Witches, Midwives, and Nurses: History of Women Healers*; also, Florence Nightingale's book *Cassandra: Angry Outcry Against the Enforced Idleness of Women*. And Jo Ann Ashley author of *Hospitals, Paternalism, and the Role of the Nurse*
- Great subject, when will we do another Zoom on this subject?
- It's about capitalism.
- *She's Beautiful When She's Angry* is a very good movie about the second wave and including the movie, *Jane*.
- Is this group taking any action to change some of the issues we are discussing or are we just discussing and educating?

- There's a lot about government policy that sets the terms for how health care works. That's a level that I'm interested in influencing but our government is not very accessible or interested in responding to people or human needs. Capitalism always comes first. In my area we would love to find family practices not connected to a bigger entity controlling them, but they don't seem to exist. Always looking.
- Those of us womxn with PhDs and similar doctorates need to claim that. And we need to remember and remind others that our professional ancestors were already strolling the halls of academia while they (MDs) were still applying leeches in barbershops.
- Thank you, Rena, for this program.

Followup Email

Thank you for the thoughtful discussion, but either aspect (Education/institutionalize) could have occupied an entire session. I also want to suggest that we spend an entire session on mental health. This is an area that is not only neglected but also not talked about. We need to know more about where/how and how expensive it is. It is probably a 3 hour or more discussion, but I am in hopes that we will take that on some time soon.