

Looking Through the Speculum: Examining the Women's Health Movement

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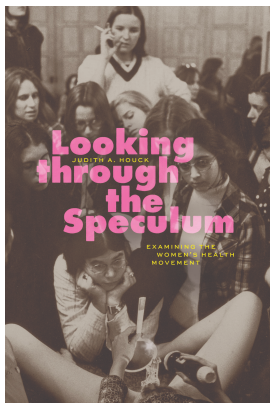
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Book Title: Looking Through the Speculum: Examining the Women's Health Movement

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Elevated to a symbol of women's self-knowledge and bodily autonomy, the speculum, as a shorthand for the women's health movement, inspired the creation of more than 50 women's health centers in the 1970s. In her examination of the women's health movement, Judith Houck, rather than focusing on its role within second-wave feminism, highlights the institution-building capacity of the movement.

A historian of science and medicine at the University of Wisconsin in Madison, Houck conducted interviews with more than 75 health activists, including clinic founders and directors, and consulted administrative clinic records, privately held documents, and archival material in addition to a rich body of secondary sources. The result is a meticulously researched, thoroughly engaging book organized in chapter dyads around four topics: the gynecological self-exam, feminist abortion provision, lesbian health, and Black feminist self-help. The first chapter of each dyad contextualizes the issue with references to key figures, events, and places. The second chapter of each pairing closely examines one of four women's health clinics in California. While Houck draws comparisons to clinics across the United States, including in Florida, Iowa, and Utah, her primary focus on just one state is the book's only significant limitation.

Building on work by Johanna Schoen,¹ Wendy Kline,² and other women's health historians, Houck discusses the tension between political activism and health care provision that was inherent to the women's health movement from the beginning and which, as Houck demonstrates, the creation of women's clinics particularly laid bare. To challenge the prevalent patriarchal medical model, clinic founders envisioned operating outside of the medical system and integrating health services within a larger, consciousness-raising framework. Yet faced with the vast unmet health needs especially of poor women, clinics eager to provide comprehensive health services, including legal abortions, departed from their original position. Houck shows how, rather than fighting a system that required "state licensure, federal funding, and medical corporation" (p. 85), the loosely connected network of Feminist Women's Healthcare Centers (FWHCs) in California entered the abortion marketplace to shape it from within, modeling feminist abortion provision that was affordable, removing stigma, and engaging women in their own care. Some health feminists felt that clinics' participation in the medical establishment betrayed the movement; but in the growing antiabortion environment, providing access to abortion ultimately became central to feminist practice.

As Jennifer Nelson previously documented, women of color participated in the movement from the very beginning.³ Houck pairs her discussion of Black women's health projects, which focused less on gynecological self-help than on the physical and emotional hurt caused by racism, with an investigation of the institutional racism built into FWHCs. In most cases, confronting racism within their clinics left White women and women of color alike bruised, yet it also inspired women's health centers to build multiracial, multiethnic coalitions and to revise their missions and scope of services.

Houck contributes something entirely new to the scholarship with her two chapters on lesbian health. Many feminist health activists were lesbian, and while not a few were annoyed with the movement's emphasis on reproductive health, others made it their mission to provide pathways toward lesbian parenthood. Faced with the difficulty of defining lesbian as either a set of sexual behaviors or a broader identity shaped by feminist politics, lesbian health activists lacked consensus on a lesbian health agenda. However, they enriched the movement with their commitment to rid health care of homophobia and heterosexism. To battle both, lesbians made HIV/AIDS their health concern in the 1980s. By entering critical alliances not only with gay men but also with sex workers and transgender people, lesbian health feminists began to shift from identity to queer politics. As Houck's fascinating discussion of the Lyon-Martin Women's Health Services clinic in San Francisco shows, this change challenged the clinic to redefine its mission several times; and it ultimately dropped "women's" from its name altogether to provide medical and gynecological care for cisgender women as well as trans, gender nonconforming, and intersex people.

The medical landscape—in the 1970s “a bastion of male authority and privilege” (p. 3)—looks different today. Houck credits the legacy of the women's health movement with many successful health policies, including federal investments into women's and minority health research. Yet as she readily acknowledges, we are far from achieving health equity. Houck's account is a reminder that activism and allyship are important social medicine skills we practice in family medicine, and it should be of particular interest to those specializing in women's health and gender-affirming care.

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