

one another. Why is birth not considered a major psychic event? Where is our birth art? Where are our birth stories? Why don't we celebrate birth instead of war? Why do we restrict fathers from participation in birth?

If we begin with loving care for the young, and extend that to social caring for all people and personal concern for the planet, we would have a different world. If we understood, and celebrated birth, we'd seek more humane alternatives to painful medical processes—we'd reclaim the importance of love and warmth and human interaction.

Nurturing is not a genetically feminine attribute. Tears and laughter are not the province of women only. The last time I looked, men had tear ducts. They had arms for holding babies. They cared about their children. And they cried at births.

In a society that wishes us to see men as devoid of feelings, let us hold an image of men as nurturers. Women are birth-givers, but men can care with them. Let us change our institutions. Let us demand that men come with us. Let birth teach them surrender. Let pain teach them transcendence. Let the shared experience of childbirth reclaim the human soul.

*Lin Nelson*

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## THE PLACE OF WOMEN IN POLLUTED PLACES

1988:

*drought in the Midwest  
desertification in Africa  
deforestation and flooding in Bangladesh  
the greenhouse effect  
the ozone hole  
ozone smog in Acadia, Maine—precipitating the first health  
hazard alert issued in the National Park system  
beaches littered with medical waste  
World Health Organization warnings about urban air pollution,  
especially in the Third World  
increasing poisonings and birth defects due to pesticides  
epidemic disease and death among North Sea seals  
and on, and on*

And in and around Syracuse, New York, where I live—think about your own home—

*a lake, Onondoga Lake, its waters and banks once home to the  
Onondoga Nation, a lake some consider to be "the most  
polluted urban lake in the United States" (the world?)  
solid waste and landfills encroaching upon what is left of  
relatively undeveloped land  
a planned mass burn incinerator, which supporters say will not  
exceed the risk of four cigarettes in one lifetime  
working people exposed to naphtha, asbestos, toluene, formaldehyde  
people, more and more, developing chemical sensitivities, leaving  
them incapacitated, angry, and in despair  
to the south, the Onondoga Nation, its very limited land base  
occasionally the focus of landfill "offers"*

*to the north, the Mohawk Nation, its threatened land turned into  
a toxic soup from the effluence of nearby GM, Alcoa,  
Reynolds, paper mills, and the pollution of the Saint Lawrence  
Seaway and the Great Lakes*

IT IS, TO UNDERSTATE IT dramatically, all very sobering. It stills the heart. It stirs the heart.

I look at my daughter, almost 3 years old. I wonder—what do I tell her about all this? How do I tell her? When? We talk about the rain a lot. (It rains a lot here.) We talk about how the Earth is thirsty, how the trees want a shower, how the grass is drinking the water. When do I tell her that acid rain is destroying the Adirondack forests to the northeast of us?

Born in 1948, I was raised in the “Glory Days,” the go-get-em postwar years. The build-and-buy years. And now, 40 years later, the children I see playing on our street are part of what may be the last generation who will have the burdensome opportunity to say no.

It is unfortunate that our species seems to have waited for a body count of its own kind before realizing that we’ve seriously abused the place—the Earth, our community—we call home. Disease, disability, death, and despair—these might be eleventh-hour triggers that jolt us into awareness. A look at the U.S. institutions that deal in the business of health and environment—the Centers for Disease Control, the Environmental Protection Agency, the Occupational Safety and Health Administration, the American Medical Association, and so on—makes it clear that only now (and even now there is mostly denial) is there a trickle of recognition about the health/environment connection. And so, it is up to us to refuse to wait for more evidence before acting.

As women, we have distinctive ties to the ecological world. We are focusing more on these ties and reviving repressed thoughts about these ties—in our art, our science, our spirituality, our work, our everyday lives. I think it is critically important that we do not exclusively applaud or mythologize these ties (woman as eco-angel) or myopically bemoan them (woman as eco-victim). We need to get a grip on the many ways in which women/ecology relationships have emerged. We need to understand how we have been brutalized, been made vulnerable, become detached, become implicated in or complicit with ecological degradation, and how we can become **challengers and restorers**. **Environmental health and the health of the environment is a prism**

through which we can see ourselves—with criticism, with appreciation—as passive or as active. Health as an ecological process is the visceral daily reality that forces us to face the crossroads at the end of the twentieth century.

I identify strongly with ecofeminism, feminist ecology, social ecology. Feminism and ecology are two beacons of hope for me. But for many women who are on the front lines of Earth-protection activities, who are most directly taking on those who are contaminating the rest of us, for many of those women, these labels and niches don’t feel quite like home. And yet without these women we would have no resistance and little knowledge about what ails us. Many of the women I have in mind as I write have little to do with feminist studies or organizations and don’t bother themselves with debates such as those between social ecology and deep ecology. They are the strong, impassioned women—often rebounding from grim health catastrophes—who are plainly and simply fighting for their lives.

What I want to do in this essay is look in the many mirrors that reflect who we are, what we are facing, how we are politically situated, and what we are doing and could be doing. I want to observe the ways in which women continue to fight the forces of environmental destruction and in so doing challenge frameworks for destruction. I want to argue that it is not only pollution and environmental disease that should be the focus of our efforts: we must also be vigilant and determined in the face of those “protectors”—in education, science, medicine and public health, and economic development—who would use gender and reproductive status (and race, class, susceptibility, and other identifiers) to accommodate us all to an industrial complex that would be only slightly improved, in a political atmosphere of increasing authoritarianism.

What is our life like as women living on this increasingly ravaged planet? What is there to learn, to watch out for? How do we experience the impact of pollution, deforestation, resource depletion, and so on? Unfortunately, if we look at what women are typically taught in most women’s studies and in most women’s health courses, we do not learn enough. No one can doubt the importance of learning about childbirth, birth control, eating disorders, sports, and so on. But all too often course curricula and texts present the decontextualized woman. We learn too little about women’s work, about industrial policies impacting on women’s health, or about the subtle and not-so-subtle environmental impositions that threaten us.

An ecological approach to learning about women and health would

explore the array of roles, predicaments, and scenarios that is our collective biography. While this is only a beginning, the following provides a glimpse of what an ecological perspective could bring to our understanding. I want to focus here on some of the more disturbing scenarios—on scenarios that demand a response. I want to highlight not only the physical and ecological destruction wrought upon our lives, but the social and ecological conditions (legal, political, moral, emotional) that are making profound impacts on our lives. I will look at scenarios and circumstances that are in large part not of our making and at some of our actions in response.

#### THE DAMAGED WOMAN IN THE DAMAGED ENVIRONMENT

In addition to the social abuse women suffer under patriarchy, industrialism, and modern science, there are very real biological hazards to be considered. Any orientation to women's health—theoretical or practical—that does not look at the ecological base of our health is incomplete and irresponsible. And yet, as I mentioned, most curricula and clinical practices offer a decontextualized, unecological view of women's biology and biography. There are many poorly researched, unanswered questions regarding the impact of environmental contamination on breast cancer, reproductive health, neurological functioning, and allergic diseases. We know very little about the cross-generational passage from mother to daughter of disease and disorders due to hazardous exposures. But, clearly, some proportion of women's ill-health has an environmental basis.<sup>1</sup>

A newly emerging and very controversial development in environmental health is the topic of "ecological illness" (or "chemical sensitivity," or "twentieth century allergy," to list just a few of the names used):

These illnesses . . . appear to stem from damage to the immune system, from either acute poisoning by toxic chemicals or from chronic, low-level exposures to many substances that ultimately overwhelm the system. The exact symptoms of ecological illness . . . may vary from person to person, but they generally involve an increasing intolerance to a wide range of chemicals, including ubiquitous substances like formaldehyde, pesticides, natural gas fumes, perfumes, scents and solvents. The EI victim may experience a wide range of disabling conditions, from a gener-

alized weakness and joint or muscle pain to mental confusion, depression, and even hypertension, lung disease, heart disease and neurological disorders.<sup>2</sup>

Some researchers report that women are disproportionately likely to suffer from ecological illness (EI).<sup>3</sup> Certain questions must be addressed: Is the preponderance of women EI patients a demonstrable reality? If so, based on what? A biologically based toxics gender gap? Differential gender-based patterns of exposure? Socialized differences in symptom reporting and coping styles? Given that the EI syndrome is an amorphous array of difficult-to-diagnose symptoms, then women sufferers are also at risk of being discounted and demeaned. Researchers, clinicians, and feminists have long reported that women's medical complaints tend to be psychologized and trivialized by the medical establishment.<sup>4</sup>

On the one hand, we must reckon with the fact that our health is being damaged by the ecodestruction all around us. To what extent, in what ways, is not clear. On the other hand, the poorly grounded speculation and stereotyping about women's distinctive vulnerability is also damaging to us. I have used the words *damaged woman* somewhat facetiously. The damaged woman scenario is often a hair's-breadth away from the treatment of women as "damaged goods"—to be monitored, removed, labeled, treated, possibly rehabilitated, or made a lesson of. We need to look at the importance of the environment on women's health without making environmental health a "women's problem."

#### WOMAN AS HAZARDOUS ENVIRONMENT FOR THE NEXT GENERATION

One of the most sobering aspects of the ecological degradation we endure is the impact on our capacity to bear healthy children. In 1984, the Conservation Foundation reported that many scientists suspect or indict industrial pollutants as contributors to rising infertility, clusters of birth defects, "hot spots" of miscarriages, and the unusually early onset of menopause among some women. According to one researcher: "The womb is more sump than sanctuary."<sup>5</sup> Consider these selections from the growing reports on environmental reproductive health:

- Increasing numbers of birth defect clusters, especially in such industrial centers as Silicon Valley (California)

- Tragedies such as "Minamata disease"—extensive mercury poisoning, resulting in severe disabilities in the children of exposed pregnant women

- Elevated levels of PCBs, PBBs, and dioxin in mothers' milk; some researchers argue that present "background" or "average" levels may be hazardous.<sup>6</sup> Worst cases to date have been in Michigan (1983), Hawaii (1985), Arkansas-Oklahoma-Missouri (1986), and somewhat persistently in some parts of the Third World<sup>7</sup>

- Increasing reports of reproductive problems in the workplace—impotence, infertility, miscarriage, birth defects—due to such hazards as lead, ethylene oxide, DBCP, radiation<sup>8</sup>

Almost as troubling as the hazards themselves are the ways in which solutions are offered to or forced upon people. Protective/discriminatory/exclusionary policies are part and parcel of modern-day business-as-usual; that is, "the reproducers" or the "potentially pregnant" are classed as vulnerable and offered a kind of protection that usually only serves those trying to cover their liability. For example, in the workplace. "Fetal protection policies" are the means by which employers take the focus off their own hazard production by offering to "protect the unborn" by removing pregnant (or wanting-to-be-pregnant) women from hazardous zones.<sup>9</sup> In extreme cases, women have had themselves sterilized in order to keep their jobs and keep food on the table. More typically, practices include surveilling women's menstrual cycles or waiting for a woman to abort her pregnancy before placing her.

Most reasonable people would agree that a choice between a hazardous workplace and demotion or unemployment is no choice at all. But the management hoax continues. Women who are pregnant suffer either exposure or economic hardship. Women who are potentially pregnant, fertile but not wanting to get pregnant, are watched. Older infertile women are "allowed" to join men in the hazardous environment. Of course, the underlying falsehood is that reproductive toxics impact women, not men. The truth—now widely demonstrated—is that few contaminants affect women only and some affect men even more so.

Maureen Paul (an obstetrician and gynecologist focusing on occupational hazards) has just completed a "family, work, and health" survey of two hundred chemical and electronic plants in Massachusetts.<sup>10</sup> The vast majority offered no preventive, educational, or protective measures. One in five had "fetal protection policies" that removed women

from hazardous zones. A small number offered voluntary transfer. This mix of ignorance, negligence, and selective protection accomplishes little. But, unfortunately, labor and women activists often unwittingly collude with industrial managers by applauding such "protections"—labor because it's fought hard for protections, reasonably wants some emergency measures for special cases, and is sometimes insensitive to working women's predicaments; women activists because they're relieved that someone is protecting the pregnancy and the baby.

This industrial protection racket becomes particularly pernicious when viewed in connection with all the other things—prenatal screening, alternative reprotchnologies—being hawked in the medical marketplace (see Irene Diamond's essay in this book). In many ways we have decreasing control over the environment for our reproductive health, the evolution of our pregnancies, the birth of our children; yet we are expected to be grateful for all that is provided, and we are treated as ingrates—even criminally liable—if we resist the package deal. It is all too easy to "assume pollution" and accept industrial relocation and obstetrical intervention, but they are responses to the symptoms, not the disease.

SUFFER THE CHILDREN:  
MOTHER PROTECTOR/WOMAN WARRIOR

Not only do we witness or worry about children being born with environmentally caused problems, we also see "perfectly healthy children" disabled or destroyed by the contamination of their homes and communities. Love Canal, Woburn (Massachusetts), Times Beach (Missouri), rural Louisiana—the list grows of communities where children pay the price through the scourges of leukemia, neurotoxic disorders, and developmental problems.<sup>11</sup> Children "pick up" diseases by picking up their parents' workclothes and tools. Chemical sensitivity is fast becoming a haunting concern for parents, teachers, physicians, and psychologists who are seeing children with bizarre and baffling reactions to even low levels of contaminants. The "poisoned playground" and the "contaminated classroom" are now buzzwords for the reckless exposure of children to pesticides, paints, asbestos, and indoor air pollution. And there is deep trauma visited upon youngsters as they try to emotionally and morally deal with the reality of a dangerous environment. At Love Canal, social workers noted depression and a few

suicides among teenage girls worried that they and their children would be "freaks" of some kind.<sup>12</sup> Mothers in toxically contaminated communities have become key environmental activists, and it is often the mothering of a wounded child that spurs them to act.

WOMAN AS BIOLOGICAL MARKER,  
AS RESEARCH SUBJECT, AS DATA

As those who conceive, bear, and breast-feed children, women are "interesting" to researchers. It is clear that the environmental impact upon human health, particularly reproductive health and the health of the nursing newborn, warrants more study. However, the politics of science being what it is, women are finding that the "quest for knowledge"—a quest that they may have initiated in their own community—is typically guided by the agendas of politicians, bureaucrats, industrialists, and career scientists.

"Woman as reproductive environment" has become a biological marker and significant point of data collection. This is certainly happening in the industrial environment where women's reproductive cycles are raw data for in-house research. In certain state departments of health and the federal Environmental Protection Agency (EPA) and the National Institute of Occupational Safety and Health (NIOSH), there is a growing momentum around reproductive risk assessment. Many of us would applaud the undertakings of selected researchers, provided that we are guaranteed our rights as research subjects, or, better yet, that we are involved in initiating and guiding the research. But all too often it doesn't happen that way.

Consider how some of the research on lactation and environmental exposure is conducted. Lactating women are a key biological marker of the bioaccumulation and transference of toxins. In the confusion at Love Canal, some women were told to "get ready for milk collection" several times; they nervously waited through many false starts; they were never given clear answers about the risk and were left to worry. In Oregon, women have been exposed to herbicide spraying. Kathy Williams, a nurse and environmental activist, reports on her research subject experience:

The sample collectors told me I would be notified within six months of the result. Two years later, pregnant again, I was still trying to get the

results. After negotiations through my congressman, the EPA offered me my results—but only if I would sign an agreement not to make the results public. I declined. Although six months later the EPA announced that all samples tested negative, a "deep throat" within the agency told anti-spray activists that there had been positives.<sup>13</sup>

Organizations such as the National Women's Health Network have fought hard for the rights of women patients. We need to strengthen further both our rights as research subjects *and* our capacity to undertake participatory, meaningful, and accountable research. The Akwesasne Environment/Mother's Milk Project (Mohawk Nation, along the Saint Lawrence River) is especially sensitive to the threat of being colonized—as a people and as native women by nonnative researchers. Living with their water, air, and soil polluted by the surrounding industrial United States, the people are at high risk for environmental disease. The women there are pursuing their concerns: their breast milk may be both an interesting biomarker to ecological researchers and a grim symbol of their forced dislocation from the ecological world. While negotiating relations with state and federal officials, researchers, universities, laboratories, foundations, and other outside forces, the women are, in the words of project founder Katsi Cook, working to "develop a further understanding of our situation, to make well-formed choices, and to strengthen our community."<sup>14</sup>

WOMAN AS POLLUTER, BYSTANDER,  
BIT PLAYER IN OTHERS' AGENDAS

In looking at the reflections of ourselves and reckoning with who we are in relation to the ecocrisis, we must look at our own activities. Often we participate—unwittingly or with misgivings—in the mess around us. Sometimes this is because some of us, some of the time, really don't care and have been sold the whole game plan. Other times, we feel like helpless bystanders at a game we can't play and can't stop.

And often we are bit players in others' dramas ranging from pro-growth "Bonanzas" to back-to-the-land "Daniel Boones." In the latter, women are expected to be ecological but on strictly patriarchal terms: "All too often, back-to-the-land means back-to-the-kitchen," observes Judy Smith (of the Women and Technology Project, based in Missoula, Montana). The build-buy-borrow-bonanza types give no second

thoughts to squandering all resources and anybody's future. I want to focus on the bonanza boys with an example from the nuclear industry, which has waged a fairly sophisticated campaign to draw women to the "get yours" progrowth/environment-be-damned life-style.

The Atomic Industrial Forum (the major nuclear lobby) has been troubled by women's expressed concern with nuclear hazards. And so the forum launched Nuclear Energy Women (NEW), which has used a variety of means (conferences, lavish weekend retreats for women leaders, the targeting of women's organizations) to quell women's "irrational" fears. Women are told that they will gain a lot with nuclear energy—jobs, comforts, security—and are warned that they will suffer tremendously in a nonnuclear world crippled by darkness, crime, poverty, and global pandemonium.<sup>15</sup>

Many of us do get enmeshed in the madness. Not that we feel good about it. Many women don't have time to see where the madness begins and ends because we are busy surviving, even though we may be aware we are immersed in daily rituals of resource depletion and environmental pollution.

#### WOMAN AS SCAPEGOAT

Women as a class are often a convenient distraction or target for those who wish to avoid the reality of environmental degradation. Both the "fetal protection" approach and the "toxic gender gap" perspective are scapegoats of a sort. They allow environmental health to be a "women's problem," something women are particularly vulnerable around and/or worried about. Women's "delicate biology" and "fragile psychology" virtually become the cause of the problem.

A virulent form of sexist scapegoating appears among some of the "population people" who are ever watchful over women's "voracious" fertility and among some environmental organizations that blame both women and the developing world by condemning the overuse of the world's resources by the teeming masses. (It is less the masses and more the luxuried elites who exploit resources.) A particularly ugly rendition of this assault on "woman as baby-producer" is explored in Wolfgang Lederer's *Fear of Women* (New York: Harcourt Brace Jovanovich, 1968). In his chapter "Planetary Cancer," he profiles the pathological "uterine hunger" of "normal" women, the inundation of the world with their progeny. Basically, Lederer depicts an ecological

disaster based upon the orgiastic, irrepressible procreativity of woman-as-carcinogen. This extreme example sheds light on how women's lives are often held in contempt by those who serve up formulas for final solutions to the global crisis.

There are other scapegoat activities that provide cover for those who endanger our health and the ecology. Not only have polluters continued to impair our genetic health, but under the guise of "selecting and protecting the weakest," some industrialists (with their scientists and physicians in tow) have perpetrated genetic screenings. These screenings supposedly winnow out the most chemically vulnerable; but, in fact, they single out people of African, Middle Eastern, and Mediterranean heritage, even though the evidence as to their vulnerability is specious. Such screenings—which are management vehicles for distraction and control—have been fought by coalitions of labor, environmental, civil rights, feminist, and progressive health activists. The denial of jobs to "reactors" and the "chemically sensitive" is another discriminatory smokescreen. The rational response to those who are chemically sensitive is not leperization—it is the acknowledgement that their very real predicament is a serious harbinger of worse things to come.

#### ACTIVIST UNDER ASSAULT:

##### "KITCHEN TABLE RESEARCH," "HYSTERICAL HOUSEWIFE"

Some women who have taken on the industrial moguls, bureaucrats, and scientists have become remarkably empowered and effective. In many communities what has spurred action is "kitchen table research"—homegrown health surveys, independent sampling and lab testing, extensive literature reviews, mapping of suspected pollutants. This activity has been heralded by many. But more often than not it is met with a "kill the messenger" dismissal delivered with a strong sexist sting: "Women know nothing about, are afraid of, technology." "Women can handle the domestic front, not the industrial front." "Women tend toward hysteria, hypochondria, and malingering." Some of these women—held up to ridicule by public health authorities and political officials—are sometimes blamed for their children's illness ("It's something you've done—your genes or your parenting.").

Very often, industrial incidents of toxic exposure and/or disturbing symptoms are discounted if the majority of the grievants are women;

the term "industrial hysteria" is used in very gender-based ways. Men's complaints are taken as more serious signs of a "real" problem. Women activists often suffer isolation, abuse, and denial of appropriate official response and medical care. The stress of it all becomes an occupational hazard, a further threat to health and well-being.

Lois Gibbs, founder of the Citizen's Clearinghouse for Hazardous Waste (CCHW), is no stranger to the emotional costs of activism.<sup>16</sup> The contempt for the woman activist all too often becomes a part of the home scene. Family members (spouses in particular) and men in the community sometimes turn on her to distract themselves from their own fears, to rage with jealousy against the woman's newfound power and notoriety. At Love Canal, many women reported that as they worried about health, their husbands worried about declining property values brought on by the women stirring things up. One CCHW staff-person told me that "it seems every Monday morning we get calls from women who've endured abuse from husbands annoyed with their activities." To help women cope with this, CCHW called a special women's conference this past year that provided a safe place for women to explore how they've been transformed—for better or worse—and how to weather the close-range tensions on the family front.

WOMAN THE GATHERER:  
SCAVENGING IN RAVAGED, CONTAMINATED LANDS

In the Third World, natural resource depletion and toxic contamination have reached epidemic proportions. Women are immersed in and responding to the crises of deforestation, desertification, resource decimation, pesticide contamination, and toxic dumping. Against this grim backdrop, women are still (especially as men flee to urban areas looking for work) the procurers and providers of essential resources: wood, water, food, fuel, health care. Women are having to search wider and longer for these resources—walking, hauling, lack of sleep, lack of food, lack of warmth are all part of the woman's day. Unregulated fast-paced industrialization, mounting Third World debt, and a cheapened labor force are the foundation for the international feminization of poverty. From pesticide-soaked fields in Africa to the electronic sweatshops of Korea to urban shanties in Brazil, women and their families are haunted by the spectre that they may not survive.

Women in the Third World form the base of ecological activism. They

are more likely than men to be tied to their living environment through a deep knowledge of plants, animals, and local ecology.<sup>17</sup> And yet development agencies almost always bypass the women and give financial support to male leadership. The Women/Environment/Sustainable Development project (of the International Union for the Conservation of Nature and Natural Resources) is working to reverse this trend. Also, WorldWIDE—World Women in Defense of the Environment—supports projects such as the one initiated by Wangari Maathai, head of Kenya's National Council of Women, which involves rural women gathering seeds from indigenous trees and nurturing the emerging "green belts." Maathai notes: "Tropical forests are being destroyed by entrepreneurs, not by poor local women collecting twigs."<sup>18</sup>

CHALLENGING ENVIRONMENTAL POLITICS  
AND STANDING OUR GROUND

These depictions of the various places we inhabit in the broad social ecology challenge us to think about what we could be doing and what we've already started. I hope some things are clear from these reflections. First, the bleak, sometimes horrific, conditions that oppress us are created not only by the polluters, but also by the architects of policy, science, and health care who at best patch things up with distracting, ineffective, and sometimes dangerous "solutions." Second, we must not, and we must not let others, ghettoize environmental health as a "women's problem"; at best this practice can be patronizingly humane; more often it's misogynist victim-blaming. Third, our sense of ecology must include where people spend most of their waking hours—the workplace. The tacticians of industrial policy who recklessly pollute our rivers, our air, and our food also wage toxic warfare upon the people they employ. Ecologists and occupational health activists are long overdue in finding their common ground. Finally, we must persistently examine emerging health policy and politics for its impact on our health, our individual rights, our community life, and the possibility for a restored and healthy Earth.

I've already discussed the hazards of "fetal protection policies." Relatedly, we need to monitor the various reproductive health projects emerging around the country. The EPA's Reproductive Health Project warrants our attention. The EPA is finally taking reproductive health seriously and plans to include it in future risk assessments. But what

is needed is an independent assessment of the risk assessment formula—an examination of how thorough and gender-balanced the research is and an insistence that the participants have access to data about their condition. Arkansas is one of the most advanced states in establishing a Reproductive Hazards Project that examines the link between clusters of birth defects and pollution zones. And the National Institute for Environmental Health Studies has been conducting a long-term evaluation of nine hundred nursing mothers and children to assess the impact of toxics in breast milk.

All such projects merit our attention. But we need to have access to the findings, and women involved as subjects need access to their records. We need to insist upon independent outside evaluations. We need to make sure that we are provided with—and provide each other with—the most practical and respectful implications of the research findings. For example, with breast milk studies, women are often given delayed and confusing advisories. The trauma resulting from such poorly conceived and poorly delivered research leaves some women scarred for an extended time.<sup>19</sup>

Another example of research activities to keep an eye on falls within the category of “toxics gender gap.” In *Toxic Susceptibility: Male/Female Differences* (New York: Wiley-Interscience, 1985), Edward Calabrese concludes that women are the comparative toxic weaklings. But, Jeanne Stellman (director, Women’s Occupational Health Resource Center) condemns the report for its selective vision:

The data on sex differences are all over the map: sometimes males are more susceptible, sometimes females. But the author does nothing to synthesize this nor come to a conclusion about its implications. He doesn’t address the basic issues of species variability but almost pretends that all males and all females respond alike. There is a distribution of responses within each sex, and usually, the variation within the sex is at least of the same order of magnitude as the variations between the sexes (with some exceptions, of course). This book is a disservice to serious debates about regulation and protection of both men and women from toxic substances.<sup>20</sup>

If women are deemed to be especially vulnerable, we may be offered special protections and restrictions and we may be held specially liable for our conduct and whereabouts in a toxic world. Instead of controlling pollution and polluters, we may be subject to more social control. Biologist Ruth Hubbard, among others, has expressed concern about

the evolution of “prenatal torts” whereby pregnant women might be held liable for all fetal injuries. Hubbard quotes an attorney, Margery Shaw, who seems to be saying that a new mother could be punished for hazardous exposure:

Once a pregnant woman has abandoned her right to abort and has decided to carry her fetus to term, she incurs a “conditional prospective liability” for negligent acts toward her fetus if it should be born alive. These acts could be considered negligent fetal abuse resulting in an injured child. . . . Withholding of necessary prenatal care, improper nutrition, exposure to mutagens and teratogens, or even exposure to the mother’s defective intrauterine environment . . . could all result in an injured infant who might claim that his right to be born physically and mentally sound had been invaded.<sup>21</sup>

Obviously, there is much for us to watch, respond to, challenge, and change. Some of these quiet developments in law, science, and industry are not typically under the careful review of those interested in either women’s health or ecology. Clearly, our mission is *not* to “restrict the delicate sex” from active life in a complex world, but to change that world. Our mission should be to criticize and challenge the gender politics of environmental research and policies. Our inspiration can be the emerging organizations that are exploring and living out the women-health-ecology connection (see “Resources” below). Our commitment must be to nurture in each other the strength and vision that are so desperately needed if we are to survive and thrive with a sense of being truly at home on this Earth.

#### RESOURCES

- Akwesasne Environment/Mothers’ Milk Project, c/o Katsi Cook, 226 Blackman Hill Road, Berkshire, NY 13736
- Citizens’ Clearinghouse for Hazardous Waste, Women and Family Stress Project, P.O. Box 926, Arlington, VA 22216 (703-276-7070)
- COSHs (Coalitions or Committees or Councils on Occupational Safety and Health). These are a network of twenty-five grass-roots educational and advocacy organizations around the United States. COSHs address general occupational health hazards, reproductive hazards, and conditions for women workers, and are increasingly work-