sistency, but rather with a discreet attention to the very real and concrete question of how to overcome men's domination of legislatures.

These minor critiques aside, Tremblay's work is masterful and a vital contribution to the study of representational politics that should be read not only by political theorists in Quebec, but around the world. It is the sort of 'state-of-the-field' overview which performs that rare function of combining an assessment of the key philosophical ideas grounding a debate, with the statistical and empirical data to anchor those debates in real-world policy. It is, in short, a book not just for the academics, but for the policy-makers and the politicians as well. It should be required reading for party officials—particularly given the strong evidence it provides that the parties hold the key to retrenching, or overcoming, gendered inequality in representation in Quebec and in Canada in the twenty-first century.

Hans Rollmann completed a Masters degree in Cultural Anthropology at Memorial University of Newfoundland and is currently a Ph.D. candidate in Gender, Feminist & Women's Studies at York University. His research focuses on gender representation and the labour movement.

MY LEAKY BODY: TALES FROM THE GURNEY

Julie Devaney
Fredericton, NB: Goose Lane, 2012

REVIEWED BY VICTORIA KANNEN

Julie Devaney's *My Leaky Body: Tales from the Gurney* is about pain and shit and the failures (and successes) of Canadian healthcare, and it is beautiful. It is not just beautiful in a breathtakingly-real, cliché sort-of-way, but it is beautiful for its uncomfortable truths. Devaney uses her body-story as a way to educate and entertain her readers in order to hear that which we (often) try to deny—the wilful ignorance of our individual experiences with Canadian social systems—within both healthcare and higher education.

Devaney's book is auto-ethnographic, performative, educational, and surprisingly funny. In it, she explores her physically and emotionally painful experiences negotiating the Canadian healthcare system. Through the treatment of what some believe is ulcerative colitis —while others claim it's Crohn's disease—she masterfully paints a portrait of the power dynamics involved in doctor-patient experiences: when our bodies don't fit with expert diagnoses, when our bodies leak without explanation, when what we feel is not heard or believed by those who are supposedly there to care for and heal our bodies. Her book is powerful for a variety of reasons, but it is particularly powerful because it is scary. We all want to be heard and she wasn't. Using refreshingly accessible language, Devaney invites us into a candidly-graphic account of her symptoms/'leaks', diagnoses, hospital-izations, and pain, but she also allows us in on her very 'normal' and youthful experiences of love, pets, and friendship.

Being an aspiring academic, Devaney simultaneously documents her struggles with the institutionalization of knowledge, as that process was developing alongside the medicalization of her body. These institutional forces in her life led her towards her work as a healthcare educator, activist, and performance artist. Devaney is inspiring because she is honest—this is not a one-sided exploration of triumph over illness. Rather, Devaney accounts for the varieties of emotions that we all encounter throughout our lives: the doubt, hope, love, fear, anger, and relief. She channels these encounters into her work and it allows us to see what transformative potentials are possible when we believe enough in social change.

If there were any critique that I could offer, it's that initially, while reading, I could not always locate the time period and follow the sequence of events within which I was finding myself. Upon reflection, however, I think that this strategy embodies what Devaney may have been experiencing. A blurring of time, pain, aggravation, and a confusion about where, how, and why these relapses and hospital visits keep happening again and again. (I think this needs a comment to tie it together – about the trade-off between clarity and verisimilitude. Implicitly, you're saying it's acceptable to deal with a bit of confusion/frustration/annoyance, maybe even desirable, but I think that needs to be explicit.)

Since reading this book, I find myself telling everyone I know to read it, but particularly the women in my life: women who are variously positioned in terms of age, racialization, education, etc. Devaney's candour, whether intended or not, positions her reader not as a spectator, but as a friend. She allows the reader to care about her body and struggle in solidarity against a system that we all—at some point—find ourselves within and find ourselves pushing against. Bodies leak, but for bio-women the leaking (or not leaking) of our bodies is imbued with gendered meanings that we are forced to acknowledge or encounter continually throughout our lives. For this reason, I feel that Devaney's text functions as a conversation between friends on our rights as patients, our reflections on our exposed and naked bodies, and our leaks.

In giving us her rage, pain, and sarcasm, Devaney forces us to account for our own wilful ignorances, and our fears of sickness, social power, and embodied struggles. She demonstrates that it is okay to *feel* through our lives and experiences and that those feelings—whatever they may be—matter.

Victoria Kannen holds a Ph.D. in Sociology and Equity Studies in Education from the University of Toronto. She teaches in the department of Sociology and Anthropology at the University of Guelph on issues of gender, race, privilege, and space. She has been published in a number of journals including Gender, Place and Culture: A Journal of Feminist Geography, Journal of Gender Studies*, and* Teaching in Higher Education.

THINKING WOMEN AND HEALTH CARE REFORM IN CANADA

Pat Armstrong, Barbara Clow, Karen Grant, Margaret Haworth-Brockman, Beth Jackson, Ann Pederson, and Morgan Seeley, Eds.
Toronto: Women's Press, 2012

REVIEWED BY RACHEL JOHNSTONE

Thinking Women and Health Care Reform in Canada explores women's roles as both patients and practitioners in the Canadian health care system. Armstrong *et al.* begin with the premise that although the value of universal health care is established in Canadian society, its unique implications for women are rarely addressed in calls for reform. Their study attempts to fill this lacuna by offering a gendered analysis of the organization of Canada's health care system and the social structures necessary to maintain it. By extending their research to include the role of unpaid care work in maintaining Canada's health care system they challenge previously held assumptions about the scope of health care analysis.

Written by members of Women and Health Care Reform (WHCR), this book is billed as a "legacy project" updating more than a decade of their collective research before they disband due to federal budget restructuring. The anthology's coherence belies the individual authors' varied backgrounds; their history of collaboration is evident in the cohesiveness of this work. Each chapter incorporates similar methodological tools and theoretical foundations achieved through the use of four complementary frameworks—feminist political economy, feminist epistemologies, sex- and gender-based analysis, and intersectionality—all of which allow for a conception of health that includes both individuals and communities. In so doing, they provide a broad overview of the organization of healthcare in Canada, while highlighting a cross-section of prominent issues in care that would benefit from a gendered analysis, including: residential long-term care, home care, the mental health of health care workers, private health insurance, and obesity.

This collection argues that all aspects of health care are, indeed, women's issues. Armstrong *et al.* grapple with the inherent problem of assuming a single category of "women" but opt to utilize this term in a strategic capacity, reflecting the use of this category in health policy, while recognizing the unique issues of identity and power that fundamentally divide this group. To this end, they ask not only "what are the issues for women?" in health, but also "which women are affected in what ways?"

Woven throughout this collection are references to women's unpaid care work as figuring prominently in the foundation of Canada's health care system. While the necessity of this labour to sustain current levels of care is not a new topic, particularly for feminist political economists, it has gone largely unrecognized in health care reform policy; indeed, naturalized expectations of unpaid care work, still disproportionately seen as the responsibility of women, have only been exacerbated by the downloading of health care services. The trend of privatization that now characterizes health reform in Canada assumes the availability of this labour without consideration for its deeply gendered implications.

Equally dominant is the theme of healthcare choices and their contexts; the clear goal is to lay the groundwork for equitable reforms to the health care system. To this end, a number of the book's chapters—including Barbara Clow and Kristi Kemp's "Caring at Home in Canada" and Karen Grant's "Overweight, Obesity, and Health Care"—wrestle with questions of culturally sensitive care and the unique obstacles faced by Aboriginal and LGBTT communities. The unique issues faced by these groups—specifically, assumptions of a white, middle-class, nuclear family model built into the health care system—reflect the complex power structures with which health care reformers must contend. These issues are raised in the book but are not discussed in great depth; nonetheless, the authors begin to engage with the emerging conversation about these often overlooked and undisclosed concerns.

This collection makes an important contribution to the growing body of work on health care reform by demonstrating why gender matters in healthcare. Its interdisciplinary focus reinforces understandings of health that extend beyond the sphere of formal health care to include often neglected aspects of health, such as