

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.

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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 LGBTTT 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

the importance of sanitation work in care centres and the value of emotional support. In so doing, it challenges deeply engrained understandings about the value of certain approaches to evaluating health care reform that are unable to account for gender discrepancies. Written for a broad audience, this thoughtful work will inspire reflection on the nature of Canada's health care system and encourage future cross-disciplinary research.

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BEYOND CARING LABOUR TO PROVISIONING WORK

Sheila M. Neysmith, Marge Reitsma-Street, Stephanie Baker Collins, and Elaine Porter with Judy Cerny and Sandra Tam
Toronto: University of Toronto Press, 2012

REVIEWED BY JULIE SINGLETON

In *Beyond Caring Labour to Provisioning Work*, Sheila M. Neysmith, Marge Reitsma-Street, Stephanie Baker Collins and Elaine Porter with Judy Cerny and Sandra Tam engage with the concept of provisioning in pursuit of “a fresh understanding of what constitutes work and security” for low-income women in Canada. The book presents the findings of their four-year project that worked

in consultation with six different community organizations to explore the range of women's provisioning responsibilities and the relationships that motivate their provisioning work. The six sites were spread across Ontario and British Columbia, both widely recognized as provinces where social services have faced widespread cutbacks. Across all sites, a total of 138 informants—including site participants, volunteers and staff—participated in individual interviews and focus groups. The researchers also conducted field research and content analysis of relevant policy documents for each organization.

The authors place the concept of provisioning at the centre of their approach. Borrowed from feminist economists, this concept represents a response to the need for “new words” that can broaden our understanding of ‘work’ and foster a dialogue outside of the boundaries of traditional social economic theory. Here, provisioning refers to all types of work performed by women that is invisible to the market economy. Efforts are made to include, yet go beyond, the well-documented (if still undervalued) work often performed by women such as household labour, caring work and volunteer work. Included in the concept of provisioning work here are activities such as making claims to benefits for which participants are entitled, improving community safety, and efforts to envision a better future.

The book is divided into three parts, the first of which outlines the study itself and its major findings, with a separation of provisioning at the level of individual households and collective provisioning that is conducted through work with community organizations. The second part details the research findings for each of three key research sites, examining specific communities including young ‘at-risk’ women, low-income

immigrant and refugee mothers, and older women. Findings associated with the remaining three sites are summarized in the closing chapter of Part Two that explores the intersection between the individual and collective provisioning of low-income women living in smaller urban areas. These chapters provide concrete examples of the more theoretical concepts introduced in the first part. The final section summarizes the wealth of data and the resulting theoretical and policy implications, ending with well-supported arguments that policies must better understand the realities of women's experiences.

The authors argue persuasively that the wide range of women's provisioning work needs to be recognized by policy-makers as central to the well-being of individuals and communities. When social services face repeated cuts and enduring insecurity, the needs of community members do not change—one still requires food, shelter, dignity—it is, rather, people's relationships of responsibility that take up the responsibility to provide for children, partners, relatives, neighbours, friends. Rather than continuing to blame low-income and marginalized groups of women for failing to succeed within a system that does not account for their realities, the authors turn the argument back toward policy-makers, arguing instead that it is their failure to perform effective social provisioning that continues to exacerbate the burden placed on low-income and marginalized women in particular.

One of the most crucial conclusions—that women's individual provisioning is interwoven with their collective provisioning activities—also supports the authors' argument that their conceptual use of provisioning enables them to highlight “how responsibilities flow along pathways of relationships.” By asking women