

# **FEMINISM AND THE COMMON GOOD**

**The California Health Care Case**

**I**s American feminism about to become interesting again? The June 3, 1996 issue of the *New Yorker* opened with Betty Friedan's comments on the Stand for Children event in Washington, D.C. Under the subhead, "A gathering heralds a shift toward a new paradigm," Friedan marked feminists' growing awareness of the limitations of gender-based identity politics. "As a number of recent polls have made clear," she said, "the most urgent concerns of women today are not gender issues"—that is, abortion, sexual harassment, and pornography—"but jobs and families."

A week later, in the *Nation*, Martha Burk and Heidi Hartmann—both leading feminists—proposed "a recovery program for the women's movement." They cited a spring 1996 poll conducted by Lou Harris for the Feminist Majority Foundation that found 69 percent approval for the "women's movement" but only 41 percent approval for the "feminist movement." More ominous, only 24 percent of those surveyed said they would give time or money to organizations that called themselves feminist. Setting those figures alongside the declining turnout of women voters in 1994, "the rise of a virulent antiwoman Christian right and the rapid growth of right-wing women's voices in the media," Burk and Hartmann concluded that American feminism is in crisis. "We must ask ourselves," they wrote, "how women's organizations in the short space of twenty years lost political power and came to be perceived as irrelevant (or even hostile) to the common woman." Their answers: the failure of the Equal Rights Amendment, the absence of a feminist economic program, the challenge of the new conservatism, the fragmen-

tation of the women's movement by single-issue agendas, and the lulling presence of pro-choice Bill Clinton in the White House.

What is to be done? Like Friedan, Burk and Hartmann recommended that feminists start addressing the issues women say they care about most—economics, health care, and violence.

I read these pronouncements with relief. Certain critics from outside the feminist establishment have been saying some of these things for quite a while. But now prominent feminists are beginning to say it themselves: the women's movement in this country is in deep trouble, and its problems have as much to do with internal misdirection as with the hostile and powerful outside forces with which the movement has to contend. Better yet, the emerging critique broaches the crucial question, what does feminism offer "the common woman"?

Answering that question, however, will involve more than rearranging items on a list—that is, moving abortion from the top of the feminist agenda and putting "jobs and families" in its place or building a better flow chart or (as Burk and Hartmann also suggest) going online with a catchy Web site. To regroup effectively, we need to figure out how American feminism has lost touch with so many of its prospective constituents and why it has not inspired a broad-based movement for justice.

The following pages consider a recent, particularly instructive episode in which the National Organization for Women (NOW) and other pro-choice women's organizations helped to defeat an initiative for publicly accountable, universal health care—the California Health Security Act, generally known as Proposition

186, which appeared on the November 1994 California ballot. The story revolves around issues that should be at the center of the coming debate over how to rebuild American feminism, and for that matter, American democracy.

**P**roposition 186 attempted to bring Canadian-style, "single-payer" health care to California. If it had passed, Californians would now pay their doctors and other medical providers through one agency, run by the state government—thus the term "single-payer"—rather than through the myriad private insurance companies that ostensibly facilitate the provision of health care in this country. Instead of being tied to employment, health insurance would be available to all Californians, whether or not they had jobs. Medicine would be regulated, but not owned, by the state government, with rates set by an elected health commissioner. Physicians would be free to practice medicine in the setting of their choice, and patients free to choose their doctors. The whole system would be financed through taxes on personal income and businesses.

Single-payer health care came to Canada in 1947, when the provincial government of Saskatchewan introduced hospital coverage, making it the first universal public health insurance program in North America. In the next twenty-five years, province after province adopted public systems of hospital coverage and medical coverage as well. By 1972, with the support of federal legislation, the single-payer model was in place throughout the country.

A 1990 Lou Harris survey of residents of ten nations (Canada, the United States, the Netherlands, Great Britain, West Germany, Italy, France, Sweden, Australia, and Japan) found that Canadians were the most and Americans the least satisfied with their health care system: 43 percent of the Canadians wanted to see major changes, compared to 89 percent of the Americans. When in 1990 a *Los Angeles Times* poll asked Americans if they favored a national health plan similar to Canada's, 67 percent said yes. No wonder: by then, thirty-seven million Americans lacked health insurance of any sort. Meanwhile, the red tape necessitated by having

fifteen hundred different American health insurers was choking the national economy. In 1994, the U.S. Accounting Office reported the United States could save \$67 billion in administrative costs by moving to a single-payer system.

Nevertheless, the Canadian national health program has been almost universally dismissed (when it has not simply been ignored) in the American media. The single-payer option was rejected out of hand by the Clintons, whose proposal for health care reform was closer to the corporate agenda of the Democratic Leadership Council. In Congress, however, Minnesota Senator Paul Wellstone and Washington Representative Jim McDermott presented a single-payer plan that was eventually supported by ninety members of the House. And in California there was Proposition 186, placed on the November 1994 ballot by over a million signatures.

One might have expected women's organizations to endorse Prop. 186 with enthusiasm. According to a 1993 study conducted by the California Elected Women's Association for Education and Research, in 1989 at least 1.7 million, or 17 percent, of California women ages 18-64 had no health insurance of any sort. According to this report, these numbers could only be estimated because data on the health insurance coverage of California women is neither systematically collected nor routinely published. Were such data available, we would want it to tell us how many insured women obtained their coverage directly—that is, through their own jobs—and how many got it through their husbands, a crucial statistic in a time when half of all marriages end in divorce. We would also want to know how many California women were *underinsured* and why. And finally, even with these figures at hand, we would want to remind ourselves that all insurance based in employment is only as secure as a person's job—hardly a reassuring proposition in a downsizing corporate economy.

With such considerations in mind, women's organizations did indeed endorse Prop. 186. By summer 1994, California NOW, the League of Women Voters, the Older Women's League, and the Women's International League for Peace and Freedom had all signed on. But in August, Cali-

fornia NOW withdrew its endorsement. And in September the National Women's Political Caucus-Los Angeles (NWPC-L.A.) declared its outright opposition.

These developments did not go unnoticed by the anti-186 forces. In an October 5 press release, Kirk West, president of the California State Chamber of Commerce and chair of Taxpayers Against the Government Takeover, called Prop. 186 so "extremist" an approach to health care reform "that it offends those who normally do not ally themselves with business groups in political battles." Among the groups whose "participation in our campaign" West welcomed were two unlikely political bedfellows—the California Catholic Conference and NWPC-L.A. The No on 186 press release also noted that the National Organization for Women had repealed its endorsement of the initiative. The implication was clear: if both the Catholic Church and pro-choice women opposed this measure, who could possibly support it?

Two days later, the *San Francisco Chronicle* ran an article under the arresting if inaccurate headline "Bishops, NOW Oppose Proposition 186" (as the anti-186 press release had noted, the bishops opposed the measure, while California NOW replaced its initial support with a neutral stand). The article cited Catherine Dodd, "Yes on 186" spokeswoman and former president of the San Francisco NOW chapter, as saying that "she had warned NOW leadership that their position would be 'used by the opposition.'" For confirmation of Dodd's fears, one needed to look no further than the *Chronicle* headline.

**A** month later, Prop. 186 was crushed at the polls, winning only 27 percent of the vote. It would be foolish to ascribe that loss to the lack of support from California NOW, NWPC-L.A., and other women's organizations (for example, the California Abortion Rights Action League and the National Latina Health Organization); but it would not be at all foolish to wonder what this episode tells us about the current political quandary of the women's movement.

California feminists who did not support Proposition 186 charge that the initiative failed

to protect reproductive rights. The word "abortion," they note, appeared nowhere in the text of the California Health Security Act. Though Article 2, Medical Benefits, stated that "all medical care determined to be medically appropriate by the patient's health care provider" would be covered, the closest the document came to mentioning reproductive rights was to specify coverage for "prenatal, perinatal, and maternity care." For the pro-choice community, that was not close enough. "It was left ambiguous . . . for political reasons—so that 186 did not become an abortion platform," says Helen Grieco, public relations coordinator for California NOW. "They thought that by not raising the issue," Claudette Begin of East Bay NOW told me, "it would not be an issue."

That is exactly what the 186 leadership hoped. "Basically, we did not want the initiative to become a forum for the abortion/anti-abortion debate," says Oakland attorney and health care activist Steve Schear, one of the drafters of Prop. 186. "We wanted to focus on expanding health insurance coverage." That narrow focus was further dictated by a second strategic consideration. The California Constitution has a "single-subject rule" that forbids an initiative to take up more than one issue. "Because there are no standards as to what constitutes a single subject," explains Karl Mannheim, the Loyola University law professor who advised the authors of 186 when they were drawing up the initiative, "the courts pretty much do what they want. If the judges don't like the initiative, then they can strike it from the ballot, and it won't get presented to the voters." Striving to avoid legal and political challenges, the authors of 186 tried hard to skirt the abortion controversy.

The strategy was a legal success and a political flop. No legal challenges appeared. But both pro-choice activists and the Catholic bishops objected to Prop. 186's ambiguity about reproductive rights. The bishops applauded the single-payer model, but drew back over what they saw as the implicit endorsement of abortion. In a press release issued in late August 1994, the California Catholic Conference said, "Our legal analysis indicates that there is nothing in the initiative itself that would alter exist-

ing law on abortion or any other life-related issue”—a position that the bishops found unacceptable, since existing federal and California law protects a woman’s right to abortion.

The pro-choice activists came to the opposite conclusion. In their reading, the initiative’s silence on abortion would expose reproductive rights to new assaults. As California NOW spokeswoman Helen Grieco puts it, “The California Constitution supposedly protects funding for health care services,” including abortion. “That is in black and white, and we have to fight for it. What do you think is going to happen if it’s ambiguous?” Grieco thinks she knows: “It would have diminished abortion rights in California.” For her, that prospect was decisive. “Health care,” she says, “means jack-shit to me if women can’t get an abortion.”

Like the bishops, then, but for a different reason, these pro-choice activists embraced the single-payer model even as they rejected the initiative itself. “Of course we want to revolutionize the health care system,” says Grieco, “but we’re not going to do it on the backs of women.”

Nor, said NOW members, would they do it on the backs of other disfranchised people, such as illegal immigrants. For Grieco and other pro-choice feminists held that despite its claims to provide universal coverage, Prop. 186 would have denied health care to noncitizens. The arguments in favor of Prop. 186 that appeared in the official *Voter’s Handbook* designated “legal” California residents as the proposed health care system’s rightful beneficiaries. Members of the 186 leadership justify that restrictive designation on the same grounds that they defend the initiative’s silence on abortion: once again, they hoped to avoid drawing onto Prop. 186 the wrath of highly mobilized political forces, in this case the forces rallying around the very next item on the November 1994 ballot, the infamous anti-immigrant Proposition 187; and, once again, they also sought to deter legal challenges that might have been brought against Prop. 186 for violating the single-subject rule, in this case by attempting to redefine not only health care insurance but also legal residency in California.

And once again, pro-choice feminists rejected the tactics of the single-payer leadership.

They saw the specification of legal California residents in the *Voters Handbook* as a sop thrown to supporters of Prop. 187, a gesture they found highly offensive. “We do not believe people who can vote have more rights than people who cannot vote,” says Caryn Brooks, a member of East Bay NOW’s Board of Directors. “A campaign that bashes immigrants is not a campaign that NOW can support,” given the organization’s commitment to solidarity and justice.\* “We were being asked to choose between one group’s rights and another’s,” says Elizabeth Toledo, Statewide Coordinator for California NOW. It was a choice that California NOW declined.

Toledo and other feminists had a further problem with the 186 campaign, one that did not show up in the text of the initiative or the arguments in the *Voters Handbook*: the scorn with which, they report, they were treated by the 186 leadership. “We were disrespected,” says Toledo. “[The single-payer campaign] could not point to any advocate of the reproductive rights community who had been asked to help formulate the initiative.” The measure was presented to women’s organizations as a *fait accompli*. “They assumed that certain people would be on their side,” says Caryn Brooks. She and other feminists deemed that assumption insulting. “We’re not going to stand in line,” says Helen Grieco—and they didn’t.

**F**eminist concerns about Prop. 186 were not minor: the campaign dodged the abortion issue, defaulted on the coverage of illegal immigrants, and treated the feminist community with arrogance. Yet these grievances would have seemed more substantial if other Californians with deep commitments to abortion and immigrant rights hadn’t backed the single-payer initiative.

Take, for example, Dr. Barbara Newman, a family-practice physician in San Francisco. At the time of the 186 campaign, Newman chaired the California Physicians Alliance, the state chapter of Physicians for a National Health Program. She also belonged to the top echelon of

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\*Despite such strictures, the East Bay NOW Board of Directors urged its members to work for Prop. 186 even after California NOW had withdrawn its endorsement of the initiative.

the 186 leadership, sitting on the campaign's executive committee. In that capacity, she was privy to intense debates over the initiative's position on abortion and noncitizens.

Like the refractory feminists, Newman was unhappy that Prop. 186 did not explicitly provide for reproductive rights and for undocumented immigrants. And she, too, was dismayed by the single-payer campaign's condescension toward women—so dismayed that after the election she wrote an article blasting the “five white guys in Berkeley” who, she said, ran the campaign and discounted anyone who (like herself) “refused to jump on the testosterone-driven bandwagon of winning at all costs.”

But unlike the pro-choice dissidents, Newman stayed with the 186 campaign because she believed that the merits of the California Health Security Act far outweighed its faults. In her opinion, moreover, those merits included provisions for abortion and universal coverage. Prop. 186 guaranteed reproductive rights, says Newman, because “all medical services deemed necessary by the provider of the patient's choice” were “definitely written in.” So, too, were various expedients “hidden in the initiative” which “we felt meant that in reality everybody's health care would be paid for, regardless of their citizenship status.” For example, 186 specified that “anyone who walked in with a medical emergency would be treated . . . Plus, it's a federal law that you cannot turn anyone away from an emergency facility if they're ill.” In addition, a public health budget earmarked large amounts of money for preventive care, including, says Newman, “immunizations and Pap smears and prenatal care,” services that “were to be paid for to the extent that they were needed to preserve the health of the community.” Public clinics and hospitals were to be funded by annual global budgets based on the number of patients to be served, their legal status notwithstanding. “So there were all these little ways,” Newman concludes, that Prop. 186 covered reproductive rights and non-citizens after all.

On the abortion issue, Newman's claims are substantiated by Margaret Crosby, staff attorney and reproductive rights specialist for the American Civil Liberties Union-Northern Cali-

fornia. The initiative process, Crosby stresses, is inherently ambiguous, especially compared with its legislative equivalent. “Could a lawyer looking hard at 186 craft an argument that abortion is not covered?” Crosby asks. “I'd say yes.” But after having reviewed the text of the California Health Security Act and the ballot arguments, Crosby says her “bottom line” is “that the more reasonable interpretation of 186 was that abortion is covered.” The initiative, she notes, shared a structure with Medicaid, under whose aegis women now obtain publicly funded abortions in California. Like Prop. 186, the legislation enabling Medicaid does not specify abortion coverage, but states that all in-patient health-care services will be provided for. Furthermore, Crosby says, an interpretation of Prop. 186 that excluded abortion would have made the initiative unconstitutional—just the sort of “drastic act” that courts try to avoid.

Immigrant rights activists came to endorse Prop. 186 via a somewhat different route. Studying the *Voters Handbook*, they saw nothing ambiguous about the single-payer campaign's exclusion of undocumented workers. Representatives from the Northern California Coalition for Immigrant Rights and the National Lawyers Guild's Los Angeles and California chapters had failed to convince the 186 leadership to make coverage universal or at least to shroud the issue in ambiguity. Nevertheless, these groups all backed the measure. “Although our position did not prevail,” says Riva Enteen, program director for the San Francisco Bay Area Chapter of the Guild, “we continued to support the campaign because of the urgency of improving health care coverage in this state.”

In the end, this was the argument that overrode concerns about abortion and immigrant rights: publicly accountable health insurance would immensely benefit most Californians. One pro-choice activist who had no trouble making that case was Gretchen Mackler, an East Bay teacher and trade unionist. Mackler joined NOW because she passionately supports abortion rights. “When I see Operation Rescue come to town,” she says, “I'm up at five o'clock in the morning, on the network.” It was Mackler who introduced the motion to support 186 at the California NOW state convention in May 1993,

and who lobbied hard to get it passed at that meeting. She was dumbfounded by the resistance to the single-payer initiative that she encountered in the organization's highest ranks. "I felt the leadership of the state NOW was looking for every possible excuse to abstain from this struggle," says Mackler, "and I just found that very strange, because I've watched NOW bend the rules all over the place to support what they thought was in their interest and not support what they don't feel is in their interest. This thing, to me, was just blaring in the face in our interest. It had to do with—what is it?—seven or eight million people in the state of California who have no health care? I mean, no sense of compassion—here are people out there needing health care and these guys in Sacramento are dicking around—well, it doesn't say this, it doesn't say that. Jesus Christ, give me a break. What are you waiting for?"

**W**hat was the NOW leadership—and indeed, the rest of the pro-choice community—waiting for?

Feminist concerns about abortion and immigrant rights could arguably have been overcome. What couldn't be surmounted were differences in political vision and strategy. When California NOW public relations coordinator Helen Grieco vows, "We're going to say the A-word, and we're not backing down," she enunciates a confrontational sort of politics that radically diverges from the oblique approach taken by the single-payer movement. "You go in, you don't compromise, you put your cards on the table, and when you win," says Grieco, "you win." But winning is not as important as putting your cards on the table.

In the vernacular of the sixties, you speak truth to power. That truth is first and foremost the speaker's—rooted in her deep personal experience—and a crucial function of politics is to validate that experience by providing a public forum within which it can be articulated and confirmed. The urgency of the speaker's need for personal recognition becomes clear when such recognition is denied. "We had a lot of anger," says California NOW coordinator Elizabeth Toledo, describing the pro-choice community's re-

action to the supercilious behavior of the 186 leadership. And in determining California NOW's position on the single-payer initiative, that anger counted as much as public policy.

This style, the in-your-face style of identity politics, could not be reconciled with the strategy adopted by the single-payer campaign. Prop. 186 co-author Dr. Vishu Lingappa, a physician on the faculty of the School of Medicine at the University of California, San Francisco, poses the alternatives: "What is my goal in entering a particular political debate? If it's to stake out the particular idealized political position I believe in, that's one thing"—and not the thing he and the rest of the single-payer leadership sought. "If you're going to go into initiative politics," says Lingappa, "you're looking for an island of common ground among people who otherwise might not agree on anything." If such a search is to be successful, the disagreements among the otherwise differing, hoped-for constituents must be downplayed. And that means that you do not put all your cards on the table. Lingappa shrugs off the feminists' criticism that the single-payer initiative was evasive or even dishonest: "If their contention is that 186 did not confront people on issues it did not have to confront them on, they're right." Given the current state of American politics, "You cannot come out and say what you really believe, and win. But you can find a way that does not compromise your position and still enables you to find common ground and win."

The common ground staked out by Prop. 186, assured quality health care for millions of Californians, was ultimately invisible to the pro-choice activists. To blame their impaired vision on identity politics alone, however, is probably a mistake. Consider the following possibility: that it was not "the noisy gals"—as one NOW activist termed herself and her militant sisters—who ultimately turned the tide against the single-payer initiative, but representatives of another strain in the women's movement: feminists with close ties to the Democratic Party of Bill Clinton.

Some members of NOW and NWPC-L.A. say that a decisive factor during the final endorsement meetings of their organizations was the opposition to 186 voiced by a lawyer from Southern California named Lisa Specht. Specht,

who did not respond to my repeated requests for an interview, works for the Los Angeles law firm of former chair of the Democratic party Charles Manatt. According to Christine Robert, before Specht addressed NWPC-L.A., she told Robert that the 1994 Democratic candidate for governor, Kathleen Brown, had okayed the anti-186 position. NOW activists report that Specht's arguments before California NOW's state board in August 1994 were pivotal in getting the organization to withdraw its earlier endorsement of the measure. Of course, it took more than a single lobbyist, however adroit, to achieve that result. One NOW member, requesting anonymity, put it like this: "The part of NOW's leadership that did not want to be caught opposing Clinton 'used' abortion and immigration issues to rescind the endorsement."

What kind of feminism accommodates, even sponsors, such politics? It is a feminism descended from the middle-class activists who forged the women's movement in the late sixties and early seventies. Its priorities are reflected in its formulation of women's health issues or, to speak more precisely, issue, since for a long time, there was effectively only one: abortion. In recent years, breast cancer has emerged as a second notable concern. But abortion is still far and away the top health issue for the contemporary American women's movement, in large part because the demand for reproductive rights so neatly incorporates the key motives of that movement's founding generation: the assertion of women's independence and sexuality. For American feminists, this double affirmation remains an article of faith.

But central as it has been to the contemporary women's movement, abortion addresses only a fraction of most women's health concerns. It says nothing about the needs of women who are too old to bear children. Nor does it speak directly to the interests of women who currently care for children, or for parents or siblings or a husband—in a word, women with family commitments. The struggle for reproductive rights focuses on an essential but only partial aspect of the female self, a woman's desire to control her body and her sexuality.

Because that desire resonates with the time-honored American values of freedom and indi-

vidualism, abortion is supported by a majority of Americans. But for all its ideological potency, abortion can never be the basis of an encompassing feminist movement, much less a powerful movement dedicated to justice of all kinds; it simply leaves out too much. Elizabeth Fox-Genovese made this point a few years ago when she argued that "women's needs cannot be defended in the name of atomistic individualistic principles. They must be fought for in the name of social justice for all—not individuals viewed as so many atoms, but individuals viewed as responsible and interdependent members of society, from which their rights derive." Rights guarantee individuals the real options without which the notion of personal responsibility is a cruel farce. A just society offers its members—all its members—meaningful choices.

In recent decades, American feminists have not spoken much about creating such a society. Instead, they have emphasized personal liberation and advancement. As Fox-Genovese insisted, we need to press that category and ask, liberation for whom and into what? For the middle-class women who first articulated this program in the late sixties, the galvanizing answer was liberation from women's customary domestic obligations into the still-exotic male world of work and achievement. For middle-class feminists' less privileged sisters, Fox-Genovese pointed out, the alternative to the family was far less alluring; with luck, it meant a poorly paid, dead-end job. Today, as decent work is harder than ever to find, as family and neighborhood ties continue to unravel, and individuals are more and more at the mercy of huge impersonal institutions—be they agents of corporate capital or agencies of the state—the limitations of this kind of feminism have become clear.

Granted, the feminist agenda of the nineties, with its solicitude for welfare recipients, looks beyond the middle class. But when measured against the standard of social justice for all, welfare reform is highly problematic. Unless it is accompanied by serious demands for the creation of decent jobs, strengthening the welfare system reinforces the class divisions that in the past few decades have dangerously weakened the foundations of American democracy.

Such demands have not been forthcoming from the women's movement. When it comes to equity in the workplace, feminists have mainly focused on affirmative action. And affirmative action plus welfare rights equals precisely the kind of social program that the policy makers of a class-divided society such as ours could be expected to devise: the members of the professional elite get a shot at success defined as mobility; the rest have to settle for surveillance and bare subsistence.

Currently advanced by the most prominent American feminist organizations, this program needs to be evaluated not only as a vehicle of women's concerns but also as a strategic basis for fighting the right, especially since these days the injunction to "Fight the Right" seems to lead off every feminist appeal. So it needs to be said: as a strategic basis for fighting the right, the prevailing feminist program lacks one indispensable component—an inclusive vision of democracy.

In a wonderfully lucid piece that appeared in the *Nation* in January 1996, Jane Haddam reported that her precariously middle-class Connecticut neighbors hate welfare, but not for the reasons usually trotted out by the media. "The problem most middle-class Americans have with the American welfare state," wrote Haddam, "isn't that it supports the 'underclass.' It's that it *doesn't support anyone else*" [italics in original]. If you're a woman holding down two service jobs at the minimum wage, as is your husband (assuming you have one), why, she asked, are you "supposed to vote in favor of paying higher taxes to provide the poor with medical insurance and child care that you will not be able to afford yourself?" No wonder most Americans resent this kind of paternalism.

Haddam laid out the alternative: the kind of social welfare practiced by the social democracies of Western Europe—and minimally present even in this country. "Americans," Haddam observes, "have been generally well disposed to real welfare state provisions—those that aren't means tested, [and] so apply equally to everyone—where they have been instituted"—notably, Social Security and public schools. Because they are designed to serve everyone, these institutions have escaped the stigma now attached

to welfare (though in certain cities and neighborhoods this is less and less true for public schools). They need to be fortified by massive infusions of money and talent, and complemented by the creation of programs like public universal health insurance. Vigorous support of such institutions will be part of any feminist agenda that seeks to foster what Michael Tomasky calls "a more majoritarian politics." The idea isn't necessarily to win—though that wouldn't be such a bad thing—but at the very least to put forward the vision of a common culture. As both Tomasky and Todd Gitlin have recently argued, such a vision could provide the basis of a truly democratizing strategy.

**I**n mid-June NOW president Patricia Ireland passed through Berkeley on a tour publicizing her new book. When I asked her to comment on the alarms that Friedan and Burk and Hartmann had raised about American feminism, she denied that there was a problem. In Ireland's words: "We are stronger than we have ever been; I disagree vigorously with the assessment that says the movement is anything but strong and vibrant." Back in June it was perhaps possible to ignore the signs of demoralization. Six months later it is no longer possible, at least not in California, where the November passage of Prop. 209 ended affirmative action in public contracts, education, and employment.

If the women's movement ever is to regain its strength and vibrancy, we have to grapple with the fact of its current malaise. That doesn't mean repudiating our considerable achievements. It does mean identifying the attitudes and actions that have guided American feminism to its present impasse and, as we used to say, figuring out viable alternatives. A feminism dedicated to that task could do worse than to take its slogan from the title of Jane Haddam's article, a phrase itself borrowed from one of the great enabling documents of American political life: "Promote the General Welfare." It's worth pondering the connections between that watchword and a more familiar feminist motto: "Sisterhood is powerful." □