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research and women's studies at the university will be developed. This group aims to lay the foundation for a women's research center which will (a) promote feminist research and women's studies in all disciplines at the Berlin universities; (b) initiate and pursue research projects of its own that are pertinent to the improvement of the status of women at the university and of women's lives in general; (c) support women scholars with a number of scholarships; (d) develop and offer continuing education programs for women inside and outside the university; and (e) provide services for documentation, publication, and communication.

At this point the first of three planning positions has been accepted by a woman who is a city and regional planner. She has also taught at the Technical University of Berlin for the past five years.

During the next few months, institute planners will continue the conceptual work. Their first goal is to establish a large public forum within the university in which ideas for spreading and institutionalizing women's research can be discussed. Planners are designing a multidisciplinary lecture series for the summer semester in which to present research in progress.

Beyond this, the agenda for 1979 includes the publication of a newsletter; the presence of guest lecturers; plans for a national symposium (on feminist research) and an international conference on the structure, goals, and success of various women's research centers; and the development of an interdisciplinary research project on Women and Work.

The women planning these efforts are aware of the difficulties, impediments, and dangers of work inside traditional institutions in general and with German university structures at this point in time in particular. However, they trust that their efforts will have an impact on women's education at all levels, and on women's lives in general.

Hanna-Beate Schöpp-Schilling has taught women's studies at the Free University of Berlin. She now works at the Aspen Institute in West Berlin.

Notes

1. Parts of this essay are taken from a longer article on "Women's Studies, Women's Research and Women's Research Centers: Recent Developments in the U.S.A. and in the F.G.R.," to be published in Women's Studies International Quarterly.

2. A listing and description of women's studies courses in American studies in Germany can be found in Dagmar Loytved and Hanna-Beate Schöpp-Schilling, eds., A Bibliographical Guide to Women's Studies, 2 vols. (Berlin, 1976); a listing of women's studies seminars in Berlin at the universities and in adult education can be found in Frauen und Wissenschaft (Berlin, 1977), pp. 402-8.

3. For more information about this organization, see Tobe Levin, "Women's Studies in West Germany," Women's Studies Newsletter, VII, 1 (Winter 1979), pp. 21-22.

The Feminist Women’s Health Center in West Berlin

By Mary Grunwald

Last November the Berlin Feminist Women's Health Center (Feministisches Frauen Gesundheitszentrum: FFGZ) called a press conference to mark the first year in its own quarters, pleasantly converted former bakery premises in a quiet, residential part of town. Fifty invitations had been sent out to women journalists; four showed up. Three reacted enthusiastically; one was hostile. When all was said and done and people were on their way out, someone brought up the subject of contraception again.

Most FFGZ clients come for contraceptive advice; many are primarily interested in the diaphragm—first invented in Germany in 1880 but virtually unknown in the country today. Gynecologists—85 percent of whom are male—favor IUDs and the pill. As word spread that FFGZ would fit diaphragms, complacent doctors started referring their diaphragm requests to the center. The whole business of diaphragms took on huge proportions and threatened to monopolize FFGZ resources. Thus, although they will still fit them, policy now is to inform women and encourage them to insist on getting diaphragms from their own doctors. "We don't want to be a diaphragm-fitting institute. That's not the point of FFGZ. There are far too many other tasks," a spokeswoman stressed.

There was a little pause. Then the women's page reporter (about 35 years old) for a major Berlin daily spoke up. "What is a diaphragm?" she asked. Whereupon the national news agency's reporter (about 60 years old) chimed in, "Yeah, what is it anyway?" A diaphragm was produced for inspection and explained. The journalists were fascinated. Yet no word has appeared in the establishment press about this uncomplicated aid to emancipation.

FFGZ is patterned on the Feminist Women's Health Center in Los Angeles. Carol Downer introduced the self-help concept to Berlin movement women in 1973; Berliners then went to Los Angeles for training. The current staff of 28 women, ranging in age from 19 to 60, has had remarkable success, especially considering the obstacles to positive change in a homogeneous society where strategic information can be relatively easily suppressed.

FFGZ's basic self-help courses have reached 350 women. The waiting list has 900 names on it. Teachers of courses offered directly through FFGZ are not paid and have to fit classes into schedules including full-time work elsewhere.
Teachers of courses offered through the state adult education program are required by the state to be registered physicians. Though some FFGZ staffers are doctors and some have other medical training, the group sees as a large part of its task breaking down doctor-fixation in favor of confidence and sound judgment based on information each woman has gained about her body. "Self-help is something every woman can teach other women."

An American living in Germany who decided to join the FFGZ effort after a self-help course explained: "It's incredibly fascinating. Imagine six women, each in a different phase of her cycle. By looking at the vaginal mucus through a microscope you can tell if you're just before menstruation, menstruating, or ovulating. These are events taking place inside her body. "Self-help is something every woman can teach other women."

"Like a red thread!" interjected another FFGZer. "It really looks beautiful!"

Besides self-help courses FFGZ has office hours for counseling; their library is open to all women; their bulletin board offers contact possibilities for women with special interests, such as nursing mothers, lesbians, and women who have had mastectomies. The center itself sponsors groups on nutrition, dental care, acupuncture, herbs, massage, and political action against the experimental use of prostaglandins for abortions. Much of FFGZ's early-acquired information has been set down in the best-selling health handbook Hexengeflüster (Witch-whispering). Single health topics are discussed in each issue of their quarterly journal Clio. FFGZ's card file of gynecologists reflects the subjective evaluations of often indignant, disappointed, or disgusted patients—and a few good experiences. FFGZ considers about five Berlin gynecologists recommendable.

These activities take place against the background of a health system totally different from the American. The beginnings of compulsory health insurance here date back almost as far as the diaphragm—to Bismarck's era. Käthe Kollwitz's husband Karl was one of the early health system doctors in Berlin; his patients haunt her works. Today 99.7 percent of all Germans are health-insured; for about 70 percent, participation is compulsory. All laborers, factory and farm workers, and miners must participate in the system regardless of income level—and all employees earning less than 3000 marks monthly ($1666 at the current 1.8 exchange rate). Employers and employees split the premiums, which are geared to income level, fifty-fifty. Patients may choose their doctors, and change is possible every quarter-year. Most never see a bill. Doctors settle with the insuring organizations on the basis of patient certificates, quarterly records of services rendered. Annual cancer detection tests such as the Pap smear are included. Immunization shots—for influenza, for example—are included. Dental care is included; paid sick leave is included. This system provides complete prenatal and delivery care with about six weeks' paid work absence before and two months after delivery, and examinations for children at specified intervals.

Yet Germans have the lowest birth rate in the world and one of the highest infant mortality rates in Europe. Doctors themselves say the average patient consultation lasts between two and a half and three minutes. Many doctors prefer to send patients off with a prescription (drugs are covered by the insurance) rather than probe at length into the precise cause of complaints.

Thus FFGZ's functions as drug industry watchdog and feminist medical counselor stand out as particularly important. Besides the antiprostaglandin campaign they have tried to warn the public about continuing use of the internationally discredited Duogynon/Cumorit drug for hormonal pregnancy detection and as treatment for secondary amenorrhea. They want to find ways to publicize the diaphragm as an alternative to the IUD, the pill, or pregnancy.

As for counseling, an FFGZer explained, "Let's say a woman is facing an operation. Normally the doctor says, 'Well, my advice is, let's operate,' or something like that. The doctor just makes the diagnosis and gives the advice. And if the woman has a funny feeling about it all and isn't actually convinced and doesn't really know what she's supposed to be doing there in the hospital—whether she'll really be better off afterwards or not .... Such women come to us and just want to talk it over. And we have the library, which is so important; they can inform themselves."

FFGZ has not solved the financing question to its satisfaction. As feminists they oppose unpaid female work, yet so far only five of their staff are paid—partly from federal anti-unemployment funds. The self-help courses offered through the adult education program are state-subsidized. For those offered directly through FFGZ, women pay 30DM ($16.66). Counseling costs 10DM ($5.55) a session. FFGZ says these charges can seem high to women used to having everything covered by the insurance.

The group has discussed applying for certification as a member of the health system. "On the one hand, it would be good to have it so women wouldn't have to pay double, and the recognition would be good for our public image. On the other hand, self-help and preventive medicine are not covered by our health system."

An immediate FFGZ goal is to get accepted as an organization benefiting the public interest—an official status which confers tax-deductibility on contributions. Until then the FFGZ remains largely dependent on non-tax-deductible contributions to Account No. 0640003001, Sparkasse Berlin (West), c/o Feministisches Frauen Gesundheitszentrum e.V., Kadettenweg 77, 1000 Berlin 45.

Mary Grunwald is an American living in Germany. Samples of her writing and artwork appeared in our Winter issue.