

them, let alone consider going to a hospital — except perhaps as charity cases. Most took their chances with a nurse, midwife, or neighbour who would help them deliver at home and provide nursing services. One of the ironies of this story, as Mitchinson so aptly points out, is that the health and safety, if not the comfort, of these poor mothers was probably in better hands than that of their wealthier urban sisters. Maternal mortality rates remained considerably higher for physician-attended, than for midwife/nurse-attended births, until the 1940s, when other factors, including the introduction of antibiotics came into play.

What was the official response to the news that midwives had a better record? Physicians argued among themselves as to whether their own interventions might be causing the problem, and hospitals stepped up measures to prevent cross-infection. But, in their public face, both tried to explain away and/or suppress the unflattering information. Complicit in this conspiracy of silence were the very same public health authorities, nurses, and middle-class women health reformers who facilitated the many unsanctioned nurse midwife-attended births throughout parts of Canada. These women did indeed share with physicians a belief that science and technology could improve maternal health. However, I found Mitchinson too quick to lump them all together. It is not just a question of science, but of power. Many women reformers did complain about physicians' neglect of maternal health, and some even gave voice in public documents to the disparity in maternal mortality statistics. Like many women's voices, however, they were simply not listened to. Again context is everything. Having tried unsuccessfully, in the decades prior to 1900, to rehabilitate the midwife and improve training, reformers had little choice but to back the medical profession, with its by then well-entrenched medical monopoly. Not until the second wave of Canadian feminism would midwifery re-emerge, giving

birthing women a real choice in their care. Perhaps midwives might yet serve to improve the poor North American maternal health indicators, relative to other industrialized nations where the midwife is not held in such contempt.

Despite an emphasis on the professional side of the debate, I did find *Giving Birth in Canada* a refreshingly comprehensive social history of childbirth. The book provides fascinating insight into the midwife/physician debate and the controversies surrounding birth and the technological model of medicine. It also touches on the social impact of granting a medical monopoly to health care workers who were both economically and geographically inaccessible, and provides background to understanding the mid-20th-century adoption of state-financed health care services, and the re-emergence of the midwife.

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Rae Bridgman, *Safe Haven: The Story of a Shelter for Homeless Women* (Toronto: University of Toronto Press 2003)

SAFE HAVEN is an important contribution to the literature on strategies to address homelessness. In this anthropological study of the development of Savard's Place, an innovative project designed to serve chronically homeless women, Bridgman analyzes a feminist service and explains why existing sheltering practices do not adequately meet the needs of the most marginalized street-involved women. The book documents the challenge of maintaining a feminist vision for service delivery in the context of limited funding and bureaucratic control. Bridgman's methodology also addresses important issues about the ethics of researching homeless women and feminist initiatives.

Savard's Place, located in Toronto, is a homeless shelter that serves women

who have resisted using shelters or who have been barred from the city's other shelters because of violent or "disruptive" behaviour. The organizers of Savard's Place started from the premise that shelter policies and practices needed to change, not the women who desperately needed these services. Traditional homeless shelters do not work for these women because they expect women to conform to the expectations of government policy. The goal of traditional housing policy is to move homeless people from living on the streets into transitional housing, and ultimately into the private housing market. Savard's Place introduced "a model premised on unlimited stay, a low-demand environment, and high support from staff." (54) The only rules of the house are no weapons, violence, alcohol, or drugs on the premises. It is a radical alternative to the paradigm of shelter provision because it does not link women's housing needs to the expectation that they will seek treatment for their mental health issues or addictions. Staff help the women who want to move into second-stage housing, but the policy is not to pressure the women to do so. Unlike most charitable and state-run social services, this initiative recognizes that some street-involved women with mental illnesses will not become self-sufficient citizens and workers. More important, Savard's Place staff insist that these women deserve to be treated with dignity and respect.

One of the key strengths of this study is its documentation of the tensions between an alternative feminist vision and the reality of implementing that vision, a process that the author names "utopian pragmatics." (8) Bridgman began her research in 1995, one year after a group of women with extensive experience working with street-involved women organized the Women's Street Survivors Project. She followed the project from its planning stages to its third year of operation, when the Ontario Ministry of Health allocated permanent core funding to

Savard's, and conducted follow-up interviews with staff and board members during the first years of stabilized funding. In the eight years that she conducted research, the project changed to adapt to the needs of the women who used the service. When it opened in 1997, the shelter espoused two founding principles. First, no woman would be evicted from Savard's Place. The purpose of the shelter was to provide a safe haven for women who could not be accommodated by the existing system. Organizers believed that the threat of eviction undermined residents' sense of security. Staff could time out a violent resident for hours or days to protect the other residents, but she knew that she would not lose her bed. Second, staff would not intervene in the lives of the women who stayed there. Organizers adopted a non-interventionist policy because they wanted to provide a service that helped homeless women with mental illnesses on their own terms. Thus, the organizers challenged the impetus of housing policy to produce stable tenants. The policy of non-intervention not only resisted the unreasonable expectations placed on women with severe mental illnesses, but also shifted the responsibility for chronic homelessness from individual responsibility to its systemic underpinnings. While the shelter maintained the no-eviction policy, staff revised the principle of non-intervention.

Bridgman argues that both internal and external pressures influenced the "natural progression" toward "soft interventions." Internally, the introduction of new staff members challenged the founding principles. Many argued that in practice the policy of non-intervention masked the power relations between staff and the residents in the shelter. By the end of the third year of operation, none of the original staff worked at Savard's. The modification of the policy also reflected differences between the theoretical expectations of the organizers and the actual experiences of the women in the shelter. Initially, the organizers adopted a

non-interventionist policy because they assumed that there would be a high turnover in the shelter. Instead some women stayed, and made the shelter their home. Staff began to question whether they were actually helping the long-term residents by not introducing life skills programs or encouraging them to seek treatment. While reflexive feminist practice played an important role in modifying the original principles, so too did the pressures of limited funding, lack of job security for the staff, and the provincial government's resistance to the progressive vision of the organizers.

For ethical reasons, Bridgman does not tell us the life stories of the women who lived at the shelter during her research period. The board and staff of Savard's Place granted her access to meetings, minutes of meetings, and logbooks, and permission to interview staff members. They allowed her to engage in extended participant observation, but would not sanction interviews with the residents. Most residents had been interrogated extensively by police and/or mental health workers and were consequently distrustful of the interview process. Bridgman chose to focus on the organization rather than the life stories of the women living and working there in order to avoid sensationalizing their experiences. Nevertheless, she does incorporate the residents into the study, using composite life histories and recording some of the informal discussions she had with the women during her research. Chapter 7, entitled "Come Inside," presents a modified version of one week of entries to the daily logbook in order to capture the rhythm of work at the shelter. Bridgman advises us to read the entries, which she changed to protect the confidentiality of the residents and staff, in the context of the analytical framework presented in the other chapters of the book. For me, this was the least effective part of the book because it is missing Bridgman's cogent analysis. This chapter would have been stronger with an explicit discussion ex-

plaining how understanding the day to day life at Savard's could help to develop progressive services for homeless women and to improve the working conditions for the women who work with them.

Bridgman insists that the baseline question for research about homelessness is "How does the research challenge the conditions it describes?" (14) *Safe Haven* achieves this goal by documenting the inaugural years of Savard's Place so that other organizations can gain insights from its strengths and weaknesses. Bridgman's self-reflexivity about the ethical questions that residents and workers at Savard's raised demonstrates her empathy for their anxieties as well as her deep respect for their knowledge and experience. Bridgman identifies the key shortcomings of current strategies to address homelessness and recommends more empowering and hopeful ways forward. I highly recommend this book to those who want to learn more about the challenges of serving homeless women with mental illnesses. It is also a valuable tool for front-line workers who are struggling to work against oppressive bureaucratic systems that meet government agendas rather than women's needs.

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Kelly Gorkoff and Jane Runner, eds. *Being Heard. The Experiences of Young Women in Prostitution* (Winnipeg: Fernwood Publishing and Winnipeg: RESOLVE (Research and Education for Solutions to Violence and Abuse) 2003)

THIS BOOK is based on 45 interviews with women from Alberta, Saskatchewan, and Manitoba who were or had been involved in prostitution before age 18. Almost three quarters entered prostitution at fifteen years old or younger. The chapters address the experience of the women in relation to the exploitation and violence they suffer through prostitution, their en-

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