



Elizabeth Shadigian, MD woman, woman advocate and physician

with contributions from generous HerStory tellers WomanSafeHealthSM is a service mark owned by Elizabeth Shadigian, MD.

WomanSafeHealth: The Antidote to Status Quo Health Care

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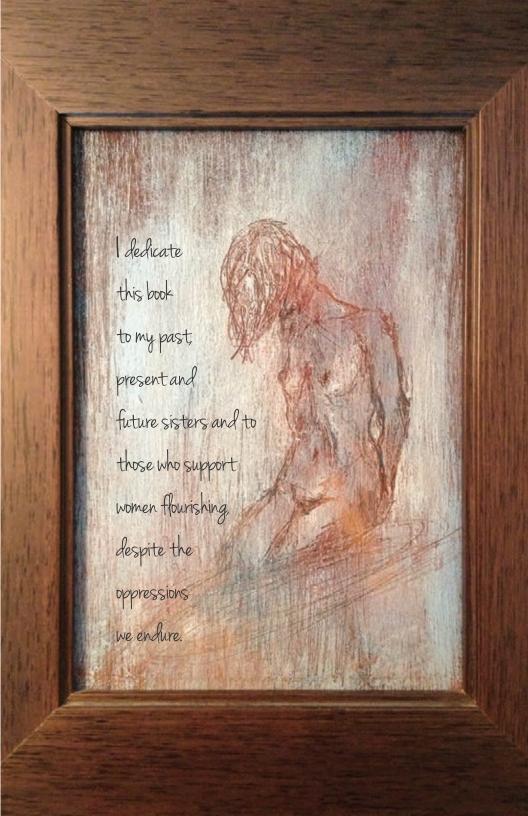




Table of Antidotes

ANTIDOTE*

1. a remedy used to neutralize or counteract the effects of a poison or disease. 2. anything that counteracts or relieves a harmful, unwanted or life-threatening condition such as SQHC: Status Quo Heath Care.

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^{*} All of WomanSafeHealth's coined or repurposed words are defined the first time we use them and can also be found in Appendix 1: Lexicon.



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LEXICON

the dictionary of words commonly used at WomanSafeHealth and in this book, including new and repurposed language and feminist concepts.

FEMINISM

belief in or advocacy of women's social, political, economic rights and equality.



where the trillium symbol appears, supporting material can be found in Appendix 2: Empowering Resources.





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When my friend Harriette took this photo, I had recently received my first round of chemotherapy for stage 2 multi-focal breast cancer. I did not know what lay ahead — if I would do well with the treatments or if they would even work. The future was very uncertain.



Preface

am a 51 year-old privileged straight white, cis-woman, mother, daughter, sister, friend, partner/wife and physician. I am currently able-bodied but experience illness and disability intermittently. I have post-traumatic stress disorder from childhood traumas, teen sexual assaults and an almost fatal car accident at nineteen. Chemotherapy treatments for advanced breast cancer left me with arthritis and fibromyalgia which ended my surgical career.

I am the daughter of an Armenian immigrant father with 21 patents and a well-educated farm-raised mother and teacher. Despite both my parents working full-time jobs, I grew up poor in New York and Indiana due to my father's gambling and alcohol addictions. As a child I led a double life — outstanding student in public and terrified girl behind my family's closed doors. Slowly, as I became a teenager, it crept into my awareness that other kids were not

CIS

1. a prefix meaning "on the same side of." 2. an abbreviation for the word "cisgender," which refers to one's gender identity corresponding to their assigned sex at birth.

GENDER

the psychological and social construction of identity, roles and status based on ideas about sex. Gender is often presented as a binary: woman or man.

SEX

the physical body including genitalia, hormones and chromosomes. Sex refers to female, male or intersex (when genitalia/ hormones/chromosomes are not congruent).

1

SQHC: STATUS QUO HEALTH CARE

the current health care system in the United States which has six main components: the Manstitute of Medicine, hospitals/ health systems, health insurance companies, pharmaceutical/medical suppliers, government and malpractice attorneys/ health care law. SQHC providers are complacent in their practices and provide each woman the same, average care while neglecting her specific needs. SQHC is money-driven and male-driven. It is hierarchical in its approach and purposely does little to serve the needs and concerns of women. In a word, SQHC is patriarchal.

PATRIARCHY

a value system of family, community, society and/or government controlled by and favoring men, and celebrating and enforcing the subordination of women. chronically afraid of their parents, did not lie compulsively and did not think daily about killing themselves.

My parents valued my education and encouraged me to study and learn. I was valedictorian at one of the top public high schools in the U.S. I graduated with an honors chemistry degree from a prestigious university and received my medical degree from the highest-ranked medical school in the world. Despite these accomplishments and advantages, I was pierced to the core so deeply with arrows of poison from childhood traumas that I have spent all of my adult years trying to recover from their effects.

I do not remember having any particular aversion to going to the doctor as a child, but I do not have many memories of childhood altogether. As a young woman receiving medical care after a nearly fatal car accident, I remember the surgeon looking at and speaking with my mother and ignoring me. I was so angry at being treated disrespectfully—as if it was not my body, and I was invisible. I wanted him to speak to me, to acknowledge me—my body, my brokenness and my recovery. I wanted my physician to treat me respectfully.

The circumstances of my childhood and the surgeon's disrespect catapulted me in the direction of medicine. The day I was discharged from the hospital, I vowed that if I chose medicine as my career, I would do everything in my power to treat those in my care with the utmost respect.

I did choose medicine. Inevitably, I became part of the machine, SQHC: Status Quo Health Care. For more than twenty years I learned from, taught at and endured the system. I tried to be the best physician to my patients. I stayed late to take care of "difficult" women who had experienced trauma. I was patted on the back condescendingly for being interested in "women's issues." I struggled to do more than SQHC allowed. I concluded that I would have to create my own practice if I wanted more time to serve women in a better, more comprehensive way.

First, I am a woman, with symp-

recovery for women, myself included. \$\forall^3\$

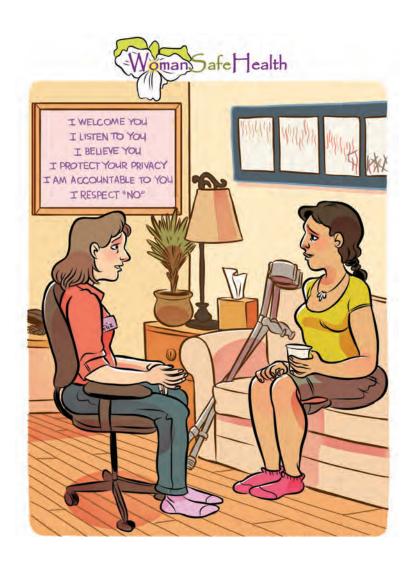
toms and diagnoses just like the women I serve. Second, I am a woman advocate (definition, p. 7), for myself, other women, family and friends. Third, I am a physician, previously an SQHC physician. Out of my identities as woman, woman advocate and physician, I birthed WomanSafeHealth, a new health care model centered on safety, empowerment and

MANSTITUTE OF MEDICINE

the patriarchal educational system where all health care professionals go to study and be indoctrinated into Medicine at the feet of those in power. There is no other place to obtain the credentials necessary for mainstream credibility in health care. The Manstitute of Medicine functions hierarchically, with students, nurses, and professional women at the bottom and patients even lower. It functions as one of the six core components of SQHC and creates disempowered women.

WOMANSAFEHEALTH

1. a new model of health care with women's safety and empowerment at its heart. 2. a private medical practice based in Ann Arbor, Michigan.





hen I decided to create my private practice and move away from a large educational medical institution it was no small decision. I, like many of my clients, had endured the grinding bureaucracy of a huge medical machine that left us feeling disempowered, demoralized and dissatisfied. My vision of a "model" of what health care could look like was born out of a collective frustration and fear. It was informed

by thousands of women's accounts of their treatment and mistreatment when attempting to receive quality, one-onone health care.

As a woman and physician, I have been on both the receiving and the giving ends of care. As a patient, no matter how I tried, I continued to walk away from my medical encounters feeling I could have received *more* from my health care provider. I left appointments with that same gnawing feeling in the pit of my stomach: "what just happened?" or "what have I done wrong?" As a doctor, I would often feel I could have given more or better care

CLIENT

- 1. a person who seeks the advice of or uses the services of a professional.
- 2. a WomanSafeHealth customer, which implies a non-hierarchical relationship between equals. The term "patient" refers to a person receiving medical care and implies being acted upon hierarchically. WomanSafeHealth refers to people seeking care as clients. SQHC refers to people receiving care as patients.

WOMANCARE

general health care for women across our lifespans, which meets both physical and psychological needs through conventional and alternative approaches. WomanCare encourages and promotes self care, advocacy and acknowledges the medical validity of our life experiences, including our violence herstory. WomanCare is health care driven by women themselves.

SELF CARE

a woman's intentional, unique actions that attend to her needs and influence her wellbeing.

HERSTORY

1. a continuous, systematic narrative of past events relating to a particular woman or to women as a group. 2. a term used at WomanSafeHealth in day to day language and on all our documents that replaces the word "history." Herstory has its etymological origins in feminist writing.

or some difficult-to-describe aspect of care, if only I'd been allowed more time with a patient. It was all this, and more, that led me to plan and implement a new model of health care which can be used in all health systems with women's safety and empowerment at its heart.

The WomanSafeHealth model of care refuses to accept a hierarchical, top-down approach with doctors at the top and patients on the bottom. This "top-down" or patient-last approach to medicine created SQHC, a term we coined and use regularly at WomanSafeHealth. SOHC, from the beginning and by design, continually reinforces the disempowerment of women in the health care setting. SOHC regularly lowers women's expectations, interrupts women as they describe symptoms and does not believe women if they get a chance to explain their health issues thoroughly. SQHC discourages health care providers from actually practicing the best medicine possible by enforcing short, "focused" appointments and by tolerating women through a thinly-disguised veil of disrespect.

WomanSafeHealth's model of WomanCare is an antidote to SQHC, a remedy for mediocre, patriarchal,

disempowering care. At WomanSafeHealth we partner with and accompany each woman on her journey to define and find wellness and the health care services she wants. WomanSafeHealth's model encourages women to seek, explore, define and receive optimum health care in all settings.

WomanSafeHealth's guiding principles are a foundation for women's health empowerment:

| welcome you
| listen to you
| believe you
| protect your privacy
| am accountable to you
| respect "no"

All members of the WomanSafeHealth staff are called woman advocates. Our woman advocacy and actions are grounded in our guiding principles. Each client is encouraged to both actively participate in and lead her care. Each woman

is a person—not a disease; a client—not a registration number. She is the focus and the WomanSafeHealth WomanCare team are her consultants and advocates. WomanSafeHealth reveals what it looks and feels like for a woman to have the complexity of her health care needs taken seriously. The antidote to disenchantment, demoralization and dissatisfaction with SQHC is women's health empowerment.

WOMAN ADVOCATE

1. anyone who actively supports or advocates on behalf of women. 2. the title of all staff members at WomanSafeHealth, which emphasizes the purpose of our work. We use "woman advocate," "WomanSafeHealth staff" and "WomanCare team member" interchangeably.

WomanSafettealth

ADVOCACY

1. any activity by an individual or group which aims to influence decisions within political, economic, and social systems and institutions. 2. acts of support, especially for patients' or clients' health care rights.

So I took the leap. I started a private medical practice based on women's empowerment in a small town with three large SQHC institutions serving the Manstitute of Medicine a few miles away. I used every ounce of my resources: mental, physical, emotional, familial and financial. The WomanSafeHealth doors opened in December 2007. Since then my team and

I have been redefining health care with the help of each client. We provide the type of care I know is not only possible, but imperative, to improve and sustain the overall health of women.

We hear the numbers so often we are numb to them: health care is unnecessarily expensive. The excessive and unnecessary costs are created by the profit-driven, gigantic twins of health insurance companies and health care institutions. 55 Just as disturbing is that these secretive twin bullies intentionally lack any desire for humane or true woman-centric care. The Manstitute of Medicine purposely omits teaching health

CARE ANALYSIS

the examination and evaluation of whatever power is being shared with us or being held over us, especially the dynamics present in relationships such as those between a person obtaining health care and her provider.

care providers how to pay attention to costs or to provide high quality, cost conscious health care, especially WomanCare. The following chapters, or antidotes, describe the precepts used at WomanSafeHealth as well as the ways women can use their power and choice in any health care setting. These antidotes to SQHC include self-awareness, care analysis and empowerment acts.

What sets WomanSafeHealth apart is apparent immediately: the website with actual prices for services and photos of the office and staff, the open houses, the ability a client has to choose how much time she wants for appointments, the availability of home and phone visits, food to eat and free SelfCare Room visits. The entire setting reveals how WomanSafeHealth prioritizes client's needs and realities. We welcome a woman with no insurance and with any type of insurance. A client pays at the time of the appointment

SELFCARE ROOM

a private room at
WomanSafeHealth
containing relaxation
and exercise resources
and equipment that can
benefit women with a
variety of conditions,
while enhancing the
ability to learn about
and care for ourselves.
Women do not need to
receive other services at
WomanSafeHealth to enjoy
the SelfCare Room.

and receives a coded medical receipt she can turn in to her insurer for potential reimbursement. When a woman chooses

SelfCare Room



© 2014 Crazy Wisdom Community Journal, photographer: Rachel Pastiva

WomanSafettealth

WomanSafeHealth, *she* decides how to budget her time and finances to receive *exactly* the care and services she wants.

Some might say the WomanSafeHealth model does not or can not work. The fact that WomanSafeHealth is still around almost a decade after its inception has proven it does work. Each woman I care for has taken her own stand and taken

EMPOWERMENT ACT

an assertive behavior, strategy, response to and/or clear analysis of disrespect that improves the chance of getting what we want and need, make us feel stronger or respect ourselves more, or increase our power during an interaction, in this case, in the medical setting.

TRANS

1. a prefix meaning "across, through or changing." 2. an abbreviation for the word "transgender," which refers to one's gender identity not corresponding to one's sex assigned at birth. This term broadly includes but is not limited to transexual, agender, bi/multi-gender, non-binary and genderqueer.

charge of her health by receiving care from providers of her choice. This decision is an empowerment act.

The WomanSafeHealth model is based on the principle that each woman has the right to lead her care and enjoy a safe, unpressured medical environment, instead of being told what is best for her and coerced to comply, common tactics at SQHC. Our mission and guiding principles lead to the following declaration: "We welcome women, girls, trans and gender nonconforming people of every age and ability, size, shape, color, sexuality and identity, from all social, spiritual and cultural backgrounds. We provide a safe, family-friendly environment in which you can seek, explore, define and receive Empowering WomanCare and Gynecology health services. WomanCare meets physical and psychological health needs through conventional and alternative approaches, and encourages and promotes self care.

We welcome those who feel unwelcome in other medical settings including those who have experienced physical and/or sexual violence or disrespect."

This physical and/or sexual violence or disrespect may have occurred in a medical setting or in her life at another time, in another place. Violence against and disrespect of women is central to what modern medicine refuses to acknowledge or discuss and what WomanSafeHealth understands is at the core of women's health: her physical and psychological safety and respect. This safety and respect is lived out each day by WomanSafeHealth staff, using our guiding principles to direct our care and actions.*

Each of the following chapters will discuss these core principles and antidotes to SQHC in detail. These chapters are infused with women's real life experiences, including my own. The stories illustrate what brought me, the WomanSafeHealth

staff and each of our clients through the doors. Information which could identify the contributor has been altered to protect her privacy, but neither the core content nor meaning of each woman's experience has been changed.

In this book we refer to our clients with "she" and "her" pronouns for simplicity. Our clients, who are women, girls, trans and gender nonconforming people, are always asked what pronoun

PROTECT

to keep safe from harm, injury or exposure to risk.

PRIVACY

the state of being free from the intrusion of others or from public knowledge or disclosure of personal information. Privacy is a legal right.

^{*} The concept of *trauma-informed care* has been introduced in some countries, mostly in social work and behavioral health settings. This type of care acknowledges and addresses the fact that many individuals experience trauma during their lifetime and past traumas affect current wellbeing and health. WomanSafeHealth has always and continues to offer comprehensive trauma-informed health care.







WomanSafettealth

they want us to use, and our entire staff gladly complies. This includes referring to clients using she/her, he/him, they/them, the client's name only with no pronouns or whatever words they choose. This simple act of asking about pronouns creates an atmosphere of empowerment. Our intention is clients feeling welcomed, honored, respected and accepted. We all come to health care from a vulnerable position, wanting this welcoming,

CONNECTION

- 1. the state of being in relationship with another person. 2. the state of being in relationship with myself which includes self-awareness and self-communication.
- **3.** an affiliation, alliance or attachment such as the one between a woman seeking health care and her health care provider.

honoring, respecting and accepting. In a word, we want **connection**.

I want everyone to see and feel the difference between how women are treated at WomanSafeHealth and at SQHC. The WomanSafeHealth cartoons and the SQHC: Status Quo Health Care cartoons illustrate the stark differences between the two models of care. The WomanSafeHealth cartoons in this book demonstrate respect for clients and empowering interactions. The SQHC: Status Quo Health Care cartoons demonstrates

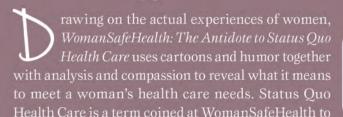
strate how SQHC systematically disempowers and disrespects women. The third story line, the *Empowered Me* cartoons, display what women who are taking the lead in their care can say and do in any setting. It can be difficult to imagine the right words or to say them out loud to health care providers, but asking for respect and what we need and want as women is healing, smart, empowering and powerful. These are also empowerment acts. I hope these cartoons provoke insight, emotional responses, laughter, tears and anger.

Above all, it is my sincere desire that women come away from these chapters, these antidotes, activists for themselves and for others — woman advocates. Analyzing women's experiences obtaining health care will change the way we think and feel about how the existing system, SQHC, is serving our health. We can make change, simply by demanding the care we deserve and spending our money where we feel respected and safe. I hope these personal, intimate accounts will inspire, empower and guide women.

Some may consider this book a transgression, others merely disloyalty. Why? First, I reveal my personal herstory. The Manstitute of Medicine claims the public disclosure of my herstory will affect my clients negatively. I have concluded that women sharing their stories of trauma and betrayal, mine included, spark empowerment and healing.

Second, this book exposes the underbelly of Medicine: SQHC is secretive and hierarchical, based historically on a male model of power, control and profit. These herstories demonstrate richly how women's needs and issues are purposely, fully and strategically ignored in SQHC, even when the "Women's Health" label is slapped on.

Third, the WomanSafeHealth model transforms a herstory of trauma from an invisible, medically irrelevant "social problem" to the core of a woman's physical and psychological health and, therefore, health care. Safety and respect are at the center of health and should be at the center of health care.



WOMANSAFEHEALTH

a new model of health care with women's safety and empowerment at its heart.

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ANTIDOTE

a remedy used to neutralize or counteract the effects of a poison or disease.

describe the poisoned care most women experience — hurried, depersonalized, cold, disrespectful, profit-driven—care that neglects her individual story and choices. At WomanSafeHealth each

woman is a person, not a disease; a client, not a number. She is the focus, and her health care team is her consultant. Prescribing self-awareness, care analysis and personal empowerment as antidotes to Status Quo Health Care, safety and respect must be the core of health care.



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empowerment.



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