

CASH (Coalition for Safer Hustling). They argue that its failure can be attributed not to resource mobilization problems but instead to an inability to articulate a coherent ideology.

Three chapters examine prostitutes' customers, about which little is known. Chris Atchison et al. present information on the backgrounds of 440 customers arrested for soliciting prostitutes in Vancouver, Canada. Most of the men were under 40 years of age; about four in 10 were employed in blue-collar jobs, and about the same number were married; most were white. Of those found guilty by the courts, most were treated with impunity; only nine percent were fined and only two men served any jail time. These findings support other studies that have documented gross gender bias in the criminal justice system's response to prostitution.

In one of the more intriguing chapters, Elizabeth Clement tracks the demise of brothels and the rise of other forms of prostitution in early twentieth-century New York. Following a crackdown on brothels in the city, working women gravitated to hotel bars, where they enjoyed much greater autonomy and more income than in the brothels. The flavor of their barroom activities and interactions with customers was captured in some fascinating reports written by undercover investigators, whose observations are aptly quoted in the chapter. Other prostitutes sold sex out of tenement houses, in full view of their neighbors, who not only declined to condemn them but also befriended them and let them look after their children! According to Clement, prostitutes were "integral parts of the community" (p. 53), not the stigmatized outcasts they are today.

The book's empirical studies are not grounded in theoretical perspectives, and the more theoretical chapters employ arguments but not evidence to challenge the radical feminist perspective on prostitution. Hence, the analysis in the empirical work contributes little to the goal of explanation, and the theoretical chapters simply recapitulate the familiar essentialist claims about sex work (oppression vs. valid work) without marshalling empirical data to interrogate those claims. This split between atheoretical studies and essentialist commentary also characterizes the larger literature on sex work. Empirical studies testing middle-range theories are few and far between, and readers will find none in this book.

Even though four editors were involved, the book has the appearance of being hastily thrown together: Several citations are missing, some chapters are poorly edited or argued, and some do not belong in the book at all.

In sum, while some of the chapters make nice contributions to the field, the book is disappointing overall.

Health, Illness, and Medicine

Fast Lives: Women Who Use Crack Cocaine, by **Claire E. Sterk**. Philadelphia: Temple University Press, 1999. 242 pp. \$59.50 cloth. ISBN: 1-56639-671-9. \$19.95 paper. ISBN: 1-56639-672-7.

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Claire Sterk's new book, *Fast Lives: Women Who Use Crack Cocaine*, is based on findings from her National Institute on Drug Abuse-funded study of 149 crack-using women. To select her research settings, Sterk used ethnographic mapping techniques to locate communities in the Atlanta, Georgia, area with high concentrations of crack-using women. She earned entree by handing out condoms, organizing neighborhood barbecues and health and clothing fairs, and establishing relationships with community members. Employing both participant observation and depth interviewing, she recorded the women's perspectives on drug use and drug buying; their strategies for avoiding arrest; mothering and other household responsibilities; incidences of violence; as well as their drug treatment and health care experiences.

The result is a book that has an authoritative tone because it resounds with the voices of the study's participants. Sterk gives us an in-depth account of the circumstances that lead women to use crack and the ways in which those same circumstances framed the choices they made regarding motherhood. *Fast Lives* offers us an alternative to the popular media's portrayals of crack-using women as irresponsible baby machines whose sole concern was getting their next rock.

Sterk examines why interventions aimed at female crack users have not been successful. Her interviewees often traded sex for drugs, which meant that they were denigrated by everyone in their community. They were at higher risk for contracting HIV than injection drug users primarily because of their extremely low status. HIV-prevention education was not helpful because women were often powerless to question male partners about past sexual activities or to demand condom use.

Court-mandated drug treatment was ineffective because the problems that compelled the women to use drugs in the first place were not addressed, so most relapsed to previous use patterns. Incarceration did remove them from the streets temporarily, but even if they quit using while in jail, they faced the same social and emotional difficulties upon release, along with the additional burdens of finding a place to live, finding employment, and dealing with child custody issues. Most women eventually returned to the pipe.

Sterk advocates community-based programs that include basic education, life-skills training, job training, and employment opportunities. She also recommends low-threshold and gender-specific harm reduction programs that do not penalize those who have only reduced their use, but not quit entirely. Programs need to provide psychological services to help women talk about and deal with past experiences of abuse and violence. On-site child care, particularly in drug treatment programs, would allow women to bring their children with them to treatment, thereby increasing their chances of staying with the program and seeing it through to the end.

Given the current political climate, the expensive, if enlightened, programs that Sterk recommends may have difficulty garnering support. For example, a program called CRACK (Children Requiring a Caring Kommunity) is gaining widespread media attention. A woman from Southern California named Barbara Harris, the adoptive mother of four children born to the same crack-using mother, started a program in 1997 to pay drug users \$200 if they consent to long-term or permanent birth control. Of the 69 women who have participated so far, 49 have been sterilized. Popular coverage of this program has dredged up media images from earlier in this decade of women so devoid of human feeling they are unworthy of motherhood.

We believe that dangling \$200 in front of women desperate enough to consent to a medical procedure is coercive. Eugenics projects, such as Ms. Harris's CRACK program, have a long history in our country. They are always racist and usually classist attempts to weed out undesirable traits or groups. Proponents in the nineteenth century enacted compulsory sterilization laws aimed primarily at mentally ill women. In this century, Margaret Sanger called for sterilization, mandatory segregation, and concentration camps for African Americans and other "dysgenic stock." Salim Muwakkil describes in detail the international history of "demographic pruning" in his excellent critique of CRACK for the Institute of Public Affairs. He warns that the notion that certain groups would be better off not reproducing advances racist eugenic policies. If Americans are seriously concerned about poor children's health, Sterk and others' work shows us that there are many ways to address this very real problem (universal health care, including drug treatment, job training, guaranteed income, and housing for children) more effective than this crypto-genocide.

In the media coverage of the CRACK program, we are also witnessing the resurrection of misinformation from the early 1990s about crack and its effects on the unborn. Numerous experts in the field now agree that while crack and other drug use are certainly risk factors for fetal morbidity and mortality, maternal poverty is a much more reliable predictor of problematic fetal outcome. So-called drug-exposed babies are first and foremost poverty babies. In that vein, the public is being sold a bill of goods, like a magician's trick where instead of looking at the generational effects of poverty and neglect, we look instead at the misbehavior of poor pregnant drug users in order to legitimate the wholesale devaluation and degradation of all impoverished families, whether they use drugs or not. And most do not.

Fast Lives helps us to understand how racist and simplistic solutions like coercive birth control can resurface in the these last days before the new millennium. Sterk gives us a vivid picture of crack-using women as human beings struggling to survive extreme poverty, exploitation, and stigmatization. She found their exploitation extended to policy arenas, since interventions designed to help crack-using women have been largely ineffective and punitive. Eugenics projects that target drug-using

women for sterilization rather than ensuring universal access to freely chosen abortion and contraception punish rather than help. Claire Sterk's message is clear: Quick-fix strategies not only will be ineffective, but in the long run they may exacerbate the complex problems poor drug-using women and their communities face.

Silicone Spills: Breast Implants on Trial, by **Mary White Stewart**. Westport, CT: Praeger, 1998. 223 pp. \$26.95 cloth. ISBN: 0-275-96359-4.

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While some writers have related breast implants to the cultural objectification of women, no one to date has focused with such detail and depth on the origins, legal history, and personal struggles surrounding this issue. In 10 thorough chapters, Stewart details the trials and tribulations of the many women who suffered devastating (and sometimes fatal) consequences of silicone breast implants at the hands of doctors and manufacturers seeking monetary gain. Using many sources, ranging from medical records and court documents to face-to-face interviews with survivors, Stewart paints the horrific stories of these women. She starts with descriptions of women's initial visits with doctors and details the numerous negative effects of silicone in the bodies of implanted women. Often chilling and always poignant, the stories she uncovered through conversations with the implanted women make this book a powerful example of one of the many dangers of the patriarchal objectification of women.

Stewart starts by introducing the players in this tragedy: Dow Chemical, Dow Corning (the manufacturer), the plastic surgeons who were involved for monetary gain, and the Food and Drug Administration (FDA), which failed to protect women from this life-threatening product. Through an in-depth discussion of the roles of the various players, Stewart describes in detail how women were promised a safe and relatively maintenance-free solution to their breast problems. As Stewart points out, plastic surgeons were quick to say that their patients will go to the grave with large breasts—they just did not tell the women how soon they would be going. Never did they warn women of the potential dangers of leakage and other side effects that the

manufacturer's preliminary testing of the implants had revealed.

Since the side effects of complications with the implants experienced by these women were so varied—ranging from dry mouth, headaches, and fatigue to hair loss and other symptoms related to autoimmune disease—that there was no clear connection to the source of the problem. Many women were written off by doctors as experiencing menopause, a mid-life crisis, or hysteria, which Stewart points out as similar to the reactions of doctors and other authority figures to rape victims. Most implanted women were not taken seriously until they were experiencing severe medical problems.

In a critical chapter with a fitting title, "Oh, You Beautiful Doll: Transforming the Self in American Culture," Stewart elucidates the cultural connection between women's physical beauty and their value. She makes an interesting link between breast implants and timing in one's life. Why did Stewart find that most implanted women decide to have the operation at critical times in their lives, such as after a divorce, a husband's affair, or having a baby, or when they felt they were aging? Stewart explains this as an attempt to redeem themselves "during times when their legitimacy as attractive, desirable women is being challenged" (p. 56). It is here where Stewart begins to theoretically tie gender socialization and symbolic interactionism to better understand breast implants in our patriarchal culture. According to Stewart, women are socially and politically powerless and thus they can only evaluate themselves, and alter their bodies accordingly, based on the valuation of men. This process begins early with a special focus on breasts. Training bras in teenage years lead to "Wonder Bras" for so many women who have internalized the cultural messages about the importance of big breasts. Stewart offers many connections to the symbolic meaning of implants. Among others, implants represent for women an improved self and an answer to the societal stigma attached to small breasts.

The implant industry, along with plastic surgeons, has marketed silicone breast implants as not just a "safe" and "necessary" answer to breast cancer patients and women who were born "inadequate," but also a cure for a "disease." Stewart elucidates the ways in which the implant manufacturers and plastic surgeons have created a situation in which small breasted women are defined as "sick" without implants,