a women's Liberation newspaper

25¢

PEDESTAL

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This issue is about, Quilts and Babies

SANDRINGHAM'S

The strike at Sandringham Private Hospital is more than a typical union-management conflict. These women workers have been on strike for more than a year. In spite of management's repeated refusals to negotiate, as they are legally bound to do, and in spite of the indifference shown by an unsympathetic Government, these women have remained firm in their resolve to gain job security and basic human rights.

These women represent the plight of working women throughout the country who have long been exploited in a male dominated economy. Women do not have equal opportunity in obtaining or in advancing in a job, they generally receive less pay, and find themselves channeled into dead-end "female" occupations providing a source of cheap labour. In the past, women have been very undemanding and docile and have only recently attempted to improve their working conditions. These attempts have generally been met with little success in enlisting the enthusiasm and cooperation from the male overlords whose interests are better served by a policy of economic apartheid. In the case of Sandringham, they have met with bitterness and hostility and the women have been slandered and insulted.

Like the Suffragette Movement, which continued to seek political equality in spite of antagonism from supporters of the status quo, these initial attempts to gain economic equality are important and the significance of Sandringham comes into focus: if the strikers succeed, the door will be ajar for others to press their just demands; if they fail, "equal opportunity" will remain a pious platitude to be ignored.

Because of the far ranging implications inherent in the Sandringham Strike, women's groups throughout B.C. should rise to urge the Government to take the action, as only it can do, to insure women's rights. The royal Commission Report on the Status of Women is now in vogue and many groups study it and talk about it in vague abstractions and high sounding principles. The time has come to apply these generalizations to the specific problems. It is a sad reflection on women's groups in Victoria, who virtuously worship the Status of Women Report, that many of them wished no information on Sandringham and refused support for this very real problem. Change will not occur unless groups are willing to grapple with practical realities such as this strike at Sandringham.

In August, a delegation from Victoria Voice of Women, Victoria Women's Caucus, and the Thomas More Centre presented a brief to Labour Minister James Chabot in which we called for Government intervention in the strike and urged him to recognize the over-all problems women face in the B.C. economy. While his response was perhaps predictable, it was nonetheless shocking to learn that the Minister could not relate the Sandringham Strike to the general problems of women, nor would he acknowledge that there is a problem for women at all!

On September 30, a public meeting was held on "Sandringham and the Status of Women Report". Almost 100 people had the opportunity to hear varying analyses of the Sandringham Strike in this perspective and to question the members of the panel. Participating in the panel were Kathleen Ruff, President of Victoria Voice of Women, Charlotte Newberry, a Sandringham Striker, Monseignor O'Connell, representing the Council of Churches, Bill Scott, a manager of a home for the elderly, Larry Ryan, Secretary of the Labour Council, Margaret McClung, Liberal Party and Dave Barrett, NDP. Although Mr. and Mrs. Shepherd, as owners, and Mrs. Reynolds, the administrator, were invited to present their views, they declined. None of the invited members of the Government and Social Credit Party could find the time to involve themselves in this public forum.

Mrs. Ruff, Mrs. Newberry, Mr. Ryan and Mr. Scott later taped a half-hour television program for Cable 10 in Victoria in a further attempt to awaken the public as to the issues involved.

At the meeting, a petition in support of the Sandringham Strikers was initiated and is now being circulated. The petition, which reads: "We, the undersigned, urge the Government, in the public interest and in the cause of justice, to intervene in the year-old strike at Sandringham Private Hospital and require the parties to sit down and negotiate in good faith according to Part I, Section 5 (1 b) of the Mediation Commission Act which compels the parties to 'make every reasonable effort to conclude a collective agreement'." It will be presented to Mr. Chabot to emphasize the interest of the public in this issue.

In a further effort to acquaint the Labour Minister with the problems of women in the economy and to impress upon him the need for action and interest on the part of the Government for 30% of its labour force, the Victoria Voice of Women are preparing a brief containing various examples of discrimination in the form of pay scales for women, salary ranges compared with male employees, and typical cases of individual or group discrimination. As our meeting with Mr. Chabot is tentatively planned for the first week in November, we must complete the brief by that time. If any individual or group has information or has researched problems of discrimination and would like to include them in the presentation to Mr. Chabot, please contact Victoria Voice of Women, Box 21, Victoria.

We shall also be asking Mr. Chabot if he intends to take action on parts of our original brief, particularly in regard to artificial job classifications resulting in different rates of pay for men and women, and the case of domestic workers who are not even covered under the Human Rights Act. The Government must understand that second-class citizenship is no longer acceptable.

Some of my best friends are NDPers.

The Women's Committee of the NDP held a two day conference Oct. 23 and 24 to discuss women's rights. As conferences go, it wasn't a bad one. The trouble with conferences is that often they're called because nobody can think of anything better to do about some cosmic problem to which there is no solution. What conferences do about the problem is limit the amount of time people have to spend thinking about it and force a decision before the coffee break. For example, the speakers talk as long as the chairperson will let them and then everyone is given half an hour to think up something to say about NDP and working women and given 5 minutes or so to say it. Rap, goes the chairperson's gavel and people who have resolutions are allowed to read them and presumably someone writes them down.

Although there were many non-members present, the conference was called by the Women's Committee, so they will present the resolutions emanating from the conference to the Provincial Executive of the NDP who will decide whether or not the resolutions will become part of the written policy of the NDP.

It wasn't, as I said, a bad conference. Everyone I asked said it wasn't a bad conference. People said they were learning things they hadn't known before. It was, after all, nice of the NDP to recognize that women have rights. I don't even mind conferences too much in any case, mostly because I hardly ever go to them.

What bothers me much more are resolutions. When I was in the NDP, I spent a lot of time sitting around and admiring resolutions. The NDP has some really beautiful resolutions, like wow, man, groovy. I never myself presented a resolution but I used to be astounded and stricken with awe at the perfection of the resolutions others thought up. The trouble was that after that, nothing happened. As far as I could see, after the things had been approved of and written down, nothing more was ever done about them and it was a rare member who could remember later, what the resolution had said. Presumably, one day the ultimate resolution will be passed which will settle once and for all the problems defined in the other, unsung resolutions. Presumably also, if the party gets into power, it will dust off its policy book and read therein what it must do next. Of course, this wasn't the case when I was in the party and what we mostly did was think up issues, which would fire up the populace into a pro-NDP fervour. I wasn't any better at issues than I was at resolutions and besides that, didn't like them as well. For one thing, the issues seemed to have no relationship with the resolutions. For another, though we had more issues than any other party, we didn't get elected anyway.

Okay, so now I've told you what I think. To be perfectly fair and democratic (I learned that in the NDP) I will now attempt to give you the conference's point of view.

There were five topics to be discussed: poverty, working women, native women, women's liberation groups, and women in politics. For each topic, there was a panel consisting of three people who gave short talks on the subject.

For example, the poverty panel, composed of Margaret Mitchell, Jean Amos, and Emily Huestis gave their view of the problem. Approximately two thirds of the welfare caseload is made up of women, 90% of whom have families. The effect of welfare is to force people further into the cycle of poverty and to break up families. The attitudes towards them causes divisiveness among the poor. They are led to believe that it's all their own individual problem and don't recognize that the society is to blame. Following discussions of the problems involved, the meeting passed a resolution which called for a guaranteed flexible income that would be paid to both men and women and not to the head of the household. An amendment stated that the cost of such a guaranteed income should be borne by corporate taxes. This is, of course, a short-term goal as in the long run, the NDP says it would do away with capitalism. The meeting also discussed the need for educating the public, and to elect women candidates. Poor people don't necessarily vote for the NDP; perhaps they would do so if the NDP ran a woman candidate with whom welfare women could identify.

Resolutions regarding working women talked about the need to educate women about their rights and to give them assistance in setting up unions.

Native women suffer a double form of discrimination: both as Indians and as women. They have spent a great deal of time, perhaps too long, in talking and demonstrating but nobody seems to think they are worth listening to. If native people turn now to violence for a solution, the catalysts will have been the fight for aboriginal rights, and the way white society treats their children. As a result of the White Paper, there are now 2500 native children in boarding schools in the lower mainland. For the purpose of integration, these children are taken away from their parents and put into a hostile environment where they are taught to reject their own people. Another problem is the legal definition of status and non-status Indians. Indian women lose their status when they marry white men and before 1961, all Indians who wished to vote and have liquor rights had to give up their status as members of their band.

The opinion of the panel members seemed to be that the NDP should not ask the Indians to become affiliated with the party. If they were really interested, the NDP should become affiliated with the existing native groups. A resolution passed on the subject spoke of the need for doing away with the teaching of prejudice in schools.

There was more. I didn't hear all of it. The second day I only heard Grace McInnes say that she was appalled by the timidity of women, or maybe she said Gretchen Steeves, the first woman MLA, would have been appalled by our timidity. I couldn't stay any longer than that because I was working. In any case, there is no reason to believe that the NDP will take notice of the women's efforts. The NDP governments in the past have done nothing about women's rights and the present governments in Saskatchewan and Manitoba don't seem to take the matter seriously enough to even pay lip service to it.

I started out by saying that conferences are held when nobody knows what else to do. Sometimes conferences are for the purpose of discovering what to do instead of holding a conference, and then they are good. This one didn't. I don't know what to do either. I think, however, that if I am wasting my time anyway, perhaps a beer parlour would be a better place to do it in. Tennis, anyone?

Profits from Suffering

National Nursing Homes owns or manages 13 private hospitals across Canada. For the first 9 months of the strike at Sandringham Hospital in Victoria, NNH was the management. A long bitter strike at their Parkside home in Regina was settled only when the provincial government forced a settlement with compulsory arbitration. NNH hospitals and nursing homes pay only the minimum wage to nurses aides (1.50 per hour in BC). Under NNH management, Sandringham was so under-supplied that nurses aides bought supplies out of their own pockets, rather than see patients go without.

NNH held their annual shareholders' meeting in Vancouver Oct. 7, with an annual report boasting a 25 per cent increase in income. The working women's group went to point out to the shareholders and as many other people as possible, just where all that money comes from.

Before the meeting started, there were pickets at each door of the Hotel Vancouver. Our intention was to give them leaflets, as well as to let them see the signs. But we had great difficulty identifying the shareholders. When a woman went by carrying a copy of the NNH annual report, she was chased and pounced on. That was the only leaflet that got into the meeting.

We were disappointed — but it wasn't as bad as it seemed. The shareholders' meeting wasn't at all what we had expected. We thought the annual meeting of a national company that runs 13 hospitals would be an all-day affair involving a fair number of people. (We nearly planned our picket for noon — assuming they would have a lunch break — so working women could come at lunch hour.) As it happened, there were only eight shareholders there, and the meeting lasted from 10:00 to 10:45!

Inside the hotel, by the meeting room, another attempt was made to hand out leaflets. Absolutely no one would take them, but it was fun talking about it, and making sarcastic remarks about how enlightened and broad-minded are the people who run so many of our hospitals.

The demonstration had some limited success. The issues were raised with the shareholders — by us and by the press who interviewed them. But it was clear from the length of the meeting that the shareholders have little say in setting company policy (most shares are apparently owned by Neil Cook, president of NNH, and perhaps by Robert Simpson Co.). So our major accomplishment in making the points to the press.

It was easy to be angry confronting NNH. Most of us have had something to do with private hospitals and nursing homes. NNH homes, like most, are understaffed with underpaid workers, under-supplied and generally the most depressing environment possible for the old people who must live in them.

The struggle of women workers to organize these hospitals will benefit their patients as well as themselves. But it is outrageous that people like the NNH shareholders should be permitted to profit at all from ill health and old age. As the Sandringham strikers have pointed out, "... something is rotten with the whole system of private hospitals for personal gain ... it is necessary that they become a public responsibility."

WHEN A WOMAN WORKS

In many cases the family is not wholly dissolved by the employment of the wife, but turned upside down. Thewife supports the family, the husband sits at home, tends the children, sweeps the room and cooks. This case happens very frequently; in Manchester alone, many hundred such men could be cited, condemned to domestic occupations. It is easy to imagine the wrath aroused among the working-men by this reversal of all relations within the family, while the other social conditions remain unchanged. There lies before me a letter from an English working-man, Robert Pounder, Baron's Buildings, Woodhouse, Moorside, in Leeds (the bourgeoisie may hunt him up there; I give the exact address for the purpose), written by him to Oastler.

He relates how another working-man, being on tramp, came to St. Helens, in Lancashire, and there looked up an old friend. "He found him in a miserable, damp cellar, scarcely furnished; and when my poor friend went in, there sat poor Jack near the fire, and what did he, think you? why he sat and mended his wife's stockings with the bodkin; and as soon as he saw his old friend at the doorpost, he tried to hide them. But Joe, that is my friend's name, had seen it, and said: 'No, I know this is not my work, but my poor missus is i' th' factory; she has to leave at half-past five and works till eight at night, and then she is so knocked up that she cannot do aught when she gets home, so I have to do everything for her what I can, for I have no work, nor had any for more nor three years, and I shall never have any more work while I live;' and then he wept a big tear. Jack again said: 'There is work enough for women folks and childer hereabouts, but none for men; thou mayest sooner find a hundred pound on the road than work for men--but I should never have believed that either thou or any one else would have seen me mending my wife's stockings, for it is bad work. But she can hardly stand on her feet; I am afraid she will be laid up, and then I don't know what is to become of us, for it's a good bit that she has been the man in the house and I the woman; it is bad work, Joe;' and he cried bitterly, and said, 'It has not been always so.' 'No,' said Joe; 'but when thou hadn't no work, how hast thou not shifted?' 'I'll tell thee, Joe, as well as I can, but it was bad enough; thou knowest when I got married I had work plenty, and thou knows I was not lazy.' 'No, that thou wert not.' 'And we had a good furnished house, and Mary need not go to work. I could work for the two of us; but now the world is upside down. Mary has to work and I have to stop at home, mind the childer, sweep and wash, bake and mend; and, when the poor woman comes home at night, she is knocked up. Thou knows, Joe, it's hard for one that was used different.' 'Yes, boy, it is hard.' And then Jack began to cry again, and he wished he had never married, and that he had never been born; but he had never thought, when he wed Mary, that it would come to this. 'I have often cried over it,' said Jack. Now when Joe heard this, he told me that he had cursed and damned the factories, and the masters, and the Government, with all the curses that he had learned while he was in the factory from a child."

Can any one imagine a more insane state of things than that described in this letter? And yet this condition, which unsexes the man and takes from the woman all womanliness without being able to bestow upon the man true womanliness, or the woman true manliness--this condition which degrades, in the most shameful way, both sexes, and, through them, Humanity, is the last result of our much-praised civilisation, the final achievement of all the efforts and struggles of hundreds of generations to improve their own situation and that of their posterity. We must either despair of mankind, and its aims and efforts, when we see all our labour and toil result in such a mockery, or we must admit that human society has hitherto sought salvation in a false direction; we must admit that so total a reversal of the position of the sexes can have come to pass only because the sexes have been placed in a false position from the beginning. If the reign of the wife over the husband, as inevitably brought about by the factory system, is inhuman, the pristine rule of the husband over the wife must have been inhuman too. If the wife can now base her supremacy upon the fact that she supplies the greater part, nay, the whole of the common possession, the necessary inference is that this community of possession is no true and rational one, since one member of the family boasts offensively of contributing the greater share. If the family of our present society is being thus dissolved, this dissolution merely shows that, at bottom, the binding tie of this family was not family affection, but private interest lurking under the cloak of a pretended community of possessions.

PETITION

The Victoria Voice of Women is circulating a petition urging the government to intervene in the Sandringham strike. The government pretends to represent the "public interest", yet Bill 33 (The Mediation Commission Act) was apparently designed and has been consistently used, to protect the interests of employers against unions.

Show your support for the women at Sandringham by signing the petition and getting your friends to sign. Return signed petitions to Linda Sproule Jones, 3940 Ansell Rd., Victoria, by November 15.

We, the undersigned, urge the government, in the public interest and in the cause of justice, to intervene in the year-old strike at Sandringham private hospital and require the parties to sit down and negotiate in good faith according to Part I, Section 5(b) of the Mediation Commission Act which compels the parties to "make every reasonable effort to conclude a collective agreement."

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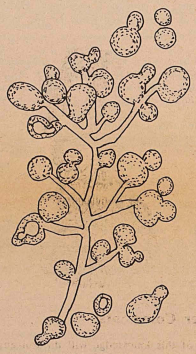
CROTCH

Having suffered from vaginitis since the year before Expo, I delight in telling all manner of stories about how awful it feels and how I never got it cured. I have moved around some in this time and been referred to specialists so that to date, I have seen 6 doctors, all of whom had more or less the same ideas which didn't work. Since I was also a lab. technician during some of this time, by collecting the information into a coherent mess, I have at least found out what doesn't work, and also rid myself of most of the guilt associated with the treatment. I'd like to share this misinformation with everyone. Apart from venereal disease, there are three major types of vaginal infections.

1. YEAST

The bug is called Candida albicans (also called monilia). It is found in small numbers in normal mouths, vaginas, anuses and other mucous membranes. Also, there are even smaller numbers on the skin.



Yeast is a category of plant or animal life (it's probably more like a plant though it sometimes acts like an animal) which falls halfway between the category called funguses and the one known as bacteria. The majority of yeast types known to us are either helpful (penicillium, the yeast used for making bread, fermenting beer, etc.) or saprophytic. Candida albicans is the only one which is medically important. It causes thrush, mostly in newborn babies, and systemic infections in terminal diabetics or others with a terminal illness. In recent years, it seems to be causing disease much more often. There is disagreement about whether this is because people aren't dying of other things, or whether C. albicans is getting more virulent. A certain amount of research has been done, but I was unable to find anything to do with vaginal yeast infections, beyond the frequent mention that they appear to be increasing. Doctors don't like common diseases in any case, but they like them even less when they're common women's diseases.

There are three basic requirements for any infectious disease: 1) a pathogenic organism; 2) a susceptible host; and 3) a means of transmission.

Since yeasts are always present on the body, the organism and means of transmission part of it can't be helped. With this type of organism, there is only one area to concentrate on: the host, who is you and me, baby.

Symptoms: A mild infection may not be noticed for months. There is a varying amount of white discharge (with little or no odour) and an itch, varying from mild to unbearable. Left untreated, subsequent developments are fatigue, and itchy inflammation of the entire genital area. If there is only a mild itch, the symptoms may not be noticed except for the lack of energy—any infection causes fatigue, presumably because the body is concentrating all available resources on the infected area. Eventually, there may be bloody discharge, dysmennorhea, and complete disruption of menstrual periods. I bleed all over the place for weeks, sometimes. Intercourse may be painful, or the irritation may cause greater than usual horniness.

Treatment: Mild infections may go away on their own and never come back or they may keep coming and going. Nystatin or any other anti-yeast agent works okay. All these require a doctor's prescription. If one kind doesn't work, another one will. They come as either a cream or a suppository, either of which are put into the vagina at bedtime with the special applicator provided. They're all messy. There is also a pill to be swallowed which should be tried along with the cream or suppository if these don't work alone.

Almost any treatment will clear up the infection in 3 days (treatment should be continued for about 2 weeks to make sure all the bugs are dead). The trouble is, it may come back again. And again, and again, and again . . . Chronic sufferers must get more serious about the matter. As I said, yeasts are normal flora on the body and ought not cause infections except in newborns and people in a debilitated state. They do cause infections and this can only be for two reasons: 1) there is a greater number of them than usual, and 2) there is some change in their environment, which is you and me. Thus, there is no one simple cause for infection and there are a number of factors involved. The causes I've seen listed (eg. in the *Georgia Straight* article) are not the real cause, in the sense that any one of them singly cannot cause the infection. The list is somewhat as follows:

1. Menstruation. During menstruation the pH of the vagina changes and it becomes more alkaline. This provides a better place for yeasts to grow. However, since menstruation is something all normal women do and since yeasts are also normal, there has to be another cause farther back which will make the woman susceptible to getting an infection each time she menstruates.
2. THE PILL. Probably the increased incidence o vaginal yeast infections of women on the pill is because of the change in pH also. Again, it shouldn't happen, but there are other metabolic changes which take place with the pill, the significance of which is not known.
3. Pregnancy. Change in pH, as above.
4. Antibiotic treatment. In general, there are two main ways of treating bacterial infections of any site. One is topical, and the other, systemic. Topical application is when the treating agent is applied directly to the infected area. Systemic treatment involves swallowing pills. The antibiotic is then absorbed from the stomach into the circulatory system and attacks bacteria from the inside. The trouble is, it then kills all the bugs all over, not just at the site of infection. Doctors try to make you swallow pills for nearly everything; as far as possible, topical antibiotics or sulpha should be used. It is, of course, not possible when the infection is somewhere inside or even if it's a surface infection which has spread all over the place.

I get a yeast infection *every single time* I take antibiotics for anything. Normally, your body is covered inside and out, by varieties of nice bacteria who don't do you any harm and sometimes do good. Competition between them for available resources keeps any of them from getting out of hand. Antibiotics, by killing off all the bacteria, not just the bad guys, leave the area free for yeast, who are unaffected by antibiotics. They multiply with stunning rapidity, and within hours or days, another infection.

Antibiotics should be avoided. Boils, infected cuts, anything on the surface can be treated by topical applications of some antibiotic like Bacitracin which won't get absorbed. Viruses are unaffected by antibiotics so there's no point whatsoever in taking them for colds, flu, etc. However, for things like bronchitis, pneumonia, tonsillitis, gastroenteritis, etc. which are all inside, antibiotics are a necessity. For women who suffer chronic yeast infections, it's a good idea to get some anti-yeast cream each time they must take antibiotics.

5. Sexual intercourse. Uncircumcized males can carry large numbers of C. albicans which they've acquired from some yeast-laden vagina. They rarely have any symptoms. It's possible for a woman to be continually reinfected by her own bacteria on her guy's penis. Thus, when getting treatment, take the man you sleep with along. This is, however, probably not a major cause since even virgins get yeast infections.
6. Injury to vaginal mucosa through intercourse, tampax, douche, etc. Don't take this one too seriously. Minor cuts or scrapes should heal up without difficulty in a normal healthy individual.

7. Another one not to take at all seriously is when doctors tell you about 'improper hygiene.' It is simply impossible to keep the genital-anal area free of bacteria or yeast and the doctor's balls have as many of these bugs on them as your perineum.

For a very few women, however, washing often with a mild disinfectant prevents recurrence for a while. Phisoderm is a good disinfectant for this purpose; anything stronger may injure the mucous membranes as well as bacteria and yeasts. It's worth a try — wash the genital area with Phisoderm once a day, but don't be upset when you get an infection anyway. Soap can be an irritant if not rinsed off completely when washing.

A new disinfectant called Betadine was used to wash the outside of spaceships. It comes in different concentrations and the kind mild enough to do vaginal douches with is marked to be used for that purpose. It sometimes works as a preventative measure, but if douching ain't your bag (pun), don't force yourself. One doctor suggested I should douche every day for the next few years, which is a good example of the cure being worse than the disease.

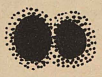
8. Tampax. The theory, which isn't a very likely one, goes somzhing like this: the normal flora is in the lower part of the vagina, while the cervix is supposed to be sterile. Using tampax pushes the normal flora up towards the cervix. However, screwing does the same thing and screwing per se does not cause infections. However, if you weren't ever too keen about using tampons, here's your excuse to stop.

9. Freak's fad. Yeasts and bacteria thrive on warmth and various counterculture types espouse substituting long skirts for jeans and underwear, on the theory that the vagina will then have air circulating through it. I'm not impressed. If it's true, then women should also never cross their legs and be skinny enough that their upper thighs never touch. Furthermore, chronic sufferers are always either just getting an infection or treating one so we're either bleeding, discharging, or dribbling Sporastacin down a leg and underwear is a necessity. I switched from nylon to cotton panites because I liked them better anyway, but didn't notice any difference in incidence of infection.

10. Sexual frustration. This is where they really get you. Screwing causes yeast infections; so does not screwing. Take your choice. When a woman gets horny, her pelvic tissues swell somewhat as blood vessels engorge; also the vagina gets moister. Yeasts and bacteria thrive in these conditions if they last for a while, thus it would be chronic rather than acute frustration which would result in an infection. Wash your hands before masturbating.

11. Diabetes. Diabetics get yeast and bacterial infections much more often than others because these bugs like the excess sugar. People with chronic infections should be checked for diabetes even if they have no symptoms to see, if they have sub-clinical diabetes or a pre-diabetic condition.
12. As I said, while any of these may be the immediate cause, there's some other factor which makes some people so vulnerable that they'll get an infection for any of the above reasons. I have no idea what this is, and doctors don't care enough to even ask the question. My original infection was probably acquired by working in a bacteriology lab. Why, 6 years later, do I still keep getting it? The underlying cause possibly has to do with food—either the wrong kind or the fact that calves and pigs are fed antibiotics which would be still present in the meat we eat.

ROT



After reading Adele Davis, I began to take Vitamin A (20,000 units along with 100 units of Vitamin E daily; more could be toxic) which is supposed to be good for skin and mucous membrances. The skin allergies I though I had have gone away and I haven't had a yeast infection for three months, which is truly amazing. In addition, I take a Betadine douche about once a week and am not using any kind of birth control. Whether or not this infectionless condition lasts for any length of time remains to be seen.

2. TRICHOMONAS

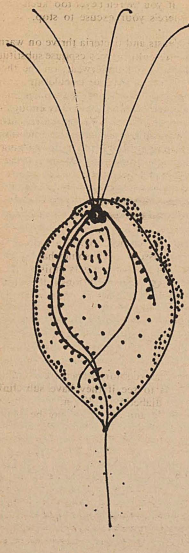
Trichomonas is a one-celled amoeba with a flagella at one end. Seen under a microscope, it's quite a surprising animal and can move with amazing rapidity. It causes an inflammation of the vagina, genital area, bladder, urethra.

Symptoms: The itch may be mild or much worse than a yeast infection; there is a discharge and irritation of the genital area. Sometimes it's not possible to tell a yeast from a trichomona infection except by examining the discharge microscopically.

Transmission: Normally, there are none present on the human body. You can get them from: 1) toilet seats. Your mother warned you, didn't she? A drop of urine or vaginal discharge on a toilet seat can be teeming with trichominads, some of which are still alive 30-45 minutes later. Complete drying kills the cute little things, which is kind of sad.

2) Venereally. Sometimes men can get an infection, but much less often than women. As in yeast, a man can be a carrier and reinfect his wife.

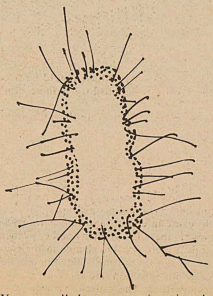
3) Using towels, washcloths, clothing communally, when one member has trichomonas.



Treatment: Although it's not serious, the itch can be very embarassing and irritating and irritation of the skin and mucous membrances can result in a bacterial infection. The worst thing is that the amoeba can be difficult to get rid of. Treatment comes in the form of pills and suppositories. It is important again, to get treatment also for the guy you sleep with to prevent reinfection. The trouble is, if they're not all dead, the survivors multiply when given a chance, and presently there's enough to start scratching about all over again. The medicine should be used as long as recommended by the doctor which ought to be about a week or two after you're sure you've been cured, to catch any strays.

3.BACTERIA

As opposed to yeast and trichomonas infections which don't usually lead to anything but themselves, bacterial infections are definitely acute and very serious. Gonorrhea and syphilis are varieties of bacterial infections. They can only be acquired venereally, i.e., by screwing, because they are very fragile bacteria and die immediately unless kept warm and moist. Other bacterial infections can be acquired in other ways.



You can tell the infection is serious because, except for the rare mild infection, it *feels* serious. There is a foul discharge (awfulness of odour varies with the kind of bacteria but nearly all produce some kind of stink), sometimes painful intercourse, a generalized feeling of illness. If untreated, a bacterial vaginal infection can spread all over and cause pelvic inflammatory disease (P.I.D.) where all the pelvic organs are invaded by bacteria. Like the gonnorheal P.I.D., other bacterial infections can result in sterility and other permanent damage, although they usually don't. Symptoms at this point include the previous ones plus lower abdominal pain, bleeding, sometimes a mild fever, pain and burning when urinating, and a more pronounced feeling of ill-health.

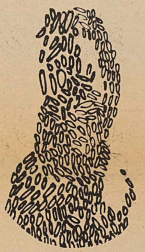
As opposed to yeast and trichomonas, treatment is simple. Topical sulpha cream and systemic antibiotics if it has spread from the vagina clear up the infection within a few days and there is not usually a recurrence. Again, it's important to keep taking antibiotics for a few days after the symptoms are gone to kill off every last bacteria.

The easiest way to get a non-venereal vaginal infection is post-operatively, like, after an abortion or D&C. An acutely rundown condition or a trichomonas infection can also lead to bacterial infection. The I.U.D. causes bacterial infections by providing both a chronic mild irritation and a physical means by which the bacteria can enter. In a few instances, however, the cause is not that obvious and can be as inexplicable as yeast.

Doctors will tell you irritably for all infections that 'girls' ought to learn to wipe from front to back. Wiping back to front can be a way of introducing faecal bacteria into the vagina. Faeces are loaded with bacteria, none of which cause disease within their normal habitat, the gut. One of the faecal bacteria, however, E. coli, can cause serious infections when introduced to other parts of the body like bladder, pelvis, ears, throat, etc. While this is something to keep in mind, no one other than doctors would take the wiping consideration very seriously. Self-evidently, a person should be immune to their own bacteria. Further, E. coli in the past decade is acting somewhat like Staph. aureus which is perhaps increasing somewhat in virulence and acquiring resistance to antibiotics due to the gross abuse of antibiotics. Thus, it appears possible that in some people, E. coli has changed its character so that ordinary hygienic measures no longer suffice. The problem then, is to get rid of that E. coli. For recurrent infections, a culture and sensitivity should be done each time to see if it's the same bug each time and to give some indication of what can be done about it.

If the I.U.D. appears to be the cause, have it removed.

Don't douche for a few days before seeing the doctor. Seeing the discharge helps him make the diagnosis and neither a culture nor a microscopic examination can be done if a douche has just been done. In any case, douches are not a good idea for women who don't have infections. Normal body mechanisms of defence should not be messed with unless they have proven ineffective.



Further Comments:

None of this knowledge will do you any good. Knowing about your own condition is labelled 'morbid preoccupation' with it and results in more mistreatment from the doctor.

You're supposed to have faith in your doctor and are not even allowed to know whether or not you're sick until he has a look and says - 'yep, there's something there all right.'

It depends to some degree what class you belong to, how you get a chronic or recurrent infection treated. Professional women will get a certain degree of respect all along; the rest of us will get lectures about 'improper hygiene,' which means - you dirty broad. The doctor has a problem, see, if he can't cure an illness. If he admits he doesn't know, he is implying doctors are human and fallible; so he must whenever possible, blame the failure of treatment on the patient. It's really important to remember that because doctors will lay incredible guilt trips on women.

We still have to go to doctors because none of the medicines can be obtained without a prescription and a microscope is often necessary for diagnosis. I have personally never been able to resolve the difficulty. I think that when I'm an Honours B.A. rather than a cabbie, there will be a qualitative change in my treatment from doctors. There are, as far as I can discover, no exceptions to the rule that doctors have jesus-complexes. I've worked in five Canadian hospitals and been treated by many doctors and while there is very definitely a difference in competence - ranging from downright dangerous to somewhat helpful - there is little difference in their egos. You gotta keep the faith - or else. Some knowledge of your condition can, at least, make you better able to judge your doctor's competence. I get into such awful trouble in the patient-doctor relationship that I hesitate to advise anyone else about the matter, but women should have some defence against the guilting.

Press Release

Q When is quilt-making revolutionary?

A. When a group of women's liberationists get together to make a quilt for Bernadette Devlin's baby, Roisin Elizabeth.

Q. Why would we do it?

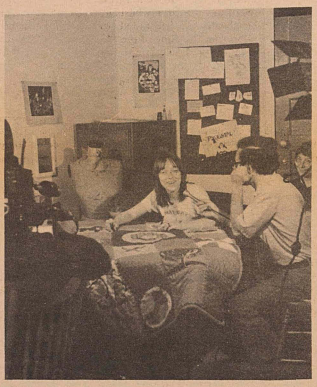
A. Because we think that Bernadette Devlin presents a counterimage of women: militant, involved, fighting to adequately represent her constituents.

And having a baby — it should be a joyful time — but many people, the press in particular, were giving her a hard time

So we wanted her to know that there were women who thought she was far out, & that her baby was beautiful.

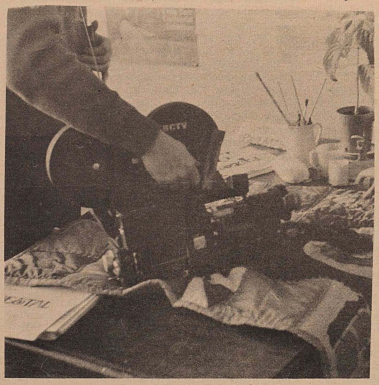
We made the quilt...

And we invited the press...



it went O.K. at first...

tho' people became less than enthusiastic...



& the cameraman got tired.

by the end, some of us wished we were somewhere else!

Green
I dreamed I was in
a green
Women's Liberation
tent—
a green hut
on the side
of the
mountain
built from the boughs
of fir-trees
by me—
green,
not red
brown
or
rust
green house
green hut
green jungle
green sky
green,
like the uniforms
of Vietnamese
women.

And then I dreamed
I saw a Green
Woman—
her face ap-
pearing
in leaves
and
roots

how un-
earthlike
is the earth—
green, not
red
brown
or
rust—
(green like the
face in
Bernadette
Devlin's quilt)

Women Take Over
The World
To Save The World

Childbirth a second time round

Six years ago I gave birth to my first child, three years ago to my second. The first birth was one of the happiest times in my life, deliriously happy I was as I lay in that hospital. The second was a disaster and doubly a disaster since I well knew how beautiful an experience it could have been. I am talking about the entire experience, from the day I discovered I was pregnant, through the birth, to taking the baby for checkups in the first months after leaving the hospital. The course of birth each time was physically similar and there were no 'complications'. The baby in each case was healthy and 'normal'. God knows how I would have emerged from the second birth experience had the baby been damaged or deformed.

Why was it so different? For the first child we were living in X (the city is irrelevant); we had no hospital insurance and my husband was earning $3000 per year. As a result, I attended a Maternity Clinic at a local hospital. The expense was geared to family income but it was still quite expensive. The function of this clinic was to care for the woman while pregnant, deliver the baby and give both the mother and child care for up to one year after the birth. The nurses were regular workers at that clinic so that women could begin to know them and feel in a stable and caring place months before entering the hospital for the actual birth. The same nurses I met on my first visit were there to exclaim over the baby after delivery and to give her the first shots a few weeks later. In the same way, some of the women I met visit after visit as we progressively ballooned in size were in the beds around me after the baby was born, and I met them again on my postnatal visits to the clinic. We really had a strong feeling (often unexpressed) of living through the experience together, and we were excited for each other.

Now for the doctors. Since it was a clinic for poorer people, almost all the doctors were interns and I did not see a gynaecologist until one came to assist when I was on the delivery table. Each month prior to the birth a different doctor (male natually!) would examine me. Frankly, I found it much easier to deal with what is basically both a technical and emotionally upsetting situation by not having any so-called 'personal attention' from 'my doctor'. It is quite hard, visit after visit, to be face-to-face with the same *male* doctor, all paternalistic and so so expert and self-important, who is also the guy who shrouds me in sheets and then pokes around in my vagina, often quite roughly. I think a woman doctor would be much easier for me to cope with in that situation but they are few and far between.

This clinic encouraged natual child birth but was not dogmatic about it at all. We learnt exercises and breathing techniques, but if we needed painkillers in delivery they were available. I was given only a last minute painkiller injected into my lower back and I was conscious throughout.. The clinic also encouraged husbands to attend both the labour and the delivery and that turned out to be a fantasically good thing for both of us. I cannot tell you sufficiently strongly what an immensely exciting and supportive thing it was to have my husband there. For him to be with me meant he was emotionally completely with me the whole way. It immediately dissipated that kind of mother–baby privacy which leaves the man in the cold. For us he was an integral part of the process and remained so in caring for the baby afterwards. Immediately after this first child was born I felt buoyant, strong and marvellous.

I stayed in the hospital just three days and the baby was with me throughout the day in a crib by the side of my bed. At nighttime she was taken to the nursery so that I would get good sleep between feeding times. That way she quickly became a very real and exciting human being for me. Four weeks after the birth, the clinic expected each mother to attend a birth control session, where the various forms of birth control were discussed extensively. Mothers choosing to use any of the methods were then given individual advice. I went on attending that clinic until our daughter was six months old and we left that city. I missed those regular monthly visits to the Clinic, for me it was a friendly, caring place. It was not ideal (for instance, women doctors would probably have been better), but it was paradise compared with the treatment I experienced in Vancouver.

I became pregnant for the second time when we were living in North Vancouver. We had health insurance, a higher income and a private doctor. The expense was therefore minimal (although we had probably paid for it twice over in insurance fees). Each month I trotted along to 'MY doctor's' office where there never seemed to be anyone else pregnant like me, (when you are pregnant, you tend to become ridiculously self-conscious) and no-one in a similar situation to talk to. It was a very lonely experience. The doctor — male, of course — was horribly embarrassed about doing any internal examination. He was a gentle, shy man and far from being like 'the sadistic gynaecologist'. He would weigh me and take my blood pressure and once he sampled my blood for anaemia. Several times he did no pelvic examination and he certainly did not explain to me what was going on. Maybe he assumed I knew all about it as it was my second pregnancy, but I could not remember well and there were minor differences in the course of the pregnancy that bothered me. I hope he was much more explicit with women having their first child but I somehow doubt that he was.

Towards the middle of my pregnancy I told the doctor that I wanted my husband to be with me in the delivery room. From then on that subject became very intense. The doctor seemed sympathetic to my wish and especially so because my husband had been present at the birth of our first child. He was, it emerged, quite powerless in the face of some senior gynaecologists at the Lion's Gate Hospital. The policy of the hospital was to refuse the husband admittance. 'My doctor' said he would try to get that waived but I found that I was pushing him even to ask. He seemed afraid to confront the Gynaecologists who set policy for the administration of the maternity ward there (and what an authoritarian backward policy they have). Eventually, two weeks before the baby was due, 'my doctor' said it would be all right for my husband to be present at the birth. We were delighted. So, when I was in labour, my husband came to the hospital with me. Everyone else around me was a total stranger—the nurses, the attendants, the other pregnant women. 'My doctor' was nowhere in sight and naturally did not come near me until delivery was due. My husband was my only support.

I had a long labour, as I had with my first child, but nothing that was particularly hard about it. Delivery being nearly due, I was wheeled on the trolley to the door of the delivery room. At that point the attendants told my husband that he would not be allowed to enter. In pain and hysterics, I screamed with rage at everyone in sight and fought madly but hopelessly until finally they clamped an anaesthetic mask on my face and that was it.

I drowsily emerged from the anaesthetic as I was wheeled out of the delivery room and was told of my son's birth. I felt no excitement, nothing. It was like hearing about someone else's birth. I simply felt drained, exhausted and depressed. My husband was allowed to join me then for a few moments and he tried to comfort me—but all I could feel was that all three of us—myself, my husband, and our baby—had been cheated and degraded. My husband had been told brusquely by one of the chief gynaecologists that only medical people could enter the delivery room and my husband, if he wanted, could listen to what was going on over an intercom system! Even now, some years later, it makes me want to scream when I think about it.

I had to stay in hospital six days. The baby was kept in the nursery day and night and was delivered to me like a parcel at regulated feeding times. Sometimes he was snatched away again before I had finished feeding him. I liked to do it slowly and that did not fit into their schedule. If he was not snatched away, the nurse would come over and try and coax him and me to hurry. I used to dream of fleeing the hospital, and in fact worked out quite an elaborate plan for kidnapping our baby from the nursery and running out.

I returned home swearing I would not go near those doctors again but, of course, I needed to be checked medically so I had to go back. 'My doctor' was sheepishly apologetic but quite obviously had no intention of trying to get the hospital administration to change its policies so that having a baby would be a really good experience. Even in England, where, I suspect, much of the rigidity and hospital authoritarianism originated, they are following much more enlightened policies about childbirth. The doctors I had here were trained in England some time ago when apparently medical students must have been taught to view women in childbirth as cows. I would have more respect even for cows.

Then it came to birth control. I asked for an I.U.D. as nursing mothers cannot use the pill, and all sorts of stupid problems arose. 'My doctor' told me he could not insert one unless he was convinced I was not again pregnant. I suppose he feared he could be charged with aborting me without going through the 'legal channels'. It was difficult to prove without a doubt that I was not pregnant. I was not menstruating because I was breastfeeding the baby. Finally, five months later, after much pressuring from me, he arranged for the I.U.D. to be inserted by that senior gynaecologist, the one who had delivered the baby and excluded my husband. In desperation I went to the appointment, swallowing my anger and wishing that I had the guts to hit him. I have never been near him since. He now symbolizes for me the arrogant, highly cultured fascist; the superior male gynaecologist par excellence. He was very expert, sort of handsome, enormously self-confident and with utter contempt for everyone his 'social inferior'.

The entire experience of that second birth was an isolating, degrading and even frightening one. Fortunately I had some confidence and knowledge from my first experience of childbirth. Most women in the Vancouver area receive similar treatment to that I got at Lion's Gate, although I believe they are allowing the babies to stay with the mothers at St. Paul's now. My indignation is maybe greater than many women going through it simply because I had experienced such infinitely better care and respect when my first child was born.

how to have a baby

For purposes of argument we will define "natural" childbirth as that which occurs without the aid of anesthetic drugs.

Why should a woman choose to labor without drugs when, presumably, it could be made so much easier with them? It should be stressed that labor is different for every woman and not every woman can labor in relative comfort without drugs. The drugs are always available; why assume you'll need them before you begin? The reasons for avoiding drugs are pretty convincing. Stechler et al, at Boston University Medical Center, have shown, in long-term longitudinal studies, that drugs administered during labor adversely affect the child, producing both short-term and long-term effects. It was shown that in addition to delayed early responses (attention, breathing, etc.), children of heavily anesthetized mothers were, as a group, lower in intellectual development than a comparable group of children whose mothers had had little or no anesthesia. But this aside, one compelling reason is being able to control your body through this experience, to be aware of yourself and sensations, knowing what is happening, i.e. it puts more control in your hands.

What happens in pregnancy and childbirth is a miraculous process. The uterus at term must be capable of contracting very powerfully to push the child. At the same time, the cervix or womb opening, is dilating to permit passage of the child. This process continues until the opening is wide enough, about 10 c.m. The nonpregnant uterus is a muscular bag about 3 1/2" X 2" X 1" in size. At term it is 15" X 10" X 8"(520 times increase) and the weight of the uterus alone has increased from a few ounces to 2 1/4 pounds. The individual muscle fibers increase in length and breadth. This occurs because a protein, actomyosin, is deposited within the muscle fiber, permitting each fiber to exert more force. With most muscles this change is achieved only with regular hard exercise, but clearly this would be impossible for uterine muscle, so actomyosin is deposited without prior exercise, so that at the appropriate time the uterus will be capable of the powerful contractions necessary for its work. An elaborate hormone system prevents the uterus from contracting until the child is ready, approximately 264 days from conception, at which time the "brake" is released and contractions begin rhythmically, with increasing frequency and intensity, until the cervix is dilated. This marks the end of the first stage oflabor. At this point in response to a powerful urge to push, the woman gradually expels the child. This is the second stage. The third stage is the delivery of the placenta, or afterbirth, the organ which has been the vehicle of nourishment for the growing fetus. The birth process is one which continues inexorably to completion. It can be slowed, but it uses involuntary muscles and is not subject to will.

How, historically, have women dealt with an act uniquely theirs? All societies evolved procedures and rituals associated with childbirth. Most births presented little problem, regardless of the cultural rituals associated with the act, but there was no way to handle a problem delivery until the sixteenth century. Caesarian section was known, but unrefined and risky and usually meant sacrificing the mother to save the child, or the child might be extracted piecemeal, thus saving the mother at the expense of the child. In the sixteenth century the Chamberlen brothers were the first to use obstetrical forceps, which proved to be a great aid in an obstructed delivery.

As more doctors aided deliveries with the new advances, replacing midwives who were not permitted to use them, the scene of action shifted from the home to the lying-in hospital and the attending person was now a man rather than a woman who was herself experienced in childbirth. As part of the scientific renaissance of this period, the doctors were encouraged to learn on cadavers rather than on models. They carried infected cadaveric material to their live patients, one in ten of whom died of childbed fever. The midwives, who were not permitted to learn on cadavers only had a 1 1/3% mortality rate. As word spread, women begged to be delivered by tne midwives or be allowed to deliver at home.Ignaz Gemmelweis in 1846 first made the connection and had the doctors in his hospital wash their hands with chloride of lime before examining patients and the mortality rate dropped precipitously.

Also around this time was the first use of anesthetic agents, nitrous oxide. In 1847 ether was used, but with undesirable side effects. Chloroform was found to be a better substitute. Arguments between doctors and clergy (the Bible said woman was destined to suffer because of Eve's sin, etc.) about the use of anesthesia were all quieted when in 1853 Queen Victoria was delivered of Prince Leopold with the aid of chloroform and was pleased with the effect. It was here to stay.

During the late 1800's and early 1900's many women were battling for suffrage and other freedoms. Many of them saw anesthesia as a way out of a tyranny over their bodies which they could not otherwise control, and the use of anesthesia gained wide acceptance, especially in North America. But it came at a price.

All the advances in obstetrics benefited the woman with a problem delivery. But what of most women with a normal birth? Instead of having a baby amongst the comfort and support of her friends and family at home, she went to a hospital where she was a "patient," totally in the hands of a doctor, treated as a sick person, isolated, not knowing what was happening to her. It's no wonder she'd welcome an injection to wipe out this experience. This is today the prevalent way to have a baby. You are admitted, put in a room to labor, with or without anesthetic assistance, and alone with your anxiety.

How else can you have a baby? Hypnosis has been used successfully with some women but not everyone can be hypnotized. It solves the drug issue but does not help the control issue, controlling your own body in its work.

In the early thirties, Dr. Grantley Dick-Read came out with a book "Natural Childbirth", in which he stressed relaxation and breathing exercises. He felt that fear and tension tightened muscles, interfering with the normal process and causing pain. He advocated childbirth classes to inform women of what would happen, and relaxation exercises to eliminate pain. He saw childbirth as a magnificent spiritual experience which should not have pain as a concommitant in its divine state. While his method has helped many women, it did not really deal with the powerful contractions of the uterus. Also, not all women saw childbirth in the spiritual way that Dick-Read saw it and were disappointed. Also, it might be added, he wasn't having the baby!

In 1951, a Russian, A.P. Nicolaiev of Leningrad, introduced a method of preparing women for labor which was being widely used in the Soviet Union. It was brought to France by Dr. Fernand Lamaze and popularized in the United States by Marjorie Karmel, in her book, *Thank You, Dr. Lamaze.*

This method is called psychoprophylaxis, also, the Lamaze method, and uses techniques of conditioning requiring concentration and relaxation, and breathing techniques which are developed and practiced well before the anticipated delivery. The method is based on the premise that the brain can interpret only one set of signals at a time. There would be signals coming from the uterus which the brain might interpret as pain. But if, at the beginning of a contraction, the woman concentrates on the special breathing techniques she has been taught, it lessens the "pain" signal. Although many women who have used this method claim to have had a totally painless childbirth, most others said they had some discomfort, but it was at all times bearable, and they felt under control Labor is hard work, for which one must be in condition. Being able to control your body and use your labor effectively puts more control in your hands and shortens the labor time, making it healthier for you and your child. It must be stressed here that every woman is different and not all women, even well prepared for the experience, will ultimately be able to do it this way so they should not feel bad if it doesn't work for them. It's worth a try.

WOMEN AND BABIES

Jane, *Ingunn*, and **Barbara**

Doctors

I had a fantastic doctor - a really wonderful woman with teenage children of her own - she gave me extras like expensive vitamins that I couldn't afford, insisted I go to childbirth classes and most important, told me everything that was likely to happen to me in labour and delivery - none of this "Leave everything to me, dear", that so many doctors do about everything, not just childbirth.

It is of paramount importance to search around until you find a sympathetic doctor with whom you agree about all aspects of childbirth and who does *not* believe that you're somehow better off if you are kept in ignorance of what's happening to your body at all times.

I have friends who have been told by their doctors that the whole idea is just a lot of brainwashing and they certainly don't believe that women should participate or even be awake during delivery. Of course it is brainwashing but *it certainly works and why not do all you can to speed things up and make things easier for yourself by being properly prepared? Women use these techniques inspite of their doctors and many M.D.'s are now advocates as a result of their patients' efforts.*

Complications

After 10 hours of labour: Contractions were settling down into more of a pattern now but I was still having trouble handling the top of them - it was nice, also rather dramatic (I thought in my stupor) to moan a little. I wished the whole thing would just hurry up and end. I finally asked the doctor if he would give me something (eg. demerol) to help the pain. He said that at that time it was better not to slow down the contractions (demerol would cause that) and gave me a "you can do it" look. I felt miserable but brave. At about 1 p.m., part of an anterior lip was discovered holding up the baby's arrival so I finally was given a lovely shot of demerol...

This time they discovered early that the baby was in the same face-up position as before and had me lie on my side for the duration of labour - what a simple thing, and what a difference!

I was wheeled into the delivery room and was amazed to find about 20 pairs of eyes peering over masks around the rim of the room. It seemed that Michael, baby and me were to be the day's obstetrical example - everything stopped while I recovered from the shock. We plunged on - lots of pillows - the anaesthetist (feeling rather unnecessary) hissed "so you're going to be a brave *girl" in my ear - I informed him that the worst was over by now and all one had to do was push hard.*

Classes

These consisted of exercises, breathing techniques, relaxation techniques and a host of weapons. The main emphasis was on aiding and being involved in the labour rather than letting it assault you. Being tense and uncontrolled would only lengthen the process. Husbands were instructed in various techniques for making us comfortable, eg. massage, and also how to lead us in the correct breathing rhythm if we lost control.

I practiced at home, not as much as I should have, practiced with the record - it's very helpful - every pregnant person should try to get hold of it.

Afterward, I felt that if I had 'done better' things would have gone more smoothly. This is one of the sad things that can happen when you have prepared yourself thoroughly and then it does not all go quite "like the book".

Vancouver Childbirth Association,
1595 West 65th. Telephone: 263—7910

Why Classes?

After talking to a nurse friend, who had taken a post-graduate mid-wifery course in England and was excited about the Erna Wright "method", I decided I wanted a "naturalistic" approach. I liked the idea of a natural body process being treated in a natural way rather than like an operation where something is removed *from you. . .*

There was no feeling of missing my bulge this time - there is some sort of terribly important connection between feeling *that delivery and your relationship afterward with the child in your arms.*

Rooming-In

I went into a rooming-in unit in the Toronto hospital, and during the next five days my husband and I handled the child - feeding, changing and bathing him. When we arrived home neither of us felt inundated with strange new duties.

She roomed-in with me which strengthens the maternal link (St. Paul's Hospital).

Aids

Because I was given a spinal (pain-killer), I could not feel *this child being delivered and could not make the connection between what was in my arms and what had been inside - I missed my bulge.*

I asked for an epidural to be given to me. This injection freezes the birth canal but allows the mother to be fully awake and aware.

In this hospital they had a "Birth-ease" machine - sort of like a vacuum cleaner that fits over your bulge that you snap on during contractions to ease the pressure, especially on your spine. It helps somewhat - it's good for back labour.

Transition lasted longer that I thought it could. They all kept telling me to *wait* a bit longer - that I wasn't ready yet. By now it had been about 14 hours and I freaked out and asked for something to lessen the pain. My doctor gave me a shot of something, told me what it was and what effects to expect, and assured me it would not affect the child or me adversely. I don't remember what it was, but it made me feel a bit better without reducing my awareness.

Fathers and Friends

My husband's relationship with the children has been deepened by his inclusion throughout pregnancy and delivery. He is not just an occasional helper but instead part of the family unit.

In the hospital, my husband joined me in the labour room, helped me with my breathing, massaged and gave me encouragement.

My girl-friend went to classes and through exercises with me, as Steve was still stranded in France. . .

Steve arrived from Europe, just off the plane, flowers in hand, looking somewhat paranoid. Kisses and hugging with me in backless hospital gown 6 sizes too big, and silly paper slippers.

Summing Up

This method is the only sane way to have a baby, but it isn't a magic formula. I know that my own experiencewould have been much less uncomfortable had I been to classes and done exercises from early pregnancy, but I feel sure that it would not have been completely painless, as some of the material I read had led me to believe. In first childbirth you are strenuously using muscles that have never even been used before, and that's bound to be unpleasant. I am suspicious of and resent the attitude of some of the books on the subject implying that you've failed somehow as a woman and a mother if you don't go through the whole thing painlessly and druglessly.

NATURAL CHILDBIRTH

"We young, modern gynecologists believe..."

"We young, modern gynecologists believe that pregnancy and childbirth is a happy, healthy time, no different from any other period in a woman's life," my doctor told me when he confirmed I was pregnant. I nodded and smiled along with him, glad that I was the patient of a young, modern expert who seemed to regard me as the intelligent young woman I knew I was. And thus he set the rules of the game.

During the months that followed I heard only of the joys and pleasures of childbirth, above all natural childbirth. I heard of women and their husbands laboring in ecstasy in the hospital, breaking open bottles of champagne in the delivery room, and toasting the baby while a chorus of laughing doctors and nurses joined in.

I believed this enchanting fairy-tale version of birth, peddled by the sexist stalwarts of Parents Magazine and Baby Talk and by their enlightened opposites at Ramparts and WBAI. I believed that women trained in the Lamaze method of natural birth popped out their babies the way kids spit out watermelon seeds and were in complete control of the whole event. It took a long and difficult labor for me to perceive that natural childbirth can be just another shuck.

There is nothing wrong in delivering a baby without anesthetics or medication, with your husband by your side. But I discovered that the uncritical championing of natural childbirth by both the gung-ho American-motherhood types and the radical sisters has left unchallenged the total power of doctors over their patients and has deceived women into believing that natural birth somehow liberates them from the traditional female straight-jacket.

The 16 hours I spent in labor in the hospital, after 24 hours of labor at home, turned out to be the worst hours of my life. And I realized in the middle of it all that preparation for natural birth gives a woman only the *illusion* of being in control of the birth of her baby, while doctors and nurses carry out their tasks in the traditional way, unchallenged. The woman in labor is manipulated by yet another technique which maintains the status quo.

I wanted to scream and kick and curse the natural childbirth establishment that had taken advantage of me. But I did not give in to any of these spontaneous acts because I was afraid to lose my carefully cultivated self-control. Needless to say, screaming and kicking in labor does not make childbirth painless or easy. But the ability *not to scream* is symptomatic of our fanatic desire to be always in control.

And so the best candidate for natural birth is the intelligent woman with what is called common sense, who will see that it is in her own interest to obey and not make a fuss about having a baby. In other words, the young, educated, middle-class woman. And because of her ability to keep her head and contain her agony during labor, this is the woman who may also suffer most in giving birth, especially if the birth is difficult and not of the melon-seed variety.

Like most eager, middle-class educated young women, I had been taught to believe that you have only to acquire knowledge to solve a problem, that you have only to set your mind to it and you can do it, be it getting an A in your finals, making a souffle, or giving birth to a baby. To show how far we bright, modern women have come from the terror and misery our mothers and grandmothers endured, we even insist that giving birth is fun.

I am sure that the women who have told of their joyous experience in childbirth are telling the truth. They are simply the lucky ones who had an easy time in labor and delivery. They would have had the same uncomplicated experience with or without training in natural birth techniques. But they fail to see that their experience is an accident of nature. In their eagerness to champion this apparent reform, this apparently revolutionary method of childbirth, they fail to understand that they, together with their unfortunate sisters whose labor and delivery are "abnormal" or difficult, have been misled. All are victims of a current fad, propogated by women themselves and by some members of the medical profession, the latter often in bad faith.

"Read this book..."

"I have a few questions," I said reasonably to the doctor the day he told me I was pregnant.

He held up his hand to stop me. "Read this book. It will answer all questions." He handed me a slim hardback titled "Expectant Motherhood," by Nicholson Eastman.

I read the book. I learned chiefly that my uterus would grow larger and that at the end of approximately 280 days I would have a baby. So I bought another book, a paperback by Alan Guttmacher, "Pregnancy and Birth," which went into a little more detail and was uncluttered by coyness.

On my next visit the doctor asked if I had done my homework and dismissed with a mild grimace the few questions I had. He asked if I was interested in natural childbirth, expressed his pleasure that I was and said: "There is nothing worse than seeing a woman in the labor room thrashing around and screaming when there is absolutely no need for it." He told me his hospital was one of the few in New York that encouraged natural childbirth and insisted that all its nurses be trained in the method. He gave me the name of a mid-wife who conducted classes and the name of another book, "Six Practical Lessons for an Easier Childbirth," by Elisabeth Bing. In my zeal I bought yet another, "Childirth Without Pain," by Pierre Vellay.

Nothing in the books and articles my husband and I read, nothing in the natural childbirth classes we followed, and nothing that my doctor said prepared us for our experience. The disciples of natural birth talk only about "normal" labors and deliveries. The emphasis is on positive thinking. "If you call it pain, then of course it's bound to hurt—it's mind over matter," was the prevailing sweep-the-dust-under-the-rug tone. As if by using Pavlovian techniques one can control one's cervix, uterus, and the baby's position.

My husband and I bought this wholesale and were looking forward to the event with excitement. In class we, the appointed the elect of prospective parenthood, were told to expect some pain (or "discomfort," as it is called in natural birth Newthink). We smiled in a superior, pitying way at the tales told by our midwife-teacher of the unenlightened women who had not prepared themselves for childbirth and who made everything worse for themselves, for the baby, and for the doctor.

That last phrase is the loaded one: Let's make it easier for the doctor." A subtle appeal that made us identify upwards, with the medical experts, rather than with those poor women in pain, in the same way that a factory foreman forgets his workmates and identifies with the interests of management. By paying $50 for a course of six classes we felt we had somehow bought our way into the private club of the medical experts. Giving birth would demonstrate the wonderful partnership of doctor, nurse, husband and wife.

JUST ANOTHER SHUCK?

by Glenda Adams
reprinted from **the village voice**, *Sept., 1971*

I saw my doctor for 10 minutes a month, then 10 minutes every two weeks during the eighth month, and 10 minutes a week for the last four weeks. He called me by my first name (or someone else's first name, often Nancy or Margaret). But he never spoke to me about the actual labor and delivery and what I should expect. And I never asked, for I had read the books, taken the classes, and I assumed that both he and I knew it would be a jolly experience which I would control.

Fraud

I began to perceive the depth of the fraud only when my labor was well under way. I had called the doctor after three hours of 45- to 50-second contractions at three-minute intervals, just as I had been instructed in class. When I checked into the hospital I was told my cervix was only just beginning to open. The week before the doctor had told me my cervix was still closed, but he did not explain what this might mean about the nature of my labor or how I could deal with it. In the hospital, the resident clicked his tongue at me. "You're going to take a long time," he said. I felt I had spoiled everyone's day. It was, after all, a Saturday, when people should be having fun. And here I was panting away like a thirsty pup, just as I had been taught, with my husband counting off the seconds in tens, as he had been taught, and reminding me to relax.

I panted from 3 a.m. at home (when I changed from the initial long, slow breathing I had been taught) until 7 p.m. The only comment I got was from a nurse, sometime during the afternoon, who told me I had started the quick breathing too soon. I felt guilty for over-performing. But nobody explained what I ought to have done and nobody explained what was happening to me, although I knew the activity in my abdomen did not tally with the book. All this in a hospital that encourages natural childbirth.

While I was in labor the screams of other women from adjoining labor rooms comforted me. I did not feel quite so alone, for I was beginning to blame myself for the excruciating pain that persisted and increased, despite my controlled breathing, panting, exercising, and positive mental state.

But I did not scream. During those terrible hours I whimpered a little. But not once did I scream. For wasn't I intelligent, educated, enlightened? Didn't I understand the birth process and have control over my body?

In that labor room I waited for my doctor to congratulate me on the good job I was doing, to tell me how brave I was not to give in to the pain. I waited for him to treat me as his equal, include me as he made his decisions, and explain what was happening. I would have asked him, but I was using all my strength to maintain my control, and he jounced into the room, plunged his fist into my vagina, and jounced out again so quickly I did not have time to gasp out anything. My husband, banished from the room during these lightning appearances, had to spend the rest of his time giving his full concentration to seeing me through the pain and encouraging me to stay with it.

I think my doctor addressed me directly three times during those hours: once to say "Not medically justified," when I whispered a request for a Caesarean (but he gave no explanation or words of encouragement to me to keep up the good work); once to say, at mid-day, when it was only halfway over, "Just pretend you're starting labor now"; and once at the very end, to say "I'm going to put you to sleep."

Just before that he had told my husband, not me, that a forceps delivery would be necessary. No one told us, as I pushed and strained for an hour and a half before being "put to sleep," that they had known for some time I would not be able to push the baby out by myself. My husband overheard my doctor telling this to the resident. But when the doctor appeared he called to me to "push that baby out." The cry was taken up by the nurse, and my husband found himself in the shattering position of having to go along with the experts in the deception.

After the birth we learned the extent to which we had not been informed. No one had told us that the baby's head was facing side-ways and would not turn to face the back. No one had told us the head was so big that there was a chance a Caesarean might be necessary. No one had told us that my contractions were being speeded up by medication, so that when I found myself having long contractions lasting five minutes with practically no interval between them I was unable to adjust my breathing or expectations, since we had been informed in class of contractions lasting a maximum of a minute. These things the doctor and his staff knew, but they consistently failed to inform me or my husband.

It is now clear to me that a doctor's power can depend on his keeping the mysteries of his profession to himself. And I saw how much quicker and more efficient it was for *him* not to have to stop and explain things to a woman in labor, particularly a woman who is not causing any trouble because she has herself under control.

"The trouble with natural childbirth," my young, modern doctor told my husband after our baby was born, "is that it pretends to give women an amateur course in obstetrics and there's more to obstetrics than that."

I now understand what this doctor means when he talks about the undesirability of women making a fuss in labor: if you are a technician intent on doing an efficient job, the body and mind of the woman who owns the uterus you are dealing with tend to get in the way. The patient hampers the doctor in his work in the same way that readers hamper librarians by checking out books all the time.

Some doctors oppose natural childbirth. They say: "Leave medicine to us doctors, the experts." Others espouse the method, use it to serve their own technical goals, and still retain their traditional power. They enlist the support of their patients by giving them the *illusion* they are taking part in an exciting new development that will make meaningful inroads into the old-guard established power of the medical world.

None of this is clear to the woman who hardly suffers in childbirth, whose birth is "normal" with a need for only a minimum of decision-making by the doctor. It is patently clear to those who have a long, hard labor.

Natural childbirth gives you the privilege of paying the same $1300 in doctor and hospital fees to keep your self-control, possibly suffer more pain than if you had given birth the "old" way, and become the victim of just another shuck.

"Leave medicine to us doctors the experts"

Poem for Joni Mitchell From The One Who Held the Match (Or the Grass Is Redder on the Other Side of the Moon)

get rid of Joni Mitchell
and her fucking
green peace
festival
(every night
I smother in leaves

show me the Indian
headress instead
every feather
a red
brother and sister

show me the red
and purple screams
the animals crying
inside cages
the actual, concrete,
physical.

the red sun loses
rubs off on everything
the red moon rises, has things to do.

(the ground does not cry
has no life but we give it

-reality is Marxist, humanist-
turning into leaves and grass is no answer
the deadness of the moon is a symptom,
not an answer)

the cowgirl in the sand
rides circles
round the sun,

the indian woman
does her dance
of sticks
slowly, painfully,
arching her back

one, two,
one, two

dancing the path
of night

lifting the weight
of centuries
on her back
gathering sticks
to make the

FIRE

(meanwhile the people
climbing up
out of the night
slowly, slowly,
lift the great weight
to bring it
down-
a battering ram)

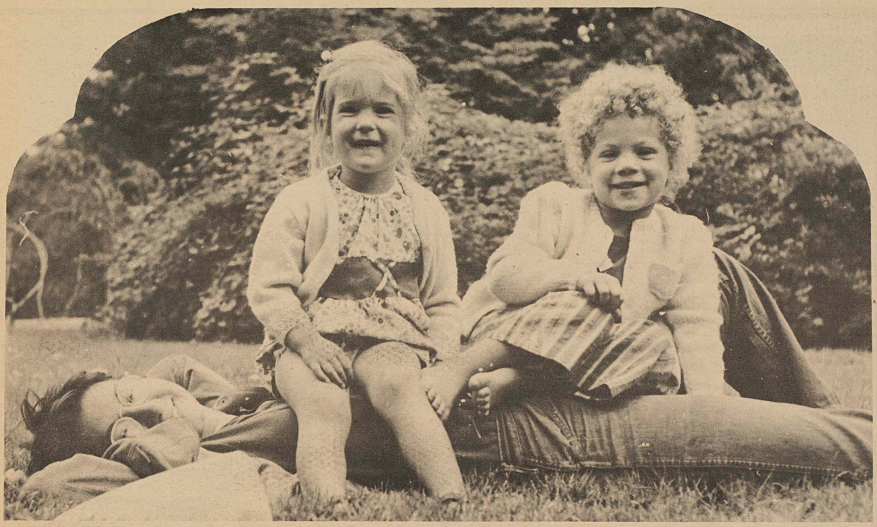
the black woman
crouched
in darkness
waits

the green world is not
friendly
to her

the moon is harsh,
turned to stone,
twigs and roots
trip her up

sing me no more
your green death-songs
the trees cannot grow
in all the smoke
the ground has turned red
with blood already

sister, forget
your cool un-world-
see, it's disappearing
in clouds of smoke.



WHO CARES?

Family Day Care Workers in Vancouver

by members of an Opportunities for Youth Project on Child Care

When you think of day care you think of a children's place, a group with several "teachers", toys, games, playground, etc. At least that's what we thought when we began a survey of day care in Vancouver, begun by United Community Services to review licensing requirements. But we discovered that we were to visit many more "family day care" homes than regular centers. We soon learned that only a tiny minority of children in day care in B.C. are in centers; most of those not with "babysitters' (who operate privately and without licensing inspection) are in Family Day Care. Since children under 3 are by present regulation excluded from day care centers, a Family Day Care Home is the only place they can go. Thus, to understand anything about day care in B.C., you have to know about the family day care idea - how it works, who favours it. And if you are concerned about getting the best possible day care system, you have to understand why it seems that because of the great and exploitative demands made on the women who do family day care, neither the people of B.C. who help pay for it, nor the parents, nor the children, are getting the best possible, or even adequate, care.

Family Day Care is based on the idea that a woman in her own home can take in up to 5 children daily, in addition to her own, and give them loving care in a home-like atmosphere. (Typically, there seems to be no consciousness of the importance of having men participate in the care of small children.) Based on the idea that almost every woman is naturally a good mother, and that being a "good mother" is all that a child requires, the main requirement for getting a license from the Community Care Facilities Board to do Family Day Care is that the premises (the woman's own home) be judgedsafe and healthy by city inspectors. (Sometimes a woman's neighbors are interviewed about her public morality, etc., but in general the main focus is on physical matters, wiring, fire escapes, etc.) Many women, of course, operate as babysitters without going through licensing procedures, although if they care for more than 2 children they are technically operating illegally. Having a license (like that for day care centers) enables the parents of the children a woman cares for to participate in the provincial day care subsidy system. (See box on Day Care Subsidy.) It is this need to have access to provincial money, that serves as the lever to make both day care mothers and groups starting day care centers go through the licensing rigamarole and expense.

Once a family day care worker has been licensed she may operate through the Family Service Child Care Department or independently. In the first case, she would be under the supervision of a social worker from Family Services, and would receive children through referral by them. They would handle the finances - collecting from the parents, and paying the day care worker by check. Supposedly, Family Services also assist its Family Care workers by supplying the equipment, craft materials, etc., and by giving information and advice. In exchange, the workers must only take referrals from Family Services, and are led to believe that if they take children privately they will lose not only their access to Family Service supplies, etc., but also their day care license. This is not the case. There are many home day care workers who operate privately with a license, getting their own clients by advertisement or word of mouth, setting and collecting their own fees. There are also homes that have children both privately and through Family Service referral. One other advantage lies with Family Service in that it seems to be the main screening center for applications for provinicial day care subsidies. The most convenient way of obtaining a subsidy is to apply to them. Many women operating home day care privately do not know how to assist their clients in applying for the subsidy they should have.

We visited a random sample of 28 licensed homes. Eighteen were homes completely affiliated with Family Services; five got some children through them, and five got all their children independently. As a result of these visits we feel it is important to publish some observations on the working conditions of family day care workers, partly because they (like most domestic workers) are invisible members of the work force, and partly because their situation affects directly the kind of care that most children under three get in day care in B.C.

Home day care workers work long hours (7:00/7:30 a.m. to 5:30/6:00 p.m.) for low pay (averaging out to less than a dollar an hour), in conditions of isolation from other adults, at a high-energy and psychologically-demanding job. Given these facts, it is not surprising that of the 28 workers, only 7 or 8 seemed to be imaginative, resourceful and active participants in the children's day. In the other homes, there seemed to be little activity organized for the children, and the day care mothers often found adult companionship in T.V. soap operas. Because so much emphasis is placed on the condition of the house when the woman applies for a license, there seemed to be very great concern about maintaining a clinically clean environment, at the expense of allowing the children to play freely at anything that would disturb the order of the home. Because this work is carried on in her own home, the day care worker tends to devote considerable attention to her house-work. Many of them felt that they

******* Parents' Day Care Subsidy *******

We believe that free access to good child care of their choice is the right of every parent and child. At present, fully subsidised child care is available in B.C. only when the working parent of children can prove financial need. Since, however, many working mothers who would likely be eligible do not know of the existence of this subsidy, and since the low pay for women's work is so unfair that women should feel no hesitancy in demanding government support as rightful compensation, we believe the facts about the subsidy should be made known as we understand them. A subsidy of $2.75 to $3.60 a day per child will be paid to the home or center where the child is in care. This is to be full payment and parents cannot make additional payments directly. This subsidy can be used in a licensed day care center, family day care home, or in an unlicensed babysitting situation (with no more than two children) after a visit by a Family Services worker. (So if you leave your child with a friend and are paying her to look after her, it is possible you may be eligible for provincial money to pay for this, if she is willing to have a single inspection from Family Services.)

Eligibility is determined by monthly income less rent or house payments, and a standard estimate of costs from food and clothing, plus any unusual necessary expenses. If the monthly remainder is less than $10, a full subsidy is available; if less than $25, a partial subsidy. Most day care centers can give you more information about these payments; for Family Day Care and babysitters, call Family Service Center Day Care Department, 253—3146.

owed it their own families to maintain the house in good order. After all, these families are giving up their living place to the more or less free use by a social agency for a public service. Some of the mothers also felt guilt and concern about the sacrifice made by their own children in having five more coming into the home everyday.

Because of the theory behind family day care for children under three - that they mainly need a single substitute mother to relate to in a "stable" home environment - no emphasis is placed on training day care workers to help their day children develop intellectually and personally. Likewise, even those workers who are supposedly supplied by Family Services had little equipment for creative work and play. Far too often what toys there were tended to perpetuate social ills such as war, sexism, consumerism - soldiers, tanks, Barbie dolls, etc. We also noticed that the day care workers who worked independently of Family Services often tended to be the most imaginative and energetic in planning creative ideas to improve their work. Thus, in most cases while the day care workers seemed to like children and have an affectionate relationship with their charges, they were able to provide little more than custodial babysitting care. Several of the women felt real frustration at not being able to do more, but because their income is so limited, they felt they could not make the necessary investment in extra equipment. More important, they felt a complete lack of guidance as to how to proceed. Tied down in their homes for ten or eleven hours a day, they have no chance to meet with other workers to exchange ideas, no chance to attend courses or meetings for questions and advice. Even those women who worked through Family Services found that visits from their social worker were of little help. We noticed that despite the fact that Family Services is supposed to provide information to its workers, these women were often the most uninformed about the provincial subsidy system, for instance, by which most of them are paid. We also noticed that out of fear that these workers might find co-operation and organization helpful, Family Services has done little or nothing to introduce women who are doing this work who live in the same neighborhoods. In fact, there seems to be a tendency to try to foster fear and competition between them.

The theory behind Family Day Care - that small children need to relate to a single (female) adult - is contradicted by the way that this type of care actually works, particularly from the point of view of the parents of the children. Working parents who must leave their children in care inevitably feel some frustration at not knowing for sure how their children are being cared for. In group day care, parents are often welcomed to visit for several days before leaving their children. This is almost never true in family care. At the same time, in the family setting, there is only one adult personality influencing the children, and it is just that much more

crucial for the parents to know the day care worker enough to feel confident in her influence, since no other adult is present to balance the shortcomings of that one woman. The parent is thus forced to "find" the one right woman for her child and this can be a time-consuming, erratic process which shifts children from home to home.

There is a very high turnover rate in Family Day Care homes; part of it is due to this difficulty of finding a suitable "mother substitute". It is also due to parent's recognition that Family Day Care is often only babysitting. Because the child receives so little special stimulation and feels so little identification with a home that so obviously belongs to another family - it can never be his place in the way that a child-oriented day care center can be - parents see no reason not to move a child from one "baysitter" to another.

Thus, while it seems to us that it is true that it is important to have an environment that is home-like for day care, and that the small scale rooms of a house are more suitable than church basements, or community hall gymnasiums, it is also apparent that Family Day Care as it now exists has many drawbacks. It is, however, cheap from the provincial government's narrow viewpoint. It involves no capital investment for public agencies to build, rent or buy facilities. Rather, the day care worker supplies free the use of her home, at great economic sacrifice of herself and her family, and often after considerable capital investment to meet city licensing requirements. This investment, plus that in day care equipment (however inadequate), is ignored in calculating the cost of Family Day Care as a public service. However, it is ovious that there is an enormous amount of duplication of facilities in family care, and were the true economic costs considered, it would be apparent how completely inefficient Family Day Care is in terms of its total cost. So long as provincial and federal governments fail to assume the responsibility to financially support good day care, the home day care worker will continue to be penalized for supplying what the government has not.

As a result of our visits and thinking about day care for children under three, we have made a set of recommendations in a brief to the Community Care Facilities Board. Two of these pertain directly to Family Day Care. While we believe that good group centers seem a better choice for care of young children, we recognize that Family Day Care will probably continue. We believe that some of the problems that we discovered could be corrected, and Family Care be made more satisfactory for the workers, parents and children. We believe particularly that steps must be taken to end the isolation of home day care workers. This could be achieved by formation of an association or union that would not only give collective strength to fight for better pay for their demanding jobs, but could also serve to build a sense of professional worth and personal pride in important work. We have also recommended that a new type of neighborhood organization be established for sharing of good day care equipment among home day care workers, day care centers, and parent co-operative day care groups. Good equipment is not the only requirement for good day care, but it can be a very important tool for achieving it. The person administering this equipment co-operative would be trained and experienced in caring for small children and would be able to give the advice and creative suggestions which so many of the home day care workers wish to have. We have also suggested that parents, and other adults who wish to work in co-operative child care groups, be given paid time off from work, either to relieve the day care mother to attend training sessions, or to participate in co-operative groups. In general, we have urged that a variety of types of care for children under three be available, and that there be an end to an exclusive reliance on Family Day Care, at the same time as steps are taken to end the exploitative aspects of Family Day Care work.

An open meeting will be held at the Women's Centre, 511 Carrall, to discuss ways and times that the space at the Centre can be utilized. The centre is open for use to any women's group or community group, although first priority is to women. If you or your group now uses the Centre, or if your group would like to begin using it, make sure to attend. The meeting will be held Saturday, Nov. 13 at 2 pm.

The Independent Feminists are presently researching the day care facilities which are now available in Vancouver, and the further types of day care which are needed in our area. They hope to organize a campaign as soon as they have gathered the necessary information. The meetings are held in individual members' homes on Wednesday evenings. Anyone interested in working on this project, phone Carol at 681-1790.

SWACC MEETING

November meeting — at First United Church, 320 E. Hastings, November 15, 8pm. Topic is "The Guaranteed Annual Income." Marjorie Hartling will discuss the Guaranteed Annual Income from the point of view of the welfare recipient. A second speaker from the UBC School of Social Work will discuss the problems involved in implementing the GAI.

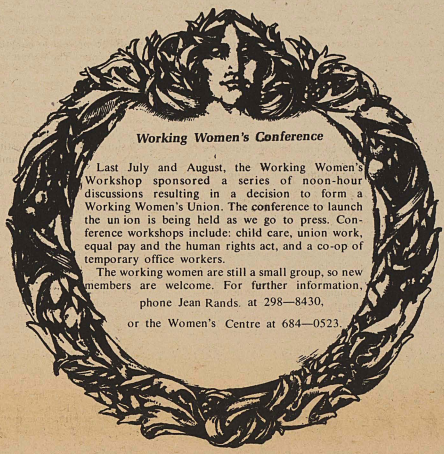
FURTHER READING

1. Chabon, Irwin, *Awake and Aware: Participating in Childbirgh through Psychoprophylaxis*, Dell Publishing Co., New York, 1969.
2. Karmel, Marjorie, *Thank You, Dr. Lamaze*, Philadelphia, Lippincott, 1959.

★FILMS★★
ANGELS & DEVILS
NOV. 4 MARLENE DIETRICH
★THE DEVIL IS A WOMAN★
NOV. 18 MARLON BRANDO
★BURN★
S.F.U.
C9001
12:30 & 8 PM
50¢

WOMEN'S THEATRE WORKSHOP

Several women in Vancouver are interested in getting together a theatre workshop. In the beginning the group would concentrate on improvization, workshop exercises and just generally forming a company able to work together. Production plans though probable, would necessarily be long range. Anyone who would like to get into Women's Theatre is welcome — previous theatre experience is not important. The group will meet sometime in mid November. If you are interested, phone Margaret 738-0164 or Annette 224-9298.



Working Women's Conference

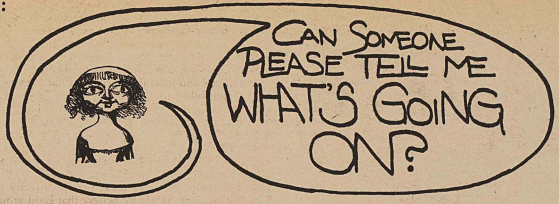
Last July and August, the Working Women's Workshop sponsored a series of noon-hour discussions resulting in a decision to form a Working Women's Union. The conference to launch the un ion is being held as we go to press. Conference workshops include: child care, union work, equal pay and the human rights act, and a co-op of temporary office workers.

The working women are still a small group, so new members are welcome. For further information, phone Jean Rands. at 298—8430,

or the Women's Centre at 684—0523.

Madeleine Parent, active for 30 years in the Canadian trade union movement and Secretary-Treasurer of the Canadian Textile and Chemical Workers Union, will be in Vancouver the week of November 15the to 19th. She will be speaking at U.B.C. on Thursday and Friday, the 18th and 19th. Arrangements are underway for additional meetings with her with the Working Women and at Simon Fraser.

We hope to send further details as they become available, to Vancouver Pedestal subscribers. Interested people can call the Women's Centre, at 684—0523, a few days prior to her visit.



Save the Pedestal Collective from collective paranoia. Write to us!

★ FREE

THE WOMEN'S FILM ⇦.

A feature length women's liberation documentary will be shown at Simon Fraser on November 23 at 2:30 p.m. in Room 3149 Academic Quad.

Everyone is welcome — Admission is free.

In case you haven't noticed—

The Pedestal is an independent women's liberation newspaper published by the Pedestal Collective, which includes among its lustrous personages, the following sisters:

Jean Rands, Lynn Ruscheinsky, Beverly Davies, Jane McDermott, Barbara Todd, Judy Hopkins, Helen Potrebenko, Carol Sayre, Diana Kemble, Barbara Jette, Annette Wrinkle, Pat Hoffer, Gwen Hauser, Margaret Barrie, Margaret Benston, and a cast of hundreds (of babies).

1971 NOVEMBER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	UBC WOMEN'S LIBERATION BIO SCIENCE ROOM 2449 1 8 P.M.	WOMEN'S STUDIES SUB. BALLROOM UBC 2 7 P.M.	ALLIANCE RAT GROUP 1776 ALBERNI 3 7:30	MOVIES ✱ SFU ✱ SEE AD 12:30 4 8 P.M.	FEMINISTS + 5 7 P.M.	6
PEDESTAL WOMEN'S CENTRE 7 8 P.M.	UBC WOMEN'S LIBERATION BIO SCIENCE ROOM 2449 8 8 P.M.	WOMEN'S STUDIES SUB. BALLROOM UBC 9 7 P.M.	ALLIANCE RAT GROUP 1776 ALBERNI 10 7:30	11	FEMINISTS+ 12 7 P.M.	OPEN MEETING WOMEN'S CENTRE 13 2 P.M.
PEDESTAL WOMEN'S CENTRE 14 8 P.M.	UBC WOMEN'S LIBERATION BIO SCIENCE ROOM 2449 15 8 P.M.	WOMEN'S STUDIES SUB. BALLROOM UBC 16 7 P.M.	ALLIANCE RAT GROUP 483 E 28TH 17 7:30	MOVIES ✱ SFU ✱ SEE AD 12:30 18 8 P.M.	FEMINISTS + 19 7 P.M.	"DEMONSTRATION" ABORTION, EACH WOMEN'S RIGHT TO CHOOSE" 20
PEDESTAL WOMEN'S CENTRE 21 8 P.M.	UBC WOMEN'S LIBERATION BIO SCIENCE ROOM 2449 22 8 P.M.	WOMEN'S STUDIES SUB. BALLROOM UBC 23 7 P.M.	ALLIANCE RAT GROUP 483 E 28TH 24 7:30	25	FEMINISTS + 26 7 P.M.	PEDESTAL SFU 27
PEDESTAL SFU 28	UBC WOMEN'S LIBERATION BIO SCIENCE ROOM 2449 29 8 P.M.	WOMEN'S STUDIES SUB. BALLROOM 7:30 UBC 7 P.M.				

B.C. WOMEN'S ABORTION LAW REPEAL COALITION MEETS EVERY TUESDAY AT 7:30. FIRST TWO TUESDAYS AT 1776 ALBERNI ST, THEN IT MOVES TO 483 E. 28TH.

SWACC HAS A MEETING ON MONDAY, 8 P.M. NOVEMBER 15TH - 320 E. HASTINGS.

FEMINISTS PLUS IS HOLDING AN OPEN MEETING ON WEDNESDAY NOVEMBER 3RD AT THE WOMEN'S CENTRE, 7:30 P.M.

INDEPENDENT FEMINISTS MEET EVERY WEDNESDAY. PHONE 681-1700 FOR INFO.

OPEN HOUSE OF THE NEW HEADQUARTERS OF WOMEN'S ALLIANCE 483 E. 28TH.

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