

A WOMEN'S
LIBERATION
NEWSPAPER

PEDESTAL^{25¢}

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The issue is Sickness and Sanity

NEWS

More news about the Wardair stewardess strike: Wardair announced that they would agree to the wage demands, but would not recognize the stewardesses right to refuse work after fourteen hours, except in a clear emergency. Working hours and conditions were the main demands, so this offer was not accepted. Since then, nothing new has happened, and both company and strikers are digging in for a long battle (as is usually the case when women strike). So if you, or anyone you know is planning to fly Wardair this summer, you should probably start making other arrangements (there are good charter flights through Air Canada, and several reputable private companies.) Leafletting of every Wardair flight at the Vancouver airport is continuing, and the reaction has been generally sympathetic from passengers, and definitely hostile from Wardair, so it must be doing something.

SUPPORT THE STEWARDESSES. DON'T FLY WARDAIR.

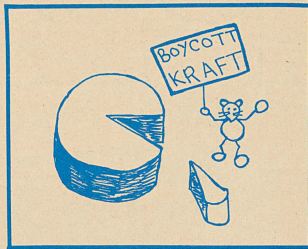
P.S. Flights are still being womanned by scabs

Just a reminder that the Kraft Boycott is still continuing. For those who weren't aware, it started out of a dispute between milk producers and the Ontario Milk Marketing Board, when they tried to negotiate with the board through the National Farmers Union. It became clear that this body, and others like it in Ontario were not designed to meet the needs of the farmers, rather they catered to the government and large corporations, like Kraft, which is the largest dairy-foods corporation in the world.

Kraftco is not just that nice little Canadian company dedicated to improving Canada's position at the Olympics or helping the Boy Scouts. It is, in fact, an American based multi-national corporation, with tentacles reaching out into a hundred different countries in the world including Australia, Germany, Guatemala, England, Sweden, Africa and Ireland. Kraftco is larger than General Dynamics, Firestone, Coca-Cola, Litton Industries or Dow Chemical. It is the second largest television advertiser in North America. Their president, R.J. Greenwood's salary is \$318,000. Most Kraft plants do not allow the workers to organize. Aided by governments, they have acquired control of 80% of all the cheese produced and marketed in Canada. One U.S. Food and Drug Administration official believes Kraft has been responsible for the decline in the quality of cheese made in the U.S.A. It is clear that the additives in Kraft cheeses do little to enhance the taste, and are certainly capable of destroying your health.

Kraft has representatives on every board and co-operative that deals with dairy products, so it is almost impossible to pressure these boards without having to deal with Kraft. So the NFU called a national boycott of all Kraft products, in the hopes that hitting them in the pocketbook would make them listen to the farmer's demands. As in most families, food shopping is still the job of the woman, it is important that this boycott be supported by Canadian women. Do not buy any Kraft products (good recipes for substitutes are available from the NFU for those of us who are hooked on Cheez Whiz), spread the word about the boycott when you are shopping, and write for all the good information that is available about Kraftco and the boycott. You can write for information and recipes to:

Don Kossick
National Farmer's Union
250C 2nd Ave South
Saskatchewan
Saskatoon, Saskatchewan



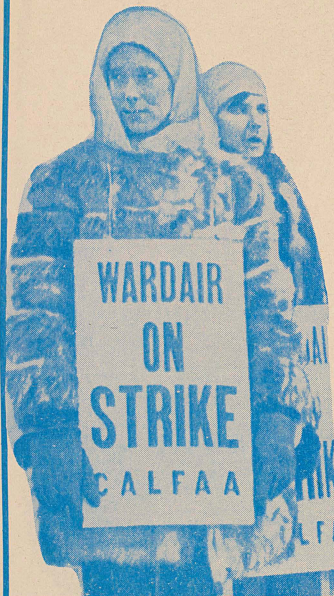
On Sunday, Feb. 11, at 3:00 P.M. the childcare occupation force vacated the Day Care Information centre on 45 W. 8th which they had been occupying since Feb. 1. (See February Pedestal). It was agreed to make this move after a visit to Victoria in which support was evident among the back benchers and some ministers, and Levi agreed to consider the demands of the Occupation Force seriously.

On Feb. 13, the first meeting with Levi was held. There were two other ministers present (Dennis Cocke and Eileen Dailly), and five back-benchers (including Rosemary Brown and Phyllis Young). The negotiating team from the Occupation

Force is optimistic at this point as Levi has already given in to some of the easier demands, and seems willing to negotiate others. At the next meeting on Mar. 3, the same group of people will be discussing,

1. Community Organizers to help groups set up Day Care facilities. The negotiators want it to be clear that such a person would be a friend with experience, not a government inspector who files secret reports on the Centre's activities, as has happened in the past.
2. Community involvement. The Occupation Force sees this to mean parent control over facilities, age limits, activities at centre, etc.
3. Licensing. At this time licensing procedures are so complex, involving red tape at both municipal and provincial levels that they are almost impossible to work through, especially for a group with limited resources. These must be streamlined and changed so that licensing is easier, while the quality of child care improves.

However, now that the occupation is over, the pressure is off the government somewhat. For this reason it is essential that interested people continue to write to Levi, Dailly and Cocke supporting the demands of the Childcare Occupation Force. You can write directly to their offices in Victoria, to the Women's Caucus of the NDP, and to your own member of the Legislature.



CHILDBIRTH EDUCATION

The Free Childbirth Education Centre is moving into a big house at 531 GLEN DRIVE just off Hastings St. I went there yesterday to talk to Cheryl about the Centre and what they were going to do and was impressed with the high energy level everyone around there seemed to be in. A massive cleaning and painting project was going on inside the house so Cheryl and I sat outside in the garden with the kids and dogs and talked.

The idea for the Centre started when Cheryl went down to Santa Cruz and became involved with the birth centre there. They started learning together about basic anatomy, nutrition, development of the embryo, changes of the body during pregnancy etc. Cheryl was impressed with the centre there because she saw women coming in and out, communicating with each other, exchanging experiences in births and different problems that arose in their lives and their pregnancy. The whole exchange of information and comradeship made it an exciting place to be. The Centre here hopes to be the same kind of place where women can come with their children if they already have any and talk to other women and learn together about their bodies. They hope to be able to connect up to other groups doing gynecology and birth control counselling like the Women's Self Help Clinic in order to provide more space and information for women from all different life styles.

Cheryl believes that if women would get together and focus on the normal healthy aspects of pregnancy and birth that they would get out of the spaces of fear which cause tension and pain during labor. She believes most complications can be alleviated by good nutrition, exercises, and relieving fear and that by removing ignorance even risk pregnancies can be prepared for by widening the dimensions of what can be good and healthy.

One of the priorities of the Centre will be to find out what women want from their childbirth experience and to do what they can to support it. "We're not treating women on a routine scale but realize the uniqueness of each pregnancy and birth, rather than a prescribed thing for every woman," Cheryl said.

Women living in the country can keep a running correspondence with the Centre throughout their pregnancy too. "We'll send them information and we'll also be holding a crash course in childbirth so that women living out of town can come in for it," Cheryl said. "Women should write and tell us when they'll be in town so we can arrange times for these classes."

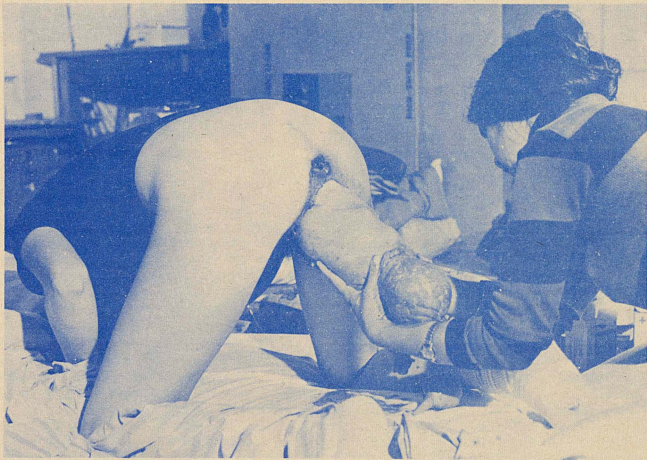
Besides offering early pregnancy classes dealing with basic anatomy, the physiological changes

of the body during pregnancy, and the development of the embryo, the Centre will provide space to learn body building exercises, massage techniques to build up muscles in the uterine and vaginal areas, and nutritional counselling. There will also be classes concerning the care of the mother and child after birth.

Cheryl said she would like to see a day for specially scheduled exercises like swimming, walking, bicycling, re-energizing exercises and yoga for pregnancy.

There will also be a library of 'childbirth books that women will be free to come and borrow from. Donations of any good books on pregnancy and childbirth for the library would be appreciated, also donations of children's furniture rugs, or lamps. A maternity clothes exchange is being set up too so that women can get used maternity clothes free.

Cheryl said to be sure to emphasize that there will be free babysitting at the Centre for women who already have children. The phone at the Centre after March 7 will be listed under C. Anderson so you can call or drop by after that to find out more about what's happening there.



ONE OF THE PRIORITIES OF THE CENTRE WILL BE TO FIND OUT WHAT WOMEN WANT FROM THEIR CHILDBIRTH EXPERIENCE AND TO DO WHAT IT CAN TO SUPPORT THEM.

"TRUST ME, LOVE"

BY JOSIE

"Trust me love, you know I wouldn't do anything that was bad for you." The doctor told me, patting my knee reassuringly. I tried to believe what he said but my experience with doctors the past year has been confusing, humiliating and terrifying. I have been treated as though I have no right to know anything about my own body or so stupid I couldn't understand it even if I did have that right.

I was told when I first asked about a tubal ligation that the only way it could possibly be done was by an abdominal incision. Then I heard a few rumors that tubal ligations done vaginally were much simpler, amazingly easy to recover from, equally as safe, and a lot of other stuff that sounded terrific. So I hesitatingly asked my doctor about other methods of sterilization other than the one he had told me about. Again he denied having very much knowledge at all of the vaginal method except to say that it had to be done right after giving birth. I accepted his word. He was so reassuring and after all if I couldn't trust him who could I trust?

It took me 2 weeks after the operation to even begin to be able to move off the bed to the bathroom comfortably and over 2 months to feel like I was starting to get my normal strength back. Colette was sterilized 5 months after I was. She had it done vaginally by Dr. Webb at Lions Gate Hospital in North Vancouver and she was out the next day and walking around. Although she had some mild discomfort for about a week, her recovery was incredibly fast. As I started comparing Colette's experience to my own I kept hearing my doctor's words about how I should trust him to know what's best for me. I began to wonder whether or not he did know, but of course it never occurred to me that maybe he had known about Dr. Webb but just never told me. I figured he was just slightly misinformed. Then my friends began suggesting that maybe I should look around for another doctor.

The next time I went to see the doctor I brought in a urine specimen because I thought I might

have a bladder infection. I was right. I was told I should probably go see a urologist because in the last year I had had so many bladder infections that there might be something a urologist could do. As the doctor walked out of the examining room he muttered something about "cauterizing". I got scared and said, "Hey, wait, that sounds like it might hurt." He turned and smiled at me and said, "Don't worry, love, you'll be asleep when they do it," and disappeared out the door without giving me any more explanations. I was beginning to get worried so Sarah suggested I do some reading about bladder infections to find out more about them. That sounded like a good idea.

In the Home Health Almanac I read a lot about urinary tract infections and what to do for them. One thing it said was, "If you go to see a doctor: don't let yourself be catheterized. A well known N.Y. urologist says this can cause bladder infections by pushing the bacteria up. Also it is painful."

So I went to the urologist with a little more understanding of what was happening. But again I began to realize I was being treated like an incompetent, mindless object. After I filled out some forms I was taken into a small green room and told to undress. The nurse came in, told me to lie down and put my feet in the stirrups at the end of the table. Then without any warning or explanation, she took a long rubber tube and stuck it up my urethra. I was terrified and angry. I yelled, "Oh, I'm just draining your bladder, dear," she said and walked out of the room leaving me on my back looking at the green ceiling, with the tube still in me, and my feet in the stirrups. I tried to relax but it was useless. No amount of deep breathing could make me forget what I'd read in the Home Health Almanac about catheters. I waited for 10 minutes. Finally my fear and anger became so strong that I very carefully removed the tube, climbed down from the table, and got dressed. As I walked out of the green room the nurse looked at me in amazement. "I'm going to be sick," I said. So she let me go.

I walked out onto the street feeling that for once I had some control over my own body, resolved that I wasn't going to be a victim anymore. There must be people somewhere who would talk to me about what was happening, who would respect my ability to know my own body, understand what was wrong and what needed to be done.

So I went to the Women's Self-Help Clinic on Friday nite. The first thing I noticed that was different from all the other doctors offices was the Medical Herstory form. All the other forms I had filled out had little if anything to do with my medical herstory. They usually wanted to know things like, "Where do you work," or if you were married, "Where does your husband work," and "What medical plan are you covered by?" - mostly things concerning how the doctor was going to get his money.

As I was filling out the Medical Herstory, I heard Morgan talking to a woman who was worried because she didn't have a medical number. She was apologizing and saying she would come back later. Morgan told her not to worry about it. She didn't have to have a medical number to talk to anyone at the Clinic and she should definitely see someone right away. I realized this was really a different attitude. The person's needs were the priority rather than the medical number.

After I finished writing down my medical herstory, someone made some tea and I sat down to talk to Morgan and Nadine. I was surprized. I had never talked to anyone about my medical herstory like that before. We didn't just talk about the fact that I had had a tubal ligation. We talked about what the whole experience meant to me and how that related to my being freaked out about doctors. We also talked about what I already knew about my body and what I wanted to know.

I began to relax and we went upstairs to the examining room. Both Morgan and Nadine carefully explained what the examination was going to be like and asked if it was ok to examine me. They told me

TRUE CONFESSIONS OF A PHYSIOTHERAPIST BY JUDITH

that since I was still a little tense it would probably be a good idea if I inserted the speculum myself and showed me how to do it so that I could find my cervix easily. After they took several smears to be sent into the lab they showed me how to use the mirror and light so I could examine myself and see my own cervix.

Then we talked some more. They told me they could give me something for my yeast infection when they got the results back from the lab and that they would recommend my seeing another urologist that they knew about my bladder infection. Because of the last experience I had with the catheter they offered to go with me this time and be sure it wouldn't happen again.

I was realizing more and more that there was an incredible difference in attitudes between the women I had met at the Clinic and all the doctors I had gone to.

While the doctors had been condescending and paternalistic, the women at the Clinic obviously respected the fact that I already knew a lot about my own body and was capable of learning more. The doctors had tried to maintain the myth of their expertise by refusing to share their knowledge and often giving me incorrect or inadequate information on what was happening or how they were going to treat me. They tried to control my knowledge of my own body and thereby controlled me. It was really demystifying to know that I could refuse to be a victim, that I could break out of the role I was socialized into - the passive, trusting, unquestioning patient.

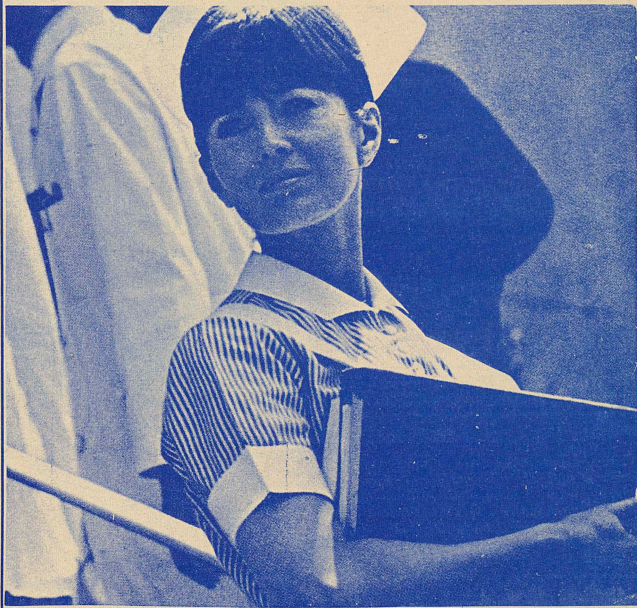
I walked out of the Clinic on Friday nite feeling really high and excited about what the women there were doing to break down the fear we all have of understanding and controlling what happens to our bodies. We can refuse to be objectified as sex symbols and we can refuse to be objectified as patients.

The Clinic is open every Friday nite from 6:30 - 9:00 at 1954 W. 4th. Drop in soon and see what's happening there!

I was going to write an article about how the medical system fails to meet the medical needs of the people, and how capitalist, profit oriented considerations determine the structure of the medical hierarchy, and how doctors manage to maintain a damaging and obsolete degree of control over medical practice, and how recent attempts to humanize and decentralize medicine have only served to degrade the quality of medical care, due to their reformist nature, and how medicine cannot be divorced from other aspects of our society (e.g. multinational food concerns which produce unhealthy foods for profit, sexist attitudes which deny women control over our bodies, class attitudes which define health standards differently for different groups of people etc.) But the more I thought about these things and tried to organize them into a readable

article, the madder I got. And the madder I got, the harder it was to limit my thoughts to medicine and health. So instead of a theoretically solid article on medicine, I am going to list a series of experiences I have had or heard of which illustrate some of the most upsetting aspects of a fucked-up system of medicine.

I was born into a doctor's family, and was raised to see the doctor as a 'good guy'. My father is a very human person, with very human faults and a big heart. It was hard for me to divorce this reality from my thoughts about medicine in general, and particularly the role of the doctor in the system. That many doctors support a basically anti-human position through either personal insecurity, a lack of imagination or just plain old-fashioned prejudice was very hard for me to realize. All my childhood was a



CONFESSIONS OF A PHYSIOTHERAPIST CONTINUED...

preparation for my future role as doctor - some of the pressure was relieved when a boy was finally born into our very female-dominated family, but by then I had already accommodated myself to the idea of taking over from my father. It wasn't until my second year of university that I realized that this was something I had never wanted to do, so I transferred into physiotherapy as a kind of compromise to myself and my family. Also this was a much more sensible option for a woman, and more prestigious than nursing.

Our very first class in physiotherapy was a class on the 'medical team'. This concept was drummed into us, and we learned that whoever could think of and elaborate the most members of the medical team got the highest marks. We dug up all sorts of exotic people and figured out ways to rationalize their existence on 'the team'. Once I managed to list eighty-seven different professionals, technicians and workers. I did very well in my first year of Physiotherapy. One of the most important things about this game was to get the people in the right order. The patient was placed at the top. We soon learned that this position was more of a figurative admission than a reality. Next came the doctor, who was really the boss, and the fact that we often forgot to mention the patient altogether (once one of our teachers made the same mistake) was evidence that we really understood how the medical hierarchy worked. We always put Physiotherapist close to the top, always one above occupational therapists, and well above nurses. Orderlies always ranked higher than nursing aides (we never questioned this, either), and in the lower levels things got a bit fuzzy. I can't remember if psychologists rated above speech therapists, though I do know that psychologists were higher than social workers. Dietary technicians were somewhere in those nether-realms of prosthetists or orthotists, and I think that even in my glorious eighty-seven member list, I never considered janitors, cleaning ladies or laundry workers, (although I did include ambulance drivers and secretaries).

Anyway, the point of all this rambling is that before I even got into a hospital I was well trained in the techniques of power manipulation and ass-kissing. One of the next things I was conscious of experiencing was the general attitude towards the patient. Team meetings were glorified gossip sessions, where brownie points were scored for every

obscure fact about the patient that we had managed to dig up. Doctors usually managed to be mildly detached from this process, only cutting in to make pronouncements at appropriate times. I first became restless when I realized that I was totally powerless to contribute to what was the stated aim of these sessions - the total rehabilitation of the patient.

I was horrified by a social worker who insisted that a paraplegic patient was not progressing because he felt sexually inadequate. No one thought to discuss how he could revise his sexual life to adjust to his new physical condition. The fact that his wife had left him since the accident, and his insurance did not cover his costs did not seem too important, although I knew that these were the things that were mainly worrying him. Considering he was adjusting to living in a wheelchair at a below-poverty level, after a fairly productive and active life, I was not surprised when he told me that sexuality was the least of his worries at that time. It turned out that the social worker had not asked him about anything else.

Another patient of mine was a young woman who had broken her neck. No one talked about her sexuality. It didn't exist. She had been a mechanic before her accident. Her rehabilitation consisted of teaching her weaving, baking

and cooking, and sewing skills. Needless to say, she wasn't too enthused! There was a highly respected businessman who had fallen down the stairs and was totally paralysed. His recovery, over a two year period was amazing. He was down in the department three times a day, had speech therapy daily, and constant nursing attention. He was a joy to have around, because his doctor was always visiting, which meant that the doctor was easily accessible for questions about other patients. One of these patients being a middle aged woman on welfare, who had multiple sclerosis, cried a lot, was allowed to miss physiotherapy for any excuse she could cook up, and was seldom mentioned in team meetings without a groan from someone. To be perfectly honest, I found her a much nicer person than the businessman, but I never admitted it. I would groan too, and treated her half-heartedly, pretending I didn't. I don't even remember her name or what she looked like now.

Later on I worked in a private clinic for a very charming man. It was here that I learned that most women over forty are considered a joke by the medical profession. It was also here that I learned that some doctors are good and some are bad, but no one is allowed to tell. I was learning more about my job, and could see through a lot of the mystification that doctors use, when they don't know what they are doing.



STANDARDS OF SANITY FIT THE HEALTHY MALE; IN ORDER TO BE MENTALLY HEALTHY, A PERSON MUST CONFORM TO THESE STANDARDS; BUT A WOMAN WHO MEETS THESE STANDARDS DOES NOT MEET THE STANDARDS FOR A HEALTHY WOMAN; THEREFORE, A WOMAN WHO MEETS STANDARDS FOR MENTAL HEALTH DOES NOT MEET THE STANDARDS FOR A MENTALLY HEALTHY WOMAN AND IS THEREFORE SICK.

WOMEN AND MENTAL HEALTH

CONTINUED FROM PAGE 8

I saw surgical scars that looked like they were sewn up by a two-year old, people with drop foot due to badly applied plasters, or botched-up back surgery, permanently crippled shoulders from manipulations that should never have been performed, stiff knees caused by a lack of pre-operative training and care, diagnoses that had nothing to do with what was really wrong, or so vague that to accept them would be to doom the patient to years of useless therapy. I began to be aware of the hit and miss chances of choosing a doctor. I learned which doctors I wouldn't allow to touch me with a ten foot pole. I learned of the ignorance of people about their own bodies, supported by the reluctance of medical people to explain simple physiological principles. And I learned to deal with all this by divorcing myself from the patient, and considering them as backs, or elbows or strokes or necks. By then I understood about sexism, and imperialism and capitalism and racism and how systems interlock and feed on each other, and how power is preserved and manipulated. I watched people being sucked in to believing in a medical system that worked against their well-being, and I watched people fighting it by setting up alternate medical systems. I saw a group of women arrested for teaching women how to examine their own bodies for disease. I saw paramedical people fighting unions in an attempt to maintain power and prestige that was borrowed already.

I saw students learning contempt for their patients and fellow-workers on racial and class bases. I saw all this and I criticized it and I was a part of it. I giggled when dirty old men made personal remarks about my body. I waffled when fellow workers tried to explain why professionalism was more important than human rights. I was silent while doctors told me how to destroy a patient's body, or explained in simple terms concepts that I had been working with and understanding for years.

I have not worked for many months now, but will be working again when you read this. I will be treating workmen in a place where it is taken for granted that a man who injures himself at work is malingering.

My boss will be a man who smiles a lot, because he knows that he will make almost twice what I do, for the same amount of training and experience. My patients will see me as an object, saying I am pretty because that is the only way they know to repay me for the questionable service I am performing, or will place me in the role of some long-suffering present day Florence Nightingale. I will have advantages that few women share, in terms of money I will make, and power I will have. But it will be clear that the only power I need - the power to share what I know - so people can cure themselves - will be denied me by the doctors, my fellow workers, and the people themselves. This is the failure of our medical system, and somewhere inside of me I know that it is a failure of our whole society.

The woman who sleeps with her psychiatrist must go through real mental and emotional gymnastics. She must first get around her guilt feelings toward husband or lover. If she is a lesbian the problems are infinitely greater. Trained to follow any man, especially a doctor, few women even stop to consider that the best thing to do might be simply to walk away from the situation. Thus, this step perpetuates woman's subservient feminine role - the very thing that contributed largely to her being in the office or hospital in the first place. Once the decision has been made, she must then go through the whole mess of climbing into bed with a father figure - it's called incest, it's the one universal taboo of all human societies and it creates far more problems than it could ever cure. Once it's done there's more guilt: if the simple act isn't soul-transporting it is, of course, all the woman's fault. If he beats her, she must accept this as part of her therapy. If he turns out to be less than a demi-god it is not because he is human but because of her unrealistic perceptions - all the more reason to stay with him. If she leaves him and goes elsewhere she carries the guilt while he is left with her cheque for services rendered. If she complains, he need simply utter the one word - neurotic. It is a situation in which the woman/patient can only lose, and which most women are too conditioned to be able to avoid.

Attitudes of the psychiatric profession show up perhaps most glaringly and terrifyingly in the ads drug companies use to sell their products to doctors. Most ads for drugs to combat depression and anxiety include pictures of women and descriptions of 'female complaints'. One shows a woman with an M.A. in fine arts who has given up the career she spent eight years preparing for to care for husband and children and chair the P.T.A. She is discontent. The suggestion is to drug her enough to relieve the physical symptoms of her discontent - and ignore the reasons for it. Another shows a woman behind bars made of brooms and mops. The caption: "You can't set her free but you can make her feel less anxious." Another shows a sad young woman saying, "A lot of little things are wrong, headaches, diarrhea, this rash on my arm. And sometimes I think I don't like being married." This drug reduces "guilt and somatic symptoms and concerns caused by anxiety."

And don't think that because a psychiatrist is a woman that she will not show these same attitudes. One psychiatrist I spoke to, specifically concerning the problems of being an ambitious woman, said, "A woman can learn to use makeup, can dress well and go a long way as a good secretary. But it means accepting a lot of responsibility, like getting up to be at work by 8:30, five days a week." Sitting across a desk from a woman psychiatrist and hearing these



things is one of the most extraordinary - for lack of a better word - experiences I have had in a long, long time.

The whole situation sounds, and is, pretty grim, but not, I think impossible. Unfortunately, in mental hospitals (most of them, anyway) it is probably advisable to conform, at least outwardly, to artificial standards. Fortunately, groups are now forming to protect the rights of hospitalized people and to improve hospital conditions. In private practice there are doctors who do not try to fit women into preconceived moulds, who can be very helpful in a woman's attempts to free herself to be herself as much as that is possible in the present social framework. Far-reaching changes in that framework are necessary, obviously, as are changes in psychiatric theories, attitudes and personnel. Men need to find out that women are people, feminists need to become psychiatrists, and doctors and their knowledge need to come out of their prestigious ivory towers.

Meanwhile, a woman who wants to see a psychiatrist must be prepared to spend some time finding the right person. If you don't like a psychiatrist, and if the reason you don't like him is because of his attitudes or personality and not because he is making you find out things about yourself that you'd rather not know, go somewhere else. And once you've settled on someone, don't consider it a till-death-do-us-part union: different psychiatrists are good for different people in different circumstances. It is just as possible, as a person's needs change, to outgrow a psychiatrist as it is to outgrow friends.

What remains to be said could and should (and, of course, doesn't) fill volumes. I am limited by space and the demands of maintaining my own sanity. May reading this give you the nightmares and insomnia that writing it gave me.

WOMEN AND MENT

A woman was pacing up and down in front of the bus stop yelling, "Castrate Germany!" My first thought: she's crazy. Then she went on, "Germany produced Freud! Castrate Freud! Castrate Germany!" Thinking about it, she has a point. We could get along quite nicely without the man who insisted that women "refuse to accept the fact of being castrated and have the hope of someday obtaining a penis in spite of everything."

Everyone knows stories of the horrors that occur in mental hospitals. I was living outside Halifax when rumours of mistreatment and sadism in the hospital there exploded into full-scale scandal and investigation, after a woman who was tied to a chair slipped and strangled on her bonds. A friend quit working in a mental hospital in New York when six huge attendants tied a sixteen year old boy to a bed and "beat the shit out of him, they just beat the shit out of him. When I complained they told me to keep quiet." Another friend was taken to Riverview and given six shock treatments not only before she found out why she was there and who had committed her, but before she had seen a doctor. And another was thrown naked into an empty cell and left there for weeks for refusing to polish a floor she had just finished polishing.

Mention of such things to most psychiatrists would probably bring protests that they are rare, that no branch of medicine is infallible, and that certainly their own patients are never mistreated. Hand on shoulder, fatherly concern cooing from all pores, one of these men might say, "Let me assure you, dear, that this just doesn't happen when the doctor takes proper care of his patient."

Other things do happen, though, and if you're a woman you've just encountered a couple of them: the assumption that fatherly concern, not straightforward discussion, is the order of the day, the "dear", the hand on the shoulder. And much of what happens to a woman in psychiatric hands is that insidious, that subtle, and that ingrained in the culture.

The first thing to consider is the definition of a mentally healthy woman. She is gentle, loving, nurturant and heterosexual. If not yet old or "mature" enough to have them, she is preparing for husband and children. She produces sex on demand, is pliant, romantic, naive and compassionate. She accepts full responsibility for anything that is wrong with husband and children. She is altruistic, mindless and superficial. She is low creature on the patriarchal totem

pole - and likes it. She is a victim who will defend her position at any cost. She sets her hair, wears skirts and nylons and proliferations of underwear. If she is also petty and a gossip, these comprise some of the perhaps less attractive but nonetheless integral and healthy portions of her character. This statement is attributed to Theodore Reik: "I have come across some women in analytic practice who lacked the faculty of being catty. They were either emotionally perverted, masochistic, homosexual, or neurotic." That isn't my definition, by the way, it comes from a psychologist - and a woman.

One woman I spoke to is 20 years old and is in Riverview in a ward where there is only one other person who is not at least old enough to be her parent. She wears jeans, sandals and long straight hair. She is constantly hassled about her appearance: "You'd be good looking if you wore some make-up," "You'll never get a job looking like that," "Get some shoes." She is neat and clean and all those other things mothers want their children to be, but that's not enough. She's too old for that, she must become a woman. The personnel she has contact with want her to take waitress's training. She has resisted so far, and the staff have almost given up: "Look at her, she'll never get a job anyway."

Another woman who used to wear her hair up because it was easier to care for, now wears it down - to convince her boyfriend and her psychiatrist that she is no longer fighting her femininity. As soon as she dares, she will prove that she has relapsed into neuroticism by dumping both boyfriend and psychiatrist, and putting her hair back up.

Hospital structure and routine also emphasize and reinforce women's subservient "feminine" role. Women babysit and do laundry, peel potatoes and clean latrines, all as part of their therapy. Many hospitals operate on a point system - each patient earns points that can be traded for privileges (which often include food and a bed). Women can earn points for curling their hair, for proper dress and grooming.

Considering these standards, it is hardly surprising that mental hospitals and doctors' offices are full of housewives. The nowhere-ness of the life, the overwhelming responsibility of the health and welfare of herself, husband and children, the degradation of being an unpaid servant, the fear, pain and humiliation of being a live-in prostitute, the vulnerability of real and total financial dependence

all give rise to the housewife syndrome. The result is inefficient servants, unwilling prostitutes, unmaternal mothers. Add to this the guilt felt by people who supposedly have all the best things of our world and are unhappy anyway, and the effect is devastating.

Women over sixty-five are appearing in alarmingly increasing numbers in mental hospitals, while figures for men in that age bracket remain constant. These are largely women who are no longer able to give the amounts of work their families require of them and are consequently sent to the cheapest place where they will get enough care to satisfy those families' consciences.

Unmarried women sometimes crack under the strains that are integral parts of their lives and that are utterly beyond the reality of an unmarried man: the humiliation of being a spinster, an old made, hassles from men, married and unmarried, low salaries and wages and all the difficulties they entail. Notably, unmarried women who are satisfied with their jobs form the smallest group in mental hospitals and under psychiatric care.

Sources indicate that the same percentage of lesbians seek psychiatric aid as do heterosexual women. This is highly questionable: since the number of lesbians is not known, and since many lesbians conceal their sexuality, it seems realistic to think that the percentage is considerably smaller than figures indicate and therefore smaller than that of other women. In hospitals lesbians are sent to heterosexual dances and other functions, where their progress is marked by their activity in mixed groups. In both hospitals and private practice, lesbianism is seen as either pathological or, at best, a 'second best' alternative. The validity of the lesbian experience is questioned and lesbianism is either ignored or seen as bad or wrong. Oddly, heterosexuality is never questioned or circumvented, and while it is considered a compliment by most therapists to tell a patient that they don't think she is really homosexual, the reverse of that statement is not used to compliment heterosexual women.

Clinicians tend not to take lesbianism seriously or to see it as no great threat - even a lesbian can earn the patriarchal pat on the head. Male homosexuals, on the other hand, are often seen as martyrs to beauty, truth or art, and accordingly are given additional respect and consideration. They are sometimes considered great threats to masculinity to be stamped out at any cost. This may be one of the few instances in which it is preferable to be female.

Treatment of homosexuals of

TAL HEALTH

BY FRANCES ROONEY

both sexes has traditionally included shock therapy. Aversion therapy is now being tried in a very few private hospitals. The patient's genitals are hooked to electrical apparatus. Homosexual pornography is then flashed on a screen and accompanied by a shock. Then heterosexual pornography is flashed and no shock given. This humanitarian treatment, by making a patient physically ill at the thought of her (or his) own sexual preference, is supposed to 'cure' her of that preference.

Why do women turn to psychiatry? The 'normal' strains of a woman's life are much greater than a man's. Some women do become very ill. Others fight until they can fight no longer and then, not sick but genuinely unable to take any control over their lives, take their fear and confusion to a professional. But there are other reasons, and these can be traced directly to woman's place in our world.

Women are encouraged to take refuge in 'madness'. Cracking up shows weakness (so the ominous they say), it is a feminine thing to do. Considering the other alternatives available to women it is often a very attractive one. One woman I spoke to, who had been a housewife at the time, spent three months in a psychiatric hospital, fabricating symptoms, because she would rather be there than at home. Her doctor finally threw her out - the hospital needed the space. The whole thing was a very positive experience for her, an oasis of peace between rounds of an ongoing domestic battle. But that was an unusual situation: the hospital was not dictatorial, she was free to come and go during the day, she was not forced to take drugs she didn't want (even in violent fits of anger; in most hospitals anyone, male or female, who is likely to be come openly angry is doped up enough to assure no interruption of routine).

Some women become suicidal on some forms of birth control pills. Taken off the pill, they are fine. The problem here, obviously, is to provide satisfactory alternate birth control methods.

Both men and women are more inclined to think that there is something wrong with a woman who is discontent. A woman whose psychiatrist urged her to stop being cold, to give in to all her boyfriend's demands and make none of her own, says it for all of us: "At the time I was very afraid that the things he (her psychiatrist) was saying were true - even though I would fight with him. There must be something wrong with a woman being assertive, intelligent and capable; I was, and no one was loving me very much, and I was very unhappy." (Quoted in Phyllis Chesler, *Women and Madness*, p. 256-7)

Finally, although it is now theoretically legally impossible parents and husbands do commit wives and daughters (much more quickly than sons or wives their husbands), or at least hold the threat of commitment over their heads, and that in itself is a huge emotional strain.

A woman who chooses or is forced to see a psychiatrist or enter a psychiatric hospital faces the jeopardy of placing her mental health, which often can be far more dangerously damaged without outward indication than physical health can, in the hands of people who often consider her only half human in the first place, whose personal opinions may range from mild confusion to rabid hate for her kind in the second place, and whose training is as directly connected to her reality as that of a female gynecologist is to treating the lagging love life of a professional lothario.

Psychology is geared to men. Women are treated with treatments devised by men for men. One of the last things Freud wrote acknowledged that his psychology, even though subjects were often women, was a man's psychology, and added that his work had concerned males and he hoped that someone would soon come along who would devise a woman's psychology. The profession seems to have picked up on all his statements that damn women while it has utterly ignored this one. This creates a real Catch 22 for women: standards of sanity fit the healthy male; in order to be mentally healthy, a person must conform to these standards; but a woman who meets these standards does not meet the standards for a healthy woman; therefore, a woman who meets standards for mental health does not meet the standards for a mentally healthy woman and is 'therefore sick. In other words, no woman can ever be mentally healthy, since the definition of mental health for mature adults does not include her. Probably the worst thing about this absurdity is that the profession knows that this is happening, and not only does nothing about it but, by all indications, accepts it as right and good.

Another problem that arises from woman's sub-human status involves those women who sleep with their psychiatrists. Masters and Johnson estimate that if even one quarter of the reported instances of women who sleep with their analysts are true, the figures are staggering. Since women are often reluctant to acknowledge that they do in fact sleep with these great men of science, and since their word can be reduced to nothing by his denial, not only are most of the reported cases probably true but there may be at least as many unreported cases.





I came in to the conference while Phyllis Young was speaking ... "I could have formed Local 1 of the M.L.A.'s steno association ..." Betty McClurg spoke next. She said politics was the answer. A woman may find it hard to get any position except secretary, she said, at the constituency level, for a start, but that is a start and good experience in finding out how a riding ticks. To be something else, you must suggest it yourself. She had done this with success. She said that we are conditioned to think that our women in politics must be absolutely perfect and brilliant, "but look at the mediocre men who are M.L.A.'s from all parties."

Referring to the idea of a Ministry of Women's Rights, she said, "Don't kid yourselves -- the male M.L.A. will regard the proposal as just another study group."

She talked about the "left" and "right" wings of the party, saying the terms were incorrect. "It is rather those who want to get elected and those who don't. That male chauvinist, Michael Lewis, told me that right across Canada, women are the best organizers." She said that the men in the NDP may be sympathetic, but they are not all that concerned and they don't really understand the problems of women. She said that it is practically impossible for a woman to ask her husband to uproot and go to live in Ottawa, if she is elected. And that naturally, it is quite a sacrifice for any woman to go to Ottawa too. She said that women are always considered as acceptable school board candidates because school boards have very little power. Melodie Corrigal asked the assemblage to let other women know of positions as they become available.

THE LABOUR ROOM

Phyllis Young was the resource person for this workshop. She said "Don't say Women's Lib, always say Women's Rights. Then people will accept you and what you have to say. When I go out to speak on the subject, I am gussied up to the eyebrows. I wear my most feminine clothes and lots of eye make-up." She said that she wished to dispel the image of the lesbian in a Cowichan Indian sweater. I looked around the room to see if anyone was wearing an Indian sweater. The room was warm and we had left coats and sweaters on hangers elsewhere. I wondered if Cowichan sweater sales would fall off after this conference, and whether the economy of the knitters who were Indian women would be affected. Phyllis said something about lesbians being okay, but to get her ideas listened to, she had to do things the way she was doing them. She spoke of her days as a stewardess and of organizing stewardesses into a union. Whenever I hear Phyllis speak, the term "gutsy broad" comes to mind. She has a nice earthy humour and a solid, stolid stance, well stacked and corseted, and she never, but never, pulls punches with either mixed audiences or all-women audiences. She stands up, says her piece and sits down. She doesn't back away from argument, and seems flexible enough to take criticism. I was surprised to hear her say she didn't say "Women's Liberation." But the meeting seemed to be getting off course, and Phyllis was happily digressing into reminiscences of her successful organizing days, and told of her recent experience in Trail. She said that a wide spectrum of women are interested in women's rights. They had figured on 100 women at most coming to a conference called there. Four hundred showed up. One woman had learned to write three months previously. "I never got out of the tenth grade," Phyllis had said there and they had applauded. The

point she was making, she said, was that it's great to have a degree, BUT YOU DON'T NEED IT if you have native intelligence.

D.J. O'Donnell spoke up and gently suggested that we concentrate on the experience of women in the labour force. Phyllis got back on the track, and talked about the malfunctioning of the Human Rights Act with regard to women. At age 47, she said, you take the shit on the job or you quit. The Human Rights Commission has done little for women who have made complaints, and at Manpower the same abuses are perpetuated: channeling into low-paying jobs, assumption of preference for "women's" work, i.e. lowly. D.J. briefly outlined what the Working Women's Association had been doing to redress some of the awful conditions under which women work and the ways in which the organization (unblessed by gov't subsidy or "big labour" money) had given support to women who were encountering difficulty on the job. Someone mentioned a specific union and Phyllis Young said "Don't use that word "union" in reference to that organization. Some of its members had argued against the \$2.00 minimum wage because that would put the wages of some above the union contract. She said that Nancy Martin had told a meeting of the men in that union how she had worked for \$1.50 an hour and described what that meant in terms of rent, transportation, etc. The Federal Government puts the poverty line at \$2.50 an hour, and Martin had asked the men if they could survive on that.

The workshop asked Young to help with the certification procedures (that's the means by which a union comes into being in a non-union shop or office.) It was suggested that the example of the Saskatchewan NDP Government was a good one: there only 25% of the people working in an office or shop need agree that they want a union, and then they can apply for certification.

BREAK FOR LUNCH
RECONVENED INTO FOUR
WORKSHOPS

NDP LOWER MAINLAND REGIONAL CONFERENCE FOR WOMEN

B. THOMPSON

They send the application in to the gov't and within 10 days a secret ballot is held at the place of work, supervised by the gov't authority so that those who are for a union are not exposed to the hostile boss who may then find ways of making the job unpleasant or impossible.

SMITTY'S IS NOW ORGANIZED

The Hotel & Restaurant Employees Union has ONE new contract in 1972 and that was the one the Working Women's Association organized.

The Service Office Retail Workers of Canada (known familiarly as SORWOC was founded by unorganized workers through the W.W.A. It does support work for women on strike. Many women realize that the way they can channel their anger at what is happening to them in their lives is at the places where they work.

Phyllis said she had been involved with the trade union movement since 1958 when she was an airline stewardess. Then, George Meany would not grant their reasonable requests. (Old George is the labour bigwig who said he was right behind Nixon in the Vietnam war.) "If the trade union movement serviced all of their members equally, then there would be no complaint," said Young, "but they are not doing it."

D.J.: Many women hate unions --

some because they have worked in them.

P.Y. This is a postwar phenomenon because the service industry has grown more than any other sector: it has the most women and the worst pay. I think the direction you are taking is a very good one.

Then there was discussion of how the new law regarding minimum wage has affected the jobs of some who are over eighteen. Since the law does not apply to those under 18, certain

companies, notably the Army & Navy Dept. Store in New Westminister, private hospitals and the Hudsons Bay Co. have fired long-term employees so that they can hire women under 18 at less than the new minimum wage.

Phyllis Young said that the philosophy behind making the min. wage apply to only those over 18 was that the greatest sector unemployed was that under 18 - the gov't hoped to encourage employers to hire them.

Considerable heated comments about how anybody could have foreseen the ensuing problems.

Phyllis said she would bring it to the attention of the Minister of Labour. She said that living in Victoria and working at the legislature was like living in a hothouse -- very isolated except from pressure groups. "The unions have been there UP THE GAZOO" she said, "but how are the unorganized to get there -- how can they afford the fare? The B.C. Fed. didn't tell us this had happened." Phyllis was director of research of the B.C. Fed. before she was elected to the legislature.

The responsibility of M.L.A.'s is to keep in contact. P.Y. said she had been so busy with committees and attending caucus and session that she had not done any research. She said she and many others were working a 12 to 15 hour day.

Esther Robertson: We need a Ministry of Women's Rights to do some of this work because we are wearing out the women we have there now.

Gail Glague burst out saying, "We're talking to the converted here. Out of here we meet with a lot of opposition from the uncommitted." Lately she has been pointing out to her antagonists that the media puts out all that stuff ridiculing the Women's Ministry, and who controls the media? MEN!!

P.Y. talked about the "click" in the head when you suddenly realize what all the fuss is about that the women have been shouting about. She said she went through a period of pure rage before she pulled

herself together and got moving. A woman said that baby sitters are underpaid and should earn as much as a lawyer or a doctor, because caring for children is VITAL.

D.J. The Working Women's Assn. sent the occupiers of the Day Care Facility a cheque for \$25,00 even though they do not have a great deal of money, because they recognize the value of what those women were doing. Another woman spoke about the weight limit in factories. This weight limit prevents certain women from bidding on jobs because the job is classified as one in which a person might be required to lift something over the limit that women are permitted to lift (35 lbs.) She said the Factory Act was only called into force when men's jobs were threatened.

BACK IN THE PLENARY SESSION

Rosemary Brown said that a woman worker on the ferry told her that she steward because she is a woman. When Rose told Strachan this, he replied, "She must be wrong! I issued a directive." But no one was following up on directive, Rosemary said, and we must COMPLAIN, otherwise no one knows you are unhappy. In the bureaucracy in Victoria she said there are women who do not believe in the goals of women's liberation. They say, "If I could do it, anyone can do it," and the gov't has to tangle with them. "Our ammunition is you" she said. "Write your M.L.A.'s and send me a carbon copy and Phyllis Young too, so we can follow up." She said that when she spoke in the House, in support of a Ministry of Women's Rights, the silence was so deafening that she thought she had lost her hearing.

"THE ONE THING THAT UNITES THE MEN IN THAT HOUSE IS A SPEECH AGAINST THE MINISTRY OF WOMEN" she said.

Phyllis and I do not absent ourselves from the House at the same time, so that there is always one of us to answer the slurs against the idea of a women's ministry. We will send Hansard over to Priorities. There's a movement afoot to try to find alternatives to the ministry. They say, "What about a Human Rights Commission, of a People's Committee."

She said the importance of the

ministry is that somebody has to follow things through -- not only must discrimination be eliminated but also the enhancing legislation and education which discriminate.

In Caucus (the people elected in the party) 28 of 38 are against the Ministry of Women's Rights. Woman: Who are the ones who are pro-Women's Ministry?

Between them, Phyllis Young and Rosemary Brown remembered the names: Eileen Dailly, Graham Leith, Dennis Cocke, Roy Cummings, Harold Steves, Colin Gabelman, Lorne Nicholson, Jack Radford, Phyllis and Rosemary. Rosemary said that if we got a suitable euphemism for the Ministry of Women's Rights, the caucus would be more favorably inclined to it. She said that a lot of the antagonism is based on a lack of understanding. "In the media, I come across as a raving lunatic."

Discussion of "letting women know" of gov't jobs through the NDP Women's Committee newsletter, Priorities. Joyce Meissenheimer of North Vancouver said that the procedure smacked of pork barrelling, and that we should open things up to many other people. She suggested that we bring up these things in our constituencies.

Women from the Day Care Occupation who had come to the meeting stated that in gov't discrimination against poor people because it takes expertise to prepare briefs and prime delegations to meet with gov't representatives. Marci Cohen said that Levi's formulated policy on day care as put out in December 1972 is inadequate. She wanted to know if there would be in-put from parents, and community day-care workers. It is from these people that Levi should draw help in formulating policy on day care. Rosemary said that day care is not seen at this time by the caucus as a priority, and that we must push the gov't. Betty McClurg said that in the party some people who had worked for many years now felt that newcomers should have no say. Someone asked Rosemary how she would feel if, after five months, so little had been done about things she felt were important. She thought about it and said that she probably would be impatient. But seeing how things work from the inside she didn't see how to speed things up.

Hilda Thomas of Point Grey said that we have to keep on screaming and keep the issues before the government. "Contradictory decisions have already been made by the NDP gov't: municipalities in the interior have been put together by fiat from on high, and yet we say we believe in community control. The problem is to find the balance."

Sharon Yandle from Vancouver East was the next speaker, and spelled out the difference between socialism and liberalism for those among us who were fuzzy about that. A woman who later made derogatory remarks about the day care sit-in was heard to accompany Sharon with a denunciatory obligato, sotto voce. Some people should not be in the party, some of us murmured. We need more people with as clear vision as Sharon to clarify the party's socialism, before it runs right down the skids into liberalism as Harry Rankin said last December it was doing by not taking over the forest industry. This is what I scrawbled down of Sharon's speech, and I'll set it out for those of you who are as dumb as I am:

The liberal viewpoint is one that sees this society as pretty good:

- anyone can make it if they really try;
- the society is basically sound ("the land is strong")

The socialist point of view sees:

- the flaws (poverty, concentration of wealth, power in the hands of the few) which outweigh the good things;
- wealth is privately owned by those who have land/banks/buildings/factories/mines/forests;
- poverty is built into the system of capitalism.

The problem of poverty is tied up with the problem of wealth. The basic problem with the poor is lack of money the basic problem with the unemployed is lack of jobs. We don't want to help the poor and the unemployed to ADJUST. We urge them to organize.

A Bill of Rights is a goal for the future. The fundamental difference between liberalism and socialism is the recognition by socialists that all are indeed not equal and do not have equality of opportunity. Into society as we know it are built inequalities--the present

system condemns large sectors of society to certain positions because they belong to certain groups. Some groups have a ladder which starts in a hole, and some have only the hole.

If we are ever to have an egalitarian, non-exploitive society we must systematically dismantle and replace these institutions with different ones.

The Ministry of Women's Rights was generated by the NDP Women's Committee, and was conceived to break down the structural inequalities that women face-- problems with the society. THE PROBLEM IS WITH SOCIETY AND NOT WITH US. The Ministry was also seen as a way of breaking into the system that puts us at the bottom rung no matter what field we enter.

There are many things a Women's Ministry can do, and cannot do. People say that attitudes cannot be legislated, but people tend to believe what they are taught. We must support those people and movements that are committed to change. A blanket discrimination without regard to individuals is what the ministry will have to fight.

It cannot take the place of women organizing and the social inequality of women.

It can begin to provide us with tools to break down the barriers that appear, help to organize, stimulate the growth of Women's Centres, give women's centres funding and channel

She said we are not talking about reversing roles and becoming the oppressors. We recognize that in our society others have the right to organize. Men are not the enemy. The system is the enemy. The final goal is the liberation of all people.

After Sharon spoke there was discussion about the Day Care sit-in, and after a long procedural hassle, a vote of solidarity with the aims of the women who had occupied the Information Centre passed.

EMILY

I went to an NDP women's conference a long time ago -- I think it was in October of 1971 -- and I still cannot forget hearing a thin and nervous elderly woman describe her life as a mother on welfare. Emily. She said that many nights she had taken sleeping pills to let her sleep despite the hunger gnawing. She would waken later, still hungry, and take another pill.

She described the bitterness of life in a home where she would scream at her child for using too much tooth paste or Kleenex or toilet paper. When her son dropped out of school to get a job to make it big and make their lives better, they waited eagerly for the first pay cheque; planned and re-planned how they would spend it and how everything,

EVERYTHING would be different.

Soon after the pay cheque came, they found out that the amount of their welfare cheque (\$95 in those days) was reduced by the exact amount that her son had earned.

That was in the Gagliardi days. Has it changed now?

B. Thompson

LETTERS

WE ARE TOO FEW AT THE PEDESTAL AND WE NEED OTHER PEOPLE. IF YOU HATE MEETINGS YOU DON'T HAVE TO COME TO THE COLLECTIVE ON SUNDAY MORNINGS. (11:00 a.m. if you do like meetings, 130 West Hastings St.)

We need - accounts of women's meetings PLEASE. Send it in as we don't have hardly any reporters. Phone in information if you want. The number is 684-0523.

For distribution of the paper, we need four teams of two women. A car would help - like, it's vital! We have a list of stores that sell the paper.

Need help with

typing
masking, opaquing
press work
collating
mailing
organizing the Pedestal room so it's easier to work in
setting up systems.

We'll be able to rotate and cross-train better if there are more people.

We thought about our shortcomings and berated ourselves for not being perfect, and those of us who are perfect were sorry we were not perfect. We had come out late AGAIN. We had left out an article here and there and angered each other. We had omitted the price from the front page; the addresses of the meetings listed on the back page; the name of Frances Rooney

from her article about the press conference re UBC women. And a bunch more things. In January it's easy to get depressed, and in Feb. with no holidays and all that darkness it's not much better. NOW IT IS SPRING and we have decided that we are still learning (oh god will we ever know anything?) and Josie says there has got to be a contradiction between being efficient and learning.

SO

Nora said we should learn to be efficient about learning. We caught on really fast and almost shouted hallelujah, and said we want women to become proficient and to teach well. A good way to show people how to work - we will be clear and helpful about how we teach. And we will be open to instruction from others with experience and not try to fool ourselves that we know a whole lot more than we really do. We'll do things together and not take stuff home to muck around with and then slap into the press, thereby exempting ourselves from (are you ready?) collective criticism.

Also, murmured Nora, it would be easier for people to come in and learn stuff if we are a little more efficient. And the paper looks more whole if we do stuff together. For one thing, then we can number the pages without being in a turmoil of doubt as to what page we are numbering, and do three other pages have the same number ? (Ans: yes)



January 22, 1971

Dear Pedestal:

My purpose in writing this letter is to encourage women to consider a legal career.

I'm a first year law student at University of British Columbia. In B.C. it takes three years to get the LL.D degree and another year as an articling student with an established firm (this year includes course work through the Law Society of B.C.) in order to be admitted to the Bar to practice law. This is in addition to the years devoted to acquiring a B.A. It is a long haul by anybody's standards.

Until three years ago there was, apparently, some restriction on the admission of women at U.B.C. Law School. There is now a new Dean and a rather liberal Admissions Committee and they both now claim the door is wide open to women who are academically qualified. This year's requirement was an undergraduate average of 74 or a Law School Admissions Test score of 580.

Two years ago a significant increase brought the percentage of women in the 1st year class to 7%. Last year it was 14% and this year it was 21%. (If the trend continues, next year's class should be 28% female). This year's entering class included 50 women out of a total of 220. Of 129 women who applied, 62 were sent invitations to enroll. This is a high percentage of offers considering that there were over 900 applications for the 220 places.

Most of the women I've spoken with were truly stunned to receive invitations. Most of us believed there was a discriminatory admission policy or that our own grades or scores were not high enough. We were wrong in assuming that the standards were exceptionally high, although they are considerably higher today than 3 years ago.

Any woman who is sincerely interested in law should apply. The chances are better than you think!



On Monday Feb. 12, the day-shift of Denny's on Broadway walked off the job, after several unsuccessful attempts to discuss their grievances with management. Employees from the other shifts joined their fellow workers on the picket line.

Some of the problems of the workers were:

- they were required to evict customers after 20 minutes when they only ordered coffee.
- management banned all friends and relatives of the waitresses from the restaurant.
- no pay for 3 hour compulsory company-called staff meetings, on the employees own time.

no job security. Employees were often asked to work on their days off, and might lose their jobs if they refused.

The picketing was effective. It cut their business by 60%-70% (for example, an average night shift takes in \$376. On Tuesday, during the picketing, their total till was \$84,751!)

The employees are no longer picketing - not because they don't want to but because on Thursday, Feb 15, Denny's obtained an injunction against them. The injunction was granted under Bill 43, one of the hated Socred anti-labor laws that the NDP promised to appeal, but hasn't don't eat at Denny's until all the employees have been rehired!

=== for further information contact the working women's association No.3 45 Kingsway, Vancouver. Phone 872-1824.

MORE LETTERS AND . . .

I wouldn't pretend that there is no discrimination against women once they've gotten into Law School. The more blatant forms of male chauvinism exist, but upon exposure can be dealt with. This type of blatant chauvinism is mostly practiced by the male students themselves (this is no blanket defamation of male law students, attitudes are changing significantly as more men with a social conscience, personal sensitivity or a radical political approach are seeing the value of a legal education in accomplishing their goals.)

The administration takes a more liberal approach to sexism. They are trained in the legal approach and will accept any argument backed by facts, logical conclusions and alternative proposals. They do not respond well to examples of sexism perceived by the more intuitive mind. "Oh, you are TOO SENSITIVE, My Dear!"

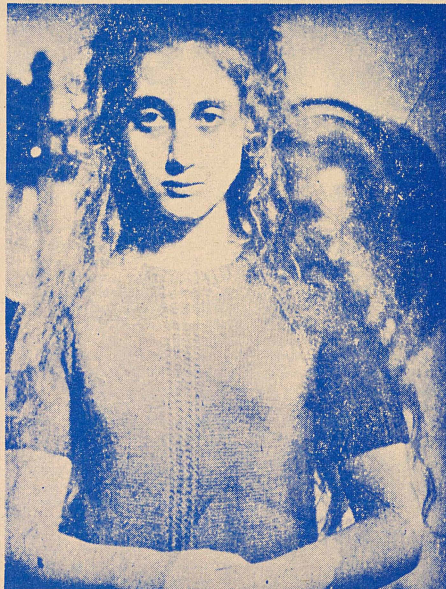
There have been many skirmishes and minor battles in the past years and there will be more in the future too. At least there are now enough women to offer one another support and to organize. We have formed "UBC Women in Law" to pursue a number of projects and have made contacts with law women's groups in the U.S. We are now contacting other Canadian Law Schools and should soon have information on the schools and their womens groups.

I came to Law School because I felt there was a need for women lawyers in women's struggle to change society. I have discovered that there will be many struggles with paternalism in Law School and the legal profession. The legal profession is now, and has been, a man's world. The legal institutions are male, and male oriented. It is no wonder you have difficulty communicating with your male lawyer, when in the average law student's education the only references to women are as legal hypochondriacs, as dumb housewives who sign outrageous contracts, or as spiteful girls who wrongfully filed a paternity suit or a rape charge.

Women are needed in the legal profession not only to serve women clients but also to reform the law schools and the legal system from within so that women's problems and needs are given their due consideration and respect by the institutions which control our lives.

If anyone has questions about the legal profession or legal education which they would like answered by women, write to UBC Women in Law, Faculty of Law, UBC, Vancouver, or phone me at 732-3037 in the evenings

Thank you,
Cheryl Stephens



CAROL KANE... SHADES OF AN ERA DIMLY REMEMBERED

WEDDING IN WHITE .HONORED AS THE BEST FILM OF 1972 AT THE RECENT CANADIAN FILM AWARDS .STARRING DONALD PLEASANCE, CAROL KANE ,DORIS PETRIE, LEO PHILLIPS, PAUL BRADLEY, DOUG MCGRATH, AND BONNIE CAROL CASE. WRITTEN AND DIRECTED BY BILL FRIET (SCRIPTED DON SHEBIB'S GOIN' DOWN THE ROAD AND RIP-OFF) CINEMATOGRAPHER RICHARD LETTERMAN (WARRENDALE AND A MARRIED COUPLE) . WEDDING IN WHITE IS AT THE VARSITY UNTILL MARCH 23
GOOD MOVIE - WELL WORTH SEEING - TAKE A STUDENT CARD & GET IN CHEAPER.

STAFF

JOSIE, BEVERLY, JUDY,
CONNIE, B. THOMPSON,
NORA D., DIANA,
PAT SMITH, BARB,
STAR, JOADIE

TYPED (TWICE!) BY MARGARET
PRINTED 2000 TIMES
BY SYLVIA
ON MICROFILM - WOMEN'S HISTORY
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I AM NOT THE ONLY WOMAN
WHO EVER WANTED TO DRINK ALONE
IN PUBLIC

BY NORA D.

Part 1

i am confident
i am confident
i have been marauding
in his territory
in this poem
i am not a victim
i am me--Nora
i am not guilty
i am Nora
i am confident
and i am a woman

this is revolution

Part 2

i will not lie to you--
say i am confident all the time
when i am on the street
sometimes i walk into a pub
i saunter in boldly
i look at the people
the men are staring at me
i see that they are looking at
something strange
i feel--strange
the women are not looking at me at all
they look at the men they are with
i am the only woman alone
i didn't even want to notice that
but it was the only thing left
for me to look at
i finish my beer and leave
sauntering out is not me
it is a reaction to what i saw
on those faces in that pub
when they cannot see me
i slow down and i do not look
at the people on the street
i am quieter
this is traditional women's space
this is where women write
about women like themselves
how many sauntering women
have you read about?
how many beaten? or mad?
that is not all
my father asked me,
"Don't you have a dress?"
and i couldn't explain to him
that i can't even change my shirt
without fear of losing myself
because in his world
there are no mirrors of me

Part 3

But that is all going to change
i am not the only woman
who ever wanted to drink alone in public
or change her shirt
and these are not the only things we want
in our groups we say,
timidly at first, and then
with anger
then confidence
we know who we are and
we know what we want
pretending it isn't so
will not convince us anymore
we are too busy with our own politics
with our press, our unions, our research
we have built a movement
from which we can raid the countryside
we are making a place for ourselves

Part 4

Some day a woman
will write this poem
in one part
be confident

1744 Grant St.,

A new Legal Advice Clinic has been set up by female law students. It will be staffed entirely by women under the direction of a lawyer - also a woman. This clinic is operated in the same way as the other law student Legal Advice Clinics - general legal problems and a Do-It-Yourself Divorce program for people with separation grounds. Special attention will be given to legal problems arising from being a woman. This clinic will also provide a phone service for women who are not mobile.

Clinic operates every Thursday evening 7:30 - 9:30 p.m. at Status of Women Office, 1045 West Broadway (near Oak), phone 733-1421.

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MARCH & APRIL

sunday	monday	tuesday	wednesday	thursday	friday	saturday
			14	15	16	17 1:00 self-defense 7:00 theatre workshop
18 pedestal 11 a.m.	19	20 Status of women council meeting 8 p.m. WICA and from women's studies UBC SUB Ballroom 7:30 Kate Millet	21 7:30 feminist posters - women's centre	22 8:00 theatre workshop	23 6:30-9:30 women's self-help clinic 1952 W. 4 th	24 1:00 self-defense 7:00 theatre workshop
25 pedestal 11 a.m. copy deadline	26	27	28 7:30 women's centre collective political discussion	29 7:30 SORWUC meeting at Working Women's 195 Kensington 8:00 theatre workshop	30 6:30 self-help clinic	31 pedestal layout 1:00 self-defense theatre workshop
1 pedestal 11 a.m. layout	2	3	4	5 8 theatre workshop	6 6:30 self-help clinic	7 1:00 self-defense 7:00 theatre workshop
8	9	10	11 7:30 women's centre collective political discussion	12 8 theatre workshop	13 6:30 self-help clinic	14 1 p.m. self-defense 7:00 theatre workshop

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