Northern Woman Journal

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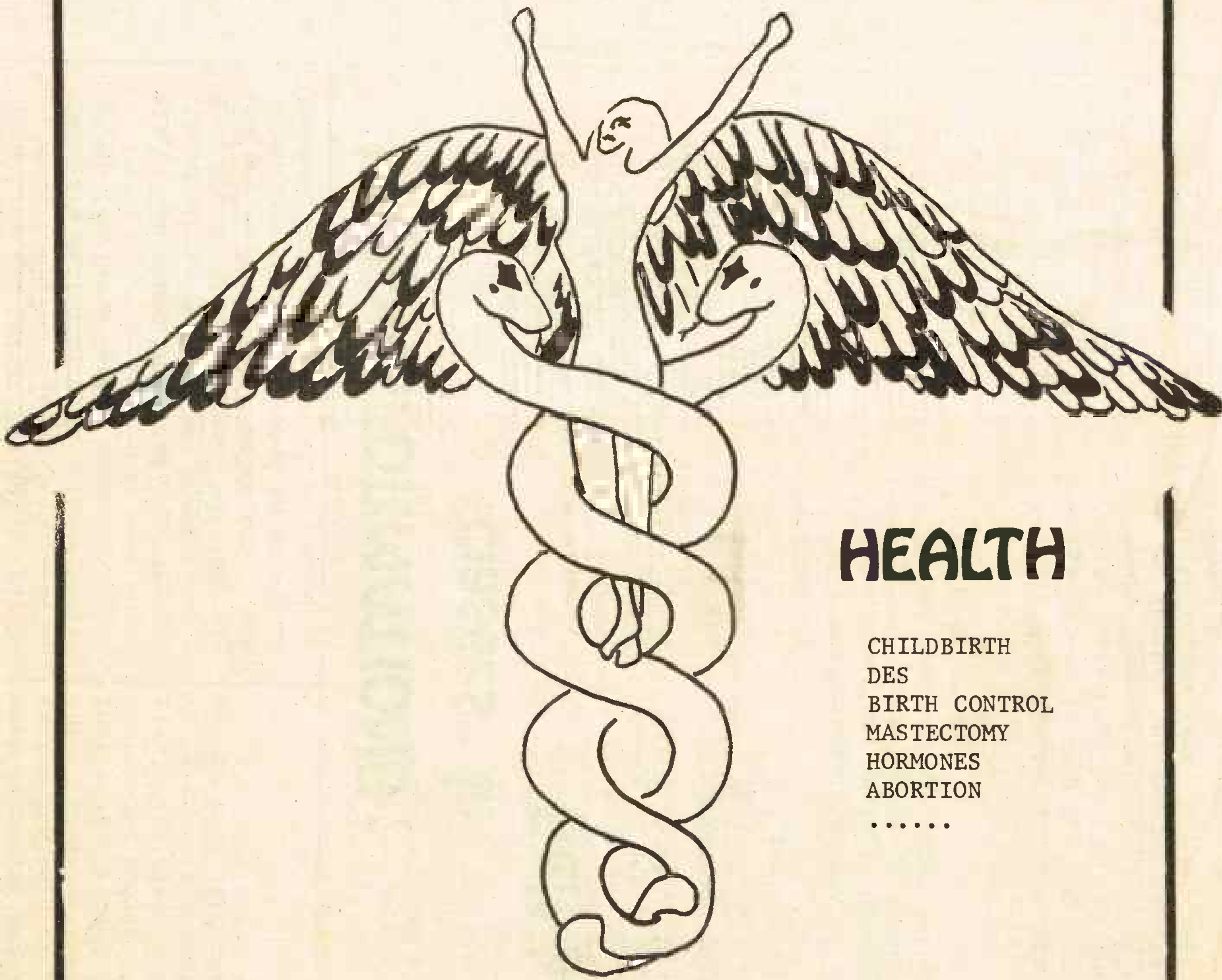

HEALTH

CHILDBIRTH
DES
BIRTH CONTROL
MASTECTOMY
HORMONES
ABORTION
......

caduceus: symbol of rebirth and energy

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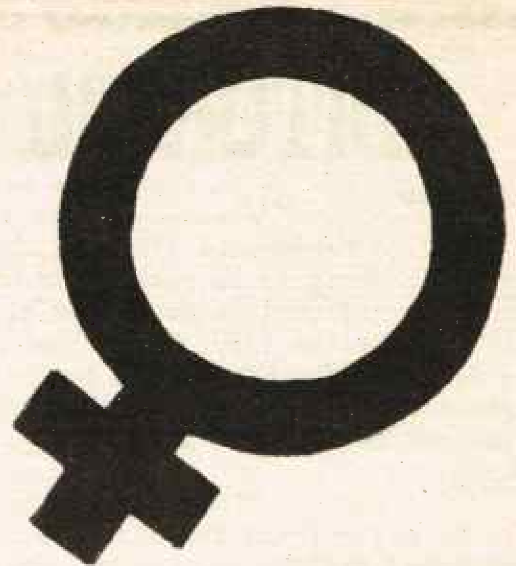
WHAT IS FEMINIST COUNSELLING?



Feminist counselling deals with sexism at the heart of its rationale, with the clear implication that services planned, designed and often delivered by men in authoritative positions, have frequently done incalculable harm to women. The question is how to offer women something other than the sexist, chemical, adjustment oriented service that passes for help something instead involving mutual assistance, support, and a new 'vision of the possible'...

Many of the ingredients that go into feminist counselling are not new. But given professionalism in the 20th century, with its emphasis on pathology, on a sexist double standard of normalcy for men and women, and on turning the victim of oppression into the problem -- some of the old truths need to be learned anew.

One of the questions to be asked is counselling by whom, with whom and with what purposes in mind? In a sexist society, by women counsellors, I would say. Not all women qualify because many have clearly adopted the values of a male-dominated society; but women with life experience, commitment, and skills. The order is NOT accidental -- women who recognize sexism and its personal and political consequences, and are actively seeking change for themselves and others from this perspective. There are a few exceptional men who qualify as helping people for women, but by and large, their record as helpers of women has been a dismal failure.

IT'S NOT JUST GOOD COUNSELLING

I am often asked, 'Isn't feminist counselling just good counselling?' My answer is a firm no. Feminist counselling is intrinsically different and these are some of the differences I have identified:

I call myself a feminist counsellor to state my own position clearly. A consumer looking for help has a right to know the bias or the ideology of the practitioner, clearly and explicitly. All practitioners have a bias, consciously or unconsciously, and potential consumers should have some personal information before they begin to use the helper.

A first session usually has to do with sharing information about one another. I need to know what the problem is and if I can help; the consumer needs to be free to ask how I work, to explore my attitudes and experience, to check out such facts as she may deem important -- If I have children, if I have worked inside and/or outside the home, if I am divorced, etc. There is no neutral ground here, just two people exploring whether one can help the other.

Does feminist counselling mean imposing an ideology on others? I think not. For me, it means sharing my experience and my view of women's place in the world when it seems relevant, when it pertains to the consumer's life struggles, or when aspects of my own life may be helpful regarding the issue at hand. Consumers of feminist counselling may or may not move into or out of the women's movement, into or out of politics, into or out of marriage -- that is a personal decision to be made with full knowledge of costs and benefits, and with the advantage in feminist counselling of not having oppressive societal norms reinforced about what women should or should not be.

A feminist counsellor uses her own life experience; her sorrow and joys, her traumas and learning if relevant to the consumer's life situation. It is a peer kind of relationship. The sharing helps to demystify the counsellor as omnipotent professional and to truly universalize, in a visible and concrete way, the struggle of human beings to survive and to change.

No formal assessment, diagnosis or treatment is involved. One central assumption of feminist counselling is that 'individuals' problems are not viewed as individual pathology, but as a manifestation of social dis-- organization. It is understood that chronic responses of guilt, self-blame and depression are built into the societal structure of a woman's life. This approach does not deny the validity of one woman's personal pain and her need to express that individual hurt as she chooses to or needs to; but the roots of her fear and pain and anger are recognized, and then in time, may be translated into some from of personal and/or political action -- from passive, helpless pain to active, hopeful struggle, from dependent acceptance to independent assertion, at whatever level and whatever pace the person chooses or can handle.

A recognition of the need for achievement and involvement in society at large. Though men verbally glorify women's roles in the home, they seldom wish to exchange Women, on the other had, often need and want the ego and self esteem that comes of work or achievement beyond the home, in the public sphere. Being somebody's wife or somebody's girlfriend or somebody's mother negates a woman's ego. Hans Selye has recognized that universal and basic human need to care for the self -- men recognize it for themselves -- women are not supposed to have it. A feminist counsellor will recognize this basic human need in women and encourage its development.

Fees are geared to income. No OHIP coverage and a current maximum of $15.00, or free. It is not a highly commercial undertaking. People usually meet in an informal, quiet and personalized setting. It takes away from the usual institutional aura that helps make people feel abnormal and sick. Most often it significantly reduces the psychological distance and barrier created by desks in sterile offices.

An underlying assumption of feminist counselling is that women have strength, potential, and the will to change their situations, especially in concert with other women. It is recognized that many women suffer fro that curse of minority groups, low self-esteem, and that this reflects societal distortions perpetrated on people. Certainly women do not need male, sexist, authority figures to reinforce their low self-esteem. We need other women and society in general to recognize and reinforce our strengths, to nurture our confidence.

WOMEN NEED NURTURING, TOO

Women often have difficulty in truly acknowledging, to self and others, the depth of our sense of inadequacy in this patriarchal society Trained to pretence, we need help from feminist counselling in asserting our mix of strength and weakness as part of each human existence.

Feminist counselling recognizes that women are especially deprived of nurturance. Traditionally, we do the nurturing, the entertaining, the nursing, the appointment keeping, the understanding, the child care, the worrying that is all part of the sex role stereotype. The fact is that woman need 'wives' -- meaning reverse nurturing. Instead of helping a woman to accept the nurturant role, the counsellor helps her, and sometimes a family, to recognize her central and essential needs as a person. The consumer is not seen as adjunct to family, but as separate person, in relationship to others in her world.

There is an absence of jargon, of professional mystification or mechanistic techniques used with the consumer. There is a presence of simplicity, clarity and sharing, with the simple acknowledgement that the consumer, at this point in time, needs help. It may be the provider who at some other point in time has been or will be the consumer and this is made explicit.

A feminist counsellor knows a woman's loneliness in a personal and political sense. She understands, as men cannot, the risks involved in staying in a nuclear family or leaving, in being a single parent with children, in being on welfare, or in

continued on page 15

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EDITORIAL

Dear Readers:-

This is the second issue of the Northern Woman to be put out by her newly formed collective. It is also the first paper for 1980. The collective is very busy both studying feminist issues as well as soliciting articles and writing for the Northern Woman.

The major focus for this paper is Women and Health. Our intent, through these health articles, many of which are personal experiences, is to begin a process of women sharing - sharing our concerns, our anger, our fears - and through this sharing obtain the strength to take control of our bodies, our minds, our health, our environment. The issues are broad and the implications far-reaching. Women, when dealing with their bodies and their health must realize that they are facing patriarchy at its worst. Male myths about the female body, the female psyche, have subjected women to mistreatment that we can no longer ignore. The medical profession and the drug industry is a powerful force which claims to own a body of knowledge that the average lay person is unable to comprehend. To do this they have convinced the general population that our untrained minds are not prepared to deal with the many complex problems of our bodies. Women must question the existing system -- a system that centres on curing illness, rather than on promoting wellness. In this system, which forces us to rely upon hospitals and doctors, drugs and drug companies, the victims are more than often women. The documented evidence of the damage to women grows every day. We are shocked and distressed by the thousands of thalidomide babies, and the millions of women who were given the drug DES. We roar for the thousands of women who have become sterile from the use of male-oriented birth control, as well as dozens of other severe problems. We rage at the control the phallotechnicians have over our reproductive power. They have taken birth, a celebration of life and turned it into a medical/surgical procedure and have done this with great pride. In earlier times healing was a traditionally female domain - female lay healers operated within a network of information sharing and mutual support. With the onset of modern medicine - male doctors have hoarded knowledge, restricting access to an exclusive minority. They have created in scientific and medical knowledge, a valuable and limited commodity to be traded on the marketplace.

The wisdom of women is growing and thus our power is increasing. We must not allow the destruction of our minds and bodies to continue. It is crucial that women take responsibility and reclaim our rights/knowledge. The few articles in this journal only scratch the surface of this important subject but we hope they will cause women to question and learn and be strengthened.

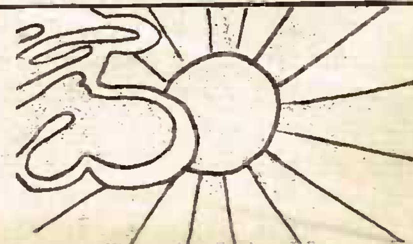
In Sisterhood and Strength,
the Northern Woman Journal
Collective.

EDITORIAL POLICY

The Northern Woman Journal edits articles for length and clarity. If you do not want your article edited, please indicate this and leave us a phone number where we can reach you.

COMMENT - *the seeds of liberation*

by Gert Beadle



What is the spirit of optimism that keeps us believing in the process of change? Is it an integral part of a creative personality, is it a learned art, or is it in fact something deeper than hope, wiser than reality, and harder to come by than pessimism? I believe it has at its roots an appreciation and love for life itself. That person has taken the life support that nature enfolds before us daily as a changing growing medium in which seeds planted, sprout and grow and flower, and realizes that when the seed leaves our hand other forces come into play that determine its ultimate destiny will continue to sow without any loss of faith in the process. Our security is grounded in the process, the human element not withstanding.

It is when we take our eyes off the process and become impatient for the harvest that we begin to question, not the potency of the seed so much as the kind of flower it produces and the ultimate worth of the crop. Because we have come late into our destiny of sowers and reapers, no soil has been cultivated for us, no seed bed has been laid. On the contrary, other seeds choke the landscape -- the seeds of sexism, of competition, of hierarchy, of patriarchy, of intolerance and fear. And all of this flourishes in the weeds of mythology.

The new seed therefore must be high potency and of the quality that will take hold in the poorest of soil and fight for its own existence among those professionally sown fields that have, until now, yielded a harvest of oppression for all women and many, if not most men. Since this seed has sprung from the deepest source of woman's consciousness and conviction, since its base is lifegiving and life-energizing, it ties in with the natural life force of creativity in evolution. It is when we have established our own faith in the seed we sow, when we have gleaned out all the hybrid qualities of past sowings, when we are prepared to confront the mythology to make room for the new seed that the confidence must be transferred to the process.

The process of evolution is a changing, moving cycle, a magic hoop, if you will, from seed to structure, to blossom and to seed. The seeds of change are as diverse as the seeds of suppression of change, for each sows from circumstance and capacity and out of self-interest. It is only when that self-interest is seen as a shared interest, within the context of a movement that seeks change from all oppressions that reduce humanity to mere numbers in a power-oriented society, that we begin to see the magnitude of the task and the resolution it calls for. This larger picture deserves no more than a cursory glance and that to encourage us by how widespread is the field for the world sowers. With the need established and the seed in the making, we turn again in full confidence to the sowing. As we relinquish old axioms, we are content not to reap what we sow, for we sow for the future with full confidence that the eventual harvest will bring its own reward. There is no glory to the sower other than joy and delight in the process which bonds us in common pursuit of an ethic and ideal.

All forces for change are relevant and each one disrupts the seed bed of oppression by its particular seed. The environmentalists, the equal pay, the socialists, are all movements that seek to humanize. All creativity in or out of the arts serves to break up that heavy soil fertilized by bullshit and propaganda so that we may sow the magic seed of liberation.

We sow for the sisterhood, the whole sisterhood, with the brotherhood in mind. As the rain falls on the just and the unjust so shall our seed fall on stony or fertile ground. For we shall not pursue it or seek to harvest it for we are the sowers and part of the process. Does anyone dare to doubt that a single seed of compassion cannot survive in a field of indifference? On the contrary, it can blossom and be all that more remarkable in that sterile setting.

Optimism is the first requirement for the sowers. For they are grounded in the life cycle they live, in the process they know, the capacity of the seed to break cement if need be. Every other consideration is secondary. The true sower looks first to the seed keeping in mind the need of the spirit for beauty and warmth and laughter as well as the political realities of change.

The diversity occurs within the sower, for some will sow from the spirit, while others sow from the mind. Neither is complete without the other, but it is well to remember that optimism is a natural ingredient of the spirit and has a leavening quality on the mind not yet persuaded to trust the process.

THUNDERCLAP

To two new excellent feminist publications. --

Broadside, P.O. Box 494,
Station P, Toronto, Ontario

Their next issue will be Volume 1, Issue 4. Individual subscriptions are 10 issues for $8.00.

Healthsharing, a quarterly publication by Women Healthsharing, Box 230, Station M, Toronto. Individual subscriptions are $5.00. Next issue will be Volume 1, Number 2.

THUNDERBOLT

To the Secretary of State for not making available a permanent position for Women's Programs in the Thunder Bay office.

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LETTERS

Dear Friends:

Six months ago I moved from the Dryden area to beautiful B.C. and although I did not notify you of my move, I felt the N. Woman would follow me here via the Dryden Post Office. I know that I had renewed my subscription for the '79 year. Could you check your files and if everything works out OK ... would you please send me the last 4 issues or so for my own library and to share with friends and good women of the Kelowna Status of Womyn and the Okanagan Womyn's Coalition both of which I am becoming very involved in. I have been able to remain connected to the happenings, progress and creativeness of the womyn of Northwestern Ontario through a friend receiving the paper here in Kelowna.

I have read the N.W. since its beginnings and its pages have nourished the mind and lifted the spirits of this growing feminist.

I was so happy personally and for the women it reaches, that you were all able to keep it together and through, I'm sure a terrible struggle, your last issue was, I feel, one of your best. I respect and love the warmth and wiseness of Gert Beadle so much.

I am looking forward to this year's issues and link our two locations with sincerest wishes, as the women's movement gathers strength and momentum, promising an exciting new decade of opportunity and adversities to be overcome, for continued support and success for the Northern Woman.

Kathy Gunderson,
Kelowna, B.C.

Dear Women:

This letter of greeting and best wishes for a 'far-reaching' 1980 is overdue. I do not want to lose touch with the Northern Woman Journal and the women I met because of it.

Even though I was only part of two meetings, I was inspired and excited by the energy and camaraderie I felt from all of you. I hope this new year provides many opportunities for making others aware of women and their world, and of the Journal.

Enclosed are two contributions, one is monetary and one from my pen.

Cheers and warm wishes of encouragement in all the projects you undertake. My best to Gert, who introduced me to the Journal only four months ago.

Sincerely,
Joyce Thierry.

Dear Editor:

In response to the "Thunderbolt" column that appeared in the October-November issue of the Northern Woman, you may be pleased to note that the philosophy of the Lakehead District R.C.S.S. Board has been revised to read as follows:

"The purpose of the Catholic School is to provide Catholic students with the best educational programme possible within a Christian atmosphere, that they might achieve a fuller life by learning the purpose and the means of building a better world for their fellow man and themselves here on earth -- and thus pursue their ultimate end which is union with God, their Father, in eternity."

We would like to assure you and your readers that in its original form the philosophy was in no way intended "to deny the existence of female students". We assumed that the masculine wording would be taken in the generic sense and understood to include children of both genders Your striking Thunderbolt revealed a fault in our assumption.

We feel that the revised Board statement is an improvement over the original and we trust that the words "fellow man" will be found acceptable in their synonymity with the phrase "kindred human beings".

Thank you for your enlightening column.

Sincerely,
Joan E. Powell
Communications Officer

Comment

The "rules" that govern the "correct" use of a language have much in common with other social rules. They are not immutable, ordained to last forever; they evolved to meet social needs, and they are sensitive to social change.

The question is, how do you know when to abandon a word or phrase or grammatical rule that is still cited by language authorities as correct? We think the answer depends on a simple test: does the term or usage contribute to clarity and accuracy, or does it fudge them?

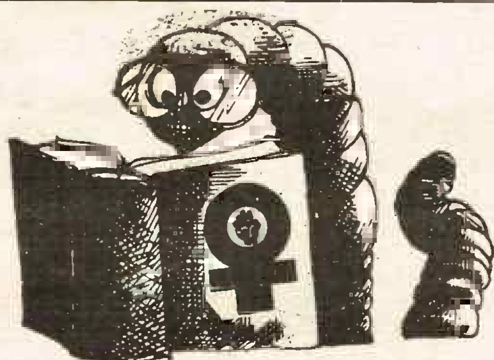
credit "Words And Women" New Language in New Times by Casey Miller and Kate Swift

To the Lakehead District R.C.S.S. Board: We are of the opinion that the use of "fellow man" could be better clarified by the word "humankind or human beings.

Editors

Good News! — BROADSIDE

by Gert



I am a feminist paper addict. Each month I digest every word of Womanspeak and seldom find anything to really disagree with. Yet I felt a nagging sense of claustrophobia, of no new ground broken, to move us into an evaluation of the difference a feminist perspective brings to any given subject. A feeling that each paper has substituted set patterns of thought over a diversity of feminist opinion that clearly indicated the scope of individual thinking.

Broadside, the newest feminist paper out of Toronto, is breaking that pattern and I cannot help but express my joy at the boldness and imagination that has created it. It has both breadth and depth, but what is even more compelling is a strong ethical principle that shines through its pages. It is passionate without compromising it is politically correct without being dogmatic: it debunks without malice and it informs without creating divisions of interests as priority subjects.

What it does for me, is deal with the present -- with the knowledge of the past as base and with the future in mind. The patriarchal world, from thought to structure, is under review and should be, by both men and women. What better way to look at the entire scope than to read thoughtful and well-written evaluations of every patriarchal decision that affects our lives and to draw that comparison from a feminist perspective. Somewhere along the line, we who have lived under a malignant persuasion, have rebelled at still more persuasion to replace the old persuasions. It is such a pleasure to arrive at a new understanding through our own intelligence. It is with that thought in mind that I urge women to subscribe to and read Broadside -- published by Broadside Communications Ltd., P.O. Box 494, Station P, Toronto, Ontario M5S 2T1

WOMAN HEAL THYSELF

Although much of our history as healers has been obliterated, evidence exists that women practised surgery in the Stone and Bronze Ages. Women were the main healers throughout Europe in the Middle Ages and had much knowledge about herbs, midwifery, folk remedies, and intuitive healing.

On settling in North America, women combined their knowledge with that of native Americans, and continued to practise as healers until scientific discoveries and the advent of industrialization made health care a profitable enterprise. Legislation was enacted to bar lay healers from practising; medical schools admitting women, non-whites, and workingclass people were systematically closed. What women had once done lovingly for free or for barter became a marketable commodity.

As part of the struggle to gain control over our bodies and our lives, we are reclaiming our history as healers, and the knowledge that is rightfully ours.

credit Vancouver Women's Health Collective, 1980 Women & Health Wall Calendar

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UPDATE

A news column to keep our readers up to date on women's issues - national, international and local.

by Joan Baril

Continuing Deportations of Women

By the time you read this Hyacinth Burnett will have been deported. Her crime? Separating from her husband who at one time sponsored her in Canada but later changed his mind.

Ms. Burnett will take with her to Jamaica her two year old child, a Canadian citizen. The immigration order expelling Ms. Burnett was the most restrictive type that can be served.

Ms. Burnett's supporters hoped that she would be served with a departure notice rather than a deportation order. This would mean she could apply to eventually return. As well, due to the press coverage of her case, sympathetic readers had sent enough money in donations to purchase the airline ticket to make a departure order possible. In spite of this, the Immigration department served her with the more restrictive notice of deportation.

Ms. Burnett spent three years in Canada as a sponsored immigrant awaiting Immigrant status which never came.

Once served with the deportation notice she is caught in a bizarre bureaucratic Catch 22, for now she can only apply for Landed Immigrant status in Jamaica, her country of origin. Her chances of being accepted are just about nil, her lawyers state.

In a related case, Donna Murray, who has been in Canada for three years is also slated for deportation because she separated from her husband. But, in this instance, her husband did not withdraw his sponsorship and has stated he wants to continue as her sponsor in order to keep their child in Canada. However, Immigration has taken the position that the sponsorship was granted to the wife on the basis of cohabitation; since the couple do not live together, the wife is eligible for deportation. Mr. and Ms. Murray's child is a Canadian citizen and Ms. Murray has a steady well-paying job.

Sponsored immigrants and especially wives, are in a very precarious position. They may wait years to acquire landed immigrant status which gives them some protection. In the meantime they dare not leave their husbands. Surely the Canadian Government can do something to mitigate the cruelties of our new Immigration Act

Anti-Feminism

A recent tour of the mid U.S.A. confirms reports of the increasing strength of a right-wing anti-feminist backlash.

Recently, a powerful coalition of heavily funded right-wing groups such as Right to Life, The Eagle Forum, Mormon Church, Family America, F.L.A.G. (Family, Life, America, God), Moral Majority and the National Christian Action Coalition have combined to fight the passage of the Equal Rights Ammendment. Not all these groups are women's organizations but all use women as spokespersons for the anti-feminist cause.

Appropriating to themselves the label "pro-family", these groups claim to be defending the rights of the family against government interference.

Their basic principles include

1. against equal rights legislation
2. against feminism in all its forms
3. against legalization of abortion
4. against sex-education in the schools
5. against access to contraceptives by teens
6. against working mothers and government-sponsored day care
7. for anti-homosexual legislation

At present, an alliance of 150 such groups led by the National Profamily Coalition is forming plans to dominate President Carter's Conference on the Family which is slated for this summer. They are working hard to elect a majority of delegates and control the resolutions.

In Canada, a similiar organization, Renaissance International has become more visible during the February federal elections. In the past this group have made themselves a nuisance to small town Southern Ontario school boards because of their habit of scanning high school literature texts looking for naughty passages and then demanding that some of Canada's greatest novels (including Margaret Laurence's The Diviners) be removed from the shelves.

This year however, with the endorsement of the Evangelical Fellowship and the Catholic Registrar and a $150,000 plus budget, Renaissance took ads in major Canadian newspapers during the election campaign in order to encourage voters to choose candidates who support the Renaissance platform.

Their policy statement is a hodge-podge of paranoia and apple-pie cliches but the anti-feminism is never far from the surface in, for example, the resolution which calls for protection of "the rights of the majority from the destructive intent of the anti-family militants".

It is easy to dismiss the Renaissance crusade for "Faith, Freedom and the Family", but historically, American right-wing moral crusades have spawned Canadian imitators who have played a detrimental role in Canadian society.

Cancer Experiment on Canadian Women

Do you remember the days of the routine X-ray at Thunder Bay's T.B. chest X-ray clinics? The routine X-ray of pregnant women? The X-rav machine in Eaton's footware department to check the fit of your shoe? The days of the indiscriminate X-ray are over (we hope) because there is no doubt --

1. no one should be exposed to X-ray unless there is a pressing medical reason.
2. Radiation can cause cancer over the long term.
3. Radiation is cumulative.

However, there is no doubt that many Canadians over 30 have received much radiation over their lifetimes.

Perhaps you also remember the American National Cancer Institute's program of 8 years ago which gave breast X-rays (mammograms) to hundreds of American women in order to diagnose Cancer. The study was stopped for women under 50 after a public flurry of medical accusations claiming it was dangerous and causing more cancer than it was detecting. Also this experiment or "program", as the National Cancer Institute prefers to term it had no control group and so was not scientifically viable.

However, the National Cancer Institute of Canada has now embarked on a similiar venture in this country. It is calling on Canadian women to volunteer for mammograms. It wants 9,000 subjects between the ages of 40 and 50 to submit themselves to X-rays at a lower dosage than that used in the discredited American study. A control group will practice breast examination during the 5 year period of the study. The purpose is to discover the best screening method to reduce cancer deaths.

Opposition to this experiment emerged as soon as it was announced. Chief opponent is Dr. Irwin Bross, director of biostatistics at the Roswell Park Memorial Institute in Buffalo, Now York. He believes the risk from the X-rays will outweigh any diagnostic benefits. "Fewer than one woman in 10,000 can benefit from the screening (in the under 50 age group); about one woman in 10 is likely to suffer some harm from the repeated X-rays".

The Toronto Board of Health, wants the consent forms the women will sign to warn them very clearly of the risk of cancer they face.

Welcome to the Struggle

Welcome to the struggle and best wishes to Shirley Stevens, the new Supervisor of Women's Programs at the Confederation College Women's Centre.

One of Shirley's first projects is to organize, in conjunction with the Women Teacher's Federation, a seminar titled "Personal Growth and Development" slated for April 18 and 19, 1980.

Also a vote of thanks from The Northern Woman goes to Mary Fedorchuk, the former supervisor, for her enthusiastic feminism and her hard work in organizing numerous courses, conferences and workshops for local women.

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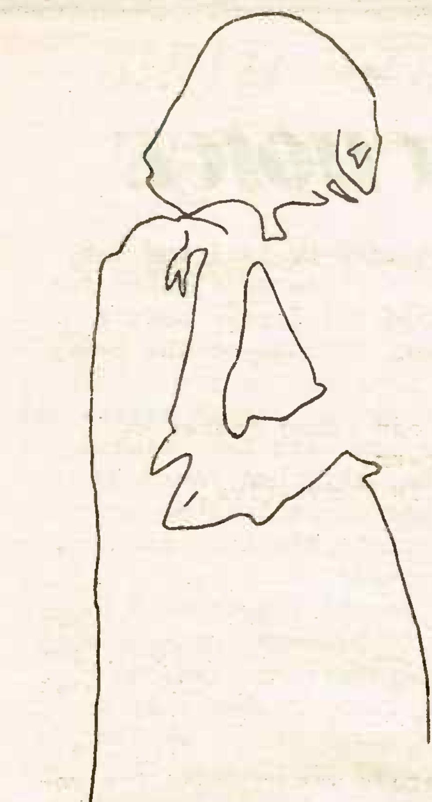
the DES story

by Louise Nichols



The woman's movement has had an incredible effect on the way women approach the health care system. No longer passive consumers, women are learning how their bodies work, demanding information, finding out about alternatives, confronting patronizing and sexist attitudes, and asking lots of questions. One of the important questions for many women however, those born from the late forties to about 1971, is one they should be asking their mothers.

In the last five years or so, there has been some media exposure of the discovery of a rare type of vaginal cancer in young women whose mothers took the synthetic estrogen DES (diethylstilbestrol) during their early pregnancies. First used in a study of 632 women in Massachusetts in 1943, DES was thought to be effective in treating threatened miscarriage, enabling the woman to continue her pregnancy to term. It was subsequently used to treat an estimated six million women in the US., Canada, Australia, Mexico, Belgium, France, and Britain.

The story of DES is truly astounding. The earliest studies, despite the claim that the researchers felt it could be effective in maintaining pregnancy threatened by miscarriage, were undertaken on women who were having <u>normal</u> pregnancies; none of the women were informed that they were receiving DES -- some recall being told they were being given "vitamins". A subsequent study in Chicago in 1952, comparing a group of women receiving DES and a control group receiving a placebo (an inactive substance), showed that not only did the DES group not have healthier pregnancies, but that twice as many DES mothers had miscarriages as the control group; they also had more high blood pressure and smaller babies than the mothers receiving placebos. Another study in New Orleans confirmed these results.

So as early as 1952 it had been shown that there was no value to using DES in pregnancy. It had also been proven as early as 1940 that DES caused cancer in mice. But DES continued to be used until 1971 to treat pregnant women, exposing a possible 25 to 30 thousand women per year and their fetuses to a hormone which by 1969 was clearly proven to be carcinogenic in humans.**

** For a full account of the story of DES - including why it took so long to stop doctors and the drug companies from promoting its use in pregnancy, I highly recommend the book "Women and the Crisis in Sex Hormones" by Barbara Seaman, available at the Co-op Bookshop and the Northern Women's Centre Library. But be prepared to become very angry as you read. This book also goes into, in more detail than I have space for, the various treatments and follow-ups for those women who are found to have cancer or abnormalities of vaginal and cervical tissue. It is also one of the best information sources on birth control and menopause that I have found - important reading for all women.

In 1966, a doctor in Boston diagnosed a case of adenocarcinoma in a 15 year old girl. In the next three years he found six similiar cases in women aged fifteen to twenty-two. He conducted a careful search and finally made the connection - all the mothers of the women had taken DES during their pregnancies. Since then there have been over 250 cases of vaginal cancer, the youngest in a 7 year old girl, the oldest in a 29 year old women. All their mothers received DES during the first 18 weeks of pregnancy.

Adenocarcinoma is a previously rare type of vaginal cancer that occurs in glandular tissue (adeno = gland, carcinoma = cancer). The normal vagina has no glandular tissue; DES interferes with the formation of normal genital tissue of the fetus. Up to 90% of DES daughters have glandular tissue (adenosis) in their vaginas, and a small percentage of these have cancer of this glandular tissue. It is not known whether presence of the adenosis is a signal of a precancerous state. Incidentally, it has been found that male children exposed to DES in utero are also showing effects. There is a higher incidence in these males of undescended testicles, semen abnormalities, and possible sterility.

Now - assuming that you've talked to your mother, and that she took DES during her pregnancy with you, and that she was told what it really was - what should you do from here?

There is a very specific examination procedure that must be followed in checking DES daughters - anything less is not good enough. Because the adenosis and/or cancerous cells of the vagina are not visible to the naked eye, a special instrument called a colposcope is used. This is in essence a kind of magnifying instrument specifically designed for microscopically examining the vagina and cervix, and will show up any areas of abnormality. A regular pap test, while excellent for detecting abnormal changes of the cervix, will miss such changes in the vagina. Colposcopic examination is necessary. In addition, many doctors also use an iodine stain solution to paint the vagina and cervix, since any adenosis does not pick up the stain and can thus be distinguished from normal tissue.

If no adenosis or abnormalities

are found, a careful colposcopic examination yearly should be sufficient, along with a yearly pap test. Fortunately, Thunder Bay has recently acquired a colposcope, and a local gynecologist is able to perform this procedure.

If adenosis is present, many doctors feel that conservative management by frequent re-examination is all that is necessary; others feel that any abnormal tissue should be cauterized or biopsied. In any case, it would be safest to find a doctor who is a DES specialist to follow through any treatment - this is no time to trust in the family doctor or any old gynecologist.

Since this adenocarcinoma is being found in such young women, checkups should begin by age 14, or earlier if any symptoms such as abnormal bleeding or bloodstained discharge between periods are present.

And the mothers should be aware that there is suggestion of a slightly higher risk of breast cancer or cancer of the lining of the uterus in women who have taken DES; this makes it imperative for them to have regular gynecological exams, and to learn and practise monthly breast self-examination.

There is some encouraging news. It seems that many cases of adenosis heal themselves gradually with time. But there are also other considerations for DES daughters, whether they have normal checkups or not. It seems clear that no DES daughter should further expose herself to hormones in the form of birth control pills, post-menopausal estrogen replacement therapy, the "morning after pill" (which may be DES!), or the hormones used to dry up milk after birth when the woman doesn't wish to breastfeed. And the IUD could further complicate the chronic cervix inflammation many DES daughters have. On the other hand, the contraceptive jellies used with the diaphragm seem to have a healing effect on adenosis, because of their acidifying effect. So there is available a non-harmful method of birth control which can actually be beneficial.

Finding out that you are a DES daughter, or that you have taken DES yourself, is a frightening thing. But it is important that you become informed about the problem so you can be sure you will get proper care. Knowledge helps you to deal with fear.

I am a DES daughter. If anyone would like more information, or needs to talk to someone about her own situation, or needs to know where to go for a check-up, I can be contacted through this paper.

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BREAST CANCER TREATMENT – A TIME FOR CHOICE

One Woman's Experience with Breast Cancer - as told to Rosalyn Taylor Perrett

I couldn't help admiring this woman who sat across from me, giving these events in a way that made clear the underlying issues. She was not afraid to talk about her mastectomy, this made me less afraid of listening. No one likes to feel their mortality, but somehow, just talking to her, I felt a person could go through it all and still survive.

On January 6, I went to my doctor for a routine pap test. I had just recently acquired a woman doctor. Part of the visit included a thorough breast examination. The doctor did not seem alarmed by anything she felt but told me that my breasts felt lumpy.

The information from this check up prompted me to examine my breasts myself when I was at home. I was surprised when I discovered a single lump a little smaller than a dime. It was palpable but I couldn't feel under it.

I was told to wait till my next menstrual period and the doctor felt the lump too. An appointment was made for me to have a mammography.

Five days passed before I heard the results. My doctor phoned, and told me that there was an indiscrete lesion and a biopsy would have to be done. I sensed concern in the doctor's voice which made me feel shocked and numb at the thought of having cancer. Until this time there had been only a distant possibility.

My doctor referred me to a surgeon. Two months had already gone by, it was now March 8th. During this time, I did a lot of reading. I read articles I found myself or were given to me by other women. Equipped with more knowledge, I asked quite a few questions regarding the biopsy and breast cancer treatments. The information I had acquired lead me to believe that there were other treatments besides a mastectomy.

I asked the surgeon if I had to sign the consent form before I had the biopsy. I did not want to give permission to have a mastectomy right after the biopsy if the lump turned out to be malignant. He told me that if I didn't sign the consent form I would be released from the hospital and it would mean that the operating room would have to be booked again, so there was a time factor involved. He also said, however, that a few days difference wouldn't put me in any danger. I had exercised my choice to have the biopsy and operation in two stages -- unknown to me before I read that you have a right to do this.

I entered the hospital on March 11th for the biopsy. I did not hear the results straight away as I had expected. I was discharged from the hospital on the 13th, still not knowing the results. Two more days passed without any news. Finally, I decided to call the lab, I knew a doctor there so I asked for him. I was told the doctor hadn't made it to work because of the heavy snow storm.

Almost a week had passed before the surgeon phoned me with the results. He told me that they had found 30 microscopic cancer cells that were mainly confined to the lump with just a few outside.

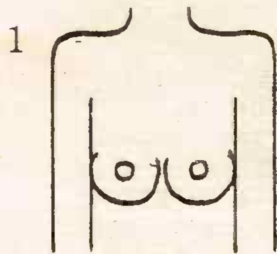
The articles and the books I had read, led me to believe I was a candidate for a lumpectomy (removal of the malignant lump) rather than a mastectomy (removal of the whole breast). The surgeon told me that my treatment would be a modified radical mastectomy (removal of the breast, and lymph glands in the axilla but leaving the chest muscles).

I had more questions at this time as I wanted the surgeon to confirm to me that a modified radical mastectomy was the only safe treatment. When he didn't confirm that there was no other choices or assure me that his treatment would give me a better chance for survival, I began to be confused by the treatments I had read about. I was in an extremely anxious state at this time.

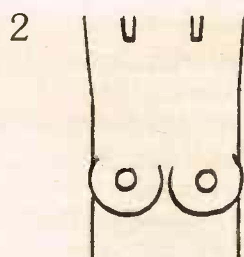
I asked him if he would consider removing just the lump. When he said no, I asked him if he knew any other surgeons who would. He told me to phone any other physician I wanted to.

continued on page 14

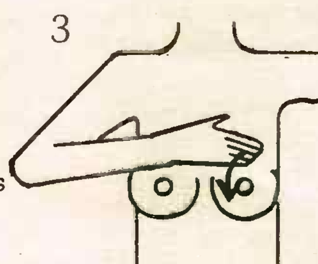
Breast self·examination



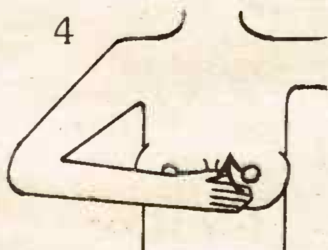
Sit or stand in front of your mirror, with your arms relaxed at your sides, and examine your breasts carefully for any changes in size and shape. Look for any puckering or dimpling of the skin, and for any discharge or changes in the nipples.



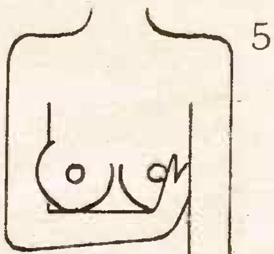
Raise both your arms over your head, and look for exactly the same things. See if there's been any change since you last examined your breasts.



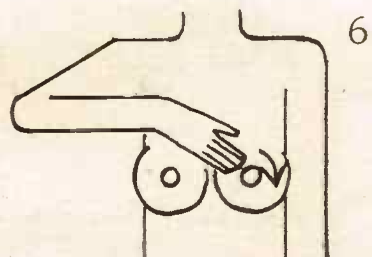
Lie on your bed, put a pillow or a bath towel under your left shoulder and your left hand under your head. (From this Step through Step 8, you should feel for a lump or thickening. With the fingers of your right hand held together flat, press gently but firmly with small circular motions to feel the inner, upper quarter of your left breast, starting at your breast-bone and going outward toward the nipple line. Also feel the area around the nipple.



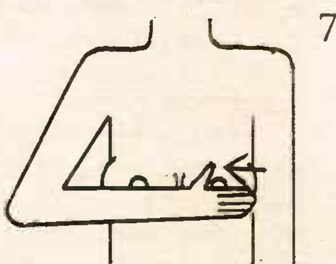
With the same gentle pressure, feel the lower inner part of your breast. Incidentally, in this area you will feel a ridge of firm tissue of flesh. Don't be alarmed. This is perfectly normal.



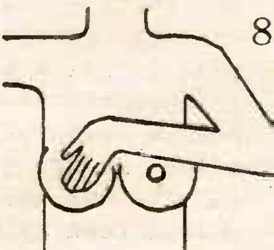
Now bring your left arm down to your side, and still using the flat part of your fingers, feel under your armpit.



Use the same gentle pressure to feel the upper, outer quarter of your breast from the nipple line to where your arm is resting.



And finally, feel the lower outer section of your breast, going from the outer part to the nipple.



Repeat the entire procedure on the right breast. Your own doctor may want you to use a slightly different method of examination. Ask him/her to teach you that method. Examine your breasts every month, just after your period. Be sure to continue these checkups after your change of life. If you find a lump or thickening leave it alone until you see your doctor. Don't be frightened. Most breast lumps or changes are not cancer, but only your doctor can tell.

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breast cancer cont'd

When I called another surgeon, described the lump and asked this surgeon how he would go about treatment, he asked me who my doctor was. I told him and he said, "Listen young lady, do what your doctor says".

The day before the operation was scheduled, the surgeon suggested that I come in and have a talk. I decided to bring a friend. I was beginning to doubt there really was any other form of safe treatment when the surgeon hadn't responded the way I hoped he would respond. He discounted any less radical treatments without reassuring me that this treatment would give me any better chance for survival. I took a friend so she could also hear the surgeon's attitude, and hear him say that there was only one safe treatment - the modified radical mastectomy. This was not what we heard. We heard a surgeon who said his time was being wasted by all of these questions. I felt I had antagonized him by what he perhaps thought was a challenge to his treatment. His anger surfaced and left me stunned. I had only seen him when he was calm and patient.

He found out that I had gone 'over his head' by calling the lab to find out what the results of the biopsy were. He hadn't known me long as a patient and as I was new to this clinic, there was only a short medical history. He took everything too personally.

He thought it was a thing about the breast. He gave me the impression that he thought I was a victim of the 'Hollywood Syndrome', where women's breasts are worshipped as part of their sexuality and their desirability. I was too upset to try to convince him that my concern was for breast cancer treatment and not just for the loss of a breast. I was not reassured by comments like, "If it was my wife or daughter, this is the treatment I would recommend."

He failed to recognize that I, as a reasonably intelligent 'patient', needed to have him dispute the many documentations such as that from Dr. Ray Lawson of Montreal who states, "radical operations are completely unjustified -- the survival rate from lumpectomies is as good". He dismissed this physician and others who felt the same way as 'impertinent radical thinkers'.

I left his office so upset that my friend had to assist me. I was booked for surgery. I didn't feel that it was the only treatment available but I wasn't prepared to go elsewhere. I was now so dependent on this surgeon, I was afraid he would ask me to find another surgeon.

I was admitted the next day. To my relief, when he visited me before the operation he was his calm gentle self and no mention of the previous visit was made.

It was more than three months since I had initially discovered the lump.

After the operation there was a normal amount of post-operative discomfort which lasted about three days. While I was still in the hospital I had therapy arm raises to regain a loss of movement. In the hospital the pain I felt was tolerable. Visits from people I cared for did a lot to help my recovery. A heart warming visit came from an older woman I didn't even know. She had travelled across town by bus after being shut

"AS LONG AS THE MEDICAL PROFESSION IS MALE DOMINATED -- THE TREATMENT OF FEMALE DISEASES IS GOING TO BE AFFECTED BY MALE ATTITUDES."

in most of the winter, showing herself as a living example of someone who had breast cancer 30 years ago and survived.

It is now four years since I had a modified radical mastectomy. There were no further treatments, except routine examinations. There were no complications.

Having one breast is still incidental to my concern about treatment for breast cancer. As I faithfully examine the other breast there is still the dread at finding a lump, dread because the treatment has not changed to my knowledge.

As long as the medical profession is male-dominated and women are treated by men, the treatment of female diseases is going to be affected by male attitudes. Women need to be more responsible for their health.

Frequent breast self-examinations are necessary even though it is one of the hardest things to routinely do. Fear makes us not want to find something there. If you find something do not delay seeing a doctor. Do not be content to be a passive recipient of whatever treatment is recommended. "Radical mastectomy is categorized as a non-discretionary operation, which means that the woman, unless she discusses it thoroughly with her physician beforehand, does not make the final decision regarding removal of her breast or the possible alternatives of partial mastectomy or other treatments." (From About Face - Towards a Positive Image of Women and Health).

Read about breast cancer and become more knowledgeable. Demand to dis cuss the treatment in a direct and realistic manner. Don't be intimidated by a sexist patronizing attitude or suggestions that you are taking up their valuable time. Ask questions about treatment, screening methods, your own physician's attitudes on breast cancer treatments. Learn what i available in Thunder Bay.

This is all very much easier to write than to do I realize. I don't feel I had much of a say in my treatment but if all women challenge the health care system, then hopefully we can change attitudes and influence the need for better detection methods and different, less radical treatments.

Since relating my experience with breast cancer to Rosalyn I have done more reading, talked to my "new" docto talked to a woman who had a friend who had a lumpectomy in Toronto, and made a few phone calls regarding detection

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HORMONES
so much for miracles?

by Gert Beadle

My personal experience with hormones for menopausal distress began as I neared fifty. After having a hysterectomy at thirty-four for fibroids, I had, it seemed to me, a never-ending condition of hot flushes, nervous exhaustion and continuous nausea. I was employed full time as an R.N.A. and although I am an energetic person mentally, I found myself struggling to maintain that posture physically. When it was suggested to me by a doctor that hormones might solve some of my problems, and I was assured that a refusal at the time of my surgery was no longer a factor, I gratefully began to take 1.25 Premarin in the prescribed dosage.

Hormones at this time were enjoying a period of approval by some medical men. I was, for instance, given a book to read on its magic powers. Good for the bones, good for the nerves, an elixor of life. If it couldn't save your marriage, it would go a long way to making your husband happy. So I was prepared for a miracle and it seemed to happen.

The difference in my physical wellbeing was spectacular. I ran cool, energy returned, mental stress and nausea abated. I was told once starting that I would probably have to take them all my life and at the time I felt it was a small price to pay for this new health, but no one told me what the consequences of going off them would be. After taking them for fifteen year I felt that they were contributing to fluid retention, which had become a problem. At the same time I became more aware of the dangers inherent in birth control pills, and so, without consultation with the medical authorities, I took my last pill and said, "That's all".

The results of this decision were catastrophic. I went into shock of withdrawal and was delivered to Emergency without body temperature and cyanosed I had begun to perspire in the morning in no ordinary way and throughout the day continued to try to soak up the perspiration with towels, but by 7 o'clock I was flaking out and was sure I was having a heart attack.

I am now taking o.625 Premarin which is equivalent to half of my former prescription and have gradually cut the need to 2 weeks out of 4 but I was reminded just this last month that to cut it further is to revive all the old symptoms of hot flushing and depression. At sixty-four, I have come to the realization that I may well have to take them as long as I live, regardless of any other symptom

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CHILDBIRTH:

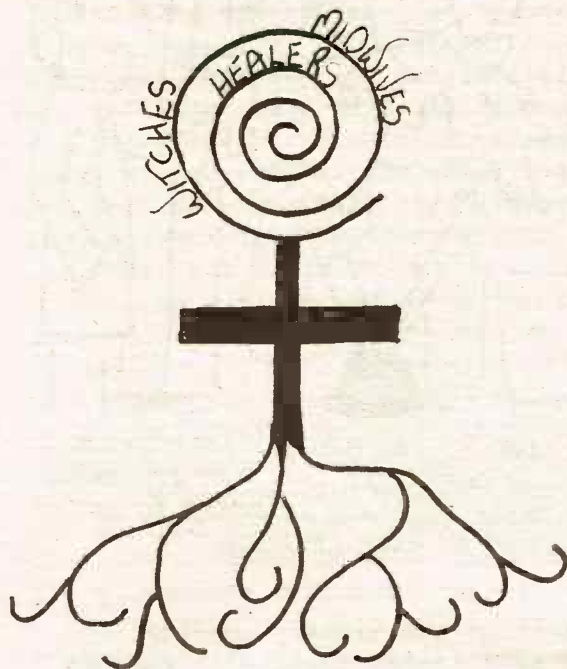
by Estelle Howard

Unable to sleep
elly huge & round
ou turn
I turn.
nxious to meet you little friend.
Whispered promises in the night
If you be a woman we will teach
each other.
Strength.
If you be a man we will teach
each other.
Gentleness.

At the age of 32 I became pregnant. I felt ready for this life adventure - ready to share my space with a child. My body felt healthy and strong and my energy level was high. The first steps I took in my pregnancy were to begin reading progressive birthing books and to seek out a doctor who would share my ideas/ideals. From the very beginning of my pregnancy I was committed to a gentle birth and was determined not to compromise. Because a midwife was not available for reasons I will discuss further in this article, I felt my only choice was a hospital birth. I had been involved in the Woman's Movement for many years and, with the support of a gentle man, strong women and my feminist analysis I felt quite prepared for the attitudes/treatment that I would receive. It was not easy however, and often I found myself being both humiliated and intimidated by doctors. In sharing my experiences with other women I've discovered that they too had felt/experienced much the same. We agreed that childbirth, a natural process, a WOMAN POWER had been forced away from us and had been replaced by a male power structure designed to control (through our oppression)both our bodies and minds. The conclusion we came to was that the exploitation of women on the examining table, in the labour room and on the delivery table is one of North America's greatest crimes. If women do not know their rights or if they do but are not prepared to fight for them, then one of the most common rapes of women will probably take place. It is my hope and intention that the following ideas and experiences will encourage women to further readings (knowledge being one form of power) and help in giving women courage and strength to stand up for their WOMAN RIGHTS. Finally, I hope that my struggle in the search for a respectful doctor, and my fight for recognition of my being will be viewed as the struggle of all women.

OUR BIRTH

Our birth took place in Thunder Bay at McKellar Hospital. Our birth was a hospital natural birth. It was natural in that my labour was not induced, I was not administered drugs, I was not shaven nor given an episiotomy. My child was allowed a partial Leboyer (gentle) birth and, I was allowed to spend ten to fifteen minutes with him before he was whisked away for hospital processing. After this processing was complete (a space of time during which I felt incredible panic) He



was returned to me where he remained until my discharge. Prior to our birth, I had arranged with my doctor to leave the hospital with my child within twenty-four hours - which I did. Since our birth took place in a hospital setting (which is designed and set up for the sick) there were compromises that I had to make. Despite the sterile atmosphere and the paternalistic attitude and rigid rule of the institution, my birth was the most profound and joyful experience of my life. I was supported by a dear friend, a sensitive nurse and a progressive doctor (as progressive as a doctor can be within such a power structure). A large part of my joy was the pride and strength that I felt in being able to determine (within a hospital setting) our birth. At the same time, however, I was conscious of a sense of rage within me (for the millions of women who are denied such feelings and) towards the medical profession who has convinced so many women that they "have only our best interests in mind".

POLITICS OF MEDICINE

We constantly hear of the great achievements that have been made in modern medicine. Medicine has become a highly skilled technology with technicians trained to carry it out. As with any technology, and in particular, male technology with its profit-oriented mentality, the human aspect has very little value especially if the human in question is a woman. In the introduction of this article I referred to the rape of women. When I speak of rape I speak of acts of violence. Medical/surgical procedures that are unnecessary are violent acts. Most women are so intimidated by their physicians, and so vulnerable at the time of birth, that they are often powerless to protest. This is especially true when they are told that the life of their child is a stake. Some examples of such acts of violence are:-

Labour induction
Drugs
Episiotomy
Forcep delivery
Separation of parent/child

I do not deny that there are exceptional cases where the above medical procedures are necessary for the life of the mother/child but the extensive use of such practices can only be viewed a child/mother abuse. A comparative study done by Valmoi Howe-Elkins in her book "The Rights of the Pregnant Parent" supports this statement.

SEE CHART

INDUCED LABOUR

Induced labour is the act of rupturing the amniotic membrane or the administration of a simulated hormone 'oxytocin' given either orally or intravenously. The purpose is to stimulate and/or accelerate uterine contractions. This procedure should only be used when there is danger to the health of the mother/child. Examples of some situations where this procedure may be necessary are:-

women with toxemia
RH women with dangerously high antibodies
Still birth
Diabetic women
Head of the fetus growing too large to pass through the pelvic area.

Women should be aware however, that it is common practice to induce women who have gone two weeks past their due date (due date being calculated from the time of the last period and not from the time of conception). It is also common practice of many doctors to induce women for the physician's convenience i.e. so as not to interfere with vacation plans of the doctor or to avoid late night delivery - How about a doctor who receives great pleasure out of inducing women so as to be the Papa Stork of the new years baby every year?

INDUCED LABOUR CAN BE DANGEROUS and is not something to be taken lightly. If the membranes have been punctured and your child is not born within twenty-four hours the risk of a caesarean section is very high. In normal labour the membranes usually rupture in second stage labour thus cushioning the fetal skull during contractions. Without such cushioning the pressure on the child's head can cause a decrease in blood to the child which results in a decrease of oxygen to the brain and a greater chance of blood vessels rupturing under the baby's skin. The hormone 'oxytocin' causes the labour contractions to be unnaturally strong which can cause disalignment of the child's parietal bones and the possibility of the umbilical cord becomming compressed thus shutting off oxygen to the child. If the child is born premature because of unnecessary induction 'hyline membrane' disease can be the result.

Infant mortality rate (deaths per 1,000 live births)	
Women prepared for birth	less
Obstetrical medication	
Forceps deliveries	
Inductions	
Episiotomy	more
Caesarean Section	

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eclaiming Our Power

Most of all, the control over your labour is taken from you and you are often rendered helpless. As a result the possibility of administered drugs is highly increased.

DO NOT ALLOW YOUR DOCTOR TO INDUCE YOUR LABOUR UNLESS THE REASONS ARE MEDICAL.

DO NOT ACCEPT THAT YOUR CHILD IS GROWING TOO LARGE TO PASS THROUGH YOUR PELVIC AREA WITHOUT HAVING AN ULTRA SOUND SCAN DONE.

The ultra sound scan can determine the size of your child's skull and there is no known danger to this procedure.

OBSTETRICAL MEDICATION - "DRUGS"

There are so many drugs on the market that it would be impossible for the writer to list them all but you can be sure that the drug industry is making millions of dollars over our prone bodies. Five common drugs used on women are:-

nembutal - a sedative used to reduce anxiety
seconal - a hypnotic used to induce sleep
valium - a tranquilizer used to relieve tension
demoral - an analgesic used to eliminate pain
epidural analgesic- injected into the lower back where all sensation ceases from the waist on down.

or any combination of the above and many many more.

Drugs are used in approximately 85% of all hospital births and most often administered without informing the woman of the possible side effects WHY? Doctors state that they want to help us - that they hate to see us go through such unnecessary pain. If this is the medical reason then-
Why do most doctors not encourage mothers to attend childbirth classes?
Why are not free childbirth classes available to all women?
Why are there no midwives available to assist the woman who is alone during her labour?
Is it that drugs are more economical?
Is it an attempt to control a process that the physician in fact fears?
DRUGS CAN BE DANGEROUS and their side effects disasterous. For the child there is the possibility of oxygen deprivation causing the child to require resuscitation and, the effect of the drug on the child can last for several weeks. The sucking action of the child is decreased which is a special problem for the nursing mother. The fetal heart rate can also be decreased. Some studies point out that a decrease in learning development for up to one month is caused by drugs. As far as the mother is concerned, CONTROL OF HER LABOUR IS TAKEN AWAY causing her, in many instances, to be alienated from her body and the birth of her child. If the woman is drugged, often the ability to push out her baby is decreased to the point where episiotomy and forceps are necessary (both of which will be discussed in this article). The greatest loss to the drugged mother is the inability to participate fully in an experience that is uniquely hers, often leaving her with an extreme sense of failure.

DO NOT ALLOW YOUR PHYSICIAN TO ADMINISTER ANY DRUGS WITHOUT A FULL EXPLANATION OF THE POSSIBLE SIDE EFFECTS.

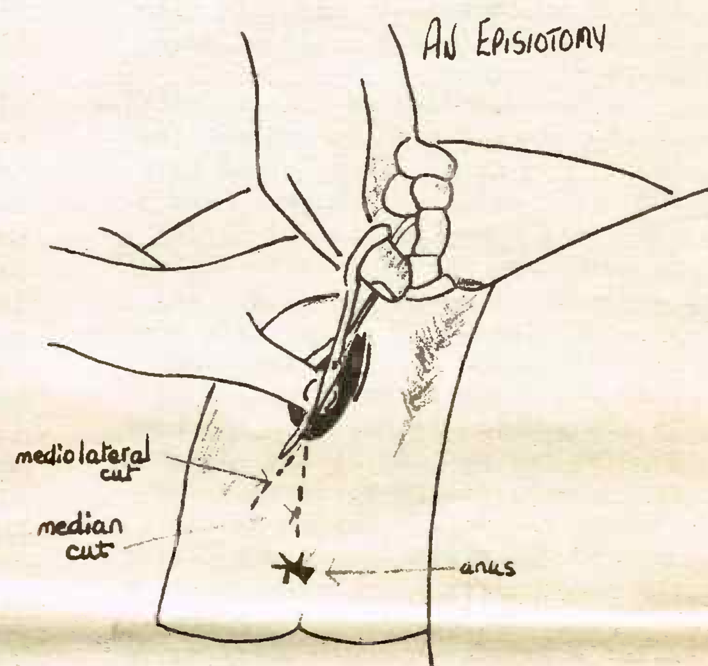
DO NOT ALLOW YOUR PHYSICIAN TO ADMINISTER ANY DRUGS IF A MEDICAL REASON IS NOT GIVEN.

MAKE SURE THAT YOU EITHER ATTEND CHILDBIRTH CLASSES OR READ BOOKS ON CHILDBIRTH BREATHING TECHNIQUES.

BE SURE THAT YOU HAVE A FRIEND WHO WILL ASSIST YOU BOTH DURING THE LABOUR AND BIRTH.

EPITIOTOMY

An episiotomy is a surgical procedure which involves the cutting of the perineum which is the area between the vaginal opening and the anus. There are two types of incisions:-
1) midline - which is a straight cut which is dangerous in terms of damage to the anus and
2) midline & directed laterally - i.e. away from the anus - which is safer in terms of not damaging the anus and the more common procedure.
The repair involves the stitching of four layers of tissue:-
the vagina
the muscle (levator ani)
subcutaneour fascia (tissue directly under the skin) and
the skin itself.
This surgical procedure is conducted routinely by most doctors i.e. over 80% of all women.
Doctors justify the use of episiotomy in the following way:-
1. to prevent tearing
2. to prevent neurological damage to the baby from lengthy delivery
3. to prevent weakness of the perineum in later life
4. to prevent the possible loss of sexual enjoyment.
In the first two instances there may be the exceptional case where an episiotomy will in fact be necessary but in the last two cases this is highly unlikely.
Professional midwives and progressive doctors state that tearing should not occur (or very slightly, if at all) if the perineum is given proper support during the delivery. Since episiotomies speed up the delivery process, women must be conscious of the possibility of some doctors being more concerned with their time spent in the delivery room. As far as weakness in the perineum in later life, there are specific exercises that every responsible doctor should know and be prepared to teach the woman which would eliminate such problems. Loss of sexual enjoyment is an interesting approach. One can only conclude that the medical profession (whom over 90% are male) are more concerned about the loss of men's sexual enjoyment and not the woman. This is a sexist myth and a gross deception. Every woman that I spoke with who did not have an episiotomy felt no loss of sexual enjoyment nor (for all you male doctors) did their mates. Women should be aware that most doctors in Thunder Bay perform episiotomies as a matter of course i.e. whether you need one or not!



EPISIOTOMY CAN BE DANGEROUS - It is not only a very painful experience for the woman but often takes a long time to heal. Some women have reported a numbness in this area for up to a year. Some women experienced a fear of sexual intercourse after this operation was performed. In this instance I feel it important to site a few women's experiences with episiotomy:-

"When I requested no episiotomy my doctor stated that I would end up with a huge baggy vagina...I changed doctors

"When I requested no episiotomy, my doctor warned that I would end up with a huge gaping vagina - like all those European women who come into his office". "He then proceeded to express his sorrow for their poor unsatisfied husbands".

"One woman after this act of violence was performed, watched the doctor make a tight little circle with his fingers for her mate to see - an illustration of a nice tight job...just for him".

"As a student nurse I watched the doctor perform an episiotomy and then turn to four young male interns and say - come feel this - just like a virgin, nice and tight.
all four men
then proceded to insert their fingers into the women's vagina to confirm this gross sexist statement"

DO NOT ALLOW YOUR DOCTOR TO PERFORM AN EPISIOTOMY FOR A NON MEDICAL REASON.

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DA	U.S.	HOLLAND
.1	18.5	11.4
%	less than 50%	more than 80%
%	85%	2-5%
%	60%	5%
0%	15-20%	5%
%	80%	15-20%
%	8%	2%

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in review

KRAMER VS. KRAMER

by Susan G. Cole
reprinted from Broadside

A fitting way to enter the eighties; the movie that best portrays the impact of the seventies; the first objective account of a failed marriage and the struggle for custody of the child; a movie with no villains; New York Critics award winner for best movie of 1979. Wouldn't it be terrific if Kramer vs. Kramer were everything it's been cracked up to be? The movie is a hit, a popular specimen of our mainstream culture and a film that tackles issues that have been near and dear to the heart of the women's movement. I wanted Kramer vs. Kramer to be great because everybody is seeing it, and because "definitive" anythings tend to make me nervous. The themes of the movie promise either an enormously valuable film or one whose impact could be downright dangerous.

As unaccustomed as I am to sitting on the fence I have to confess that Kramer vs. Kramer is a lot of both. The movie written by Robert Benton (The Late Show, Bonnie and Clyde) is about Ted Kramer (Dustin Hoffman) whose wife Joanna (Meryl Streep) suddenly leaves him with their seven-year old child Billy (Justin Henry) whom Ted doesn't know from a hole in the ground. He has been too busy gunning for the top at his advertising agency. As the movie runs its course, Ted learns why Joanna left him and discovers that there exists the possibility of a loving relationship between him and his son. After a seventeen month absence, Joanna returns to get custody of her child. Hence the title, Kramer vs. Kramer.

The claim that Kramer vs. Kramer is an objective account of the situation should be dispelled immediately. It is curious that so many reviewers (dare I say it, mostly male) have celebrated the movie's evenhandedness. The film is written so that when the scene finally drifts to the courtroom we get the uneasy feeling that we have been diddled by a screen writer who wants us to want Ted Kramer to win. This should hardly be the case in a movie that supposedly has no villains, but Benton gets us where he wants us through a variety of plot devices, some more obvious than others.

To begin with, the film is about Ted's relationship with his son. We never see Joanna with Billy except for a brief moment at the beginning when Joanna tells her son that she loves him just minutes before she walks out the door. It is an evocative scene but it certainly does not give us a vivid sense of the connection between mother and child: after, all Billy is asleep, and the scene runs for perhaps two minutes.

In court, Ted testifies passionately to the ability of men to bring up children. He argues that women are not the only ones who know how to nurture. He's right of course, in the political and theoretical sense, and naturally, we believe him because we've seen him take care of Billy through three quarters of the movie. But while it is important that these progressive sentiments be expressed to the movie-going public it is not necessary to play them off against the platitudes poor Joanna is forced to convey. Her husband made her feel worthless and consequently she felt incapable of being his wife and bringing up their child. After seventeen months she realizes that her problem was a lack of self-image and, having pulled herself together, she wants her son back.

This is a plausible situation that Benton turns hackneyed by filling Joanna's mouth with material that's pretty hard to swallow. She rambles on about "finding herself" through "therapy" in California for heaven's sake. Ultimately she comes across as an indulged neurotic, spewing cliches that are more apt to make the viewer cringe than be sympathetic.

And if the director of Kramer vs. Kramer expects us to accept Joanna's plight in spite of that embarassing rigamarole and in spite of the fact that Mom disappears in the first five minutes of the movie, the least he could have done was cast a sympatico actress in the role of the absent mother. Instead we are confronted with the chilly presence of Meryl Streep who is really not the accessible and believable type the character should have been. While standing in the window of a restaurant watching her son before she tells Ted that she is seeking custody, Joanna actually appears sinister. Really, when faced with a choice between the endearing Dustin Hoffman finally discovering how to prepare French toast and the fickle and mysterious Streep, Hoffman is bound to win our hearts hands down.

The clearest sense of Ted's transformation is seen through the eyes of the proverbial downstairs neighbour Margaret (played by Jane Alexander).

We are led to believe that Margaret has been doing a little consciousness raising with Joanna just before she walks out. Ted whines about the conspiracy as he confronts Margaret just after he's left -- shades of the wounded male syndrome bemoaned as the worst fallout of the women's movement. But Margaret changes her tune as she watches Ted get to know his son and as they commiserate over their shared lot (she has just been left with two children).

This could conceivably happen. But Benton gets carried away with Margaret's changing loyalties as Ted's attorney props Margaret on the stand where she sings the praises of Ted's childrearing abilities. There is something slightly sleazy about all this. Surely Ted ought to have the child: he even has his wife's one-time champion (perhaps even the instigator of the separation) and a "women's libber" on his side. Here is one of the most miserable misuses of a relationship between two women ever to grace the plot of what is supposedly an intelligent script. And when Margaret chooses to take some time in court to plead with Joanna to change her mind and let Ted keep the child, you know that either Benton is on a manipulative kick or he doesn't have the slightest notion of how two women would deal with each other in such a case. Hasn't Benton ever heard of the telephone? It's the most likely instrument Margaret would have used to perform with Sturm und Drang for the judg

By now, we've been worked up to the point that we think Ted ought to get custody. This is not entirely a sensible point of view. It presupposes that seventeen months of parenting makes one a better parent than six years of childrearing -- easy enough to assume when seventeen months of parenting takes up 75 minutes of film while six years of the same is depicted nowhere. And when you think about it, Ted hasn't become a "better parent," he has simply become human. He has developed a relationship with his only child, an achievement that ought not to be lionized, but seen as something fathers should do as a matter of course.

The judge rules in Joanna's favour, as would most judges in cases where single mothers were vying for custody of children with single fathers (except, of course, if the mother were a lesbian). The custody of children is one of the few cases where women are given the advantage, so there's something irritating about the fact that Kramer vs. Kramer uses what little power we have against us. Had the film done more with the character of Joanna, we would appreciate Ted's dilemma as more than an attempt to strip Joanna of what appears to be the only power that she has.

But even if Ted's heroism is exaggerated, Kramer vs. Kramer is an important movie. It makes vivid one of the conundrums that face male breadwinners -- the conflict between family responsibilities and corporate career. Ted receives no support from office colleagues who find his commitment to Billy incomprehensible and his lack of interest in company politics equally mystifying. When a corporate buddy tries to engage Ted in the latest "who did what to whom" gossip on the company grapevine and Ted just can't take the time because he has to pick up Billy at school, we know Ted is on the way out. Ted was not born a bad parent, he's had his life's blood sucked out of him by a competitive business, and the advertising business is one of the most cut-throat around. It may be that

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BIRTH CONTROL - ONE WOMAN'S BATTLE

by Donna Phoenix

When I was a child, I was told my genitals were my privates. When I found what I thought was a red hot-water bottle with a hose attached -- that was private. It belonged to my mother, not to be touched. When I played with another little girl behind a closed door, tickling each other, my mother screamed at us never to do that again.

I feel part of feminism is to make the private public, to become comfortable with our bodies, to feel good about being female, proud of our anatomy and how it grows and changes.

Sex is not a dirty word. Where have the taboos come from? Perhaps from fear of the unknown. I have not completely convinced myself that the primary reason I married 13 years ago was to have sex, The fear of pregnancy limits my peace of mind even now.

This brings us to the subject of choice. I did not have adequate sex education or any birth control information. In 1966, a month before my wedding, I commenced 1 mg. dose of birth control pills (.5 mg. is now the normal dosage). The results were nausea and a grey-green colour which convinced my mother and her friends that I was already pregnant. I continued with the birth control pill for almost 2 years and each menstrual cycle was started with a headache, nausea and vomiting.

Following the birth of my child, I nursed for 7 months with no knowledge that I could have gotten pregnant again, even though I did not menstruate. Fortunately I did not.

For a short time I went on the pill again to dry up my milk and then had a Lippes Loop inserted (an I.U.D.).

The loop was effective but caused increased blood flow and clotting until I was fearful I had miscarried. Upon examination it was found to have moved out of my cervix and it was removed by my doctor. Great -- no more bleeding, but fear of pregnancy again. It was replaced by a Dalcan shield, another I.U.D., and that in turn was discarded when my husband got a vasectomy. You might suppose my worries were over but a separation occurred and all the old fears resurfaced. An accident which left a condom inside my vagina after his climax found me subjecting my body to a week-long intake of stilbestrol, for fear I might get pregnant, since this was one time I didn't use foam as well. Surviving that disaster, I went for the copper-7 I.U.D., which I used without complaint for two years.

In the period I abstained from sexual intercourse, I felt in control of my own body and was totally without fear. Liberated from the I.U.D., I now use a diaphragm with foam successfully and have for over two years. I have bonded again with the understanding that birth control is a shared responsibility.

Birth control information has only been legal in Canada since 1969. Has there really been a lot of progress in 11 years? Is sex still a dirty word? I feel every woman should have the right to choose whether she wants to have children and when. I am a member of C.A.R.A.L., the Canadian Association for the Repeal of the Abortion Law.

CHILDBIRTH BY CHOICE
CARAL'S PHILOSOPHY

CARAL calls for repeal of Canada's abortion law (section 251 of the Criminal Code), so that abortion becomes a matter to be decided by a woman and her doctor. We support provincial action to ensure universal access to safe, legal abortion across the country. We support and encourage the wide availability of contraceptive information and materials, and comprehensive programmes of contraceptive and sex education, as the only effective means of reducing the need for abortion.

The word 'pro-abortion' is often used mistakenly or dishonestly to describe the pro-chioce view that a woman in consultation with her doctor should be permitted to choose whether or not to continue a pregnancy. This is in fact neither a pro- nor anti-abortion position, but simply an affirmation that women facing unplanned pregnancy whould be free to choose either way.

Many people believe that there would be no need for abortion if all couples used contraceptives except when they desired pregnancy. It is true that if reliable family planning information, education and services were universally available, the number of unwanted pregnancies could be significantly reduced. However, failures can occur with all current methods of contraception, and even responsible users of effective methods may occasionally find themselves faced with unwanted pregnancies.

What is Childbirth by Choice?

Briefly, childbirth by choice means freedom of choice in planning one's family.

It means a woman should not be pressured to bear a child against her will.

CARAL believes that women should have the freedom to choose whether or not to continue an unplanned, undesired pregnancy.

ABORTION ALTERNATIVES

Prior to 1969, abortion was illegal in Canada. In that year, an amendment to section 251 of the Criminal Code made abortion legal under the following conditions.

1. A legal therapeutic abortion must be performed in an approved, accredited hospital.
2. All applications for abortions must go for review before a hospital Therapeutic Abortion committee which must consist of at least three members, all of whom must be qualified medical practitioners.
3. A majority of this committee must state in writing that "in its opinion, the continuation of the pregnancy would or would be likely to endanger the life or health of the mother".
4. The abortion must be performed by a qualified medical practitioner other than a member of the committee.

Therapeutic abortion committees exist in only one-fifth of Canadian hospitals. In Northern Ontario only 8 hospitals have committees; the Port Arthur General Hospital and McKellar General (also in Thunder Bay), Dryden General Hospital, Lake of the Woods District Hospital in Kenora, Kirkland Lake District Hospital in Kirkland Lake, Lady Minto Hospital in Cochrane, North Bay Civic and Sudbury Memorial Hospitals

Provided a woman has access to one of these hospitals, she must still have her application passed by its committee. Whether or not this occurs, is dependent on her circumstances and the way 'health' is interpreted by the committee to which she applies. Some therapeutic abortion committees consider a woman's emotional health as well as her physical health -- but there is no guarantee. Women wishing to terminate an unwanted pregnancy are very much at the mercy of the committee's interpretation of the law. No right of appeal is allowed when a woman's application is denied. Even if a hospital has a Therapeutic Abortion Committee, it is not required to grant or perform any abortions and indeed, some do not.

Procedure

If a woman's pregnancy test is positive and she has decided that it is a pregnancy she does not want to continue, she seeks referral to a gynecologist who performs abortions. He will reconfirm the pregnancy by pelvic examination. Then an application is submitted to the therapeutic abortion committee and if the application is passed, hospital space is booked.

Actual abortion procedures differ from one hospital to another but early abortions are often done by D and C as day surgery. Although it is possible to use only a local anaesthetic, a general anaesthetic is used and women are not given a choice. Pre or post-abortion counselling is not routinely available.

Unfortunately, the bureaucratic shuffle with the Therapeutic Abortion Committee may cause a delay which is undesirable for both the physical and emotional well-being of the woman. The Badgley Report on the Operation of the Abortion Law found that after a pregnancy has been confirmed, an average of 8 weeks passes until the induced abortion is done.

The Meadowbrook Women's Clinic in Minneapolis provides an alternative for women seeking abortions. This clinic ..."is a free-standing medical facility whose function is to provide abortion services in a non-judgemental, medically safe atmosphere." The philosophy of Meadowbrook is that every woman has the right to free choice, competent care and confidentiality.

Appointments can be booked from Monday to Saturday (except Wednesday) by calling the clinic at 612-925-4640.

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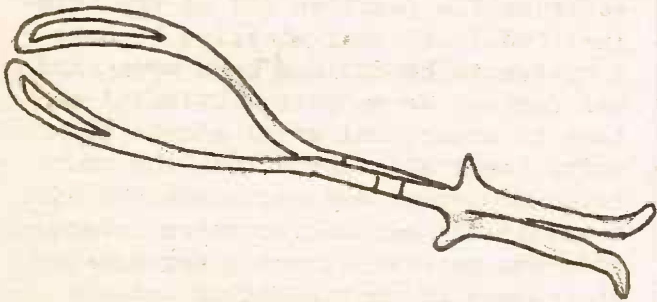
FORCEPS: A MALE INVENTION



Forceps are large crossed metal spoons which usually have holes in the centers to grasp the baby's head and pull the child out. The use of forceps has greatly increased with the increase of technology in medicine. Forcep deliveries are not uncommon with women who have been drugged and are unable to push their babies out naturally. Initially forceps were used to speed up the delivery process-another method of controlling the birth process. Forceps should only be used in extreme cases where the baby is unable to emerge naturally. Forceps can be extremely painful to the child and the possibility of neurological damage is increased. Of course if forceps are used the chances of an episiotomy is greatly increased.

FIND OUT YOUR DOCTORS FEELINGS ON THE USE OF FORCEPS AND WHY AND WHEN THEY MIGHT BE USED. FIND OUT ALSO WHAT PREPARATIONS YOU COULD MAKE TO AVOID OR LESSEN THE POSSIBILITY OF USE.

CHILD PARENT SEPARATION

Child parent separation is a very common approach. Women are not encouraged to keep their child with them they are in fact discouraged. It is not uncommon for a mother to stand outside the room where her child is, separated by a glass wall and watch her baby cry. Often she feels too intimidated to ask for her baby. If the woman requests rooming in for her and her child she receives very little emotional or physical support. I spent a whole night alone with my child and the only support offered was to take my child away to the nursery.

DO NOT ALLOW THE DOCTORS OR NURSES TO KEEP YOU FROM YOUR CHILD. IF POSSIBLE REQUEST ROOMING IN.

POLITICS OF CONTROL

Up to this point I have only spoken of the actual birth process, yet the humilation of women often begins in the early visits to the doctor. The processing is quick and efficient. A quick examination (time is money you know), a blood tes t, date set for delivery, date set for your next appointment...then "that's it, woman until next month". Oh yes, the doctor may ask you if you have any questions. One of several things may happen here:-

1. You may not know what to expect because you have very little knowledge of hospital procedure during and after birth. Often you believe you can trust your doctor to do only what is best for you.

2. You have all kinds of questions but the doctor seems so rushed that you don't feel you have the right to take up her/his time.

3. You feel so intimidated that you become afraid to question.

4. You ask questions for which you receive quick, impersonal, limited answers BUT if you have been reading progressive books on birthing and you ask related questions or worse yet make relevant suggestions then you may experience a cold hostility which is often masked by a paternalistic smile. A smile that says "Now, now dear, we know what is best for you". If you insist, then the doctor may put up the protective screen of professionalism and speak to you of hospital procedure - of which he/she too has no say. Politically speaking it is called passing the proverbial buck. This approach is designed to stop women from pursuing the subject and happens more often than we realize. Believe me, they can do this so completely because they hold that much physical and psychological power over us.

5. In the exceptional case you may find a doctor who is willing to listen to you - a doctor who respects your ideas and decisions and offers you support - a doctor who is not threatened by your questions. Such progressive doctors are difficult to find but once discovered the word spreads quickly.

IF YOU KNOW OF SUCH A DOCTOR THE NORTHERN WOMEN'S CENTER WOULD APPRECIATE THE NAME AND NUMBER SO AS TO ADD TO OUR LIST OF REFERRALS. P.S. OUR LIST IS VERY SHORT!

Of all the women to whom I spoke; not one received any nutritional information,
not one received a reading list of progressive birth books,
not one was told of specific birth exercises ,
not one was told about the use/non use of drugs,
not one was told about labour and what to expect,
very few were advised about birth classes.

Most women in Canada do not have an alternative to hospital birth because the medical profession has done a good job in eliminating legalized midwifery. The history of this crime against women goes back many centuries to when women healers and midwives were tortured and burned alive as witches. It is estimated that these number in the millions. Women, who were the only healers centuries ago, were feared and hated for their knowledge. They were replaced by the professional doctor and schools were set up to train such doctors (from which women were excluded). Such schools and doctors were from the upper classes only and it was the upper and middle class that they represented and served. Their roots have been and continue to be deeply embedded in the church and state and it is those values and norms that they perpetuate. As such, the medical profession is one of the greatest oppressors of women. Child birth, a natural process has been turned into a surgical procedure and most women have been convinced that this is the only safe way. Doctors/technicians have become obsessed with what could go wrong. Just in case you tear we will give you an episiotomy. Just in case you get too tired during your labour we will give you a little something to help you along. Just in case your baby may be overdue we will induce your labour - the list goes on and on. Because of thi obsession, physicians force women to participate/submit to their paranoia

Many women continue seeing doctors with whom they are dissatisfied for much the same reasons as women continue seeing men with whom they are dissatisfied - they lack alternative or have been so beaten psychological that they give up their personal power. For those of us (and the numbers increase every day) who have not given up the struggle and who receiv encouragement and support from our sisters and brothers, there is a much higher chance of regaining power and reclaiming our birth.

MIDWIFERY

Midwifery is an alternative. Birthing centers are an alternative. At the time of writing this article a conference of midwives is taking place. The purpose of this conference is to educate the public and to organize midwives in an effort to legalize this proud profession of women. A midwife from Thunder Bay attended this conference and in our next issue the Northern Woman will feature the results of this conference and the results.

Primitive woman had fewer birth complications because she was strong from physical work, wore less restrictive clothing & did not live on a diet of processed and chemically flavoured foods. For women today it is crucial to be strong and healt both before and during her pregnancy

TO AVOID COMPLICATION AND TO KEEP YOURSELF STRONG AND HEALTHY I WOULD LIKE TO SHARE A FEW IDEAS WITH YOU.

WHAT YOU CAN DO

If birth classes are available, take one, if not read books on birth exercises and breathing techniques.

Exercise every day - pre natal yoga is wonderful - so is swimming.

Do not take drugs for nausea, instead eat less meat products and increase your intake of fresh fruits and natural yogurt.

Drink Raspberry tea every day - it is known to help you during your labour and is also high in calcium.

A large tablespoon of Blackstrap Molassas every day will keep your iron nice and high thus decreasing or eliminating the need for iron pil

For constipation molasses or fresh yogurt are very effective.

A great drink to have every day:-

Mix together
1 cup of yogurt
2 cups of orange juice (unsweetened)
1-4 tbs of nutritutional yeast (star with one tbs and increase slowly over a month or so)
2-4 tbs fresh wheat germ
1 banana
Blend together in a blender and have a few glasses throughout the day. This is a glass of love for both you and your child.

Read everything you can get your hand

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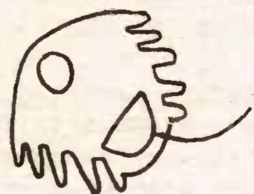

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The loop was effective but caused increased blood flow and clotting until I was fearful I had miscarried. Upon examination it was found to have moved out of my cervix and it was removed by my doctor. Great -- no more bleeding, but fear of pregnancy again. It was replaced by a Dalcan shield, another I.U.D., and that in turn was discarded when my husband got a vasectomy. You might suppose my worries were over but a separation occurred and all the old fears resurfaced. An accident which left a condom inside my vagina after his climax found me subjecting my body to a week-long intake of stilbestrol, for fear I might get pregnant, since this was one time I didn't use foam as well. Surviving that disaster, I went for the copper-7 I.U.D., which I used without complaint for two years.

In the period I abstained from sexual intercourse, I felt in control of my own body and was totally without fear. Liberated from the I.U.D., I now use a diaphragm with foam successfully and have for over two years. I have bonded again with the understanding that birth control is a shared responsibility.

Birth control information has only been legal in Canada since 1969. Has there really been a lot of progress in 11 years? Is sex still a dirty word? I feel every woman should have the right to choose whether she wants to have children and when. I am a member of C.A.R.A.L., the Canadian Association for the Repeal of the Abortion Law.

CHILDBIRTH BY CHOICE
CARAL'S PHILOSOPHY

CARAL calls for repeal of Canada's abortion law (section 251 of the Criminal Code), so that abortion becomes a matter to be decided by a woman and her doctor. We support provincial action to ensure universal access to safe, legal abortion across the country. We support and encourage the wide availability of contraceptive information and materials, and comprehensive programmes of contraceptive and sex education, as the only effective means of reducing the need for abortion.

The word 'pro-abortion' is often used mistakenly or dishonestly to describe the pro-chioce view that a woman in consultation with her doctor should be permitted to choose whether or not to continue a pregnancy. This is in fact neither a pro- nor anti-abortion position, but simply an affirmation that women facing unplanned pregnancy whould be free to choose either way.

Many people believe that there would be no need for abortion if all couples used contraceptives except when they desired pregnancy. It is true that if reliable family planning information, education and services were universally available, the number of unwanted pregnancies could be significantly reduced. However, failures can occur with all current methods of contraception, and even responsible users of effective methods may occasionally find themselves faced with unwanted pregnancies.

What is Childbirth by Choice?

Briefly, childbirth by choice means freedom of choice in planning one's family.

It means a woman should not be pressured to bear a child against her will.

CARAL believes that women should have the freedom to choose whether or not to continue an unplanned, undesired pregnancy.

ABORTION ALTERNATIVES

Prior to 1969, abortion was illegal in Canada. In that year, an amendment to section 251 of the Criminal Code made abortion legal under the following conditions.

1. A legal therapeutic abortion must be performed in an approved, accredited hospital.
2. All applications for abortions must go for review before a hospital Therapeutic Abortion committee which must consist of at least three members, all of whom must be qualified medical practitioners.
3. A majority of this committee must state in writing that "in its opinion, the continuation of the pregnancy would or would be likely to endanger the life or health of the mother".
4. The abortion must be performed by a qualified medical practitioner other than a member of the committee.

Therapeutic abortion committees exist in only one-fifth of Canadian hospitals. In Northern Ontario only 8 hospitals have committees; the Port Arthur General Hospital and McKellar General (also in Thunder Bay), Dryden General Hospital, Lake of the Woods District Hospital in Kenora, Kirkland Lake District Hospital in Kirkland Lake, Lady Minto Hospital in Cochrane, North Bay Civic and Sudbury Memorial Hospitals

Provided a woman has access to one of these hospitals, she must still have her application passed by its committee. Whether or not this occurs, is dependent on her circumstances and the way 'health' is interpreted by the committee to which she applies. Some therapeutic abortion committees consider a woman's emotional health as well as her physical health -- but there is no guarantee. Women wishing to terminate an unwanted pregnancy are very much at the mercy of the committee's interpretation of the law. No right of appeal is allowed when a woman's application is denied. Even if a hospital has a Therapeutic Abortion Committee, it is not required to grant or perform any abortions and indeed, some do not.

Procedure

If a woman's pregnancy test is positive and she has decided that it is a pregnancy she does not want to continue, she seeks referral to a gynecologist who performs abortions. He will reconfirm the pregnancy by pelvic examination. Then an application is submitted to the therapeutic abortion committee and if the application is passed, hospital space is booked.

Actual abortion procedures differ from one hospital to another but early abortions are often done by D and C as day surgery. Although it is possible to use only a local anaesthetic, a general anaesthetic is used and women are not given a choice. Pre or post-abortion counselling is not routinely available.

Unfortunately, the bureaucratic shuffle with the Therapeutic Abortion Committee may cause a delay which is undesirable for both the physical and emotional well-being of the woman. The Badgley Report on the Operation of the Abortion Law found that after a pregnancy has been confirmed, an average of 8 weeks passes until the induced abortion is done.

The Meadowbrook Women's Clinic in Minneapolis provides an alternative for women seeking abortions. This clinic ..."is a free-standing medical facility whose function is to provide abortion services in a non-judgemental, medically safe atmosphere." The philosophy of Meadowbrook is that every woman has the right to free choice, competent care and confidentiality.

Appointments can be booked from Monday to Saturday (except Wednesday) by calling the clinic at 612-925-4640.

continued on page 14

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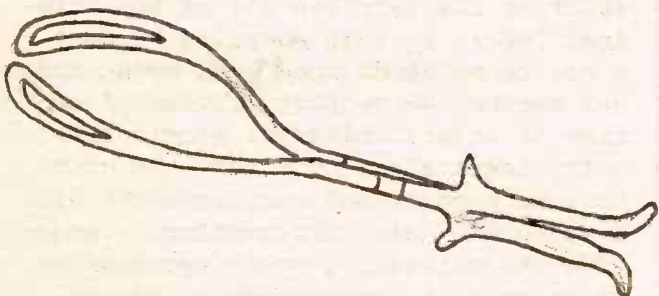
FORCEPS: A MALE INVENTION



Forceps are large crossed metal spoons which usually have holes in the centers to grasp the baby's head and pull the child out. The use of forceps has greatly increased with the increase of technology in medicine. Forcep deliveries are not uncommon with women who have been drugged and are unable to push their babies out naturally. Initially forceps were used to speed up the delivery process- another method of controlling the birth process. Forceps should only be used in extreme cases where the baby is unable to emerge naturally. Forceps can be extremely painful to the child and the possibility of neurological damage is increased. Of course if forceps are used the chances of an episiotomy is greatly increased.

FIND OUT YOUR DOCTORS FEELINGS ON THE USE OF FORCEPS AND WHY AND WHEN THEY MIGHT BE USED. FIND OUT ALSO WHAT PREPARATIONS YOU COULD MAKE TO AVOID OR LESSEN THE POSSIBILITY OF USE.

CHILD PARENT SEPARATION

Child parent separation is a very common approach. Women are not encouraged to keep their child with them they are in fact discouraged. It is not uncommon for a mother to stand outside the room where her child is, separated by a glass wall and watch her baby cry. Often she feels too intimidated to ask for her baby. If the woman requests rooming in for her and her child she receives very little emotional or physical support. I spent a whole night alone with my child and the only support offered was to take my child away to the nursery.

DO NOT ALLOW THE DOCTORS OR NURSES TO KEEP YOU FROM YOUR CHILD. IF POSSIBLE REQUEST ROOMING IN.

POLITICS OF CONTROL

Up to this point I have only spoken of the actual birth process, yet the humilation of women often begins in the early visits to the doctor. The processing is quick and efficient. A quick examination (time is money you know), a blood tes t, date set for delivery, date set for your next appointment...then "that's it, woman until next month". Oh yes, the doctor may ask you if you have any questions. One of several things may happen here:-

1. You may not know what to expect because you have very little knowledge of hospital procedure during and after birth. Often you believe you can trust your doctor to do only what is best for you.

2. You have all kinds of questions but the doctor seems so rushed that you don't feel you have the right to take up her/his time.

3. You feel so intimidated that you become afraid to question.

4. You ask questions for which you receive quick, impersonal, limited answers BUT if you have been reading progressive books on birthing and you ask related questions or worse yet make relevant suggestions then you may experience a cold hostility which is often masked by a paternalistic smile. A smile that says "Now, now dear, we know what is best for you". If you insist, then the doctor may put up the protective screen of professionalism and speak to you of hospital procedure - of which he/she too has no say. Politically speaking it is called passing the proverbial buck. This approach is designed to stop women from pursuing the subject and happens more often than we realize. Believe me, they can do this so completely because they hold that much physical and psychological power over us.

5. In the exceptional case you may find a doctor who is willing to listen to you - a doctor who respects your ideas and decisions and offers you support - a doctor who is not threatened by your questions. Such progressive doctors are difficult to find but once discovered the word spreads quickly.

IF YOU KNOW OF SUCH A DOCTOR THE NORTHERN WOMEN'S CENTER WOULD APPRECIATE THE NAME AND NUMBER SO AS TO ADD TO OUR LIST OF REFERRALS. P.S. OUR LIST IS VERY SHORT!

Of all the women to whom I spoke; not one received any nutritional information,
not one received a reading list of progressive birth books,
not one was told of specific birth exercises ,
not one was told about the use/non use of drugs,
not one was told about labour and what to expect,
very few were advised about birth classes.

Most women in Canada do not have an alternative to hospital birth because the medical profession has done a good job in eliminating legalized midwifery. The history of this crime against women goes back many centuries to when women healers and midwives were tortured and burned alive as witches. It is estimated that these number in the millions. Women, who were the only healers centuries ago, were feared and hated for their knowledge. They were replaced by the professional doctor and schools were set up to train such doctors (from which women were excluded). Such schools and doctors were from the upper classes only and it was the upper and middle class that they represented and served. Their roots have been and continue to be deeply embedded in the church and state and it is those values and norms that they perpetuate. As such, the medical profession is one of the greatest oppressors of women. Child birth, a natural process has been turned into a surgical procedure and most women have been convinced that this is the only safe way. Doctors/ tecnnicians have become obsessed with what could go wrong. Just in case you tear we will give you an episiotomy. Just in case you get too tired during your labour we will give you a little something to help you along. Just in case your baby may be overdue we will induce your labour - the list goes on and on. Because of thi obsession, physicians force women to participate/submit to their paranoia

Many women continue seeing doctors with whom they are dissatisfied for much the same reasons as women continue seeing men with whom they are dissatisfied - they lack alternative or have been so beaten psychological that they give up their personal power. For those of us (and the numbers increase every day) who have not given up the struggle and who receiv encouragement and support from our sisters and brothers, there is a much higher chance of regaining power and reclaiming our birth.

MIDWIFERY

Midwifery is an alternative.
Birthing centers are an alternative. At the time of writing this article a conference of midwives is taking place. The purpose of this conference is to educate the public and to organize midwives in an effort to legalize this proud profession of women. A midwife from Thunder Bay attended this conference and in our next issue the Northern Woman will feature the results of this conference and the results.

Primitive woman had fewer birth complications because she was strong from physical work, wore less restrictive clothing & did not live on a diet of processed and chemically flavoured foods. For women today it is crucial to be strong and healt both before and during her pregnancy

TO AVOID COMPLICATION AND TO KEEP YOURSELF STRONG AND HEALTHY I WOULD LIKE TO SHARE A FEW IDEAS WITH YOU.

WHAT YOU CAN DO

If birth classes are available, take one, if not read books on birth exercises and breathing techniques.

Exercise every day - pre natal yoga is wonderful - so is swimming.

Do not take drugs for nausea, instead eat less meat products and increase your intake of fresh fruits and natural yogurt.

Drink Raspberry tea every day - it is known to help you during your labour and is also high in calcium.

A large tablespoon of Blackstrap Molassas every day will keep your iron nice and high thus decreasing or eliminating the need for iron pi

For constipation molasses or fresh yogurt are very effective.

A great drink to have every day:-

Mix together
1 cup of yogurt
2 cups of orange juice (unsweetened)
1-4 tbs of nutritutional yeast (star with one tbs and increase slowly ove a month or so)
2-4 tbs fresh wheat germ
1 banana
Blend together in a blender and have a few glasses throughout the day. This is a glass of love for both you and your child.

Read everything you can get your han

continued on page 15

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POETRY

A TRUE FRIEND

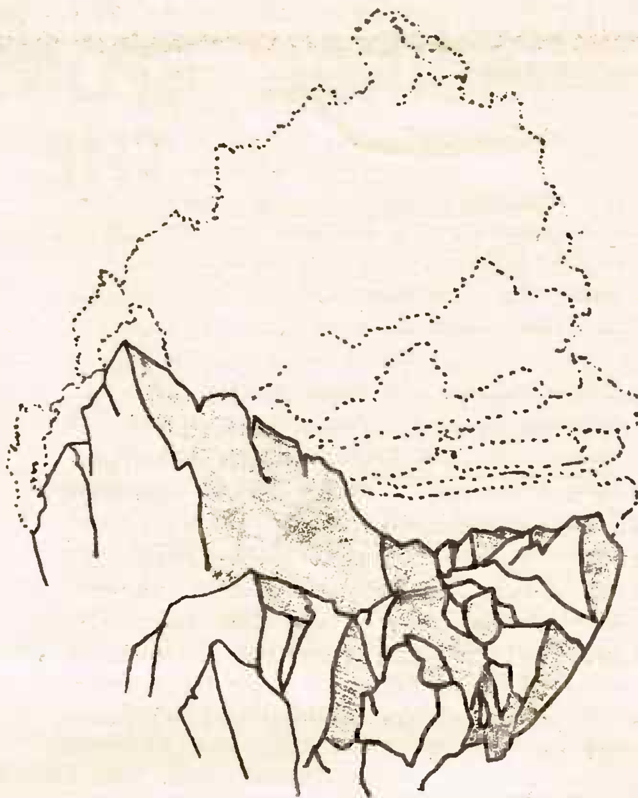
Our friendship evolved
from a shared dislike
for our mutually awkward legs.
We were a shelter
from expected perils
in a predictable high school world;
boys were given
only passing acknowledgement
and
wary of our aloofness,
tried harder
to be the things we hated.

We grew up
when I was afraid
of being left behind
I changed first
leaving for the west:
She stayed home
hiding restlessness behind light words.
While I (she accused)
went looking for a husband,
calculating my progress
on a thread of dates.

She's moved now
with a man she loves
and I'm left
to think of time
and how it pushes the leaves
to settle in different places
making friendship almost transient.

Yet there is always
a reaching out
picking up where we left off.
Still keeping a sacred corner
in a world of broken chairs.

by Rosalyn Taylor Perrett

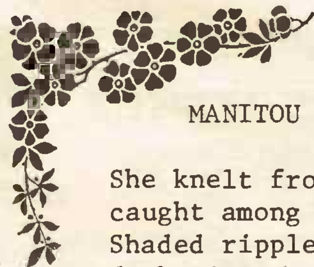


one does not forget
that the sky is blue
its brilliance cannot be erased
love too does not die
its memory simply fades
like a flower
but the essence of the flower
is everlasting
all that we sense
all that we feel
is our reality
when that reality changes
it is not a different reality
just a different composition
of the same picture

by jill a. higgins
from Riverside Promise

fingertips span
reaching forth
for a handclasp,
seeking warmth
of a lover's embrace,
denied by a conflict
imposed
by a false pride,
rejecting
true feelings
by anger's defeat.

by Viola Goderre



MANITOU

She knelt from within
caught among branching cliffs.
Shaded ripples over grey,
dark mirror glass
reflects her entrusted.

Quarry jabs of slabbered rock
Press her knees.

Moss, vine veil and kindle her sights.

Drops sing leaf and stone,
float on whirling breezes.

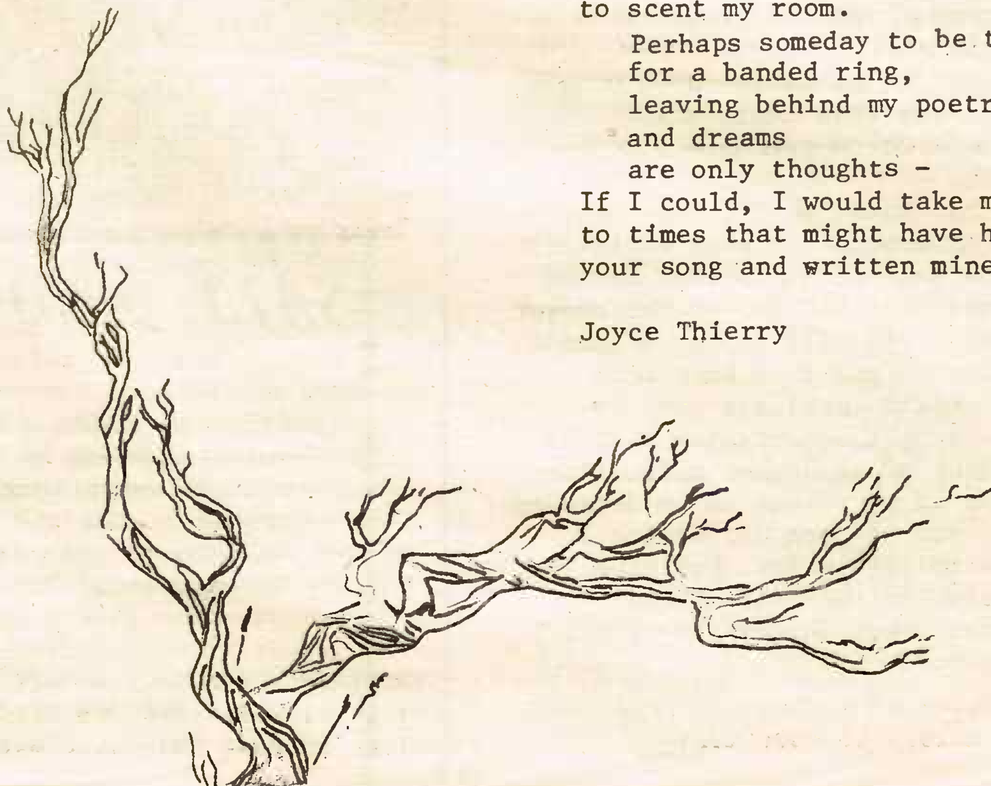
Skittered trickles fall
dropped into painted pool.

All through calm, shared
suns day of pondered heat.

by Karin Banerd

Jenny,
I fly with the sparrows
and share sleep in a nest
hollowed out from ragged shores,
gathering flowers and honey
to scent my room.
Perhaps someday to be traded of
for a banded ring,
leaving behind my poetry
and dreams
are only thoughts -
If I could, I would take me away
to times that might have heard
your song and written mine.

Joyce Thierry



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Abortion continued from page 11
After hours a recording will give information and the 24-hour emergency number. Women should have a positive pregnancy test before being scheduled at the clinic.

The actual appointment will take about four or five hours. After checking in, filling in appropriate forms and undergoing lab tests, a medical history is taken by a nurse and she reconfirms the pregnancy by pelvic examination. The woman then has the opportunity to speak with a counsellor, who provides information about birth control and aftercare. The actual abortion procedure, which takes between five and ten minutes, is performed by a gynecologist, with the counsellor present to explain each step. Some discomfort is normally experienced. This has been described as being like "severe menstrual cramping".

Up to 14 weeks L.M.P. (the number of weeks from the first day of the last menstrual period) vacuum aspiration is used. For second trimester abortions, either D and C or prostaglandin procedures are performed at Mt. Sinai Hospital; prostaglandin abortions require a minimum of an overnight stay.

Fees vary from $185 (U.S.) (12 weeks L.M.P.) to $300 (20 weeks L.M.P.).

When requesting reimbursement from OHIP, a woman may be asked to produce either of the following:
1. certification of a Therapeutic Abortion Committee in Canada
2. Certification by at least two qualified physicians (not including the physician performing the abortion) who confirm danger to the patient's life or health.

Further information about Meadowbrook Women's Clinic may be obtained from the Northwestern Ontario Women's Centre, or by calling the Clinic (612)925-4640) or by writing Suite E510, 6490 Excelsior Blvd., St. Louis Park, Minn. 55426.

VAGINAL SPONGES: THE INSIDE STORY

by Barbara MacKay
from the Toronto Clarion
Dec 79 - Jan 80

I feel like I'm always the last person to hear about neat stuff like this. But for the rest of you who haven't heard, there is an alternative to tampons. It's called a sponge. Many tampons are advertised as "safe, hygienic, sterilized and comfortable". But the ads say nothing about ecology or expense. Even tampons safety has been questioned by various women's groups. There have been rumours of carcinogens, and although this has not been proven, you can bet there are lots of other chemicals like bleaches and deodorizers in most tampons. However, we may never know for sure, as those great gods of the tampon are keeping pretty mum as to exactly what goes into the making of one. The sponge, on the other hand, is portable, comfortable, ecologically sound, inexpensive and natural. Unbleached, natural sea sponges, also known as Mediterranean sea sponges, are best because they have the smallest holes and therefore greater absorbency. (Although a woman at Upstream says she has been using a polyurethane sponge for over a year with no ill effects.) Natural sponges can be purchased in a variety of places: Natural body and bath shops, art stores, ceramic stores, and the occasional natural foods store, or you can mail order sponges being marketed especially as tampons. Sponges should be washed before use to get rid of salt, sand and other sea stuff that they may contain. You can boil them to sterilize, but this isn't really necessary. And if you boil them for more than ten minutes, they will shrink and become hard. Vinegar may be added to the wash water for a natural rinse, as it does not alter the natural Ph balance of the vagina (unlike most soaps). Other substances which are safe for sponge rinses are lemon juice, limewater, acigel, K-Y jelly, peroxide (10% solution), or chlorophyll. The size of the sponge depends on you. I have heard suggestions from the size of a small egg to the size of a lemon. To insert your sponge, wring out its excess water and pat it dry. You can fold it into a smaller piece if you want. Some women also sew a piece of dental floss (waxed or unwaxed not specified) to the sponge to make removal easier.

Sponges are soft and comfortable and not difficult to remove. Wash and/or rinse and reinsert. After your cycle you should wash the sponge thoroughly. You can also use any of the solutions mentioned above for a rinse. Let the sponge dry in the open air for at least a few days before storing until the next month. A writer at Upstream suggests hanging it in a clean cloth bag to let the air circulate around it. Unbleached, natural sponges last several months before deteriorating. Reinserting or changing your sponge in public washrooms may be a problem for some women. I carry a spare in a small film canister, because I haven't yet summoned the courage to rinse it in a public washroom sink. But the film canister is air tight so it's not a good idea for long term storage. Another method for public washroom changing is to wring the sponge into the toilet before reinserting it, although this is a bit messy. I can't wait until the next time I go camping without a box of Tampax strapped to my back. Just me and my sponge, from sea to me.

Hormones, cont'd from page 7

they encourage, such as fluid retention.

The questions I ask myself are these.
1. Had I not taken them, would the cycle of discomfort have come to an end in a short time and made them unnecessary?
2. How much did my needing to work for financial reasons pressure me into the decision??
3. How much of my battle with weight gain do I owe this magic pill?
4. How much blood pressure and fluid retension?
5. If I had known what I know now, would I have made the same decision?

I have learned since that having had a hysterectomy some of the danger inherent in the pill is not a threat to me, but we ought to know more about chemical imbalance and the withdrawal that accompanies what we often think of as common medication. It is not in my nature to be dependent and hormones are one dependence I have had to settle for. One plus that I have granted the pill is that I shall be a pensioner before my hair turns grey.

Breast Cancer, cont'd from page 6

methods in Thunder Bay. I was trying to determine if treatment and detection had changed much in four years.

I began to form assumptions that were very upsetting and I had to stop. However, I do intend to make more inquiries and will have more on this subject in the next issue of the Northern Woman.

The subject of breast cancer will become less fearful the more it is discussed. If there are women who have had a mastectomy, or any women interested in the subject, I can be reached through the Northern Women's Centre, 345-7802.

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What is Feminist Counselling?
continued from page 1
a job ghetto. A feminist counsellor knows well the isolation of women, one from the other, with husband or male friend often the main point of reference. She recognizes a woman's need for a network of support and services, not traditionally provided by society, but beginning to emerge from the women's movement.

A feminist counsellor usually finds it most helpful to work collectively, both at a personal and/or political level. Women learn from one another, from sharing lives they have been taught to keep private, from finding new ways of tackling the struggle. The feminist counsellor may have been a member of a consciousness raising group and/or other women's action groups herself. Her helping thus derives from relevant personal experience as well as work outside the home or narrowly defined political action.

A feminist counsellor shares information and knowledge with the consumer, recognizing it may be vital in dealing with the problem at hand, e.g., WOW, a handbook for women on welfare. Literature relevant to women's particular needs is often most helpful and usually well known to the feminist counsellor. There is an understanding underlying recognition that knowledge is power, and must be shared.

The feminist counsellor knows the newly developing, everchanging services for women in the community. She knows them from the inside as part of the women's movement. So instead, for example, of referring a woman to 'Manpower', she may refer her to a Woman's Career Counselling Service. It is often a personal referral to known people in Women's Centres, C.R. Groups, Interval Houses, Women's Studies Courses, Women's Career Counselling, Rape Crisis Centres, etc.

Assertiveness training is sometimes used by feminist counsellors to help women recognize and lay claim to their civil and personal rights. Women are traditionally taught to submit and conform, not to demand and protest, so confidence and assertion must grow in a central way if things are to change. Role-playing is one interesting form of assertiveness training and can deal with past or current situations, large and small. Such situations as demanding time and quality care from a doctor, re-arranging domestic chores with one's mate, laying claim to equal pay for work of equal value, joining a union, working out a relationship with mother, father, or child, etc.

Women are the most numerous users of health and social service programs, This is no accident, given the stunted growth patterns and life experience that women are slotted into. If social work is to effectively facilitate personal and/or social change for women, it must begin to seriously address the double standard of employment, health, parenting and most other aspects of women's lives.

That is what feminist counselling, in a beginning way, is all about.

--excerpted from "Feminist Counselling; A Look at New Possibilities", by Helen Levine, Carlton University, School of Social Work; Canadian Assn. of Social Workers magazine, '76 and Beyond (Sept.)

Childbirth continued from page 9

But most of all, dear mother, be strong and have a gentle and joyful birth.

For further information, I can be contacted through the Northern Woman's Centre.

IMPORTANT BOOKS TO READ

Birth Without Violence by Fredrick Leboyer

The rights of the Pregnant Parent - by Valmoi-Howe Elkins

Immaculate Deception - by Suzanne Arms

Lets have Healthy Children - by Adele Davis

Women Can Wait - Childbirth After Thirty - by Terri Schultz

Of Woman Born - by Adrienne Rich

Witches, Midwives and Nurses - History of Women Healers - by Barbara Ehrenreich and Deidre English

Pre-natal Yoga - by Jeannine O'Brien Medvin

The Handbook of Alternatives to Chemical Medicine - by Mildred Jackson M.D./ Terri Teaque.

Complaints & Disorders - Sexual Politics of Sickness - by Barbara Ehrenreich and Deidre English

There are many many more - these are only a few favourites.

All of the above books can be purchased at the Thunder Bay Co-op Bookshop on Algoma Street. If they are not in stock their staff and volunteers will be pleased to order them for you.

Kramer vs. Kramer continued from page 10

competitive business has no place for family men, and as long as company policy demands 12 hours a day, not including the round of drinks with the boss that follows a hard day's work, we may be faced with a society of fatherless children. It is one of the movie's key points and it's eloquently expressed.

Even the flaws in the film are lined with silver. As unbalanced as is the court scene, it is still an accurate depiction of how ugly a custody case can get. Ted and Joanna still care for each other but are forced to hire mudslinging attorneys to perform what is surely some of the dirtiest work available. As abused as is the character of Margaret, it is heartening to see a platonic relationship develop between adults of the opposite sex. None of this tacky "let's hop into the kip" nonsense that would have reduced the tone of the entire exercise. And as much as the relationship between father and son is used to bias the audience in favour of Ted, I couldn't help but feel that if it moved mothers to nudge their husbands with the message to get on the case with their children, then Kramer vs. Kramer is not a wasted effort.

If the public views Kramer vs. Kramer passively without sifting the material, questioning the assumptions and staying wary of the writer's viewpoint (the movie is about and by men), then the film is almost dangerous. If you take your personal understanding of the world into the film with you, you'll notice how Ted and Joanna glance at each other when Joanna is questioned about Ted's sexual fidelity and recognize that look of shared experience. Some of the details in this movie are breathtaking. Whether the audience is picking up on them depends on how successful the 70's were at making people aware of the entire business of personal relationships. If we've emerged from a decade that really raised consciousness and that moved people to keep their critical faculties intact, then Kramer vs. Kramer is a perfectly acceptable way to roll into the 80's.

TRANSFORMATIONS: classes in Self-healing

WOMEN ONLY: March 22 Sat., 7:30 - 10 p.m.
March 23 Sun., 10 a.m. - 5 p.m.

suggested donation $30

Northern Women's Centre
316 Bay Street

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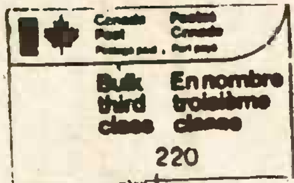
For further information, Karen and Leah, Dieu Donnee Farm, R.R.#1, Kaministiquia, POT 1X0



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