

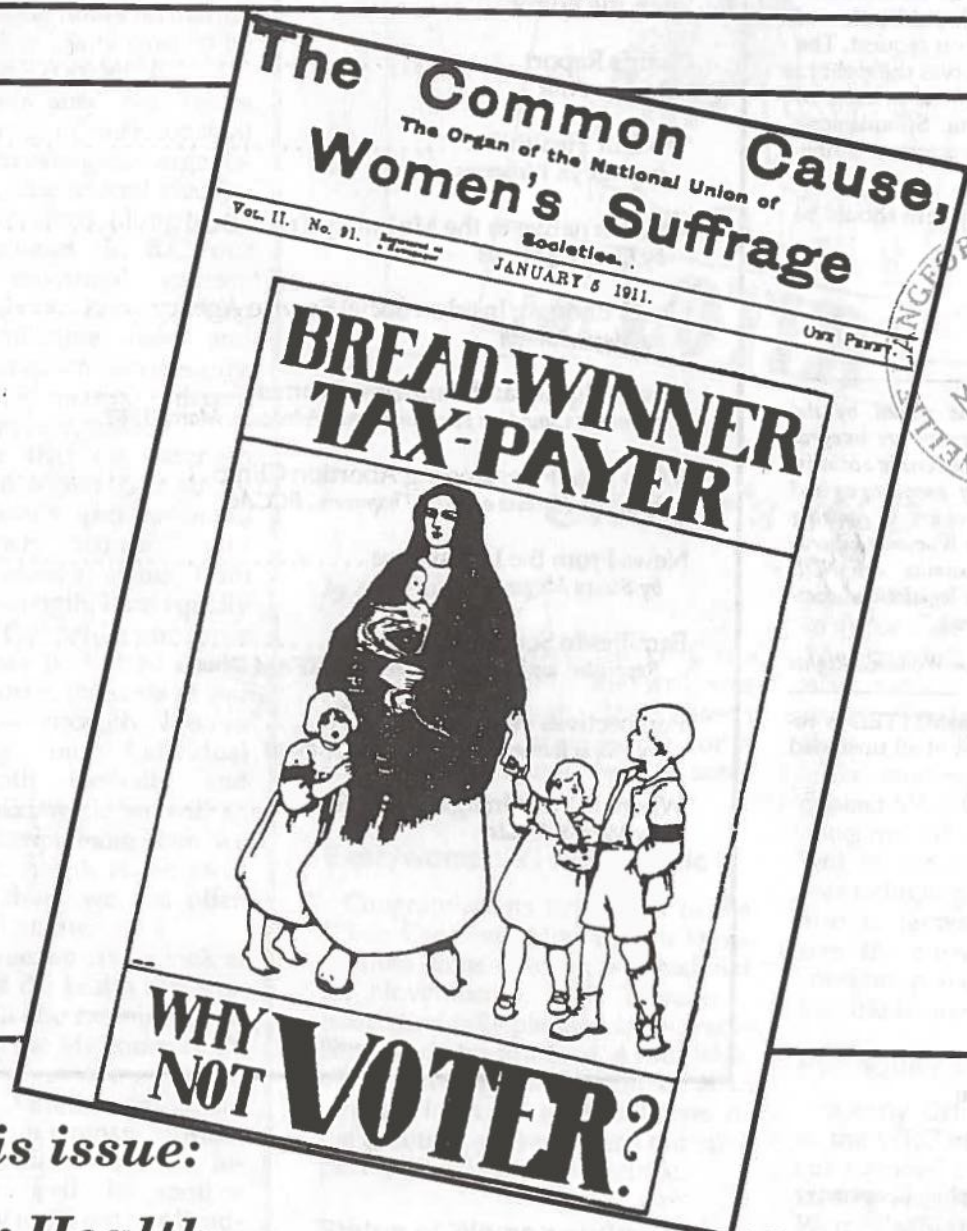
# PRIORITIES

the feminist ♀ voice in a socialist movement

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*In this issue:*

- *Our Health*
- *Alternatives to Free Trade*
- *Visit to Peru*
- *Abortion Clinic Opens*
- *Families in South Africa*

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"The issues and demands raised by the Women's Liberation Movement are integral to the development of a democratic socialist society. The NDP actively encourages and provides support for women organizing around the demands of the Women's Liberation Movement and commits an NDP government to creating the legislation necessary to meet these demands."

—NDP Policy on Women's Rights

EDITORIAL COMMITTEE is responsible for the content of all unsigned editorial. Members are:

Janne Elliott  
Kathy Hill  
Jane Norris  
Swee-Sim Tan

**PRIORITIES coordinator:**

Kathy Hill  
250-3665 Kingsway  
Vancouver, B.C.  
V5R 5W2  
430-8600

**Design and Production:**

Swee-Sim Tan

**Camera work:**

Baseline Type and Graphics Cooperative  
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### From the Editor

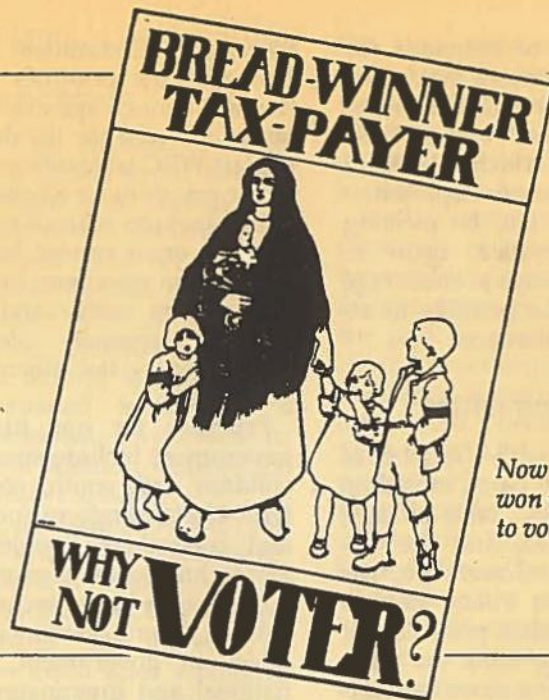
Another summer past, we are all back hard at it. For politically active feminists (find me one that isn't) the fall will be an especially busy one. We not only feel the weight of our responsibilities in our day to day lives, but spend long hours furthering a cause (often many causes) by which we feel compelled.

In my own area, local issues are staggering in their constant drain on our energies. Larger issues loom. The federal election is on all our minds, filling many of our evenings. In B.C. our maniacal provincial government lumbers along, taking with it valuable time and energy. Canadian sovereignty, combatting racism, decent housing, daycare, peace...

I believe that our strength comes from within. Our ability to form bonds and networks with other women and women's groups stems from this inner strength. I am equally convinced that while our inner strength may be shored up by these networks, the basis of our movement's strength lies in maintaining our individual health, both mentally and physically. So, while we will all tend to attempt more than we should, our health is the most important thing we can offer. All else will follow.

In this issue we take a look at women and the health care system. We will also examine an alternative to the Mulrone trade deal, women in film, women and their families in South Africa, and a woman journalist's first hand look at Peru. Included as well is another opportunity to fill out our Readers' Poll. As always, feel free to call or write with your suggestions, articles, graphics, photos, or just to comment.

Kathy Hill



Now we've won the right to vote...

## Chair's Report

by Ann Frost

Most of the work of the WRC has been on hold since the writ was dropped (although that hasn't stopped Kathy from asking for a Chair's report!), but there is some news.

### Everywoman's Health Clinic

Congratulations first of all to the Clinic Coalition. Most of you know that the clinic opening is scheduled for November 4, 1988. There is a march and rally planned for November 5, so do try to attend. At our table officers' meeting in September, after a report from our representatives to the coalition, we reaffirmed our support for the coalition and clinic.

### Status of Women critic

At the September meeting, the table officers discussed the possible implications of Darlene Marzari's recent appointment as the Status of Women Critic for the caucus. The meeting was concerned that identifying a single member of caucus

with "women's issues" could result in those issues being marginalized. We agreed that our current system was working well, and since it wasn't "broke," we didn't want to fix it.

The meeting recommended that I contact Mike Harcourt and voice our concerns. He assured me that his intent in creating the critic position was to highlight women's issues and also to facilitate press contact. He sees the current integrated system continuing and sees Darlene's ongoing role as one of coordination.

### Pay equity

In early October, several members of the WRC and the Women's Caucus attended a lunch meeting organized by Ann Harvey, who chairs the Women's Rights Committee of the B.C. Federation of Labour. That committee's policy paper on pay equity will go to the Federation's convention in December for approval. Ann sees the next step as developing a broad-based coalition of women throughout the province to work toward both pay equity legislation

and the inclusion of demands for pay equity by unions as a major bargaining strategy. She hopes to see that coalition formed out of their spring conference which will have pay equity as its theme. Representatives of the WRC will be meeting with Ann's committee again in January to look at ways to encourage as many women as possible to attend the March conference.

### Policy Review Committee

The WRC, along with a number of other groups in the party, including the caucus, the SEPC, table officers, provincial executive, and the Regional Conference Committee, has been asked by the Policy Review Committee to establish priorities for policies which they think the party should be developing as we look forward to our next convention, our election platform and our first term of government. The WRC was asked to consider policy priorities, particularly as they affect women.

My intention was to have our table officers look at the issues which the WRC listed, come to some tentative priorities, and then bring that list to a

Steering Committee meeting. However, the priorities will be on the next council agenda, so I will be taking forward the list developed at the last WRC table officers' meeting.

Our priorities for election platform issues include education, economic equality, environment, health, housing, human resources, human rights and racism, native and aboriginal rights, regional development, seniors policy, tax reform and transportation.

Priorities for our first term of government include small business, children and youth, consumer affairs, electoral reform, judicial affairs and corrections, municipal affairs and technological change.

Long term issues include arts and culture, federal/provincial relations, ethics in government, and international and intergovernmental affairs.

Once priorities are established by the provincial council, we will be working, as a committee, with Darlene Marzari and the rest of the Women's Caucus, to look at the specifics of the policy areas as they concern women. If any of you have comments or input, I'd like to re-

ceive them before the provincial council meeting at the beginning of December.

### Election activities

Since the election has been called, I have been helping Vicki Robinson, our women's organizer, by organizing events for our women candidates. I'm also liaising informally with the National Action Committee on the Status of Women. NAC has designated November 5 as the day that women across Canada should be going into their communities to encourage other women to consider the issues in this campaign. The issues that NAC has highlighted are child care, choice, free trade, and violence against women. Those of you who are members of NAC affiliated groups outside the lower mainland can contact the NAC office in Toronto for fact sheets and pamphlets, and get something organized in your own community, or you can call Robin LeDrew, the Southern B.C. Regional Representative to NAC (1-547-6397). Robin will be in Vancouver on the 5th to be the NAC speaker at the clinic rally. ♀

often our health has been jeopardized.

It is well documented that Canadian women visit doctors more often, are prescribed more drugs, have more surgical operations. Yet we are more likely to suffer chronic illness. With all of this commerce between women and medical professionals, why aren't women healthier? Perhaps the most insidious factor, for both women and men, is what we euphemistically call "health care." A cursory look at Canadian "health care" reveals a system grounded in illness, not wellness.

In a fee-for-service system, doctors are not rewarded for maintaining good health. Their incomes increase only with the illness of their patients. Medical plans cover only doctor approved curative, treatment-based procedures, not preventative, educationally-based health strategies.

Preventative medicine of course has rarely been exciting. No breakthrough wonder drugs to administer. No innovative surgery. None of the drama of the operating room. Although responsible self-help management results in healthy individuals, doctors have rarely promoted preventative measures with their patients, preferring instead to hunt for diseases and then for cures. Could it be that the excitement of health promotion (a process that empowers individuals and encourages the traditional doctor/patient relationships) may indeed be a little too stimulating for many physicians?

Historically, women have been responsible for the health of their families and often their communities. Many women were midwives or herbalists. They practised the art of healing, learned from the accumulated knowledge passed down from generation to generation. "From the earliest times, the words 'priest' and 'physician,' and 'priestess' and 'woman doctor' were often synonymous." (Hurd-Mead, 1938)

During the middle to late nineteenth century this role was usurped by men. The creation of the "profession of medicine" with few exceptions excluded women from the academic training now required

in order to legally practise medicine.

### First woman doctor

Canada's first licensed woman doctor, Emily Stowe, could not get her medical training in Canada. She was repeatedly refused admission by the University of Toronto's Medical School—simply because she was a woman. Women were deemed unsuitable to be "medical doctors." They would disrupt the male students. Determined to become a trained professional, Stowe went to the New York Medical College for Women to study medicine.

When she graduated in 1867 she returned to Canada. Two barriers remained between her and a license to practise medicine. Doctors trained outside Canada had to write a matriculation exam after attending at least one session of lectures at a Canadian medical school. Braving possible fines for being unlicensed, Emily Stowe opened her practice while continuing to apply for admission to the University of Toronto.

Finally in 1870 she was accepted and completed the required session. However, she did not immediately write her matriculation exam. Given the treatment she had received from

the university, she expected the Council of Physicians and Surgeons would simply not pass her. In 1880 (thirteen years after graduating) she obtained her license to practise medicine in Canada.

In this move to ostensibly create standards of practice and ensure a respectable, scientific medical profession, great pains were taken on the part of physicians to discredit anyone practising alternate methods of healing. These other forms of healing were often dismissed as "quackery." Midwifery still bears the stigma, being reviled by physicians as an "evil art" practised only by incompetents. Yet, in some parts of the United States, "infant mortality actually rose in the years following the ban on midwifery." (Ruzek, 1978)

From the beginning of this century then, women's medical care has literally been in the hands of men. Unfortunately, those hands have not always been the most responsible, most healing, or most caring in their treatment of women.

### Sexism in health care

In our male dominated patriarchal society it would be naive to assume that the sexism evident in our cul-

## "To Our Health!"

by Kathryn Wahamaa

"Get up! Stand up for your rights!" Strong words from a Bob Marley/Peter Tosh song that has become the unofficial anthem of the Amnesty International consciousness-raising concert tour *Human Rights Now!*

Amnesty International, of course, is devoted to ending torture and unjust imprisonment. In the

area of women's health care this same theme strikes a chord. When will women Get up! Stand up for their rights? When will unnecessary surgery and drug experimentation on women end? When will we no longer be imprisoned by ignorance—ignorance of our own bodies and wellness strategies, and the ignorance of a medical system which has not really examined or addressed women's health concerns? Stand up for your rights? Quite difficult in stirrups, drugged out, psyched out or uninformed.

Our society has programmed women to be passive patients, unaware that we have rights and that



Graphic reprinted from BCTF Status of Women Journal

### Major Causes of Death, 1982

	Women		Men	
	Number	%	Number	%
Disease of the heart	25,527	33.4	33,856	34.5
Malignant neoplasms (cancer)	18,515	24.2	23,449	23.9
Cerebrovascular disease	8,186	10.7	6,334	6.5
Respiratory diseases	4,664	6.1	7,574	7.7
Accidents (including poisonings and violence)	4,120	5.4	10,045	10.2
Sub-total	61,012	79.9	81,258	82.9
Other causes	15,347	20.1	16,796	17.1
Total	76,359	100.0	98,054	100.0

Source: Vital Statistics, Statistics Canada

Table 1

### Ten Leading Causes of Hospitalization of Women, 1978

	Number	%
Delivery	353,684	17.0
Diseases of uterus and other genital organs	113,800	5.5
Symptoms referable to systems or organs	86,446	4.2
Other factors influencing health status	82,726	4.0
Complications of pregnancy	65,823	3.2
Other diseases of upper respiratory tract	65,181	3.1
Diseases of liver, gallbladder and pancreas	62,672	3.0
Abortion	57,692	2.8
Neuroses, personality disorders and other non-psychotic mental disorders	55,220	2.7
Ischemic heart disease	51,573	2.5
Sub-total	994,817	47.9
Other causes	1,083,056	52.1
Total	2,077,873	100.0

Source: Hospital Morbidity, Statistics Canada

Table 2

ture would not manifest itself in our medical care. Health until very recently was defined in male terms, women being deemed "biologically inferior." Overall, health statistics would appear to support such a statement. Women do account for six of ten health problems in Canada. We lose more work days to illness than men and spend more time in hospitals. Yet, the five leading health problems reported by women and men are virtually the same, and the four major causes of death, all illness related, are also approximately the same for men and women. (Table 1)

A glance at Table 2 explains why women use the health care system disproportionately. It is clear that our reproductive capacity, placing first, second, fourth and seventh on the scale of leading causes of hospitalization for women, has boosted the statistics considerably.

Is this illness? Or have normal stages of our reproductive development been redefined as illness requiring intervention and treatment?

The medicalization of our biology indeed serves to make us appear sick all the time. The weaker sex. Birth, the number one cause of hospitalization for women, is no longer a natural occurrence. The birthing mother in hospital has at times been shaved, strapped down, drugged and ordered when to push. She is now considered the "maternal environment," her genitalia routinely mutilated by episiotomy. The passage of birth is measured in "stages" of labour, centimeters of dilation, fetal monitors and forceps.

Perhaps the most chilling aspect of the medicalization of birthing is the proliferation of the Caesarian section. (I will not call it a birth—it is a major medical procedure, in no way resembling the birth process.) In B.C., the use of Caesarian section has increased from 14% of all live births in 1977 to 21%, or almost 1/4, of all live births in 1987. These statistics should alarm us. Technologies used to warrant C-sections, such as internal monitoring and ultrasound,

must come under greater scrutiny. The effects of both have not been proven safe to either mother or fetus.

Along with the female biological factors that add to women's use of medical service, economics play a considerable role. Those with lower incomes have fewer discretionary funds to spend on such basic preventative health measures as proper nutrition. By far the poorest people in Canada are women. Without knowledge of or access to information on preventative health measures (or funds to implement them) they may wait to seek health care only when they become so ill they require greater medical intervention and/or hospitalization.

Even given a totally egalitarian and holistic system of health care, it is difficult for women to avoid illness in our society. So many external forces seem geared to undermine our health. Pornography greets us at the corner store. Media images of women are no less obscene in their portrayal of women as half-starved juveniles. (The number of women with eating disorders grows daily.) Women's magazines cater to the image of the stick-thin super woman only paying lip service to the promotion of health. A bewildering array of trends in health care, from aerobics to calcium supplements, leap from their pages, sending us running to the doctor or the drugstore.

#### New Interest In holistic health

Be healthy in a world that says you are never thin or fit enough, organized enough, successful enough? (In fact we suffer a "curse," smell bad and must shave off our body hair in penance.) Self esteem is the foundation of wellness yet our society expects women to concern themselves with their outsides at the expense of their insides.

Despite all of these factors, the health horizon for women (and men) is far from bleak. A resurgence of interest in family practise by physicians, patient centered care, and moves to a more holistic and health oriented approach to medicine have corresponded to networking by ordinary women concerned with health

promotion. During the last twenty-odd years dramatic changes have been taking place in doctors' offices and hospitals. This is largely due to the demands made by informed consumers for changing a disintegrating health system that doesn't serve health.

The women's health movement has been instrumental in that change. The movement incorporates the strong desire of women to become responsible for their health, practise preventative medicine, as well as lobby for the reform of our current system. There is no formal network as yet in place in Canada. However, self-help groups and health collectives are in evidence across the country. Women in B.C. have been leaders in the area of health promotion.

The Vancouver Women's Health Collective (the first in Canada) was established in 1972, and in its first year published their own women's health handbook. Over the years they have expanded their services and now, in addition to their extensive library, provide workshops, counselling and referrals, a doctors directory, as well as cervical and diaphragm fitting.

A wide range of self-help and health groups have emerged in our province and across Canada. Many deal with specific health issues such as eating disorders, premenstrual syndrome or maternal health. Still others are examining health care in a broader social context. "We begin to look beyond sexism alone, to challenge the ideology of the health care system itself. Part of this challenge has its roots in our development of the concept of self-help, which in its broadest sense involves gaining knowledge of our bodies and taking responsibility for our own health." (McDonnell, 1985)

The Health Education Centre at Douglas College is addressing the need for self-health management in this way. Offered is a series of workshops entitled "Health Styles." These workshops are conducted by registered nurses. The course content goes beyond discussing the basics of wellness to actually helping the individuals develop strategies and set

health goals. These workshops have been offered on an outreach basis all across B.C.

There is much that individual women can do to enhance their health and improve the system of medical care. Wellness incorporates the health of mind, body and spirit. Women should examine their lifestyles—is there a balance of work and play? Do they think they are worthy enough to be healthy? Are nutrition needs being met? What strategies are used to eliminate stress? Do body and mind have adequate opportunities for exercise? These integral components of good health are things over which we have personal control. They won't guarantee we will never be sick but they do ensure that we maximize our health potential.

Women must make informed decisions as to choice of physician. You really do have to "shop" for a doctor. Women should feel comfortable bringing a list of pertinent questions when interviewing a prospective doctor, even bringing a friend for moral support if necessary. When a suitable physician has been found, we must continue to ask questions. The physician should explain diagnosis and treatment procedures thoroughly, and in terms that are understandable.

Inquisitive patients keep doctors accountable for their actions. Getting a second or third opinion when a radical drug treatment or surgery has been prescribed is not an affront to the doctor. It is a health strategy and safety net for the patient.

Doctors must become partners with their patients in both health and healing processes. They must change from a curative to a preventative mode, informing and educating the patient in preventative medicine.

There are many resources available to women to increase their knowledge of self-health management. The *Health Sharing Book* (edited by Kathleen McDonnell and Marianna Valverde, Women's Press, 229 College Street, Toronto) is a compilation of articles, print and audio visual resources and organizations across the country. There are over 22 Public

Health Units in our province which provide services ranging from pre- and post-natal health, planned parenthood, stress-management and sexually transmitted diseases. The health units carry additional educational material on nutrition and hygiene, and preventative health literature from other organizations (Canadian Cancer Society, Heart Foundation, etc.)

*A Woman in Residence*, an excellent book by Dr. Michelle Harrison, should be part of every woman's library. Dr. Harrison recounts her residency in Obstetrics and Gynecology at a major American teaching hospital. A chronological account of her residency, these are her experiences as a woman, a doctor and a single parent. Her description of the routine gynecological and obstetrical procedures is sometimes shocking and sad, but always informative. Her vision of what women have a right to regarding their medical care is uplifting. She also includes a glossary of medical terms that would be useful to any woman.

True, the information is there, but it would be presumptuous and a disservice to women to insist that we have given our responsibility for our health to modern medicine. Men and women have been conditioned to revere the physician and trust in his/her ability to diagnose and properly treat our ills. Often we have been afraid to ask the questions; often doctors have been unwilling to part with information. It will take some time yet to divest ourselves of the doctor/saviour complex and create a cooperative relationship that will benefit all concerned. Our physician should not be the enemy. Only by "standing up!" for our rights can we instigate that beneficial relationship.

A new era is emerging in health and medicine. Up to now medicine has been all "high tech." The most important ingredient, "high touch," has been neglected. The women's health movement is bringing that touch of healing back to our health. To all those women—a toast TO OUR HEALTH!

♀

# An Alternative to the Mulroney Trade Deal

by Elizabeth Woods

Apparently, social democratic parties never shed their reputation for being poor managers of the economy, regardless of how many times they're elected, or re-elected. This fact (garnered from polling data) has been advanced as the reason we should stay as far away from economic matters as we can, converting the free trade issue, for example, into one of social significance only.

However, there is another interpretation of the data. Since social democratic governments do get re-elected, voters are evidently interested in more than money. This leads me to believe that the electorate will opt for optimism every time over an economist's dour caution, and that we have nothing to lose by being daring.

The best way to reach people on economic matters is to talk in concrete terms about specific programmes which will support them in their own efforts to cope with today's world. Let's talk about the difficulty new small businesses have obtaining venture capital, and of establishing a Venture Capital Fund to fill this need. This is the kind of plain speaking which will lead many a small entrepreneur, and many others, to take a second, more favourable look at our party and our candidates.

We should talk about much more than just money, however; we should speak out in bold, colourful language about values other than narrowly "economic" ones, and about all the exciting, innovative things we would do if we were the government.

The alternative I'm offering, therefore, is both idealistic and practical. In Part 1, I discuss the long-term goal of evolving a new kind of society/economy, and the values which underlie it; and in Part 2, I discuss in detail the strategies and programmes which would start us on the way to achieving that goal.

## The goal

Our long-term goal should be that of evolving a new kind of society/economy—one which functions in harmony with nature, rather than against it, and one in which how we make our living is as important as how much we make.

## The values

The first value is that of life itself. If we are to survive as a planet and a species, let alone as a nation, we must start making fundamental changes in the ways we go about our business.

My chief objection to Mulroney's trade deal is that it will encourage more of the same large-scale greed which is already destroying us. In its

place we should offer a programme based on a change in attitude—from that of regarding money as a measure of all value (economic or otherwise) to that of regarding the quality or longevity of our lives as the bottom line.

The second value is that of work for its own sake. I use the word "job" to denote labour which is done solely for the money it earns, and "work" for any activity undertaken for the pleasure of doing it, as well as for the pay.

It's true that job specialization is a major reason why we have a lavish supply of certain kinds of products—weapons, washing machines, TVs, designer jeans—to the extent that we are now in serious danger of asphyxiating, poisoning or blowing ourselves up in our excessive technological exuberance. In addition, our preference for large, automated and capital-intensive technologies has given us too many jobs which numb the mind and sour the spirit, and too little work which brings out the best in us.

That is why we're such a greedy society. We try to ease our craving for creative endeavour by buying more food, clothing, gadgets, travel and entertainment than we really need—purchases which give fleeting pleasure, leaving us perpetually dissatisfied and therefore perpetually consuming. Advertising, of course, is aimed precisely at this sore spot, incessantly picking at it.

We need to become more like artists in how we make our living, not necessarily by becoming dancers or painters (although that, too), but by extracting as much intrinsic worth, as much satisfaction, as we can from the ways in which we earn a living.

Third is the value of the small-scale, and the need to redress the present imbalance between large- and small-scale technological strategies. We need to reject the prevalent notion that "economy of scale" invariably means "the bigger, the better." On the contrary, as Schumaker (the author of *Small is Beautiful*) pointed out, there are also *dis-economies* of scale, not least of which is an increasing complexity of organization, requiring increasing amounts of time, energy and money to administer.

More important than size per se, however, is the appropriateness of the scale to the goal to be achieved. If, for example, we wish to enable more people to work, we should not invest in a few (or even a lot) of large, highly-automated plants, located in or near our largest population centres, producing primarily for export and profits, and requiring imported materials, know-how and capital to function properly—this will benefit only the few at the expense of the many.

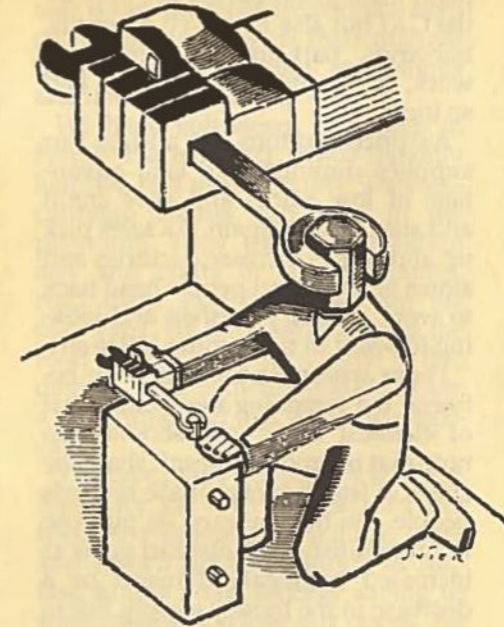
Instead, we should invest in many small factories, stores, offices and studios—businesses designed not to make a lot of money and to grow bigger and bigger, but to provide a comfortable living and self-fulfilling work for a long period of time. Paradoxically, not needing to maximize their profits at the expense of their work would give such businesses a keen, competitive edge.

Clustered in many small communities throughout the country, engaged in the development and production of a variety of finished goods, and using mostly local materials to fill mostly local needs, these businesses would create strong local economies which together would form a strong national economy.

For example, if we could develop small systems whereby each community could take care of its own wastes, toxic and otherwise (and no one else's), we would not only defang the "not in my backyard" syndrome, and avoid the hazards of transporting noxious substances

over long distances to some central incinerator, we would also be producing goods and services we could sell all over the world. Already there are in fact mobile PCB incinerators, which means that it is now feasible to start planning in terms of bringing the treatment plant to the waste, rather than the waste to the treatment plant.

Computers and associated technology now make it possible for



small organizations to cooperate with one another to their mutual benefit without losing their autonomy, thereby enabling them to coexist among the multinationals, perhaps as mammals once coexisted with the dinosaurs.

Fourth is the value of cooperatives as vehicles for socio-economic change. Considering our roots in the Cooperative Commonwealth Federation, it's surprising that we haven't made better political use of co-ops—they are such an ideal compromise for a socialist party in a capitalist society, fulfilling one of the first tenets of socialism: that the workers should own the means of production. In addition, cooperatives enable people to put themselves to work without having to wait on the whim of corporations or foreign investors.

Cooperatives also have greater flexibility of response to economic

conditions than conventionally organized businesses. Worker/owners who are making decisions for themselves (and coping with the consequences) are much more willing to adjust their wages and working hours to meet the exigencies of their situation than are employees who know that they'll have to fight all over again in good times to regain any concessions made in bad.

The fifth value is that of dealing with the economy in human terms, as an organic entity. In fact, it is not the economy per se which needs looking after, but the people who suffer because of events beyond their control and who need assistance in regaining their economic equilibrium.

It doesn't matter whether the interest rate or the dollar is rising or falling; whether the prices for oil or wheat or cars or timber are falling or rising; whether we are in an inflationary phase or a depressive one—whatever is happening, some people are going broke while others are thriving.

Whatever good fiscal and monetary policies may do the Gross National Product, they do a great deal of harm to those who must contend with the personal economic crises which so often attend such government actions.

We will generate far more—and far more useful—economic activity by helping people to help themselves, than we ever will by monkeying about with taxes and interest rates. Restoring others to economic health increases the wellbeing of all of us—there are more workers to produce the things we need and to share the tax burden; and more consumers to buy our goods and services.

Therefore, instead of resorting to measures which deal with the economy in the abstract and the aggregate, we should concentrate on investing in the abilities of individuals and small groups to help themselves. An important part of this investment should be in the form of a Guaranteed Annual Income.

Among its benefits, a GAI would give each of us the security we need to realize the sixth value, which is that of making the best of each phase



Graphic from Images

of the business cycle, rather than fighting it.

Going by conventional business attitudes, the ideal economy is one in which the Gross National Product is growing in an ever-rising straight line (the perfect symbol for cancer, the symbolic disease of our time). Governments, whether of the right or left, are expected to try to attain and maintain this steady state (neither inflationary nor deflationary) by means of fiscal and monetary policies.

The error here is that the natural pattern of the universe is not a straight line but a sine wave, the cyclical rise and fall of energies from the complementary interplay of opposites. The economy, however, should not be regarded as a set of mechanical functions which can be manipulated as an engineer manipulates bits of steel, but as a system of organic functions, the correct response to which is not futile attempts at control, but adaptation to the inevitable expansions and contractions of a healthy economic gut.

This is how it would work: during an inflation, most people would be fully employed, making money and buying things, including stocks of food, clothing, tools, raw materials and other supplies with which to take advantage of the coming depression.

As prices rise, and as we complete

our preparations, we cut back on buying and put our money into savings to take advantage of the high interest rates. Retail sales drop off, orders decrease, and factories and stores cut back; a depression has begun.

However, instead of being a disaster, a depression that is prepared for is welcomed as a time for travel, study, building a house, creation and procreation, volunteer work or just plain loafing, supported not only by the GAI but also by a web of grants, bursaries, part-time and freelance work, co-op dividends, savings, and so forth.

As prices bottom out and as our supplies diminish, we take advantage of low prices and easy credit and start buying again. As sales pick up and orders increase, factories and stores gear up, and people head back to work, rested, refreshed and looking forward to the coming inflation.

Those who note the similarity between the foregoing model and that of classical *laissez-faire* should also note that my model doesn't share the classical *laissez-faire* attitude towards people. On the contrary, its purpose is not to satisfy such abstract goals as increased aggregate demand or a decrease in the money supply, but to meet the needs of those doing the adjusting.

Of course, nothing in life operates as smoothly as the process I've de-

scribed—and, fortunately, it doesn't have to. Rather than requiring uniform behaviour, this approach to the economy works best when there are many options available. Most people, in fact, would be relatively untouched by the turns in the economy (even in the depths of the Great Depression, over 75% of the workforce were employed), while certain industries—tourism, education, sports, and the arts, for example—would tend to be counter-cyclical, up during a depression and down during an inflation.

In summary, these are the values—survival, work, the small-scale, cooperatives, dealing with the economy in human terms, and adapting to the economic cycle—which together form the basis for evolving a new society/economy, one which operates in harmony with nature.

### Conclusion

The way to win the electorate on economic matters lies in speaking plainly about how we can reorganize ourselves so that each one of us can live and work in harmony in nature. I've discussed the values which underlie this model; in Part 2, I'll discuss specific strategies and programs for starting the process. ♀

Part 2, will be printed in the next issue of *Priorities*.

## Never Enough: Inside a Social Service Agency

by Marion Smith

It's 8:15 a.m. We aren't open until 9:00 but the phone rings and the accountant, the only one in, answers it. The voice on the phone sobs that they need to talk to someone right away. Their world is falling apart and they don't know where to turn. The accountant listens with patience and empathy. When the crisis is past, she arranges for them to get a counselling appointment or talk to someone on the crisis line when the lines open at 12. It's a typical beginning to the day at a multi-service social service agency.

One of our regrets is that we can't be available 24 hours a day. Crises don't happen between 9:00 a.m. and midnight. Our 200 plus volunteers are already giving incredible service and our 22 staff do all they can in a day. But there is need for more.

The crisis line needs to be open 24 hours but unless we can give a volunteer at least a small honorarium, it's difficult to find anyone to come in after midnight. We need more counsellors but we don't have enough room for the trained counsellors who volunteer now. We use all the administrative offices every evening as well as in the day if an office is empty for a period of time. More counselling spaces are needed if we are to reduce the waiting list.

Some of our counsellors have been volunteering for many years. One has been with us for approximately 12 years and 12 of them just celebrated more than two years! That's the kind of committed giving we have come to know and marvel at.

We have volunteer receptionists/switchboard operators—ten different ones per week. One of them has been giving her time and talent for 17 years and others as many as 13

years. They become very knowledgeable about what services exist and where the most appropriate help can be found through their original training and ongoing workshops and information days.

We have volunteers who help in Family Place. In fact, it was the only help we had until recently. They encourage parents and help in the playroom. They teach the children arts and crafts or singing games, read them stories or maintain the play yard. We have volunteers at the food bank, two of them come in five days a week, sometimes eight hours a day. Amazing? Yes, and very dedicated.

We have many volunteers who run bingo for us. Every week they put their very appreciable skills to work and have raised thousands of dollars, at one point actually saving us from having to close our doors. We have volunteers who water our plants, keep our library in order, add up our statistics and lead our self-help groups.

This is "women's work." We believe that caring for each other, nurturing and supporting each other is a good way to live. In most social service agencies, it is mostly women who do the work and mostly women who come for help.

Other things happen when the "women's work" of volunteering is undertaken. People who come in pain heal and grow and often become volunteers. They may volunteer at the food bank, the bingo hall or on the phones. They may take the crisis line counsellor training and work on the crisis line or train to be a counsellor. As they become more self-confident they may even go on to other training or jobs. We are sorry to lose them but it feels good to see them move on in their lives.

The opportunity to volunteer helps them discover talents they never knew they had, or rediscover an ability that had to be put aside because other needs had to be met.

The staff have skills needed to train, support and schedule volunteers, or they have skills that enable them to give specialized help such as alcohol and drug counselling or child care. The staff, too, have a special dedication to helping people with respect and commitment. It certainly isn't done for the money. There isn't a lot of money available for this work. What there is is shared as equally as possible but there are still times when staff and volunteers alike give extra time or money.

Because it is not highly paid work or because it is volunteer work or because it is "women's work," it is often not seen as work of value. In a society that says the value of the work done is measured by how much we pay for it, our work may seem expendable. Perhaps this keeps us "humble." For sure, it makes us realize that none of us is "better" than or contributes more or less to the society—we are all just at different stages in our lives.

Some people may see this kind of work as less proficient. However, we have achieved a standard of excellence that is respected in the community. Doctors send patients to us whose physical problems can be eased with emotional support. Lawyers recommend us to clients who are in distress because of their legal problems (i.e. divorce, probating a will). Teachers phone and ask if we can help the family of a student who is having difficulties. Mostly people tell us we were there when they needed us. We eased the pain and got them back into life. They learned how to help themselves and



Peg Averill. LNS NEWS SERVICE, 1978. (USA)

others.

Perhaps because "women's work" is family-oriented, we need to maintain it as a way *we* can get the caring and support *we* need. Families nowadays don't come in just one form. There are single parent families, families of sharing adults, families who get together for mutual support. Who of us has trained to be a part of a family? Who of us is an expert?

Women have known for a long time that a healthy family, in whatever form, is where they get their strength and wellness. Men are coming to know and value it too, at

least the ones I see coming to our counselling, our groups or to volunteer. More are coming now because they need the strength and balance that family gives rather than a sense of ownership. It is not easy for men—they have been brought up to believe they should be tough, not emotional, to believe they must work day and night for money. They, as well as the women who were raised to believe that they could not do what men did, but should stay home and work for no money—to be "good" women, are now growing beyond the stereotypes. They are becoming the best they can be

whatever they may be.

It is now 11:00 p.m. and someone is at the door. The janitor is the only one left. The groups and group leaders have all gone home. The counsellors and their clients have left. He offers them coffee and a few minutes of his time. They need someone to talk to—they don't know where to turn. The janitor knows he's hired to clean the building but he knows that this, too, is an important part of his work and he is pleased to be able to help. That is how a typical day at a social service agency ends. It makes a difference. It makes the world a better place. ♀

## Service Equity and Homeless Women

From the Canadian Human Rights Advocate, March 1988

At the request of a women's advocacy group, the Ontario Human Rights Commission has initiated a complaint against the Ontario Ministry of Housing, Department of Social and Community Services, and the Ottawa-Carleton regional government alleging discrimination against homeless women.

The complaint is particularly significant because it reflects a new advocacy orientation on the part of the Commission and because it focusses on the concept of service equity.

Justice for Women told the Commission that while the regional government had funded three permanent shelters for homeless men and two for families that are open 24 hours a day, seven days a week, such was not the case for homeless women. A temporary overnight emergency shelter for single women was provided in the church hall of

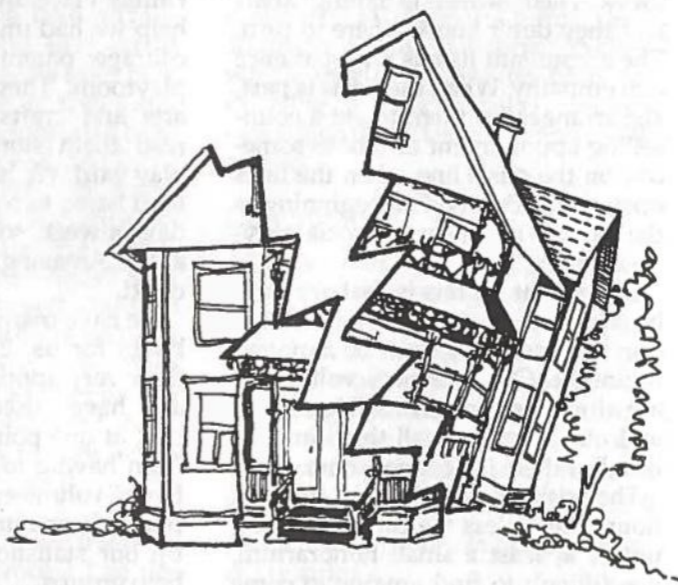
All Saints Anglican Church in December 1983. The Anglican Church, to its credit, took this action in response

to a crisis, but made it very clear that this was "an inadequate, inappropriate and short-term measure."

All Saints Church is not available 24 hours a day. The women have to leave by 7:30 a.m. each day. Until January 9, 1988, they had no place at all to go during the day on weekends. For certain periods of the day they still have nowhere to go.

In their submission to the Commission, Justice for Women say that they do not allege malicious intent on the part of the Ontario or regional government. "Intent or motivation is irrelevant," say the group. "What counts is conduct—whether in fact there was or is any discrimination in the way services are provided."

The Ontario government has committed funds to build a 20-bed long-



term housing project in Ottawa to meet the needs of persons presently using shelters. However, a number of concerns remain.

- The 20-bed housing project will not be ready until 1990. That's two years from now. What happens in the meantime?
- There still needs to be an emergency shelter for temporary crisis situations and for transient women.
- Some women are barred from the shelters because of disruptive behaviour. Many have a psychiatric disability and require help and services. These women are being endangered physically and mentally by being denied shelter and assistance and being forced to live on the street.

- The fact that the basic human needs of homeless women have been overlooked for so long proves that affirmative action measures have to be taken to ensure services are provided in a just and equal manner.

Justice for Women are asking that the remedy include a suitable shelter where homeless women can be 24 hours a day, seven days a week, and funds to support an advocate for homeless persons in Ottawa and a self-advocacy group.

Justice for Women point out that this is an extremely important complaint because

- it involves the issue of systemic discrimination
- it involves the issue of service equity
- it allows the Commission to show leadership in asserting the rights and dignity of women who are homeless.

### Service equity

Governments at all levels have spoken a great deal about employment equity and very little about service equity. Equal access to services is referred to, however, in the following:

- The National Action Committee on Race Relations of the Federation of Canadian Municipalities, meeting in Regina in February, lists as an important strategy against racism that municipal governments should "ensure that racial and ethnic minorities have equal access to municipal services."
- The Human Rights Policy of the Ottawa-Carleton regional government, passed in 1985, specifically commits the government to uphold equal opportunity, not only in the area of employment, but also in services, accommodations, goods and facilities.
- The Canadian Charter of Rights and Freedoms speaks not only of equal treatment under government programs but also of equal benefit, without discrimination, for such disadvantaged groups as women, racial minorities, persons with a physical or mental disability.

Yet little has been done to develop the concept of service equity across Canada. Governments would be required to take affirmative measures to ensure that services they provide did not neglect or exclude disadvantaged groups.

For example, in regard to the com-

plaint brought forward by Justice for Women, governments are required under the Canada Assistance Act to meet the basic needs of *all* persons in need of assistance. Basic needs are defined in the Act as including shelter, food, clothing and other basic necessities of life. Justice for Women are arguing that the Ontario and Ottawa regional governments did not and are not meeting these needs for single homeless women. Nor are they meeting these needs for persons with a psychiatric disability.

Just as different levels of government have accepted their responsibility to build into their structure a specific program and staff to work towards employment equity, likewise it is very necessary to have a specific program and staff to work for service equity.

Had service equity policies, programs and staff been in place across Canada, it would have been less easy for governments to discriminate against women, single persons and persons with a psychiatric disability in their social service programs. It would have been less easy to deny these people the services they are entitled to by law and to turn them out onto the streets.

♀

## B.C.'s First Freestanding Abortion Clinic

by Hilda Thomas and Joy Thompson, BCCAC

After months of volunteer effort and with the tremendous generosity of pro-choice supporters, the first freestanding abortion clinic in B.C. has become a reality. We are proud to announce the opening of the Everywoman's Health Centre on November 4, 1988.

This has been an important year for the pro-choice movement. Opening the clinic in B.C. is a victory in the long fight for women to control their lives and their bodies. This clinic builds on the momentum of

the decision by the Supreme Court of Canada on January 28, 1988.

When Section 251 of the Criminal Code was struck down, the B.C. Coalition for Abortion Clinics was faced with a question: should we proceed with our plan to open a clinic in Vancouver now that the legal barriers to abortion were gone? The answer became clear in the following weeks. The B.C. government attempted to cut off funding for abortions; many hospitals refused to perform the procedure despite the Supreme Court judgement that women ought to have equal access to abortion; and even Vancouver

General, which had been doing more than its share, moved to limit the number of abortions performed.

At the coalition's general meeting in February, the members unanimously passed a motion authorizing the steering committee to proceed with negotiations to set up an abortion clinic with medical and other staff who were willing to abide by the criteria established at the meeting. The June general meeting also approved our incorporation of Everywoman's Health Centre Society, a non-profit society, to protect individual members and member groups of the coalition from

liability. To facilitate the opening of the clinic once a building was found, it was also moved that the Steering Committee and clinic staff would be the members of the society.

Throughout this period we continued to gather information about costs, equipment, security, insurance, licensing, and so forth. We applied for a charitable tax number and organized fundraising activities. But we still had no building.

It gradually became apparent that no one wanted to lease us a space for the clinic. It also became clear that until we had a site for the clinic, fundraising would be very difficult. So we began to search in earnest for a suitable property to buy. In mid-July we found what we were looking for. The price was high, but the building more than met our expectations, and the vendors were cooperative. We now had to get a mortgage, and it was agreed that all subcommittee work would be suspended in favour of a major fundraising drive to raise the downpayment.

The next month was a period of high activity and stress. While the CCCA spy scandal swirled over our heads, we sought and were refused a mortgage, we lost the building to a higher bidder, got it back when the deal collapsed, and sent out hundreds of appeals for funds. We drew up an operating budget, found a new mortgage source and proceeded with the negotiations for purchase.

It was with a feeling of great relief and accomplishment that we were able to report to the coalition's General Membership Meeting on September 10, 1988, that the first freestanding abortion clinic in B.C. would soon be a reality.

Since September 10, our activities have continued at a frenetic pace. We applied for a license and, requiring no zoning changes and meeting all the criteria, received our license to operate from the City of Vancouver. We appointed Lorena Kanke, M.D., F.R.C.S.(C) as medical director for the clinic and she prepared a submission to the College of Physicians and Surgeons to be licensed as a Non-Hospital Medical/Surgical Centre.

We developed job descriptions for staff and began hiring procedures. All these tasks were accomplished whilst continuing to raise our downpayment and sufficient funds for startup costs.

Out of courtesy for the vendors and the need to protect our clinic, we did not announce the location until we were ready. On October 12, 1988, we became the owners of Everywoman's Health Centre and announced the location of the clinic. The first chapter in the story of Vancouver's abortion clinic is completed and we must now turn our attention to the vital issues of defending this victory and making demands for funding.

Whilst we hope the few anti-choice zealots will respect the legal right of women to access this medical service without harassment or threat of violence, we must be prepared to protect our site, our patients and our staff. We are recruiting volunteers to train as escorts and to defend the clinic. We are urging you, our supporters, to become members of the coalition and help build it to defend a woman's right to choice on abortion. We have a great reason to celebrate, but we also have more to accomplish before women in this

province, indeed in all of Canada, have free and equal access to abortion services.

We demand that the government respect the spirit of the Supreme Courts's decision and not continue to throw hurdles in our way. We have requested that the Minister of Health designate the Everywoman's Health Centre as a diagnostic and treatment centre under the Hospital Insurance Act, which would entitle us to core funding for the operation of the clinic. We have also sought legal advice from the B.C. Civil Liberties Association and the Legal Education and Action Fund regarding this matter. We have no desire to extra bill or to charge women for this service, but we will be forced to charge some fees, on a sliding scale down to 0, to cover our costs. Any fees we charge will be for services that are not presently insured under the Medical Services Act and will therefore not be "extra billing."

Until we win full funding for medical services provided in abortion clinics, we will be dependent on the generosity of our friends and supporters. We need more money to maintain the clinic and make it a success. Demanding full funding from the government and showing

our support for freestanding clinics will ensure we are seen and heard.

We must also continue to voice our opinion to the federal government: that no law recriminalizing abortion is necessary. Women are responsible moral agents. Canada does not need

to defend itself against its women.

Donations can be made to "the Everywoman's Health Centre Society (88)" and mailed to P.O. Box #66171 Station F, Vancouver, B.C. V5N 5L4. If you would like to become a regular supporter of the

clinic, please fill out the HOCS Plan Form.

Everywoman's Health Centre is, indeed, everywoman's clinic. Make it yours by making it a success.

♀

## News From the Legislature

by Susan Moger

Greetings from the legislature! The intention of this column is to fill you in on what our B.C. women's caucus members are doing when the legislature is in session. We don't expect the legislature to begin sitting until sometime in the new year, so I thought I would check in with each of the five women MLAs and briefly share their activities with you.

Most of Lois Boone's time is being spent campaigning with the two local candidates, Brian Gardiner and Alan Timberlake. She is also working in her constituency to keep her case work under control.

Lois kept the health portfolio after the recent cabinet critic shuffle, and she continues to work with the party health committee to establish health goals for the future. She has recently spoken to the B.C. Medical Association and the B.C. Health Association, and was keynote speaker at a workshop on child development.

Anne Edwards is our new energy, mines and petroleum resource critic. In that capacity, she was on her way to a public meeting in Montana when she was involved in a car accident. She has a broken ankle and is mending at home. While she is recuperating she is writing a presentation on PCB storage in Cranbrook, and another on the depletion of fish stock in a river that has been designated a heritage river by the United Nations. Anne continues to initiate

contacts in her critic role, and, as with all our MLAs, she is busy with constituency work.

Anita Hagen also has had a critic role change. Now our education critic, she maintains the seniors portfolio as well.

Anita has three main goals for the fall. In an effort to ensure that the riding be represented by women in Ottawa as well as Victoria, she is actively working to elect Dawn Black. Her concern for health and the safety of long term care facilities stems, in part, from the chronic under-funding of these facilities by the provincial government. She continues to monitor the user fee situation and believes that the work done by the party in the legislature and by the seniors lobby has effectively prevented the implementation of income testing.

Anita is working with the party education committee reviewing the Report of the Royal Commission on Education (The Sullivan Report) and preparing to deliver educational policy ideas to the provincial council. As with the other MLAs who have new portfolios, Anita is reviewing contacts she has had with people involved in the education field.

Darlene Marzari is now the Status of Women critic. She views this role as one in which she will coordinate, with all the caucus members, new and innovative ways of dealing with women's issues. She has also become the tourism and small business development critic, and in this capacity is speaking to women's

groups and small business people and getting to know her new critic areas. Darlene chairs the legislative public accounts committee that works with the Auditor General. At a meeting of the Auditing Foundation of Canada she will be presenting a paper on how public accounts committees should function.

Darlene also co-chairs the party working group on regional development which will deliver its final report next spring. As many of you have come to associate Darlene with her active involvement in child care issues, it will be no news that she is drafting a child care bill together with community activists.

Joan Smallwood also has a new portfolio. She is now our social services and consumer services critic. As such, Joan is meeting with community agencies and talking with those people who deliver social service programs.

Joan has also been spending a lot of time working to ensure that Jim Karpoff will be elected to represent North Surrey in Ottawa.

Joan continues to be a spokesperson for pay equity. She recently met with the B.C. Federation's Women's Committee in a continuing effort to explore strategies for the pay equity campaign. As well, Joan actively supports the Everywoman's Health Centre Society, whose clinic is due to open in November.

Susan Moger is a caucus researcher in Victoria.

### Help open our clinic and keep it open

1. Escort service for clients (training provided) \_\_\_\_\_
2. Defense of the clinic site (training provided) \_\_\_\_\_
3. Political action to obtain full funding for the clinic \_\_\_\_\_
4. Translation service for clients in  
Spanish \_\_\_\_\_ Cantonese \_\_\_\_\_  
French \_\_\_\_\_ Punjabi \_\_\_\_\_  
Portuguese \_\_\_\_\_ Italian \_\_\_\_\_  
Greek \_\_\_\_\_ Other \_\_\_\_\_
5. Raising funds by every available means \_\_\_\_\_
6. Gathering information and producing educational material for distribution through the clinic \_\_\_\_\_

7. Recruiting and mobilizing support to ensure the success of our clinic \_\_\_\_\_

Telephone 873-5455 to indicate what you want to do and leave your name and number. Your call will be returned.

or

Mail your reply to:

BCCAC  
Box 66171, Station F  
Vancouver, B.C.  
V5N 5L4

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel (Home) \_\_\_\_\_ (Work) \_\_\_\_\_



# Families in South Africa

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In South Africa today the oppressed Black population fights for liberation, dignity and physical survival. The struggle begins from conception. The poor diet and nutrition of women means that children are born underweight and malnourished. Their chances of survival compared to those of White children are thirteen times worse. Most deaths occur in children under five years old, with poverty and malnutrition being the major killers of Black children.

## Migrant labour

As workers, Black women are the most exploited of the workforce, and as citizens they have the fewest rights, being bound not only by repressive legislation but by oppressive traditions that are fostered by the racist government. One of these "traditions" is migrant labour; it is at the centre of the problems Black women face.

After the Second World War, the suffering associated with migrant labour grew worse under the impact of the apartheid policies of the Nationalist government, which came to power in 1948. These policies—"influx control" and "resettlement" in particular—have had a devastating effect on the Black family. While the impact on women's physical well-being has been profound, the psychological stress in-

flicted has been no less severe.

South Africa is a vast country and the regions vary. What women experience in the Transkei bantustan is often very different from what other women experience in the border regions of the Transvaal. But all women who live on the land are faced with a central contradiction. The absence of men is an economic condition of a family's survival, but the absence of men also undermines the stability of the family.

Women take care of the day-to-day management of households, but they have little control over the household budget. In the bantustans as many as 60% of the households

are headed by women. Dependent on money sent by their men, they suffer constant anxiety and insecurity, living as "grass widows." Since the majority of men are migrant laborers who "visit" home for not more than one month each year, women are forced to shoulder virtually all family responsibility. The traditional support that the extended family gave has been eroded by widespread and severe poverty.

The situation has become so acute that some women talk like this:

We feel deserted. We feel lonely in this desolate place where so many of our husbands must leave to find work, and stay away all year, sometimes many years...I do not hear from my husband for many months. The money has stopped coming. Even when I cry for it, it does not come. My children are hungry. No food. No money.

Migrant labour earnings account for between 70% and 80% of household income in the bantustans and only those bantustans sending out migrant labour can survive. What this system does—apart from destroying families—is to ensure continued low wages in the urban areas. Initially, low wages were justified by employers on the grounds that they were simply an addition to the subsistence production of women in the reserves. This has not been true for several decades. The bantustans are heavily overpopulated, owing to apartheid's policy of forced removals,

which has affected over three and a half million people. They cannot produce enough food for this ever-increasing population.

## Health

In South Africa today there are about ten million children, of whom eight million are African. Nearly 70% of these live in the rural areas. Health is a racial matter, for it is racial legislation which determines access to nutrition, medical care, education, housing, community resources, employment and often family cohesion. Our country is one of sharp contrasts. The health of the White and affluent is on par with that of children in the major industrial countries. The health of the rural African is similar to that of the poorest Third World countries.

This can be seen most sharply in the causes of infant mortality. African children die of diseases like gastroenteritis, malnutrition, and pneumonia—common in poor countries—while White children die of immaturity, anoxia and congenital heart diseases in common with developed countries.

Sickness among Africans is the direct consequence of poor housing, poor sanitation and totally inadequate water supplies. Often modern sewage disposal is non-existent, with devastating consequences for infant health—diarrhoea and intestinal parasites (round worm) are widespread. Lack of water also leads to skin diseases like scabies and scalp infections. Overcrowding in the cities encourages airborne infections like TB which is taken back into the rural areas by migrant workers.

Physical growth, we know, is rapid during the last three months of pregnancy. This period, together with the first 18 months of life, is also the period of maximum brain growth. Malnutrition at this stage severely retards development. Weight-for-age is a good global indicator of health. Where there have been surveys in South Africa, they have all shown that about one third of African, Coloured and Indian children below 14 are underweight and stunted for their age.

The United Nations International Children's Emergency Fund has adopted four recommendations to protect children in poor countries. They are referred to as GOBI (growth monitoring, oral rehydration, breastfeeding, immunization against TB, polio, diphtheria, tetanus, whooping cough and measles). Three further stages are recommended: family spacing, female education and food supplements.

There is little that is new in the four key GOBI-FFF components, but even they are not implemented in our country. They can be implemented very easily, involving communities in their own health care. This, of course, would require a single health service for all races, which is not possible under apartheid policy or practice. The average number of people per hospital bed tells its own story: 61.3 for Whites, 504 for Africans, 346 for Coloured, 337 for Asians. Segregated health services mean that the worst care goes to the poorest.

## Rural slums

The worst cruelties of the apartheid system have been enacted under the name of "resettlement." The regime boasts that over 3.5 million people have been resettled to promote consolidation of bantustans—to remove so-called "Black spots." Let us take one example of what happens to women and children who are "resettled."

In 1977, the regime moved 78,400 families at gunpoint from a number of small reserves in the lower Tsitsikama forest near Humansdorp in the Cape, took them 300 miles away and dumped them at Elukhanyweni.

They were deprived of the agricultural base of their society and the men and a third of the women were forced to migrate to find work. One grandmother described the situation in 1985:

Things were good when I was a child. They were good and right and we knew how things were done. I learned many things but the most important thing I learned was to love and respect all grown-ups...But these children now. They are not me. They are differ-

ent... What can we teach our children? My father told me: "this land is yours. We bought this land with our life. We fought for this land." And we knew: our children will inherit this land, and our daughters, yes, our daughters too will have their piece of earth. But what can I tell my sons? I see what has become of my daughters. They already have daughters who have sons, and the sons don't have fathers and they don't have names and they will never, never have land. No, indeed God has left us.

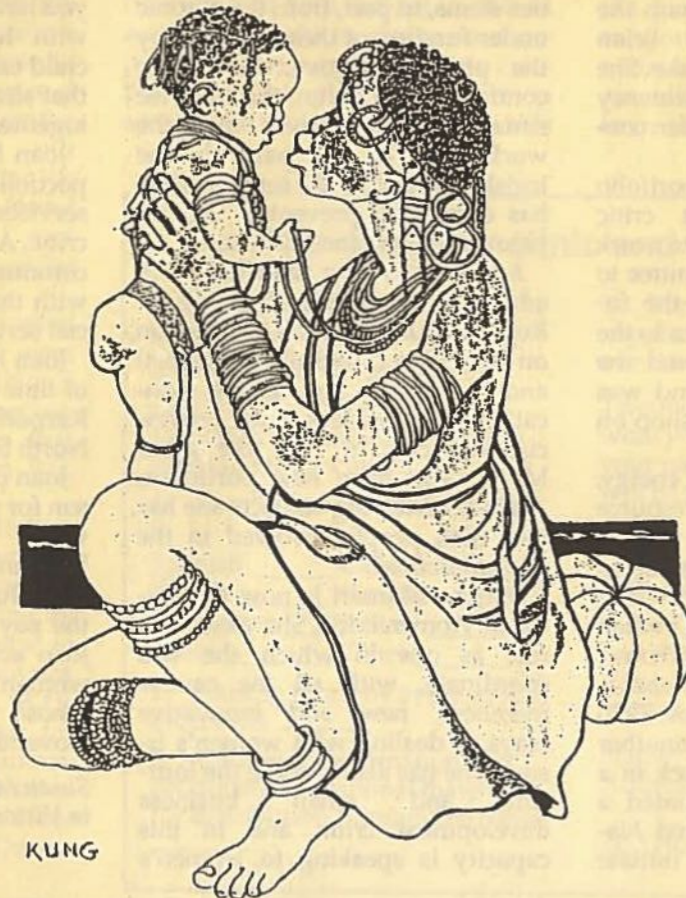
This description of the end of a way of life and its values brings into focus what the youth have lost with the land: a feeling of certainty about their future; the supportive family network based on family ownership of land and the faith of their elders in a Christian God.

The children now feel that there is nothing that their parents can teach them. They are trying to build a new world without the support of their elders. Money is scarce and, although rural struggle is escalating rapidly, they are divorced from urban centres of political activity. They look to the youth culture and politics of the children of Soweto, Mdantsane, Guguletu, Mamelodi and others for inspiration.

## Urban areas

Since World War II the number of African women entering the urban work force has climbed dramatically. In 1946 only 2% of African women employed outside agriculture were in the industrial labour force; by 1970 this had risen to 10%. Between 1973 and 1981 the proportion of women in the Black work force increased from 14% to 22%. The vast majority of women were and are employed in the service sector (mostly as domestic servants) and as farm workers. Increasingly, African women in towns are having to face the problems of being poorly paid with a double shift (wage and domestic work).

Once again the stability of family life is affected. In the townships there are very limited recreation and daycare facilities. Working mothers often return to work when their





children are only three months old. This seriously affects the physical and emotional health of mother and child.

On top of this, there is a shortage of housing which has resulted in overcrowding and ill-health. The average Black person in South Africa lives in a space not much larger than a double bed. The average township resident occupies a patch of floor three metres square in which he or she washes, eats, sleeps, studies and relaxes. Reports indicate that in Soweto each house has an average of 16 occupants while in Uitenhage as many as 42 people occupy a two-bedroom house. In Kimberley, renowned for its diamonds, four-roomed houses hold as many as 30 occupants each.

### Children and survival skills

Insecurity and little hope for a better future confront the township child from an early age. Parents find themselves in a vicious whirlpool of apartheid legislation such as influx control—the regime has abolished the old system of passes, but replaced it with a more sophisticated and ruthless system—migrant labour and forced removals. The first Whites the township children meet at the earliest of ages are policemen. They come in the night, break down doors and humiliate parents. Thus, children learn survival skills when they are very young. But always

the security forces... But the state action did not stop the consumer boycotts, particularly in the Eastern Cape. The people demanded an end to the Emergency and the withdrawal of the troops from the townships. In the minds of the people in the townships there is a war between them and the apartheid army, which is perceived as an enemy army...

This description of the war situation in South Africa depicts the conditions under

which the township child is growing up. They have affected children more than people realize. The world of the township child is extremely violent. It is a world made up of tear-gas, bullets, whippings, detention, and death on the streets. It is an experience of military operations and night raids, of roadblocks and body searches. It is a world where parents and friends get taken away in the night to be interrogated, no one knowing who will return in the morning, who will be dead and who still alive.

### A world where people disappear

It is a world where people simply disappear, where parents are assassinated and homes are petrol bombed. Such is the environment of the township child today.

Children, thousands of whom have been detained, tortured and kept in solitary confinement, spend much of their time thinking and planning how to outwit the security forces, how to take defensive action. For instance, to fight the effects of teargas, they organize cloths and water. Where there are mass funerals, buckets of water are put along the route of the funeral procession in case of a teargas attack. They have learnt how to set up barricades and how to keep the security forces out. A township resident said:

When my two-year-old daughter

sees a military vehicle passing, she looks for a stone.

Nursery school children are no exception. They too have learnt the language of *siyayinyova!* (we will destroy), which is the popular slogan used by the youths when attacking what they call "targets," meaning the buildings, vehicles and individuals regarded as symbols of the apartheid regime and its security forces.

The exposure of children to outrages in the townships has resulted in adaptive behaviour patterns. They are learning a different set of survival skills. Their songs tell of the world as they perceive it, a violent world, a war situation. They move in groups in the townships: a commander, his "armed forces" around him. Their ammunition is stones, sticks and probably petrol bombs. They have different values. No longer are the local football players or Bruce Lee of the movies their heroes. They know now only of the Mandelas, the Sisulus and the Tambos. And there are those who are joining the ranks of Umkhonto we Sizwe to fight the system.

The youth in the churches and church groups are also adapting to this new reality. This is manifested in their songs, prayers, and various forms of expression of faith. There are indeed some children in the townships who are not as radical or even politically conscious as the majority of their contemporaries, but the pervasive atmosphere of violence and confrontation tends eventually to plunge all into active participation. They find themselves either confronting the system or running away from teargas and bullets.

The upshot of all this is that there are many who have lost up to four years of schooling between 1976 and 1986. The school boycotters have fallen behind those in apartheid's bantustan and private schools. The war that is being waged on the streets of the townships by the SADF is waged mainly against children. The chaos created in the lives of the children, coupled with their physical elimination, is a major threat to our very survival, and a denial of the future generation that must lead our country.

### The future generation

It is a widely held belief amongst White South Africans that if Black population growth was slowed down, under-nutrition would not be so widespread. If there were fewer Africans, so their theory goes, there would be more food and resources to go around. This is an argument the racist state has actually gone to great pains to try to make effective. In 1973—following hot on the heels of a series of major strikes and combined with a growing White awareness of the scale of Black unemployment—the Pretoria regime launched a massive family planning programme. At clinics and in advertisements Africans were told: "A small family for a big future." But at the same time Whites were told to have large families for the Republic. White mothers of ten children are even rewarded with a special medal from the racist State President. By 1978 the Health Department boasted that its family planning programme was the eighth biggest in the world, and taking population size into account, it was surpassed only by China. Over the next five years, expenditure on family planning increased threefold. In 1983-4 approximately six rand was allocated for every African woman aged 15 to 45 years. At that time the total health budget for the bantustans of Transkei, Ciskei, Bophutswana and Venda amounted to 24 rand per person.

The regime's emphasis on family planning is an integral part of its policy of Black population control. Family planning, as practised by apartheid South Africa, includes the use of Depo Provera and sterilization. It has been fiercely resisted, for in a land where a child's survival is so precarious, having many children increases the chances of at least some reaching adulthood.

### Conclusion

The catalogue of state violence against Blacks in South Africa is a long one. Arbitrary arrest and detention, flogging and torture, shootings, political assassinations and executions are only the most dramatic. Blacks—and particularly Black

women—do not suffer only from the violence of the state. Apartheid breeds anti-social and criminal behaviour, which manifests itself in drunkenness, robbery, assault, rape and murder. The deliberate manipulation by the state of ethnic identity has exacerbated the tensions between people already forced to compete along ethnic lines for scarce resources. All these forms of violence make life a daily struggle for survival.

Yet, despite the enormous hardships faced by Black women in South Africa, they have not simply become victims of apartheid. In the churches, community organizations, self-help groups, in the trade unions and the Africa National Congress, women have struggled for survival and have shown quite remarkable strength, courage and resilience.

It would be wrong, however, to underestimate the price paid, or the problems that will confront a democratic South Africa.

### Priorities Advertising Policy

*Priorities* accepts advertising consistent with its objectives and editorial policy. *Priorities* will normally accept advertising only from women or women's organizations. Exception will require executive approval.

Two sizes of ad are sold. These are: business card size (approximately 2 1/4" x 3 1/2") (\$25) and quarter page ads (approximately 3 3/8" x 4 5/8") (\$50).

Ads should be camera ready, however artwork and layout can be arranged by contacting the editor. Deadlines vary, so, once more, contact with the editor is your best bet.

We welcome submissions from all women, and are open to any issue of concern to women.

Submissions and advertising should be sent to: *Priorities*, c/o BC NDP, 250-3665 Kingsway, Vancouver BC, V5R 5W2

# Perspectives on Peru

by Alicia Barsallo, reprinted from *Kinesis*

Being only three feet away from assault police and military men and taking pictures while they attacked demonstrators almost made me shake with fright.

Like the other reporters, I stayed with a group hoping we would not be assaulted, but unlike the others, I had little confidence in the oppressors' respect for press correspondents. In my several years of Peruvian activism before coming to Canada, I had always been on the demonstrators' front, running away from the police. This visit was a time to learn.

I had never been a reporter. I had never seen so many soldiers, police, armoured cars and tanks in Lima, and had I been on my own, I would have run, but no one else was running. People circulated, held meetings, staged strikes, attempted to demonstrate.

I was deeply interested in the Peruvian struggle against the economic system, but there was more. There was their developing thought and the advancement of their individuality.

Street speeches and opposition newspapers argued and proposed solutions to the economic crisis, exposed state corruption and murder, and held positions on love, sex and equality.

There were people everywhere with a strange sparkle in their eyes, completely disillusioned with the system and weary of its institutions and its morals but vibrant with the possibility of change, with the daily discovery of their abilities, with their new friends and new ideas.

When I left Lima I knew I would miss the continuous questioning of values which is part of the Peruvian struggle against capitalism. We have yet to see signs of such inquiry here in Canada. Why are we so different?



Photo by Alicia Barsallo

How do our dissimilar socio-economic contexts and political dynamics influence our outlook on life?

Peruvians' political clarity is a product of their harsher reality.

Peru's incipient capitalism leaves people without control over most aspects of their lives. Only strong mobilization and repeated acts of heroism can give Peruvians some influence over the availability of food and transportation, over inflation and police and government violence.

Peruvian society is highly inefficient. There is little access to modern technology, and success in achieving any task depends not only on personal effort but on the goodwill of others—and on luck. Deadlines are flexible and people are used to last minute breakdowns, successes or failures.

Bribery and corruption are commonplace in all government institutions. Justice is fragile. The most unimaginable crimes take place right in front of people's eyes and go unpunished.

The Catholic church, a powerful landowner and investor which sided with Spain during colonial times and with the other landowners after independence, now sides with Peru's creditors. It watches impassively as thousands of "its children" are killed to maintain the status quo. The church has exacerbated the people's

misery: in an overpopulated society with sick and hungry children and many unskilled and mistreated women, the church has stood firm against the use of contraceptives; it has condemned abortion and divorce, and has promoted male chauvinism.

Having long suffered under governments and institutions which have not even pretended to serve everyone equally, Peruvians know that their wellbeing depends on radical change to the system, and that requires the participation of all. Accordingly, people have organized at local and national levels. No strike is devoid of slogans against the system: End the State of Emergency, Withdraw the Troops from Ayacucho, Don't Kneel Before the Boot, For a Decrease in the Cost of Living. The victory or defeat of a group of squatters, a union, a community, is literally felt as a victory or defeat of everyone.

Here in Canada people seem to rely on their individual resources. The vast wealth of Canadian society gives the impression that we will be able to succeed if we work hard enough. We do not have widespread starvation and homelessness in Canada (although they exist and are increasing); we have, to varying degrees, access to modern technology; and our society is oriented

towards efficiency. It is still possible to achieve personal goals such as going on holidays or taking a course, and to have some capacity for planning our future.

The relatively high standard of living we enjoy gives us *some* control, but this limited power tends to give a great many of us the illusion of having *complete* control over our lives. So we are into accomplishing tasks to achieve individual goals. We hold jobs, build things, get degrees and so on.

If we fail, it is our fault. It is not the system that must be changed but we who have to become more efficient. On the road to achieving our personal goals, we work at becoming pragmatic and ignoring our feelings. Feelings keep us from being efficient, so they are not allowed to be expressed.

Any criticism of society's values is also set aside. The intellect that suggests to us what must be changed also convinces us that any attempt at social change must be abandoned because it puts us at a disadvantage in the race. Roles must be played, canons followed, images kept up.

Our orientation goes hand in hand with our relatively mild and disjointed political movements that seek mainly to maintain or enlarge the benefits of one sector of the population or another. The difficult task of questioning values is done by small groups: feminists, marxists and the progressive sectors of the churches, which themselves must fight—and at times be neutralized by—the conservatism of Canadian society.

In Peru, traditional lifestyles and morality itself are being questioned. This is surprising, for Peru is a country where some of the most backward expressions of the female/male roles and values have been long accepted. But it is happening.

Feminist groups with the most advanced positions on female/male equality are penetrating the middle-class milieu, trade unions, shanty towns, communal kitchens, mothers' clubs, Andean cities. Women's committees that promote equality in trade unions and peasant organiza-

tions are formed almost as a matter of course. Women are elected leaders of defence committees and of organizations struggling for water, electricity, milk for children or a place to live.

Feminists, marxists and mass leaders, however, are only hastening and deepening a process inherent in the current political dynamic. It is the mass movement that gives people an identity, a sense of justice, an opportunity to create, a glimpse of the new values. Within the mass movement people can share their suffering, their disillusionment and their visions. Traditionalists march side-by-side with feminists, catechists with prostitutes, to discover who they are, who others are, and what is possible. People can no longer be defined in the old way. There are too many fine human features, too much heroism, too much uniqueness for the old capitalist slots to be used again.

There is in Peruvian society a much more relaxed attitude toward the old morality. Individuals will follow one

moral principle or other because it proves at the time to be convenient for them, with little concern that such principle be followed by anybody else. The individual is examined instead. Institutions and rules being on shaky ground, actions tend to be defined by the people who perform them and not the other way around.

An embryo of a new morality that recovers the right of everyone to her own uniqueness is appearing: the concept that everyone's happiness depends on everyone's commitment to work and to risk their lives for the collective good, to aid the struggle against hunger, oppression, repression, depersonalization.

In the next few years, Peruvians will have to survive the invasion of armoured cars and military tanks. Many will die, not just for more bread, but to open the door to freedom that will let them to bury the capitalist values and to find their own. For where is our worth or how happy can we be if we cannot be ourselves?

♀

## Where is Your Imagination???

by Marion Dodds

*Imagine the film you would like to create. Feel yourself sitting in your chair and becoming a filmmaker. See the scenes appear before your eyes and hear the sounds in the background. Imagine what you are able to communicate through your film—what is the message you want to convey? Who is your intended audience?*

Taking the time to visualize freely can be a powerful step toward making dreams come true. Opening up the imagination to possibilities, one begins to find paths which illuminate new ways out of old dilemmas. It is my belief that the ability to envision, to see the big picture, is

crucial to the development of a strong and positive outlook. It is also essential for politicians. Without it we can become victims stuck on part of a web of someone else's weaving.

We need a chance to see webs in new ways and begin to fly. For fun let me give you a sample of the process...I remember an African proverb, "when spider webs unite, they can tie up lions"...and a new image comes to mind of these lions being lifted up up up in the web which has become a net pulled by a helicopter. The lions see the world from a new perspective and are released to float, to become clouds which people lying on the green below look up to and imagine are magical creatures there to play with on sunny afternoons.

Who knows where this could lead?

We all need to relax, to play, to feel free to create our own imaginary stories, to explore and expand our mythology. The stronger we feel, the less easy it is for others to manipulate us. We live at a time when our imaginations have been held captive by those whose images of the past, present, and future come from a narrow white male perspective.

I remember a quote from the American artist Georgia O'Keefe: "I visualized things very clearly. I could think of a whole string of things I'd like to put down but I never thought of doing it because I'd never seen anything like it." Fortunately for us she was able to break through the traditions of the time and assert herself on canvas, bringing us images of incredible power and beauty.

All of us need a creative form for expressing our inner experiences. We have discovered through the women's movement the power that comes from sharing our feelings, stories and thoughts in a safe and supportive circle of women. More and more of us have begun to pay attention to our inner need to hold on to a vision of a peaceful world. Day to day survival can be overwhelming if we lack the image of where we are going, a sense that what we do daily is building toward a more egalitarian and peaceful planet. Being able to hold that image in our mind's eye as we make minute by minute decisions can strengthen us and protect us from despair. It can also give us the power we need to be effective politically. Playful can be political too!

It was with these thoughts and images in mind that Rosemary Sullivan and I, at the request of the National Film Board, designed a workshop called "Transforming Myths: Using Film to See Ourselves in New Ways." We wanted to encourage women (and men) to tap into their own rich store of images and to explore ways in which they could use film to make these images more visible. The work-

### Transforming Myths: Using Film To See Ourselves In New Ways. A Workshop Experience

This workshop is for those interested in women's changing image and changing women's image. It offers an opportunity to view the sexist myths which film has historically reinforced and to rewrite the script. Clips from 42 years of National Film Board films along with appropriate group exercises enable participants to experience how to transform limiting myths into positive images through the medium of film.

A new 27 minute video compilation, "Images of Women in National Film Board Films 1945-1987" along with visualization and other imagery exercises creates a workshop learning experience which can be designed to meet the needs of specific audiences: educators, film or video makers, community groups, conferences.

To book the workshop:

In the west:

Marion Dodds  
#4-31 West 11th Ave.,  
Vancouver, B.C.  
V5Y 1S6  
604-874-7893

or  
Vancouver NFB  
Education Officer

In the east:

Rosemary Sullivan  
1965 St. Armand Road  
Pigeon Hill, Quebec  
J0J 1T0  
514-248-2524

or  
Montreal NFB  
Education Officer

shop weaves experiential activities and group discussion with a video showing clips of women in National Film Board films from the forties to the late eighties.

First we explore the images we have of women and search for the sources of these images. People are sometimes quite surprised by their discoveries. Interesting discussions result from a look at how we have been portrayed in film and how women filmmakers are now changing the picture. The workshop focus shifts to the dreams we have and the stories we would like to tell. A lot of our stories are sad or angry and we recognize that this is an important part of the process. But if we stop there we are immobilized on a sticky web.

The next moves involve analysis, problem solving and action planning (not necessarily in this order). This is where the creative process can complement the political one. Our imaginations help us access creative ways out of our current dilemmas. We have all heard the cliché that politicians need to have "vision." How many politicians have taken the time to develop their imagery to a point where they are able to make decisions based on the long term implications and how these would impact

on their vision for a better world. Imagine the possibilities if they did!

By sharing our own visions and seeing the imagery of other women on film we enrich our collective pool of women made mythologies. I recall watching the NFB film *Firewords* and being inspired by the words of Quebec feminist writer Nicole Brossard. Discussing the patriarchal images of women as mother, virgin and whore, and the constantly suppressed image of the goddess in history, Brossard suggests that we can take these fragmentary images, and like the hologram which, if broken, can be recreated in its entirety from one small fragment, we can begin to develop ourselves like photographs, coming clearer and clearer into focus. Once we become more comfortable using our imaginations we can go far beyond what already exists and has been stifled and bound by tradition and form. We can rediscover powerful images for ourselves and begin to imagine our own possibilities. We can develop the strength to do the minute to minute, day to day political work that needs to be done to change the world scene. And for everyone's sake isn't that what we as women need to do?

♀

### Readers Poll

1. Are you a - woman / man?
2. Please indicate your age group - under 25 / 26-39 / 40-64 / 64+
3. Do you work - in the home / out of the home / both?
4. If you work outside the home, how would you best describe what sort of work you do? \_\_\_\_\_
5. Are you the - sole / primary / secondary - source of income for your household?
6. Do you - own / rent - your residence?
7. How long have you been reading *Priorities*?  
- less than one year  
- 1 to 2 years  
- 3 to 5 years  
- seems like forever
8. Do you read *Priorities* regularly? Y / N
9. Do you subscribe to *Priorities*? Y / N

10. What have you most liked about *Priorities* in past issues \_\_\_\_\_
11. What do you like most about this issue? \_\_\_\_\_
12. Is there anything you dislike about this issue? \_\_\_\_\_
13. Would you like to see more or less of the following?  
- Interviews \_\_\_\_\_  
- International news \_\_\_\_\_  
- Film reviews/Book reviews \_\_\_\_\_  
- Feminist poetry or prose \_\_\_\_\_
14. Please list three issues of greatest concern to you \_\_\_\_\_
15. Do you read any other feminist publications? Y / N
16. If so, would you mind listing

17. Are you a member of the New Democratic Party? Y / N
18. Are you active in any other political organizations or movements? Y / N
19. If so, would you mind listing it/them? \_\_\_\_\_
20. Please feel free to make any other comments you may have (attach a sheet if necessary). \_\_\_\_\_

Thank you for the time you have taken to fill out this questionnaire. It will help us to give you more of what you want to see!

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