WINTER 1980

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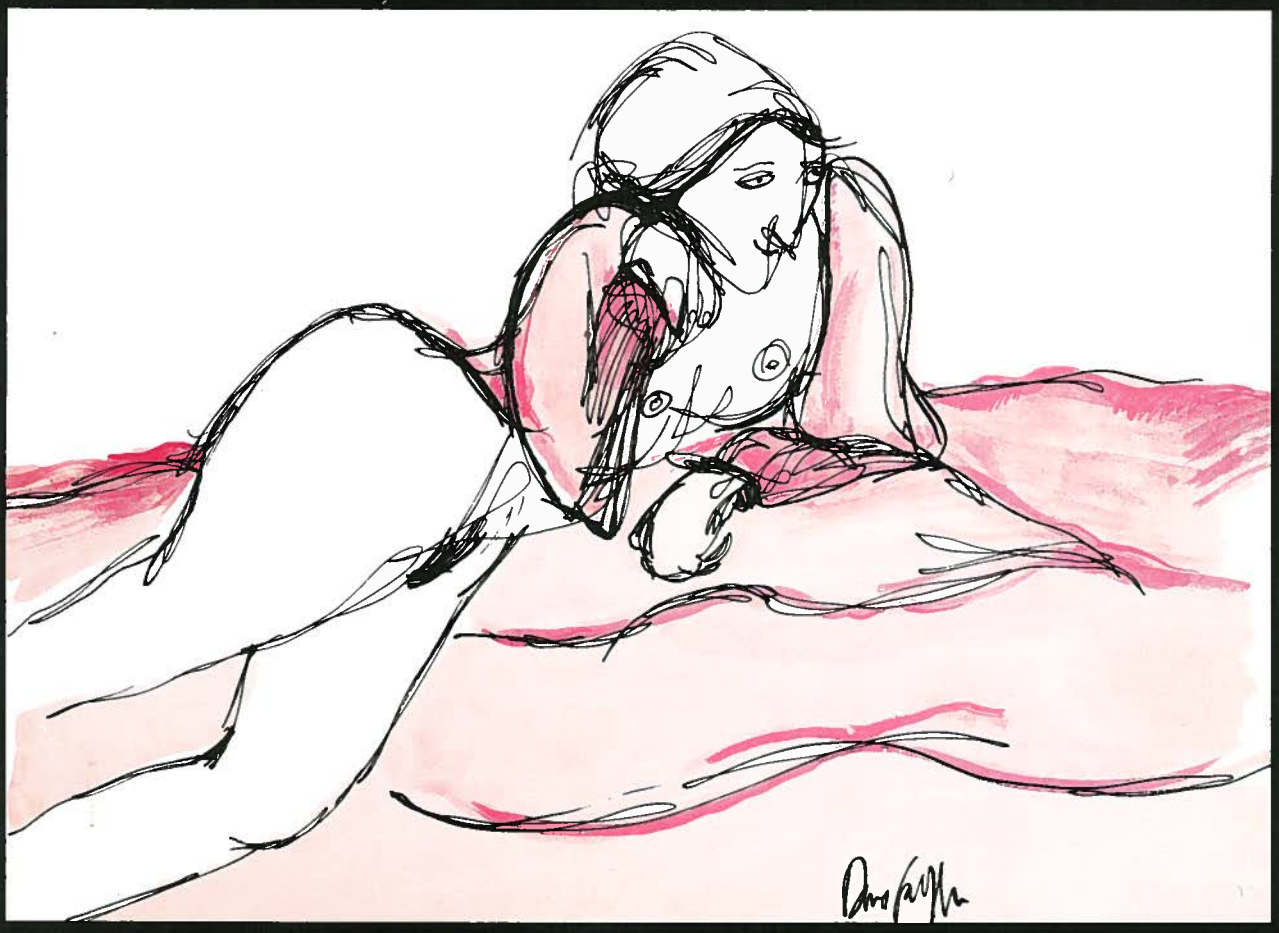
Healthsharing

A CANADIAN WOMEN'S HEALTH QUARTERLY



No Love Canals Here?

Thoughts on Sex Without Science

Troubles with Tampons

After Birth Blues

Winter 1980

Collective Notes

WITH THIS ISSUE, *Healthsharing* enters its second year of publication. It has been an incredible year for us — by turns exhilarating and frustrating, satisfying and exhausting. We feel proud of ourselves, and even somewhat amazed. Our collective dreams of a women's health magazine in Canada has become a tangible reality — five issues worth, and all on time to boot!

But we find we never have much time for self-congratulations. As we surmount each hurdle, new ones present themselves. Some of the hurdles are economic. Small magazines in Canada simply don't have an easy time of it. Other hurdles have to do with the quality of the magazine and our responsibility to you, our readers. We want *Healthsharing* to look beautiful, to have a clear and punchy style, to carry well-documented investigative articles and to give you information and a perspective on health issues that you don't get elsewhere.

We have other dreams for *Healthsharing* too. We sense a great deal of interest in and ferment around women's health issues across the country. In spite of the fact that the establishment media regularly trumpets the death of the women's movement, the past year has seen women's health conferences in Alberta, Nova Scotia, B.C. and the Yukon, with another coming up in Ontario early in the new year.

We see the beginnings of a cross-Canada network of women involved in and concerned about women's health issues. We'd like to see *Healthsharing* become a vital part of such a network, a vehicle for exchange of information and ideas which can reach out to women who don't have support groups.

We also want to broaden our focus. We want to keep exploring a wide range of health issues — environmental and occupational health, alternative approaches to healing and working in the health-care system. At the same time, we want to maintain our focus on practical information, on self-help, and on those issues that have traditionally made up the core of the "women's health" sphere — sexuality, childbirth, contraception, abortion and gynecological health.

FINALLY, we want the magazine to have a quality that is difficult to put into words. "Warmth" was the word that kept popping up in collective discussions. We want the magazine to achieve journalistic quality without taking refuge in the remoteness, the cool objectivity of most mainstream media and academic journals. We'd like to see *Healthsharing* become the kind of publication to which our readers feel personally connected. We'd like it to become, in a very real sense, yours as well as ours.

Now you've heard what we'd like *Healthsharing* to be. What are we going to *do* about it?

You'll see some changes immediately as you read this issue. We've become bigger by four pages. We've changed some aspects of our design. We've got a heavier cover with (gasp!) colour on it. We've made these changes because we think it makes a better looking magazine. It may also help us reach a larger audience. We think women's health is too important to be confined to a relatively small audience of committed, active feminists. And admittedly, we need to grow in order to survive financially.

We're instituting some new features as well. One, a new column called *My Story, Our Story* which carries readers' personal accounts, which appeared in our last issue. Another, *Regional Reports*, will begin the next issue and will contain news of what's happening in women's health across the country. We're in the process of finding correspondents across the country to provide us with news.

IN UPCOMING ISSUES, we'll be looking at the controversy surrounding various forms of radiation, including medical x-rays. The first two articles in a series called *Alternatives to Allopathy* are underway, as is an article on healing endometriosis. Articles about public health nursing, massage and pharmaceutical exploitation of elderly women are among the topics we have discussed with potential authors. We're still wide open to suggestions.

As *Healthsharing* moves into its second volume we find ourselves a bit more worldly-wise than when we started. A women's health movement can't be built in a day, and small magazines can't sustain themselves on sheer dedication. But our enthusiasm has not waned. We're growing, changing, improving. We hope our readers feel the same. Please let us hear from you.

Madeline Boscoe
Connie Clement
Diana Majury
Kathleen McDonnell
Jennifer Penney
Susan Wortman
Sharon Zigelstein

Newsfronts

Alert Bay Indians to Start Own Clinic

After years of complaining about the medical treatment they receive, Indians in Alert Bay, B.C. have been promised federal funds to set up their own health-care system.

The move followed the release of the report of a federal inquiry into their complaints. The inquiry followed a coroner's inquest which found the community's doctor, Dr. H.J. Pickup, negligent in the death of an eleven-year-old Indian girl. The federal inquiry found Pickup to be an alcoholic in need of treatment, that the Board of St. George's Hospital (the local hospital) failed in its responsibility by not suspending Dr. Pickup's hospital privileges, and that the B.C. College of Physicians and Surgeons' investigations about Dr. Pickup's drunkenness were inadequate.

The new health system would include a clinic employing a doctor, nurse, dental therapist, health workers, alcohol counsellors and a halfway house for alcohol rehabilitation.

Nova Scotia's First Women & Occupational Health Conference

On October 4th, 120 women met in Halifax at a conference about women and occupational health. It was the first conference ever held in the province to specifically address hazards facing women workers. The conference was sponsored jointly by the Nova Scotia Women's Action Committee, the Women's Committee of the Nova Scotia Federation of Labour and the Law Union.

Jeanne Stellman, executive director of the Women's Occupational Health Center at Columbia University in New York City, gave the keynote address. "Women do different work than men and most women's work has never been studied. Even when women do the same work as men, they are excluded by study design — therefore, too often we assume women's work is safe," said Stellman.

Participants discussed the problems of their own work places. Workers across all work places shared hazards, although priorities differed. Professional workers reported unclear role definitions; hospital workers spoke of hierarchical structures affecting stress levels; clerical workers spoke of impure air; industrial workers reported speed-ups and cleaning fluids.

Semen May Be Cancer Bearing

Bacteria in semen is a probable cause of cancer of the cervix in women, accordingly to a five-year Swedish study done by Dr. B. Dahlberg, as reported in the Medical Post.

The study looked at the male partners of women with abnormal pap smears who did not use condoms. 92 per cent of these men had high counts of various bacteria in their urinary-genital tracts but only a few had any symptoms of infection. Of the remaining eight per cent whose bacterial counts were negative, over half had recently taken antibiotics for other infections.

Using a condom, getting treatment with antibiotics or changing sexual partners resulted in a reversal of many of the abnormal pap smears to normal.

Dr. Dahlberg suggests doing bacterial cultures on the semen of all male partners of women with abnormal pap smears. These cultures must be done after a five-day abstinence period to be accurate. He comments that it was sometimes difficult to persuade men to have tests when they had no symptoms.

He goes on to suggest all men who have a bacterial infection should be treated with antibiotics, that family physicians should consider routine screening of men for bacterial infections, and that the use of condoms for contraception be strongly recommended.

Menstrual Pain — Help with a Warning

A Canadian study has shown that mefanamic acid (trade name Ponstan) is significantly more effective in the treatment of painful menstrual cramps than antispasmodic drugs such as hyoscine butylbromide (Buscopan).

The study, conducted by Dr. Charles Luttor, with the Department of Obstetrics and Gynecology at St. Michael's Hospital, Toronto, confirmed similar British studies which also found that mefanamic acid reduced menstrual flow in women who have very heavy periods.

Mefanamic acid inhibits the production of prostaglandins, which appear responsible for the uterine contractions associated with cramps. Recently, it has been found that prostaglandin blood levels rise in the second half of the menstrual cycle and that women with spasmodic pain have higher than normal levels.

However, the Ontario Medical Association has expressed concern that the drug, whose safety in pregnancy has not been established, may be used by women who do not realize that they are pregnant. Some doctors are prescribing the drug to be taken at the onset of menstrual pain — which may or may not coincide with menstrual bleeding. Therefore, a woman may take the drug for what she believes is menstrual pain and then discover she is pregnant.

Doctors Not High on Marijuana Use

The marijuana derivative tetrahydrocannabinol (THC), which is purported to be a powerful anti-nausea drug for cancer patients, is now more readily available for clinical studies in Canada.

Unfortunately, according to Dr. Thomas Da Silva at the Canadian Bureau of Drugs (which dispenses THC), only three groups have approached the Bureau. The Bureau will allow any cancer or chemotherapy clinic to use THC under "minimal control conditions" where individual patients can switch to THC from traditional anti-nausea drugs, and vica versa, depending on which works more effectively for them.

Da Silva hopes these studies will show how many patients will respond to THC. "There's no doubt THC is an active drug," he said.

The effectiveness of THC as an anti-nausea drug is still being debated. For example, a group at the University of British Columbia, after a two-year in-depth study, were "not enthused" with their results and have since stopped further testing.

Suicide Guide

Attempts to publish a pamphlet on methods of committing suicide are not dead. The guide was designed by an English organization, Exit, whose members believe in euthanasia. The pamphlet was intended for the terminally ill who wish to avoid prolonged pain.

Stopped by threat of prosecution in England, Dr. George Mair, Exit's organizer, is considering publishing the pamphlet in Scotland as the same legal restrictions may not apply.

Go Get 'Em Planned Parenthood

New York City's Planned Parenthood has taken off its kid gloves. It has begun "a new offensive . . . to focus public attention on an unholy alliance made up of right-to-lifers, electronic churchmen and the radical right," says Alfred Moran, the agency's vice-president.

Planned Parenthood affiliates and other family planning organizations, on both sides of the border, have experienced attacks from anti-choice groups. However few of these groups have ever attacked back; New York is unique in responding with its counter campaign. In the U.S., attacks have become physical with bombings, arson and personal threats.

Here in Canada there are no plans for a similar campaign.

Canadian Planned Parenthood affiliates have been criticized as being "pro-abortion" and therefore undeserving of government funding. Federal funding in the last three years has been cut almost in half, necessitating cut-backs in local programs — to the extent that the Montreal office closed over the past summer.

Neglected Benefit of Sex: Relief from Arthritis Pain

Even in these days of sexual enlightenment, most doctors are too embarrassed to tell arthritis patients that sex can help ease their pain. Dr. Jessie Potter, Director of the National Institute for Human Relationships in the U.S., says, "Sex gives patients from four to six hours of relief from arthritis pain, probably by stimulating increased production of cortisone."

Cortisone is a hormone with an anti-inflammatory effect, produced in the adrenal gland, and which is stimulated during sexual activity. No studies of the adrenal glands have yet been done on this subject. Rather, this knowledge comes from arthritis patients relating their own experiences.

Help for Rh Negative Mothers

Rhogam, the serum given to women with Rh incompatibilities, has been found to be more effective by injecting it at the 28th week of pregnancy.

The Rh incompatibility is a problem for women who have Rh negative blood and who are carrying a Rh positive baby. During pregnancy, the blood types mingle and cause the mother to produce antibodies capable of destroying the baby's red blood cells or damaging future children if the antibodies remain in her bloodstream.

The damage to the baby's red blood cells can decrease the delivery of oxygen to the tissues retarding their growth and resulting in stillbirth, infants with severe jaundice or anemia and thus require massive blood transfusions.

Previously the Rh serum was given to Rh negative mothers after the birth of an Rh positive child, an abortion or miscarriage. However, Dr. M. Blackman of McMaster University in Hamilton, Ontario found that giving Rhogam at about the 28th week of pregnancy, as well as at the time of birth, was three times more effective in preventing antibody production. The 28th week was chosen because this is the time when most Rh negative mothers begin antibody production.

Women and Health in Action

Health Action: A Conference on Women and Health, held in Edmonton on October 4 & 5, was a great success. Approximately 150 women attended, coming from all the western provinces, Nova Scotia and Ontario. The conference paved the way for the Edmonton Women's Health Action Network to expand its membership and begin the task of defining future projects.

Speakers included Barbara Ehrenreich, representatives of the Boston Women's Health Book Collective, the Vancouver Women's Health Collective, Women Healthsharing, the School of Nursing at University of Alberta, and health practitioners from Edmonton and other parts of Canada.

Discussion and debate revolved around many issues — self-care philosophies and the drawbacks of health consumerism, mental health, multinational impact on health, sexuality, occupational health, running health collectives, fatness, and where to go from here.

The conference provided a real shot of energy into the women's health movement in Edmonton and nationally — it was definitley a high note for the two Women Healthsharing members who attended (not on your subscription dollars!).

Nursing Fights for Better Conditions

Nurses at St. Rita's Hospital in Sydney, Nova Scotia, have been fighting for almost two years to have noxious gases eliminated from their work place. The problem originally centered in the operating room where nurses reported a strange odour. Nurses experienced nausea, vomiting, burning sensations, tightness of the chest, headaches and chest pain.

Although action was taken to correct the problem in the operating room, the problem spread to the obstetrical and neo-natal nursery floor, where nurses reported an odour like a sewer causing similar effects.

Of the 44 nurses in the department, 21 have been affected; all of the nurses in the nursery have experienced symptoms. Three nurses have won compensation claims.

Testing is being carried out now to identify the chemical or chemicals involved. Although some doctors and board members claim there is no problem, nurses at St. Rita's will not be satisfied until the contaminant has been located, identified and eliminated.

Leboyer Births — No Differences

A study comparing Leboyer births with conventional deliveries showed no differences in maternal or infant problems or in infant behaviour in the first hour of life, at 24, 72 hours or at eight months of age.

Leboyer births emphasize low lighting, decreased noise during labour and delivery and a gentle and sensuous bath of the infant at birth. Many obstetricians have objected to Leboyer births claiming they would increase the danger to the mother and infant.

The study, headed by Dr. Nelson at McMaster University Medical Centre in Hamilton, Ontario showed no difference in infant responsiveness at birth, breathing difficulties, body temperature or effect of delaying the clamping of the cord.

However the surprising results, as reported in the *New England Journal of Medicine*, were that women who had a Leboyer delivery had shorter labours. The McMaster team attributed this to the fact that psychological factors, in this case the expectation of a Leboyer birth, influence the physical progress of labour.

Interferon Exposed as Ineffective

Interferon, publicly touted by the U.S. cancer establishment as a promising treatment for cancer — perhaps even as the long-awaited cure — has in early tests yielded "much less impressive results than... standard (cancer) therapy," according to an article in the *New York Times*.

The article revealed that well before last spring's wave of interferon hype (for example, a cover story in *Time* which coincided with the fundraising period of the American Cancer Society), the Society was aware that interferon showed "only moderate effectiveness."

Interferon is the first attempt by the American Cancer Society to enter the field of non-toxic biological methods of cancer treatment. Although interferon is normally present in cells, interferon therapy requires massive doses and requires expensive, complex processes to produce it. It is costly to patients but profitable to pharmaceutical companies.

Meanwhile, the American Cancer Society has refused to fund equally promising research into non-toxic immune system enhancers such as Vitamins A and C, which increase the body's own production of interferon.

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NO LOVE CANALS HERE

by Betty Burcher

A major environmental crisis is looming in North America. Since the end of the Second World War, there has been an explosive increase in the use of chemical compounds in industries.

The news from Love Canal has made us acutely aware of the serious health problems these chemical wastes can cause. Love Canal, a suburb of Niagara Falls, New York, has been the chemical depository site for the Hooker Chemical Company since the 1950's. The people living adjacent to the site have had deformed and retarded children, increased incidence of leukemia and other cancers as well as kidney, respiratory and bleeding problems — all linked to their proximity to the dump.

Currently Canadian industries have over a million tons of hazardous wastes to be disposed of annually. Of these, the liquid industrial wastes are the most difficult to dispose of because of the difficulty in burning them or treating them to make them harmless. In Ontario alone there are over sixty million gallons of liquid wastes to be disposed of annually. The wastes are dumped in landfill sites, in "magic boxes", in farmers' fields or ditches. A recent Ontario Environment Ministry survey turned up 800 previously unknown dumps in Southern Ontario alone.

Hamilton, Ontario has one of these dumps. The Upper Ottawa Street Residents' Association was formed to com-

bat it. The Association has been active on this issue for two and a half years. Hedy Gervais, spokesperson for the Association, lives with her husband and two small children in a townhouse condominium complex across the street from the Hamilton Landfill Site. This site is the Hamilton-Wentworth Region's main dump for industrial liquid wastes and also one of the major dump-sites in Southern Ontario. Mrs. Gervais and the Resident's Association have won several battles with the regional government to stop both open burnings and liquid waste solidification process. The dump is finally due to close but the residents fear the area is a potential Love Canal and are awaiting further test results of the air, soil and water.

Betty Burcher grew up only a mile and a half from the dump and attended a public school that was right across from the dump. She returned to her old neighbourhood to interview Mrs. Gervais.

Betty Burcher: *It was ominous to see the dump. It was there when I was a child but it has mushroomed all over the landscape. Returning to your old roots opens all sorts of feelings but to see this eighty-five foot mountain of garbage and earth where I had played baseball is terrifying, especially when I read the list of deadly chemicals deposited there.*

This dump has been here for as long as I can remember and your town-house complex is only five years old. What did you know about the dump when you first moved here?

Hedy Gervais: This dump's been here for over thirty years. When we moved here, we were told that it was going to be closed within the next year and made into a park. Most of us were families with children. We thought, "Oh, how nice that there would be a park across the road for the children." We had no idea that it was a chemical depository. The sign over there states "sanitary landfill" which is very misleading.

When did you first get concerned about the dump?

It goes back to the burnings. The flames used to be about sixty feet in the air — it was just like a volcano erupting across the street. The burnings were going on when we moved here. At the beginning I wasn't terribly concerned about those huge open fires. They seemed to be quite a way back and the smoke was blowing away from us. But then there became a point when we noticed a heavy chemical smell lingering in the air after the burnings. We became suspicious as to what they were actually burning over there. Then there was an article in the paper that stated that the lead levels at the dump were 160 times higher than the acceptable level. That was the thing that really made me sit up and think "Hey, what's happening across the street? What are we being exposed to?"

What did you do then?

Well that article got us aware that they were dumping industrial wastes over there. I called up the Engineering Services Department (a municipal department responsible for running the dump) and told them I didn't like the idea of the liquid wastes being burned over there. I thought that if we kept the liquid waste from being taken in, then they wouldn't be able to burn the stuff and the problem would be simply solved. But what we found out was that they were putting it through a solidification process (a chemical process in which liquid wastes are converted to solids). It was like a sludge afterwards. They put the sludge on the garbage which made it more combustible for burning. We were concerned that the sludge was still giving off toxins. So anyways when I called up the Engineering Department and told them I didn't like the liquid wastes being dumped across the street, Mr. Leach said, "Well, how is this going to hurt you?" At this time Love Canal hadn't broken. I didn't know the names of any chemicals then. I wasn't aware of PCB's or dioxin or mirex.

When you called up the Engineering Department were you speaking just for yourself?

No, there were four mothers, all neighbours of mine who live in the town-houses. We met together and talked about the dump and decided to do something about it. Then at the next meeting, there were fifteen of us and that was when we formed our group, The Upper Ottawa Street Residents' Association. Initially it was to combat the burnings and the dumping of the liquid wastes as at that time we weren't fully aware of the dangers.

They told us we were wasting our time because other people had come before and nothing had changed.

And then you met with the Engineering Department?

Yes, I called up the Engineering Department and made an appointment for a hearing. They told us we were wasting our time because other people had come before and nothing had changed. We had a list of demands. We met with them at the end of July (1978) and voiced our complaints regarding the burnings. Our meeting got a lot of publicity. We never thought that it was going to blow into what it did.

How did you get the publicity?

The *Mountain News* (a community newspaper) picked up a bulletin of all the hearings that happen with the Engineering Department so there was just a little article in it about our meeting. Then the *Hamilton Spectator* (Hamilton's daily paper) picked it up and so quite a bit came out about the dump.

We also had a public meeting to exert more pressure. That was in October 1978. We had about 150 people turn out. We had a lot of politicians at the meeting — it was more like a platform for all of them. It was good for a start because it gave our group the publicity we needed. Both the public meeting and the publicity helped to exert pressure to get the burnings banned.

So after you were successful in getting the burnings stopped, what happened next?

We almost thought, you know we won, we thought the struggle was over. We thought everything was fine and we didn't have the worry about all the pollution from the burnings but then Love Canal broke.

How did you feel when you heard about Love Canal?

Love Canal helped to motivate us. We felt at the time that our situation was different. They had the chemicals in their backyards. We thought that might happen to us in the future when the chemi-

cals started to migrate and get into the groundwater by seeping through the soil. We felt we wanted to stop it before that happened to us. Little did we know that we were being exposed to chemicals in the air.

How did you find out what was being dumped?

A trucker confided to our Association. At our public meeting we had a letter from him stating that liquid wastes were being smuggled in from outside the region. As it turned out, only 1% of the liquid wastes were from the Hamilton-Wentworth area and over 33% was from the United States. You can imagine what was being sent up! Everything they didn't want dumped down there!

Did anyone at the dump acknowledge what was being dumped over there?

This trucker brought out that the superintendent of the dump was being paid off. A later investigation substantiated this. He said he was caught because he was stupid in accepting a cheque — not like the other two who were paid cash or had favours done. The superintendent pointed out spots where Hydro had been dumping PCB's until two years ago. He said that everything that had been dumped at Love Canal has been dumped over there.

What was your next move?

We got in touch with the Canadian Environmental Law Association. We kept thinking about the future. We didn't want to be here when the chemicals reached us by migrating. We thought we could get compensation for our houses through legal action. There was a realization that the houses should not have built. Prior to 1974 this area was zoned non-residential. The area had been bought for peanuts. At that time pressure was applied to the City Planning Department and the zoning was changed to residential. The developers made a fair bundle. With the assistance of one of the lawyers we tried to set up a hearing with the Engineering Department but they never consented to the hearing. We didn't have enough ammunition.

What else did you do?

We were hearing stories from people in the neighbourhood having sore throats, ear infections, and colds so we decided to do a health survey. It seemed more than a coincidence. I phoned the Love Canal people and asked them to send me the questionnaire that they had distributed in their area.

She just thought she had been smitten with a lot of bad luck.

What did the survey show?

I found that when I interviewed the people who had lived in the area for a number of years I ran into more serious problems. This was just like Love Canal. One survey is on a family that lived in the area for 15 years. The wife had a miscarriage, skin rashes, shingles, frequent colds, bladder infections, sore throats, a nervous breakdown, headaches, bleeding and has developed sinus allergies, epilepsy and cancer. Members of the family have had frequent bladder infections, kidney infections, colds, frequent sore throats and hearing loss from ear infections. It just seems too much like a coincidence that the one family that lived in the area the longest has the most serious problems. It's interesting to note that the wife has more serious problems than the husband because she's been exposed more — 24 hours a day. It wasn't until she started answering these questions that she started putting two and two together. It had never occurred to her. She just thought that she had been smitten with a lot of bad luck.

In general the health problems in this survey were, a high incidence of skin rashes, frequent colds, kidney problems, sore throats, headaches, nervousness, ear infections and abnormal bleeding. The survey was done in my townhouse development and compared to another townhouse complex on the West Mountain. (See box for survey results) These symptoms had occurred among the people living here for only three and a half years. You can see we are experiencing the warning signs.

What did you do with the results?

Well it was then that we realized that we were already being exposed. I thought that one of the main sources of contamination was the dumping of liquid wastes into the holding pit but on January 1, 1980 they *stopped* dumping it on the face of the landfill site. We then wanted to get the solidification plant shut down. They did shut it down on their own because all the restrictions placed on them no longer made it profitable.

HEALTH PROBLEMS

Problem	*Near the Dump*	*West Mountain*
Frequent sore throats	55	4
Frequent colds	32	9
Ear aches	47	3
Abnormal bleeding	20	4
Kidney problems	9	1
Skin rashes	29	13
Total population	127	134

Figures from survey by Upper Ottawa Street Residents' Association carried out in November, 1979.

But then they were given the go-ahead and were going to open it again and bring waste in from outside the region. We knew that it was going right back to the previous situation. We had a protest rally in May, 1980. Three to four hundred people turned out. Our rally generated enough publicity to keep it shut.

So what is going on now over there? I see the trucks still coming and going.

Well it is closed to the public. Commercial haulers are still bringing it in. We are concentrating on getting some analysis done by specialists. We approached Stuart Smith, Leader of the Liberal Party in Ontario and he has helped us obtain specialists. We are hoping that the specialists will analyse the leachate coming out from the fissures over there and monitor the air so we know exactly what we are being exposed to. The Ministry of the Environment did test the air quality six months ago but they did it on one day only. They did pick up traces of organic chemicals in the air but said the levels weren't high enough to be injurious to health. But just the fact that they picked up traces in the air shows that the air should be monitored. Who knows, maybe they did the testing over a couple of weeks and only made public the results of one day.

There is no safe level of a carcinogen.....

The whole question of what is injurious to health and what is a toxic level is always debatable.

Exactly, we've spoken to some doctors and epidemiologists and that's what they tell us. There is no safe exposure level of a carcinogen when you are being exposed day in, day out, year after year.

What have been the responses of the government officials?

Dr. Cunningham, the Medical Officer of Health for the Region made some comments to the press about our survey. He said it was biased because we only interviewed the housewives. We should have interviewed all family members. Housewives were the most biased because we looked out on the dump everyday. I realize that what he has to say publicly and personally are two different things. He knew what he had to say or otherwise he was in big trouble. He had to defend the government's position and also their own department because their mandate is to protect the health of the community. He made a couple of very silly statements. He stated that the leachate was turning the Redhill Creek black and killing the fish but it constituted no health problem. (The Redhill Creek is a creek that runs adjacent to the dump.)

Dennis Timbrell (the Provincial Minister of Health) said "...the problem is one of aesthetics."

Then Dennis Timbrell (the Provincial Minister of Health) said in March of this year "In light of Dr. Cunningham's opinion that at no time was there any apparent health hazard, the problem is one of aesthetics." Dr. Cunningham stated that because we are separated from the deposited waste by several hundred feet and because we have no direct contact we have no need to worry. The people at Love Canal were separated by several hundred feet. This just shows you what kind of government protection we are getting!

Has Harry Parrott (the Provincial Minister of the Environment) come down here or has he made any comments at all?

He has made general comments that there are no Love Canals in this province.

Do any of the workers at the dump or the truckers have concerns about their exposure to the toxic chemicals?

Well I did hear that the employees at the dump have been having health problems. They learned that whenever they started singing the blues about their health problems they were transferred to another site. Management was treating them with kid gloves.

Now that you know all of this, how do you feel still living here?

Well, we want to get out of here. Our only course of action is to get out, to have our places bought and compensated for and the area to be called a major health hazard.

It can happen here — right in our own back yard.

Looking back what have you learned from this experience?

It's become more and more frightening as we go along, as we uncover things. I never realized it would develop into all this. The emotional aspects make you angry. But I've also learned a lot about the clinical side.

I learned not to have blind faith in the government. You move into an area and you think it's safe to live there, otherwise the government wouldn't allow it.

It's also been a study in human nature. Not only do you have to prove your point to the government but you have to show the community as well. You have to shake them out of their complacency.

What lessons do you think your experience has for other people in Canada?

We've helped to set a precedent. Our group has persisted the longest as an association connected with a landfill site. Love Canal is our motivation to carry on. It doesn't happen just in the United States. It can happen here — right in our own backyard!

Since this interview there have been several developments. A former hauler has confessed publicly that he dumped PCB's and cyanide illegally. Other Hamilton residents have asked for a judicial inquiry. Finally Dennis Timbrell (Minister of Health for Ontario) announced that he will foot the bill to undertake a complete health study of all the people living near the dump.

But as Mrs. Gervais states "The battle isn't over yet. We've won the battle of convincing people. The war will be won when we have enough grounds to walk away compensated."

Thoughts on SEX without SCIENCE

by B.J. Richmond

Speaking Bitterness

THE MOST POTENT FORCE shaping women's image of ourselves as sexual beings is society's view of us. As women we are seen in combinations of the bitch goddess, the castrating mother, the untouched virgin, the untouchable wife, the slut, the ballbreaker, the dyke, the piece of meat. Men masturbate into glossy pictures of our genitalia. We are fondled by uncles, raped, victimized and humiliated. These facts are as old as time.

When we make love, we think of it as an intensely personal and individual act, but the reality is as tightly orchestrated for us as an old Busby Berkley musical. The directors may be different for some of us these days — the new ones include sexologists Masters and Johnson or Alex Comfort of *The Joy of Sex* fame — but whom we make love with, when, where and how are all as predefined now as before the advent of the women's movement.

If society sets the standards for our sexual behaviour, medicine and science have been its willing standard bearers, eager to interpret our physiology and our sexual feelings, and to step into our sexual lives.

And, curiously enough, the formative period for current ideas on female sexuality occurred during the late 1800's in Britain and America as the new science of medicine was evolving. This was the era when gynecology was also emerging as a branch of medicine.

At this time it was popular belief that all of women's health problems emanated from the uterus and ovaries. For upper class women whose husbands could afford it, the recommended procedure for many complaints was removal of either or both of these organs.

This was the period that also brought us the clitorectomy — the surgical removal of the clitoris for a variety of complaints, mostly those about a woman's behaviour. Someone, usually the upper class husband or father, would present a woman to the physician as being unruly, or withdrawn, or perhaps as masturbating excessively. The cure ended *that* problem!

So, gynecology found its beginnings by helping society to define and enforce its ideas of acceptable behaviour for women.

Medical knowledge has since progressed . . . from chapters on "frigidity" in gynecology texts, through Masters and Johnson in their laboratories, to new psychological theories of "sexual dysfunction". The frigid woman became the non-orgasmic woman who in turn (in a surge of clinical optimism) became the pre-orgasmic woman.

The assumption of course has always been that we are all heterosexual. Little progress can be recorded for an understanding of the sexuality of lesbian women.

Medicine and science have eagerly invaded more and more of our personal lives. Their practitioners have presided over all of the phases of our sexual development. We have confided in them, often involuntarily, the stories of our new and shaky morality — sex outside of marriage, sex without wishing to conceive, abortions, changing sex partners, venereal disease and so on.

AUTHOR'S NOTE: This article is an article about the sexuality of women who have sex with men, though some of the article will relate to all women. This is not to deny the validity of women loving other women. The sexual oppression of lesbians has different characteristics and one article cannot do justice to both, though they are interrelated. Neither can the author presume to speak for lesbian women.

With a Friend

Call up a close woman friend and take her to the nearest women's bookstore or the best alternative. Pick up some books on women's sexuality. Look for ones which emphasize some aspects of sensuality. You can check out *Hidden Malpractice: How American Medicine Mistreats Women* **by Gena Corea or** *Complaints and Disorders: The Sexual Politics of Sickness.* **(They were used to prepare this article.)**

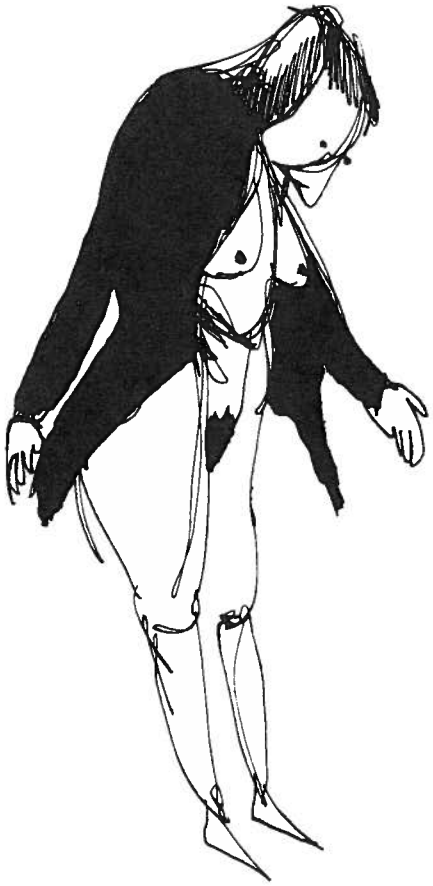
Go out to lunch with your friend somewhere cozy and talk about sex and feelings.

Order a book that looks interesting and then pass it on to a friend. Invite her over for tea and a chat after she has read the book.

Initiative

By taking the initiative, I don't mean being the first one to roll over in bed and touch your partner. Women have been trained to be sexually passive. To overcome this training it is good to practise in our imaginations.

Imagine you are swimming naked in a secluded spot. You feel the cool water sliding over you as you cut through it. Your body feels sleek and tingles with life. Now you are lying on a rock, still naked and baking in the sun. Your limbs feel golden and languid. You feel the warmth circulating through your body. You feel sexy and aroused. Now someone is lying beside you, someone you like and who likes you. Imagine all the things you would like to do.



They dispensed advice along with contraceptives and drugs, and so often these doctors seemed uncaring or judgemental just when we most needed support and information.

This has been a source of great bitterness and anger for many women. This anger needs expression before we will be able to see and acknowledge with any clarity the advances which medical science may also have made.

Sex and Sensuality

OUR NEED TO TAKE control of these decisions about our sexual lives has been a major theme of the women's movement. The movement has also made big strides in getting good information circulated about women's feelings and knowledge of their sexuality. However, not even the women's movement has been able to get very far beyond the clinical approach of beginning with a sexual "problem".

Most books, courses, and therapists begin at the end — with orgasms and whether or not we have them, or with what degree of ease or difficulty. The whole woman with her feelings about herself, her sensuality and her relationships is left at the door. Only her sexual organs and erogenous zones have been brought inside to be inspected.

It is time to integrate all of the parts back into the whole, to look at our sexuality in a comprehensive way. In effect, we need to think of sex wholistically, in the way the wholistic health movement considers the whole person, her past and future, environmental factors, current health,concerns, and so on.

In order to achieve this perspective we need to go through a different kind of process than the symptoms-analysis-cure approach.

The Place to Start

THE PLACE TO START is with a woman's feelings about herself. Many or most of these may be negative.

Most women have had their self-esteem ravaged at an early age by failing to meet certain standards of beauty imposed on us. Fashion magazines assured us that everything about ourselves was imperfect — our faces, figures, hair follicles and toenails. Some of us tried desperately to fit whatever the current standard dictated.

But the instances in which we failed to "pass inspection" were so numerous that many of us have suppressed the pain and anger, and underestimate how they still affect us. For years I wouldn't make love in a position that exposed my backside to scrutiny for I had been told it was "too jiggly". Needless to say this prevented me from being sexually assertive and creative, and limited my responses.

Cutting even deeper than anxieties about our outward appearance may be feelings of inadequacy about our genitals. This is hardly surprising. How can we expect to have good feelings about our genitals when most of our parents did not even name our vulvas when we were children? No touching allowed, or only a quick swipe when we were cleaning. Were they disgusting? Were they dirty? Were they even there?

Many women still reach their late teens or early twenties before they know what their own genitals look like or how they work. By then they have been connected in our minds with menstrual flow, discharges, vaginal diseases, and odour. By this time the damage has been done.

I fear that many women have a very complicated love/hate relationship with their genitals, a relationship which must be dealt with before we can really be sexually open. I know I do, and I am still in the process of working it out. Many other women I have talked with have the same feelings. They are painful to admit.

All of these feelings are tied up with another important aspect of how society has defined our sex lives. Until recently we were not supposed to enjoy sex. Thinking back to the days when there were no safe or adequate forms of birth control, sex meant conception and conception meant babies at a time when death during childbirth and infant mortality was prevalent. Only in the last twenty years of human history has there been any degree of certainty in preventing conception or safety in abortions. (And these fundamental aspects of control over our bodies are still being withheld from millions of women all over the world.)

OUR ABILITY TO ENJOY SEX is related to our ability to enjoy any sensual experience with a heightened sense of awareness. If we are sensual in our day-to-day lives, it can't help but overflow into our sexual experiences. The rules in our society, however, frown on sensual experi-

ıces, or at least the expression of em, except in pretty rigidly defined ·cumstances. When did you last do a :le dance on the street for joy on a ınny day, or yell for the pleasure of ɜaring your powerful voice?

Yet the same senses are involved in ıjoying our sensuality and our sexual-·. When we ski we feel the wind in our ɔes; we smell the crisp air; we are ware of our muscles moving and ·etching. Our senses tingle. We feel ıwerful and alive.

When we make love our hands feel meone else's skin with all its different ‹tures; we smell their scents and ours; ɜ feel our muscles moving and stretch-ʒ, and we feel alive and vital.

The sensual aspects of sexuality are ɜ key to our responses. Our ability to ɜl this heightened sense of awareness ıdependent on several other factors — ·w we feel about ourselves, how axed we are, how we fell about our rtner.

If we feel relaxed, open, aware and ·werful, all the "mechanics" of good ‹ will follow. We will be creative and ll take initiative.

It is true that if we do not feel this way ı can still enjoy sex. We are able to ·ce mind over matter and experience ɜasure. However, the feeling of real ‹ual and sensual potency is one of the ɜatest feelings in life. For women who ve been conditioned to be passive d unassertive, it is very difficult to ıieve. The "experts" do not have ıch to say about this. Only by understanding how our role as women in this society has shaped our individual lives and responses can we begin to feel our full sexual power.

Sensuality Our Birthright

WE MUST START with the concept that women have a birthright to feel good about ourselves, to feel sexually alive and vital. We need to feel strong in our relationships and accepted as we are.

Leave the experts to their electrodes and graphs of sexual response. The best of them usually only confirm what we subjectively know about our bodies if we look and listen and trust our own explorations enough. Be wary of books about sex which discuss only lovemaking. They are useful only in the context of the whole sensual being, something we cannot discover by simple reading.

We need to learn from each other. Let's talk honestly about sex, not just about "doing it better", but about the sensual aspects of our lives. We need to be frank about our relationships, past and present, and how they affect us. Let's stop pretending that sexual frustrations and disappointment are always somebody else's and that our partners and our lives are fine.

We have a birthright; let's claim it. To do this we need to get out of the classroom and into the sunlight of self-discovery.

B.J. Richmond is a steelworker in Hamilton. She is working on a book about women's sexuality.

Your Partner or You Alone

If you have a partner, think about how open you feel with this person. Anything to discuss? Any unfinished business, resentments? Do you feel close? Does your partner really understand what you like during lovemaking? Do you know what you like? Can you talk about it?

A book might help you focus these issues. Make sure you select one which really seems to understand your needs as a whole woman.

If you are without a partner, there are lots of sexually satisfying and fun things which you can do. And many women find being alone an excellent time to reflect on lessons from past relationships and to find out more about their own sexual responses. There are a number of books that can help with this too.

Thinking About Sensuality

When was the last time you had a truly sensual experience (excluding sex)? This means an experience where all of your senses were in play — taste, sight, smell, touch, hearing — as they are on a day at the ocean.

How do you feel when you are relaxed, after a hot bath or a sauna? Is this how you feel when you make love? Did you do anything prior to making love to help you or your lover feel relaxed?

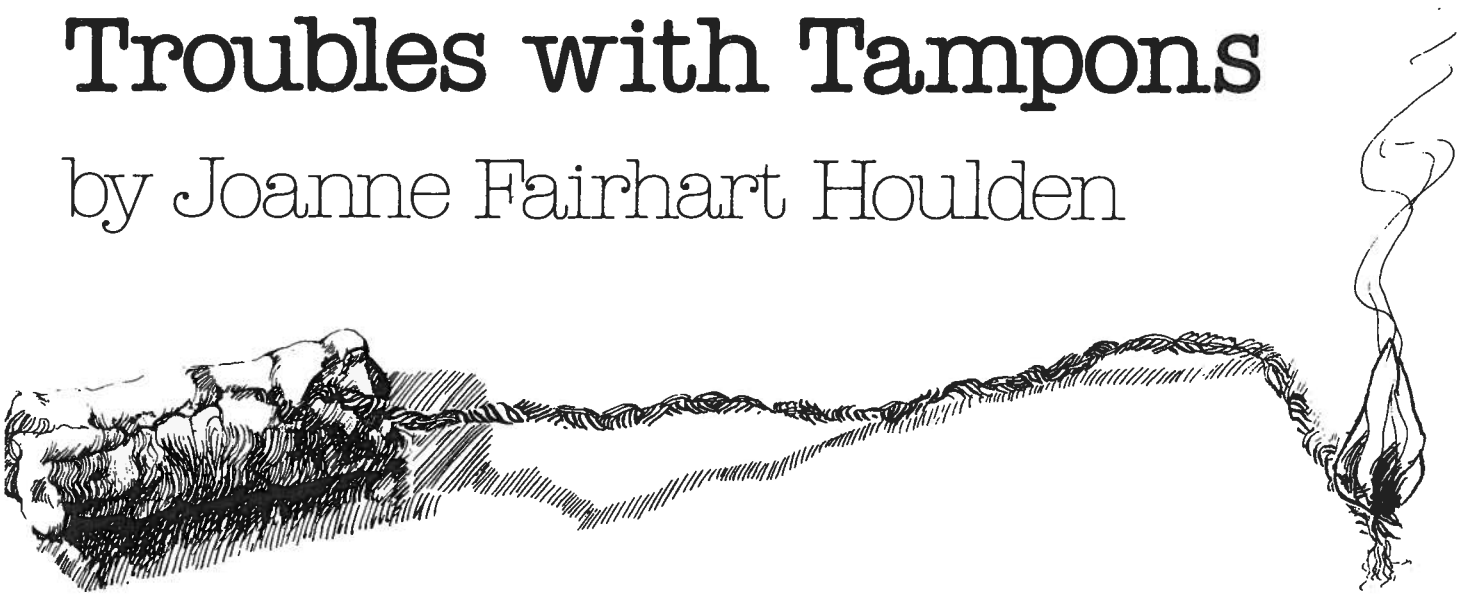
Where do you do most of your lovemaking? If it is in your bedroom, take a long look at the room with a critical eye. Is it warm, fresh, attractive, sensual?

When do you make love? Are you tired at bedtime on weeknights? Do you feel sensual after the 11 o'clock news?

What are the pressures in your life? Do you work outside the home? Do you have children? Does your lifestyle allow you time for really sensual experiences of any kind?

Troubles with Tampons

by Joanne Fairhart Houlden



It seemed too good to be true when tampons hit the market in 1947. Such freedom, such ease. No more thick, unwieldy sanitary napkins or cloths with which to fuss.

Thirty-three years later, more and more evidence indicates that tampons *could* be too good to be true.

Everyone's heard about tampon's association with toxic shock syndrome within the past few months.

Trying to figure out if our fears about tampons are justified or not is like trying to judge a book by its cover. Ingredients present in tampons and in sanitary napkins are not listed on packaging. Patent laws protect manufacturers from having to release information about ingredients. The Canadian and American governments have never required corporations to test feminine sanitary products before marketing them. Neither government monitors these products.

Scientific researchers, until recently may not have known a lot more than we trusting consumers did. Only nine studies testing tampons, involving a grand total of 1,334 subjects, have been reported in the medical literature since tampons were invented in 1933. Hardly reassuring when one considers the millions of women using tampons each month.

Chemicals Lurking in Tampons

Torontonian Peat O'Neill, who's been fighting for mandatory tampon labelling and long-term testing since 1977, was concerned about chemical additives in tampons long before toxic shock syndrome was heard of. She researched tampon contents at the U.S. Patent and Trademark Office. The Official Gazette at that office lists any and all materials which manufacturers *may* use in their products. The list includes both ingredients which presently are, and which may in the future be, used in tampons.

The Gazette lists acetic acid (vinegar), polyvinyl alcohol, ethers, methylcellulose, phenol and others such as sodium salt, paraffin oils, talc, polyurethane foam and carboxylic acid salts in connection with tampons.

Phenol is a relatively toxic chemical that can cause skin irritations or burns.

A 1979 study reported that sponges of polyvinyl alcohol inserted for 10 days in vaginas of rabbits brought about inflammatory changes and lacerations. Other studies have linked polyvinyl alcohol with hypertension and enlargement of the adrenals, spleen, heart and kidneys in rats, and increased risk of arteriosclerosis (hardening of the arteries) in dogs.

Tests of methylcellulose, also linking the chemical with hypertension and arteriosclerosis, provide equally dismal information.

The inclusion of such chemicals as possible tampon ingredients is worrisome on its own. Most women don't even know what's *in* tampons. They're worried by recent reports that tampon use may be linked to a recently discovered disease, toxic shock syndrome.

Toxic Shock Syndrome

But what exactly is toxic shock syndrome? It's a disease characterized by high fever, vomiting and diarrhea, followed by low blood pressure and shock. It can lead to death. A common bacteria, *Staphylococcus aureus,* causes the disease.

Dr. James Todd in Denver, Colorado, first recognized back in 1975 that the symptoms were caused by toxins which the bacteria produce. These toxins enter the bloodstream and cause the body to go into shock. Hence the name, toxic shock syndrome.

The link between TSS and the use of tampons was discovered after extensive testing by the Wisconsin and Utah state governments and the Center for Disease Control in Atlanta, Georgia. Although a few children, men and non-menstruating women have developed TSS, 95 per cent of all TSS victims were menstruating women using tampons.Of the 14 victims reported in Canada, *all* were using tampons at the time they were stricken by TSS.

Researchers in Wisconsin first reported that women have a three per 100,000 chance of contracting TSS. This figure has recently been increased to six per 100,000, although it's not clear why the figures have increased.

Atlanta CDC information officer, Betty Hooper, said their latest finding is that once you've had TSS there's a 30 per cent chance of reoccurrence. She

warned women who have recovered from TSS not to use tampons until doctors have made sure that the bacteria has completely disappeared from the vagina.

The Tampon Connection

Researchers don't know just what part tampons play in the disease that has killed at least 40 American women since 1975 (there have been no Canadian fatalities), although several suggestions have been made. Dr. A. Clayton from the Canadian Centre for Disease Control (CDC) in Ottawa said women using super-absorbent tampons don't change them as often. Super-absorbent tampons, left in the vagina five or six hours (or overnight) could act as a breeding ground for *S. aureus* more often than other tampons which need to be changed frequently.

Methylcellulose surfaced as a possible villain in October when Dr. K. White at the American College of Obstetricians and Gynecologists in Chicago speculated that carboxymethylcellulose, used in most super-absorbent tampons, is causing dryness of the vaginal wall and making it susceptible to cuts and tears.. Staph infections could enter the bloodstream more easily through these cuts and tears.

Carboxymethlcellulose is used in Proctor and Gamble's new super-absorbent tampon, Rely. Rely was pulled off the market by order of the U.S. Food and Drug Administration (FDA) when it was discovered that 79 per cent of recent TSS victims had been using Rely. Playtex, a distant runner-up, was used by 19 per cent of victims; Kotex and O.B. each accounted for only two per cent.

It may not be fair to point the finger of blame solely at Rely. It's doubtful Rely tampons are much different from competing brands — White acknowledged that most super-absorbent tampons contain carboxy-methylcellulose. Other manufacturers may be maintaining a dignified silence, hoping the commotion will blow over before that fact is noticed.

Dr. A. Reingold, epidemiologist at the Atlanta CDC, notes that there have been many changes in the composition of tampons in recent years, especially since 1977. "Prior to that time, most tampons were made of rayon or rayon-cotton mixtures. Since then, a number of more absorbent materials have been added to increase their effectiveness." He speculated that these changes could be linked to the sudden rise in TSS cases.

Vaginal Ulcerations

Another significant and ominous tampon study verifies White's thoughts about vaginal drying, but received virtually no attention from the media. The study reported, in the February, 1980 issue of *Obstetrics and Gynecology*, that tampons change the moisture level and damage cells of the vagina.

After tampon use, drying of the mucus membrane lining the vagina is evident. In some of the dry areas, surface layers of tissue had peeled off; if the peeling continues into deeper membrane layers, microulcerations or tiny sores result.

Eighty women took part in the test. Twenty of the 80 acted as a control group; the other 60 were tested using both regular-size and super-absorbent tampons of all brands.

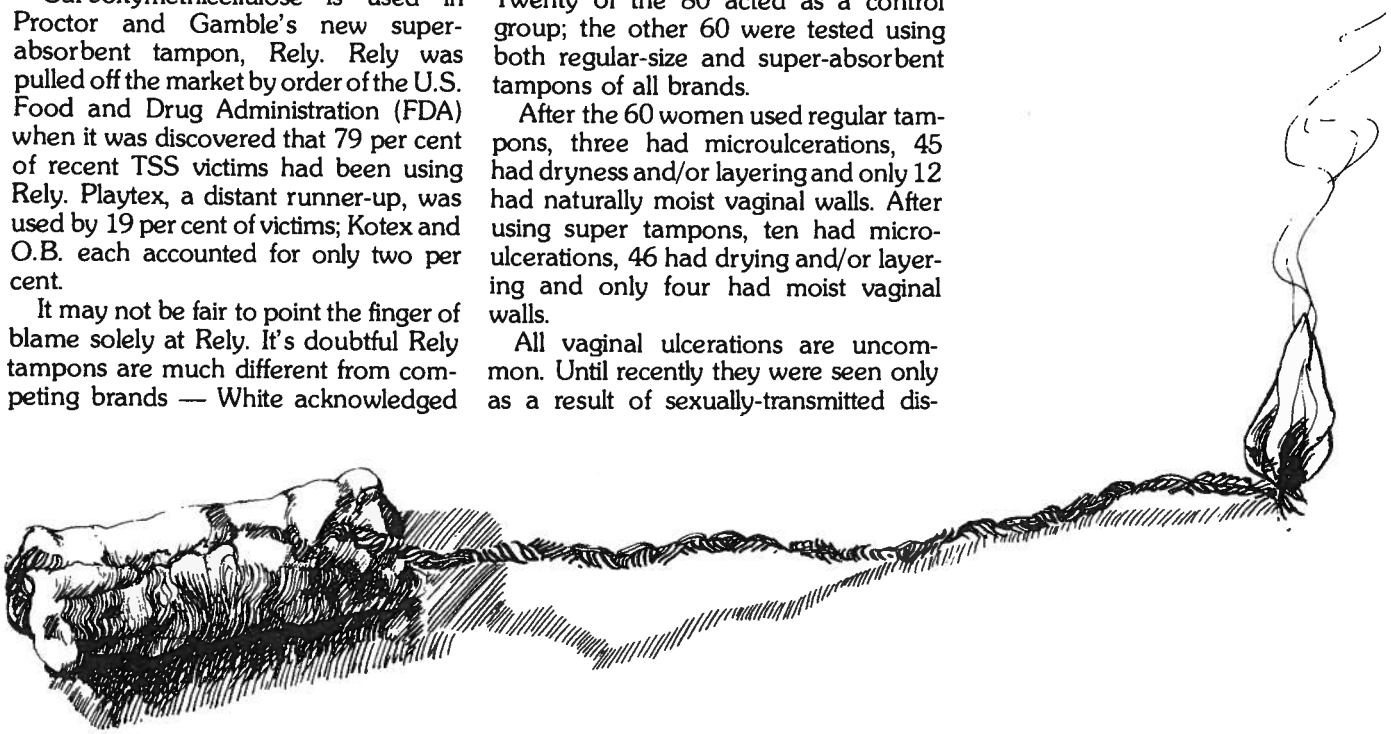
After the 60 women used regular tampons, three had microulcerations, 45 had dryness and/or layering and only 12 had naturally moist vaginal walls. After using super tampons, ten had microulcerations, 46 had drying and/or layering and only four had moist vaginal walls.

All vaginal ulcerations are uncommon. Until recently they were seen only as a result of sexually-transmitted diseases, chemical burns or slight cuts which can result from intercourse if a woman's vagina is excessively dry. While this study found only short-lived and apparently harmless microulcerations, no one knows what effects such drying, layering and microulcerations have over a long period of time.

Company Non-cooperation

Peat O'Neil was not alone in her efforts to learn more about tampons. In 1977 O'Neil founded Women's Health International to fight for labelling and testing of tampons. Women's Health International's efforts were supported by other groups such as feminist health clinics, the National Women's Health Network in the States and the Boston Women's Health Book Collective.

Members of these and other groups had been worried for years about rumours that asbestos and talc were being used in tampons. Feminists were



also worried that anti-coagulants, which may have been used in tampons to prevent clotting, could also induce heavier menstrual bleeding — resulting in increased sales of tampons.

Manufacturers have been repeatedly asked to respond to questions, but so far such efforts have been in vain. In 1979 Judy Norsigian, administrative coordinator of the Boston Women's Health Book Collective, wrote to tampon manufacturers throughout the U.S. asking them to list all tampon ingredients and to answer the specific claim that asbestos and/or anti-coagulants are present in tampons.

All manufacturers said there is no asbestos or anti-coagulant used in their products. However, none would list specific ingredients and none could be forced to release ingredients because of patent laws. The manufacturers did say cotton and/or rayon fibres and/or nylon filaments, as well as a bonding agent or material were used in the manufacturing process.

In the only letter that had anything precise to say, Kimberly-Clark wrote: "The 'approved bonding material' referred to is a proprietary produce supplied to us by another manufacturer . . . . The bonding agent is present in very small amounts (less than 0.2 per cent of tampon weight) . . . . The material was patch tested in humans to assure it was not irritating and did not evidence an allergenic potential. Components of the bonding agent are recognized as essentially non-toxic under conditions of use. The product in question contains materials which exhibit low toxicity even in very high concentrations."

The letter somehow fails to mean much to those of us who don't manufacture tampons. And it certainly doesn't begin to answer our specific questions. Why does "non-toxic" need to be qualified with the words "under conditions of use"? How many subjects took part in patch testing? How is non-toxic defined?

The Canadian Industry

Canadian manufacturers were no more specific. When I talked to Harry Kelly, president of the Canadian Tampax Corporation Limited in Barrie, Ontario, he said his company had never labelled tampons because "there has been no legal requirement" and because the company "has never been approached by women with that situation."

Told he was now being approached by women with that situation, he refused to list ingredients, saying it was "confidential."

All Kelly would say at this time was what the parent company in New York is saying — Tampax tampons are not affected by the recall of Rely tampons and TSS findings are "relatively inconclusive at this point."

Kelly then asked for my name, address and telephone number, so, he said, he could contact me with any new information. This was more than three months ago and several new TSS developments have taken place since then — enough developments, in fact, for Tampex to run large advertisements in major newspapers, but Kelly still has not telephoned me.

Dick Innes, president of Playtex Tampons Limited in Malton, Ontario, also said TSS results are "inconclusive" at this time. His company, he said, is cooperating with Canada Health and Welfare and the FDA.

Innes said his company had never "felt the need" to label tampons. Asked to release contents, he said, "I don't have the list in front of me now." When could I call back for the information? He didn't know.

Government Inaction

And what about our government? Jean Satter from the Health Protection Branch of Health and Welfare Canada has this to say about government standards for the tampon industry: "They

What Can I Do?

Remember that your chance of developing TSS is extremely low. As Todd noted, your chances of being in a car accident on your way to the store to buy tampons is greater than your risk of getting TSS.

If you're loath to give up the convenience and ease of tampons, then follow these suggestions of the Atlanta CDC — change tampons frequently, alternate tampons with sanitary napkins, use napkins at night, don't use super-absorbent tampons.

If you're uncomfortable using tampons, then you might switch to napkins. There is no correlation at all between sanitary napkin use and TSS. Some women who are prone to urinary tract infections, however, think that napkins may carry bacteria from the vagina to the urethra, thereby increasing the likelihood of infection. So, if you use napkins, be sure to change them often.

Alternatives include reusable soft cloths which can be used in place of disposable napkins and sea sponges which can be used instead of tampons. You might want to switch to these for both ecological and economic reasons.

While sponges don't contain chemical additives and are probably less likely to cause ulcerations, they may not be problem-free. A women's health clinic in Iowa has just stopped selling sponges because a recent laboratory analysis found sand, bacteria and fungus in some of the sponges they were selling. The CDC in Atlanta is investigating the case of a woman who may have developed TSS while using a menstrual sponge. And, just as with tampons, there are no standards for tampon alternatives.

Write letters to the government and manufacturers demanding labelling and mandatory testing. Demand a pamphlet or written warning about the TSS risk be distributed with each box of tampons sold. Let them know you're concerned about chemicals and microulcerations — make these issues as important as TSS.

The person to write in the federal government is Dr. A.B. Morison, Assistant Deputy Minister at the Health Protection Branch, Health and Welfare, Ottawa, Ontario. While you're at it, why not write Monique Begin, Minister of Health and Welfare, as well?

aren't a specifically-regulated device, they're a product like any other. Action could be taken (by the government) if it's necessary."

With the TSS-tampon link, will anything be done?

"Oh, yes, of course. Now that something has come up with the tampons we'll do something."

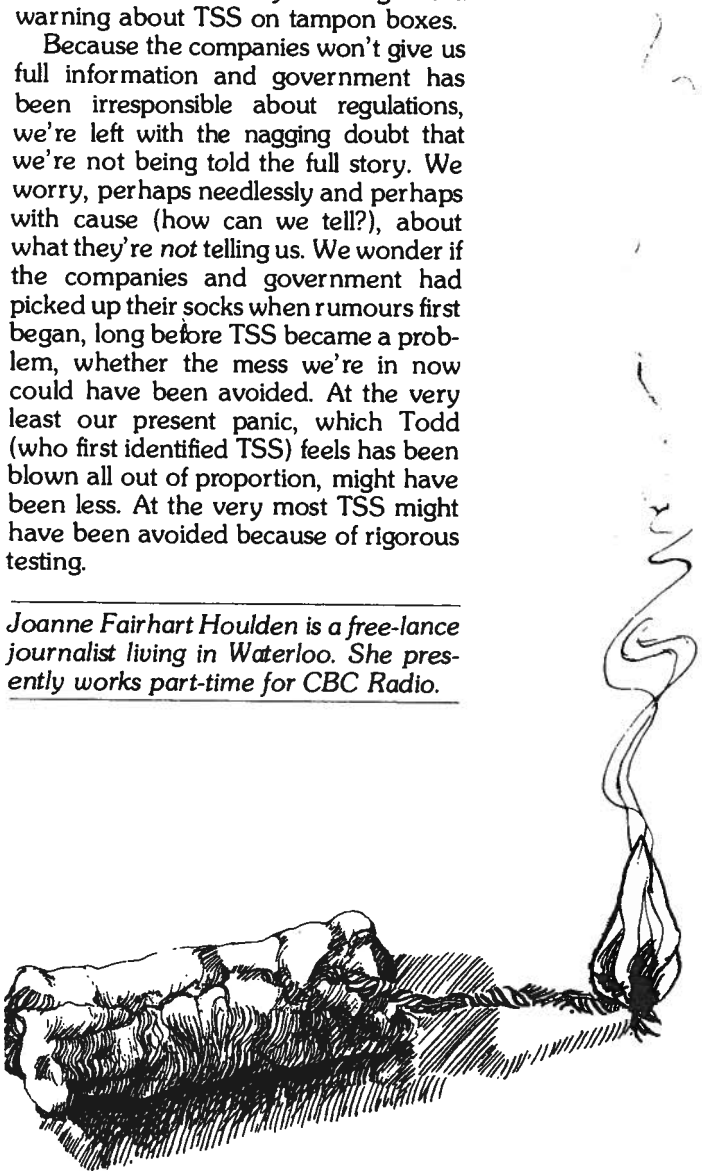
Isn't that closing the barn door after the horse has fled?

"Well, I realize that it doesn't sound like a good thing. But if a product has been in use 30 or 40 years you don't commit your research to that; you go on a priority basis."

Sattar said an announcement will be made soon about what manufacturers will have to do. She said two of the possibilities are mandatory labelling and a warning about TSS on tampon boxes.

Because the companies won't give us full information and government has been irresponsible about regulations, we're left with the nagging doubt that we're not being told the full story. We worry, perhaps needlessly and perhaps with cause (how can we tell?), about what they're *not* telling us. We wonder if the companies and government had picked up their socks when rumours first began, long before TSS became a problem, whether the mess we're in now could have been avoided. At the very least our present panic, which Todd (who first identified TSS) feels has been blown all out of proportion, might have been less. At the very most TSS might have been avoided because of rigorous testing.

Joanne Fairhart Houlden is a free-lance journalist living in Waterloo. She presently works part-time for CBC Radio.



TODAY MY DOCTOR WARNED ME ABOUT TAMPONS

she was careful about it
saying pads may
breed diseases on the outer ridges
on what we in the flow
call vagina

on the other hand
little packets
steered up my bleeding corridors
might license bacteria
to go forth and celluply
at the dark end of the tunnel

and I had been wondering
about this polyester plug
and leaks and holes in my plumbing
worrying red monthly
courting carcinoma
like we used to flirt abortions

last month I read
a poem about Tampax
written by a man, androgen
last month I read
about a woman wanting hysterectomy
oophorectummy and tubal
laparescopy
ligation on demand

one company
(who shall remain unnamed to avoid
suit)
makes one point five
billion almighty dollars
on womanly blood

who owns the babies and the bottle
and the blood
and I'll show you who owns the world
said a latter day Clemens

get a sponge, said my doctor
who is also a physician.

This poem was written by Peat O'Neill in 1978 after reading Irving Layton's poem News From Nowhere.

After Birth Blues

by Harriet Rosenberg

My daughter is seventeen months old. The pain and anger of my early post partum period are still very real to me. After giving birth I thought my isolation, my anger and depression were unique.

Notes in the diary I wrote as a new mother recorded my emotions.

"Tired — the books never tell you how tired you'll be . . . I'm obsessed with sleep. Obsessed by the lack of sleep. Obsessed with organizing the baby's schedule so I can get some sleep. It's really a hopeless cause."

"Spending a lot of time (too much?) at home. Am overpowered by its dirtiness and chaos."

"Baby crying all the time. Don't know what to do. Wearing me down. Wearing me out. Big fight with B. I'm always angry. He thinks I'm crazy. Am feeling very trapped. Must get away . . ."

Recently I spoke with Joann Robertson, a staff person at Post Partum Counselling (PPC), a service in Vancouver. PPC is a woman-oriented, feminist service which uses a self-help model to help women recognize and overcome their own post partum depression. It is *not* a how-to-parent programme. PPC offers a crisis telephone hotline and weekly group sessions backed up by regular telephone contact. It also offers a men's group and family counselling. PPC, the first programme of its kind in Canada, receives funding from the B.C. Ministry of Health to provide all its services free.

My feelings resurfaced as we talked about post partum depression and the kind of woman who seeks out PPC. The evidence of the more than one thousand women who have contacted PPC during the past eight years indicates, more than anything I could read, that my story is all too common.

Post partum depression is *not* "baby blues", that poorly defined term which is often used to describe the depressed mood and transitory tearfulness many women experience on the third or fourth day post partum. That phenomenon, lasting only a few hours or days, follows up to eighty per cent of births.

Post partum depression begins in the first few weeks after birth. It can last several months. It affects parents who adopt and parents who give birth. It affects women, but also men. It cannot be defined as being the result simply of hormonal changes.

Transition to Motherhood

Over the years PPC has put together a profile of the woman who is likely to become depressed and seek out their help. The most striking feature of the profile is that *the woman who is at risk is often the one who is expected to make the most trouble-free transition to motherhood.*

The average woman that PPC sees is 27 years old, married, middle class and has had two years of post-secondary education. Her pregnancy was planned. Both parents attended pre-natal classes. The father was present at the delivery. The woman chose to breastfeed. No significant prior incidences of depression have been found among these women. Some had experienced poor or inadequate parenting themselves, but many had not.

This is a very different picture from the one expressed in the psychiatric literature which characterizes women with post partum depression as being infantile and immature, and as having unresolved conflicts with their mothers and penis envy — the whole psychoanalytic bag of tricks.

Nonetheless, these women are at a level of depression which requires outside help. They are demoralized. Their self-esteem is low. Many of the women talk about isolation and loss.

When women come to PPC they often look and sound depressed. Or they may appear controlled, be carefully made-up and smile a lot.

Women are usually trying to summon the nerve to ask for help. They come in asking "Why am I so unhappy when everything is supposed to be so wonderful?"

Conversation with Joann Robertson

Harriet Rosenberg: *Much of my feeling in the post partum period was anger. My sense of post partum depression is that it is the classic undermining of women's anger, turning it inward to depression.*

Joann Robertson: There is always anger. A lot of women aren't aware of it at first. It's too threatening a word for many women. But once they can say that they are even irritated or annoyed we can get them working on it. The release of anger releases a lot of energy. Then the depression starts to lift. You start changing things, getting out, being assertive, doing things you have to do for yourself.

We tell women who are angry to get it out. Scream into pillows. Stamp their feet. Run up and down stairs. Pound nails. It's better to get it out that way than to direct it against a person who is not an appropriate target, like the child.

Yes, I can see how the safe ways of expressing anger are important until the right channel can be found. I felt that my anger was social anger — anger against a system and an ideology that says childrearing is private enterprise, like a business or a hobby.

But raising a baby is not like raising begonias. It's a social undertaking. You are raising the next generation as well as expressing a personal need to love and cherish children.

As an anthropologist I know that many societies view childrearing both ways, as being a public and private undertaking. These societies provide very rich social support to new parents. The message we get, however, is, "Well, you were the one who wanted this baby, so . . ." That attitude turns it into an individual issue.

We cannot ignore the fact that occasionally anger does turn into emotional or physical child abuse and that's one of the things we're trying to prevent.

Abuse

It's interesting to me that groups like La Leche League (an international organization promoting breastfeeding) which are very child-centred are also trying to deal with the issue of abuse on some level. Their line is that the mother-infant bond created by breastfeeding precludes any possibility of abuse.

The concept of bonding has become very romantic. Reality is more complex. We get many calls from women who are nursing *and* very angry at their children. We tell them that when they get such feelings to put the child down in a safe place, leave the room and close the door. Well, La Leche League is horrified that we would say that to a new mother, that we advise separation of mother and child. They simply don't believe that a nursing mother could be angry or resentful towards her child. *But it happens all the time.*

Nevertheless, La Leche is in contact with us and we refer people with questions about nursing and infant nutrition to them. However, they will not accept our brochures to give to women.

Also, the psychiatric profession tends to use a class-biased stereotype which says that middle class people do not abuse their children. This has resulted in abusive parents being reassured by therapists that they wouldn't *really* hurt their children. Such denial only prolongs parental depression and abuse.

More Things to Do With Babies

What other kinds of reactions are there in the post partum period?

Some women do not show external symptoms of depression. Often they deny their depression by getting involved in *more* things to do with babies. They start nursery schools. They get involved in childbirth teaching, in La Leche League.

It really disturbs me to see this happening. For example, occasionally we do a follow-up of a childbirth class. Usually, it's about six weeks post partum and the new parents are feeling pretty good. It is often the *teacher* who will stop us on the way out and spill her guts about how depressed she is, but she will not call us for help because of feelings of shame.

I often think that the women who have the most shame are the ones most involved in child-oriented activities. They will not carry through with counselling because they do not want it known in their network that they are having a hard time.

Unresolved Depression

What happens if feelings of post partum depression are not worked through?

Long term, unresolved post partum depression can really damage the relationship between parent and child. I know it from personal experience.

We did a CBC programme about five years ago which was shown across Canada three or four times. The response was fascinating because we got a lot of letters from older women who had experienced post partum depression and were glad that someone was finally talking about it. One letter, in particular, comes to mind. It was from a poor farm woman from the Prairies who was isolated, angry and depressed after spending 30 years raising six kids on a remote Alberta homestead. At one point in the letter she says: " . . . My second child still suffers from my bruising his body and his

mind. . . . I have tried to make up to him for my actions but we still aren't close and neither of us understands why it all happened the way it did. If only I could have had someone help me over that distressing time and understand my reactions." [See *My Story, Our Story* for the "Homesteader Letter."]

Men

How do men react to women's post partum depression?

Most of the men we see here are what we call "nice guys." They are concerned about being good providers, husbands and fathers. They have trouble expressing their anger and resentment. The women are usually aware of the anger but can't confront it because it is so indirect. For example, the man does more and more work around the house which can be a way of saying, "Look how competent I am and how incompetent you are."

The woman appreciates the help but her awareness of the anger stops her from acknowledging it. What the woman wants is understanding, emotional support, a hug. What she gets is something else. Her needs are not met. At the same time the man's frustration is increased by the woman not acknowledging his help.

One of the questions we will ask a woman during the intake call is "Do you feel like such a bitch and he's such a nice guy?" There is a sigh of relief and she will say, "That's just how I feel." Everyone is telling her, "Isn't he wonderful! He helps! Aren't you lucky?!" She's probably never been able to say to anyone that she is angry about it.

I've seen couples in the post-natal period get into incredibly bitter and destructive fights, ostensibly about sex. It usually boils down to that he wants more and she wants less. How do you deal with this issue at PPC?

There is often a whole lot of conflict around sex. Many men are hurt by the woman's lack of sexual response. I think that most women post partum are not interested in sex for a long time. They're tired; they're depressed. This can create a lot of stress in the relationship. And a man can get very angry about that. But usually he expresses his anger in the indirect ways I mentioned before.

Men want and need reassurance that they are loved. They seek sexual intercourse both for reassurance and out of a belief that it will resolve the problems of the relationship. It is not uncommon for the depressed woman, under pressure from her husband and perhaps her doctor, to go for sexual therapy. Such therapy will not be effective because the primary problem is the woman's depression and her other problems in the relationship, such as lack of emotional support and understanding, poor communication, the man's denial of his anger, and his sexual problems.

Do men get post partum depression?

Yes, some men get depressed and they have pretty classic symptoms, — lack of feeling for the baby, emotional ups and downs, over-identifying with the baby. The cause of it in men is the same as in women.

Birth — Its Effect on My Life

Birth is a life crisis. I know this from reading social science literature but more significantly I know it from personal experience. I found that the feelings I had after the birth of my daughter paralleled only one other devastating experience in my life — the death of my father. In both cases I found that it was very difficult for people to give support and for me to know and ask for what I needed.

We don't know how to handle major life crises in our society. Isolated from the extended family, that traditionally transmitted childbearing and childrearing knowledge, we tend to cope by relying on individual solutions like reading appropriate books or taking courses. Women build friendship networks to help deal with the problems in our lives. But a crisis like the birth of a child can strain such networks to the extreme.

The birth of a child re-orders everyone's relationship with everyone else. I don't think it was at all surprising that my partner had such intense anxiety symptoms a few days after our baby was born that he went to the hospital emergency room, convinced he was having a heart attack.

The baby meant that our relationship was going to change, that his relationship with his mother, his father and his children from a previous marriage would change. It also meant that my relationship with my mother, his mother and father, his kids, my friends — all those networks of relationships — were in some way up for grabs.

All these factors converge to create confusion, anxiety, and depression about parenting roles. There are no simple solutions to dealing with the complexities of childrearing in this society.

PPC posits that we can only begin to cope with the problems of parenting by understanding that the issues are deep, structural and many-faceted. They accordingly provide humane, undoctrinaire support to adults in crisis. More such groups are urgently needed.

Harriet Rosenberg is an anthropologist who teaches Women's Studies at the University of Toronto. She is the mother of a seventeen month old daughter.

Thanks go to Joann Robertson for providing a fund of written materials in addition to doing the interview and to Maaike Asselbergs, one of the founders of Aid for New Mothers in Toronto, for sharing her time and insights.

My Story, Our Story

My Story, Our Story is every woman's experience — our collective experience — with health.

LIVING THE POST PARTUM BLUES

by Evelyn Morris

This story was written in 1974 by a woman who lives in a small Canadian prairie community. She sent her story to Joann Robertson (interviewed in "The After Birth Blues", elsewhere in this issue) following a Take 30 *television program on post partum depression. We think the story still has much to tell us about the experiences of many women following the births of their children. We regret having to cut it substantially, for reasons of space. The name Evelyn Morris is a pseudonym.*

I AM A HOMESTEADER'S DAUGHTER who has raised a family of six children. A tremendous job it was, as my husband was very poor financially and we had the greatest of difficulties to provide the basics such as food, clothing and shelter.

Our mothers were educated to believe they had to have children, had to suffer and bear the births, their menstrual cramps, the undisputed supremacy of their husbands. The results of this was our generation of women. I had nothing whatsoever to say about whether I wished to become a mother. Yes, I did want to marry and become a wife to a most wonderful husband. But children were his prerogative.

My first child was born in February one year and four months after my marriage. He was a bonny child. But I was down in despair and came home from the hospital with great feelings of inadequacy and loneliness. Both mothers criticized my child's upbringing.

Fifteen months later I became mother to a second child. This time I was in hospital two and one-half months as a result of sciatica, pressure on my spine and nerves. Completely exhausted, tired of hospital routine, unable to walk, I came home on June 12 to the farm with only a school-girl fifteen years old to help me. I never walked until September.

I was desperate with no one who understood. As a result I turned on my child and struck him often. He became cranky, irritable and refused to cooperate, which only humiliated me all the more. Finally, somehow, I took stock of myself and levelled out my frustrations only to find I was pregnant again.

This time my child arrived and I had crying spells which I would never tell anyone about. I became listless and reached a state of "I don't care anymore" and calmly accepted what came up. I did my best to wash and clean and keep a house in passable condition. My children sort of raised themselves as I became apathetic to an impossible situation.

FOUR YEARS LATER I realized I was to have another child. I became greatly alarmed, wondered how I could ever face hospitals, lack of money etc. Somehow I had my child but when I came home I didn't feel up to bathing him or training him. I became numb to his wants and was in an attitude of automation. I cried often when alone. I tried to discuss contraceptives with my husband, but he seemed to believe I was only trying to get out of my marriage "obligations".

Four years later I gave birth to my fifth child, a darling daughter. Between trying to raise her, work at chores, milking cows and caring for a large garden, I became very apathetic and finally started to refuse my husband sexually. Of course he considered this the height of brazenness on my part.

Seven years later when I was 39 I had my sixth child. She was conceived during a time in which my husband was angry at me because I wasn't responding sexually, physically or mentally. As soon as I realized I was pregnant my mother-in-law accused me of having too many children and never giving my husband a chance to get out of debt.

I became more mechanical and disinterested. Life took on an aspect of continual trouble, depression, hurt beyond words. I kept on somehow. After the birth of my daughter I came home tired, despondent and wary of any more remarks from my family or his. While my husband worked in the fields I would cry. My own mother told me I had gotten married so I had to accept what I was going through. No compassion. Not once did either "mom" come to help out. Not once was I considered someone in need of special care or comfort.

THROUGHOUT MY YEARS of childbearing I have come to many decisions about post partum difficulties.

We must never make the mistake of thinking post partum blues are not serious. I believe they affect our basic society. Women today are striking back in many ways. We now live in a world where women are rebelling by having abortions, ridiculing men, defying governments, doctors and their own mothers in an effort to cast off old myths that "we have to become mothers" against our wishes. They won't settle for being people with no feelings.

Let's hope to see more clinics, more home and personal care. We can't allow society to disregard women in our modern day. We've got feelings and they affect our basic society. Our mental homes and alcoholic hospitals wouldn't be so full if children weren't resented so.

THANK GOODNESS as I've entered the menopausal period I have come to grips with myself. I have yet to overcome a lot of my depression but would that have been there if I had had an understanding family in the past?

I've come to a certain serenity in my life but will always live with regret that things could have been different.

I don't really want to blame anyone now but want to look forward and help my sons and daughters to prepare for a happier home and family. I've told them now that I know what happened, even described why I used to cry and strike them. They have been so responsive and now they return the warmth and love we all should have had so long ago. What a sad time it was.

Reviews

When Birth Control Fails... How to Abort Ourselves Safely

reviewed by Catherine Edwards and Alison Stirling

When Birth Control Fails... deals with one of the options available to women when birth control does fail: self-abortion. The stated purpose of this book is to provide as much information as possible about self-abortion, and about how to perform one as safely as possible. Unfortunately, on both counts the book fails.

In only 48 pages of text the book purports to cover a vast amount of information. The first part deals with choosing an abortion method, the female reproductive system, possible signs of pregnancy and self-pelvic examination. The book then discusses equipment you'll need (depending on which type of abortion you choose) and how to disinfect and sterilize this equipment.

The actual types of abortion described are aspiration or suction, laminaria (seaweed) insertion, self-digital, direct irritation, self-saline, IUD removal, Vitamin C and herbal abortions. Finally there is a section telling you what to do after an abortion and possible complications which may result from self-abortion.

The issue that this book tackles is a thorny one. In the introduction, the author, Suzanne Gage does say that self-abortion is *not* an alternative to legal abortion if legal abortion is available. The book mentions the Hyde Amendment in the United States which cut off the use of federal medicare funds for poor women seeking abortions. Not mentioned are the many women of Catholic countries where abortion remains illegal. Or the women in less developed countries where medical facilities and personnel are rare and confined mainly to cities.

No completely effective, safe and easily accessible method of birth control exists; many, many women in the world, for one reason or another, can't get legal abortions. We feel that because some of these women are going to try to self-abort anyway, there is a pressing need for a book on self-abortion. Unfortunately, this is *not* that book.

When Birth Control Fails... is a dangerous book. This is only somewhat ameliorated by the fact that few women outside of feminist circles are likely to have access to publications of Speculum Press.

Any book on self-abortion should be written with the particular needs of poor and less-educated women in mind. These women almost always lack knowledge, especially for example, in such esoteric areas as female anatomy and medical practice. In some sense a book on self-abortion must serve as a primer — giving precise and comprehensive information about the female reproductive system and signs of pregnancy as well as actual self-abortion techniques. *When Birth Control Fails...* is much too short to do justice to the complex topic covered.

The book is poorly organized as well as inadequate. For example, the first section is entitled *Choosing an Abortion Method*. Here one might expect to find a fairly comprehensive catalogue of methods, including the pros and cons of each (such criteria as whether a method involves assistance from a friend, whether equipment is needed, etc.). Instead there is *one* paragraph. And amazingly this section comes even before the information on how to tell if you're pregnant!

The tone of the book is particularly irritating if one realizes the dangers inherent in self-abortion. It is one of cheery matter-of-factness. Although Gage does warn of possible complications such as embolism and perforation of the uterus, the implication of her tone is that with a few minor precautions, these potential problems can be avoided. Success *sounds* easy. Gage doesn't mention that two-thirds of all hospital beds in South American countries where abortion is illegal are filled by women who botched self-abortion attempts.

The design itself of *When Birth Control Fails...* is poor and confusing. In reading the book we kept getting lost and felt we had missed something — in fact we had not noticed that a new chapter was beginning because the chapter titles were practically falling off the top of the page and our eye had not even seen them.

The drawings, too, are uninformative. Simplistic, incomplete pictures mean that it would be very difficult to construct a del-em or cannula, two tools used in vacuum self-abortions, following Gage's instructions!

The authors, in attempting to simplify material for a wide audience, have sacrificed clarity and adequate explanations. *When Birth Control Fails...*, in its present form, ought to be restricted in distribution to women's health centres, clinics and self-help groups that have people with thorough training and experience in generally accepted abortion methods.

We *do* need an informed, clear and thorough manual for women faced with the need to self-abort. Such a manual should contain well-researched and written material. Further it should be sold cheaply (for much less than the $7.00 price of *When Birth Control Fails...*) so that it is available to the women who are most apt to need it.

Perhaps the Federation of Femininst Women's Health Centers, who worked with Gage in writing this book, will learn from the many criticisms of *When Birth Control Fails...* and prepare a less damaging manual.

When Birth Control Fails... How to Abort Ourselves Safely, by Suzanne Gage. Published by Speculum Press, California in 1979. $6.95 in paperback.

Catherine Edwards and Alison Stirling both work at Dumont Press Graphix. Catherine is a member of the collective which produces Hysteria, a new feminist journal published in Kitchener. Alison has been active in Planned Parenthood for a number of years.

Letters

We reserve the option to print letters to Healthsharing with minor editing for length, unless they are marked "not for publication."

Diaphragms and Endometriosis?

I am writing with reference to the Healthwise column "Getting off the Wad" by Kathleen McDonnell on page 5 of Volume 1, Number 3.

In this article, she advocates the use of a diaphragm to contain menstrual flow, instead of using tampons or sanitary pads.

After consulting with a member of the Department of Obstetrics and Gynecology of the University of Alberta, I have come to the conclusion that the use of a diaphragm to temporarily obstruct menstrual flow increases the risk of infection and/or endometriosis to an unacceptable level.

You might wish to caution your readers accordingly.

Overall, I enjoy your magazine and appreciate its generally reasonable and evenhanded style. From my point of view, the inclusion of references in your articles wherever possible enhances your credibility and usefulness. In the future, I hope that you have your technical articles proofread by persons who are experts in the relevant field.

K.C. Smith, Class of '83
Faculty of Medicine,
University of Alberta

Kathleen McDonnell responds:

As a collective member of Women Healthsharing I would like to thank you for your letter. All of us welcome feedback as it helps us to improve the magazine.

The question of references has been struggled over repeatedly within the collective. Our *Collective Notes* in Vol. 1, No. 3 discusses this concern. We don't include references in articles because we are a popular magazine, not an academic or medical journal. The collective does ask authors for references which can be made available upon request.

Regarding your concern about the risk of infection, can you find any studies showing that use of a diaphragm to catch, not "obstruct", menstrual flow affects rates of infection or endometriosis? I would be interested in seeing any information to that effect.

Unwelcome Attention

I'm sending in my renewal, along with congratulations on a fine journal.

I have one small concern, though. I notice that in the ads for Health Wanted, women are running their home addresses. As a woman journalist I have been the target of much unwelcome attention from crazy men, and I'm worried about that kind of thing happening to anybody who puts her home address in print for publication. In my experience, any kind of feminist work seems to draw some particular kinky crazies out of the woodwork. I know it's more tedious to use box numbers or something like that, but I think it's safer.

Joanne Kates
Toronto, Ontario

Health Wanted

If you are having a specific health problem and aren't coming up with a solution or if you are researching a topic, write to Health Wanted c/o Women Healthsharing. We will print your request in Health Wanted so that readers can respond directly to you. Be sure to include a complete mailing address.

Sexual Harassment

I am collecting information on sexual harassment of women, especially in a work context, for an article to appear in *Hysteria*, a feminist quarterly from Kitchener-Waterloo. I would particularly like to hear from women who have been sexually harassed and about how it has affected their lives.

Please write to Catherine Edwards, c/o Hysteria, P.O. Box 2481, Station B, Kitchener, Ontario.

Mother Beating

An employee health nurse in Thunder Bay is looking for information, articles, etc. on adolescents beating their mothers. If you know of any such information, please write her: Donna Phoenix, 633 Prince Arthur Blvd., Thunder Bay, Ontario, P7C 3M7.

Anorexia Nervosa

I am looking for information or responses from other women who have *had* anorexia nervosa, about how to control and finally get rid of the residual habits left over from this long-term illness. I have been able to surmount this devastating disease, but still hold back from experiencing a "total" life because of these few residual habits which keep me feeling "strange" and not normal.

I'd like support from other women from similar backgrounds who have been able to really get a grip on their whole life. Write to Dale McDonough, 64 Oxford St., Toronto, Ontario, M5T 1P1.

Resources & Events

Connexions

This is an independent project which supports networks of grassroot organizations and individuals across Canada, by providing a regular publication summarizing their work.

The most recent issue is focused on health and health-related publications and organizations. This issue is an invaluable resource guide for those active in the health field. The publication is available from Connexions, 427 Bloor St. W., Toronto, Ontario M5S 1X7

Looking Out for Number 1 — Hazards on the Job edited by Robert M. Schartz

This handbook informs workers how to become aware of and spot dangerous conditions on the job which are considered to be health hazards. An appendix includes a sample task analysis, glossary of terms and a list of common toxic substances and their health effects to help the worker inspect his or her own job site. It is available at $2.00 per copy from the Public Media Center, 25 Scotland St., San Francisco, California, USA 94133.

Post Partum Counselling Services — Thunder Bay

In response to the needs of women in this community, a post partum counselling service is now being offered in Thunder Bay. The program is based on the Vancouver model, a self-help approach. (See the After Birth Blues in this issue.)

If you are interested in participating or sharing your experience please contact: Shelley (705) 344-6029 or write Post Partum Counselling Services, c/o Shelley Corvino, Women's Centre, 316 Bay St., Thunder Bay, Ontario P7B 1S1

Taking Control — A Guide to Self-Healing for Women compiled and edited by Carol Odesess and Deena Hurwitz

This pamphlet is a very thorough and simple explanation for various recipes for herbal and natural remedies for relieving the most common gynecological problems. The contents include discussions on prevention and douching, specific treatments for various gynecological and bladder infections, treatment for menstrual cramps and a bibliography for further information.

Copies can be ordered from P.O. Box 2324, Santa Cruz, California, USA 95063. Cost is $1.60 for single copies or $.60 each for ten or more copies.

Women's Movement Archives

These women are collecting and cataloguing our history — our newspapers, letters, leaflets and magazines. Help them keep a record of our struggle and our growth. Help yourself to their large collection of material from across the country and from the earliest days of the women's movement.

To donate or to use the Women's Movement Archives, contact Pat Leslie, P.O. Box 928, Station "Q", Toronto, Ontario.

The Land of Milk and Money — The National Report of the People's Food Commission

The People's Food Commission has produced a comprehensive and readable report of its findings. As well as quoting directly from many of the 1,000 submissions presented to the Commission, the report also analyzes and evaluates solutions, facts, figures and case studies to present a broad overview of the food system, how it operates and how it can be changed.

The report is an invaluable aid to teachers, community groups, co-ops and libraries as a reference on many food issues and as a guide book for community action and organizing.

Copies may be obtained from The People's Food Commission, 321 Chapel St., Ottawa, Ontario K1N 7Z2.

Maternal Health Society — Update

In the Volume 1, Number 3 issue, we listed Maternal Health Society in the *Resources and Events* section. Since then, the Society has informed us the subscription rates should be $7.00 to $10.00 (discretionary) which includes both a membership and a subscription to the Maternal Health News.

They are available from the Maternal Health Society, Box 46563, Station "G", Vancouver, B.C. V6R 4G8

Understanding Pro-Fetalists, information from Planned Parenthood of New York City

As part of its campaign against right-to-life movements (see *Newsfronts* in this issue), PP-NYC is willing to make available materials analyzing the right-wing anti-choice movement. In response to Women Healthsharing's request for information, we were sent a packet containing copies of speeches which examine the force and impact of the right-wing efforts and explain various strategies used, two posters and copies of newsclippings.

If you work in an agency providing abortion information and referrals this information may be invaluable to you.

Write Planned Parenthood of New York City, 3rd floor, 380 2nd Avenue, New York, New York, USA 10010.

Women Healthsharing
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Toronto, Ontario M6S 4T3