Summer, 1985

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Healthsharing

A CANADIAN WOMEN'S HEALTH QUARTERLY

Taking Action:

A Fight Against Reproductive Hazards in the Workplace

- Toxins and Breast Milk
- Biases in Occupational Health
- Systemic Disease on the Increase

Inside Healthsharing

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NEWS

OUR READERS WRITE

ETCETERA

WE HAVE A NEW ADDRESS...

and we haven't even moved! We've closed our post office box and are now receiving mail at our office.

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Healthsharing

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COLLECTIVE NOTES

Surviving the Toxic Life

The use, storage and disposal of hazardous chemicals in the workplace and the community is increasingly alarming. We are led to say, with bitter humour, that *everything* causes cancer.

The problem is overwhelming: pollutants in the air, poison in the water, preservatives in food. Our fights against pollution are geographically isolated; often we learn about a chemical or battle the same company another community across the country dealt with years before. Like a forest fire, these problems are stamped out in one place, only to spring up somewhere else.

To come to grips with toxins in the environment we must battle a multi-tiered system of denial, deceit and disinterest. First there are the companies who put toxic chemicals into paint, who spray crops with poison and who dump or transport their wastes unsafely. Suppliers use cheaper, less safe materials and dump banned products into Third World markets. Media headlines tell us research into toxic chemicals is falsified and incorrectly interpreted. Companies neglect to tell employees of chemical risks or supply proper safety equipment.

Hand in hand with business, scratching its back while we get the rashes, is government. It protects multi-nationals with ineffective laws and turns a deaf ear to public concerns. Funding for research is cut. Workers' health is threatened while the government allows companies to argue that more stringent controls would lead to lost jobs. Complaints about specific plants are lost in a maze of bureaucracy. It's better to die on the job, the government implies, than not have a job.

Medical science creates additional obstacles. Medicine's traditions include focusing on cures (rarely prevention), a belief in copious scientific evidence and a flare for emphasizing the heroic. Often physicians and nurses fail to acknowledge health problems because all the evidence is not yet in. Yet we've noticed that when the evidence goes against corporate interests, no amount of evidence is enough.

Immediate effects of chemical exposure are often difficult to recognize. Symptoms may be vague — headaches, stomach upset or general malaise. When present in women these symptoms are dismissed as psychosomatic or anxiety-related. The treatment is often tranquillizers or platitudes about getting more sleep or taking up a hobby.

Finally collaboration rests with each of us. Illness has become increasingly privatized in our society which idolizes an image of youth and vigor. Much disfiguring, painful and terminal illness, kept behind closed doors and out of polite conversation, is experienced as personal failure. By not publicly recognizing chemical hazards and related illnesses, reporting of diseases is lowered and political action is handicapped.

Our denial exists for a reason. The vision of an increasingly polluted world is so horrifying that many of us don't want to think about it. We *want* to trust that our government is protecting us. We *want* to believe that industries would not knowingly jeopardize our health. We *want* medicine to give us answers and to heal us.

Acknowledging the many threats to the environment and to our health can lead to disillusionment and despair. But we can create roads to lead us out of the dark. This issue of *Healthsharing* contains articles written by and about women who, after a painful awakening, have lost their faith and fought back. Saskia Post's story is one of courage and struggle against the callous indifference of employers and the inertia of government. Mary Louise Adams' article on candidiasis tells of women who have regained control of their health despite the denial of their illness by the medical profession. As Jennifer Ellenton recognized the threat to her infants from toxins in breast milk, she looked below the surface of something which appeared to be a good health practice. Debbie Field's interview with Stan Gray tells us how one community is dealing with these problems.

There have been many lessons for the *Healthsharing* collective from working on this issue of the magazine. We admitted with greater understanding the irony of our own decision to keep our office on Niagara Street, right next door to a lead smelter. The rent can't be beaten! Reading about others' struggles, we resolved to join our community struggle against Toronto Refiners and Smelters Company. We have hope for cheap rent *and* clean air.

Amyra Braha
Connie Clement
Connie Guberman
Barbara Lamb
Lisa McCaskell
Heather Ramsay

UPDATE

Inuit Women's Meeting

MONTREAL—Over 100 women from the Northwest Territories, Northern Quebec and Labrador discussed economic development and related issues at the first general meeting of the Inuit Women's Association (Pauktuutit). Pauktuutit — a word meaning the stakes used to stretch and dry animal skins — was established two years ago in Frobisher Bay to unite the Inuit women of Canada and to work towards change on a wide range of issues of concern to their lives, communities and families.

At the meeting held in Igloolik, N.W.T. from Jan. 17-22, 1985, concern was expressed about the rising rate of teenage pregnancy. Concern was voiced about both the hazards of available birth control methods and other problems of cultural framework. For example, a nurse from the south who tells an Inuit woman to take the birth control pill once a day may consider her instructions straightforward; in fact — given a culturally different time sense — it can be quite difficult for the Inuit to understand these instructions.

Another concern demonstrating how southern definitions of health care needs do not always meet inuit needs is the decline of traditional midwifery and the routine flying out of pregnant women for delivery no matter how low risk their pregnancies. At the conference it was resolved that nurses in medical stations should have midwifery skills and practice alongside experienced Inuit midwives so that Inuit women would have the choice of staying in their communities.

Abortion is especially difficult for Inuit women. They are flown to very distant communities for the procedure. The Inuit value children very highly and welcome babies into the community; this attitude combined with Roman Catholic and Anglican church beliefs resulted in a high degree of anti-abortion feeling at the conference. Women expressed the need for community-controlled solutions such as more sex education for both sexes, ways to improve inter-generational communication and the provision of health care workers who are more responsive to particular Inuit needs.

This report was derived from discussions with Colleen Youngs, a geography graduate student at McGill who was an observer at the Pauktuutit conference and from an article in the February, 1985 issue of *Tagralik*.

Deborah van Wyck

One More Stress Study

WASHINGTON—It's been done again! Another study of occupational stress has found that those nearer the bottom of the hierarchy suffer greater stress than those at the top. And yes, you're right again, more women are nearer the bottom. What's interesting about this one is that health technicians (such as lab and x-ray technicians) top the list.

According to the study by the United States National Insitute of Occupational Safety and Health, dental assistants had significantly more stress than dentists, just as practical and registered nurses evidenced more stress than doctors. According to reporting of the survey in *The Toronto Star* 80 per cent of illnesses for which people consult a family doctor are stress related.

The survey based its ranking on admissions to public hospitals for peptic ulcers, cardiovascular disease and emotional disorders. Unfortunately, the study is biased by not taking into account economic constraints affecting amount and type of medical care sought. Certainly in the U.S., with a noticeable difference between public and private hospitals, those of upper incomes are cared for in private, not public, hospitals.

Out of 130 job categories ranked for stress levels, health technicians were number one, followed by waiters and waitresses, practical nurses, inspectors and musicians in that order. □

Malee Saunders

No More Back Pain

NEW YORK—A recently published popular survey of back pain sufferers in the U.S. found out that while 90 per cent of the 500 respondents had started seeking help from medical doctors only 38 per cent stayed in their care. The authors, Arthur Klein and Dava Sobel, argue that physiotherapists and specialized MDs are among practitioners most likely to help individuals with back pain.

The survey results, published by Random House as a new book entitled *Backache Relief*, review 100 different back treatment approaches. The book comes down hard on neurologists as being "less effective in aiding back sufferers than any other kind of medical doctors," according to a summary article in the May issue of *Health Facts*. "Only two of the 44 neurologists in this survey suggested any treatment other than prescription drugs."

According to a 1982 story in *Medical World News* about alternative back rehabilitation clinics and courses, exercise can treat most back pain. Clinic staff argue that disk and facet problems are highly overrated as causes of back pain. Even so, most exercises prescribed to back patients are "brief, poorly individualized, or otherwise inadequate." □

UPDATE

Inquest Set to Investigate Midwifery

TORONTO—An inquest to investigate the death of a baby born on Oct. 11, 1984 will take place in June. The baby died at the Hospital for Sick Children where he had been transported immediately following a normal labour and delivery at home. The birth was attended by three midwives.

Such an inquest would normally be expected to take a few days. In this case, the investigating coroner has booked off two weeks. Hence, midwives and women's health activists are concerned that the inquest will be used to re-examine the practice of midwifery.

The inquest comes at a time when the status of midwifery in Ontario is being examined in several ways. The Ontario Health Discipline Act Review Committee has before it briefs containing proposals for licensing and regulating midwifery in the province. As well, the introduction of a private member's bill by the provincial NDP health critic last fall received supportive comment from members of all parties and some media.

Various activities are being carried out locally and regionally to raise funds for legal defense. Fundraising letters have been widely distributed and a dinner is planned for June 8th. Contributions (payable to Marcia Matsui in Trust) can be sent to: Marcia Matsui, 11 Prince Arthur Ave., Toronto M5R 1B2. □

Nurses Explore Women's Health

MONTREAL—The increased involvement of nurses in matters traditionally discussed by women's health activists was demonstrated at a recent conference in Montreal. The international Association of Obstetrical, Gynecological and Neonatal Nurses (formerly the Nurses Association of the American College of Obstetricians and Gynecologists, commonly known as NAACOG) held a two day conference entitled "Women and Family: Clients for Nursing Care."

A session on DES exposure screening was led by Harriet Sinand of DES Action/Canada. Montreal Health Press administrator Diane Shatz discussed their latest projects, including an upcoming book on menopause. Julie Meloche provided a talk on the continuing invaluable services of the Women's Centre. And Deby Trent, the co-ordinator of Montreal's Sexual Assault Centre, described work with victims of sexual assault in the context of the medical and legal systems. The centre hopes to increase medical services to 24 hours to complement their 24 hour crisis line. Participants also heard about the exciting new approach to hospital birth at the Centre Hospitalier Pierre Boucher, where facilitation of a holistic family experience is the aim.

Cultural dimensions in women's health care were not overlooked. Connie Suite spoke about her 10 years of nursing among the Inuit and Rita Bhatia described her work with newly immigrated South Asian women at the South Asia Community Centre. This conference provided both a clear sense of existing health resources for women in Montreal, and of continuing health needs and unresolved problems.

Deborah van Wyck

Chemical Spraying of Forests Halted

TORONTO—The Ontario Ministry of the Environment has cancelled plans to spray forest tracts with chemical pesticides. In response to pressure from the Ontario Coalition Against Pesticides (OPAC) and various environmental organizations, the provincial government announced in early May that they would use a biological spray, which appears safer than chemical products, in their efforts to minimize spruce bud worm infestations of northern forests.

The biological agent to be used, *Bacillus thuringiensis*, commonly called BT, has been used in the Kirkland Lake area of Ontario with success similar to chemical sprays.

The Ontario struggle follows hard on the heels of the efforts of the Saskatchewan Forest Herbicide Moratorium Association, formed in September, 1984 to stop chemical spraying in Saskatchewan. Thus far, public pressure in that province has been instrumental in getting the government to switch to a moderately safer chemical. In the past, Saskatchewan allowed forest spraying with 2,4-D, a chemical infamous as an ingredient in Agent Orange, the herbicide widely used to defoliate Vietnam. 2,4-D has previously been banned by the United States Environmental Protection Agency and several Canadian cities, where 2,4-D had been used in city parks and school yards.

Presently the Saskatchewan government plans to allow spraying with glyphosphate (better known by its brand name Round-Up) and has set up a task force to re-examine the issue of aerial forestry spraying. The Saskatchewan association views the task force as a delay tactic. It will continue pressuring the provincial government to switch to a biologic agent such as BT which, at least thus far, is not linked with cancer or other disease.

Barb Bater

Abortion Services Eroding

SASKATOON—A coalition of groups and individuals are fighting the decision of Saskatoon's University Hospital to cease performing second trimester abortions, except in exceptional cases. The decision, made public by the coaliton in December, 1984, is purportedly because of concerns about safety of methods used.

Since December the coalition, including the Saskatoon Abortion Rights Association, Saskatoon Women's Reproductive Rights Movement and the Community Clinic, has held a press conference, met with the hospital's head of Obstetrics and Gynecology, requested and been refused an opportunity to present to the Board of Governors, and presented a brief to 'The People's Inquiry on Human Rights.'

"Women in Saskatchewan have a legal right to abortion services," says the brief. The legislation, while unsatisfactory, provides "Canadian society with a set of minimum standards...These standards are being eroded, literally placing women's equality and reproductive rights, if not their lives, in crisis."

According to Peggy Smith, a coalition member, "We in Saskatchewan are facing the steady erosion of the provision of abortion services in provincial hospitals." □

UPDATE

Naming Family Health

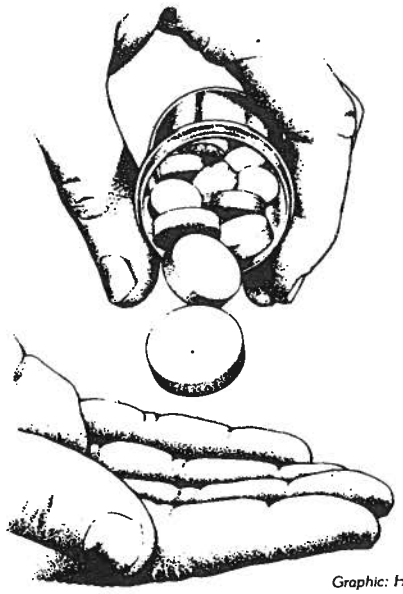
ST. JOHN'S—A kit to help women of Newfoundland and Labrador identify health problems in their families has just been produced. The kit, *Ask Your Family Tree*, is an outgrowth of work done by Dr. Allderdice, a geneticist at Memorial University of Newfoundland, and groundwork established by the Women's Health Education Project. Bonnie Woodland, project coordinator, and Betty Baird, Barbara Mercer and Marion McEachren, field workers, have been working together on the project for a year.

Ask Your Family Tree provides an opportunity for women to look for and identify clues to inherited conditions such as heart disease and breast cancer. The kit helps women to determine what questions to ask and what steps to take in finding solutions to problems. The most important aim of the project is to encourage women to initiate action themselves.

Designed for informal use in small groups of family members or friends, the kit consists of individual work books, a series of posters and a "Leader's Guide" which is tailored for non-medical lay use. The kit relies mainly on visual images to convey ideas and has been designed to encourage discussion and participation.

Several hundred women have been involved in the process of developing the kit, intended for distribution in May, 1985. It is available to any interested group or individual, whether or not resident in the province. *Ask Your Family Tree* is funded by the Maritimes region office of the Health Promotion Directorate. The kit is available from Dr. P. Allderdice, Health Sciences Centre, Rm. 4354, Memorial University of Newfoundland, St. John's, Nfld. A1B 3V6.

Pamela Hodgson



Graphic: Herizons

Pharmaceutical Overhaul Needed

VANCOUVER—The Canadian Federation of University Women (CFUW) has called for major restrictions on drug patents. This advice was presented by Kay Shaw and Theo Foster in a brief to the federal Inquiry on the Pharmaceutical Industry.

The CFUW brief went on to suggest steps the government could implement to increase availability of generic drugs, thereby lowering drug prices in Canada. Incentives and financial support to increase pharmaceutical research and development was encouraged, as was a review of drug royalty rates. Many current practices, according to a summary in a recent *CFUW Journal*, "encourage a rise in drug prices that could only be detrimental from the standpoint of all users, but particularly women and the most disadvantaged groups of our Canadian society."

The research prepared for the brief found that Canadian prescription drug prices are among the highest in developed countries. Drugs are currently priced, says the CFUW, at "several times the price they can be made available for." □

Conference Well Attended

GRANDE PRAIRIE—Ninety women living in and around Grande Prairie, Alberta attended a two-day conference on women and health in late April. Workshop topics emphasized reproductive issues, such as premenstrual syndrome, and mental health concerns (stress, self-esteem and addictions).

The conference, sponsored by the South Peace Regional Council of Women and the Provincial Committee for an Alberta Council on Women's Affairs, was a first for the region. Participants expressed great satisfaction with the conference and requested that a similar conference be held again in the fall — both so that people could attend those sessions they missed and so that additional women could take part.

Phyllis Beairsto

New Multiple Sclerosis Hot Spot

SASKATOON—Sylvia Hall, diagnosed with multiple sclerosis in 1980, is fighting back. Throughout the past five years she has searched out other individuals from the small community of Henribourg, 50 miles north of Saskatoon, who have been diagnosed with MS. Thus far, according to a report in *The New York Times*, Hall has found 27 people with MS among the 300 or so people who lived in the area of Henribourg four decades ago. Normally 30 people in 100,000 develop MS.

MS is something of a mystery disease. While no cause has been identified, MS is known to occur more commonly among individuals raised in colder climates, and Saskatchewan has the highest MS rates in Canada. MS sufferers experience a deterioration of normal physical functions, including impaired movement, vision and hearing and lessened bladder control. Diagnosis is often made in large part by ruling out other diseases with more concrete symptoms.

After her own diagnosis and the death of her sister from MS, Hall realized a striking number of high school friends had the disease. Undeterred by what she felt was apathy among her friends, Hall wrote universities across Canada. "It's my darned life," she said, "and I don't mind rocking the boat."

A research team at the University of Saskatchewan took up the case. Hall's historical work was vital to the research, for today there is only one MS case in the village. Researchers are exploring various substances in the town's environment, especially minerals in water and soil, most of which do not appear to have changed significantly. □

Nova Scotia Responds to Morgentaler

HALIFAX—"Any member of his government who disagrees with what I just said will not be a member of this government as soon as that statement is made public." Such was the decree issued by Nova Scotia's Progressive Conservative Premier, John Buchanan, in response to Dr. Henry Morgentaler's two day visit to Halifax, March 25 and 26, 1985.

Buchanan was speaking about my opposition to the government's official position regarding Morgentaler's proposal to establish a Nova Scotia abortion clinic to serve the needs of women in Atlantic Canada. The government will not issue a licence for a clinic and will take legal action if Dr. Morgentaler attempts to locate in the province without the licence. The premier also spoke out in favour of a narrowing of the Criminal Code to decrease the number of legal abortions performed.

Morgentaler made his clinic proposal public at a morning press conference, March 26, attended by members of the media. However, hours after Morgentaler confirmed his intention to open a clinic in the province — probably in Halifax — the anti-choice faction mobilized. An estimated 1,000 gathered on the Dalhousie University campus to oppose Morgentaler's evening lecture as guest of the Dalhousie Student Union.

The presence of anti-choice protesters did not deter sell-out attendance of Dr. Morgentaler's lecture. In addition to 900 who bought tickets, organizers began turning people away at 2:30 p.m. The audience was warm and supportive.

Meanwhile, across town, a capacity crowd of about 1,500 attended the ecumenical Rally for Life held at St. Mary's Basilica. Both the Catholic and Anglican churches sponsored the event.

There was a parochial twist to the medical community's response to Morgentaler's visit. Although many support Dr. Morgentaler's position personally and view him as an honourable and courageous pioneer, the only medical position reported in the *Chronicle Herald* was that Nova Scotian women are being well served. According to Dr. Wilkie Kushner, chair of Victoria General Hospital's therapeutic abortion committee, Morgentaler's presence stirs up the anti-choice movement and their effort can spill over to focus on local practices.

There seemed to be some validity to Dr. Kushner's remarks. Before the week was out both the government and the Liberal opposition were calling for an investigation into the "abortion on demand" practices in the province.

Canadian Abortion Rights Action League spokesperson Nancy Bowes indicated to the press that the picture for Nova Scotian women may not be as rosy as Dr. Kushner indicated. "It may be reasonably easy for a middle class woman in Halifax to get an abortion but not so easy for a woman who lives in Yarmouth," Bowes said.

Dr. Morgentaler's visit to Halifax made one point very clear: that whatever services women in Nova Scotia have are tenuous at best. Pro-choice Nova Scotians must be prepared to speak out and support the needs of all women in the Atlantic region. □

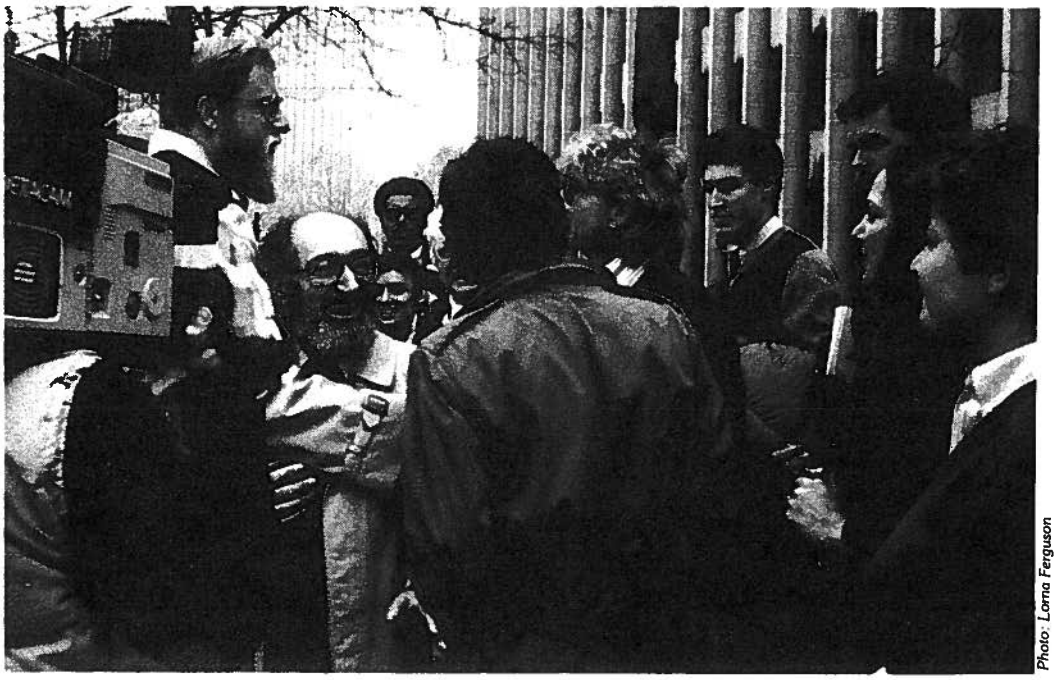


Photo: Lorna Ferguson

Chlamydia Rates Rising Quickly

OTTAWA—Reports of chlamydia infections in Canada during 1984 were nearly three times the number reported in 1983. According to the *Canada Diseases Weekly Report* of April 13, 1985, chlamydia cases reported by the 24 Canadian laboratories which contribute data to the World Health Organization's virus reporting system totalled 4,284 in 1984.

Chlamydia trachomatis is a virus responsible for many of the cases of what used to be called "non-specific vaginitis." In women it is a common cause of cervicitis and pelvic inflammatory disease (PID). Symptoms include pelvic and abdominal pain, fever and vaginal discharge. Untreated PID can lead to scarring of the fallopian tubes increasing the likelihood of tubal pregnancy and infertility.

The 20-24 year age group accounted for the largest proportion of cases (43.3 per cent), with the 15-19 and 25-29 year age groups following. Eighty-two per cent of reports identified the genital tract as the source of specimen, and women outranked men by 1.7 to 1.

It is not thought that the huge increase in chlamydia cases represents an actual increase in numbers. Indeed, authors suggest that chlamydia is a far more common sexually transmitted disease than gonorrhea. (In 1983, gonorrhea accounted for 95 per cent of all reported STDs with a total of 45,272 reported cases.) The reported increase is assumed to result from several factors: availability of new inexpensive and easy-to-use diagnostic kits, increased recognition of the significance of chlamydia by both the public and medical doctors, and new legislation making genital chlamydia infection a 'notifiable disease' in Ontario and Saskatchewan. □

Feminist Fundraising
I am doing research over the summer on the issues, ethics and achievements of feminist fund-raising. If you or your group are also interested in the politics of funding, please contact me: Dianne Kinnon, 522 McCloud St., Ottawa, Ont. K1R 5R1 1-613-234-8483.

Overcoming Health Barriers
Staff at *Action on Health Barriers*, a project of Opportunity for Advancement, would like to hear from people who can share information or experiences about the link between poverty and health as it affects women. The project will utilize support groups to help women receiving government assistance overcome health problems. Please contact Elisse Zack or Beth Mairs, OFA, 25 Poynter Dr., Weston, Ont. M9R 1K8 1-416-245-4241.

Illegal Certification of Psychiatric Patients
Jennifer Moore, a film producer in London, Ontario, is researching a film based on the true story of a young woman's experience as an illegally certified psychiatric patient. This film is to be shot this summer (1985) and is intended for international distribution.

Jennifer would like to hear from organizations and individuals who have interest or expertise in the area of illegal certification. Write her at 4-171 Dundas St., Third Floor, London, Ont. N6A 1G4.

HEALTHWISE

Tampering with our Food

by Elspeth O'Regan

Since 1964, Canada has been irradiating certain foods to extend their shelf life. The treatment involves placing the food into metal containers which are then carried by conveyor belts to a room where they are exposed to gamma rays of cobalt 60 or cesium 137, both byproducts of CANDU reactors.

Irradiation effectively stops sprouting in potatoes and onions, and it acts as a deinfestation agent in flour and spices. As one of 22 countries using the treatment, Canada allows between 15,000 and 75,000 rads to be used. (A rad is a radiation measurement unit and stands for radiation absorbed dose.) Considered an additive, rather than a process, irradiation of food is regulated under the Food Additives Tables of the Food and Drug Regulations, which allow the irradiation of wheat, flour, spices, potatoes, and onions.

The Canadian government is now proposing both to extend the use of irradiation to include foods such as meat, chicken, fish and fruits, and to increase the acceptable dose of radiation used. The danger to the consumer is that the process is being accepted as safe by government officials, without adequate research or public discussion. In July 1983, the Health Branch Protection Branch of Health and Welfare Canada proposed that food irradiation "no longer be controlled under the food additive provisions of the Food and Drug Regulations," thereby requiring the formation of a new regulatory body to oversee food irradiation. In response to these changes, new labelling regulations must be developed. Some groups have suggested that the labelling of irradiated foods may not be essential from a scientific point of view.

Public awareness in Canada of the irradiation issue is alarmingly low, and before new measures are brought in, we should know more about it and what our choices are. Other supposedly "safe" chemical additives and processes introduced in the past, such as the chemical pesticide EDB (ethylene dibromide) have proven to be unsafe. It was just this past February that the United States Environmental Protection Agency halted the use of EDB, on the market for some time, when it was found to be a potent carcinogen.

How many of us know the facts about irradiation of food? What should we know of its effects on our reproductive and nutritional health? Are we underinformed or indeed misinformed? Irradiated food is *not* radioactive food, although radioactive byproducts are used in the process. Irradiation *does* change the chemical composition of food, as does heating or freezing, resulting in the creation of stable compounds called radiolytic products. To date, some 42 different radiolytic products have been identified. Unfortunately little is known about them or their health effects. There is simply a lack of information on the toxicity of these products. Some American tests reveal a link between irradiated foods and testicular damage, abnormal white blood cells, and reproductive and chromosomal damage.

Studies have shown loss of vitamin C from orange juice and potatoes and thiamine losses in mackerel through irradiation. Vitamin supplements may need to be added to irradiated food.

Proponents of food irradiation argue that this a cheap and efficient process which could be of economic benefit. Our country is a leading source of nuclear products such as cobalt 60. Increased international use of food irradiation means more money for the nuclear industry through increased sales of Canadian made equipment. Irradiation has also been posed as a solution to famine in third world countries, which would once again be guinea pigs for technology.

All of us are concerned about the quality of the food we eat and many of us attempt to control it, buying fresh foods and those with the fewest possible chemical additives. Unknowingly however, many of us may now be buying foods that have been irradiated — a process about which little is known.

More testing must be done and more information made available for consumers to make an informed choice. Food processing companies must be pressured to bow to consumer health needs rather than their own economic goals.

Elspeth O'Regan is a registered nurse with a strong interest in women's health, particularly mental health. She works at Queen Street Mental Health Centre. This is her first written contribution to Healthsharing.

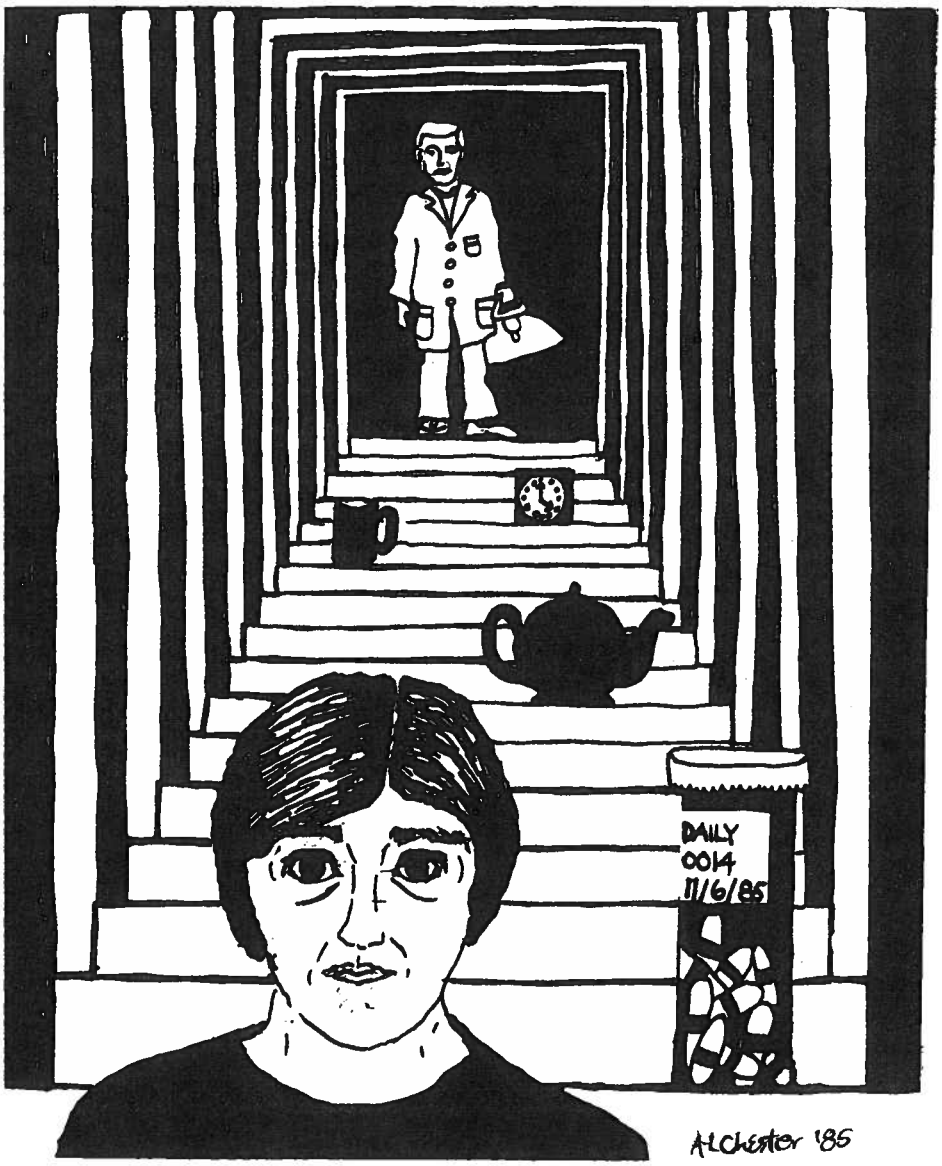
"I had extraordinary fatigue. I'd sleep for 10 hours, get up for two, then sleep for four. Getting up to go to the bathroom or make a pot of tea would exhaust me. Climbing stairs was a monumental task. I was very, very pale and I had headaches so bad that I just had to put my head down. I was also constipated and bloated and had terrible gas...I went to a doctor and asked for tests...for mono — and he said, 'There's nothing wrong with you, you don't need these tests. It's just a cold. Go home and rest.' I went back later and another doctor at the clinic told me the same thing, 'It's just a virus, everybody's getting it. Go home and sleep.' A week later I still felt awful. After talking to a friend, I went back and asked to be checked for parasites."

Candidiasis:

Beginning to Understand a New Disease Complex

Illustration by Annie Lou Chester

by Mary Louise Adams



Candida albicans, a common yeast organism, known to cause vaginitis in women and thrush in infants, is challenging the traditional western approach to illness, an approach typified by the equation: cause "x" leads to "y" symptoms, which can be cured by "z" treatment. It is threatening an assumption that has allowed doctors to see their patients as little more than complex machines, made up of various unconnected systems, organs and parts resulting in mechanical and often fragmented care. In the past few years, as knowledge and understanding of Candida albicans has grown and as it has been implicated in an ever-broader spectrum of illnesses, some people are beginning to question the simple cause/effect equation.

Chris Donnelly (not her real name) was lucky. It only took her three months of visiting a naturopath, a chiropractor and several doctors to find out that her increasingly deteriorating health was a result of Candida albicans. Some people search for years before being diagnosed. Still others are never fortunate enough to receive the validation that comes with diagnosis.

Reluctantly, the doctor tested Chris, found that in fact she did have parasites and prescribed a drug for her. For two days she felt better, but then she became worse and it seemed the drug was making her sicker.

"I was trying to collect unemployment insurance at the time because I was too sick to work. UIC referred me to a new doctor." Dr. Kathleen Kerr analysed Chris' hair, urine and blood, did a com-

prehensive computer analysis of her diet and took a thorough health history. The results suggested that in addition to the parasites, Chris was suffering from an overgrowth of Candida. A past history of antibiotic use was the most important clue.

It is estimated that 30 percent of the population is susceptible to severe Candida infections. Women are affected more often than men. According to Dr. Orian Truss, one of the pioneers of Candida research, the organism could be responsible for ailments in any tissue of the human body. Yeast proliferation can result in health problems as diverse as arthritis, premenstrual syndrome (PMS), depression, multiple sclerosis, migraines and schizophrenia.

Candida exists peacefully in the bodies of 97 per cent of the population, entering infants during or shortly after birth. Its favoured locales are the mucous membranes, and the gastrointestinal and genitourinary tracts. When our immune system is strong and when we have a healthy population of yeast-controlling bacteria, Candida is kept in check. But certain factors can combine to increase its growth.

Those factors most often cited play a frequent, if not constant, part in many of our lives: antibiotics, birth control pills and diets high in carbohydrates — Candida's favourite food. Other factors include immunosuppressant drugs, i.e. cortisone, exposure to occupational and environmental chemicals, and various kinds of hormonal changes.

Are Your Health Problems Yeast-Connected?

		YES	NO
1.	**Have you taken repeated "rounds" of antibiotic drugs?**	☐	☐
2.	**Have you been troubled by premenstrual tension, abdominal pain, menstrual problems, vaginitis, prostatitis, or loss of sexual interest?**	☐	☐
3.	**Does exposure to tobacco, perfume and other chemical odors provoke moderate to severe symptoms?**	☐	☐
4.	**Do you crave sugar, breads or alcoholic beverages?**	☐	☐
5.	**Are you bothered by recurrent digestive symptoms?**	☐	☐
6.	**Are you bothered by fatigue, depression, poor memory, or "nerves"?**	☐	☐
7.	**Are you bothered by hives, psoriasis, or other chronic skin rashes?**	☐	☐
8.	**Have you ever taken birth control pills?**	☐	☐
9.	**Are you bothered by headaches, muscle and joint pains or incoordination?**	☐	☐
10.	**Do you feel bad all over, yet the cause hasn't been found?**	☐	☐

If you have 3 or 4 "yes" answers, yeasts possibly play a role in causing your symptoms.

If you have 5, 6, or 7 "yes" answers, yeast probably play a role in causing your symptoms.

If you have 8, 9 or 10 "yes" answers, your symptoms are almost certainly yeast-connected.

William Crook, author of *The Yeast Connection*, a layperson's book about Candida, explains why women are more susceptible to yeast-related illnesses:

- the hormonal changes associated with the menstrual cycle (and with adolescence) encourage yeast colonization
- the birth control pill encourages Candida growth
- teenage girls are often prescribed antibiotics (especially tetracycline) as part of long-term acne treatment
- the vagina, because it is warm and dark, is an excellent environment for Candida
- women are the main target of antibiotics because we tend to have more vaginal and urinary tract infections
- the hormonal changes associated with pregnancy encourage Candida.

Bacteria in the digestive tract keep Candida under control. When those bacteria are reduced in number (or even wiped out) by exposure to antibiotics for example, the balance between them and the yeast is gone, leaving room for Candida to grow. Colonizing in the mucous membranes, it changes from a single cell into a form more like a filament, which encourages increased colonization. It becomes rooted in the membranes, sending out long filaments which perforate the membranes, allowing toxic byproducts to enter our bloodstream and travel to other parts of our body. Thus abnormal function in a tissue is not because of the yeast itself, but rather because of its various byproducts or toxins, 79 in total, which may enter the blood.

When the conditions which allow the initial yeast overgrowth continue, for example prolonged use of birth control pills, the immune system becomes so overwhelmed by the accumulating toxins or antigens it is trying to eliminate that it loses its ability to fight. It starts to tolerate the antigen. Such immune tolerance can leave you susceptible to various other diseases in addition to increasing your susceptibility to continuing yeast infections.

People working in polluted environments are continually exposed to toxins, overburdening their immune systems which begin to tolerate harmful substances. With a poorly functioning immune system they are especially likely to be infected by Candida, which in turn acts to keep their immune systems suppressed.

Truss has suggested that an individual's ability to respond to Candida may be genetically determined. Hereditary factors may also play a part in determining

xactly how the yeast infection manifests self in different people.

According to Chris' doctor, Kathleen Kerr, an understanding of how Candida works is relatively new. Five years ago, someone with a yeast-related illness would have been hard pressed to find anyone knowledgeable about its treatment. Although the situation has improved somewhat, Candida remains relatively unknown in the medical community, except as an occasional nuisance – the cause of vaginitis and diaper rash.

Candida does not fit easily into the traditional framework of medicine. Able to manifest itself in so many different ways, it is extraordinarily difficult to test for (although an American doctor is developing a blood test). Establishing its presence, which is possible, means nothing, since Candida lives in 97 per cent of the population. A true diagnosis is arrived at only after prescribing the appropriate treatment and observing the results in hopes of finding a reduction of symptoms. It is a somewhat uncertain course of events, one that sometimes takes months to show progress, hardly endearing itself to the proponents of both quick-fix" healing and the "physician as god" mentality.

Given the serious depression and anxiety that are often a result of Candidiasis, people who suffer from it are often labelled as hypochondriacs, their ailments explained as psychosomatic. Few doctors have the humility to confess ignorance — if the physician can't name it, you're not sick. How many people have been referred to psychiatric care and all the dangerous drugs it involves because of an undiagnosed yeast infection?

Maggie Burston has had chronic Candidiasis for the last 20 years. A bladder infection led to prolonged use of antibiotics which set the stage for a buildup of yeast. The yeast weakened her immune system causing, among other things, a bladder infection. Maggie became locked in an increasing cycle. Over the years her condition worsened. The bladder infection was never cleared. Maggie's immune system was weakened and she developed allergic reactions to almost everything — the drugs she was taking, plastic, tobacco smoke, paper, perfumes, petrochemical fumes and most foods. In the media her condition is commonly referred to as "twentieth century disease" or "ecological illness."

Searching for a diagnosis Maggie went from doctor to doctor. She was told repeatedly that there was nothing wrong with her. One allergist told her not even to try and understand her illness: "You'll never be able to know, it's far too complicated."

In spite of the fact that all Maggie's vital signs were normal, she was in constant pain and could hardly eat. But doctors, perferring to speak to her husband, insisted she was healthy. Maggie was isolated with the conflicting advice she received from different physicians — one rejecting with scorn the opinion of another.

Eventually a doctor in Ottawa put Maggie on the right track, telling her about Candida. It was an opinion Maggie's Toronto doctors refused to consider. So she herself researched the illness. At one point when she was too ill to read, a doctor friend gave her the tapes from a conference. From these she found out that the people who could be of most help to her were in San Francisco. Several months later she went to see them.

Maggie was so immune-threatened they presecribed a treatment called "transfer factor," injections of white blood products from immune systems of healthy people. She was told she would need the treatment every two weeks indefinitely. But Maggie, for financial reasons, was unable to stay in California and returned to Toronto where the blood products are unavailable.

Such an investigation is not happening. Maggie continues to search for a doctor who will petition on her behalf to import the blood products to Canada.

According to Devaki Berkson, a California chiropractor who works with people who have Candidiasis, traditional medicine, based as it is on men's bodies, tends to ignore the fact that women's hormonal fluctuations make our bodies somewhat more complicated. With more fluctuations, there is a greater chance of something going wrong. Fluctuating estrogen levels are linked to an overgrowth of yeast. We deal with toxins entering our bodies from outside differently if our hormones are out of balance. For example, women who are on the pill have increased amounts of estrogen in their bodies and some develop migraines and allergies.

People not on the pill are exposed to estrogen in animal products. Certain foods in our diet — sugar, caffeine and meat — are known to increase our bodies' own production of estrogen, producing yeast-favourable conditions.

Candida itself interferes with hormone functions, thus helping to establish circumstances under which it can flourish. Although the hormones are produced as usual, body tissues do not respond properly to them. It's a situation that can lead to acne, rough, dry skin, menstrual problems, decreased fullness in the breasts, loss of sensitivity in the nipples, decreased libido, increasingly severe PMS, chronic vaginitis, irritability and depression, and sometimes endometriosis, infertility and miscarriage.

"One specialist in infectious diseases said that after all, what on earth was I, a woman of my age, making a fuss about. I was over the hill and these symptoms were quite usual for 30 per cent of the women that he knew my age, and why didn't I go home and learn to live with the symptoms."

Hormonal changes are responsible for a pregnant woman's susceptibility to yeast overgrowth especially if she has a history of taking the pill. If a woman gets Candidiasis while she's pregnant, there are 79 different toxins/antigens which can cross the placenta. Her child could develop tolerance to the yeast before she or he is even born. After birth, yeast enters the baby's body; a single round of antibiotics could stimulate yeast growth.

Women become depressed for a variety of reasons in this society which fails to validate experiences not conforming to a heterosexual, white, middle class norm. Our complaints are often written off as "female hysteria" and treated with, at the least, mood-altering drugs. Depressed women are said to be maladjusted, attention-seekers. In light of this, Truss' findings with regard to Candida and psychological and emotional problems are worth noting. He tells of case after case of depressed and anxiety-ridden women who have responded positively to anti-Candida treatment. According to him, their emotional and psychological states are indicative of allergies affecting their brains, the result of interference with chemical and physiological reactions responsible for the expression of emotion. The interference in many cases is caused by Candida. Similarly he suggests that some cases of anorexia may be yeast-related.

The importance of discovering the "yeast connection" (as William Crook calls it) to such a variety of health problems lies in the potential for them to be treated. Chris now eats a yeast and mold free diet that is extremely low in carbohydrates and high in proteins. She takes nilstat (also known as nystatin), a yeast suppressing drug, and nutritional supplements to strengthen her immune system. As her immune system becomes stronger she will add foods to her diet, one at a time, to see if her body will accept them. She'll probably be on a severly restricted diet for at least a year, but her eating habits have changed for life. "No more living on yoghurt, salad and fruit, with toast and jam for breakfast. That's almost all sugar. I know now what I need to survive."

To maintain her health Chris is making a commitment of time, energy and money. She must prepare all her food from scratch and has to be careful to rotate the foods in her diet. "I had to buy a whole set of baking utensils along with the special foods. My supplements alone cost $150 a month." For many women the financial demands of this treatment would be too great.

Maggie Burston is still too sensitive to eat a great many foods. Even the smell of cooking can make her ill. She has a housekeeper who cooks for her in the recreation room of their apartment building. What happens to people without such resources?

How can we best reduce our vulnerability to Candida? Dr. Kathleen Kerr says the best thing to do — and perhaps the hardest for many people — is to regulate our diets. Restrict the carbohydrates in your diet — especially sugar. Avoid yeast-promoting foods like cakes, cookies and breads, fruit juices, dried fruits, dried herbs and teas, chocolate, pickled and smoked foods. When possible avoid antibiotic drugs. If you must take them, there are some which are less yeast-promoting than others. Also be sure to supplement them with yoghurt to maintain the level of healthy, yeast-controlling bacteria in your body. Don't take the pill. Try to reduce your exposure to chemicals which threaten the immune system. Work for better environmental and occupational health standards in your community and at work. Try to reduce the amount of stress you endure because it too can weaken your immune system.

Dr. Alen Levin, a specialist in immunology, allergy and environmental medicine, participated in a segment of CBC Radio's *Ideas* program devoted to ecological illness. He suggests that the average human alive right now has a body that is genetically different from the average human body of 1964. We are now seeing the first and second generations of people "who previously wouldn't have survived without sophisticated antibiotics and hospitalization and insulin and surgery, and things like that." We are also living in a time when the use of prescription drugs is remarkably high. Patterns of disease are changing. Jet travel means bacteria, viruses and parasites are now found in places where they were previously unknown. Environmental chemicals have given us a whole new list of ailments. Our bodies have been able to adapt to many of these changes. Someone with ecological illness has reached their limit.

The question now is whether traditional medicine can adapt, can assimilate this new understanding of disease. As Kathleen Kerr says, in spite of Orian Truss' success and supporting evidence from other physicians, she has yet to see any mention of yeast-related illness in a journal like *The New England Journal of Medicine*, the bigtime of medical publishing. If as Truss has said, yeast may be responsible for health problems as varied as schizophrenia, multiple sclerosis, and PMS, the ramifications of his findings are tremendous. They offer some hope to people suffering from previously "incurable" ailments. He admits how difficult it is to accept the view that so many remarkably different illnesses could be caused by a single agent.

"My life may depend on those treatments. What are my rights as a citizen of this province? At the very least there should be some sort of investigation into both the condition and the treatment."

Resources

Candida Research and Information Foundation,
155 Marlee Ave., Suite 2102
Toronto, Ont. M6B 4B5
(416) 781-0230

Parents of the Environmentally Sensitive
Box 434, Station R
Toronto, Ont. M4G 4C3

The Yeast Connection
by Dr. William G. Crook
available for $15.95 plus $2.50 handling and postage from: Future Health, P.O. Box 846, Jackson, TN 38302, or call 1-800-835-6368 (toll free)

"The Role of Candida Albicans in Human Illness"
by C. Orion Truss
Orthomolecular Psychiatry, Volume 10, Number 4 (1981), pp. 228-238

"New Ideas About Sickness and Health"
transcript from CBC Radio's *Ideas*, available for $5.00 from: CBC Transcripts, P.O. Box 4039, Station A, Toronto, Ontario M5W 2P6

The Missing Diagnosis
by Orion Truss
$25 plus $2.50 handling and postage from: P.O. Box 26508, Birmingham, Alabama 35226

In adding yeast-related illnesses to the body of medical knowledge, physicians will be forced to treat their patients as whole persons, not merely as the amalgamations of various joints and organs. They will be forced to listen to and to take into account their patient's views of their various symptoms, even those as intangible as depression or anxiety. In short they will be forced to take their patients seriously, to acknowledge them as the experts they are about their own bodies. It's a goal the feminist health movement has been working towards for years.

Mary Louise Adams lives in Toronto and works for Herizons *and* Resources for Feminist Research.

Breast Milk: An Untold Story

by Jeanne Jabanoski
illustrated by Karen Tufford

How often have you seen this picture? A woman in a soft white gown tenderly carries a baby toward the fireplace. Settling into a rocking chair, she wraps the infant in a warm afghan, reaches into her gown and positions the baby's mouth on her nipple. Hungrily, the infant begins to suck, and mother and child settle into hazy, symbiotic contentment. Even for women who haven't experienced breastfeeding at one time or another most of us have pictured ourselves enacting this ancient ritual of nourishment and bonding.

But there is something wrong with this picture. With every mouthful of its mother's milk, that baby is sucking in toxic chemicals. As the mother breathes, eats or drinks, minute quantities of toxic chemicals enter her body. Slowly, they are released into her blood, taken up by her organs and stored in her body fat. Although the baby has already been exposed in the womb, breast milk, with its high fat content, is one of the most direct sources of toxic chemical contamination for newborns.

For many years, infant formula was extolled as a liberation from the constraints of breastfeeding. More recently breastfeeding has regained popularity as a step of motherhood. Indeed, health researchers have been telling us for years that mother's milk is an almost perfect food for newborns, with its natural immunities and antibodies to protect babies from disease. Proponents of the "back-to-nature" movement have repeatedly preached that it is intrinsically good for us to breastfeed. And behavioural scientists have told us about the emotional bond breastfeeding establishes between a mother and her child. Notably absent has been any information on chemical contamination.

Although breast milk is not the only source of a child's exposure to toxic chemicals, it is an important one. Since it is a source over which women have some control, it is useful to weigh possible hazards against the benefits to the baby of his mother's milk.

A cautionary note: as in all areas of research on health effects of toxic chemicals, there is no certainty on the issue of toxins and breast milk. Scientists do not agree on the potential health effects, and reports in the scientific literature are at best controversial. Because humans are exposed to many detrimental chemicals from so many sources, the isolation of statistically valid information on human effects is extremely difficult. As well, researchers find it increasingly difficult to measure the effects of a high concentration of contaminants, since the "background level" (presence of a particular chemical in every part of the ecosystem) is so high. However, as the data begins to accumulate in North America and elsewhere around the world, first on effects on animals and increasingly on humans, the evidence is beginning to point to some problem areas.

Among the growing number of toxic chemicals in the environment, one of the most studied has been a compound called polychlorinated biphenyl or PCB. PCBs are similar to other toxic organic compounds, such as dioxin, mirex or DDT and have been around long enough to have racked up a sizeable body of scientific reseach. A mixture of carbon, hydrogen and varying amounts of chlorine, PCBs were synthesized late in the 19th century. Their industrial manufacture began in earnest in 1929 when they were used in adhesives, plastics, paints, carbonless carbon paper and electrical products. PCBs were considered wonder chemicals, since they are odourless, colourless, do not conduct electricity and have a remarkable capacity to absorb heat. They were used, and are still, in electrical transformers and capacitors both as an insulator and a coolant. It was a transformer taken out of use that caused the spill of PCBs in Kenora, Ontario in April, 1985.

PCBs were discovered almost accidentally in the environment in the 1960s when scientists were investigating DDT contamination. In addition to DDT, their examinations turned up PCBs.

This was in the days following publication of Rachel Carson's landmark book, *Silent Spring*, which alerted North Americans to the damage DDT and other pesticides were wreaking on songbirds. Carson was the first researcher to go to the public with the effect our use of chemicals was having on every aspect of the food chain. She showed how the spraying of crops to increase food production resulted in the drastic decline of songbirds. We know humans, who are at the top of this food chain, contain the same level of environmental contaminants.

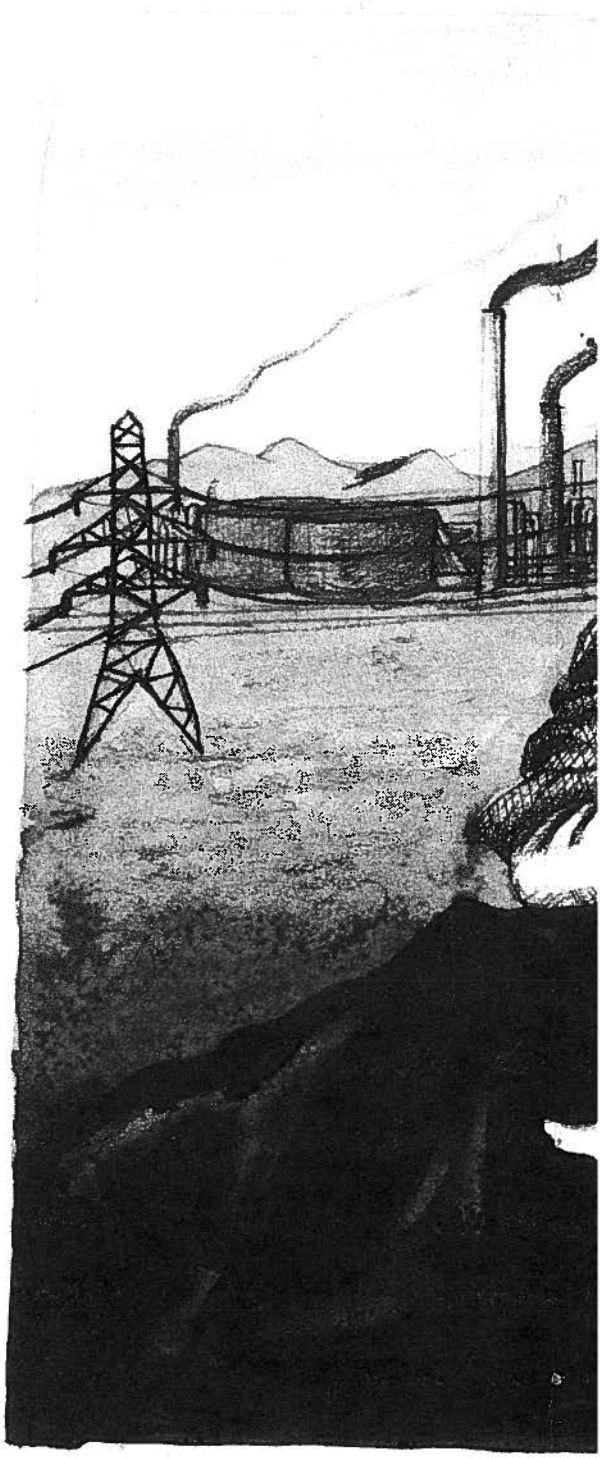
Following studies on birds and other wildlife, researchers began to look at the effects of PCBs on laboratory animals. They discovered tumors, reproductive problems, impotence and liver damage.

PCBs have been restricted in Canada since 1977. Thousands of gallons of PCBs are still in use. Although the use of PCBs has been drastically restricted in North America, their use in closed systems such as tranformers and capacitors is considered to be more practical and less dangerous. Barring leaks, they are encased in steel and do not pose a threat to the environment. Others are in storage across the country waiting for an environmentally and publically acceptable method of disposal.

The first evidence that PCBs could affect the development of a fetus came from Japanese studies of pregnant women. Women in Japan and Taiwan had consumed rice oil accidentally contaminated by industrial discharges containing large quantities of PCBs and other pollutants. Their infants showed high PCB levels and physical effects such as brown skin pigmentation and swollen eyelids, now known as "Yusho" or rice oil disease. The infants also tended to be born prematurely and smaller than average. These infants showed a slow rate of growth, a low IQ, sluggish and clumsy movements and general apathy.

In North America, as scientists began to find PCBs in water, birds and fish, particularly around the Great Lakes, health researchers began to delve into the effects of the chemical on the infants of women who regularly ate lake fish. Much of the early research on PCBs and other contaminants began in the Great Lakes area. The results of this research serve as an environmental alert for effects which are emerging in other parts of the country. With its high rate of industrial development and large population centres, the Great Lakes region is a laboratory of the effects of toxic chemicals released into the ecosystem.

Contrasted with the dramatic effects of the Japanese studies, the North American research produces results that are subtle and variable. In the Japanese studies, the high level of contamination resulted in visible birth defects and abnormalities. In the Great Lakes studies, exposure is slow and continuous. And it exemplifies the way in which the general population is contaminated by the per-



vasive presence of PCBs in the environment.

Some research has attempted to describe the effects of this contamination on mothers and infants. A study at Wayne State University in Michigan indicates that babies of fish-eating mothers could be small, born early, or show slow motor development and weak reflexes. Additional studies indicate infants whose mothers had eaten Great Lakes fish contaminated with PCBs were 160 to 190 grams lighter than non-exposed infants. These and other studies around Lake Michigan resulted in the state of Michigan advising pregnant women to stop eating the fish. The government of Ontario issues sport fish eating guidelines each year based on its own research results. New York State simply advises women of childbearing age or pregnant mothers not to eat Great Lakes fish.

In 1981, researchers in Sheboygan, Wisconsin analyzed PCB levels in both blood and breast milk of exposed women. They found that exposure to PCBs in the womb results in the infants suffering an increased number of infectious illnesses, such as colds, earaches and flu in the first four months. This is contrasted with the Michigan studies where infant development and growth up to the four month period appear normal. In a twisted kind of reverse transfusion, the Wisconsin study also shows that the level of PCBs in some mothers' blood dropped when breastfeeding. The researchers feel the lower levels are caused by the mother passing her own load of PCBs to her baby through nursing. A.A. Jensen, a PCB specialist from Denmark, underscores this by noting bluntly "lactation is simply a period of maternal detoxification."

As startling as this may seem, even information like this can be fairly remote until you have reason to apply it to your own life. For Dr. Jennifer Ellenton, a geneticist and farmer, it became intensely personal when she was breastfeeding her two children. "Over the last 15 or 20 years, we have had a whole generation of children exposed to PCBs and other toxic chemicals at very early stages in their development," she says. "This exposure has taken place both in the uterus and through breast milk at a time when many sensitive developmental processes, including brain development, are taking place. These children are very susceptible, since PCBs are known to have neurological effects."

Her equally concerned husband, biochemist Dr. Douglas Hallett says, "I was compiling data from the Great Lakes Basin and Europe when I suddenly realized that our baby was being dosed with PCBs, probably Dioxins and many other toxic chemicals in the first few months of its life. While adults have a variety of food sources, the baby is restricted to just its mother's milk. Given that the so-called safe dosage for these chemicals is based on adult weight, and a baby is less than one-tenth of that, there must be an effect on the child!"

One of the problems researchers have conducting studies on breast milk is the difficulty of establishing an uncontaminated control group against which the PCB contamination can be measured. "The general population is exposed to these compounds in food, air and water because we live in a contaminated environment," Dr. Hallett says. "There is no escaping chemicals. The only way to solve the problem is to remove the sources."

Widespread PCB contamination in Canada was confirmed by a study undertaken by Health and Welfare Canada in 1975 which found high PCB concentrations in the milk of mothers across the country, with industrialized Ontario and British Columbia showing the highest levels. This bears out European statistics which indicate the levels of PCBs in human milk are higher in heavily populated and industrialized areas than in rural areas. In some European studies, a higher diet of fish, meat and dairy products has been related to higher levels of PCBs in milk. Other studies, however, have shown the same PCB levels in milk in both vegetarians and non-vegetarians, indicating a general level of contamination from diffuse sources, such as food, air and water.

Once toxic chemicals get into the air, they can be inhaled as air pollution or they can enter the food chain by settling on water, land or directly on crops. These toxic chemicals travel amazingly long distances; some, such as PCBs and dioxin, are commonly found in the bodies of polar bears and Arctic seals, far away from common sources of chemical contamination.

There is literally no place safe from toxic chemicals. Five years ago, people living in Toronto felt that contamination from the dump sites along the Niagara River was affecting only the residents of Niagara-on-the-Lake and other river-side communities. Within just a few years, a link was made with Lake Ontario and Toronto drinking water drawn from the lake. As the evidence mounts, bit by bit, we can no longer consider ourselves safe if we don't drink the water, eat the fish, or live in urban areas. The contaminants are showing up in small quantities in just about anything scientists care to analyze.

There are no conclusive safe levels for PCBs and other toxic chemicals in breast milk. Nor is there an established safe dosage for newborns. Many researchers tentatively conclude that the benefits of breastfeeding outweigh the risks of toxic chemicals in the milk for at least the first four months of the baby's life. The Sheboygan, Wisconsin study concluded

BREASTFEEDING: PATTERNS and PROBLEMS

In the United States today, 62 per cent of all women breastfeed their infants when discharged from hospital. This marks the highest level since 1900 when 90 per cent of all women breastfed. The all-time low occurred in the early 1970s when 95 per cent of all babies were fed bottled formula.

A campaign to get even more women to breastfeed is being carried out today by the United States government, particularly among women receiving food supplements through an assistance program. Reasoning that the formula is a major expense in this program, the government penalizes women who do not breastfeed.

An article in the February issue of *Forbes* magazine pointed out that often poorer women, with bad nutrition, less milk because of stress, and contaminants such as alcohol and drugs in their system, are not equipped to provide their infants with milk as a unique food source.

***The Journal of the American Medical Association* recently published an article on breastfed infants who, for several reasons, were not receiving adequate milk. While seen by their mothers to be quiet babies, they were in fact dehydrated and undernourished.**

:hat the protective effects of breast milk seemed to start wearing off at the 4-6 nonth level.

The advantages? There is some re-hinking of advantages as well. In 1980, a report by the Surgeon General of the Jnited States stated that the best way to achieve sound nutrition for infants by 1990 was to have 75 per cent of all nothers breastfeeding upon discharge rom hospital. The American Academy of Pediatrics now states that "adequate ntakes of human milk or a prepared for-nula meet all the known nutritional re-uirements of infants for the first six nonths of life, with the possible excep-on of Vitamin D and fluoride in the case f breastfed infants."

Given conflicting scientific statements, : is hard to come up with a satisfactory nswer to the breastfeeding question. 'his much is known:

chemicals such as PCBs have been ound to be 10 to 20 times higher in reast milk than in cow's milk

the average daily dose of PCBs in reastfed infants is about 50 times higher nan in adults

research has linked PCB levels in in-nts and effects such as small size and ead circumference, premature delivery, sluggish development, and increase in infectious illnesses in the first four months

- an infant's exposure to PCBs and other chemicals begins in the womb.

In support of breastfeeding, most women consider major advantages as:

- enhancing an infant's immune response due to the transfer of antibodies from the mother
- reducing susceptibility to infectious disease over a child's lifetime
- improving the bonding between mother and child.

None of us would willingly allow any more chemicals than are absolutely necessary to enter a newborn child. Since exposure begins in the womb and continues from many sources, it is clear that the only real solution is to work at ridding our environment of these chemicals in the first place.

For women considering breastfeeding, there are some things that should be done:

- Find out what chemicals are used in your workplace, home and neighbourhood.
- Alert your family doctor and pediatrician to the chemicals you are exposed to. Ask for information on precautions and health effects.
- Ask for analysis of your breast milk to find out what chemicals it contains and in what quantity.
- Lobby your elected representatives for stronger policies on chemical contamination of the environment and more extensive, long term studies of the effects of exposure.

The final work rests with Dr. Ellenton, a scientist and mother who has had to make the hard decision herself: "I would never counsel a woman to avoid breastfeeding simply because of the information we have on toxic chemicals in breast milk. Evidence to date indicates that in most cases advantages of breastfeeding outweigh disadvantages. However I support the idea that women should take control of their own health. At the very least, women should be able to have their breast milk checked, and have access to available information allowing them to make as informed a decision as possible, one that will work in their lives."

Jeanne Jabanoski has been a writer, journalist and community organizer. She is currently Director of Communications for Environment Canada in Ontario.

RESOURCES

NVIRONMENTAL GROUPS

cology Action Centre
ld Provincial Archives Building
alhousie University
alifax, N.S. B3H 3J5
02) 422-4311

onservation Council of New Brunswick
30 St. John St.
edericton, N.B. E38 4A9
06) 454-6062

ne Wilderness Society of Newfoundland
O. Box 5132
. John's, Nfld. A1C 5V5
09) 722-3604

e Comité d'Etude sur les Produits Chimiques Toxiques (CEPT)
asier Postale 731
vière-du-Loup, Que. G5R 3Z3
18) 497-2548

a Société Pour Vaincre la Pollution
asier Postale 65
ccursale Place D'Armes
ontréal, Que. H2Y 3E9
14) 844-5477

nadian Environmental Law Association
3 Queen St. W.
Toronto, Ont. M5V 1Z4
(416) 977-2410

Pollution Probe
12 Madison Ave.
Toronto, Ont. M5R 2S1
(416) 926-1907

Temiskaming Environmental Action Committee
P.O. Box 1212
New Liskeard, Ont. P0J 1P0
(705) 647-7307

Eileen Orr
Manitoba ENGO Steering Committee
P.O. Box 7, Group 10, R.R. 1
Swan River, Man. R0L 1Z0
(204) 238-4906

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South Health Liaison Officer
Dene Nation
P.O. Box 2338
Yellowknife, N.W.T. X1A 2T7
(403) 873-4081

Martha Kostuch
Alberta League for Environmentally Responsible Tourism
P.O. Box 1288
Rocky Mountain House, Alta. T0M 1T0
(403) 845-3668

Ann Coxworth
Saskatchewan Environmental Society
P.O. Box 1372
Saskatoon, Sask. S7K 3N9
(306) 665-6655

West Coast Environmental Law Association
207 West Hastings, No. 1012
Vancouver, B.C. V6B 1J9

BOOKS

The Invisible Additives: Environmental Contaminants in Our Food
by Linda R. Pim
Doubleday Canada, Toronto 1981

Chemical Nightmare: The Unnecessary Legacy of Toxic Waste
by John Jackson, Phil Weller and the Waterloo Public Interest Research Group
Between the Lines, Toronto 1982

Toxics on Tap
Pollution Probe, Toronto

Silent Spring
by Rachel Carson
Fawcett Publications, Greenwich, Ct. 1962

Taking Action

by Ruth St. Amand*
photograph by Janet Dwyer

Saskia Post is a 20-year-old mother. For the past two years she has struggled with the fact that her son's multiple deformities are due to the chemical environment she was exposed to while working at English Plastics in Brampton, Ontario.

Her son, Timothy, is a blond-haired, blue-eyed baby boy. He is blind, has difficulty swallowing and holding his head up. He reacts to sounds and makes cries but has no words.

Saskia did not know she was pregnant when she went to work at English Plastics. Her job involved tending a machine which vacuum-formed plastic items such as airplane windows and dog food bowls. After sheets of plastic were put in the frame of the machine, they were heated and formed into the desired shape. During this process smoke and fumes would rise and settle in front of the machine where Saskia worked and breathed.

There was little if any ventilation in the plant. Some evenings it was hard to see across to the end wall of the small shop. Respirators were not used. Employees were not given safety instructions. Saskia often complained of feeling nauseated from the contaminated air. Sometimes she had pains in her chest. Her sinuses burned and she would get nosebleeds. After her shift she would often go home so exhausted she would fall asleep before making dinner.

According to Saskia and other employees at the plant, many workers experienced similar problems and suffered from headaches, skin rashes, chest pain and fatigue. "All the employees were suffering, including myself. But our employer didn't seem to care. He didn't tell us about the hazards we were working under or how to protect ourselves. The term safety there was a complete joke."

It wasn't until her second week at English Plastics that she discovered

* *in conjunction with the Hamilton Workers' Occupational Health and Safety Centre.*

shewas pregnant. She quit her job immediately. Because she was experiencing such severe symptoms from the fumes, she was concerned they might also be having an effect on her unborn child.

Timothy was born in September, 1983. "When Timothy was born there wasn't anything apparently wrong. But when he was supposed to be making developmental gains, I noticed that something wasn't right." He was referred to the Hospital for Sick Children in Toronto, where he was treated with what Saskia felt was unusual attention. Large groups of doctors would frequently examine and re-examine him. After countless tests and investigations, Saskia was told Timothy was blind, retarded and had little control over his limbs and muscles. A chromosome analysis did not reveal any abnormalities. This showed that Timothy's deformities were not hereditary. The inference at that time, according to Saskia, was that Timothy's defects were environmentally caused. "That old fear of English Plastics crept back into my mind."

Saskia suspected that the deformities were due to her toxic exposure at English Plastics. When she made a complaint to the Ministry of Labour no apparent action or interest was taken. She later learned that the director's office sent an inspector to the plant in May, 1984. He took down a list of chemicals used, reported management's allegations that no fumes were produced by the machines, misleadingly claimed no one was complaining, and left it at that, never bothering to test for airborne levels of fumes.

Saskia then approached Bob Rae, leader of the Ontario New Democratic Party. His office referred her case to Stan Gray of the Hamilton Workers Occupational Health and Safety Centre. The centre has a team of specialists in occupational health, such as physicians, occupational hygienists, and experienced labour people, as well as the use of computer banks and resource libraries. They began a full-scale investigation into Saskia's case. This involved probing the manufacturing operations of the plant and interviewing workers about the unsafe manner in which the plastic was produced.

The group reconstructed the exact chemical substances Saskia had been exposed to. This complex task began with an investigation of the trade names of products used and then indentifying them by their chemical names. The next step involved researching the products which were released into the air as the plastic was melted. It was necessary to determine how the body metabolizes these products and how they affect the fetus. Identified substances such as polyvinyl chloride and styrene were studied to determine what is known about teratogenic effects, i.e. damage to the fetus.

The major question was exactly at what stage did Timothy's developmental occur. Did it correspond to the time when Saskia was exposed to the chemicals at English Plastics? Could these chemicals have the capacity to cause these specific deformities? Eventually, having waded through all the evidence, one of the centre's doctors wrote a medical report. Timothy had deformities caused by damage during the development of his neural tube. These were produced by chemicals Saskia was exposed to at English Plastics during her ninth to tenth week of pregnancy. The scientific evidence was sufficient on the capacity of styrene, polyvinyl chloride and ABS, a complex of acrylonitrile, butadiene and styrene, to cause such defects. "The clinic supported my belief that what I had been exposed to could have caused Timothy's problems. So I launched a law suit on behalf of Timothy for damages against my former employer and the suppliers of the chemicals."

There are many issues involved in this action. The major one will be to provide money for the special care and facilities essential to Timothy's well being. This action, however, represents more than these considerations. "It's the principle of the matter. What happened to me never should have happened. Everyone has the right to have a healthy child. No company should be so unsafe to cause such harm. Unless companies like English Plastics are publicly condemned and have to pay a price for what they do, they will never have a reason to clean up their act. If I win, I will be preventing the same kind of thing happening to others. Other women will benefit, and companies won't be so quick to use methods that are cheaper but more destructive."

In November, 1984 when the Toronto press carried the story of the law suit, the Ontario Ministry of Labour was put on the spot. Whether it was to excuse its own negligence, or because it wanted to protect all employers from this precedent-setting action, the Ontario Ministry publicly excused English Plastics. The Ministry defended the company in the legislature from NDP criticism. Its top officials publicly maintained there could be no problem at the plant because their inspector's reports never found fault.

Saskia had been disappointed by organizations she once believed were there to protect her. She has repeatedly faced the indifference of hospitals and government agencies she once had faith in. "Nobody looks out for the workers; you find out you are on your own. When you have a problem there is no one there to help you out. Thank God the centre was there. Their support continuously helps me renew my belief that the workplace can be made a safe place for everyone."

Along with the team at the Hamilton Workers' Occupational Health and Safety Centre and her lawyer, Saskia is preparing the evidence to fight her case. "We all have a right to a clean environment and from what I've been discovering, people are working under hazardous conditions everywhere. We should be warned about potential hazards and supplied with the proper safety equipment. How many more potential children will have to be harmed like my son Timothy before the government will even look into and recognize the problem that is going on? My lawsuit is one way of fighting this problem, but this is not enough. We have to bind together and pressure our government to stop these hazards from going on and affecting more people and more children."

Ruth St. Amand is a resident in Community Medicine at McMaster University.

Saskia Post is currently in the process of organizing the evidence and arranging for the expert witnesses she will need for Timothy's case. This suit will set a precedent in Ontario as it is the first of its kind to be filed on behalf of a child. Contributions are welcome. Please send money to the Saskia Post Defense Fund, c/o The Hamilton Workers' Occupational Health and Safety Centre, 1071 Barton St. E., Hamilton, Ont. L8L 3E2.

Beyond Male Bias in Occupational Health

Debbie Field speaks with Stan Gray of the Hamilton Workers' Occupational Health and Safety Centre. Gray worked at Westinghouse in Hamilton for eleven years, nine of them assembling transformers. He was a shopfloor safety representative before the United Steelworkers hired him to direct their centre last year.

Q. *Tell us a little about the Hamilton Workers' Occupational Health and Safety Centre.*

A. The Centre is funded by Local 1005 of the United Steelworkers of America, which represents 10,000 workers at the Steel Company of Canada Hilton Works in Hamilton. It is open to all workers, union or non-union, from any industry.

The clinic has two doctors who are occupational health specialists. They do medical assessments of people with work-related injuries and diseases. We also provide information on worksite dusts, vapors, gases and physical hazards. We have a hygienist who can analyze these substances and we also have access to extensive information resources, including computerized data banks. In this way, we can study both the patient and the workplace, the disease and the unsafe conditions that are causing it.

The centre is the only one of its kind in North America. It provides skills and services that no one else, anywhere, provides. We do a lot of counselling and advocacy; working with union reps, locals, workers from non-unionized companies. We also help with worker compensation claims. We try to give a rounded approach. We have experts and skills on the side of the workers that no one else has. We also have many volunteers helping out; many rank-and-file workers from the Hamilton area are pitching in.

PCB's are our big campaign right now. There is far more extensive damage in the workplace with PCB's than with one spill in the environment. Rather than generate frantic clean-ups on the highways, we should generate frantic clean-ups on the highways, we should generate at least as much or more alarm and clean-up in industry.

Q. *Do your cases come from from any one industry or type of workplace?*

A. They've been coming from everywhere — auto and steel factories, hospitals, offices, schools, from all over Ontario. Half the people who come in are women. Many of them work in traditional women's job ghettoes: cleaners who are affected by solvents, the electronics industry where women are affected by lead and freon, the plastics and rubber industry where women suffer the same problems as Saskia Post, office workers, textile workers suffering the effects of cotton dust and women who are victims of sexual harassment.

There is a male bias in the health and safety field. It's the problems in the traditional male jobs like those in mines and steel plants that are listened to. More of a focus on women's needs must be put into health and safety.

We treat women's complaints seriously. We are not contemptuous of them.

Q. *Your clinic has been approached by many people with reproductive concerns. What makes it a referral agency for reproductive hazards?*

A. As a matter of fact, when the clinic started up we were not particularly expert in the field. As for myself, I knew little about reproductive problems. Over the years when I worked at Westinghouse and when I was involved more generally in the labour movement in the health and safety area, I dealt with overhead cranes, welding fumes, unsafe scaffolding, fire and explosion hazards.

But one of our first cases was that of Saskia Post, so I quickly had to educate myself on the matter; our whole staff soon developed more extensive expertise and resources in the area. Because of our work on the Post case, we were flooded with inquiries about reproductive damage. I came to learn that the extent of such damage is vastly underestimated, and not enough attention has been paid to it by the labour movement.

Q. *Saskia Post has the courage to make her case a public fight. My sense is that there are hundreds of men and women in Ontario who are experiencing workplace-related reproductive damage, but we don't hear from them. How exceptional is Saskia's situation?*

A. I was shocked to learn of the extent of reproductive hazards in the workplace and the extent to which authorities usually ignore this fact. Since Saskia first came to our clinic we have been approached by many other workers with reproductive problems. There are lots of cases out there, as you said, and I believe we are just seeing the tip of the iceberg.

We've been looking into cases of women whose pregnancies are threatened by workplace exposures: lead fumes in an electronics plant, mercury in a battery plant, lacquers and solvents in a paint shop, gases in one plant and pesticides in another.

Q. *Aren't any of these women protected by health and safety laws?*

A. The laws are inadequate and hardly enforced. It's scandalous what employers are able to get away with.

The case of the workers at the Canadian Pacific Air Reservations Office at

the Toronto airport is an example. The union safety representative called us to say the company was about to apply an oil-based paint the office staff thought would be harmful. The area is poorly ventilated. Some of the pregnant women even had letters from their doctors warning them the vapours could be harmful to their fetuses.

The company said there was no problem. We did a check and found that the paint has some aromatic hydrocarbons in it — these have the capacity to cross the placenta and damage the embryo. It could also cause headaches, dizziness and nausea in the mother. We advised the women to refuse to work under those conditions and recommended the company hold off until some safer arrangements could be made.

He acted pretty contemptuous of the health concerns of the women. He would do nothing to make the company ensure safer conditions. He was terrified to get in the company's way: the women whose health was at risk would have to readjust themselves.

The financial interests of the companies take precedence over the right of women and their potential children to protection by health and safety laws. The government is more concerned with protecting the employers' right to control their factories and contaminate their employees, than with allowing women a right to control their own bodies.

Why is the Ontario government devoting energy to persecuting abortion clinics but doing nothing to protect wanted fetuses from workplace damage?

irritant, isocyanates; it can cause an allergic reaction and induce a crippling asthma. Maureen ended up in the hospital with breathing problems and other workers vomited in the washrooms or suffered nosebleeds. Although our advice was to stop the spraying immediately and get people out of there, the employer claimed there was no hazard. When we finally pried the chemical information out of the manufacturer, we found out that the spray also contained glycol ether — a well known and potent reproductive toxin. We have seen very many tragic victims of isocyanates at the clinic from various plants in the Hamilton area. Some women have been having irregular menstrual patterns and there have been miscarriages since the incident.

The company ignored this information and said no to the workers' requests. Seven pregnant women stayed home to protect themselves from the fumes and ended up losing pay and benefits as a result. Other women got sick from the paint and had to go home anyhow.

Q. *Did these women try to get government inspectors to declare their workplace unsafe?*

A. A Labour Canada inspector was called in after the painting began. He took a quick look around and okayed the operation on the company's say-so. He came back three days later when the job was almost over, tested for a substance he openly doubted was in the paint. He used poor methods and unreliable equipment.

Q. *I always find it ironic when the government, in its role of employer, breaks health and safety regulations which under other circumstances it would attempt to enforce.*

A. Right. We have had such 'ironic' cases. We were recently involved in a struggle of women in a large federal government office building in Ottawa, the Lord Elgin Plaza. The employer arranged for the spraying of a polyurethane sealer in the basement to waterproof the cement structure. The union rep, Maureen McMahon, called us up because the building's ventilation system was sucking up the spray and circulating it through the 23 floors, exposing the workers. Many of the women she spoke to were severely irritated by the fumes.

We did a check and found out quickly that the material contained a respiratory

It's shocking when you know that the federal government has the capacity to get the information on the sealer. Either they had it at the beginning and went ahead anyhow, knowingly putting the women at risk, or they never bothered to check what they were told, which is just as bad.

Government inspectors were called in, but their testing and investigation was of such a low calibre! Their methods were shoddy and they even ignored testing for isocyanates, glycol ethers and other toxic materials. But after the women went public with the information, the Health Department's top occupational health director admitted we had been right all along. He said he would have had the building evacuated immediately if he had known what we know now.

Q. *You've talked about substances which directly harm a fetus. There are also chemicals which indirectly cause fetal damage by affecting the mother.*

A. Yes. Teratogens are substances which damage the fetus by crossing the placenta, causing deformities or miscarriages. Mutagens refer to substances that alter or mutate the sperm or egg cells before pregnancy. These can cause sterility or infertility, and so prevent conception, or they can cause defects in the fetus. Deformities can also be caused by toxic substances contaminating breast milk, like solvents or lead.

Q. *Whose responsibility is it to protect the pregnant woman?*

A. The burden of protection is left to individual women. Public philosophy behind Canadian legislation allegedly guarantees women the right to a job and to have children at the same time. But if concrete protections aren't written into the laws, they don't mean anything.

There is a case we have that sharply highlights this problem. A woman was forced to quit her job at a pesticides plant out of her concern to conceive a healthy child. The factory air was full of dust from pesticides that have known reproductive hazards, such as captan, diazinon and others. The boss wouldn't give her a safer job, and so to protect her potential child she quit, thereby giving up her job and losing her acquired seniority and benefits. She had to personally suffer, because she wanted to conceive a healthy child.

Q. *I understand that in Quebec women have the right to transfer to a safer area during pregnancy.*

A. Yes. If she gets a recommendation from her doctor. If other work isn't available, she will be compensated. This is one part of the answer. But we also need some kind of "conception leave." Men and women in the situation of the pesticide worker must be protected when trying to conceive.

Q. *When I worked in the coke ovens in Stelco many of my male coworkers had suspicions that the toxic environment of the coke ovens could be responsible for reproductive problems they were having. They complained of sterility, wives and girl friends having increased numbers of miscarriages, and one man felt very strongly that his baby's heart defect problems were related to the coke ovens. Have you done much research on male reproductive hazards? Have you had complaints from men?*

A. We have a case of a man rendered sterile from lead poisoning at a construction site where he was cutting lead-painted steel. We are investigating another where a man exposed to glycol ethers in a factory packaging operation conceived a child with apparent brain defects. We have had a number of complaints from the steel plants similar to those you heard when you worked there. We have been doing some counselling and studies in an auto plant, a can factory, and a place using pesticides, where the men have been pushing us to look into reproductive damage.

Q. *Many people are worried that if you push this issue, the employers will try to exclude women of childbearing age from the workplace.*

A. Excluding women isn't going to solve the problem. It is up to us to make the point that these reproductive hazards threaten men as well as women, in the majority of cases. If the exposure standards have to be lowered to protect pregnant women, then maybe we should fight for them to be lowered. Then everybody, men, women and potential children, would be better protected than they are now. Making the workplace safe for women would make it safer for everyone. Men ought to support the changes in exposure standards. It is in their own interests.

Q. *What other women's health issues have you been concerned with?*

A. We have been approached by women experiencing sexual harassment at work and I believe it is important to pose sexual harassment as a health and safety issue. Some of the human rights courts have defined sexual harassment as a "poisoned work environment." I think the labour movement ought to treat it that way as well.

Any employer that causes or allows women employees to be abused, harassed, threatened, coerced, humiliated or intimidated is creating an unhealthy working atmosphere. Very often harassment leads to headaches, nervous tension, loss of appetite and weight and sleeplessness. The effects of harassment are unhealthy. It ought to be treated as a safety hazard.

What's the difference whether you are losing sleep and weight because of lead fumes or sexual coercion? What's the difference if it's the carbon monoxide gas, assembly line speed-ups or sexual taunts that are giving you headaches?

It only makes sense that if you had to take time off because of harassment, you ought to be compensated for it in the same way as if you had to go off because of a knee injury or lung infection. It is a workplace-induced loss of time from an unhealthy condition. Filing compensation claims is one more weapon the labour movement can use in the fight against sexual harassment.

Defining sexual harassment as a poisoned work environment gives union men a way they can relate to their sister's problems as a common union concern. They can all fight it collectively through the safety committee. They can all refuse unsafe work as the law provides.

Q. *I am particularly interested in how you have merged health and safety issues with those of the women's movement.*

A. It has always seemed to me that the most rank-and-file oriented movements in labour have been for women's rights and for health and safety. To some extent, neither of them have been "tamed" by the companies or by the labour hierarchy — the movements have retained their independence and militancy. The two ought to work more in common, certainly over areas of mutual concern like reproductive hazards.

Reproductive hazards in one area that is common to the women's movement and health and safety. The two struggles should combine efforts and resources. I see the alliance developing more because the problems they address are burning ones to the workers in the plants and offices yet they are not properly dealt with by the upper levels of the trade union organizations.

Debbie Field works with the Development Education Centre in Toronto. Her interest in reproductive workplace hazards comes out of her experience working in the coke ovens at Stelco.

MY STORY, OUR STORY

My story, our story is every woman's experience - our collective experience - with health.

The All Pervasive Ache

by Linda Lounsberry

For the past nine years I have sat glued to a video display terminal at least seven hours a day. On the good days I enjoy what I do; on the bad days I notice most the dryness in my eyes, the ache along my spine, the deadness in my buttocks, the fatigue in my limbs, the never easing pressure in my brain and my hands to achieve more and more speed.

When I arrive at work, I pick up jobs and take the work into a cubicle seven feet by seven feet. There I spend the rest of the day sitting on a hard chair, eyes on paper, fingers on keyboard. The walls of the cubicle extend only part way to the ceiling, so I hear all the other machines in addition to the one on which I'm working. The cubicle itself is impersonal; the walls are covered with coding information and we're not allowed to put up our own decorations.

The most obvious problem of my occupation is my back. I don't remember what it was like when my back didn't hurt. Sitting in the same position for long stretches of time on a padless chair that gives no support, I know why I am in pain.

I researched chairs that give the kind of support I need. I gave my employer some brochures and prices; he gave me permission to get one — if I paid for it. The prices for these chairs *start* at $250.00 and I would have to share it with a worker on another shift.

I go to a chiropractor regularly so my back doesn't get much worse than what it is already. I also try to work-out in the gym or swim every chance I can to counteract the effects of sitting still for such long periods of time. Even so, I am young enough that I am going to be at this job for quite a few years to come, and it worries me that my back might not hold out. After years of training I have a hard time imagining working at anything else, yet I need to support myself in some way.

My sore back isn't the only complaint I have about typesetting. I suffer from eye-strain, especially if I have worked overtime. I work a *lot* of overtime.

Most of what I do is very precise and close work with a lot of pressure and deadlines. Some of the print I have to work from is small enough to require a magnifying glass. Sometimes my eyes get so sore that the letters seem to jump up at me from the screen, and the room spins. Then I get a headache. This usually happens when I work more than seven hours without a break.

I have read articles written on safety and VDT operators, and I have to laugh! We should have a 10 minute break every hour, the articles say; I'm lucky to get a lunch-break. I try to sneak coffee breaks between jobs, but that can be tricky since we have to account for all of our time at work. Our unpaid half-hour lunch break comes right at the legal maximum time without a break, so there is no time allotted for coffee breaks.

My sore back and eye-strain are easy to identify as side-effects of my job. Others are more difficult to identify.

Working under such intense pressure is apt to cause side-effects of sorts. Where I work, high productivity is demanded and mistakes are not tolerated. There are no excuses for anything. If I had *any* contact with a poorly completed job, if an error is my fault, I am in trouble; if it is not my fault, I am still in trouble. The fact that I have just worked 11 hours is never reason enough for making mistakes or for slowing down. "If you can't take the heat — get out of the kitchen," is a common reply to complaints when being tired and overworked have affected my or co-workers' productivity.

The strictness of working in a sweatshop has stifled my spirit considerably. The pressure never lets up and often with the pressure operators find management peering over their shoulders. I won't be fired over an error or two in a job, but the increased harassment and pressure on anyone who makes even infrequent mistakes takes its own toll. The emotional stress means I'm reluctant to stand up for myself. I attempt to meet expectations in speed and accuracy — no matter how unreasonable I think they are — in part because I don't want to make waves. I know I add to the unreasonableness of the job by staying quiet, but many times I would do almost anything just to be left alone with my work.

I always fear that the one day I allow myself to work when I am at low energy, and therefore make mistakes, will plague me for months. So on days when I wake up a bit tired, I load up on chocolate and coffee to give me enough 'hype' to get through the day. Of course, I don't allow myself to do this for many days in a row, yet I still worry that my loading up on coffee is a problem. Even trying not to work mostly on artificial energy, I know that I and most other typesetters I know are among the heavy coffee drinkers. If I drink a lot of coffee, it's very hard on my body; if I don't, it can increase stress with my boss — either way, side effects on the job.

It is next to impossible not to let the hype and pressure from work affect my personal life. I get off work on Friday evenings wanting to go home and relax and find that I am still "flying high" from work. It takes me at least two days of the weekend to unwind long enough to settle down to being myself and calm enough to relate to people at a human level. By then it is Sunday night and I start getting hyped up again. Needless to say, the three weeks holiday a year I get are very important for my sanity.

One would wonder why someone would continue working at a job that risks both her mental and physical health. I do it mainly for the money — although, as I said before, I do enjoy the work. What else could I do, without having finished university, where I can make good money, afford to travel, and have good job security. I find comfort in knowing that a steady income is there, and that if I decided to quit I could get another job in another typesetting sweatshop. Financial self-sufficiency is a priority to me and being a typesetter, although hurting my health some, allows me that.

I realize I will have to take a break from typesetting at some point to give my body a chance to rest, but hopefully I will have saved enough money to afford it comfortably.

Linda Lounsberry makes her living in Toronto working as a typesetter. She has been a volunteer with Healthsharing for five years.

Feminist Workbooks for Change

Working Together for Change: Women's Self-Help Educational Kit, *Women's Self-Help Network, Ptarmigan Press, Campbell River, B.C., available at the cost of $25.00 from Women's Self-Help Network, Box 3292, Courtney, B.C. V9N 5N4.*

Reviewed by Erica Weir

The Women's Self-Help Network from Courtney, British Columbia has produced a self-help educational kit, *Working Together for Change*. The kit is designed for women who want to initiate a self-help group aimed at improving their mental health. It is the product of a three-year demonstration project targeted at women in isolated communities in British Columbia. The goal of the project was to develop a mental health support network amongst these women in order to help them to overcome the strains characteristic of isolated communities.

The authors endorse and adopt the assumptions and techniques of the Popular Education Method (PEM). This method, used throughout Latin America to teach literacy to workers, prescribes a formula for personal and social change. According to the logic of the PEM, its success depends upon the level of consensus and co-operation established among group members. PEM strongly communicates the essential philosophy which underlies the women's self-help movment.Women interested in using the kit should feel comfortable with the assumptions underlying PEM. These assumptions include: that people often *know* what is wrong and what changes are needed to improve their situation, but often don't acknowledge, trust or validate their own perceptions; and that people *learn* when they participate in both defining the content and constructing the conditions of their learning.

Many of the exercises described in the kit allow women to express themselves through socio-drama, mime, collage, photography and movies. There is a conscious effort made to combat the individualistic competitiveness. Emphasis is placed on the process of learning and interpersonal dynamics, rather than the substance of knowledge. The kit does not provide answers, but a formula for learning.

The kit is fairly comprehensive. A "Facilitator's Training Manual" is designed for women interested in acquiring skills to develop their own self-help group. A volume of "Modules" describes sessions, exercises and techniques which explore the various concepts — such as self-esteem, assertiveness and conflict resolution — integral to the Popular Education Method; a third volume describes how to initiate a self-help group. It also offers two courses entitled "Women Changing," targeted at women interested in resolving personal dilemmas and acquiring personal growth, and "Peer Counselling," targeted at women interested in improving their listening and support skills in a helping situation. The final handbook and accompanying evaluation summary offer overall perceptions and reflections of the project participants.

Because of the emphasis placed on the process rather than the content of each session, the information in the kit can sometimes be redundant and repetitive. Nevertheless, the authors present their message clearly and free of the jargon which often tends to plague books directed towards social change. The

Women's Self-Help Network chooses not to borrow from the terminology of feminist theory and psychiatry; rather they draw on popular word usages and everyday expressions. As a result, their meaning is shared and the potential audience is enlarged.

I have two cautionary observations that I would like to share. Firstly, does a self-help group constructed through the Popular Education Method attract the type of woman it means to target? Personally, I know several women who would be skeptical of the assumptions underlying the Popular Education Method and would feel very uncomfortable in a situation in which these assumptions would be applied through role-playing or mime. And secondly, would these women participate in a self-help group such as the one described in the Courtney kit? Or, does the method attract the converted? The sessions seemed to be constructed under the assumption of a shared consensus and willingness to participate that might only attract women who already appreciate their own potentials and the potentials of others.

It might be more appropriate if the group's sessions were directed toward effecting political consciousness and community action rather than personal awareness and growth. The Popular Education Method offers the potential of placing too much emphasis on personal dynamics and change and not enough on political and a social change. The kit concentrates more heavily on personal skills than community networking.

It is important that a self-help group successfully make the transition from exploring personal dilemmas to recognizing their social origins. If this is not done effectively, the self-help group may indirectly blame the victim and reinforce rather than improve the problem. For example, suppose a woman learns through a PEM module to assert herself more effectively. As a consequence she may persuasively express her concerns to her doctor about the side-effects of a particular drug prescribed to her. However, until the iatrogenic effects of drugs are more closely monitored, until those with the power to prescribe drugs are not reliant on the pharmaceutical industry for information on new products, until the basis of medical knowledge moves away from the mechanistic and towards the holistic, until visits to alternative health care practitioners are covered under a medical insurance plan, until any number of structural changes are made in the wider society, the woman may find herself in the frustrating position of having no alternative to taking the pills. She may blame herself for not having expressed her concerns aggressively

enough and subsequently depress rather than improve her mental health.

Of course these critical observations are by no means exclusive to the Courtney kit. Rather, they are an attempt to expose potential loopholes in the self-help movement which we should try to avoid, a movement that has tremendous potential to combat the isolation and exploitation which is the everyday experience of many women.

Erica Weir presently works at the Canadian Cancer Society. She is pursuing post-graduate studies in medicine and health promotion.

STEPPING OUT OF LINE. A Workbook on Lesbianism and Feminism, *Nym Hughes, Yvonne Johnson, and Yvette Perreault, Press Gang Publishers, 1984, Vancouver, $12.95, paper, 208 pages.*

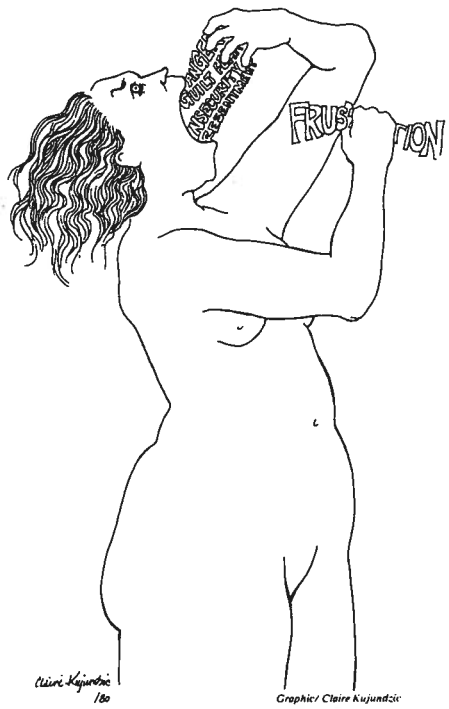
Reviewed by Lisa Freedman

There is a scarcity of books on the subject of lesbianism, let alone lesbianism and feminism. And when we look for specific books that discuss lesbianism and/or feminism from a Canadian perspective, our search is often futile. For this reason alone, *Stepping Out of Line: A Workbook on Lesbianism and Feminism* is a required book for all bookstores and bookshelves.

This book grew out of a workshop presented by its three authors in British Columbia. The aim of the workshop was to educate lesbians, non-lesbian women, and men around the issues of lesbianism. The workshop was so successful that the authors decided to write a 30-page pamphlet so that women across the country could use the basic format of the workshop to develop their own groups, and to educate and support more women on a larger scale.

Stepping Out of Line grew out of this context. The original script kept on growing and a decision was made to enlarge the original concept and publish a book.

The underlying premise of the book is that "compulsory heterosexuality" is *not*



in women's best interest; it ties women to a sexual division of labour, the nuclear family, and emotional and financial dependence on men. An understanding that lesbianism is crucial to any feminist theory led the authors to become skillful and articulate proponents of this point of view. Hence, the workshop.

The layout of the workshop in the book represents the script for a two-day workshop. The authors encourage readers to alter the script according to the interests of their particular group. They include notes explaining the purpose of each part of the workshop, suggested exercises and tips on possible responses.

The book also includes a section, "Organizing for Change," which encompasses a wealth of material such as coming out as a lesbian, dealing with family and friends, and discovering sexuality. A chapter entitled "What Are We Up Against?" deals with Canadian law, work, schools, psychiatry and therapy, the medical system, religion, the media and violence. The following chapter deals with fighting internalized oppression, creating communities, seeing our lives politically, working in progressive movements and building a lesbian movement. The book ends with an extensive resource list of lesbian/gay publications, feminist publications, bookstores, publishers, radio shows, television shows, film, video and other media resources, records and tapes and lesbian/gay contact groups for Canada, Quebec, the United States and overseas.

The authors offer this book as a starting point for lesbians wanting to change the conditions of their lives and our society, for activists wanting to gain support for lesbian rights within their workplaces, political circles and community groups, and for any woman who wants to know how lesbianism and feminism connect.

To this degree the book succeeds as a starting point. All of the basic information is present. Women's voices are heard and one can surely relate to many of the stories these women share. While the resource list is one of the most comprehensive that I have come across, unfortunately many of the books listed are out of print. Readers will have to do much searching through women's centres and friends' bookshelves to locate the material.

Beyond the obvious necessity of having this book as a resource, I found that many issues are only addressed superficially. For example, it is stated that we sometimes get totally involved in the shared excitement of our lover relationship, and that in order to avoid isolation and too much dependence, we need to make efforts to maintain individual friendships, interests and sources of satisfaction. This is easier said than done. Ask any battered woman.

The issue of the apparent contradiction between feminist analysis and sexual practices such as S & M is likewise not explored to any great extent. This issue is very much in the forefront of the lesbian movement and it's absence highlights the fact that as women, we do not talk about sex. Until we get beyond this point we will not be able to address these questions.

As a resource, *Stepping Out of Line* is a valuable addition to any bookshelf. For women who are looking for a deeper, more provocative analysis, they'll just have to wait for the sequel.

Lisa Freedman is a Toronto feminist lawyer.

LETTERS

Voicing Appreciation

Several issues of your magazine happened to come into my hands by chance, and although a gay male, I have found the magazines informative, lucid, creative and courageous (particularly the section My Story, Our Story). My reason for writing, however, is a lot more personal.

I am writing to thank all of you for the article on Turner's Syndrome (Winter, 1984). My sister was diagnosed with Turner's Syndrome at the age of 11, and for the past 14 years we have battled with her against the emotional trauma of being physically and psychologically "different." It was through your article that I discovered some of the medical information given to me about my sister's condition was totally untrue. In sharing Susan Charney and Terry Hooven's personal experience of and with Turner's Syndrome, you have helped considerably in getting the truth out to the people who need it most — those who do not know what Turner's Syndrome is, and those who, while experiencing the condition, need first-person support.

For those on both sides of the issue, thank you.

Spencer Brennan
Toronto, Ont.

Corporate Irresponsibility

The advertisement placed in *The Globe* (January 30, 1985) by A.H. Robins, manufacturer of the Dalkon Shield IUD, will leave unsuspecting readers with the impression that removal of the IUD will eliminate further health hazards. This is not the case. In a way which can only be described as grossly negligent, A.H. Robins has omitted the fact that the Dalkon Shield's real risks — tubal scarring, infertility, ectopic (tubal) pregnancy, and death — persist after the device has been removed. The only possible reason why this information was not included in the ad is that it would hurt the company's image and amount to an acknowledgement of responsibility for the suffering of thousands of women and their families.

Lest A.H. Robins think it can clear its corporate conscience by one newspaper ad, here is what happened to me. Three years after having my Dalkon Shield IUD removed, I nearly died during an ectopic pregnancy in which I lost my right Fallopian tube and a baby. Five years later, I suffered another, near-fatal ectopic pregnancy, lost my remaining tube, and a second baby. I am 33 years old and cannot have more children. This is the important health warning the manufacturer's ad should have contained!

Elizabeth Lamèche
Toronto, Ont.

Response to Incest

The key word in Sue Kaiser's brief coverage of the increase in the incidence of incest, *Silence Lifting* (Winter, 1984), is "reported." The Catholic Children's Aid Society shows increases in "*reported* child abuse cases." Mary Margaret Steckle's letter (Spring, 1985) neglected this vital implication. Instead, she focused on the concept of increased incidents of abuse, and that such increases might be indicative of a power bid by men who find it increasingly difficult to deal with today's more assertive women. I find this theory plausible and thought-provoking, however I believe it confuses the issue.

When I was molested 25 years ago, I had no concept of what was happening to me, except that I did not like it. It never occurred to me to tell anyone, especially adults. I had no words to explain it. Besides, how could I tell my parents or my teacher that a grown-up was doing something wrong? Inconceivable. How could I explain that someone who I knew loved me, hurt me? Even more inconceivable.

Nowadays, there are prime-time movies and documentaries on television which openly and explicitly deal with this delicate subject. There are programs right in elementary schools, teaching even the youngest children to recognize "good touching" from "bad touching." If such had been the climate of my childhood, I believe my personal story of abuse would not have been one of repeated incidents, nor would it have remained a painful secret for 20 years.

In this perspective, I sincerely feel encouraged when I read a report such as that of Sue Kaiser. To me, it does not suggest a problem that is on the increase, but rather a healing process — sexual abuse is losing its cloak of secrecy. Children are now speaking out, and those who do have a chance of dealing with their problems and of stopping the abuse. And if as a result of an awareness other children succeed in avoiding abusive scenarios, then truly we can express a collective sigh of relief.

I am not convinced that sexual abuse is a new, unprecedented epidemic, symptomatic of our sick, late twentieth century western culture. If any readers have information or can suggest publications which document incest in a historical perspective, in North America and other cultures, please write to *Healthsharing* to share this information with me, and other interested readers of *Healthsharing*.

Bonnie Cook
Montreal, Que.

Birth Control Choices

The Birth Control Gap (Spring, 1985) caused me to examine the reasons why I have stayed with barrier methods instead of using a pill or an IUD.

I think the main reason is because I feel in control of my person and my sexuality. I am not "on call" to my husband; the decision to make love becomes mutually based. Also, it frees us to decide on outer or intercourse — a happier decision because making that decision is again mutual and based on our own needs at that moment.

Using a birth control pill or an IUD removes us from our bodies and our sexuality — and how healthy can compartmentalizing our lives be? By using a barrier method or the sympto-thermal method, both partners become involved in each other's sexuality and more attuned to each other's needs.

Perhaps this sensitivity to our sexuality will give women the courage to help men tune into themselves as well as to us. And, once that happens, we may see the disappearance of pornography, the appearance of paternity leave — not to mention finding out how many "working fathers" there are in Canada!

Once again thank you for *The Birth Control Gap*; it has given me a lot to think about, and provoked a lot of discussion among my friends.

Beth Albright-Peakall
Ottawa, Ontario

Reader Questions Author's Statements

I have recently read your article *The Birth Control Gap* (Spring, 1985). While I found the article very interesting, I did take exception.

I have not read anything "conclusive" proving that oral contraceptives carry a higher risk of cervical or breast cancer. This factor is very important to clarify since it would have implications on what counselors here at the Regional Municipality of Waterloo and elsewhere say during a birth control counselling session.

I thoroughly agree that we need to press for more effective contraception and more research into what already exists.

Marcia Redmond
Waterloo, Ont.

Editors' Response: Marcia Redmond's letter arrived on the last day to make copy changes in The Healthsharing Book: Resources for Canadian Women, *for which* The Birth Control Gap *was written. Based on a cursory check of recent medical literature, Kinnon's wording was altered slightly. While the statement "conclusive enough to be widely accepted even in the medical community" is inaccurate, research findings continue to*

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document potential causal relationships with various health problems, including cancer. The underlying intent of Kinnon's statement holds.

in conjunction with Dr. Morgentaler's legal battles, afforded the women of Quebec a privileged, although by no means ideal status in Canada in terms of abortion rights.
Carolyn Perkes
Quebec City, Que.

Quebec City Women's Health Centre

I have just finished reading Kathleen McDonnell's *Not an Easy Choice*. Although I found it to be a comprehensive and honest review of feminist ideological positions on reproductive rights, I must take exception to a serious omission in the author's discussion of medical abortion in Canada.

In the chapter entitled "Reclaiming Abortion," Ms. McDonnell asserts the necessity of the establishment of "free-standing" abortion clinics, and ultimately, women-run reproductive health centres.

As an activist/abortion counsellor at the Quebec City Women's Health Centre, I was shocked not to find a single reference anywhere in the book to the existence of several such centres in the province of Quebec. I would like to point out that, as at Dr. Morgentaler's Toronto and Montreal clinics, clients at the centre in Quebec City are not referred to a therapeutic committee. However, unlike the Morgentaler clinics, the centre is a women-run, feminist-socialist, non-profit organization. Coherent pre- and post-abortion counselling, contraception information sessions and group gynecological consultations are offered by trained volunteer activists, two salaried nurses and one doctor. Funded by progressive unions, clients' voluntary donations and small grants from the provincial Ministry of Social Affairs, the Quebec City Centre has been in operation since 1979.

As a native of southern Ontario, who chose to study, then settle in Quebec City three years ago, I was extremely disappointed not to find any mention in Ms. McDonnell's work of the dynamism and creativeness of Québécois feminism which has,

Depression Follows Benign Diagnosis

I have been touched recently by the airing of the movie *The Other Kingdom* on CBC television, and by the review of the book of poems *Falling From Grace* in the Winter, 1984 issue of *Healthsharing*.

I am one of the lucky ones. Last fall I had a biopsy to excise and analyse a suspicious "thickening" in my left breast. At the same time I had two large moles removed from my pubic area, and these were also checked for malignancy.

When I received the news that all tissue was benign, I was stunned that I felt no sense of elation; in fact, the following weekend I experienced deep depression.

Today I feel lucky, relieved, and thankful that I do not have cancer of the breast. However, I think that many women must experience the agony of fear I endured, and then find the mental readjustment to normalcy difficult. I also believe that it is important for those who have not had this experience to understand why we who have do not bounce back instantly after a benign diagnosis.

I recently learned of your magazine through a new friend of mine. I really enjoyed the piece by Connie Clement in the Winter issue. The language and images were so rich, it seemed like poetry in prose form.

Amy Cousineau
Guelph, Ont.

Author Responds

My book, *Not an Easy Choice: A Feminist Re-examines Abortion*, was written and published with the expectation that it would stimulate debate within the pro-choice and feminist movements. However, the vehemence of Norma Scarborough's attack on the book in your last issue (Letters, Spring, 1985) came as quite a surprise to me. CARAL members, Scarborough among them, were among the few individuals to have an opportunity to read and comment on the manuscript prior to publication. None of the criticisms contained in Scarborough's letter were conveyed to me or to Women's Press at that time. When I read that my book "undermines the pro-choice struggle" I can only wonder, if they believe this to be true, why CARAL agreed to help promote the book in one of their own membership mailings.

I wish to respond specifically to Scarborough's allegation that I "maligned" Dr. Wendell Watters by publicly taking issue with the thrust of this book *Compulsory Parenthood*. My comments can in no way be construed as a personal attack on his integrity. I don't feel an apology to Watters is in order, any more than I believe Scarborough owes me one.
Kathleen McDonnell
Toronto, Ont.

Pelvic Teaching

Several letters have been received in response to *Not the Oldest Profession* (Spring, 1985), an interview with two women about being professional patients. Because space did not allow printing a range of responses in this issue, we have decided to hold the letters on hand until the September issue. We look forward to sharing these letters — detailing both positive and negative experiences with similar problems — with you then.

Winnipeg, Manitoba
R3G 2Y9

RESOURCES & EVENTS

Alcohol and Drug Dependency Convention

The 34th International Congress on Alcoholism and Drug Dependency will take place from August 4 - 10, 1985 at the Convention Centre in Calgary. The theme is "Alcohol, Drugs and Tobacco, An International Perspective — Past, Present and Future."

Enquiries should be directed to T. Wispinski, Congress Secretariat, c/o Alberta Alcoholism and Drug Abuse Commission, 803 Energy Square Building, 10109 - 106 St., Edmonton T5J 3L7, (403) 427-4267.

Health Newsletter

The University of Toronto Faculty of Medicine produces a monthly newsletter entitled *Health News* which examines current health issues. Past issues of the newsletter are available at the cost of $2 each and deal with diverse topics such as osteoporosis, the biology of aging, nutrition for athletes and sugar and behaviour.

For a list of back copies write to *Health News*, Faculty of Medicine, Medical Sciences Building, University of Toronto, Toronto, M5S 1A3.

YWCA Resource Guide

A Guide to Women's Groups and Resources is a comprehensive reference guide for both individuals and groups wishing to access women's services in Toronto. Sections include women's centres, advocacy and action groups and publications/resources. It reflects the cultural diversity of Metropolitan Toronto and related services for women. It is available for $4 plus $1 postage and handling from YWCA, 80 Woodlawn Ave. E., Toronto, M4T 1C1.

Allergy Information

The Allergy Information Association has available a series of pamphlets dealing with a wide variety of subjects, including controlling the home environment, detecting adverse reactions to food, coping with festive occasions and travel tips. The pamphlets address specific allergies such as those to corn, gluten, milk, aspirin and tobacco.

For a catalogue and price list contact the Allergy Information Association, Room 7, 25 Poynter Dr., Weston, Ont. M94 1K8.

Sexual Assault Booklet

Let's Talk About Sexual Assault is a new publication from the Victoria Women's Sexual Assault Centre. The booklet, which is designed for women aged 13-19 years, includes an explanation of the Criminal Code with reference to sexual offences, a quiz about myths and realities, a what-to-do section for victims, and a comprehensive list of Sexual Assault/Rape Crisis Centres in Canada.

Individual copies of the booklet cost $1.50 plus postage and handling and are available from the Victoria Women's Sexual Assault Centre, 1045 Linden Ave., Victoria, V8V 4H3.

The correct address to obtain *The Women's Resource Catalogue* listed in the *Resources & Events* column of the Spring, 1985 issue is: The National Office of the Women's Program, Department of the Secretary of State, Ottawa, Ontario K1A 0M5.

Women's Health Interaction

Women's Health Interaction is a network of women's health development groups which grew out of a 1983 Quebec workshop on women and pharmaceuticals. The aims of this network are to provide a platform for women to address health concerns, develop educational resources and facilitate networking. At present the primary concern of the network is women and pharmaceuticals.

For more information on Women's Health Interaction, contact Karen Seabrooke, 58 Arthur St., Ottawa, K1R 7B9, (613) 563-4801.

Pornography Project

The Canadian Institute for the Advancement of Women (CRIAW) is planning to conduct a pilot project on women's attitudes towards pornography. Material gathered through interviews of women on a range of topics will be analyzed and made available to interested groups.

Women who want more information or who wish to contribute suggestions, material or bibliographies should write to CRIAW Project, c/o 6170 Pepperell St., Halifax, B3H 2N9.

Women and Mental Health

Back copies of *Canada's Mental Health*'s special issue on Women and Health (1980) are available from Health and Welfare Canada. Other back issues of the magazine still available include Social Integration of Disabled Persons (December, 1981), Mental Health and the Elderly (September, 1982), Child Abuse (June, 1984) and Work, Unemployment and Mental Health (September, 1984).

For copies write to Publications, Health Services and Promotion Branch, Room 502, Jeanne Mance Building, Tunney's Pasture, Ottawa K1A 1B4.