

SPECIAL CANADIAN WOMEN'S HEALTH NETWORK REGIONAL REPORT

Fall/Winter, 1992

\$3.50

Healthsharing

A CANADIAN WOMEN'S HEALTH QUARTERLY



Women's Health
in Atlantic
Canada



J. HOISE / 92

FEATURES

9 Reaching Out

A women's group in New Brunswick creates a comfortable and confident environment for immigrant and refugee women

Valerie Kilfoil

12 Do Seniors Get Good Health Care?

An up-front look at some of the pressing issues facing seniors today

Lee Stones

17 In Our Own Words

Nine organizations working to better women's health

24 Mi'kmaq Women and Health

Mi'kmaq women are reclaiming their traditional healing role

Elizabeth Paul

26 Profiles

PEI Healing Centre for Survivors; Midwifery Coalition of Nova Scotia; Access to abortion in Atlantic Canada

ALWAYS IN HEALTHSHARING

3 Healthlines

4 Letters

5 Update

30 My Story, Our Story

Scenes From the Margin: Lesbians and Healthcare in Nova Scotia

Jeanette Auger

34 Reviews

On the Eighth Day: Perfecting Mother Nature Parts I & II

36 Resources & Events



Financial support for this special report on the Atlantic region was provided by Health and Welfare Canada

Healthsharing

Vol 13:3 Fall/Winter, 1992

Community Board Members

Nicci Cohnstaedt, Margaret de Souza, Susan Elliott, Maureen Gans, Amy Gottlieb, Melida Jimenez, Colleen Kearney, Hazelle Palmer, Maggi Redmonds, Megan Williams, Carolann Wright

Managing Editor

Hazelle Palmer

Regional Coordinator

Alex Keir

Editorial Committee

Nicci Cohnstaedt, Colleen Ferguson, Karen Hill, Virginia Mak, Sandy McMillan, Hazelle Palmer, Megan Williams

Advertising

Susan Elliott, Lisa Huncar

Promotion

Lisa Huncar

Circulation

Nicci Cohnstaedt

Design/Production

Susan Elliott (Production Manager)
Katie Peilizzarri

Printing

Delta Group

Cover Art

Doris Muise

Healthsharing Office

14 Key Lane, Toronto, ON, M6J 3S4
(416) 532-0812 or Fax (416) 588-6638

Published quarterly by Women Healthsharing Inc. Anyone wishing to make a tax-deductible donation (\$20 or more) please send a cheque payable to Women Healthsharing. Subscription rates are \$15/year, individuals; \$28/year, groups, libraries, institutions. (Prices include GST-Reg No. R119302255)

Outside Canada add \$4 per year. Cheque or money order in Cdn or US funds or international money orders only.

Women Healthsharing endeavours to print material with which we agree; however, not every article or column reflects the opinion of all board members or of our funders.

Authors and artists retain copyright, 1992. No part of this magazine may be reprinted without prior permission. Unsolicited manuscripts or artwork please include a self-addressed envelope. Writing guidelines available upon request. Indexed in the Canadian Magazine Index and available on-line in the Canadian Business and Current Affairs Database.

ISSN: 0226-1510 Printed in Canada
Publications Mail Registration No. 5327

Women's health in the Atlantic...sort of!

While this issue focuses on the health of women in the four Atlantic provinces, remarkably absent are the voices and the work of Black women (particularly in Nova Scotia) and Acadian/Francophone women.

Over the past year and a half as the editor of *Healthsharing* magazine, I have often wondered why so many non-white women feel distant from this publication. We have tried in our regular issues, and certainly through these regional reports, to encourage the participation of all women, to be a forum for diverse voices, but this has been marginally successful.

All of this, of course, is somewhat historical. It is difficult to shrug off years of being rendered invisible by white-dominated institutions who have long ignored your concerns. It is equally difficult to establish trust with media (both mainstream and alternative) that have helped to establish stereotypes and are, for the most part, reluctant to cover your issues.

Healthsharing is known as a feminist health magazine. But it is also perceived as being a white woman's magazine—one that focuses effectively and thoroughly on the issues affecting this specific group of women. *Healthsharing* is trying to change this perception—to embrace and cover issues of other women—but these efforts are relatively new. It takes a long time to develop trust within any community. It goes beyond just knowing that a publication exists and that it may have useful information for you. For non-white women, like me, we need to see ourselves within a publication—not as a

special issue or focus or theme, but as a continuous presence or force within its pages.

Perhaps this is why after several attempts to draw the participation from Black women and Francophone women in the Atlantic we met with no success. For Black women (and for other "women of Colour") they are still invisible in our magazine; for Francophone women we neither address their issues nor publish in their language.

But the challenge also goes beyond the magazine itself as we, along with others, initiate the development of a Canadian Women's Health Network. The name itself may already isolate many immigrant or refugee women and others who do not identify themselves as a "Canadian". Somehow we need to find ways, particularly at this early stage, to ensure a secure place for all women regardless of colour, culture, sexuality, and ability.

It may take *Healthsharing* a long time to create and ensure a presence for all women within its magazine. And it will take an equally long period of time for the non-white community to trust that it will find their issues, their voices and a consistent presence.

In the meantime, the continued absence of these and other voices leaves me, and this magazine, incomplete.

HAZELLE PALMER

Alexandra Keir is the Regional Coordinator hired to compile the contents for this special issue on women's health in Atlantic Canada. A native Nova Scotian, Alexandra is a member of Women's Health Education Net-

work which is also based in that province. She has worked and volunteered in the area of women's health for many years.

In February 1991, I received my first envelope of instructions. I had been hired to explore, in more detail, a question I have had for a few years: What feminist work is being done on women's health issues in the Atlantic provinces? I carried this precious envelope of new beginnings from our rural mailbox up the hill to our isolated log home, tingling with the excitement of being connected across these miles of spruce woods, clearcuts, oceans and mountains to other women working on women's health issues. A powerful feeling...a powerful connection.

Since then the cod fishery has closed, we have had a disaster in our mining industry, it appears Prince Edward Island will get a fixed link to the mainland and the majority of Canadians have voted No in the referendum on the constitution. Through all of this I am reminded of the importance of our well being. In fact, I am empowered by our current feminist thoughts about the impact that influences like systemic racism, oppression and poverty have on our health. We must take care of ourselves.

By creating a list of who is doing what on women's health issues, the Canadian Women's Health Network is providing one way for us to begin taking better care of ourselves and our health. However, we must ask, now that we have started this list how will we maintain it; how shall we make it available to all women? If a computer ►

Letters

database program is developed, individuals could request information through a local women's centre, or a women's health group who, in turn, could request files on everything from cervical dysplasia to uterine fibroids during pregnancy.

The creation of such a database is certainly a vision of the future. Women can be better informed about our health. We can deal more effectively with our caregivers. We can make informed decisions about preven-

tion, about care, about treatment.

Other questions are: How shall we be funded? Who will do the work? Where will it all happen? What will your involvement be in this Canadian Women's Health Network? While we work to find some answers to these questions, read the collection of articles profiling some of the innovative and exciting work being done in Prince Edward Island, Newfoundland, New Brunswick and Nova Scotia. These are four of

the poorest provinces in Canada. In some areas, in each of these provinces, running water and access to health services are still unavailable due to poverty.

I would like to thank the many volunteers and staff who found the time to respond to our survey, to return phone calls, to write content and to illustrate for features articles. Together we are creating the Canadian Women's Health Network.

ALEXANDRA KEIR

We encourage readers to write. Your comments are just as important as the original articles and columns published in the magazine. Please take the time to share your opinions with other readers.

Healthsharing reserves the right to edit letters for length, and print them, unless they are marked "not for publication."

Corrections

New Cycle Products (listed in Resources & Events last issue) has recently discontinued their 1-800 number for Canadian callers. You can reach them directly at (707) 829-2744 or write to: P.O. Box 1775, Sebastopol, CA, 95473

Loving Yourself, a video for Deaf youth and adults that deals with sexuality issues is available from Cumberland County Family Planning, 16 Church St., Box 661, Amherst, Nova Scotia, B4H 4B8 (902) 667-7500

Reusable Sanitary Napkins

I read the excerpt from "White-wash" by Liz Armstrong and Adrienne Scott in the Summer/Fall 1992 issue of *Healthsharing*. Here is my response: use reusable sanitary napkins. This way you eliminate

all packaging. I have used them since May of 1992 and doing so has made me feel much better about myself. And washing the pads yourself is really not as scary as it may initially seem. Good luck making the switch,
*Lisa Valencia-Svensson,
Toronto, Ontario*

Women's Health and Wellness

I am intrigued and excited by the prospect of a publication concerned with women's health and wellness issues.

*D. Beaudin,
Guelph, Ontario*

Move Into the Future

As a practicing midwife and active member of the Association of Ontario Midwives, I have some comments on Mary Nielans' article "Midwifery: From Recognition to Regulation - The Perils of Government Intervention" (Summer/Fall 1992).

I do not find much to support in her description of midwifery legislation or the legal situation. If she had interviewed other practicing midwives in Ontario she might have found that Anne Maranta's perception of legal risks are not supported by facts or practice. Midwifery has been legal in Ontario for quite some time - it has had no

government regulation so far. No regulation means that anyone can practice "midwifery" - even doctors and nurses - but there have been no government standards describing midwifery practice and no laws in place to protect midwives or consumers. In other jurisdictions it is indeed illegal to practice midwifery or to assist someone having a baby outside of a hospital but not so in Ontario.

Women need midwives with the skills to handle all the possible situations that will arise during pregnancy and labour and there will soon be schooling available in our province so that women will not be forced to leave the country (or become nurses) to receive their education. Since 1986 I have been looking forward to midwifery regulation, watching and participating in our community's efforts to move into the future where midwives work in all settings.

*Heather Keffer,
Stayner, Ontario*

Thanks

Thank you for alerting your readers to your mailing list. [And] thanks for a great magazine.

*Catherine Staples,
Edmonton, Alberta*

The change of Ms. Germaine Greer

Germaine Greer's "conversation with Adrienne Clarkson" drew an audience of 1,700 to the Convocation Hall, University of Toronto, on October 6.

As part of her North American tour to promote her new book, *The Change: Women, Aging and Menopause*, Greer talked to a largely female audience on such topics as the impossible ideal of couple relationship, men's preference for "girliness" to "femaleness", and the pressure on middle-aged women to "stay young".

Relevant to her book, Greer described the freedom from sexual desires and her views on estrogen replacement therapy (ERT).

On freedom from sexual desires, she explained that "not needing men anymore" frees her to "love them from generos-

ity, from plenitude and in tranquility". She likes these emotions. "Some women, the lucky ones, will lose interest in sex after menopause," she said.

On estrogen replacement therapy, Greer argued that women may be using estrogen for the wrong reasons: the belief that ERT will help them "stay young" or improve their libido. "There is a strange pressure on women to deny menopause" and be "girl impersonators".

Greer urged women "to decide what you're taking it (estrogen) for". If ERT is used to relieve hot flushes and other menopausal symptoms, it works. But ERT is not a panacea. It is not a treatment for headaches or feeling tense. Nor does it help women stay young.

There are "hundreds of dif-

ferent dosage options" to ERT. Women must use it in a "critical and intelligent way." women should register how and when it is used, or "take estrogen to time menopause...to fit in their own choices and situations."

Greer "is not against ERT in principle or practice". "All I ask of women is to be as watchful and as responsible for their health as they have always been about the health of their children."

Published by Alfred A. Knopf Canada, *The Change* sells for \$27.50.

VIRGINIA MAK



"We knew we had to organize quickly and we did. In Miami, 1500 women turned out from over 83 countries and networked like never before. We successfully put women on the Rio agenda," Abzug said.

The next step, urged Abzug, is to build upon new grassroots connections made in Miami and Rio to create a larger global network of women environmentalists.

MEGAN WILLIAMS

Eco-Ed conference

"The idea that population growth is the major factor in environmental degradation is an outright lie." These were the opening words of Jocelyn Dow, environmental and feminist activist from Guyana, at an international panel on women and development. The panel, consisting of Dow, Chief Bisi Ogunleye of Nigeria and former US congresswoman Bella Abzug, was part of the Eco-Ed conference in Toronto, where hundreds of educators and students from around the world gathered this October to discuss follow-up strategies to the summer 1992 Rio Earth Summit.

"It is essential that women from the north fight the lie that Black people are having too many children. It is not Third World populations that are polluting our oceans and air. People of the north must stop pointing at

the south as the cause of environmental problems and instead look closely at what is being done to women from southern countries in the name of development and population control," Dow told the audience. Agreeing, Chief Bisi Ogunleye stressed the importance of women's involvement in development work from the initial stages of projects.

"We have found time and time again that if development projects are not planned with women's input, they are not successful," she said.

All three panelists were participants in a women's pre-Earth Summit conference held in Miami this spring. Held to strategise on how to get women on the Earth Summit agenda, the conference was hastily organized when women discovered that they were completely absent from the Rio agenda.

AIDS in the Atlantic

One in 900 pregnant women in Newfoundland test HIV positive according to an interim study prepared by the provincial department of health. The study examined blood samples from anonymous women between the ages of 15 and 29. The department of health does say that these results may differ from the final report to be released in October 1993. Meanwhile, the rates of HIV infection in pregnant Newfoundland women was not only found to be a higher level per-capita, they are considerably higher than similar tests indicated in other parts of Canada. The one in 900 figure, which was 6 positive tests from 5,200 samples, compares with 1 in 9,000 Manitoba women, 1 in 3,700 in British Columbia and 1 in 1,600 in Quebec.

AIDS activists in Newfoundland also say that a higher rate of heterosexual males are infected in the province. In Canada 20 percent of HIV+ men report no homosexual or bisexual activity, however in Newfoundland the rate of infection in heterosexual men is 48 percent, more than double the national figure. The infection rate in teenagers is four times the national rate, reports the Newfoundland &

Labrador AIDS Committee.

This committee believes that the statistics of HIV infection in the province are higher than documented. Official statistics and studies do not include people who are tested outside the province or those not reported to the department of health. The committee says under-reporting is largely due to the economic situation in the Atlantic which forces many people to live outside their home province for employment. When a person finds out they are HIV+ or have AIDS, they often move back home, relying on support from family and friends.

Another factor contributing to the misrepresentation of HIV infection in Newfoundland is the lack of access to anonymous testing. Not until 1991 did anonymous testing become available in St. John's at the Public Health Clinic. Before 1991, those who could, traveled to Toronto or Montreal to be tested. Because it is easier and cheaper, the committee says many Labradorians continue to go to Montreal for healthcare services.

Unlike other Canadian provinces, Newfoundland and Labrador does not have a comprehensive AIDS strategy with

goals, awareness and education programs for schools, post-secondary institutions, workplaces and public institutions. AIDS prevention education is scarce. The history of the area stems from a strict religious background and continues to be influenced by its geography, leaving people isolated from accessing up-to-date AIDS information.

Newfoundland does not have a public school system, the schools are run by religiously affiliated school boards. There are private non-religious schools, but with such high unemployment this alternative is unaffordable for the majority of Newfoundlanders. The school boards are not open to drug education programs, and even more opposed to sex education. The AIDS committee points out that these tough economic times as well as conservative attitudes and values contribute to the silence in AIDS healthcare for people living in Newfoundland and Labrador.

For more information contact: Trudy Parsons, Newfoundland and Labrador AIDS Committee, P.O. Box 626, Stn C, St. John's, NFLD, A1C 5K8, (709)579-8656 or toll free in Nfld 1-800-563-8656; FAX (709)579-0559

NICCI COHNSTAEDT



Steve Tong Designer

ACT is moving.

On Dec. 7, 1992, The AIDS Committee of Toronto will open at a new location:

399 Church Street (at Carlton), Toronto.

We will be closed from Fri, Nov. 27 to Fri, Dec. 4 for the move and renovations.

Our mailing address and business number will remain:

**Box 55, Station F, Toronto, ON M4Y 2L4
(416) 926-0063**

Stephanie Irwin

*Counselling Service for
Childbearing Difficulties*

- *miscarriage* • *infertility* • *infant loss*
- *traumatic deliveries*

*Group and Individual Sessions
(613) 729-3220*

No more fear, no more ignorance...no more money?

AIDS Awareness Week is over in Canada, but AIDS workers and activists continue their desperate attempt to focus the nation's attention on the need for sustained funding in order to continue AIDS health education. On March 31, 1993 all federal funding to AIDS organizations ends. There has been no indication that funding will be renewed or that a much needed increase will be approved. The elimination of this public funding will result in the loss of community-based initiatives in prevention education, support, care, treatment and research funding.

AIDS organizations are currently underfunded. Most of these groups are overwhelmed by the increasing demands on their education and support programs. Research is still inadequate, leaving the needs of women, people of Colour, people with disabilities, lesbians, prisoners and anyone living in rural areas unaddressed. There is little access to information or services for these groups and whatever information exists, is insufficient. Volunteers are burning out and resources are scarce. Women have to fight to get the basics on prevention, diagnosis and treatment. Information that is not reported as aggressively to the public as it is for men.

Darien Taylor, a member of Voices of Positive Women, an Ontario-based group organized by and for HIV+ women, is concerned that further pressures to locate, prepare and apply for additional funding is just another unneeded burden, which detracts from the work to be done and takes a toll on one's health.

Lesli Gaynor of ACT's (AIDS Committee of Toronto) Women and AIDS Project is concerned

that major funding cuts will take a significant chunk out of the project's operating budget which is already being stretched to its limit. She feels that the federal lack of response on AIDS/HIV issues shows how the governments' interests are non-committal and the ineffectiveness of short-term plans.

But funding is not without existing problems. Pressures placed by the federal and provincial governments often censor the language and graphics of educational projects meant to be accessible to a targeted group. Some funding bodies find educational materials offensive and rude—while activists report that such materials have higher successes when they are graphic and explicit.

With the upcoming loss of dollars, AIDS activists believe this will also mean the loss of lives. An extension to the 1990 budget commitment needs to be ongoing. Community-based programs are essential in the fight against HIV transmission. AIDS activists are trying to persuade Ottawa to continue its commitment to a national AIDS strategy. They demand an increase in federal government funding to fight AIDS and help AIDS/HIV programs and people living with the virus to survive.

A national campaign was launched at the beginning of AIDS Awareness Week. For more information contact the Canadian AIDS Society (a coalition of community-based groups confronting HIV infection and AIDS) 701-100 Sparks Street, Ottawa, ON K1P 5B7, (613)230-3580, fax (613)563-4998, or an AIDS organization near you.

NICCI COHNSTAEDT

Our Cover

Band-aid medicine makes nice picket fences

My aunt is scratching out death in a sandbox
smashed from an hourglass
scattering grains
too many to count.

Feebly she stirs
the gritty contents of her life
repeated like a million Mobius Strips
mined from monotony.

She clings
suddenly frantic
grasping
gasping for air below the surface
a stagnant pool
where all bubbles have burst
and hardened her reflection in its stillness.

"Band-Aid Medicine Makes Nice Picket Fences,"
she whispers
her fingers barely feeling.

She has grown cancerous roots
her ovaries
pinning her down
until she somersaults
a last ditch effort
that distorts her face
before she bellyflops on her hospital bed
writhing
waves of pain fan out
a rippling
good-bye.

Soon
she will sink
a third time
beneath this murky film
that once fertilized
her garden of earthly delights.

More difficult than coming to terms with my aunt's impending death, is accepting the loss of dignity she has experienced at the hands of the medical profession in which she spent most of her life as a nurse.

The piece and the poem "Band-Aid Medicine Makes Nice Picket Fences" question the validity of "quick fix" treatments often encountered in rural settings. Women, especially, seem to be subjected to this sort of Band-Aid Medicine, because we are perceived to have so many petty "female complaints." The damage caused by such unnecessary delay is all too often severe.

Doris Muisse

Relocating birth

Ontario Health Minister Frances Lankin has announced her ministry's intent to fund the first free standing birth centres in the province. The call for proposals will be issued by April 1993. The minister made the announcement in September at "Relocating Birth", Canada's first conference on birth centres. Lankin addressed an enthusiastic crowd, many of whom have worked several years to encourage the establishment of birthing centres and other changes to the mater-



nity care system.

Members of the Toronto Birth Centre responded enthusiastically to the announcement.

"We are thrilled", said Toronto Birth Centre President Wendy Sutton. "We have worked for this day for 13 years now, and we are ready. We are determined to be one of the first three centres to open in Ontario."

The goal of the Toronto Birth Centre is to establish a free-standing, autonomous centre that will provide counseling, education, care and support to healthy pregnant women and their families during pregnancy, birth and early parenthood.

"We look forward to contributing to the changing face of health care in Ontario. This will finally provide the opportunity for women to realize a full range of choices in the options for birth."

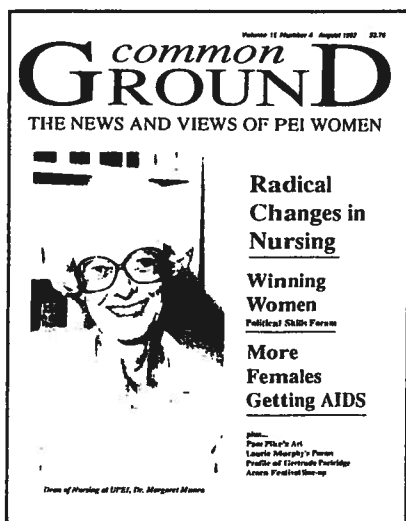
With the increase in demands by women for more choices in birthcare, this is only one of several developments in the changing direction of our healthcare system. The legislation of midwifery as a recog-

nized profession in Ontario, the questioning of existing routines in obstetrical care and the strong movement towards reducing the cesarean section rates are all factors that contribute to the ongoing changes that give choices about birth experiences back to the mother.

The environment in which birth takes place has a very powerful effect on medical intervention rates and birth experiences. The recognition and response to the physical, emotional and social needs of a mother and her support are key factors in affirming what has long been understood by the alternative childbirth community—birth is a natural event and the birth process is a healthy one.

Birthing centres are a healthy birthing alternative. These three centres will offer childbirth services independent of a hospital and focus on the communities they serve, offering information, referrals and care in a safe and individualized manner. To attain the optimum state of health for mother, baby and family, birth centres should be directed by community and consumer involvement. Women will have autonomy in decision-making and another choice of birth-place. This will serve to enhance the continuity of care and have a major impact on the health of the mother.

NICCI COHNSTAEDT



COMMON GROUND presents positive and varied images of PEI women. It supports the network of Islanders promoting women's equality. It focuses on women's activities, in both public and private life.

[] 1 YEAR (6 issues) \$12.50

[] 2 YEARS (12 issues) \$21.50

U.S. and international subscribers add: \$5. for 1 yr. or \$8. for 2 yrs.

Name

Address

Postal Code

COMMON GROUND
P.O. Box 233
Charlottetown
PEI C1A 7K4
PHONE 368-5040

The Free Standing Birth Centre Exchange is an opportunity to network. The exchange consists of community-based groups in the province who are preparing for the proposal call from the Ontario Minister of Health. For more information write to them c/o 259 Willingdon Ave., Kingston, ON K7L 4J2. Member contacts include: London Birth Centre c/o 433 Everglade Cres., London, ON N6H 4N8; St Jacobs Family Birthing Home, St Jacobs, ON N0B 2N0; and the Toronto Birth Centre c/o 1345 Davenport Rd., Toronto, ON M6H 2H5

Dawna Gallagher

Reaching Out

Women
Working
With
Immigrant
Women

by Valerie Kilfoil



Margarita Enriquez came to Canada with her husband. While he pursued a Master's Degree, she felt isolated at home with her young children, unable to speak English and becoming depressed and lonely.

"There is nothing for a student wife," she said. "Especially a student wife who can't speak English."

Enriquez joined Women Working With Immigrant Women (WWIW).

"I came to the first meeting and I was welcomed, it felt really good! They tried to understand my poor English and my views, they never put me down. They listened and gave me their support and love. This gave me confidence in improving every aspect of my life," said Enriquez.

After a year in English classes and a lot of talking, Enriquez said she became comfortable with English. Her role in WWIW increased as her English improved. One of the first things she did when she had a firm grasp of the language, was to establish an English language program for students' wives.

The Birth Process

The WWIW was born in the early 1980s during a long car ride to a conference on multiculturalism.

The founders described their discussions during that car trip in a recorded oral history to Roxana Ng, a professor of sociology at the Ontario Institute of Studies In Education.

Bev Woznow: "They (the car trips to and from Moncton) were powerful, perhaps more than the actual meeting. The women who made the trips were women who had a lot of concerns, not personal concerns, but interests in women's issues. Coming together - finding women with similar interests was significant to everyone."

Sussili Wilson, the first secretary of WWIW: "They struck a cord in me. I decided this is what I wanted to do - to the point that it started to take over my life..."

She remembered the discussions centred on "educating ourselves, making inquiries, researching and having a sense that women could do

something useful in regard to the important issues that affect immigrant women."

Maureen Morrissy recalled feeling "...that women had the power and could make changes."

Betty Lee described a similar feeling: "...we should be united and work as a group."

These women, along with Zeynep Karman, Kadiga Fahmy, Madhu Verma, Nela Rio and Cecilia Tai, gave birth to WWIW. But they had many growing pains ahead.

Growing Pains

Many of the early discussions revolved around whether to become a sub-committee of the Fredericton Multicultural Association or to form a new and independent group. The women opted for an independent group to ensure

IMPRINTING OUR IMAGE

AN INTERNATIONAL
ANTHOLOGY
BY
WOMEN
WITH DISABILITIES

edited by

DIANE DRIEDGER
and
SUSAN GRAY



In this unprecedented collection, disabled women from every region of the globe confront a world which has consistently sought to impose false and constricting images upon them.

DIANE DRIEDGER, co-founder of the Disabled Peoples' International, is the author of *The Last Civil Rights Movement: Disabled Peoples' International*.

SUSAN GRAY is involved in the independent living movement of disabled persons.

ISBN 0-921881-22-3 / 224 pp / \$12.95

AVAILABLE NOVEMBER 1992

FROM *gynergybooks*

DISTRIBUTED IN CANADA

BY GENERAL PUBLISHING

freedom over financial issues as well as decision making. As an independent group, they were able to focus on women's issues.

The name WWIW was chosen to reflect the idea that immigrant and visible minority women could benefit from the support of Canadian-born women. The first elections for the group were really a case of women volunteering to serve.

An ongoing problem has been funding. In the beginning, government agencies refused to acknowledge WWIW as a credible group.

Maureen Morrissy: "Because MCAF (Multicultural Association of Fredericton) works also with immigrant concerns, originally, funding sources refused to view WWIW as a separate viable option targeting women as the focus. It took a great deal of mental energy to establish women's issues as a separate concern."

Despite the problems, the group pushed forward. Research was completed on issues such as employment opportunities, the needs and concerns of immigrant women in Fredericton, community services and immigrant women as small business entrepreneurs.

Conferences and workshops were organized and resettlement assistance provided. Information booklets and pamphlets were made up and a newsletter was created.

Slowly, a network of immigrant and visible minority women began to form as the WWIW began to touch more women's lives.

Reaching Out

It touched Enriquez in a way that has prompted her to become a driving force behind the group for the past six years.

"I've worked with WWIW for the past six years. Sometimes there is money to hire me for a project, other times I volunteer," she said.

Enriquez is described as WWIW's "Mexican national resource." She is an organizer of information sessions, spokeswoman, grassroots organizer, interpreter, translator and writer. She works out of a small, but well-equipped office located in the catering business of one of the WWIW founders - Betty Lee. In 1989, she was hired as the first part-time co-

ordinator. It's her job to organize and co-ordinate all aspects of the office business.

"I like to make myself as visible as possible," said Enriquez. "We don't like to present ourselves as an organization because many immigrants are political refugees and can be suspicious of government organizations. We like to show a human side."

The majority of immigrants to the Fredericton area are from Latin America, particularly El Salvador. There are about 250 immigrants in the area. Most of the women come as dependants of their husbands.

Racism and Sexism

Women Working With Immigrant Women helps women deal with problems related to sexism and racism.

"There are many problems. Immigrant women often have different cultural values," said Enriquez. She cited several cases of women disciplining their children in public and being reported to the police for child abuse.

"I also have to teach them how to stand up for themselves because of racism," she said. Enriquez recalled a case where police picked up two underage boys because they 'looked suspicious' and held them for two hours without letting them call their parents.

"I had to explain to them that they had the right to call their parents as soon as they were picked up."

They even have to deal with racism within the immigrant community.

"We have to sensitize people. Sometimes within their own cultures, there is racism. Some of these immigrants may have been well off in their own countries and may not want to work with someone from a lower class," she said.

Women also have the added burden of having to deal with sexism as well as racism.

"We tell women 'You can do it. You are valuable.' That is our message and our purpose," said Enriquez.

It takes about six years for an immigrant woman to become comfortable and confident in Canadian culture and Enriquez said then many immigrants leave the area for better opportunities in the larger cities.

"We are a poor province so we don't get many immigrants and we don't get much money because we don't have the money. This makes it harder to do big projects."

Despite the small numbers of immigrants in Fredericton, compared to larger cities like Toronto, and inadequate funding, WWIW has put together many successful projects.

The Successes

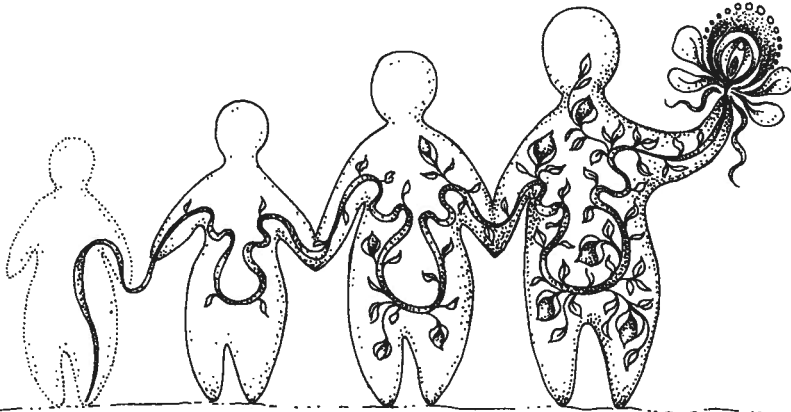
In 1985, WWIW held the first provincial conference on immigrant women with funding from the Secretary of State and Employment and Immigration Canada. They addressed the issues of employment, entrepreneurship, language education, health and social services and immigration. The conference attract-

tries along with music and food.

This past year, WWIW has focused on a series of group information sessions designed to respond to the concerns of immigrant women. Guest speakers provide information on immigrant women and health, children of immigrant parents in the school system, what is your 'real status' as an immigrant?, the legal system, community services, and maintaining traditions.

Changes Ahead

Today the group is going through new growing pains. It has more than 100 members and a core working group of 10. Four of its 10 core members are leaving, including Enriquez who is going back to Mexico with her family. The group



ed 100 participants from across Canada and included representatives from all levels of government.

The group continues to hold panel presentations and participates in numerous community events, workshops and conferences on poverty, international trade, sexism and other issues affecting women. In 1989, WWIW joined the Women's Directorate and the campus ministry to offer a discussion on 'Women in Solidarity with Women: A Cross-Cultural panel.'

Recently, WWIW and the National Exhibition Centre offered a trip around the world with five stops in five countries: Mexico, China, Czechoslovakia, Nigeria and Germany. Geared toward school children, the trip included language instruction and a tour of the coun-

is setting new priorities as it identifies the areas of the greatest need and recruits new core members.

But Enriquez is confident it will continue to grow and reach out to immigrant and visible minority women. She left one lasting goodbye to all her friends in the July issue of the WWIW newsletter, "To have an open heart, to love and help everybody regardless of colour, race and gender, will fill you with happiness and drive you to the path of a very calm and fulfilling life. You will be part of the select group of people that understands the beautifulness of being a true human being."

Valerie Kilfoil is a journalist currently working in Fredericton, New Brunswick.

College Street Women's Centre

for Health Education and Counselling

College Street Women's Centre for Health Education and Counselling provides therapeutic and consultative services.

As women and as therapists we are sensitive to the socio-cultural context in which we live. We believe that education is essential to restoring the power and control women need to make informed choices. We are committed to providing an atmosphere where a woman can learn to nurture and strengthen herself.

Services Provided

Individual counselling
Couple counselling
Consultation and education

Groups

Body Image
Menopause
Early menopause
Sexual abuse/incest
Guilt, anger and shame

Areas of Specialization

Life transitions
Relationships
Personal growth
Sexual abuse
Sexual assault
Incest

Eating disorders

Body image

Sexuality

Reproductive cycle

- abortion
- PMS
- menopause
- infertility
- pregnancy
- gynecological health

Head injury

We are a fee for service.
A sliding scale is available.

College Street Women's Centre

for Health Education and Counselling
517 College Street, Suite 410
Toronto, Ont. M6G 4A2
Tel. (416) 929-1816





Do Seniors Get Good Health Care?

by Lee Stones

I have worked in the area of aging for nine years, interacting with seniors as a researcher and a community activist for seniors' issues. For seven of those years, I have written an advice column for a seniors' newspaper in Newfoundland.

Seniors call or write to me with a variety of questions and concerns. One subject that arises frequently is medical care, specifically their dissatisfaction with doctors and the quality of healthcare services they receive.

In order to share some of the more pressing problems, the following is a series of examples seniors have brought to my attention either directly or through their friends and families along with my personal comments or advice. Names have been changed to protect everyone's privacy.

Harry

Harry's wife, Evelyn called to ask if I could help her with a delicate personal problem the couple was having. Harry had a routine check-up six months before and it was discovered he was hypertensive, seriously enough to require medication. The medication brought Harry's blood pressure back to normal, or so it appeared, because according to Evelyn, Harry was not normal at all. Harry's behaviour had altered significantly: he was tired all the time, in bed by 9:30 p.m. in comparison to their long-time routine of 11:30 p.m.; and his romantic interest both in and out of the bedroom was non-existent.

"It's like living with someone who looks like Harry, but acts like a weary stranger," said Evelyn.

Harry went back to his doctor, and although shy, he did discuss the sexual and romantic changes he was experiencing. His doctor advised that the changes were temporary and after all, "Harry was not getting any younger; everything slows down with age."

Evelyn was convinced it was not just aging that had changed Harry and she resented the doctor's comment about slowing down being expected. Neither she nor Harry could summon the nerve to talk to the doctor directly about "romantic sorts of things" again. They contacted me to see if I could help by possibly talking to the doctor for them.

I am better at more general questions about what agency looks after pension cheques or where to find information about programs for seniors. I am not a medical person so when I am asked medical questions I either seek advice from a doctor friend of mine who

Illustrations by Deaura Gallagher

specializes in care for seniors or I suggest they consult their doctor once again. Harry and Evelyn were so insistent about not going back to their doctor personally, that I turned to my medical friend.

Together we talked to Harry's doctor. After our conversation the doctor changed Harry's medication to a drug called Capoten. It controlled his blood pressure and in Harry's case had none of the negative side effects. Within a short time, Harry was himself again and the romance and sexuality returned to his relationship.

It was the first time I had been asked advice of a sexual nature and it was an eye opener for me as, I confess, I had not thought about seniors in a sexual context. All the research I had conducted covered general happiness, well being and physical fitness in seniors.

Some weeks later I was speaking to a group of seniors and mentioned Harry's incident in passing. The reaction was astounding. They wanted to know the name of this miracle drug because they "had a friend with the same problem." I did explain that what worked for Harry may not work for someone else.

It made me wonder how many seniors' marriages are affected by sexual dysfunction and are not dealt with effectively. In researching a book about sexuality that my husband and I have recently written, the literature is pretty clear about the high percentage of sexual dysfunction that can be treated successfully. Why then are such a high number of seniors experiencing problems? Do they not seek help or are doctors not providing solutions? Are seniors asked about their sexual activity as part of their overall regular health check ups?

I know one doctor who agreed to experiment for a set period of time by asking his senior patients about their sexual activities. He told me, "it was as if the flood gates had opened; every patient, whether married or single, wanted to talk about his or her sexuality."

He stopped asking these questions for two reasons: first, he found too much of the visit dealt with sexuality or sex-related matters; and second, he felt uncomfortable discussing sex with seniors. One wonders how many doctors feel the same way.

Sexuality is not exclusive to young and middle-aged people, so why is it seemingly neglected in our older population. We are sexual creatures throughout our lives. Our need to be held and loved never goes away. Why do some of us, including members of the medical community, think it is different for people over 60 years of age?

Adele

At 75, Adele lived in a seniors' apartment and enjoyed regular visits from her family. She has a variety of medical problems. Recently, Adele developed a high fever and her son brought her to the emergency department of a local hospital. After examining her, the intern prescribed an antibiotic and treated her for mild dehydration. Adele was kept in the

emergency ward for two days. She was not actually admitted to the hospital even though her family wanted her to be. Once her fever had subsided she was sent home, somewhat weak and disoriented.

A relative took time off work, without pay, to stay with Adele until she was able to manage on her own. Adele may not have been admitted to the hospital because hospital staff sometimes worry an older person will end up using the bed for a long period of time. Adele could have been what is unkindly termed, a "bed blocker." This usually refers to an older person with a chronic illness that is admitted to the hospital and ends up there for a lengthy stay.

Adele's family told me about this incident some months after Adele had given up her apartment and moved to Ontario to live with her daughter. She moved because her family felt she would get better treatment in Toronto where her daughter was a nurse.

Not everyone has this option, but Adele should not have to move or have a relative working in the medical field to be guaranteed better treatment. We need to draw government's attention to the way seniors are treated when they seek care and treatment at hospitals. No one should be labelled a bed blocker and spend days in an out-patient ward among ambulance sirens and noisy, rushed emergency room surroundings.



Sarah

Sarah is 61 years of age and has been going to the same family physician for 20 years. Sarah feels comfortable with her doctor despite the fact he seems rushed when he sees her. She often feels guilty for using up his time. After all, Sarah says, he is a busy man with a waiting room full of patients.

Sarah called me after she saw a television program about breast cancer which stated the likelihood of being diagnosed with the disease increases with age. She was worried because two of her cousins had died from breast

cancer. She also mentioned her doctor had not shown her how to do a breast-self examination (BSE) nor had he suggested she have a mammogram. In fact, Sarah says she cannot recall her doctor checking her breasts for lumps for many years. She asked me whether women her age get breast cancer. She is concerned about this but feels her doctor might be offended if she tells him what she wants.

I contacted my doctor who dealt with Sarah's direct questions and suggested she discuss her concerns with her doctor, request information and instruction on BSE, and tell him of her family's history with breast cancer.

After hearing from Sarah, I questioned about a dozen senior women and discovered that only one ever had a mammogram and none could report having regular breast examinations. Perhaps the seniors I spoke with were the exception; perhaps most older women have regular breast checks ups, but I began to wonder. If this group of women is the norm and older women are not being told of their special health needs, then we are surely failing in the area of early detection, early cure.

I use my column to remind senior women to have regular breast exams as well as internal examinations and pap smears. Some women in their late 50s and early 60s tell me they have not had an internal examination since their last child was born, usually when they were in their early 40s. I tell women in my column that these examinations need to be part of a complete physical. If their doctor won't do it, then it's time to go shopping for a new physician.

Bill

An old school mate of mine, cornered me in a local supermarket where I was hurrying to get some last minute groceries. He told me his father, Bill, now 78 years old, is showing signs of dementia and perhaps early alzheimer. Bill is constantly repeating himself; he forgets to turn off the stove; he turns the heat past 90 degrees on mild nights and he recently wandered off to buy a newspaper and was not located for several hours. The situation is putting enormous stress on the family.

My friend accompanied his father to the doctor who advised there is nothing he can do for his father at this point but perhaps they should consider putting Bill into a nursing home.

After talking at some length to Bill's son, I discovered the doctor gave no alternatives to a nursing home and he did not discuss the many home support services available. I told my friend there are people and agencies who will help to keep Bill at home for as long as possible, depending on his rate of decline. I told him about day-care services where Bill can be brought to an out-patients' care setting where he can socialize with new friends in a comfortable atmosphere. This option can relieve Bill's wife for a few hours so she can run her own errands. Caregivers can also be brought into the home to

help ease the situation and the stress on the family.

I cannot believe some doctors seem unable to find the time to provide proper counseling and information to their patients who are in desperate need of their advice.



Marion

Marion called because her cholesterol is too high and her doctor told her she must cut out all fatty foods. He gave her a diet sheet and had his nurse make an appointment with a dietician. The earliest the dietician could see her was six weeks from that date. Marion was to see her doctor again in three months to test her cholesterol level. If it had not gone down she would have to take medication to lower it.

Marion lives alone She does not read well because she left school in fifth grade and she is not sure of some of the words on the diet sheet. Because of her difficulty reading the diet information and her anxiety over lowering her cholesterol level quickly, Marion called me to ask whether I could get her in to see a dietician earlier.

I had to confess I had no formula for getting her an appointment any sooner, however we talked about choosing food wisely when she does her shopping. We discussed what changes she needed to make in her diet to lower the amount of fat she might otherwise consume. She knew eggs had too much cholesterol, but figured cheese was safe and so, ate lots of it. She never ate organ meats, just minced meat or roast. I suggested she try extra lean meats, switch to skim milk or 1%, and try to eat more fruits, vegetables, cereals and whole grains. I also called the local public health office and asked one of their nurses to visit Marion to go over her concerns and the information on the diet sheet.

I wondered why Marion's doctor did not pick up on the fact that Marion had difficulty reading when he went over the diet sheet. Did he even go over the diet sheet with her or just hand it to her?

Newfoundland's Senior Resource Centre

The Seniors Resource Centre in Gander, Newfoundland has been in operation since 1990 and during that time over 2500 mature adults have used its services. The Seniors Resource Centre is part of the Gander and District Continuing Care Program which is a non-profit, charitable, voluntary organization overseen by a board of directors. The association is dedicated to promoting the independence and well being of mature adults. It seeks to affirm the dignity, self-worth, and power of self-determination of the older adult. It consists of a network of centres and community programs that respond to the needs and interests of older persons throughout the province. It acts as a community resource for information on aging and developing new approaches to the problems associated with aging.

At present the objectives of this program are to:

- ◆ ensure that the most up-to-date information is available to mature adults and caregivers throughout the province in such areas as homecare, home support services, education, housing, transportation, legal, health, social, and other services;
- ◆ act as an advocate for the rights of mature adults;
- ◆ increase public awareness of the concerns voiced by mature adults;
- ◆ foster the development of appropriate community programs and services that promote well-being and independence; and,
- ◆ ensure that seniors are active participants in all matters concerning the association.

The centre also offers services to community groups through presentations, displays on various issues related to aging, a resource library and research and development of resource and educational materials on issues facing mature adults.

The majority of clients using the Seniors Resource Centre are women. This may be because women usually outlive their male partners and there are a number of women who provide care for their ailing spouses in the latter years. There are a variety of issues mature women are facing in our society from financial problems, adequate and affordable transportation and housing, to the high cost of drugs and nursing care. But through education and information they can find hope and strategies to deal with these issues.

The Gander centre offers a toll-free information helpline, advocacy services, fitness/recreation leisure information and activities, and social events serving approximately 125 communities in the Central Newfoundland area. As well as offering core services, the centre has been involved in specialized programs such as footcare clinics.

Another specialized program is the Drop-In pro-

gram which is run mostly by retired women and some men. This weekly program runs one day per week, and helps to provide educational opportunities to mature individuals seeking intellectual and social stimulation. The events are planned in advance and promoted in various media.

To ensure that current information is available and to increase awareness of health and aging issues, the Seniors Resource Centre works with other agencies to provide services to seniors on a wide variety of issues. Through information sessions and public forums issues such as breast self-examination, osteoporosis, the misuse of prescription and over the counter drugs, alcohol abuse, high blood pressure, exercise, nutrition, cancer, and menopause to just name a few, are explored.

The centre is now coordinating a new research project dealing with elder mistreatment in Newfoundland and Labrador. This project will develop a definition for measuring and assessing elder mistreatment. Gathering data and feedback will be accomplished through questionnaires administered to individuals and focus groups. The assessment tool that is developed could be used on a national basis for professionals who work in this or related issues. This type of project has never been attempted in Canada before, so it gives the resource centre an opportunity to be part of history in the making.

There are a number of women who serve in a volunteer capacity with the resource centre. For example, the majority of the members on the Advisory Board are women; some volunteer as professional advisors within the realm of their chosen career and some act as community resource persons in a specific area of service to seniors. On the whole, everyone works well together and forms a firm support network for this program.

Our centre is unique in many ways. We are a community reaching out to draw people to a circle of friendship in order to help them be independent and happy.

Working in the Senior Resource Centre gives you a real sense of satisfaction because you feel like you are putting something back into the world.

If you are in our area please drop in. If you would like more information about our program, please write to: Seniors Resource Centre, P.O. Box 330, Gander, NF A1V 1W7 or call (709) 256-2333.

Kim Cheeks

A native of New Brunswick, Kim Cheeks believes firmly in the talents and abilities of older persons. She enjoys her work at the Seniors Resource Centre immensely.



Many seniors did not finish school and literacy problems are not uncommon. Doctors should be reminded that some of their older patients may not be able to read well enough to deal with diet sheets or instructions on prescriptions. I also wondered why someone like Marion, whose cholesterol is so high she is in danger of having to take medication to lower it, has to wait as long as six weeks to see a dietician?

All of these cases are real and cover some of the health concerns seniors have raised with me. One common complaint from seniors is doctors seem too rushed and do not spend enough time with them even after they have waited an hour or longer to actually get in to see the doctor. They find doctors do not take time to explain things well or provide proper counseling. One senior told me, "Just because we're retired doesn't mean we're not busy, or that we have nothing else to do but wait around to see the doctor."

I realize doctors are busy and healthcare costs have not made the medical care business easy to administer, but seniors are consumers who have paid their dues in tax dollars and deserve good health services. Everyone, regardless of age, should be entitled to quality health-care. Unfortunately, our health system does not always provide the best of care to consumers generally, and for seniors, this lack of care can be critical.

We need to change how physicians care and treat their patients generally. Doctors must take time with all patients, give thorough up-to-date information, treatment options and follow-up.

Lee Stones works at the MUN Gerontology Centre in St. John's, Nfld., and writes an advice column for a seniors' newspaper. She has just co-authored a book for MacMillan of Canada with her husband Dr. Michael Stones, entitled, Sex May Be Wasted on the Young.

Women's Bookstop

333 Main Street West,
Hamilton, Ontario
(416) 525-2970



ANN DRAKE
Counselling & Consulting
160 Garfield Street South
Winnipeg, Manitoba
R3G 2L8
Telephone: (204) 786-1971

Attention Women's Groups! This is a Real Deal! Canadian Women's Health Network Regional Report on B.C. and Alberta

Now available for the cost of postage & handling only!

Featuring articles about the region written by women who live and work here. Includes profiles of organizations working to better women's health, the story of community health reps, women and AIDS and a vision for the Canadian Women's Health Network.



Single Issue Price: \$2 postage and handling
10 (-19) copies: \$10 postage and handling
20 (-49) copies: \$15 postage and handling
50 (-99) copies: \$20 postage and handling
100 copies \$25 postage and handling
Please include 7% GST with your order
Send cheque or money order to:

Healthsharing
14 Skey Lane, Toronto, ON, M6J 3S4

In Our Own Words

ORGANIZATIONS WORKING TO BETTER WOMEN'S HEALTH

The Stepping Stone Association

In Halifax during 1985, three young women were murdered. Each of these women worked as prostitutes and all three had earlier attempted and failed to leave street life. In response to these murders, the City of Halifax established an Advisory Group on Prostitution and Related Issues in May 1986. This group was composed of 19 member agencies, in conjunction with the Halifax City Social Planning Department. Research conducted by the group indicated that traditional social services for women and youth were ill-equipped to deal with this sector of society.

The advisory group recommended an outreach service be developed. The Elizabeth Fry Society, a national, non-profit organization providing services to women in conflict with the law, agreed to sponsor the program.

After almost two years of operation, in August 1989, the full responsibility was transferred to the Street Outreach Services for Women and Youth Association, an independent, non-profit, community-based association.

In April of 1990, a Health and Welfare grant paid for two new outreach workers making it possible for Stepping Stone to increase contact with women and youth as well as initiate contact with men working as prostitutes on the streets.

We believe the effectiveness of the Stepping Stone Program is a direct result of our user-directed philosophy. The women, men, and youth who use the Stepping Stone services play an integral part in directing the activities of the associa-

tion, and determining the goals, priorities and structure of the program. We believe that all individuals have the right to self determination; that prostitutes have a right to safety in their work, access to services and are entitled to social and economic alternatives to street prostitution, if this is what they desire. We realize people who work as prostitutes may choose to continue this work. Therefore, Stepping Stone does not interfere or attempt to stop these individuals, but assists in making street life as safe as possible.

Street outreach work makes up the core of the services that Stepping

THE
**Stepping
Stone**
ASSOCIATION

Stone provides. Three nights a week, two teams of street outreach workers go out to connect with the people working by offering a chance to talk, about AIDS, other STDs, and available services. We also hand out condoms and Bad Trick Lists (an ongoing, updated list of information about "Bad Dates" given to us by the street workers). We provide weekly drop-ins, a place for people to relax, get something to eat or drink, or just talk. It is key to be consistently on the street from week to week; to show respect for the folks working by using an unobtrusive, non-judgmental approach and to gradually allow trust to develop.

In the five years that the Stepping Stone Program has been operating, a relationship of trust and mutual

respect has begun to develop even though the faces of staff and the users of the service are always changing.

Another part of our program is the Resource Centre which is a safe, confidential place for people to get information about housing, emergency food, child care, addictions/sexual abuse counseling, social assistance, and education/employment upgrading. Street outreach workers are available to do referral and advocacy and one-on-one counseling. This is called "High Support". Once on "High Support" the user of the service and the street outreach worker develop a plan that enables the user to work toward their goals in manageable steps, with the street outreach worker there for support.

Street outreach workers also deal with crisis intervention, emergency relocation or the need for safe housing. If a person's life is in danger, we can quickly and confidentially move them to a safe place out of the city or out of the province. This service is limited by the availability of funds and depends a great deal on the cooperation of social services and other support organizations. But in emergency relocation, the safety and confidentiality of the user always takes precedence.

Because of our user-directed philosophy, the Stepping Stone Program is always changing. It is clear this process has no end. There is always more to be done and more to be learned. Listening to the people who come here is the most important thing we can do to help. As one user put it: "...One thing about Stepping Stone that I've noticed is when you have a problem you can sit down

In Our Own Words

and you can talk to someone about it, and they will listen to your problem, and if they have any ideas of how to help you out, they will tell you.

When I was raped, I needed somebody to talk to, somebody that wouldn't go out and tell people. And I came to Stepping Stone and I talked to them about it and they listened to me when nobody else would."

The Stepping Stone Association Street Outreach Program, 2224 Maitland Street, Halifax, Nova Scotia B3K 2Z9, (902) 420-0103

Michael Weir

"The Red Door"

Confidentiality, informed counseling, professional services and a non-judgmental atmosphere are what one finds when walking through The Red Door, an adolescent health and support centre located in Kentville, Kings County, Nova Scotia.

The centre provides a variety of services both counseling and health related for individuals aged 13 to 30. It is the first centre of its kind, run solely by a volunteer staff and board, including teens, parents, professionals and concerned citizens. The centre is kept operating through fundraising and donations from individuals, community organizations and business.

From our "Pilot Year Evaluation December 1990 to December 1991" it was noted that far more young women are taking advantage of the centre's services. This trend seems to be continuing, from January to March of 1992, out of the 267 calls or visits to the centre 212 were made by women.

Young women are coming to The Red Door primarily for contraceptive counseling. On the centre's evaluation form, they report the service to be "informative, yet, lets the person come to their own decisions".

The nurse counselors provide information and counseling on all contraceptive options, from abstinence to a wide variety of marketed contraception methods. The centre is fully equipped to supply young women with the products necessary to meet their choices.

In conjunction with contraceptive counseling, an integral part of this

counseling is focused on safe sex practices. The centre stresses that pregnancy prevention is part of contraception, but protecting one's self and one's partner from sexually transmitted diseases (STDs) is also part of the responsibility in being sexually active.



STDs, including HIV, testing is also an aspect of the services at the centre. In the centre's evaluation it was recorded that these tests were ranked second as the reason why young people generally come to the centre.

Pregnancy testing is the second largest reason young women are coming to The Red Door. The test is accompanied by pregnancy or contraceptive counseling depending on the result. All decisions made by our clients are respected, the counselor provides the young women with the options and the information in relation to their situation. Women who choose to carry their pregnancy to term are counseled and the appropriate supports are set up. Abortion referrals can be made by the centre, but it is not a procedure the centre itself offers.

Relationship, emotional and nutritional counseling are also part of the centre's services. Initially many young people did not see The Red Door as a place to explore these concerns. However with increased awareness and promotion more individuals are coming in for counseling on these issues. In the past five months alone, 77 clients have been referred to the centre for counseling in these areas either individually or as combined issues.

Young women returning to the

centre, come back for many reasons, the comfort and the trust seem to be large factors. Another reason which brings many of our 13 to 16-year-old young women back is the financial constraint of being a teenager. Contraception is available free of charge and they return to refill their pills; and, the waiting area has a "cookie jar" full of free condoms and contraceptive sponges for our clients.

Included along with the counseling services at The Red Door are group education sessions dealing with many issues and presentations to various groups about services provided and issue-related information. The centre is also in the process of developing a Peer Support Network.

Young people continue to walk through The Red Door. It is obvious from the increase in visits and calls that the services the centre provides are necessary and meeting a need for young people. The hours are currently limited to Tuesday, Wednesday and Saturday for nine hours of service in total. An answering machine records any messages from those who are willing to leave their number. The dream of the centre is to be open more often so that whenever in need, young people can access the services.

The Red Door, 28 Webster Court, Kentville, Nova Scotia, B4N 1H7, (902) 679-1411

Pam Marston

Women in Active Recovery

My name is Bernie and after years of self doubt and panic, the past three and a half years of my life have been spent learning how to live without chemical dependency.

Enter, Women In Active Recovery, a pioneering self-help group for women seeking freedom from chemical dependency. We believe our support group is special because we are the first all women group that offers a feminist alternative to 12-step programs for women recovering from drugs and/or alcohol.

We have 10 guidelines, comprised by members of the support group, our membership is open and members may or may not belong to a 12-step program the community.

Women In Active Recovery, provides a warm, safe place for women to share and offer support to each other. We do not discuss alcohol or drugs, or give any advice on how to stay away from them. We do share our personal experiences, together learning how to cope with life and its harsh realities, without having to resort to our drug of choice.

Our group was formed when two women in our local women's centre decided, after extensive research, that women in our community needed more time than other recovering programs provided to share their concerns about personal problems in their lives, while trying to rid themselves of the burden that the use and abuse of drugs and/or alcohol had placed on them. The support group meets for one and a half hours, once a week.

It is suggested that a woman who wants to join our support group be free from drugs/alcohol for a minimum of six months. Experience has shown that a woman free from any chemical dependency, is better able to make clear concise decisions and choices, allowing her to reach her full potential. She is once again capable of re-claiming her strength and natural power.



The members of our support group come to us from all walks of life. They have found us by various methods, sometimes they have heard about us from a therapist or seen our group flyer on a local bulletin board. Most of the time they discover us by word of mouth from a friend who already belongs to our program.

For the past four months we have been offering presentations to local professional caregivers about barriers still faced by women on the road to recovery. The response to these sessions have been overwhelming. We hope these presentations will

In Our Own Words

work toward eliminating the pitfalls that still exist for women seeking freedom from drugs and/or alcohol. Women in Active Recovery, c/o Picou County Women's Centre, P.O. Box 964 New Glasgow, NS B2H 5K7 (902) 755-4647
Bernice Law

Dance with DAWN PEI

In 1988, a very unique dance program for women with disabilities began in Prince Edward Island. Peggy Reddin, a graduate of The Teacher's Training Program of The National Ballet School of Canada, and daughter of Estelle Reddin, president of DAWN (DisAbled Women's Network) PEI, launched a pilot project of creative movement classes.

After failing to find model programs for people with disabilities, Peggy developed her own. Based on her knowledge of physiology, anatomy, expression and music she obtained funding from the Secretary of State. The program, called Dance with DAWN, is completely dependent upon this funding as the costs for transportation, space rental and instruction by a trained dance teacher is high.

The classes, which explore possibilities of movement for the mobility impaired, head injured, the deaf and hard of hearing are qualitative rather than quantitative. Although we, the participants, get some exercise during the classes, the primary aim is for us to become more self-aware. The movement makes us feel good about ourselves: we can let off steam, share our ideas and concerns with other disabled women, and do something which does not focus on our disabilities. By watching Peggy and mirroring what she does, we are being beautiful in our own minds. We have even performed at two Women's Festivals and several conferences!

For more information, contact: Dance With Dawn PEI, PEI Council of the Disabled, 164 Richmond St., Charlottetown, PEI, C1A 1H9 (902) 892-9149.

June Black

THE CANADIAN RESEARCH INSTITUTE FOR THE ADVANCEMENT OF WOMEN

A national, bilingual non-governmental organization which promotes, disseminates and coordinates research on women.

Activities include:

- an annual conference
- a quarterly newsletter
- networking through a
- computerized Bank of Researchers
- research reports
- a small research grant program

Recent publications on:

- Feminist Literacy Criticism
- Women's Autobiography in Canada
- Stereotyping of Feminists
- Women in Politics
- Midwifery
- New Reproductive Technologies
- Strategies for Effecting Change in Public Policy
- The Women's Movement

To obtain a copy of our publications catalogue and information on becoming a member of CRIAW Contact:
CRIAW, 408-151 Slater St.,
Ottawa, Ont. K1P 5H3.
Tel. 613 563-0681
Fax 613 563-0682
TDD. 613 563-1921

We offer a discount of 20% when you order 10 or more of the same title.

Metro Area Family Planning

Let's talk about sex, baby. Let's talk about you and me. Let's talk about all the good things and the bad things that could be. Let's talk about sex!

The words to this popular song by 'Salt n' Peppa' have a very important message for the 90s. Sex is something we must start talking about in healthy and constructive ways, rather than the moralistic or judgmental approach of the past.

This latter approach is often used when we, the helpers, instructors, counselors, or caregivers are not really comfortable with the issues surrounding sexuality. Talking about sex is still one of the biggest stumbling blocks we face in providing holistic services. It is still so value-laden, so emotionally packed, and so shrouded by myths and misconceptions.

At the Metro Area Family Planning Association in Nova Scotia, we have designed a two-day workshop package to provide some assistance and direction in this area. The program, "Talking about Sexuality," is specifically designed to increase participants' comfort level when discussing sexual issues.

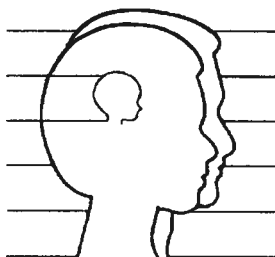
We begin by looking at the participants' own values around sexuality, where and how they developed, and how they impact on their day-to-day functioning with others. This first step is about becoming more comfortable discussing sexuality issues, and, we hope, about becoming less judgmental of those whose values differ from our own.

Exploring some very value-laden sexual issues such as adolescent sexuality, abortion, masturbation, homosexuality and date rape always leads to lots of debate. It also provides participants an opportunity to clarify and articulate their views on some of these "hot" issues. Perhaps more importantly however, it requires patience, tolerance, and an appreciation of other points of view--regardless of whether or not we accept them as our own.

Another area of exploration is how we, as caregivers, can effectively talk about how we feel. It's a lot more difficult than it sounds to get



out of our heads and into our hearts and guts. Yet, we often expect it of our clients. Role playing shows participants how difficult this can be. Before they become too discouraged, we provide them with some frameworks that help both clients and caregivers deal with these sensitive issues. This is followed by some tips on designing informal and semi-formal sexuality education sessions. The



two days end with an opportunity to share knowledge about resources in the community and network.

The program is structured in a loose and flexible way, so if groups have specific issues or concerns, or require more information in an area, we can accommodate them. At one recent workshop, we decided to limit the time spent role playing, and had an in-depth and informative discussion on homophobia and how to best deal with it in a group home situation. We also discussed steroid use/abuse and its effect on sexual functioning.

The participants leave the program feeling more competent in their knowledge base, more comfortable with the issues, and more aware of the need for sexuality education and counseling on an ongoing basis. Remember, it's a lot more than just the birds and bees! Metro Area Family Planning Association, 5541 Russell St., Halifax, NS, B3K 1X1, (902) 455-9656 Katherine Anderson

Lesbian Phone-line

Nine years ago, when I first came to Prince Edward Island from Toronto, one of the first things I did

was look in the phone book for a lesbian phoneline. There was nothing. Zilch. It took a month or two before I met other lesbians and that happened by chance when my lover and I went to a woman's festival.

This experience reminded me of being a fifteen-year-old dyke with no one to talk to other than the woman who became my lover. I had so many questions and so much I wanted to understand.

As I became more aware of the geography of Prince Edward Island, its small pockets of rural communities held together by family ties and alliances, I realized that isolation was a larger issue than I had initially thought. I started to talk with other women about developing a phoneline. In February 1988, a friend and I sent out letters to women in our community asking for input and money. Women put their hands in their pockets and gave generously; one woman donated money for an answering machine. We contacted Island Tel for a toll free number, we were given a corner of an office in downtown Charlottetown, we bought a log book, did some reading and by May 1988 we were in business! Then we put an advertisement in the personal column of *The Guardian* newspaper and sat back.

At first we had a number of supportive calls, women asking for information and a number of hang ups. This was to be our pattern for awhile, but it was clear that lesbians in P.E.I. wanted contact with each other, and the suggestions came fast to the phoneline. First a "Coming Out Group" was organized then a monthly coffee house group formed, and before we knew it, the P.E.I. Lesbian Collective was born. We started doing workshops in the community, talking on CBC about being lesbian in P.E.I., writing briefs to present to government and just turning up everywhere and feeling really good about ourselves.

We had contacted the gay men's community in 1988 to see if we could join forces to share costs. At that time they were not interested, but later changed their minds. This has helped with our overall costs because it has always been difficult to find the money each month to

cover phone and advertising expenses. We have had approximately 2,000 calls since the phoneline's inception, most of them are calls for help and information. We get a few harassing or obscene calls and have learned to give these NO energy.

The number of volunteers on the phone line is low these days. Women have moved away or are on vacation so we are always looking for more help. Meanwhile we hang on, just managing to pay our bills each month. We know however, that when someone calls and says, "Er, I want to talk to someone. I don't know any other lesbians around here." or "The kids at school call me lezzie and maybe I am, can I talk to someone?" then it's all worthwhile. The Lesbian Phonenumber is: (902) 566-9733. Shirley Limbert

Support to Single Mothers

Support to Single Mothers Inc. is a non-profit organization that provides programs and services for single parents—primarily women in southeastern New Brunswick.

In the fall of 1982, a small group of concerned citizens recognized the need for a community-based service agency to aid single mothers in the Moncton area. Due to their own professional and personal experiences, they had come to believe many single mothers need a variety of services that were not being provided by the community.

While recognizing this gap in community services, they were aware that a local study of this issue would be useful to determine, more scientifically, the needs of this local population and the services presently available.

The ad hoc committee, headed by Nancy Hartling, acquired funds from Canada Employment and Immigration to carry out a six-month study of the needs of single mothers, and make recommendations to address those needs.

The research included interviews with 50 single mothers and with a number of community agencies. The study revealed many single mothers were living in poverty, felt a great deal of social isolation, lacked life

In Our Own Words

skills and education, and experienced low self-esteem. Single mothers told the project workers they wanted a centre where services and support would be offered, and they wanted change in their lives.

In March 1983, Support to Single Mothers became incorporated. It

began the process of seeking funds to meet the gap in services and to address the needs of single mothers.

In the early stages of the organization, financial resources were limited and services were carried out on a relatively small scale: an office, meetings at church halls and many volunteers. Despite the restrictions, Support to Single Mothers was able to recruit clientele and establish a positive community profile.

The organization used a group-

Health Professionals urgently needed overseas!

CUSO offers you two years' living in another culture and an opportunity to work with others striving to improve their lives. These challenging positions require skill, adaptability, and cultural sensitivity.

Namibia - Public Health Nurse and Public Health Inspector to coordinate a preventative malaria program.

Nigeria - Nurses/Midwives to facilitate the delivery of primary health care in a hospital and a community health extension program.

Nigeria - Child-to-Child Coordinator to train teachers and health workers in the Child-to-Child approach to primary health care.

Ghana - Public Health Nurse with experience in maternal and child health to work in a community outreach program.

Ghana - Registered Nurses with surgery and pediatric experience to work in a hospital ward.

St Vincent - Registered Nurse with experience in midwifery/obstetrics and community/public health nursing to work in a community health clinic.

Nigeria - Health Educators to work with government and village health workers in a guinea worm eradication program.

Ghana - Ophthalmic Nurse/Technician with experience in outpatient care and surgery to work in an eye clinic.

Indonesia - Nurse for a community health program focused on improved nutrition, sanitation, disease prevention, and community mobilization.

Zambia - Occupational Health and Safety professional to work with a Zambian workers' health and safety organization.

Nigeria - Physiotherapists to work at a rehabilitation centre and participate in a community outreach program.

Nigeria - Nutritionists/Dietitians to coordinate a training program for community health workers.

Sierra Leone and Indonesia - Medical Doctors to work in community health programs focused on improved nutrition, sanitation, disease prevention, and community mobilization.

Salaries are modest but cover overseas living costs. To apply, send your resume, outlining your qualifications, to: CUSO FH-7, 135 Rideau Street, Ottawa, Ontario K1N 9K7.



work model. It seemed single mothers benefited when interacting with each other. Eventually, the group obtained a small house to provide services and in 1985, a larger, older home in downtown Moncton was acquired.

The philosophy of the agency is based on feminist principles. Many societal and environmental barriers cause difficulties for single mothers and holistic approach is incorporated and whenever possible. The single mother's views, opinions and input are recognized and utilized. For example, in the work of the Whole Women Health Project a focus group of single mothers was formed to give input and direction to the project.

From 1985 to the present, a variety of programs and services have been provided. The major areas addressed by the agency are:

- Programs/Workshops: parenting, pre-natal, assertiveness, self-esteem, life skills and programs for separated and divorced persons
- Counseling/Resource and Referral
- Advocacy: related to issues of single mothers
- Support Services: child care, swap shop, drop-in program
- Community Networking: working with other groups with similar issues and concerns to improve the lives of women and children.
- Sponsorship of Special Projects: St. James Court Housing for single parents; New Options for Women: a training program to explore non-traditional training; Whole Women Health Project; and Adolescent Parents and Children Program for teen parents.

Funding for the agency's work is secured from the federal and provincial governments, the United Way, donations and fund raising initiatives.

In May 1992, the board of directors and staff outlined their five-year strategic plan; the plan will include continuing with the past activities and services, as well as some new initiatives. The group will develop more education and training programs for women; will conduct research and work with survivors of sexual abuse; will do a feasibility study regarding enhancement of our agency daycare service; and will lobby and advocate on behalf of single mothers.

For more information about Sup-

In Our Own Words

port to Single Mothers Inc., please contact Nancy Hartling, Executive Director, 154 Queen Street, Moncton, NB, E1C 1K8, (506) 858-1303.



What Happens Now?

“*What Happens Now?*” (*WHN*) is a resource pamphlet designed for teenagers dealing with issues surrounding pregnancy. The first edition of the guide was originally developed in 1980 as a project of the Lunenburg County Women's Group. This Nova Scotia group was concerned that teenage pregnancy was on the increase and that many of the young women did not seek medical or other professional advice. A Canada Works project grant funded the development of the booklet. Its aim was to provide information and to raise awareness in pregnant teens of the importance of good prenatal care.

Project staff sought input from professionals and parents, as well as teens who had problems with their pregnancies. Draft copies of the booklet were given to teenagers to test its readability.

At the time, distribution of the booklet was controlled, with copies being made available through the local hospital, the library, social services and the Lunenburg County Women's Group. The sponsors of the project chose this method in order to ensure that teens who received a copy would have a chance to discuss what they read and receive clarification if this was required.

In 1983, the Lunenburg County Women's Group received funding from the Secretary of State to create a women's centre in the town of Bridgewater, NS. The result was Second Story Women's Centre, a

resource, information and referral drop-in centre.

In 1985, Second Story sponsored the development of the second edition of “*What Happens Now.*” with funding provided by the Challenge '85 Program of Employment and Immigration Canada.

Two students were hired to update, revamp and revise the original work. The newer version retained the intent of the original: information on what to expect from a pregnancy, options for teens, and how to obtain help. In the new edition, case studies tell the stories of three young women who find themselves faced with an unintended pregnancy. Each story is rich in detail and vividly describes the experiences of these teens as they struggle with this dramatic change in their life. Attention is paid to the emotional experiences of the expectant mothers, and the reader is informed of the physical changes associated with pregnancy.

The magazine format of the newer edition of *WHN* allows for a number of additional chapters including “You and the Law”, which deals with sexual assault, incest and financial responsibilities. Another new chapter discusses the emotional reactions to pregnancy and includes suggestions on how young mothers-to-be might approach family and friends.

Information on abortion was greatly expanded for the new edition of *WHN*. The updated version discusses the topic at greater length, urging teens who are considering this option to discuss the implications with a qualified counselor. Since the 1985 publication of *WHN*, however, abortion laws have changed in Canada and an insert is now included in copies of the booklet which clarifies these changes.

Copies of *WHN* were distributed across the country to schools, universities, women's groups and Planned Parenthood offices. Guide sheets are available for teachers who wish to include “*What Happens Now?*” in their classroom discussions. Copies are still available for those interested in this resource by contacting Second Story Women's Centre, 99 York Street, Bridgewater, NS B4V 1R2, (902) 543-1315. \$1 per copy plus postage. Patti Simpson

Women's Health Education Network (WHEN)

(excerpt from *A Collection of Nova Scotia Herstories*)

As a convenient starting point, let's take 1975 — International Women's Year. There was a flurry of mini-conferences around the province, and Truro's version featured a description of the well woman clinic recently started at the Halifax Infirmary. "Why do women need anything special in health care?" mused the speaker, provoking the reaction which he probably expected, but which stunned me. The women present exploded with pent-up rage over their experiences with the medical world and the destruction of their confidence in their own natural functions. Why shouldn't we do something about it?

I brought these ideas back to a just beginning women's group in West Colchester, and eventually we organized a series of well woman clinics in Bass River. The resulting publicity brought us many requests for help in starting others; we tried to assist in person, then got a short term grant to produce and circulate the first clinic report and manual.

Several clinics developed in isolation around the province during the next three years, but our attempts to connect them brought no success — so it was difficult for new groups to find out what help was available.

I finally called a meeting to bring all these women face to face. What started as forum for 30 to 40 representatives of clinic-sponsoring groups expanded as more women heard about it and asked to attend. In the end, more than 100 women came.

And so WHEN was born. A steering committee of 14 women volunteered to put some sort of structure in place. With indecent haste (and good sense), we declared ourselves to be the Women's Health Education Network, and got on drafting a constitution. Funding negotiations with the Health Promotion Directorate dragged on over the next year, but finally we had money for a three-year project.

We assumed having a paid staff would take away some burdens from the volunteer Board but, in fact, the increased activity multiplied



our workload and anxiety. We accomplished much — establishment and operation of a resource library, regular newsletter and updates, rapid membership growth — but at a considerable personal cost: there were long drives on snowy roads, the sacrifice of one Saturday in every four to busy work and headaches, rather than the amiable discussions we had envisioned.

In our third year we hoped to transfer the organization back to volunteers. With the exception of the newsletter, however, this did not happen.

We closed our office in October 1983. Our membership dropped from over 400 to less than 30. The resource collection lurked in storage in the basement of the Truro Library. Single-issue committees suffered from too much distance and uncertainty about how to proceed. But the Maternal-Child Health Committee proved the concept could work, given good leadership and well-defined concerns. Our spring conference on women and violence was excellent, but attendance was much lower than usual.

After this difficult transition year, the 1984-85 Board had much rebuilding to do. The resource library was catalogued, moved, and is now open to the public in the Pictou County Women's Centre. The Update was revived, sources of funding were explored, and the newsletter received a new masthead and a new name, *Vitality*. A membership drive is underway — 250 and climbing!

WHEN is a province-wide organization for women that cuts across a wide range of social, educational and age levels, involves both rural and urban people, homemakers and health professionals, and has no political or religious ties.

We reflect and accommodate a wide range of concerns and beliefs. Our existence provides support for local efforts through information, endorsement and recognition. We will continue our right for life.

Janet Campbell
(reprinted with permission from Groups Dynamic)



all under one roof

Parentbooks

201 Harbord St. Toronto, Ont. M5S 1H6

Mon. — Sat. 10:30 — 6:00

Phone (416) 537-8334

A feminist journal
of critical analysis and
innovative research.
RFR/DRF is on the cutting
edge of Canadian and
international scholarship.

RFR/DRF

RESOURCES FOR FEMINIST RESEARCH

Four issues each year:
\$26.75*/Canada
\$40/Foreign
RFR/DRF, 252 Bloor St. W.
Toronto, Ontario, M5S 1V6

*GST incl.

*Mi'*kmaq women were responsible for gathering and preparing medicine, making clothes and preparing hides. Women were also responsible for teaching the children skills, values and traditions necessary for *Mi'*kmaq life.

Communities included medicine men and women, known in *Mi'*kmaq as a puoin. They were healers of both the spirit and the body. Their knowledge included the medicinal plants needed for curing illness, and as counselors and advisers they played an important role in the community.

The *Mi'*kmaq were a self-sufficient people who lived in harmony with nature. From Mother Earth they received a life of dignity, and in appreciation they held sacred ceremonies.

Initial contact with Europeans has had a lasting detrimental effect on the *Mi'*kmaq people. The Europeans introduced foreign diseases such as smallpox, tuberculosis and syphilis. Many Native people died as a result of not having the immunities necessary to combat these diseases.

Colonization imposed various restrictions on the Native people which altered their life forever. The health issues which face the *Mi'*kmaq people today are directly related to the effects of colonization.

Since the early 1950s when the Department of Indian Affairs imposed a European form of government on the *Mi'*kmaq people, the traditional role of *Mi'*kmaq women has diminished. As a result of the Indian Act, women were pushed aside. If a Native woman married a non-Native man, they were no longer allowed to live in the *Mi'*kmaq community. Women's role as advisers and spiritual leaders ended. And through assimilation, *Mi'*kmaq values and traditions were replaced with non-Native values.

In the 1990s the *Mi'*kmaq women are assuming a role of leadership, but like any culture today, we are not immune to society's problems. *Mi'*kmaq women are combating such difficulties as alcoholism, drugs, sexually-transmitted diseases, family violence, and discrimination in many forms on and off the reserve. As a result, many Native women have lost their self esteem and self worth. We

have children born with fetal alcohol syndrome and low birth weight, teenage pregnancies, high suicide rates, obesity and problems in overall mental health.

The health status of Native women today is still very bleak and a great deal of healing and awareness is needed to combat these problems. The latest study released by the Department of National Health and Welfare, Medical Services Branch Atlantic Branch is on "A descriptive study of smoking status and mortality among Native and

*The health issues
which face the
Mi'kmaq people today
are directly related
to the effects of
colonization.*

non-Native Nova Scotians". It showed that Native women smoke more than males. As a result, further complications develop with other chronic diseases such as cardiovascular disease and various types of cancer such as lung cancer. Cancer is the major cause of death among *Mi'*kmaq women, more so than men.

Other Native health studies conducted in the Atlantic region have shown that one in four Natives in Nova Scotia over the age of 40 suffer from diabetes and this may be a factor in the high cardiovascular mortality rate observed in the Nova Scotia Native Diabetes Project. These are a couple of health issues that effect Native women in particular and Native peoples generally. Now there exists another deadly disease which has the potential to destroy our nation with more force than tuberculosis or smallpox: AIDS. The *Mi'*kmaq women now challenge this phenomena with their traditional leadership and strength.

The present socio-economic situation in *Mi'*kmaq communities is still lower than the non-Native population because of high unemployment

and welfare dependence. But a change in attitude is beginning. *Mi'*kmaq women are taking on leadership roles and excelling in careers as nurses, nutritionists, dental hygienists, and other professions. The majority of mature students returning to universities and colleges are single mothers and women. Seventy-five per cent of the band staff on *Mi'*kmaq reserves is comprised of women, including welfare officers, managers, educators, clerical staff, counselors, community health representatives (CHRs), (NADAP) Native Alcohol and Drug Abuse Program staff and child welfare workers.

In Native communities across Canada, there are approximately 553 community health representatives (CHRs), 98 per cent of which are Native women. In Nova Scotia there are 13 CHRs, specially trained women with enormous responsibilities. They are front-line workers in health prevention and promotion in the community, working closely with Native and non-Native health professionals. These CHRs are called on 24 hours-a-day to help people who are sick. They provide counseling and hands-on assistance to people who have chronic illnesses by ensuring that their medical needs are met. They provide support to families experiencing problems in areas such as alcoholism, drug abuse, family violence, and nutrition. They perform follow-up procedures as requested by the family physician, public Health Nurse or the Chief/Council in individual Native communities across Canada.

The training of these special health professionals has changed tremendously. In 1990, a total of 32 CHRs graduated from Dalhousie University with Community Health Education diplomas as an extension of their previous training. With this additional training, a few of the CHRs have continued their studies in other health professions.

Elizabeth Paul was born and raised on the Membertou Reserve, Cape Breton, Nova Scotia. As an active member of the Mi'kmaq Nation, Elizabeth has been working tirelessly, striving to improve the quality of life for her people.

PEI Healing Centre for Survivors

by Helen Durie

A Healing Centre for adult survivors of child sexual abuse is under construction in Charlottetown. The nine-unit apartment building, the first of its kind in Canada, is designed to provide private independent living for women survivors and their children in a supportive community.

Why a Healing Centre?

A Healing Centre began as a dream in the early 1980s among the women at the Prince Edward Island Rape and Sexual Assault Crisis Centre. They had noticed some incest survivors suffered from depression, eating disorders, substance abuse or sometimes suicidal tendencies. They also noticed when survivors did find the courage to reach out for help, the appropriate services

Workers at the Rape Crisis Centre knew that occasional telephone and office counseling, however skilled and compassionate, is often not enough. By talking with survivors the idea grew for the development of a centre where survivors could live in a supportive community with other survivors, and have access to specialized and integrated programs and services.

The Need

A core group of Rape Crisis Centre members conducted a needs assessment study in 1989. Through interviews with survivors and mental health professionals across Prince Edward Island, the study provided clear evidence that a significant portion of mental health clients were survivors of childhood sexual abuse, and that existing services were inadequate and often inappropriate. Mental health professionals indicated their clinical training did not provide them with the skills or knowledge needed to work with survivors. In addition, it was estimated that over 12,000 women on P.E.I. were survivors of child sexual abuse.

Feminist Philosophy

The Rape Crisis Centre developed the philosophy and objectives for the Healing Centre based on a feminist perspective. Violence against women and children was attributed to patriarchal male socialization and privilege and the institutionalized inequality of women. We felt society must provide the necessary healing services and survivors must be given control over their healing process. We wanted the centre to provide that healing and an empowering

experience for women. In addition, we believed survivors who are mothers must be able to have their children with them during their healing journey.

Since the beginning of our work to create a Healing Centre for Survivors, we have been committed to working together as feminists, collectively, respectfully and with accountability. This commitment has provided us with the basis for working through the challenges that inevitably arise when we work together.

The Creation

On August 1989, 12 women came together for the first meeting of the Founding Board of Directors of Services for Adult Survivors of Sexual Assault/Abuse (SAS). The group included some members from the Rape Crisis Centre, along with several newly-recruited women who brought a variety of skills and experience from years of work in the women's community and other areas of social change.

SAS Board members are diverse —some of us are survivors, some are mothers, some are lesbians, we are young and not so young, rural and city-based, with a range of education and economic means. However, the board does not yet represent the full diversity of women in our community — immigrant and aboriginal women, Acadian women, women with physical disabilities, farming and fishing women, etc. We hope through community outreach, as well as consultations with specific groups, that a greater diversity of women will become involved over time.

It is now three years since the SAS Founding Board first met and now it is an incorporated body with registered charitable

continued on page 32

Patty Zuwer



were not available. Survivors were often treated for the symptoms, while the abuse went unrecognized, and the pain and self-abusive patterns continued.

Midwifery Coalition of Nova Scotia

by Jan Taylor and Sharon Rose

'Moving Midwifery Forward' is the theme of an ongoing initiative by the Midwifery Coalition of Nova Scotia (MCNS) to legalize midwifery here in the near future. Proposals for a hospital based pilot project involving midwives are flying between various groups and the department of health at a furious pace.

The project, which could begin in early 1993, will compare the success rate and cost of hospital based midwife-supervised births to medically-controlled deliveries.

The Midwifery Coalition of Nova Scotia, formed in 1983 to protest the attempted prosecution of three local midwives, has been invited to participate in discussions on the structure of this project. "Legislation could be achieved before the completion of a pilot project if the results are favourable and reliable," said Coalition president Deborah Luscomb.

While the practice of midwifery is now legal in Ontario, it is not recognized as a profession anywhere in the Atlantic provinces. Women in other Atlantic provinces must travel to Nova Scotia or rely on each other to achieve the birth experience they desire.

Recognizing its cost benefits, many provinces across Canada are looking seriously at midwifery as a companion profession to medical obstetrics. By measuring and validating midwifery, a pilot project would be an integral step toward establishing midwifery in Nova Scotia.

Midwife turned obstetrician, Dr. Barbara Parish, stated "it is important to separate the issue of midwifery and homebirth."

However, said Luscomb,

"Midwives can't get hospital privileges until the medical act is re-written." Consequently, Atlantic midwives are limited to attending only homebirths. The problem, according to Parish, is that, "anybody could say they are a midwife."

The next step then, according to Lynn MacIntyre, Dean of Health Professions at Dalhousie University, is to establish midwives as self-regulating professionals and to implement a direct entry training program where "midwives will be prepared at an advanced level."

To become a midwife in the Atlantic provinces, women must apprentice to one of the few practicing midwives, who assume a huge responsibility and risk. This is an inefficient, though intimate way to multiply the number of midwives to meet increasing demand for their services.

Even without a recognized

Louise MacDonald, "We believe the midwife safeguards the natural process of birth."

As the historical battle between the professions rages on, Rob Stokes, head of the Nova Scotia Medical Society, said, "People who think they can find a midwife and have a home birth are asking for trouble and should avoid it."

Recognizing that hospitals fall short of consumers expectations for natural birth in a friendly supportive environment he said, "Hospitals have to provide a safe environment that is comfortable and where the woman feels she has control over the situation and is in a more home-like environment," as though this will magically happen without a radical change in established structures and attitudes.

This radical change may come in the face of midwives working toward changes in the hospital environment. With the success of a pilot project comes midwifery legislation, the development of an advanced training program, and finally a full range



program in place midwives have self-defined standards. They have adopted the World Health Organization's description of a midwife's sphere of practice, as have the Midwives Association of North America. According to practicing midwife

of childbearing options for women in this region.

In the words of George Moody, Nova Scotia Minister of Health, "If there are better ways of doing things we have to be open minded."

continued on page 33

Access to Abortion in Atlantic Canada

by Valerie Kilfoil

Mary Elliot spent 14 years struggling to raise her son on her own. She worked at a skilled job that paid her just enough to disqualify her for daycare subsidies.

Elliot was engaged to be married when she became pregnant last year. She was 40.

Four months into the pregnancy she found out things about her fiancée that she couldn't live with. She said she had no choice when it came to abortion. "I spent 14 years raising a son in poverty. Another baby would have meant 18 years of the same. I couldn't do it all over again."

"When people talk about choice, they don't really understand that in reality, there is no choice. It's not a matter of having an abortion or not having an abortion. It's a matter of having a hungry child and no food to feed him," she said.

Elliot quickly found out although she had no option other than abortion, it was not easy to have one in Atlantic Canada. On Prince Edward Island, there have been no legal abortions performed since 1982. An estimated 200 women each year leave the province seeking abortions. The Prince Edward Island government will reimburse women for the money they spend on an abortion, if a panel of five doctors agrees with their reason for

having one.

Newfoundland has one doctor who performs abortions at a hospital in St. John's. These abortions are paid for by the province, but a woman must have the approval of a gynecologist, a psychiatrist and a social worker as well as counseling by a registered nurse. Clinic abortions are not covered by the province's health plan, though women have access to a Mor-



gentaler clinic.

Nova Scotia women have the most liberal access to abortions. Ten hospitals perform abortions and they are paid for by the province. There is a clinic in Halifax that has been the centre of a legal battle between the province and Dr. Henry Morgentaler. The province tried to prevent the clinic from opening. Dr. Morgentaler won his case in provincial court but the Nova

Scotia government has appealed to the Supreme Court of Canada.

In New Brunswick, abortions are covered by Medicare if approved by two doctors and performed by a gynecologist at an accredited hospital. However, the province is divided into regions. Women must have an abortion in the region in which they live.

Four hospitals perform abortions. They're located in the central and southern part of the province. That means women in Northern New Brunswick have no legal access to abortions. Dr.

Morgentaler has announced he will be setting up a clinic in New Brunswick, but no opening date has been announced. The New Brunswick government has also vowed to fight the clinic.

Also, as Elliot discovered, there is no access anywhere in the Atlantic provinces for women in her situation because of tight restrictions on the cut off period for performing abortions.

In New Brunswick, abortions are only available up to 12 weeks.

"I was so desperate I was prepared to induce a miscarriage then the hospital would have had to take me," she said. "And I would have if my women friends hadn't pulled together and found out where I could get help."

The help Elliot found was from the Canadian Abortion Rights Action League (CARAL). Kit Holmwood of Saint John, New Brunswick, is the national

Zina Chmielewska

president of CARAL. She hears stories like Elliotts' all the time.

"To truly have access to an abortion in New Brunswick, you have to know that you are pregnant within four to six weeks," Holmwood said. "Anything after six weeks doesn't give a woman enough time to make it through the hoops the government has set up... and that's assuming she can make a decision immediately."

Both Elliot and Holmwood agree there are a lot of stereotypes about women who want abortions.

"I don't think any woman wants an abortion," said Elliot. "But the reality is that society leaves us with no choice."

Holmwood agrees, "The government has left women with no choices, especially here in New Brunswick. The McKenna government won't put money into sex education, into making birth control readily available, it won't increase welfare rates or provide daycare and it has recently cut off funding to teen mothers who want to stay in school. And then Frank McKenna turns around and says he will fight any abortion clinic in this province.

"You can't say 'No' all the way down the line," she said. Holmwood cited studies done in Ontario that show every dollar the provinces spends on sex education saves \$10 in costs down the line.

"Since the Ontario government has invested in sex education over the last decade, the teenage pregnancy rate has decreased 25 percent and the teen abortion rate is down by 26 percent."

Holmwood said even though there may be access to abortions on paper, the reality of the situation is often very different. Women who do have access to a clinic still have to pay a fee of up to \$400. The costs of travel-

ing to a clinic for women outside Halifax can make abortion inaccessible.

Elliot said it cost her \$800 plus traveling expenses to go to Montreal for her abortion. Without the financial support of many women, she couldn't have afforded it.

Many New Brunswick women also cross the border into Maine where abortions range in price from \$200 to \$400 U.S.

Holmwood is concerned about the number of women she meets that are given misinformation or lied to by doctors and people working in reproductive health clinics.

"Women are being told that abortions are illegal and to forget it. Women are also being told they are farther along than they really are, so they no longer qualify for a legal abortion. And women are not being told that they can get abortions in other provinces," Holmwood said.

Elliot knows from first-hand experience how hard it is to get information on abortions.

"I still get angry when I think of what I went through. The reproductive clinic said I was too far along to have an abortion and that was it. I find it very hard to believe that they did not know about organizations like CARAL that could help me and about availability of abortions in other provinces.

"Because of the delays and misinformation, my abortion literally ripped me apart emotionally and physically," she said.

Valerie Kilfoil has been a journalist for the past eight years working in Canada and abroad. She currently works in Fredericton, New Brunswick, where she is also completing her university degree in Sociology and Women's Studies.

Notre Diversité: une force à utiliser

Le Projet de réseau canadien pour la santé des femmes organise un forum-consultation à Winnipeg (Manitoba), les 21 au 24 mai 1993.

Grâce à une subvention de Santé et Bien-être Canada, la revue *Healthsharing*, *Women's Health Clinic* de Winnipeg et *Women's Health Interaction Manitoba* ont pu susciter et coordonner un tel événement. Cinquante femmes provenant de toutes les provinces et territoires canadiens, provenant de différents milieux, ayant des habiletés, préoccupations et intérêts variés, se rencontreront afin de discuter de stratégies propices à raffermir les liens entre les groupes de femmes canadiens s'occupant de santé des femmes; ces femmes discuteront de questions comme les stratégies propices à faire avancer la cause de la santé des femmes et les moyens d'actions à envisager.

Si vous êtes une femme impliquée dans le domaine ou si vous représentez un organisme impliqué d'une manière ou d'une autre en santé des femmes et que le renforcement et une plus grande efficacité du réseau "santé des femmes" vous préoccupent, et si vous aimeriez avoir plus de renseignements sur le Projet de réseau canadien pour la santé des femmes, sur la séance de consultation prévue en mai, sur comment y participer ou sur d'autres façons de vous impliquer dans le projet, n'hésitez pas à entrer en contact dès maintenant avec le Projet de réseau canadien pour la santé des femmes.

Écrivez à Sari Tudiver, coordonnatrice du Forum-consultation, Projet de réseau canadien pour la santé des femmes, Women's Health Clinic, 3e étage, 419, avenue Graham, Winnipeg, Manitoba R3C 0M3; vous pouvez aussi lui téléphoner au (204) 947-1517 ou lui envoyer un Fax au (204) 943-3844.

**Commencez dès
maintenant à raffermir
les liens qui nous
unissent en faisant
circuler cette annonce**

Scenes From The Margin: Lesbians and Healthcare in Nova Scotia

by Jeanette Auger

These three short scenes show how lesbians have been abused and discriminated against by the healthcare system in Nova Scotia. They are true stories. Of course, they are not isolated incidents. I know many more situations—older lesbians living in chronic care institutions who are afraid to let their caregivers know about their sexual orientation, in case they are ostracized or made fun of; lesbians of Colour who fear both racial and sexual discrimination; lesbians who are chronically ill but afraid to ‘come out’ in case their partners suffer humiliation and discrimination from caregivers, funeral directors and neighbours.

Scene One: My Experience

My partner, Dian had back surgery for a herniated disk about three years ago. Since then she has had recurring bouts of severe and debilitating back pain. On one particularly severe attack she had to be taken to a hospital in Halifax. I followed the ambulance in our car. On arrival the ambulance attendants suggested that I check her in and provide the necessary information.

After producing Dian’s healthcare, hospital and health insurance cards, the receptionist asked who I was. I gave her my name. Then she asked,

“Relationship?”

“Partner,” I said.

“What is your relationship to the patient?”

“Partner.”

“Oh, I’ll just put down

friend,” she said.

“No,” I retorted, “I’m more than that.”

“Friend is what I’ll put on the form,” she insisted.

Had I not been so worried about Dian, where she was since the ambulance attendants took her inside, whether they would be able to ease her pain, and a million other concerns, I would have been more assertive with the receptionist. As it was I didn’t want to ‘rock the boat’, just in case my persistence had an effect on the kind of care Dian would receive.

After I had completed all of the necessary forms I asked the receptionist if I could borrow a phone book to call my neighbour to let her know we were at the hospital.

“The public phone is outside,” she said. “This is for family use.”

“I am family,” I replied.

At this point I saw a woman I know from the lesbian community. She seemed to be working in the admittance area. I thought, Thank goodness, someone who will understand my worries and fears, someone who might comfort me. But when my “sister” brought over the phone book she did not speak to me. I felt hurt but thought perhaps she is not “out” at work. Still, she didn’t have to be “out” to provide comfort. I was furious.

After I phoned the neighbour, I asked where I could find Dian.

“You can’t just go up there (where the patients and physicians are). Only family is allowed to go with the patients,” maintained the receptionist.

I ignored her and went up the hallway anyway. I wanted

to find Dian and know what they were doing to her.

“Are you family?” asked the nurse in the waiting area.

“Yes.”

I found Dian lying on a cot in a room full of other patients waiting. A young heterosexual couple came in. The husband had hurt his back too. The wife told me that she was very worried. They had only been married three months. The attending physician came over to tell her “not to worry, that they would take good care of him for her.” How I wished for some of that heterosexual privilege!

A nurse came to tell me that Dian was going for an X-Ray. The doctor would see her afterwards. She told me that I had to wait outside at the end of the hallway in the “non-family” area. After the examination the doctor would see me.

I waited for over an hour. In the meantime, the young married woman came outside to buy a coke from the vending machine. We chatted for a while, then the doctor and two nurses came out to tell her that her husband was okay. No one came to update me on Dian’s condition.

After an hour-and-a-half wait, I had enough. I walked through the “family area” to the room where I had last seen Dian and decided to stay. When the doctor finally arrived, I made it clear that I was in Dian’s life, that I was her primary caregiver and that “No! I would not return to the outer waiting area” I decided there and then not be left in the margin. I was staying right there in the “family” room where I belong.

Scene Two: GANS

The Gerontology Association of Nova Scotia (GANS) was holding a conference and asked me to participate on a panel discussing lesbians and health-care issues. I had made other workshop plans, but I promised to ask five other women if they could sit on the panel.

One of the women I asked to participate works as a social worker with young women who are abused by their fathers. When she requested permission from her supervisor to appear on the panel, she was informed that the agency could not defend her sexuality if she chose to "come out". Of course in order to make the request required that she "come out." She now feels her work situation is jeopardy.

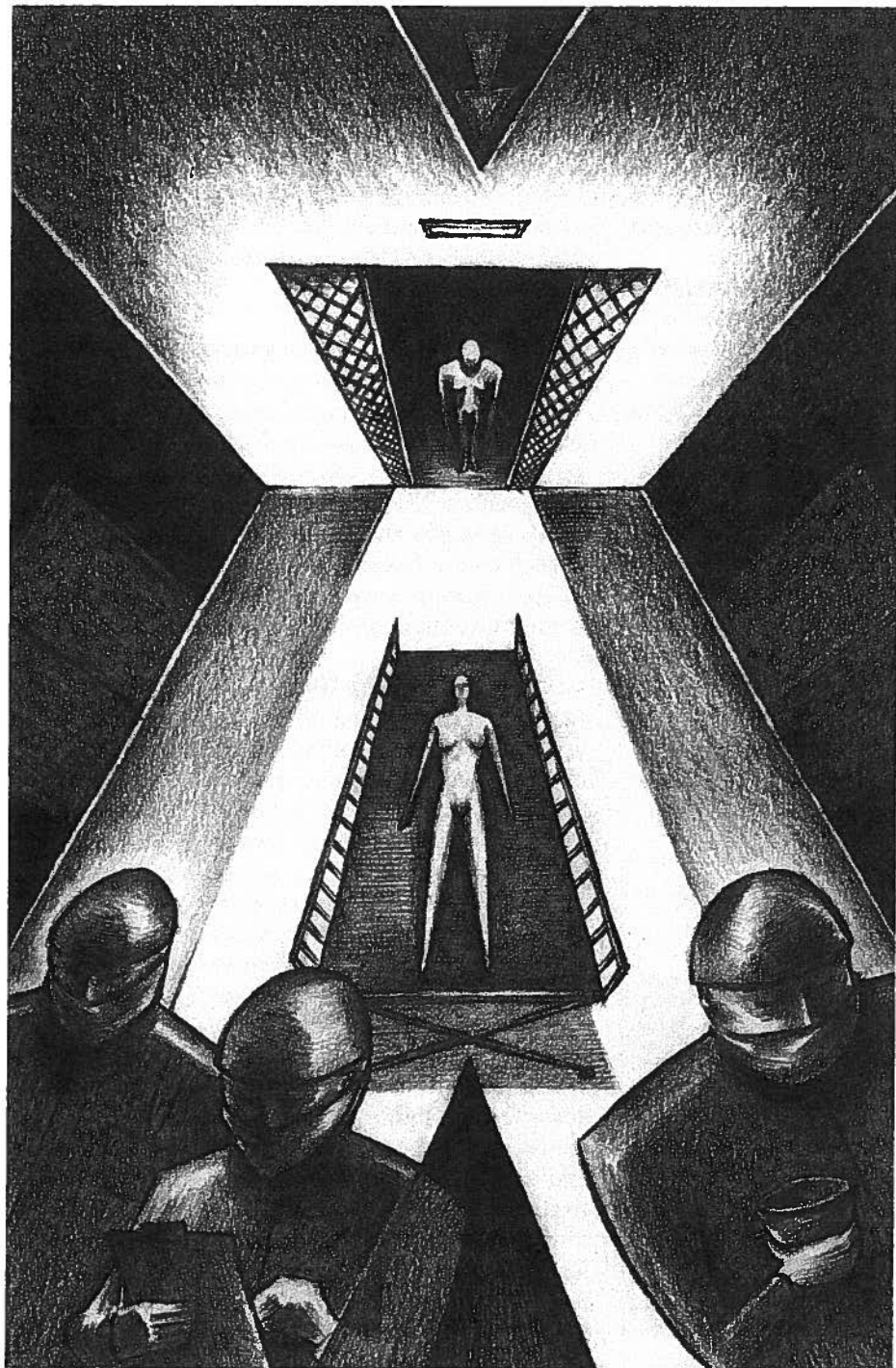
Another woman, who worked with women with cancer, also had to ask permission to participate on the panel. She was told that her employers could not guarantee support if she talked about "this stuff."

Scene Three: Mo's Experience

Mo has cancerous cells on her cervix. She requested further gynecological tests be conducted and was sent to a local hospital where there are 13 male and one female doctors on call.

Mo was seen by a male gynecologist who inserted the speculum and started to ask her questions about her sex life.

Frustrated, Mo told him she was a lesbian and that she found his behaviour and questions extremely inappropriate. He asked her if she had been "f—ed by her Daddy as a kid and that was why she was a lesbian." Mo somehow managed to get down from the examination table and complained about the doctor to the head nurse. The nurse said if she had a word



with him, would that be okay?

Mo said "No" and filed a formal complaint. That was three months ago. Nothing has happened yet.

A Common Enemy

These are three different scenes with one common theme: homophobia. Only by confronting and dealing with homophobia can

we come in from the margins, be accepted and be treated fairly and with respect. Only by eradicating homophobia can we feel safe in our work environments, in our daily lives and feel free to be who we really are.

Jeanette A. Auger teaches sociology at Acadia University. Most of her work is with older, ethnic women and older lesbians.

profiles

Continued from page 26

status, and the Healing Centre for Survivors is under construction, with a guaranteed mortgage from CMHC, through their special needs program.

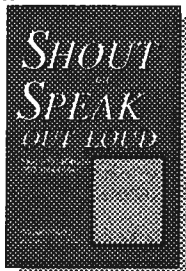
What is the Healing Centre?

The Healing Centre, the first of its kind in Canada (or anywhere else, as far as we know), will be a nine-unit apartment building. It is located in a downtown residential area of Charlottetown, close to government and community-based health and social services. One of the units, as well as all ground-floor common-use areas, provide wheelchair accessibility. Where possible, environmental considerations have determined the choice of building materials.

The Healing Centre has been designed to provide independent family living and privacy within a supportive communal environment.

SHOUT and SPEAK OUT LOUD

Atlantic Canadians on
Child Sexual Abuse
Margaret McLeod,
Joe Blades, editors



"The book is compelling. It's painful, and yet there is a great deal of hope and dignity contained within."

— CBC Radio Weekend A.M.
St. John's, Newfoundland

Powerful personal stories, fiction, journal entries, poetry and artwork from 50 women and men on the horrors of child sexual abuse, incest, and ritual abuse, its damaging effects on children and adult survivors, and on healing the self.

Contributors include literary writers such as Claudia Gahlinger, Raymond Fraser, Bill Bissett and Mary Dalton; a woman with Multiple Personality Disorder; a mother whose children were abused; teachers; journalists; students; artists; musicians, and counsellors — many of them survivors.

ISBN 0-9694147-3-0

\$14.95

Wild East Publishing Co-op, Fredericton, NB
Ph/Fax (506) 472-9251 SAN 118-3788

One of the units will be used for group and individual programs and administration. The kitchen and living area in this unit can also be used for communal meals as desired or resident meetings. There is also a separate common area for childcare and evening social time for residents and non-residents.

SAS Programs and Services

The Healing Centre will offer individual and group therapy programs, 24-hour support and childcare. Other programs, such as yoga and massage, will be developed according to need. Programs and services will be available to non-residents as well, with the goal to serve well over 100 women over the course of a year.

Community Funding

In order to reach potential community funding sources, and to have an effective public education tool, SAS produced a video in 1991, with funding from a number of government and non-government sources.

Time to Heal (Resources, back page), a 25-minute video, is based on the journal writings of survivors involved in the project from beginning to end. As noted in the publicity flyer for the video, survivors, "speak powerfully and honestly about the abuse they suffered as children, its ongoing consequences and what they now need in order to heal. Through interviews with feminist therapists and advocates, a Charlottetown psychiatrist, and through the survivors' own words, the viewer learns more about sexual abuse and the process of healing."

Time to Heal received the Best Documentary Award at the 1991 Atlantic Film Festival and, more recently, in Saskatchewan the 1992 Yorkton Film Festival award for best short video documentary.

Since its public launching in Fall 1991, members of SAS have shown the video to close to 40 community, women's, church, school and government groups across the island.

Donations to SAS are needed and

welcomed. They are tax-deductible and can be sent to Services for Adult Survivors, 81 Prince Street, Charlottetown, PEI, C1A 4R3.

Postscript, October 1992

Since this article was written in June 1992, the building has been completed and is ready for occupancy. However, we are not yet able to open as a Healing Centre.

In mid-August, SAS was advised by the Family Violence Prevention Division, Health and Welfare Canada, that our project could not be funded. After over two years of close consultation, proposal revisions in accordance with their suggestions, etcetera, they informed us that the project is 'out of their league', that there are already similar projects, and that we have no guarantee of long-term funding. At the same time, we continue to receive enquiries from around the region and across the country, clearly demonstrating that the Healing Centre is an urgently and widely needed service.

We are by no means defeated, and have been conducting a large scale lobbying effort. As a result, the project is presently being reviewed at the Minister's level, and we continue to be hopeful that some funding will be provided to enable the Centre to open, even with a reduced program. We are also continuing our private fundraising efforts, and have recently received a \$50,000 commitment from Toronto philanthropist Nancy Jackman for longterm fundraising activities.

In the course of this extremely time-consuming and stressful process (mortgage payments are now due), we find plenty of reason for all women to be concerned about how the Family Violence Initiative Fund is being spent. It appears that this fund is largely being shuffled from one federal department to another, or to provincial governments. With all the expensive publicity and fanfare, how much of this expensively publicized fund is being allocated to communi-

ty-based groups? How much is being used to develop needed support and healing services for those whose lives have been traumatized by male violence?

Tax-deductible donations to SAS are needed and welcomed. Send to: Adult Survivors, 81 Prince Street,

Charlottetown, PEI, C1A 4R3.

Helen Durie has been active in the areas of social justice and violence against women and children for many years, and is one of the founding member of P.E.I. Services for Adult Survivors.

profiles

Continued from page 27

Women who experience adverse effects from unnecessary caesareans and other hospital procedures often don't know where to turn for support and understanding. It is vital that all women who wish to be informed of their options succeed in their search for answers.

Currently, MCNS is the main source of public information and education on midwifery and prepared childbirth options. Yearly conferences, film nights, and presentations to high school and women's groups

In the last 20 years the use of caesarean sections has increased from 5 percent to 20 percent or more. Does this mean women are no longer able to deliver their children naturally or have we been led to believe we can't?

Supporting women in whatever way and wherever they choose to give birth will help remove some of the blame placed on the shoulders of midwives (by unsupportive physicians) when something goes wrong. After all, births and deaths are inextricably linked. Occasionally deaths can result from childbirth, no matter how hard we work to prevent it.

As often happens, we need only to look back in history to find direction and the faith to continue in our struggles.

The midwife her selfe shall sit before the labouring woman, and shall diligently observe and waite, how much, and after what means the child streth it selfe... Also the midwife must instruct and comfort the party, not only refreshing her with good meate and drinke, but also with sweet words... from a German midwifery text published in 1513.

Jan Taylor, a member of MCNS and various related groups, is mother to Emily (8) and Treya (3) and hopes to someday practice midwifery in a birth centre in between home-schooling the girls and hang-gliding with husband Tom.

Sharon Rose, newly-elected president of the Women's Health Education Network, is a freelance writer and witch with a career in public relations and transcending the ordinary with her partner Sue.

Building On The Strengths Of Diversity

The Canadian Women's Health Network Project is organizing a consultation meeting in Winnipeg, Manitoba May 21 - 24, 1993.

Through funding from Health and Welfare Canada, Healthsharing, Women's Health Clinic in Winnipeg and Women's Health Interaction Manitoba are able to coordinate such an event. Fifty women from the provinces and territories, with differing backgrounds, abilities, interests and concerns, will be drawn together to discuss strategies for strengthening links among women's health groups across Canada and address issues such as strategies for advocacy and action on women's health issues.

Women and organizations involved in any aspects of women's health issues who are committed to more effective networking and would like to know more about the Canadian Women's Health Network, the consultation, how to attend the meeting or other ways to get involved, please contact the Canadian Women's Health Network now.

Write your requests to Sari Tudiver, Canadian Women's Health Network - Consultation Coordinator, Women's Health Clinic, 3rd Floor — 419 Graham Ave., Winnipeg, Manitoba R3C 0M3; Phone (204) 947-1517 or Fax (204) 943-3844.

Start strengthening the links now by passing on this ad



are some of the ways MCNS promotes midwifery and supports practicing and apprenticing midwives.

Women fortunate enough to have experienced a midwife-attended birth will say, with rare exception, that it was a safe, satisfying, and empowering event. North America remains one of the last bastions of hospital-based deliveries, despite statistics proving that more intervention often leads to a poorer outcome and a higher mortality rate for mother and child.

On the Eighth Day: Perfecting Mother Nature Parts I & II

Director: Gwynne Basen
 Producer: Mary Armstrong
 Produced by Cinefort, the NFB and CBC Current Affairs

Reviewed by Megan Williams

Canadians still have a lot to learn about the reproductive technologies currently used on women here and around the world. This is the central message of two new ground-breaking films *On the Eighth Day: Perfecting Mother Nature Parts I and II*. Director Gwynne Basen skillfully guides viewers through the morally slippery terrain of eugenics today, offering glimpses inside the big business of science that fuels the quest for new technologies, and featuring candid discussions with women who have used the technologies and those who are

concerned about where such technologies are leading.

Part I, *Making Babies*, focuses on the 'treatment' of infertility, exposing the highly experimental nature and appallingly low success rate of in vitro fertilization. Through a series of interviews with doctors, feminist critics, surrogates, infertile women and drug salesmen, what comes across loud and clear is that women, despite their stake in these technologies, are not in the driver's seat. It's science and industry who are directing the technologies, and they decide for whom and

what purposes the technologies will be used.

Part II, *Making Perfect Babies*, is filmed primarily in clinics and research centres where genetic manipulation of human embryos has already begun. It looks not only at the economic forces - multinational pharmaceutical and insurance companies - that shape and profit from reproductive technologies - but questions how social biases in seeking the "perfect" embryo will affect our tolerance for difference.

For instance, who will determine what characteristics are desirable? Will embryos carrying "disability" genes be deemed unworthy of life and eventually phased out of our gene pool? Will women become increasingly regarded as merely vessels of these babies? What controls will be placed on these decisions?

The most disturbing revelation of these films is, with the exception of some feminist activists, very few Canadians are asking these questions. In Germany, for instance, we learn that women and other groups have been mobilized around this issue since 1975, educating the public about its consequences and shaping law. In India, women have worked successfully to outlaw the sex selection process (which leads to aborting female fetuses) in three provinces.

What is otherwise an excellent introduction to a topic that urgently needs addressing, *On the Eighth Day* fails to adequately examine the racist consequences of reproductive technologies. The absence of women of Colour in the films is especially disturbing given the history of eugenics, in particular the experience of Jews during World War II and experimentation on and control of Third World women in the guise of "population control". At a time when sex selection clinics geared to Asian women are poised to open in Canadian cities, it is a critical oversight and a lost chance to catalyze public action on this issue.

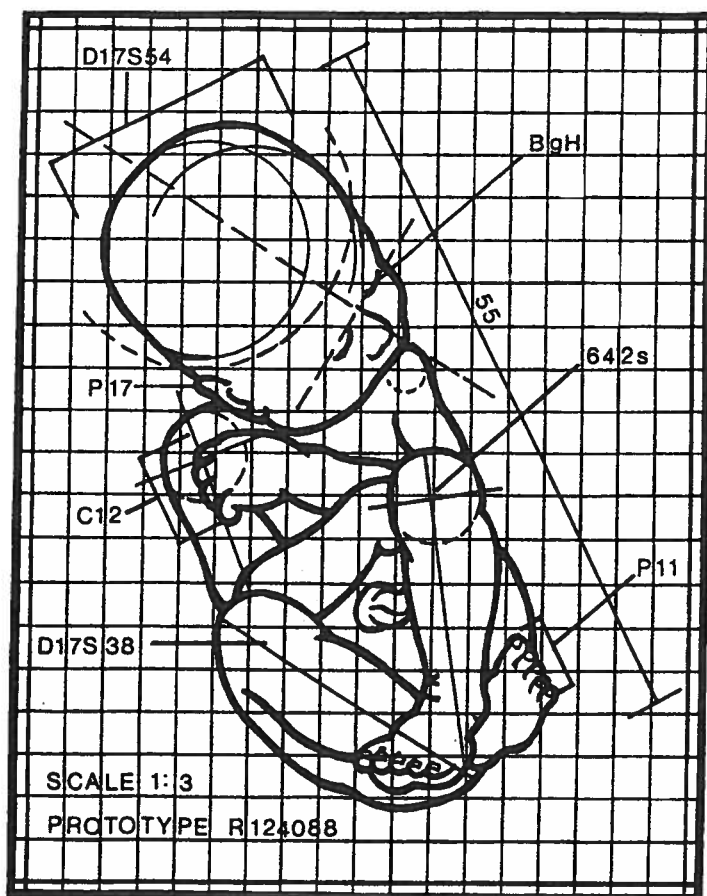


Illustration by Zab Design, Montreal

The
Regional Women's
Health Centre



The centre offers a range of health services designed to meet the special needs of women of various ages. Our aim is to encourage women to participate actively in the enhancement of their reproductive health.

There are no service fees and referrals are not necessary.

Current programs include

- Bay Centre for Birth Control - A Family Planning Program counselling and information about birth control methods pregnancy tests and counselling referral services (adoption, abortion and prenatal care)
- Marion's - A Support Service for Single Parent Women
- Menopause Education and Support Program
- Premenstrual Stress (PMS) Education and Support Program
- Women's Health Resource Centre
- Education, Research and Professional Consultation

We are open evening and Saturday hours by appointment.

For more information, contact us at 586-0211

Bay Centre for Birth Control 351-3700

Women's Health Resource Centre 351-3716

790 Bay Street, 8th Floor,
Toronto, Ontario, M5G 1N9



WOMEN'S
COLLEGE
HOSPITAL

TORONTO WOMEN'S BOOKSTORE

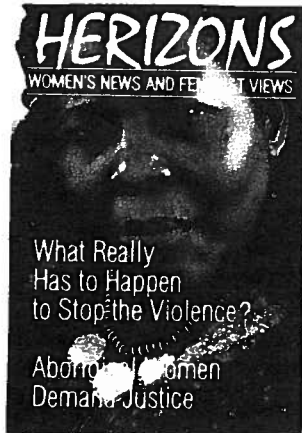
NOW AVAILABLE!
The New 1993 Edition
The New Our Bodies, Ourselves
December Only Special Offer, Buy Two and
Receive 10% off!
TWB Gift Certificates Available

73 HARBORD ST.
TORONTO, ON, M5S 1G4
(416) 922-8744

HOURS: MON-THURS 10:30-6 PM, SAT 10:30-6 PM
FRI 10:30-9 PM, SUN 12-5 PM
WHEEL CHAIR ACCESS

TORONTO WOMEN'S BOOKSTORE

SUBSCRIBE!



**WOMEN'S
NEWS AND
FEMINIST
VIEWS . . .**

**READ ALL
ABOUT IT!**

**SEND YOUR
CHEQUE TO:
P.O. BOX 128,
WINNIPEG, MANI-
TOBA, R3G 2K6
\$22.50
(INCLUDES GST)**

Healthsharing

Canada's only feminist magazine addressing women's health issues! Healthsharing is ahead of the headlines, covering a wide range of health concerns affecting women. Four times a year, we offer you current information, practical advice and feminist analysis.

Subscribe Today!

Individual
1 YR \$15 (includes GST)
2 YR \$30 (includes GST)

Group/Institutional/Library
1 YR \$28 (includes GST)
Outside Canada add \$4
Cheques in Canadian or US funds or International Money Orders only

Make cheque payable to:
Women Healthsharing
14 Skey Lane, Toronto, ON, M6J 3S4



resources & events

Alternative Health

A comprehensive listing of alternative healthcare providers in Nova Scotia and PEI. *The Health and Well Being Resources Directory* is available from Circle Institute, Box 3113, Halifax, Nova Scotia B3J 3G6

Women and Addiction

The Three R's: Recognizing, Reaching and Referring Women with Addictions: A Guide for Caregivers. Prepared by the Woman's Policy Office, Box 8700, St. John's, Newfoundland A1B 4J6

Nova Scotia Her-Stories

Groups Dynamic. A Collection of Nova Scotia Her-Stories. A selection of memories and photographs of 60 groups that have worked to promote equality for women. Developed by Canadian Congress for Learning Opportunities for Women and available through Pictou County Women's Centre, Box 964, New Glasgow, Nova Scotia B2H 5K7 (902) 755-4647

Single Mothers

Single Mothers' Survival Guide by Brenda Thompson offers resources and services in Nova Scotia. Available through Nova Scotia PIRG, Student Union Building, Dalhousie University, 6136 University Ave, Halifax, Nova Scotia B3H 4J2

Atlantic Sexuality Conference

The second Atlantic Sexuality Conference will be held in 1993. For more information, please contact Andrea McIntyre, Institute for the Study of Women, Mount St. Vincent University, Halifax, Nova Scotia B3M 2J6

Health Network

Vitality, a women's health quarterly by Women's Health Education Network, Box 99, Debert, Nova Scotia B0M 1G0

Menopause

Is It Hot In Here? A Handbook on Menopause is available from Women's Network Inc., Box 233 Charlottetown, PEI C1A 7K4

Adult Survivors

Time to Heal a project of PEI Services for Adult Survivors is a video about women survivors of sexual abuse. A discussion guide accompanies the video. Distributed by Atlantic Independent Media, 2085 Maitland St., Halifax Central, Nova Scotia B3J 2Z1

Planned Parenthood

The Parent Kit, is a seven unit resource kit produced to help parents feel more comfortable and confident discussing sexuality with their children. *Women Sexuality and Spinal Cord Injury*, is a book by Suzanne White based on in-depth interviews with spinal cord injured women. Both are available through Planned Parenthood Nova Scotia, Ste. 100, Quinpool Medical Centre, 6156 Quinpool Rd., Halifax, Nova Scotia B3L 1A3

Women with Disabilities

DAWN St. John's is the most recent DisAbled Women's Network group. They have just begun meeting. To get in touch with them contact: Leslie MacLeod, 133 Logy Bay Rd. St John's, Newfoundland A1A 1J7

Women and the Legal System

A Handbook for Women in Conflict with the Law answers questions about the criminal justice system in Nova Scotia.

Available through Elizabeth Fry Society of Halifax/Dartmouth, Suite 320, 1657 Barrington St., Halifax, Nova Scotia B3J 2A1

Abusive Relationships

I Am Worth the Effort. A Handbook for Women in

Abusive Relationships includes a provincial directory of organizations that support women's needs. Iris Kirby House, Box 6208, St. John's, Newfoundland A1C 6J9

Making Changes: A Book for Women in Abusive Relationships offers information about abuse and what you can do about it, as well as a directory of services available in Nova Scotia.

Voices includes statistical data from a study called "Young Women in Nova Scotia", as well as poetry, prose and photographs by young women, some historical information and a list of resources.

Voices and *Making Changes* are available from the Nova Scotia Advisory Council on the Status of Women, Box 745, Halifax, Nova Scotia B3J 2T3

Liberty: A Manual for Group Facilitators and Survivors of Woman Abuse is a manual for setting up groups where women who have left abusive partners can explore the dynamics of their relationships. Family relationships; power and control; why women stay in abusive relationships; setting boundaries and limits; and how women can be good to themselves are the main topic areas covered. For more information, contact: The Family Service Association, 5614 Fenwick St. #106, Halifax, Nova Scotia B3H 1P9 (902) 420-1980

Women and Mental Health

Dealing with the Consequences of Sexism is a research report of the New Brunswick Advisory Council on the Status of Women. To receive a copy, contact them at: 95, rue Foundry St. Suite #207, Moncton, NB E1C 5H7 (506) 853-1088, 1-800-332-3087 Fax: (506) 859-2990