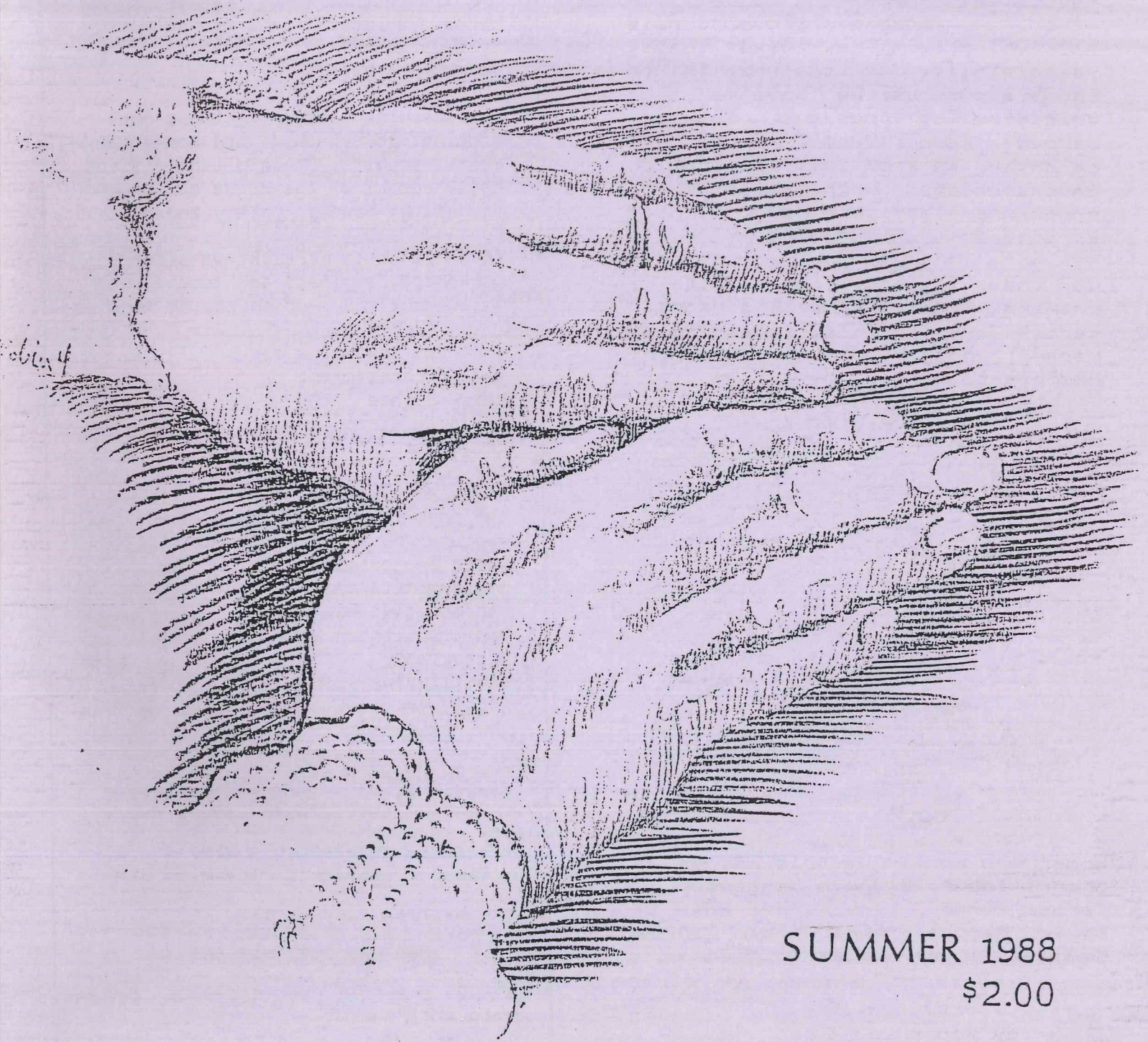
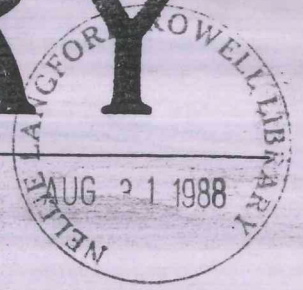


TAPESTRY

A FEMINIST QUARTERLY



SUMMER 1988

\$2.00

Health is a "hands on" matter for women. As mothers, professionals and volunteers, we take daily responsibility for the health of those around us. We have a long tradition of medical folklore handed down from mother to daughter. We know that health is interconnected with politics, the environment, attitude and social structure.

Our theme is illustrated with a drawing, "Barbra's Healing Hands." Barbra Brown is a local Reiki master, whose hands have brought comfort to many.

Robin LeDrew

Women who worked on this issue:
Sherri Tabor, Gwyneth Montgomery,
Teresa Murphy, Lana Maree, Ann
Davis, Marcia Browne, Robin LeDrew,
Carolyn Osborn, Helen Douglas.

Cover by Robin LeDrew

TAPESTRY is published by the

Okanagan Women's Coalition

The Okanagan Women's Coalition is primarily a resource centre of information pertinent to issues of concern and interest to women. We are a registered society and are supported by fees, donations, fundraising and government grants.

Our resource library contains non-fiction, governmental and non-governmental reports, Hansard (the official daily report of the House of Common) as well as novels, poetry and prose.

In addition to TAPESTRY we offer workshops, seminars and conferences throughout the year on topics such as:

- violence against women
- sexual harassment
- human rights
- sex role stereotyping
- child care
- pay equity
- homemakers pension
- the physically challenged
- visible and invisible minorities
- women in conflict with the law
- employment standards
- reproductive hazards
- non-traditional work
- pornography
- prostitution
- world peace
- the environment

The Okanagan Women's Coalition is located at #6 - 3000 - 30th Street in Vernon, B.C., with office hours of:

Monday to Thursday 9 a.m. - 4 p.m.
Friday 9 a.m. - 1 p.m.

The mailing address is:
P.O. Box 1242
Vernon, B.C. V1T 6N6

Phone 542-7531 or 545-6406 for more information.

CO-ORDINATORS REPORT

I would like to take this opportunity to introduce myself as the new co-ordinator of the Okanagan Women's Coalition. My name is Robin LeDrew. I have been involved with the OKWC for the past two years; first as a volunteer, then as a director. I bring my experience as a peer-counsellor and my contacts as regional representative to the National Action Committee on the Status of Women, to the job. I am enjoying the challenge and chance to work with such a wonderful variety of women.

Since spring the OKWC has seen a number of new faces. Hardeep Daliwahl and Beatrice Rosales joined us on the Challenge '88 Program. Hardeep researched a brochure on support services for victims of family violence and translated it into Punjabi. Beatrice has given us a Spanish version.

We welcome to our Board of Directors, Helen Douglas, instructor at Okanagan College and Teresa Murphy, librarian at Okanagan College. Teresa has already given us a new system for the library and has been a tremendous asset as a writer and reviewer of books. Helen has been working on our relocation committee and has discovered a number of possibilities for our new home. Several new women have begun volunteering and have been much appreciated. And of course we have had some farewells as women move on to new challenges. Our former co-ordinator Patricia Sebastian is now working for the Ministry of Social Services and Housing. (our loss is their gain) We are sure she will do well there.

Our activities have included;
- a public meeting on the \$50.00 cutbacks for single parents receiving social assistance.

- completion of our annual Secretary of State evaluation
- a "political picnic" for Lynn Kaye, the president of the National Action Committee on the Status of Women.
- participation in an open line radio show in conjunction with the Childcare Action campaign.
- two delegates went to the National Action Committee on the Status of Women AGM.
- one delegate attended the B.C. and Yukon Association of Women's Centres AGM.
- we participated in and promoted a survey for the Disabled Women's Network (DAWN), and the Society for Adequate Parental Support (SCRAPS)

Who ever said summers were slow times!



"If the present state of the world is an example of logic, perhaps we should try women's intuition."

Betsy Roth

A recent study, issued by the Kelowna Women's resource Centre and conducted by Dr. Nancy Netting, suggests Central Okanagan women are economically disadvantaged. Women in the Central Okanagan Regional District (CORD) are more likely to be unemployed or underemployed than women in other parts of Canada.

Women have been seriously affected by the local economy. Unemployment rates have been as high as 20% during the past 6 years, and a large portion of jobs available are only part-time - not adequate for family support. Women in CORD are poorer than men; yet young women continue to enter "feminine" jobs which pay less. Even those few who have entered non-traditional fields earn less than the men working beside them.

POPULATION

- * Family size has been shrinking for 25 years.
- * Females out-number males from age 25 onward.
- * Population begins to bulge at age 55, reflecting the influx of retirees.
- * Seniors (65 and older) make up 17% of CORD's population.

EMPLOYMENT/OCCUPATIONS

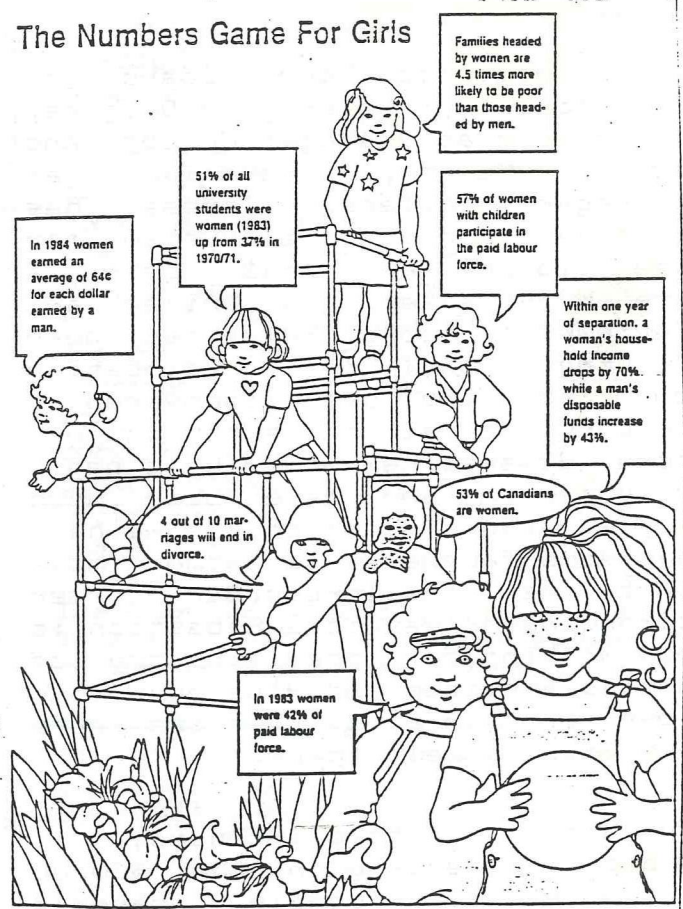
- * One in three working women is employed in clerical work.
- * One woman out of five does "service" work.
- * Other women are concentrated in "feminine" professions such as teaching, nursing and social work.
- * Male-dominated fields pay more than female dominated professions in CORD.
- * CORD has a greater proportion of part-time jobs than the rest of Canada.
- * Only 30% of working women are fully employed. Of all working women, 70% have part-time or part-year work.

- * Higher levels of schooling bring higher levels of income; yet men show much greater gains in income relative to their schooling than women.
- * More women than men attend college or university than men; more women than are full-time students; yet more men complete their university degrees.
- * The average male high school drop-out earns more than a woman with a university degree

MOTHERHOOD AND ECONOMICS.

- * Of all CORD families with children, one in five is headed by only one parent - over 87% of them women.
- * Income for these single mothers is only 41% of a two-parent family; yet most single mothers in cord are working.

The Numbers Game For Girls



B.C. Teachers' Status of Women Journal, October 1987

* More than one in three married women under 45 years of age are in the labour force; once their youngest child goes to school, the proportion jumps to more than half.

MARRIAGE AND DIVORCE

- * Out of 100 marriages, nearly 40 may end in divorce. This rate is higher than that for the rest of the province; it is also higher than the rate for Canada.
- * The average woman marries at 24 years of age.
- * On average divorce occurs after 12 years of marriage.
- * An estimated two-thirds of divorced women remarry.

LIVING ARRANGEMENTS (CORD)

- * 84% of CORD's people live in families.
- * CORD is a comparatively "married district"; but the proportion of single-mother families is growing.

SENIOR WOMEN (CORD)

The average woman lives to be 74 - three years longer than the average man.

- * Most senior women are married and able to care for themselves but women over age 65 are more likely than men to be widowed, poor or dependent upon long-term care.

WOMEN'S POLITICAL POWER

- * Women are under-represented in political offices at all levels of government.

This booklet is available in its entirety from the Kelowna Women's Resource Centre or the Okanagan Women's Coalition ♀



DISABLED WOMEN'S NETWORK

DAWN CANADA: Disabled Women's Network Canada is conducting a project to determine the needs and priorities of Canadian women with disabilities. The project is funded by the Department of the Secretary of State. A questionnaire, designed to discover the obstacles facing women, in parenting and childcare, violence against women with disabilities, employment, equity, isolation, and recreational needs, is being circulated.

Interviews with women in the Atlantic provinces, in Northern B.C., Alberta, and the Yukon will be conducted. The project will produce three position papers for DAWN-Canada; these will help DAWN set priorities and decide on future activities. The studies will add to the limited information on Canadian Women with disabilities.

If you would like a copy of the questionnaire, could provide assistance in distributing it, or would like more information on the project, write to:

Jillian Ridington
 Researcher, DAWN-Canada
 3464 West 27th Ave.
 Vancouver B.C. V6S 1P6

Shirley Masuda
 DAWN-Canada project coordinator
 10401 Findayson
 Richmond B.C. V6X 2A3

or call DAWN-Canada at
 (604) 245-3485

THE HEALTH OF WOMEN'S ORGANIZATIONS

At the Annual General Meeting of NAC this May one of the contenders for presidency withdrew and all but one of the staff resigned. Five hundred member group delegates were thrown into confusion and NAC made headlines across the country. While it was not true that the largest grassroots women's organization in Canada was "fractured" as some reports claimed, it was clear that the organization was running a temperature and needed some loving attention. The health of our women's organizations is a touchy subject, however. We can scarcely admit to a fever when those around us are eager to announce our funeral.

The truth is, of course, that women's groups like any groups can develop ailments and we must insist on respect and recognition even during such crises, particularly from ourselves. Once we are able to admit to suffering from an organizational malaise we can start to look for suitable "medical" attention.

A year ago, when the Okanagan Women's Coalition was experiencing "growing pains"--we called in the TAG team from the Kelowna Women's Resource Centre. These women helped us "heal ourselves" by giving us some tools to use in working together. (Popular Education & Facilitator Training) This past year NAC has used the services of Catalyst, A Feminist Consulting team from Ottawa and consultants from Quebec to assist in a nationwide Organizational Review.

Sometimes these healing processes take time, sometimes it feels like the cure will kill us as we struggle to incorporate our ideals of feminist communication and process within the content of growth, bureaucracy and community expectations.

Taking a feminist approach to medicine has meant examining our shared experiences and trusting our own thinking. These same principles apply as we nurse our women's organizations through their growing pains.



FEMINISM: A Definition

FEMINISM is a perspective on how the world functions, and an analysis of how and why women are oppressed. Being a feminist requires more than identifying as a woman. It requires both an analysis of the oppression of women and a commitment to applying this analysis to all facets of personal and social existence.

FEMINISM is a perspective on the way the world functions from the experience of living as a woman--a vision of the world where women would be free, full, self-defined human beings and a commitment to make that a reality.

DO YOU WANT TO HELP END THE NUCLEAR ARMS RACE?

Join the
Canadian Peace Pledge Campaign
and help vote Canada out of the arms race.

Millions of Canadians feel threatened by the risk of nuclear war.
Millions of Canadians want the arms race to end.
But Canada continues to support the build up of nuclear weapons.

TURN CANADA INTO A WORLD LEADER FOR PEACE

You can make an important contribution towards making Canada a world leader for peace by joining the Canadian Peace Pledge:
-- a pledge by voters to support only candidates who take concrete steps to help end the arms race
-- a pledge by Canadians to make this country a voice for world peace

I pledge to vote only for candidates who will speak out against Canada's support for the arms race, and who will actively work to make Canada an international voice for peace. Candidates should work to:

- * Stop all Canadian involvement in, and support for, Star Wars -- support instead the peaceful use of space.
- * Make Canada Nuclear Weapons Free by: ending cruise missile tests, stopping nuclear armed ships from entering Canadian waters, ending low flight testing and training of nuclear war-fighting aircraft.
- * Convince the United States, the Soviet Union and all nuclear powers to end all nuclear weapons testing -- support international arms control initiatives.

Signature _____

Federal Riding (if known) _____

Name _____

Address _____

Postal Code _____ Phone _____

I have enclosed a financial contribution:

_____ \$15 _____ \$30 _____ \$50 _____ \$100 _____ OTHER

Mail to: The Canadian Peace Pledge Campaign
c/o Canadian Peace Congress
300 Bathurst Street
Toronto, Ontario
M5T 2S3

COPING WITH STRESS: ADVICE FROM LOCAL EXPERTS

Late one evening several years ago, Sandy Bourgeois skidded her car on an icy patch of road during a snowstorm and ended up in a ditch. For most women, this single accident would have proved stressful. For Bourgeois, it should have been her breaking point. Pregnant with her fourth child, separated from an alcoholic husband and living in an isolated area outside of Vernon with almost no money, Bourgeois' situation inside that cold car, no doubt would have scored high in the Holmes and Rahe Stress Scale. (1.)

Six years later, recalling her accident, Bourgeois says with characteristic humor, "I certainly learned how to take life one day at a time. I learned how to find help and ask people for what I needed. Most people are overwhelmed when they hear what I've gone through. But even back then, I never thought of giving up."

What makes some women susceptible to stress and its accompanying health problems; anxiety, depression, nervous breakdown, headaches, ulcers, colitis, suicide; while others like Bourgeois are able to cope despite extreme hardships? "Attitude" states Bourgeois. "That is the single most important coping strategy. I decided I had a choice. I chose to think positively and appreciate what I had. I concentrated on my four children, my health, and refused to worry about the negatives."

Choosing to think positively seems like simple common sense, but according to Vernon vocational and personal counsellor, Tina Rochford, it's a complex process which involves re-learning thinking patterns. Many stressed individuals experience continual repeated negative thought patterns which serve only to increase

stress. Rochford advises that to break up or slow down these negative internal conversations, the first step is to

"Identify one thought or chain of words that you wish to control and deliberately bring this thought to mind. As soon as it begins to form, immediately say aloud, STOP, inhale deeply and imagine a pleasant scene such as a sunset. Then substitute a more positive thought."

Rochford recommends performing this Thought Stop exercise everytime negative thoughts come into your consciousness until the STOP RELAX POSITIVE THOUGHT reflex becomes automatic.



Positive thinking may also seem impossible when you are a low-income woman confronting alarming obstacles which include,

"unpredictable income, unrelieved childcare responsibilities, poor housing, inadequate employment opportunities, dependence on social agencies for the necessities of life, and the experience of violent crime... Many mothers... are forced to deal continuously with emergencies in an attempt to maintain family stability. (2.)

Yet, a positive attitude has carried Bourgeois far. She has just completed two years of academic transfer courses at Okanagan College with top marks and plans to continue her studies on a scholarship through an SFU program at the Kelowna Campus of the College.

But even with a positive attitude, how does anyone begin to cope with the rigours of academic life, while single parenting four children. "I'm well organized and I'm a good time manager," says Bourgeois. "I don't have time to pay attention to the little things. I'm clear on what needs to be done first and I do that. The rest can wait. Otherwise I'd work twenty-four hour days."

Anne Clarke, a superlative time manager, agrees. As Mayor and Chief Executive Officer of Vernon, Clarke's day, which often begins at 6:00 am and doesn't end until late in the evening, is filled with meetings, deadlines and civic functions, all of which she must meticulously research and prepare for. Clarke believes her finely honed organizational skills are crucial to what she describes as her stress free life. "Stress is not an issue for me because I'm well organized. Before I get out

of bed in the morning, I structure my day so I can fit everything in."

"Women's training", Clarke explains, has also proved an asset. "In our daily lives, women continually orchestrate and balance. We have to be adept at listening to two or three children, answering the phone and paying attention to a myriad of details." Because of this, Clarke believes women are well prepared to be in leadership positions which require many of these same skills.

Bourgeois and Clarke agree that as an antidote to stress, any time management program must include time for oneself. "It's important to fulfill yourself as an indi-

IT IS ESSENTIAL TO APPRECIATE YOUR CHILDREN AND NOT SEE THEM AS A BURDEN.

vidual, to have time for contemplation and reassessment," according to Clarke, who does affirmations to keep herself centered. For Bourgeois, now active in her church, reassessment came through a support group, Al Anon (.3) which she attended for several years. "That group saved me by teaching me about myself and how to be open to the help that is available to people who are in crisis."

Recognizing that physically fit individuals have an advantage in dealing with stress and have fewer health problems both Bourgeois and Clarke use exercise as a stress preventer. Bourgeois skis and plays tennis. Clarke windsurfs, hikes, jogs, skis and walks railroad tracks.

Time spent with families is considered a potent stress release. Despite intensely hectic schedules, Bourgeois and Clarke ensure that each of their families has dinner together. Describing herself as "the best fast order cook in Vernon" Clarke nightly cooks for her husband and three children whom she describes as "supportive and communicating." Reiterating these feelings, Bourgeois advises, "It's essential to appreciate your children and not see them as a burden. I look forward to time with my family."

WOMEN ARE CURRENTLY PAYING A PRICE FOR THEIR DIVERSE ROLES, WHETHER THEY CHOOSE THESE ROLES OR ARE FORCED INTO THEM.

Women need to realize that no matter what their situation, there is a good chance they will suffer from stress if they do not seek ways to overcome it. Women's diverse roles--juggling work, children, and households, demand a great deal. Anne Clarke's dual status as mayor, does not exempt her from being what she describes as "chief domestic engineer" on the home front, anymore than other women who, according to Dr. Gail Kimball of California State University, do about 75% of all household work. (4.)

Yet if women are prepared to increase their awareness of stress management techniques and learn how to cope with diverse roles, the benefits are significant and can include enhanced self esteem and confidence and a sense of independence. "I'm satisfied with my life," states Bourgeois.

"Certainly the financial strain has been tremendous, but I've grown a lot and so have my children. All four of them won awards at school this year."

Individual awareness of self-induced stress is an important component of stress reduction. "I see so many people who needlessly create their own stress by refusing to believe they can do something with what they've got," says Bourgeois. "Doing something" for Bourgeois has included learning how to build rock walls, moving heavy furniture and feeding her family year round from a backyard garden.

Women must also learn to predict potentially stressful situations. As the sole woman on the Regional District Board for the past four years, Clarke has become skilled at gauging board members' behavior. "Some of the men haven't worked with women before," explains Clarke. "Their uneasiness can translate to mistrust. Since I have some background in behaviour dynamics and understand how men operate, I'm prepared and rarely encounter any stress there."

Women are currently paying a price for their diverse roles, whether they choose these roles or are forced into them. Yet, no matter how stressful their lives and how limited their choices, women can decide how they are going to feel about their situations. "It may seem impossible, but try not to worry about what you can't change. Don't worry about what you don't have. That doesn't determine happiness," states Bourgeois, who recommends, "If you need help, get it. Don't isolate yourself. There are people who will help you." And, as Clarke optimistically states, based on her observations, "Once you learn to cope with stress, you won't experience it." ♀

by Teresa Murphy

1. The Holmes-Rahe Stress Scale rates common life events on a scale of 1 to 100. Points are added up over a one year period. 150 to 199 indicates mild stress; 200 to 299 moderate; 300+ major. High ratings have been linked to subsequent illness.

2. Baxter, Sheila. NO WAY TO LIVE: POOR WOMEN SPEAK OUT. Vancouver; New Star Books, 1988.

3. Al Anon is a support group for spouses and friends of alcoholics.

4. Kimbal, Dr. G. FIFTY FIFTY PARENTING: SHARING FAMILY REWARDS AND RESPONSIBILITIES. Lexington, MA: Lexington Books, 1987.

STRESS: WHERE TO GET HELP

Okanagan College Continuing
Education Courses in Stress
Management 545-7291

Okanagan Women's Coalition
542-7531

P.I.N. LINE (Crisis Intervention)
542-2339

Vernon Holistic Health and
Counselling Centre. (Short Courses
and Workshops) 545-6777

Vernon Mental Health Centre
(Screening, Information, Referral,
Therapy) 549-5585

Publications

Vernon & District Social Planning
Council. CAN WE HELP YOU? A
DIRECTORY OF COMMUNITY SERVICES.
Vernon: Social Planning Council,
1987-88. \$3.00.



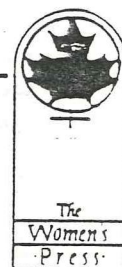
Time does funny things.

Time does funny things.
How about you?
It shakes you-rakes you-
Drags you through the life's coals
Till all you remember
are the embers.
And the after-glow.
You know,
My best friend-a girl-said in '59
We were fine-
And somehow along the way
we met in '64 and wow-
What a door
Had closed us in.
And I said you know,
it's not so fine but why worry?
Pick yourself up,
dust off and start again.
And now in '88 I'm straight as a gate
and swingin-
Her bells-they're ringin.

diane claire

Lesbian writers!

Fiction Non-fiction Erotica
Poetry Experimental Work



Women's Press is looking for manuscripts
for a second anthology of writing by Lesbians
about Lesbian experience.

Send to: Women's Press, Lesbian Manuscript Group
229 College Street, Toronto M5T 1R4

HEALTH SERVICES "ON THE TABLE" - FREE TRADE AND HEALTH

Although the Federal Government has repeatedly stated that health and social services were not "on the table" under the Free Trade agreement the management of the following services has been specifically included:

HOSPITALS

- General Hospitals
- Rehabilitation Hospitals
- Extended Care Hospitals
- Mental (Psychiatric) Hospitals
- Addiction Hospitals
- Nursing Stations and Outpost Hospitals
- Children's (Paediatric) Hospitals
- Other Specialty Hospitals

OTHER INSTITUTIONAL HEALTH AND SOCIAL SERVICES

- Homes for Personal and Nursing Care
- Homes for Physically Handicapped and/or Disabled
- Homes for Mentally Retarded
- Homes for Mentally Handicapped and/or Disabled
- Homes for Alcohol/Drug Addicts
- Homes for Children in Need of Protection
- Homes for Single Mothers

NON-INSTITUTIONAL HEALTH SERVICES

- Ambulance Services
- Drug Addiction and Alcoholism Treatment Clinics
- Health Rehabilitation Clinics
- Home Care Services (including Home Nursing)
- Public Health Clinics/Community Health Clinics
- Other Non-Institutional Health Services

OFFICES OF PHYSICIANS, SURGEONS AND DENTISTS

- Office of Physicians, General Practice
- Offices of Physicians and Surgeons, Specialists
- Office of Dentists, General Practice
- Office of Dentists, Specialists

OFFICES OF OTHER HEALTH

PRACTITIONERS

- Offices of Chiropractors and Osteopaths
- Offices of Nurses, Registered
- Offices of Nurses, Practical
- Offices of Nutritionists/Dietitians
- Offices of Physiotherapists/Occupational Therapists
- Offices of Optometrists
- Offices of Podiatrists and Chiropodists
- Offices of Denturists
- Offices of Other Health Practitioners

OFFICES OF SOCIAL SERVICES

PRACTITIONERS

- Offices of Psychologists
- Offices of Social Workers
- Offices of Other Social Service Practitioners

All aspects (i.e., not just management) of other commercial social services included are:

MEDICAL AND OTHER HEALTH

LABORATORIES

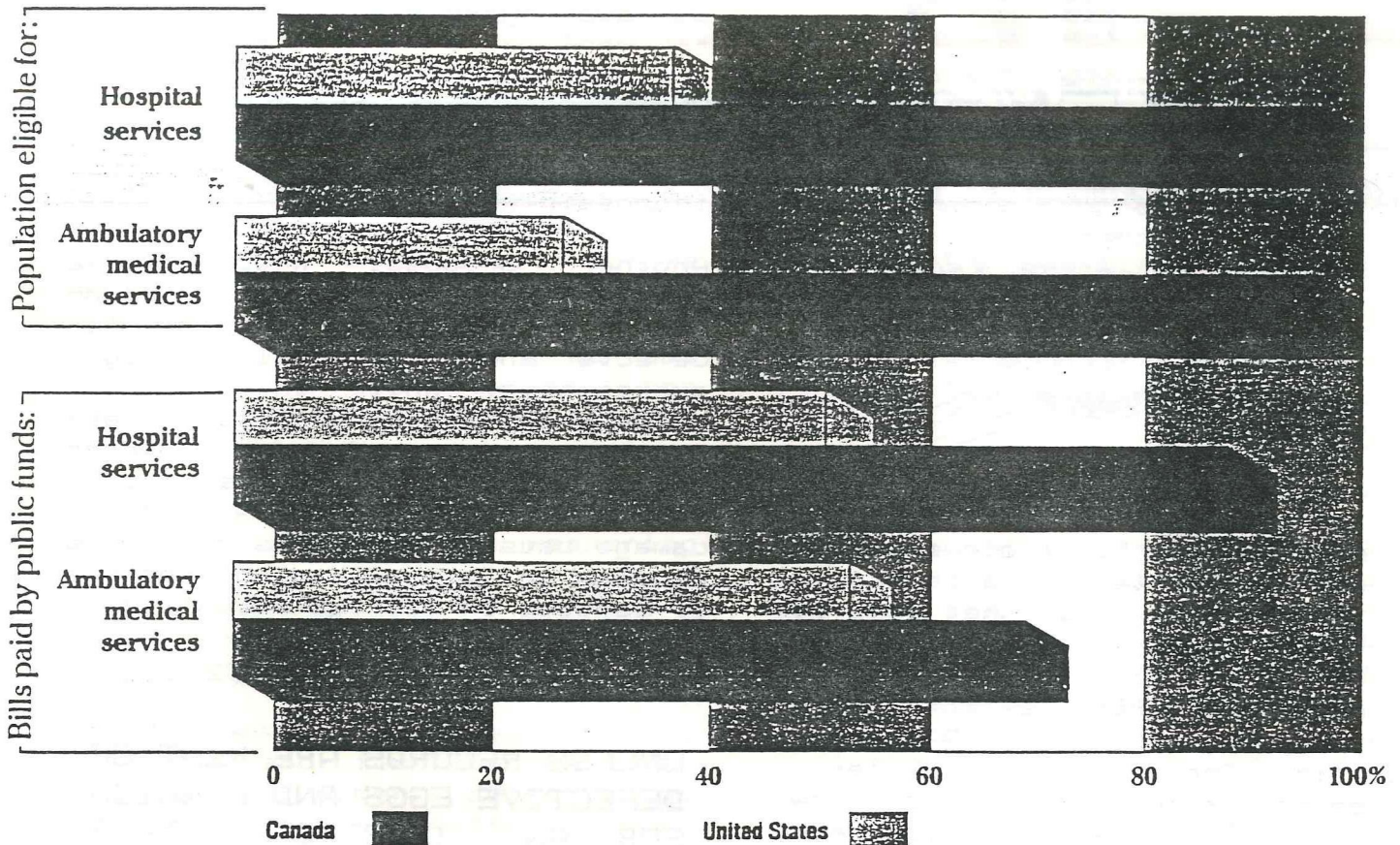
- Medical Laboratories
- Radiological Laboratories
- Combined Medical and Radiological Laboratories
- Public Health Laboratories
- Blood Bank Laboratories
- Other Health Laboratories

POST SECONDARY NON-UNIVERSITY EDUCATION

- Schools of Art and the Performing Arts
- Vocational Schools
- Trade Schools
- Business Colleges

This means that American management teams can bid competitively for Health & Social Service contracts and demand to be treated like Canadian Companies (e.g., they would qualify for equivalent government subsidies).

Population Eligible for Publicly Funded Hospital and Medical Services, and Proportion of Medical Expenditures Covered by Public Funds, Canada and United States, 1983



Source Based on OECD, *Measuring Health Care*.

graph from- The Facts on Free Trade, Canada - by The Canadian Union of Public Employees

Ken Murdach of the Winnipeg Social Planning Council has developed a couple of possible future scenarios under the Free Trade agreement:

The year is 1991. Pepsi Cola, not satisfied with their controlling interest in General Motors and countless other giants, has spent the last year looking for another area for corporate expansion. American Medical International, cash flow, needs a new market itself. Thanks to the Free Trade agreement Canada is available.

The year is 1993. A major U.S. health corporation approaches the joint committee of federal and provincial health ministers with an interesting proposal. It will

operate a national blood bank service for Canada for two-thirds of what it costs the Canadian Red Cross Society to do the same thing.

Interestingly, when Pat Carney was questioned by Jean Swanson of End Legislated Poverty about this list, she claimed to know nothing about it. Perhaps this is because these services have not been listed by name in the agreement but are listed by code numbers from the Standard Industrial Classification list.

It's obvious that Health Services are "on the table" and we Canadians have a right to know what that means to our health care future. ♀



ETHICS

There has been endless ethical debate on the subject of abortion. For me the question goes beyond the choices that prolife or prochoicers must take, for what choice is there if we have an unethical and dangerous financial, environmental, emotional and spiritual system in place?

The question is, "What is good for human beings?" Today we face many ethical dilemmas in economics and science. Will the implementation of our medical technologies affect our genetic survival? What does it mean to survival of life when companies can patent all forms of animals on earth except homo sapiens, and use their DNA as they see fit? Should genetic inheritance be controlled and sold? How long before this technology is used on humans?

One of the immediate ethical questions is the implanting of fetal brain tissue in those affected by Parkinson's or Alzheimer's disease. England has just passed a law making this legal. Transplanted hearts of newborns with only brain stems, to newborns with congenital heart defects, is proclaimed as a scientific miracle. Yet we do not ask if pollution is increasing the number of genetically damaged babies.

How long before economically deprived women, to support themselves or their children, are forced into supplying a black market with fetal spare parts? The April 1988 New Internationalist, reported -- "Guatamalan children are sent to the U.S. to have their organs forcibly extracted for the use of American children. Thirty child-

ren, aged a few weeks to two years old, were waiting for their official papers to enter the U.S. An inquiry showed they were going to have organs removed to be used to replace damaged organs of affluent American children." Whether or not the Guatamalan claims are true, the demand for organs is growing and such abuse is possible.

Another proposal would give prospective parents the opportunity to have eggs examined for defects and only healthy eggs impregnated. While this on the surface appears beneficial, unless records are kept of defective eggs AND a watch for an increase, this could mask unreversible genetic damage caused by industrial and nuclear pollution. Lack of records of defects in aborted fetus's also

UNLESS RECORDS ARE KEPT OF DEFECTIVE EGGS AND A WATCH FOR AN INCREASE, THIS COULD MASK UNREVERSIBLE GENETIC DAMAGE.

could mask the early warning system that alerts us to the fact that human activities could be causing severe genetic weakening of our species.

Dr. Rosalee Bertell, who spoke to us here in Vernon recently, is very concerned about genetic damage caused by pollution. She is calling for a baseline study of newborns and fetuses, so we can notice if an increase in damage occurs. Her field of expertise is the impact of pollution, especially low level radiation, on human health. She is convinced that we must clean up and protect our environment immediately. We cannot allow science to hide the effects of its tunnel vision

activities, whose main guide is profit for a few.

Still another proposal is that of controlling the sex of children by using artificial insemination. There is a 95% success rate for boys and slightly less for girls. This gender manipulation could cause disruptive effects on society. What if the child is not quite what we envisioned? Do we reject it?

When I was a young nurse, we did not engage in heroics in the delivery room. Babies were allowed to die if there were serious complications. Today we save all babies, many who later develop severe problems. Are we weakening our species and causing prolonged human suffering? Is this a wise way to spend money, when so many healthy children need help?

For many women in underdeveloped countries, and for our unneeded young street women, abortion is masking social injustice. These people may have no available birth control, or may have birth control failures and have no money with which to raise unplanned children. Abortions get rid of unwanted children from unwanted people. Governments are not questioned about their poor economic policies or for not including these groups in plans for development. Our money goes for industry and military purposes instead of human needs.

Medical science in the west has shifted towards utilitarianism and has thrived at the expense of respect for life. Science and technology has increasingly reduced living things to parts to be manipulated. Life is more than tissues and cells. Does this way of thinking take the joy and wonder from us?

Our public policy is concerned more with economics for the few, than ethical issues. We look at



life as something to be bought and sold in the marketplace. Women, who know the cycles of life and whose wisdom has been undervalued for hundreds of years must speak up on these subjects. Science has become God and from it we accept "all the experts say....."

Never before has the earth and her children been so damaged and so endangered! Those who know the ways of regreening the earth must join hands to heal her and reassert the holiness of life. This ridiculous imbalance of value systems must be corrected and a rational perspective on the cycles of life reaffirmed. ♀

Carolyn Osborn

"If you educate a man you educate a person, but if you educate a woman you educate a family."

Ruby Manikan

EATING DISORDER

I have a serious problem that has caused me more pain and feelings of self-hate than anything else in my 29 years of life. I am obsessed with food, my weight and my clothes size. Over the last ten years my weight has never been stable. I have often fluctuated from a gaunt 118 pounds (I am 5'9"), to a puffy 168 pounds in a matter of 6 months. I have stuffed myself, starved, fasted, binged, used laxatives, made myself vomit, ate only fruit, stolen food, ate off of other people's plates and so on and so on.... Food has been my lover, friend, mother, the thing I have used time and again to numb myself, to literally "stuff" my feelings into oblivion.

Food is always on my mind. I cannot get away from it. The times in my life when I have managed to get thin I was not happy. Thinness did not give me peace of mind and put wonderful exciting people and events in my life. Thinness caused me a lot of stress. When I slipped into those size 7 pants all I could think of was, "How long can this last?" I would lay in bed fingering my ribs feeling imaginary pounds. I would never be thin enough. It was a nightmare. I hated hearing people who had not seen me in awhile make those comments about how good I looked. It was a lie. Inside I was starving, not only physically but emotionally. I was thin but alone and afraid of this body that was pointed and hard.

I began to isolate myself, eating alone, with the phone unplugged so I would not be disturbed. I was ashamed to eat because it was admitting I had failed. That I could not deny my need for nourishment. The more self-loathing I felt, the more food I consumed and vice-versa. I would binge, then hate myself and often purge the food with

laxatives or try to self-induce vomiting. So many nights I have spent crying, with a swollen stomach swearing, "Never again! Tomorrow I fast. I will lose 20 pounds this time and keep it off." But I could never deny food for long. I would starve for a week, then eat a gallon of ice-cream, chocolate bars or whatever else I could get my hands on. Always when I was alone. Always in hiding



Over the last year I have begun to really look at my eating disorder, disclosing to people I care about how much I suffer with it. I have been reading about it and most important of all FEELING it. I can now see the roots of my disorder in my childhood. I was never given enough acknowledgement of my worth and beauty. I grew up feeling isolated, afraid, unsure of feelings or needs. I had no power over my parents, my environment, school, or relatives, so I began to stuff the feelings with food. Food was comforting and gave me power. I could use it when I was sad, angry or worried. Food became the only thing I could depend on.

As a young woman, it became no longer acceptable to use food. I had to be thin to be of any worth in our extremely thin-conscious society. I could not eat the way I wanted to in front of people. Women eat small amounts, do not clean their plates and seldom indulge in desserts. I wanted to eat everything in sight! The bingeing became more intense and the isolation I felt slowly engulfed me.

In the last year, I have become so exhausted with my binge-stave cycle that I have opened myself up to help by reaching out to others, reading, looking at my past, beginning to feel all those feelings I stuffed as a child, and trusting my body enough to try to get in touch with its physical needs. I cannot deny my hunger any more; I cannot hide. More than anything else I want to be free, and I believe I see a light at the end of the tunnel. ♀

Lana Maree

I am an experienced workshop leader and am also available for one to one counselling. If there are any women who would like to form a support group or just want to talk, please call me at 546-8939.



HOLISTIC HEALTH CONFERENCE

250 people attended a conference on Silver Star Mountain near Vernon in July 1988, to discuss the future of health care into the 21st century. The group was mainly health professionals, such as nurses, doctors, counsellors, chiropractors, and massage therapists.

I went as a layperson as I have been interested for a number of years in the idea that we are all

responsible for our own health and well being and that we need to work on preventative health issues.

The weekend was an enormous success. I am looking forward to reading in-depth reports on some of the workshops and I hope the participants will agree to share them with Tapestry in future issues.

There was a great feeling of love on the mountain and that was important to me as well as seeing what can happen when people with a common interest and goal come together.

A number of workshops were participatory in nature and I got a great deal out of them whether it was doing yoga, meditating, or focusing. I was particularly impressed with Paul Brunno's keynote address on "stages of a healer". He told of coming from a surgical background, not seeing women (he was a gynecologist) but only parts of their bodies. Gradually over the years he learned to listen to women and see them begin to take charge of their own health concerns. Now he uses silent communication to find out so much of what a person keeps hidden and enable them to start to heal themselves with his help.

This idea of "total wellness" is still not widely accepted by many of the medical professions unfortunately, but from this conference can only come a growing realization by both the public and the medical professionals alike that support for the new ideas is growing. Co-operation can take place between patient and professional and between professionals to, not the rivalry and non-acceptance of certain kinds of therapy as is the case today. ♀

Ann Davis

FUTURE VISION OF HEALTH CARE

My vision for the future of our health care system sees a shift away from our present disease oriented system to a wellness oriented one based on self responsibility and mutual support.

In the new system the connection between individual health and social health is clearly understood with such problems as crime, alcoholism, family violence, drug dependence, etc. recognized as symptoms of a diseased community. These diseases can be prevented by eliminating the stress producing environments in which they thrive. This has been done by returning to a simpler, more meaningful way of life where people are less alienated from each other. The emphasis is more on personal and spiritual growth and less on economic and material growth with its resultant pollution, unemployment and dehumanizing working conditions. In the new society the health care network extends to include the workplace, schools, and the environment.

The people, educated in wellness enhancing behavior since childhood, have little need for the hospitals of the past. Most have been converted into Wellness Centers to which each family pays a yearly fee and can attend health education or fitness classes, workshops or support groups as they choose. The person with a specific problem signs a wellness contract with her healer or self help group to alter her lifestyle and follow the best adaptive course for her body to return to optimum health. She has learned that the power of her mind can make her well, just as it can make her ill. Nutrition counselling is one of the foremost therapies used, and a diet is planned for each person according to their specific needs. Psychosocial problems, pregnancy, terminal

disease and mental illness are dealt with by counselling and support groups designed to help the client through the experience. Aging is seen as a time of opportunity and growth and the elderly are respected for their wisdom and knowledge. Death is not seen as an enemy to be dreaded, but as a joyful transition when the body can no longer support life. The use of high technology life support systems to minimally extend life is now a nightmare of the past.

The hospitals that remain are used only for acute illness and trauma. Surgery, drugs and invasive procedures are a last resort. Emergency centres are located in the cities, but anyone undergoing a lengthy convalescence is transferred to one of the country facilities, also used as wellness retreats and camps, set in beautiful, natural, healing settings.

In all health care facilities love and caring are recognized as essential components of a healing environment for both patients and staff. The health facilities recognize that their employees must be responsible role models for healthy living. Workers have flexible schedules and every support to ensure that they enjoy excellent physical and mental health. There is a much more egalitarian relationship between health care professionals themselves and with the health care consumer.

Research is now directed mostly towards how to motivate people to wellness enhancing behavior and to mind/brain research. Intuition is recognized as being a valid diagnostic tool, and skill in learning to use it is encouraged. All health care professionals are now dedicated to delivering a wellness system which empowers people to transform themselves and our society towards greater health, happiness and harmony. ♀

Mary Lou Johnson R.N.

CHOICES

Abortion has been reinstated at Vernon Jubilee Hospital. After the pro-choice candidates Jean Harvey, Daphne Thullier, Marnie Gudeit and Jane Evans were elected to all four openings for publicly elected trustees, it was only a matter of time before we saw some changes. As of Wednesday, June 29/88 therapeutic abortions up to and including the 12th week of pregnancy can be performed after the decision is made between a woman and her doctor.

For me, this was a personal victory. The night I cast my ballot at the hospital meeting I was pregnant. It was not planned.

The decision to terminate the pregnancy was very difficult. Being a single parent of two children and involved with a man who is parenting his own three children, I could not imagine us having another. I could not afford it emotionally.

When I had my daughter and son I was much younger and did not realize that I was allowed choices. I was so concerned with pleasing my partner, mother or society that my own needs were not considered. I am not unhappy that I had my children. I've grown through and with them. But I've grown into a woman who knows her boundaries. I do not want any more children. This was a difficult decision to come to. I've spent weeks before and after the abortion coming to this conclusion and feeling all the emotions that go along with voicing that.

When I found out I was pregnant, I went into shock, or so it seemed. I had no idea where to go or who to talk to. The doctor I initially went to see was not helpful at all and gave me a vague idea I might

get help in Vancouver. The thought of having to go away, find the money, childcare and support I needed overwhelmed me. I felt afraid and isolated; I realized it was me alone who would ultimately have to make this decision and go through with it.

Fortunately I was able to go to a very supportive doctor who had been at my son's birth in a nearby center. He treated me like a person, one with feelings, strengths and fears. He informed me of the entire procedure in depth, offered support, came to see me before, during and after the abortion, and even held me while I cried.

I REALIZED IT WAS ME ALONE
WHO WOULD ULTIMATELY MAKE
THIS DECISION AND GO
THROUGH WITH IT

Sadly enough, I consider myself lucky. ALL women should have access to this type of care. It's our right as humans to be treated with respect and dignity, so we are able to make the right choices for ourselves. The key word here is CHOICE, the freedom to make personal decisions when it comes to having a child. For myself it was not something I take lightly. It was a loss, a physical and emotional bruising and I treat it as such. But it was also a time when I really knew inside myself who I was and that I had the right to make the decision for myself alone, and that is a personal freedom I can not allow anyone to take from me. ♀

Lana Marée

To: The Honourable Ramon Hnatyshyn,
Minister of Justice

I believe that it is vital to ensure that all Canadians have adequate and universal access to all reproductive health information and services in this country. I believe that education and clinical services are the key to reducing unintended pregnancies and thereby reducing abortions.

Name: _____

Address: _____

To: The Honourable Jake Epp,
Minister of National Health & Welfare

I believe that it is vital to ensure that all Canadians have adequate and universal access to all reproductive health information and services in this country. I believe that education and clinical services are the key to reducing unintended pregnancies and thereby reducing abortions.

Name: _____

Address: _____

Five Ways To Prevent Abortion (And One Way That Won't):

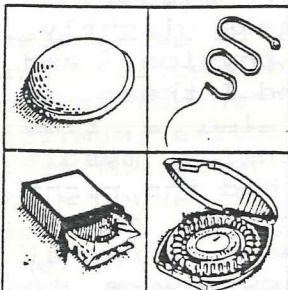
The way to prevent abortion is *not* to make it illegal. That won't work. It never has. Whenever governments have made abortions illegal, they have not stopped them. Throughout the centuries, when women have felt abortion to be their only option, they have had them. Whether they were legal or not. In Canada, abortion was illegal before 1969. Approximately 40,000 Canadian women went "underground" each year for illegal operations. Many died for lack of medical care. Thousands were maimed. All were forced to behave as if they were criminals in order to do what they felt was right for themselves. Those days are gone forever.

Still most of us would like to see the need for abortion reduced. This will only come as the natural result of *reducing the number of unintended pregnancies*. Planned Parenthood has worked for decades toward that goal. We advocate the following ways to prevent abortion.

1 Make contraception more easily available.

The quickest way to reduce the number of abortions in Canada is to increase the availability of contraception. The shocking fact is that 46 percent of Canadians believe that they do not have access to contraception and family planning services. For many others they are prohibitively expensive.

Two-thirds of Canadian women are currently of reproductive age. Many of them do not have contact with family planning providers. Half of the pregnancies they experience are unintended.



The diaphragm, IUD, the condom, the pill. Easier access would prevent hundreds of thousands of unintended pregnancies and abortions. New methods of birth control are also needed.

Sexuality, as well as fertility issues, are of central importance to the health and well-being of Canadians. Very few health issues affect families and individuals as intimately as those involving sexual attitudes and decision-making. However, Canadians lack the most basic information and support which would enable them to take control of their reproductive health. Although 83 percent of Canadian adults believe that sexuality education should be taught in schools, only one half of schools in Canada

provided any sexuality education in 1984. Most of the curriculums were optional!

One in five teenage girls becomes pregnant before she is 20. These pregnancies often result in serious medical, economic and social consequences for mother and child. Research has shown that access to education and clinical services reduces the rate of unintended pregnancies.

One would expect anti-abortion leaders to embrace these programs. But the same people who speak loudly against abortion have fought to eliminate all government support for family planning services and education.

Canadians are being subjected to the negative propaganda of the anti-choice movement now more than ever. Governments are being pressured right across the country. But if the anti-family planning forces should ever succeed, the results are predictable: less contraceptive use, more unintended pregnancy, and an increase in abortions.

2 Provide young people with a better teacher than experience.

The people who oppose abortion and contraception also oppose sexuality education programs for teenagers. They apparently think that by saying nothing at all, teen sexuality will go away.

From our work with hundreds of thousands of teenagers, we can tell you that a shocking number of them know nothing at all about how reproduction works, how their own bodies work, and how to prevent pregnancy. Their teacher is trial and error. Plus television, movies and misinformation from peers.

Anti-abortion leaders argue that information about sexuality should come from parents. Agreed. But are parents doing it? Do they know what to say? Or when to say it? Research shows it's extremely rare for parents to feel comfortable enough to discuss sexuality with children. When they do, important information is often omitted.

Almost all parents though, regardless of how comfortable they are discussing sensitive matters with their children, support the idea that sexuality education programs should be offered in schools and other community settings.

These programs provide young people with a comprehensive understanding of the facts. And a basic element of sexuality education programs is to help teens understand that waiting until they're ready to have sex — and not succumbing to peer pressure — is a legitimate option.

Sexuality education does not increase sexual activity, it increases knowledge and responsibility. The net result: fewer unintended pregnancies and fewer abortions.

3 Increase the involvement of men.

No woman ever made herself pregnant. Yet for centuries, men have ignored their responsibility in preventing unintended pregnancies. "I've got no kids — that I know of" is an all-too-familiar male expression.

Fortunately, change is in the air. That change must be encouraged. Many family planning agencies now run programs which help men recognize their equal responsibility in all aspects of sexuality: decision-making, obtaining and using contraception, and the handling of any crisis which occurs.

Men: to share the joy, share the responsibility too.

4 Create new birth control methods.

By far the most common method of birth control for married couples is sterilization because it offers the best protection against unintended pregnancy. But sterilizations are permanent.

Among the "temporary" methods — diaphragm, condom, IUD, the pill — none is perfect. The diaphragm and condom may be considered inconvenient. The IUD and pill may cause complications.

People want temporary methods which are safe, effective and easy to use, without side effects. We must continue the search. Scientists point to several research leads which could produce some new methods of birth control by the year 2000, possibly including a male contraceptive. But none of this will be possible without a dramatic increase in government support.

5 Make Canada friendlier to children.

Teenage pregnancy rates in Canada have decreased somewhat. And yet, over 36,000 teenagers became pregnant in 1985. Many of those who didn't get pregnant, were simply the lucky ones. In 1985 22.9 percent of abortions in Canada were had by teenagers. More and more teenagers are sexually active at younger ages, some as young as age 12. One in every four teenagers is sexually active by the age of 15. Two out of every three teenagers are sexually active by age 19.

A study by the Alan Guttmacher Institute found that the countries with the lowest teenage pregnancy rates were found to be those with a more realistic and accepting attitude toward sexuality, and open access to family planning services. Other factors cited were economic opportunity for young people and the encouragement of self-esteem.

Canadians need to face the fact that the environment in which our children are raised — the quality of housing, child care, education, understanding and acceptance — are factors which affect how they feel about themselves, and their ability to cope with the pressures of life.

For many young people today, sexual expression is often the only way to feel loved. Becoming pregnant, or causing pregnancy, is a tragic outcome of that quest for intimacy.

Planned Parenthood's studies support the premise that young people with high levels of self-esteem are the least likely to compromise their futures by taking the risk of unintended pregnancy.

To help young people avoid this we must provide them with meaningful alternatives: a better understanding of human sexual development, a better education, real career opportunities, job development, training, placement and hope for a better life.

These are five ways to guarantee far fewer unintended pregnancies and far fewer abortions. Shouldn't the anti-abortion movement support these efforts? Shouldn't the government? Shouldn't we all?

The anti-abortion movement is increasingly hostile to the actual concerns of real people. They fail to acknowledge that lives are being ruined every day. Not by legal abortion, but by lack of education and access to contraception, by the lack of more effective, safer contraceptives, by men who refuse to share responsibility, and by society's inattention to the fundamental needs of our young people. Reversing this situation would prevent unintended pregnancies by the thousands.

You can also help. Use the coupons above. Post this ad in a public place. And, if you can, support our work with a contribution and by contacting Planned Parenthood in your area. Thank you.



Planned Parenthood
Federation of Canada

To: Planned Parenthood Federation of Canada
430 - 1 Nicholas Street Ottawa, ON K1N 7B7

I enclose the coupons.

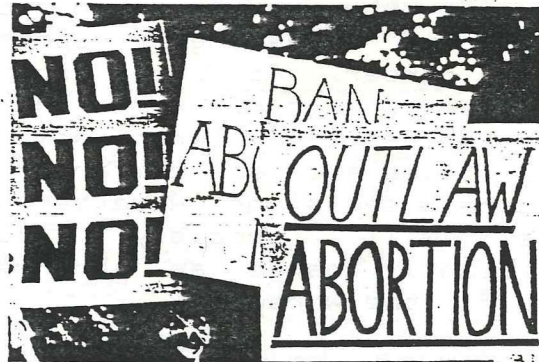
I would like more information on Planned Parenthood.

Here is my tax deductible contribution of \$25 _____
\$50 _____ \$100 _____ \$1,000 _____ in support of
Planned Parenthood and all its activities.

Name: _____

Address: _____

THE WAY THAT WON'T WORK.



Public opinion polls have recently shown that a majority of Canadians favour preserving safe, legal abortions, but there is still a vocal minority which does not. They want to make abortion a crime, robbing women of the right to decide for themselves when or whether to have children. Lately, some of these people have been accosting those who enter abortion clinics. This will not succeed in preventing abortions. If they were really concerned about preventing abortion, they would be out there putting their money, their time and energy into prevention so that unintended pregnancies do not occur in the first place. Whenever women feel abortion is absolutely necessary, for whatever personal reasons, they have them, even if they are illegal, even in circumstances that are dangerous, expensive and humiliating. Our society will never return to those dark days when government could force women to choose between compulsory pregnancy or dangerous, back-alley abortions. But there is something we can do about reducing the need for abortion. Planned Parenthood has always worked toward that goal. You can too.

A FEMINIST APPROACH TO PAP TESTS

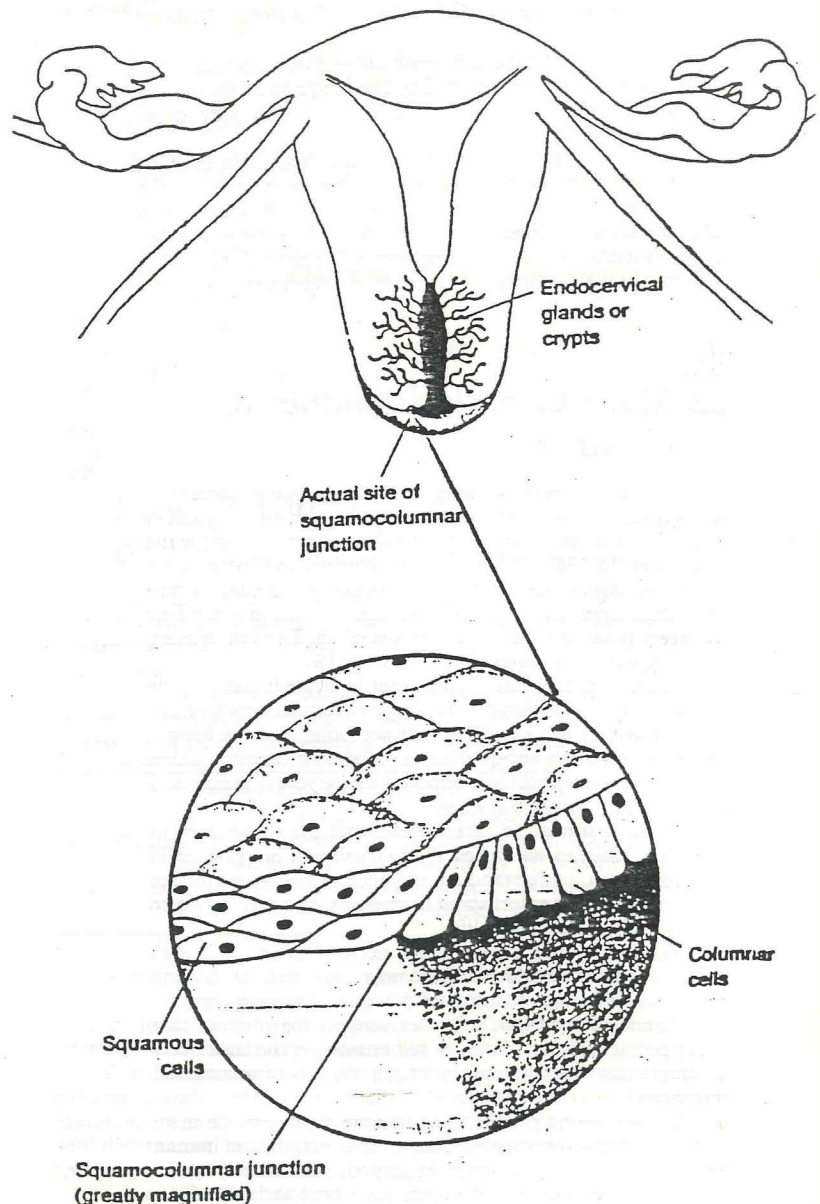
The Vancouver Women's Health Collective has published a very informative booklet on pap tests. Although it is directed primarily at women who have received an abnormal pap result, it contains information for any woman who wants to understand this procedure and its possible repercussions. Following are some excerpts from that booklet.

"In view of how common Pap tests are for women, we are concerned about the lack of good information and the abundance of surgical procedures surrounding the existence of abnormal Pap results. Our aim is to pass on the information we have collected and express some of the opinions we have formed.

Learning that you have an abnormal Pap test and its possible connection with cervical cancer can result in a myriad of emotions and thoughts. A major point to stress is that an abnormal Pap smear usually does not mean cancer. Abnormal smear results are not a life threatening situation unless the reading reports invasive cancer. Abnormal growth takes time to occur. Women have time to assess their own treatment possibilities and feel comfortable about their decisions. A matter of months will probably not significantly change an abnormal result for the worse.

Of the 1.2 million women in British Columbia, 500,000 of these usually have Pap smears examined and processed each year by the central lab in Vancouver. About 10% of the results are abnormal. 3% show dysplasia (disorganized cell growth patterns); .5% show carcinoma in situ (1800 cases). The remaining majority of abnormal smears are that way because of non-cancerous cell changes and infections.

Cancerous changes are thought to be more likely to happen under certain conditions, such as when cells are dividing rapidly. The cells that line the vagina are squamous cells, while those that line the endocervical canal are columnar cells. In an area where different types of cells meet such as this, there is a zone where one kind of cell transforms to another. It is in this transformation zone that cancer cells are sometimes thought to arise.



The times when a woman's cervical cells are most vulnerable to abnormal growth are at puberty, during first pregnancy, a few weeks following the birth of a child and possibly while a woman is using oral contraceptives.

For the Pap test, a scraping of the outermost layer of cells in the squamo-columnar junction is taken and smeared on a slide. Technicians examine the slide and report any unusual findings. When the reports are returned to the doctor, they should include the following information:

- * a class number between I and IV
- * a written cytological interpretation of the cells marked mild, moderate or severe.
- * a possible diagnosis, and in some cases a recommendation for further investigation.

The meanings of the reports are as follows:

- CLASS X: Insufficient cells seen
- CLASS I: No abnormal cells present
- CLASS II: Abnormal cells present. Inflammation may be seen.
- CLASS III: Very abnormal growth, possible cancer cells in a localized area.
- CLASS IV: Contains cells similar to Class III, but with evidence that cancer could have spread beyond local area.

When you receive notice of an abnormal Pap smear, there can be many explanations for the result. Here are some suggestions about what to do when you hear the news.

1. Make sure that your doctor will help you take the cautious route.
2. Ask for a copy of the Pap report so you know exactly what it says.
3. Even if your report does not mention infection, check culture results. If none were done, ask your doctor to do them.

4. If you are heterosexual, sexually active and using a non-barrier method of birth control, you might try switching to condoms (and foam) or a diaphragm (and spermicide) for three to twelve months.

5. If you use oral contraceptives, then you should consider stopping.

6. If you receive your first Class II, wait three to six months and repeat the test and monitor the results.

7. If you receive a Class III or IV result, your doctor will refer you for further treatment. Make sure you have looked at all the above options and resolved infections and viruses."

The book goes on to describe in depth all the surgical procedures you may encounter and recommends alternative therapies as well. There is a chapter about influences on Pap smears such as drugs, smoking, and sexual history.

A Feminist Approach to Pap Smears is both helpful and empowering. Highly recommended for women and health care workers who see them. ♀

The Vancouver Women's Health Collective is a feminist organization founded in 1971 on the principle of self-help. This publication is one of many published by the collective. For a list of other publications, write to the address listed below.

A Feminist Approach to Pap Smears...\$2.50 plus \$1.00 postage and handling.

Please send payment with order to:

Vancouver Women's Health Collective,
888 Burrard St.,
Vancouver B.C. V6Z 1X9



MARRIAGE AND HEALTH

We should have been alerted to the risks, as we are in other perilous activities; we are repeatedly told about the dangers of too much salt, caffeine, fat, smoking, and a variety of other everyday hazards. Yet we've heard nothing about the health risks of getting married.

Now that women know with scientific certainty about these hazards, the institution of marriage will be reborn in a new form, and women's lives will be greatly altered.

Some inevitable changes are worth noting.

Under the new system, a woman considering marriage will obtain a semi-glossy brochure describing the health risks. This official information will come as a result of pressure from groups such as SPWCM/D (Society for the Protection of Women Contemplating Matrimony / but Doubtful). Some very heavy lobbying will be necessary to establish this public service, and in the long run, its establishment will be achieved only by the united threats of women to quit marrying for good. This threat will bring immediate results.

Supplied with this information, women will then have to make some hard decisions as they think about such questions as the following: Do you take this man, knowing it will likely be better for him and worse for you? In more sickness for you and better health for him? Do you promise to love him interminably, knowing he will outlive most of the eligible bachelors? Do you promise to put on a happy face when you are depressed so that you will not impair his health or his growing wealth? Do you promise not to whine about your depression, should he happen to notice it?

More information will be available to help women make prudent choices. All marriage certificates

When this news gets out (and there is no stopping it now), someone is bound to start a small revolution.

The news is that marriage is bad for a woman's health. Some women, on hearing this, might declare that it is not news to them. But now they have the solid backing of a study released a year or so ago.

The timing is unfortunate. For decades, women have been getting married; some, more than once. Just when we're getting used to it, we're struck with this thunderbolt. The experts - those clever conspirators - quietly and diligently collect statistics about us. Then, without even a decent warning, they drop their little bombshells into our lives.

There is evidence, they say, to show that married women are more susceptible than married men to physical illness and that more wives than husbands succumb to clinical depression. Moreover, marriage enhances the health of husbands. Married men were told, benefit significantly from the emotional support their wives provide. They are also healthier than single men, who have shorter lifespans.

Why didn't someone tell us about this sooner? We might still have got married; women tend to do that. So do men, though probably not for the same reasons. Still, we would like to have known, so that we'd have seen more clearly what we were stepping into. Without this knowledge to guide us, many women have regarded marriage as a sort of wedded hit-and-miss arrangement where we learn as we go and, with luck, won't have to pay later.

will be stamped with a cautionary notice. Warning: The Department of Health and Welfare warns that exposure to marriage can be hazardous to your health. Danger may increase with the dosage. Dosage is defined as the length of time married, of the number of marriages undertaken. For a longer lifespan, shorter or fewer dosages may be required.

Interim marriage contracts will become legal. This will become necessary as some women are advised by their doctors to give up marrying for the sake of their health, or perhaps to seek a new partner - just as one would alter one's diet or try a different prescription. Health can be expected to improve as the dosage is altered or reduced to safer levels.

Needless to say, this change in matrimonial habits will cause an uneven run on the number of marriages contracted, as women take flight for the sake of their health and men search for women with whom they can enhance their health and lengthen their life-spans.

This unequal struggle will eventually sort itself out one way or another, the outcome being that no one will know for sure who is married to whom or for what duration. Ultimately, the health pattern may be reversed, so that the risk for women will be lower than.... but who's going to complain about that?

by Agnes Stewart

reprinted from B.C. Teachers' Status of Women Journal, June 88



DATES TO REMEMBER

AUGUST

- 8 OKWC Annual General Meeting 7:00 p.m. at the Halina Centre
- 8 Re-evaluation Counselling Support group for Women meets every second Monday at 6:30 p.m.
- 9 Women for Sobriety meets every Tuesday at 12:00 noon at OKWC.
- 13-14 West Kootenay Women's Festival
- 29-2 Training program at Vercom Cable for women interested in operating t.v. equipment and participating in production of programs on women's issues this winter.

SEPTEMBER

- 5 Re-evaluation Counselling Support group for Women meets every second Monday at 6:30 p.m.
- 6 Women for Sobriety meets every Tuesday at 12:00 noon at OKWC.
- 8 Open House 12:00 noon at OKWC
- 20 A-PEAL FOR PEACE Meet at library museum complex in Vernon at 11:20 a.m.
- 22 Open House 12:00 noon at OKWC
- 26-27 Tentative dates for National Film Board Workshops with Lorraine Chan

OCTOBER

- 3 Re-evaluation Counselling Support Group meets every second Monday at 6:30
- 4 Women for Sobriety meets every Tuesday at 12:00 noon at OKWC
- 13-15 Federated Anti-Poverty Groups Annual General Meeting will be held in Victoria. The theme is "Feminization of Poverty"
- ?- Poverty Game Workshop will be held the last week of the month. For further information phone the OKWC at 542-7531

BOOKS

BREAKING ALL THE RULES

Roberts, Nancy
London: Penguin, 1987

Most liberal North Americans are convinced that discrimination against any group--ethnic, cultural, the disabled, women--is not in keeping with modern day values. And most would smugly claim offense to any such incident. Yet daily, in work-places, on the street, in buses and in family groups, specific discrimination is countenanced, even praised as being healthy, for one group: Fat People.

BREAKING ALL THE RULES is about how and why North American and British Society discriminate against 50% of their population, the overweight, most of whom are women. Beginning with her own experience as a fat child, Nancy Roberts documents her life and those of some 18 other women, as they openly describe the humiliation and anguish of living in a society that views them as slovenly, lazy, unintelligent, and lacking self-control.

Analyzing the history of various versions of the perfect woman, Roberts provides provoking evidence that current, pervasive diet and exercise fetishes may one day be viewed with the same repugnance as bound feet and hourglass steel corsets. And in a brilliant dissection of the diet industry, Roberts points out what few so-called diet experts admit: 95% of all dieters regain the weight they lose.

The importance of BREAKING ALL THE RULES lies in Roberts' exhortation to all fat people to accept them-

BREAKING ALL THE RULES

Feeling Good and Looking Great
No Matter What Your Size

- Build a positive self-image
- Stop struggling with your weight
- Create a personal style by making your own fashion rules

PLUS

Tips on fitness, exercise, and personal pampering

NANCY ROBERTS



selves as they are and to live their lives as they desire. It includes chapters on how to dress--colorfully and stylishly (despite what fashion dictates go ahead and wear the horizontal stripes if you want to)--how to exercise, how to build self-esteem and how to effectively break all the rules and ignore those whose intolerance leads them to be obsessed with other people's weight.

Feminist teachers, librarians, and guidance counsellors will find this book indispensable for gaining knowledge and understanding of the complex problems obese youngsters face. It provides detailed information on how to relate compassionately and empathetically to obese children and how to teach them self-esteem and self-respect. Overweight teenagers will discover a new way of thinking and will be encouraged to accept themselves as part of a heterogeneous society of many colors, races, and sizes. ♀

Teresa Murphy

BOOKS

BOOKS

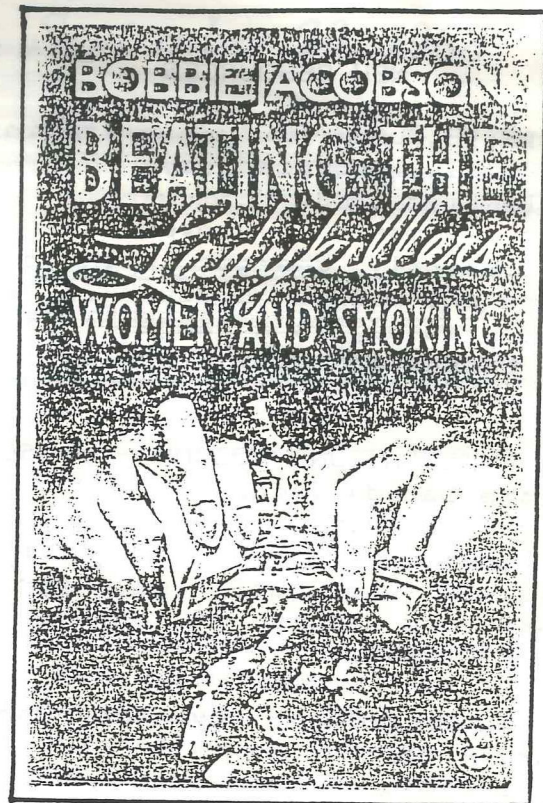
BEATING THE LADYKILLERS; WOMEN AND SMOKING

Jackson, Bobby
London: Victor Gollancz, 1988

Why, while the proportion of men and boys who smoke rapidly declines, are more women, particularly teenaged women, starting to smoke and continuing to smoke in record numbers? Why do poor, underprivileged, underemployed females have a greater risk of dying from a smoking related illness than middle class males? Why are third world women, often unable to feed themselves and their children, currently being targeted as the most potentially lucrative and receptive new market by tobacco companies?

Well known author, community physician and tobacco industry lobbyist, Bobbie Jacobson answers these and many more provocative questions in BEATING THE LADYKILLERS. This is a thoroughly researched and informative analysis of the socio-economic, political and personal pressures which lead women to smoke. In a damning indictment of the tobacco industry and its deliberate creation of a market for young women smokers, Jacobson provides ample evidence that the "sponsorship" of sports and cultural events and full page advertisements in teen magazines are nothing less than a means to lure innocents into a lifetime addiction.

Replete with easy to understand graphs and charts, death rates and tar levels, a guide for quitting and information on lobbying governments to change smoking



legislation, this book offers sobering but hopeful information from a feminist perspective, on how not to be the one in four women who dies of a cigarette induced illness. ♀

Teresa Murphy

Other new titles:

NO IMMEDIATE DANGER

Prognosis for a Radioactive Earth
by Rosalie Bertell

THE LONG DISTANCE FEELING

A History of the Telecommunication
Workers Union
by Elaine Bernard

BEING PREGNANT

Conversations with Women
by Daphne Morrison

These books are now available at
the OKWC library.

NEW RESOURCES

"THIS IS CLASS TOO", - a feminist quarterly produced by Fireweed Collective 1988.

The Women's movement is persistently charged with being white and middle class. In this second issue, is a range of pieces on class and its racial and cultural context.

THE EXPLORATION PROGRAM - produced by the Canada Council.

This booklet explains the Exploration Program for artists, outlines who qualifies for a grant, the ranges of grants and how to apply.

AID TO ARTISTS - by the Canada Council 88/89

The purpose of this brochure is to describe the various forms and amounts of assistance offered to individual artists by the Art Awards Services of the Canada Council.

DIRECTORY - SUBSTANCE ABUSE SERVICE IN B.C. - produced by Kaiser Substance Abuse Foundation 1988.

This publication aims to provide concerned groups with the address and phone numbers of current and developing resources and programs in B.C. The majority of services are treatment oriented but there is a prevention section as well.

NEW FEMINIST RESEARCH - by Resources for Feminist Research, June 1988.

This issue reflects the wide ranging nature of current feminist research, covering areas from science to childcare to films. Articles explore the new right wings' success in mobilizing women, lesbian culture, and women's roles in Black African films.

CANADIAN SOCIAL TRENDS - We have recieved a gift subscription to this periodical from the Social Planning Council. Published by Statistics Canada, our first issue

is #9. It contains articles on aids, cancer trends, and violent crimes.

B.C. AND YUKON ASSOCIATION OF WOMEN'S CENTRES, 1988 CONFERENCE REPORT - report and evaluation of this conference.

1988/89 RESOURCE DIRECTORY FOR THE B.C. AND YUKON ASSOCIATION OF WOMEN'S CENTRES - contains information that will increase networking and information sharing to help improve lobbying skills and policy making for women's centres.

BREAKING THE SILENCE - published by the Breaking the Silence Collective, June 1988.

This is the second of two issues on the changing family and the efforts women have made in reimagining its structure

DIVORCE GUIDE FOR B.C. - by Self-Counsel Press. This book, written by lawyers, aims to fill the general public's need for information. It outlines divorce proceedings step by step and explains when you need a lawyer and when you can file for a divorce on your own.

Three kits are included:

1. MARRIAGE, SEPARATION AND DIVORCE
2. IF YOU LOVE ME, PUT IT IN WRITING
3. IF YOU LEAVE ME, PUT IT IN WRITING

Available at the OKWC library

Any Women Wishing to contact the

RURAL LESBIAN ASSOCIATION

Please write to us at:

Box 1242
Vernon B.C.
V1T 6N6

or
phone 542-7531

All inquiries will receive a reply

A Peal for Peace Canada: Noon, September 20, 1988



Imagine the shared energy and the power of concentration of millions of Canadians focused on the same thing at the same time.

Imagine people stopping whatever they are doing to pause together to share a common thought — PEACE.

Imagine individuals taking the time, putting themselves forth, standing up to be counted, placing their trust in a common cause.

Imagine the commitment, the hope and the determination of all Canadians offered in the co-operative spirit of peace.

Imagine this event bringing peace a little closer to reality.

Imagine...YOU can help make this vision a reality.

On Tuesday, September 20, 1988 at noon on the International Day of Peace, you are invited to join with people across Canada, the delegates of the United Nations General Assembly and others in more than 50 countries around the world to share a minute of silent contemplation to reaffirm our commitment to world peace.

The Minute of Silence will be followed by the pealing of church bells and other joyous sounds that celebrate our hope for world peace and re-establish our oneness with the rest of humankind.

Wherever you are, whatever you are doing on Tuesday, September 20th at noon — stop for a minute. Whether you are in the office or a restaurant, at home, on the street or in the classroom, pause for one minute to join in mind and heart with Canadians across the country in an expression of our dedication to peace. Then join in a moment of joyful sound.

What is the appeal of a Peal for Peace? The appeal is its universality. It is a global ritual which is open in principle to every human being on earth.

In Canada, it includes peace activists and soldiers, people of every religion and of no religion, right-wingers and left-wingers. And when last year millions of people in over sixty countries participated we could begin to hope realistically that most of humankind might one day be involved.

You can help to make A Peal for Peace a powerful demonstration of this country's desire for world peace.

- Plan to personally observe the Minute of Silence and the Moment of Sound.
- Tell everyone you know about A Peal for Peace and encourage them to participate.
- Initiate or join an organizing committee in your local community.
- Let us know what you are doing so that we can tell others.

For further information about A Peal for Peace, please contact:

A Peal for Peace
395 Markham Street
Toronto, Ontario
M6G 2K8



Here in Vernon:

11:20 a.m. Assemble at the library-museum complex
11:30 a.m. A brief program begins which will include:

- a flute solo
- a children's choir
- a few words of inspiration.
- a prayer song

12:00 p.m. A minute of silence
12:01 p.m. Pealing of bells

Please bring bells or any musical instrument and join with the church bells and other joyous sounds that celebrate our hope for world peace.

1988
july

july
and the sun has vanished
rain soaks the hay fields
flattened
and of no use.

i call the hospital
my mother is there
she is not sick
in the regular way
no crimson blood
or rotted tumors

her mind has soaked up some of this july
it seeps through her
so that her voice
comes from places i have never seen
she paces
muttering curses
at each dirty prick
or rich bastard
that ever felt her ass

then she turns
singing more sweetly
than my 5 year old daughter
as mascaraed tears
drip down her throat

shifting quietly
she lifts one of her lost children
and begins to rock them
whispering of the love
and tender moments
her head weaves into a tapestry

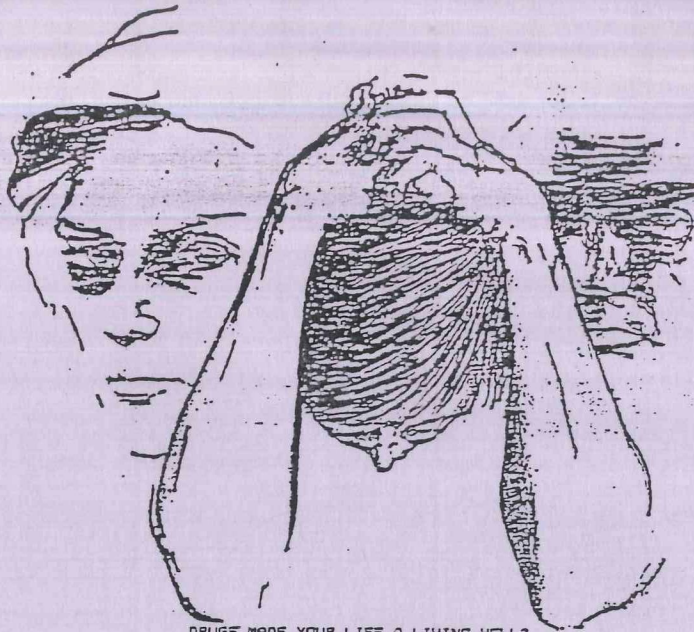
"how is she?" is there nothing else to ask

the voice is reassuring and full of brightness
i want to reach through the phone
wrap my hand around her neck
and squeeze out my pain
liars my head screams
it is all ugly
and she is not fine
inside her rots all the dirt
of her prairie family
their shame
which as a young girl
she cultivated for her own

cut it out of her
i want to tell them
i don't like to look at it
it reminds me of something

something as lush and impotent
as those flattened fields
crawling up my back
and under my skin
breathing sweetly
as new rain

lana marée



DRUGS MADE YOUR LIFE A LIVING HELL?

Addiction is a disease that ends in jails, institutions and death. Many of us came to Narcotics Anonymous because drugs had stopped doing what we needed them to do.

Addiction takes our pride, self-esteem, family, loved ones and even our desire to live.

If you have not reached this point in your addiction, you don't have to.

If you can get serious about the things that have and are happening to you and admit you are having a problem with drugs, you can find help in the fellowship of Narcotics Anonymous.

NARCOTICS ANONYMOUS

meets
Friday nights at 8:00 p.m.
at the
Okanagan Women's Coalition
3000 - 30th Street
Vernon

You can recover. Come and find out how!



People In Need

CRISIS LINE

545-2339

WE CARE





Okanagan
Women's Coalition
P.O. Box 1242
Vernon, B.C.
V1T 6N6

red dot in this
space indicates
it is time to
renew subscription

Okanagan Women's Coalition

A feminist group working to improve the status of women