HEALTHMATTERS

A PUBLICATION OF THE VANCOUVER WOMEN'S HEALTH COLLECTIVE

Summer 1986

Vol.2 No.2

ASPARTAME —— Not Such a Sweet Deal!

What do you know about NutraSweet and Equal? Both are brand names for Aspartame, the newest artificial sweetener, which is now under attack by many consumers who are experiencing bad side effects from it. Aspartame is 200 times sweeter than sugar, and has no calories. The G.D. Searle company (U.S.A.), makers of the controversial Copper 7 I.U.D., introduced Aspartame in 1980 and since then it has taken over the highly profitable market for calorie-reduced sweeteners. Earlier sugar substitutes were Cyclamates, which were banned in 1970 in the U.S., and now carry a warning in Canada, and Saccharin, which was withdrawn as a food additive from the Canadian market and is to be withdrawn in the U.S. in 1987.

In 1981 the U.S. Food and Drug Administration approved Aspartame for use as NutraSweet in dry goods such as mixes for puddings, Jello not chocolate etc. and in breakfast cereals, gum, and vitamin pills - especially for children - and as Equal the table-use sugar substitute. In 1983, approval was given for NutraSweet use in soft drinks such as Diet Coke, Diet Pepsi and fruit drinks.

As is the accepted practice under F.D.A. regulations, the original studies undertaken before Aspartame was approved, were conducted by Searle. Some critics say that the F.D.A. has depended too much on Searle for information about the substance and that independent studies ought to have been done.

Searle says it has tested Aspartame in more than 100 studies, over 17 years. Searle also says that Aspartame is safe for use during pregnancy yet no studies have ever been conducted on the effect of Aspartame on pregnant women or their children.

The Canadian and European Economic Community standards for Acceptable Daily Intake (A.D.I.) have been set at 40 milligrams per kilogram of body weight. The U.S.A. A.D.I. is 50 mgs/kilo. This means that children who weigh 25 kilo (55 lbs.) or less, would exceed their A.D.I. if they drank 2 litres of Diet Coke in one day. It is difficult for consumers to know if they have exceeded their A.D.I. because some foods do not say how much Aspartame they contain, so people cannot work out how much they are getting from all sources.

Aspartame is a protein-like chemical formed from two amino acids: aspartic acid and phenylalanine. Because phenylalanine is an essential amino acid, (a protein that we need in our diets), Searle claims that it is "natural". It has been shown that a high level of phenylalanine interferes with brain function and leads to symptoms such as headaches, depression, seizures, mood swings, high blood pressure, insomnia, and behavioural changes. Dr. Wurtman from the Massachusetts Institute of Technology in Boston added that the risk of these effects is doubled if carbohydrate foods are consumed at the same time as Aspartame-containing foods and drinks.

The Centre for Disease Control in the U.S.A. has had over 100 complaints concerning Aspartame, 67% of these regarding the neurological effects that it produces. The danger of Aspartame is particularly acute for a small number of people (1 in 15,000) who have both genes for an inherited condition called Phenyl-Keton-Uria (P.K.U.) which means that they are unable to metabolise the phenylalanine in Aspartame, even in low doses. This condition is tested for at birth, and people learn to adjust their diets accordingly. However, another 2% of the population are estimated to have a single gene for this condition, which they are unaware of, and is not detected by the P.K.U. test. These people are very sensitive to increased levels of phenylalanine, and thus cannot safely consume Aspartame.

In view of all these complications, Health and Welfare Canada will not allow any more food products to use Aspartame until they complete a $100,000 study into the effects of Aspartame. The National Dairy Council has applied to use Aspartame in standardized mild products such as chocolate milk and ice cream, etc. It is already used in diet yoghurts.

Until more studies are completed, it seems advisable for everyone to limit consumption of Aspartame-containing foods and drinks, especially young children, and anyone with a sensitivity to phenylalanine. Pregnant women and P.K.U.- positive people should definitely avoid Aspartame completely.

INSIDE HEALTHMATTERS

"POVERTY IN B.C." —— Educational Material Available

By Sandy Cameron for End Legislated Poverty
Published by the British Columbia Teachers' Federation 1986

An Phoblacht

Poverty and hunger are facts of life for one person in five in British Columbia. This reality is obscured by the lack of public education and media exposure. "Poverty in B.C." is a teaching aid for use in high schools, designed to assist students in learning about poverty and unemployment. It was produced by End Legislated Poverty, a coalition of sixteen groups. It's purpose is to make students aware of the extent of poverty in British Columbia and Canada, and of the effects of that poverty, so that they will "work together to find ways of ensuring full employment and income security for all our people."

What does it mean to be poor in British Columbia? Many people think that to be really poor, a person must be starving. Media images of desperately poor people in third world countries cause us to equate poverty and hunger with the symptoms of extreme malnutrition. When we see pictures of starving people in Africa, for instance, we don't doubt that these people are victims of circumstances beyond their control. What do we think when we read about the unemployment rate here in our own country? Do we equate unemployment with hunger? We hear a great deal about unemployment and poor nutrition, but aren't we living in a country with one of the highest standards of living in the world? How could anyone here be really poor, really hungry?

Poverty is not simply the condition of having little or no money. In our "affluent" society, it is related to the inability to live as the majority of people do, and is responsible for the loss of self respect, of personal freedom, and of physical and mental health. The choices that are presented to us daily are not choices for twenty percent of the people in this province.

Poverty in British Columbia today is directly connected with unemployment, and underemployment. Between 1980 and 1984 the unemployment rate in B.C. more than doubled. At the same time, the welfare rates were frozen at 1982 levels, and the cost of living increased by 14.7%. The result is that more than two hundred thousand British Columbians are forced to exist far below the poverty line, relying on such temporary measures as food banks and soup kitchens.

Poor people are not necessarily unemployed people. In B.C. a person can work full time at the minimum wage, and still be far below the poverty line! Women earn, on the average, only 64% of what men earn. The poorest people in Canada are women of all ages, and people under twenty-five. According to 1984 statistics, half the families in Canada headed by women are living on incomes below the official poverty line.

"Poverty in B.C." presents many more such statistics - the effects of poverty on children, the social costs of unemployment and poverty, the inequality of wealth between rich and poor. There is a section on book and film resources, and a list of community organizations. There are suggestions for student projects, such as drawing up a budget for someone living on minimum wage, or on welfare.

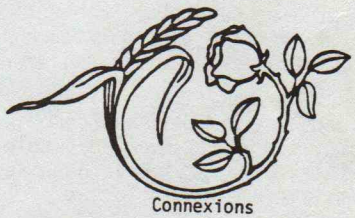
Often in the past, groups of young people have been told that because they are young, they can change the world. I would not like to see the problems of poverty presented as being too overwhelming to be solved. On the other hand I would not like to see the students who use the resources thinking that the problems or the solutions are simple and straightforward. They need to be looked at within the context of the whole history of civilisation.

As long as there has been a human history there has been a history of poverty. No one who is ignorant of the duration of poverty and of the history of rebellion against it has the information to understand the scale of the problem, and the scale on which changes must be made. I hope that the teachers who choose to incorporate "Poverty in B.C." into their curricula will put it into a historical context.

We should not forget the positive changes that were made in this country in the past by people working together. Unemployment insurance and welfare are both social programs that did not exist at all before the depression of the 1930's, and although they are obviously inadequate today, they provide more security than exists in many other countries.

I see "Poverty in B.C." as a valuable resource for students to begin to understand the problems faced by millions of people today. Many of the young people who use it will within a few years be living under the conditions described, if they are not already, and I think it is important that they understand they do have choices, and that change is possible.

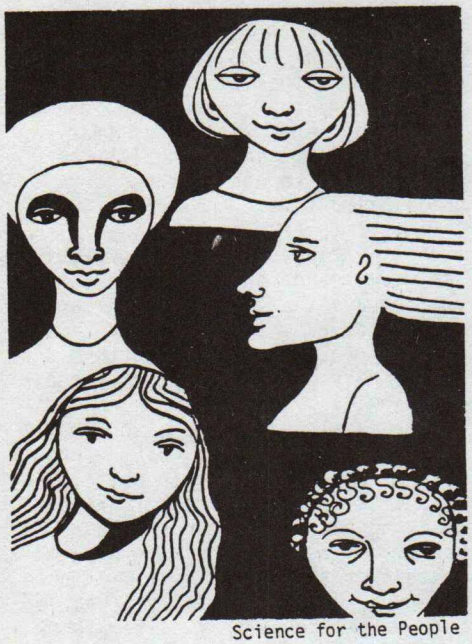
COLLEEN PENROWLEY



Connexions

HIGH-TECH HAZARDS —— The Electronics Industry

The electronics industry is new and rapidly developing. In the last thirty years it has grown from a few small, experimental companies to a multi-billion dollar industry with plants throughout the world. The technology used is constantly changing and increasingly complex.



Science for the People

Like many other jobs performed mainly by women, work in the electronics industry is often thought to be "clean and light". Because much of the work is carried out in a dust-free environment, it might seem cleaner and therefore safer than, for instance, work in an asbestos plant. Yet in reality, this work environment is designed to keep dust and other contaminants off the tiny semiconductor chips rather than to protect the workers themselves. Commonly used substances that are potentially hazardous include organic solvents, corrosive acids, metals, gases, epoxy resins, fiberglass, and radiation.

There are three ways for these substances to enter the body of a worker: they can be inhaled, absorbed through the skin, or ingested. Inhaling is the most common. Gases, mists, vapors, and tiny solids such as dusts and fumes can be breathed in and directly irritate the nose, throat, and lungs. They can also pass through the lungs into the bloodstream and travel to other parts of the body, potentially causing organ damage.

Substances can also enter the body through the skin, especially when the skin is cracked or inflamed. Solvents, for example, break down the natural protective oils and fats in the skin. They can get through the skin, enter the bloodstream and travel throughout the body.

The third method of entry, ingestion, can happen when a worker eats or smokes with contaminated hands or in a contaminated work area. Although this is the least likely way for hazardous chemicals to get into the body, it can be a major problem for very poisonous substances such as lead.

A worker who has contacted a hazardous substance might show the effect locally, (for example a skin rash) or systemically. Systemic effects are effects on the larger body system and usually involve more than one part of the body. For example, drowsiness, nausea, and incoordination are signs that the central nervous system may be affected by a chemical.

Diseases can be broken down into two types - acute and chronic. In general, an acute effect happens after a large one-time or short-term exposure to a substance which quickly makes the person sick. Examples of acute reactions are headaches, nausea, and dizziness. A chronic disease generally takes a longer time to develop and may result from repeated exposure to smaller amounts of a substance. In the beginning, the symptoms of a chronic disease might be easily ignored, but they can get worse over time. Examples of chronic health problems are emphysema and kidney or liver damage.

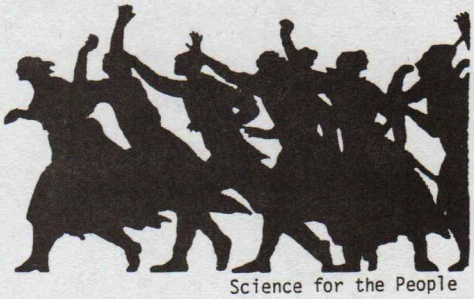
Often the symptoms of a disease appear long after the last exposure to the substance which caused it. This is called a latency period. Cancer is one disease which commonly has a long latency period, sometimes taking up to forty years for symptoms to appear after exposure to a cancer-causing substance.

The effects of a substance on a person's health depend not only on how toxic it is, but also on the amount and length of time of the exposure. It isn't always possible for a worker to tell whether there is a dangerous amount of a substance in the air just by looking and smelling. If her eyes itch or burn, or if she can see a chemical in the air, she may be breathing too much of it. However, not every chemical is visible or has a noticeable odor.

One of the major problems in the electronics industry is the lack of information on the combined effects of many of the commonly used toxic chemicals. These effects may be greater than, or entirely different from, the problems caused by each of them separately.

Not everyone exposed to a toxic substance will react in the same way. Some people may not show any effects at all, while others may be seriously harmed. The degree of physical or mental stress that a person is experiencing may affect the way that person reacts to exposure to various workplace chemicals.

Most doctors are not informed about job hazards and often do not suspect the workplace as a cause of illness. Many of the symptoms of job-related disease are the same as or similar to many other diseases. A worker might be sick for years without realizing the source of her problem. Many electronics workers are developing something called "chemical hypersensitivity" - their bodies will no longer tolerate any exposure to chemicals that formerly would have caused no problem.



Science for the People

Some workers have become so sick as to be almost totally disabled. Years of working with combinations of chemicals have left them with headaches, nausea, memory loss, and infections that do not go away. A theory of what has happened is that their immune systems have been damaged by constant exposure to toxic chemicals, and as a result are no longer able to suppress allergic reactions. As a result, they are unable to tolerate such common things as ink, perfume, gasoline and heating fuel, and household chemicals.

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MIDWIFERY IN THE AMERICAS

The "Midwifery in the Americas: Woman to Woman" conference was held in Vancouver May 23 to 25, 1986. It was attended by women who had earlier participated in the regional meeting of the International Confederation of Midwives. As a result, conference participants and speakers came from a variety of countries such as Japan, Australia, England, Holland, Chile, and Jamaica.

Conference speakers discussed the situation of midwives in various parts of the Americas, from Nicaragua and a hispanic area of Texas to Canada. A few speakers focused on current legal and political issues whereas other speakers dealt with the more spiritual and personal aspects of midwifery and birth.

The Latin American workshops demonstrated how closely midwifery is tied to the political and social reality of the country. Midwives in Chile work largely within a public health system that is continually undermined by the present government. Until 1979, 90% of Chilean midwives worked for the National Health Service. Since 1980, the government has been privatizing health care and now, just over half of midwives work for the National Health Service. Yet, practicing Chilean midwives have 1½ times the number of births to attend than in 1979. Many others are unemployed or are forced to take non-midwifery work.

Military equipment is given a higher priority than health equipment by the current Chilean government and many midwives have to work with limited supplies. Since January of this year, even the poorest women must pay for hospital stays. Privatization of some hospitals has also led to increased rates of caesarian sections and other interventions because these procedures are more profitable than normal births. Abortion is entirely illegal and presently, half of all maternal deaths occur as a result of illegal or self-induced abortions.

In Nicaragua, since the 1979 Sandinista victory, the infant mortality rate has halved. Traditional rural midwives are being incorporated into the health care system. They are each given one week of intensive training, monthly continuing education, and a simple kit of supplies. The training involves learning to recognize complications in order to refer them on, as well as learning how to avoid infections. As a result of their training rural midwives are now preventing infant deaths caused by such things as tetanus of the umbilical cord.

Birth Issues

The community-based approach to midwifery adopted by the Sandinistas is exciting. However, it is limited by poverty, lack of supplies, poor transportation, and fears of contra attacks. Government commitment to rural midwives also has its limits. As one official stated, the goal is to eventually have every birth attended by an obstetrician.

In the United States, midwifery legislation varies from state to state, but in most states some form of legally recognized midwifery exists. One area of the States in which midwifery care is more of a norm is the largely hispanic Rio Grande Valley in Texas where a majority of the people are poor, migrant agricultural workers. A Catholic nurse-midwife who runs a birth centre there spoke of her work in a way that emphasized respect for traditional customs of women and their families, combined with a focus on education and creating a comfortable environment for normal births.

Canadian speakers discussed the legal and economic situation in Canada where midwives presently have no legal status. The current question is what kind of midwifery will become legal as midwives fight for a self-regulating independent profession. One speaker, an economist, discussed the type of challenge independent midwifery poses to the medical hierarchy and to doctors' economic power. He compared the situation to that which exists between notary publics and the legal profession. He pointed out that demonstrating superior quality of care was not enough in this very political battle.

Sheila Kitzinger, a well-known British midwife and anthropologist, spoke on the ways that women's power and control over birth have been eroded. For example, women are taught to distrust their own experiences of their pregnancies by relying more on medical prenatal care. She also commented on the sexuality of the process of giving birth. In particular, she described the current frantic coaching for women to push their babies out as an imposition of a male pattern of sexual activity on a process which would naturally follow a more wave-like pattern of female sexuality.

Other speakers dealt with issues such as ultrasound and death in childbirth. The workshop on death and grieving was especially interesting because the focus was on helping individual women deal with their grief over miscarriage, abortion, and stillbirth. Some of the women attending were from countries where maternal death is still a problem, and is by far the most difficult situation a midwife encounters. Participants brought up the importance of turning anger from grief to political action, especially where unnecessary deaths are occuring.

In many ways, the "Midwifery in the Americas" conference was extremely successful. Women from a number of countries were brought together, and their international perspectives enriched a variety of issues. I regret that some of the speakers were not addressing a larger group. Sheila Kitzinger's talk, for example, would have been appropriate for a large public meeting where her insightful ideas would have reached more women.

LASER HYSTERECTOMY — Approval Sought for New Technology

In the United States approval is being sought for the manufacture and marketing of a new device which will provide an alternative to hysterectomy for women suffering from menorrhagia (abnormal bleeding). Hysterectomy is the surgical removal of the uterus, and is often performed as the ultimate solution to a variety of gynecological problems. One such problem is abnormal bleeding for which no cause can be found.

The device, known as the YAG laser, produces an infrared light that is so intense that it seals and sterilizes instantly, thus reducing the risk of infection. The light is transmitted by fiberoptics, which are lighted, flexible quartz glass rods that allow the beam to be focused precisely where the surgeon wishes. A hysteroscope, a telescope-like instrument, is inserted through the vagina and cervix, allowing the surgeon to view the endometrium (uterine lining). The endometrium is then burned away with the laser, leaving a layer of scar tissue. Unlike a D & C (dilation and curettage), which scrapes away the top layer of the endometrium, this procedure also destroys the bottom layer, preventing the endometrium from regenerating itself.

The result of this procedure is called a "functional hysterectomy". The uterus is still in place, but the woman is most likely sterile. YAG laser surgery has been used experimentally on several hundred women. The doctors using it recommend it for women whose gynecological problems are limited to menorrhagia, but not for those with any signs of cancer or active pelvic inflammatory disease.

The main problem with this treatment seems to be the fact that few gynecologists are skilled in the interpretation of what they see through the hysteroscope. Interpretation is important because it is by scanning the uterus with the hysteroscope that the surgeon is able to determine whether the patient has any of the conditions for which laser treatment is not recommended.

How safe is this procedure? Not many complications have been reported by the doctors using it. These doctors are, however, few in number and presumably highly skilled. When approval is granted for the manufacture and marketing of the device, there will be a push on the part of the manufacturer to educate more doctors in the technique. It appears to be a safer alternative to hysterectomy, but without more follow-up over a longer period it is impossible to say with certainty that the endometrium is removed permanently with few long-term complications.

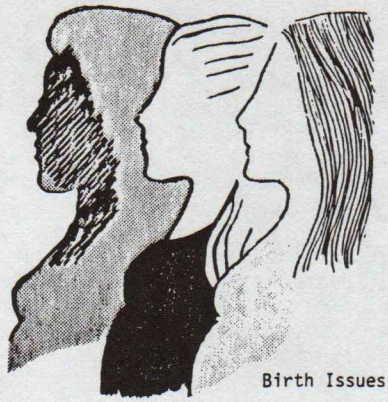
Source: Ms. March 1986 P.32-33

DALKON SHIELD —— The Story Continues

Almost one year after filing for special protection under the U.S. bankruptcy Act, A.H. Robins, manufacturer of the Dalkon Shield, is still surrounded by financial confusion. Chapter II of the U.S. bankruptcy act allows large corporations to rearrange their wealth, freeze their expenditures and continue to operate and make money at the same time.

In November 1985, a bankruptcy court order established a program whereby Robins would notify all possible claimants that they could not file a claim after April 30th, 1986. This deadline is set so that the company can accurately assess its total creditors and then set up a plan to pay them. However the court order blatantly discriminates against non U.S. residents. To notify U.S. residents of the deadline, Robins was required to conduct an elaborate advertising campaign costing $3.5 m or $1.40 per shield sold. By comparison, in Canada Robins did not place any paid advertising and spent a mere $5,000 or 17¢ per shield sold. The unequal treatment of Canadians and Americans is clearly reflected in the number of claims filed from each country.

By April 30th almost 300,000 claims were filed. 282,687 were filed from the U.S.; 4,533 filed from Canada. A comparison of the total number of claims filed per thousand insertions shows that U.S. claims exceed Canadian claims by a ratio of 3 to 1.



Birth Issues

On June 6, 1986 the Vancouver Women's Health Collective and the Women's Health Clinic of Winnipeg jointly applied for an extension of the April 30 deadline so that Canadians could be notified as directly and thoroughly as Americans. However, ten days later Judge Merhige, bankruptcy court judge in Richmond Virginia, denied our application. He upheld the April 30th deadline but agreed to accept claims that were post-marked before midnight April 30th and were received by the court soon after. This apparently minor change added 19,000 claims making a total of over 316,000. Judge Merhige's decision will be appealed. Robert Manchester, a prominent Vermont lawyer who has worked on Dalkon Shield litigation for over 10 years, and who has been representing the Health Collective, believes that we are seeing the beginning of a gradual roll-back of the deadline but that the bankruptcy court will have to be pushed every step of the way.

Though the court has denied a deadline extension, Manchester believes it cannot deny individual rights to file claims against Robins. He strongly urges women to file claims now by writing that "I have been harmed by the Dalkon Shield and I wish to file a claim." The letter should also say "I was not aware of my right to file a claim by April 30, 1986 therefore I am filing now."

Send your letter to

Dalkon Shield
Box 444
Richmond, Virginia 23203.

The Health Collective will assist in forming a Dalkon Shield support group for women who have been harmed by the Shield. Contact us for more information.

We have just learned that Judge Merhige has granted Robins a third three month extension to reorganize its assets!!

EL SALVADOR —— Women Organize for Health Care

In spite of the war that is raging in that tiny Central American country, the women of El Salvador are organizing to take control of their bodies and of their lives.

Salvadorean women have traditionally been illiterate and ignorant of how their bodies function, and have been kept in the home, bearing as many as a dozen children. With 40% of their children dying before age 5 from such easily curable illnesses as diarrhea and intestinal worms, women keep having more children in the hope that some of them will survive to adulthood.

There is one maternity hospital in El Salvador to serve a population of about 2 million women. Most births, especially in the countryside, take place in unsterile conditions at home, sometimes with the help of a midwife but often alone. Maternal and infant mortality at birth or in the weeks immediately after birth is high, as a result of infections. Many more children die before reaching their first birthday.

Today, due to the escalation of the war against the civilian population in the countryside, Salvadorean women have even less access to basic hygiene products that in Canada we take for granted, things such as toothpaste, toothbrushes, soap and sanitary napkins.

Due to regular army invasions into the rural areas, communities of 200 or 300 people have to evacuate to avoid being killed. Women who are menstruating have to use unclean pieces of cloth and are unable to bathe for days at a time. The inevitable vaginal infections that result from these unsanitary conditions cannot be treated because the needed medicine is prohibitively expensive. A single tube of Canesten cream - a common anti-bacterial medication - costs the equivalent of six days wages for a woman fortunate to have paid employment.

Off our Backs

The Women's Association of El Salvador, A.M.E.S., was formed in 1978 to organize women around health, work and other important issues. A.M.E.S. has 10,000 members who are students, housewives, teachers, farm and factory workers, market vendors and professional women.

A.M.E.S. aims to help women attain their basic rights and to help them develop personally and as members of their community. In the 40% of El Salvador that is now under control of the people, A.M.E.S. is helping to plant food crops, and to build schools health clinics and childcare centres.

A.M.E.S. also organizes programs to teach work skills, literacy, basic hygiene, first aid and midwifery.

A.M.E.S. has a new project called Women's Health Education Campaign. This program will begin with 200 women from four villages in the provinces of Chalatenango, Cuscatlan and San Miguel. The 10 day course will include basic information on female anatomy, common women's health problems and their prevention, family planning and prenatal and post-natal care for women and their newborn babies.

Friends of A.M.E.S., a sister organization with chapters in Canada, the United States and Europe, is raising money for the Women's Health Education Campaign. Funds raised through events and donations will go towards buying the educational materials for the program, as well as the necessary materials for carrying out the lessons learned. These materials will include hairbrushes, toothbrushes, toothpaste, bath soap, clothing soap, underclothes, sanitary napkins and medicine for vaginal infections.

People interested in learning more about women in El Salvador and the Health Education Campaign can write to the Friends of A.M.E.S. chapter nearest them. Most Canadian chapters have a 25 minute slide-tape presentation available.

British Columbia	P.O. Box 65782, Station F Vancouver, B.C. V5N 4K7
Alberta	P.O. Box 1826 Edmonton, Alberta T5S 2P2
Ontario	P.O. Box 341 Station Z Toronto, Ontario M5N 2Z6
Quebec	C.P. 85 Succ. C Montreal, Quebec H2L 4J7
Maritimes	81 Prince Street Charlottetown, P.E.I.C1A 4R3

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HIGH-TECH HAZARDS

The Project on Health and Safety in Electronics, the source of most of the information in this article, was funded by the U.S. Department of Labor, until it lost its funding in 1981. While it was in operation it provided information to more than 1000 concerned electronics workers.

Although electronics is the largest employer of all manufacturing industries in the United States, and second only to the garment industry in its employment of women, there are no medical studies of worker health in the industry. Here in British Columbia there are more than 150 electronics companies, and the provincial government is trying to encourage more. How many thousands of women, here and around the world, are being made sick by this industry?

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A New American Nightmare? Ms. March 1986

WORKERS FOR THIS ISSUE

Oni Freeman, Rachel Grant, Daphne Hnatiuk, Cathy Hluchy, Barbara Mintzes, Colleen Penrowley, Susan Prosser, Fay Raymont, Heather Reid, Maggie Thompson, Antionette Zanda. "Friends of AMES" - Pat Hercus.

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HEALTH SHORTS

Depression & Cancer

Can mental depression lead to cancer? New studies conducted at Ohio State University suggest that the stress the body experiences when the mind is tense or depressed can lower one's resistance to viral disease and to cancer. Blood samples taken from women experiencing depression following separation from their partners, and from medical students about to write final exams showed a significant decline in the activity of the body's immune system. Other studies suggest that tension and stress reduce the body's ability to repair deoxyribonucleic acid (DNA), the blueprint for cell reproduction. DNA damage has been associated with cancer.

Source: Globe & Mail May 27, 1986

Isis

Nuked Food

Low level irradiation of food is being used throughout the world as a means to preserve food and control pests. Proponents of food irradiation cite cheaper energy costs, alternative to dangerous pesticides and an increased availability of imported food items as benefits of this process. However, there are grave social and health concerns about the ultimate safety of food irradiation.
In the process essential nutritional elements are destroyed, free radicals (a suspected carcinogen) are created and nuclear waste products are used.
John Gofman, author of Radiation and Human Health suggests that the safety question of irradiated foods will not be resolved until a significant amount of irradiated food is consumed by large numbers of people for 20 to 30 years.
Closer to home, in Richmond B.C. a food irradiation plant is being built and could go into operation this summer.
For more information about food irradiation, or if you want to join the protest against it, contact
The Health Action Network - Food Irradiation Alert, 5338 Ewart St. Burnaby, B.C. V5J 2W4 or phone 435-0512 or 733-5017.

Isis

DAWN in B.C.

The Disabled Women's Network of B.C. held their first provincial conference March 21-23 1986. Over 50 disabled women from all parts of B.C. met at Camp Alexandra at Crescent Beach. Workshops held on saturday covered issues such as accessibility, sexuality, health, chronic pain, assertiveness and awareness, political and economic action and family issues. At the sunday General Meeting DAWN of B.C. formulated plans from the workshops the day before. For example, the meeting decided to establish a committee to educate professionals working with disabled families and to prepare a position paper for the Women's Economic Agenda group. You can contact DAWN of BC at;

776 E. Georgia Street
Vancouver, B.C.
V6A 2A3

Abortions Unavailable

On June 4 this year, the Board of Directors of Prince County Hospital in Summerland, Prince Edward Island voted to disband their Theraputic Abortion Committee, leaving P.E.I. women with no possibility of receiving an abortion in their home province. Unable to get abortions in neighbouring Nova Scotia due to strictly enforced residency requirements there, hundreds of P.E.I. women have nowhere to go but to private abortion clinics in either Montreal or the state of Maine. To do so, these women need several hundred dollars to cover both travel and clinic costs. In response to the Theraputic Abortion Committee closure, Justice Minister John Crosbie said that the Federal Government would not pressure any province to ensure that legal abortions are available within its boundaries. In addition, he said that the Conservative Government has no plans to remove abortion from the Criminal Code of Canada.

Source: Globe & Mail June 5, 1986

S. African Blood Abuse

Thousands of mine workers in South Africa are foced to donate 500 cc of blood every 56 days. They are told the blood is for use in case of mining accidents yet they know that the South African medical system rarely gives adequate medical attention to black people.
Large quantities of this blood are processed into plasma by the South African National Blood Fraction Centre and exported to Japan.
The World Health Organization has defined blood as an internal organ and as such it is not a regular commodity. In spite of this, Japan continues to import blood from other countries. Presently Japan uses 35% of the entire world's annual blood collection.
Japan, in fact, obtains enough blood from its own population to meet its medical needs. The excess blood products are used for cold medicines and nutritive tonics.
Leaves a bad taste in your mouth doesn't it?

Source: IDOC Internazionale

Isis

Keep It Coming

The Vancouver Women's Health Collective needs your support.
Subscribe to HEALTHMATTERS. Don't miss upcoming news about women's health.
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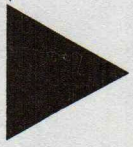

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