HEALTHMATTERS

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ROSE'S BABY —— The Apprehended Fetus

"This woman is not on trial". These words caused the people in courtroom number 9 at the New Westminster courthouse to break into laughter. The presiding judge was offended. Unauthorized laughter in his courtroom was just not on. He gave a belligerent lecture about respect and boorish behaviour, and promptly cleared the court.

The words came from Ministry of Social Services and Housing lawyer, Tom Gove, as part of his summary in what has become known as the "Baby R Case",involving a woman we'll call Rose. His claim was evidence that he was on the defensive.

Day after day, for an entire week, Gove prompted the recollections and glib editorial comments of social workers and doctors. Each recounted their version of carefully selected incidents in this woman's life.

We heard that one morning the cereal she fed her first child was not appropriate, that her friends were not suitable, and that while she displayed love and affection for her children, she could not provide for them. One social worker referred to her behaviour on one occassion as 'schizoid', another remarked that her breath smelled like she had had two beers, yet another said that her friends used hard drugs such as heroin. Evidence from social workers who hadn't seen Rose in years was presented as an indication of her current behaviour.

Testimony throughout the five long days of hearing was full of harsh, judgemental, uncorroborated comments. Gove's entire line of argument was to put this woman's lifestyle on trial - to claim otherwise is preposterous. The unfortunate thing is that just about everyone has bought his line.

The case began at 3pm on May 20th this year when Rose entered Grace hospital in labour. It was her fifth birth, the previous four having resulted in healthy babies all born vaginally. Her baby was in a footling breech position, its feet rather than its head appearing first. Attending physician Zouves concluded that "the baby would die or would be seriously or permanently injured" without a ceasarean section. Rose refused to have a caesarean. Zouves phoned the Ministry of Social Services and Housing whose Emergency Services Social worker Ivan Bulic immediately became involved. Bulic, who had never met Rose, phoned the superintendent of Family and Child Services and one of Roses' previous social workers and agreed to apprehend her unborn child.

He advised the doctor to do what was required medically for the child but stressed that he was not consenting to any medical procedure to be performed on the mother. With this information Zouves then called the hospital psychiatrist and the emergency mental health team. He hoped to have the mother temporarily committed and have consent for the caesarean granted under the Canadain Mental Health Act. This attempt to overrule Rose's decision was also unsuccessful. Rose was then shown images of the baby on an ultrasound machine. She quickly gave her consent for the caesarean. At 10.50pm she delivered a healthy baby boy who the doctor described as "vigorous at birth".

Regulations oulined in the Protection of Children's Act, which gives the Ministry of Social Services and Housing in B.C. the authority to apprehend children, require that each apprehension case be brought to the court for a 'Presentation Hearing' within seven days of the child's apprehension. After several postponements and a failed attempt by the Women's Legal Education Action Fund (LEAF) to intervene in the case, the presentation hearing began on July 13th.

In his ruling Family Court judge Brian Davis says "This is not a case of Women's rights...this is simply a case to determine what is best for the safety and well being of this child." Who does he think he's kidding?

The essence of his ruling is that the medical rights of a pregnant woman are secondary to the rights of her unborn child or fetus. It is absurd to think that such a ruling is not a women's rights issue. By implication Davis's decision concludes that Zouves had the right to pressure Rose, cut her open and take her child.

Sadly Rose has been used. Difficult times in her life have been put on display for all to see and judge.

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INSIDE HEALTHMATTERS

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The media in its lust for sensationalism paints the picture of a schizophrenic, heroin-addicted alcoholic. Privately we distance ourselves, thinking we have nothing in common with Rose.

Yet there are basic issues that we share. Like us she is fighting for some kind of control over her life. She is fighting to have her wishes taken seriously. Above all she is fighting against poverty in an effort to have her basic needs met.

Let's not allow ourselves to believe what we've been told about Rose without ever hearing a word from her. Let's not agree with the prosecution's strategy to judge her on her lifestyle, in the way that thousands of rape victims have been judged. Let's not skim over the impropriety of events that night at Grace hospital.

Many of the implications of this case are obvious to women's rights activists. Since Canadian law does not distinguish between an eight week old fetus and a thirty eight week old fetus in the process of birth, this precedent could be used to apprehend fetuses at any stage of

Network Against Psychiatric Assault

gestation. Once on the legal slippery slope there is no telling how far decisions will slide. Conceivably apprehensions could be used to prevent women from having abortions, they could be used to force women to do certain things during their pregnancies or, as in this case, to coerce women to give birth in a way they would not otherwise choose.

The right of anyone to refuse treatment is firmly grounded in Canadian law. Along with this right goes the obligation of caregivers to seek free, full and informed consent for medical treatments they deem necessary. During birth there is a delicate balancing of the rights and needs of a woman and her unborn baby. The needs of both 'patients' are better served when the woman's concerns are fully addressed, when she is fully informed and when she is treated with care and respect. In his ruling Davis makes no reference to the need to balance these rights. It's as though Rose and her rights don't exist.

Rose did eventually give consent to the caesarean section, but it could hardly be described as free, full and informed. After she had refused the surgery, Zouves sought the authorization of the Ministry to overrule her refusal. She was aware of this and therfore of the implied threat in his action. Later the doctor called in an emergency mental health team complete with two uniformed officers waiting in the ante-room of the ward. They found no reason to commit her but their very presence was threatening enough. Despite all this evidence judge Davis contends that Rose was "giving her consent".

Caesarean sections are very controversial in the medical community; few situations are clear-cut. On the word of one doctor, the Ministry of Social Services and Housing brought all the pressure it could bear to coerce Rose into a procedure she did not want.

Yet few observers recognize that it is the doctor who gains most from this ruling. Without involving the social worker, as he did, the doctor would have to bear sole responsibility for his actions. Here not only the social worker but also the court has acted to protect his interests and credibility at the expense of a very vulnerable woman.

This case provides ample evidence of the increasing attack on women's reproductive rights and of the growing confidence of the state to launch these attacks. However this case also exposes the weaknesses in the very Social Service System that so much wants to control our lives. Rose's story painfully reminds us that the system has failed. It has failed to provide adequate assistance and support for a woman in need. Not only has it failed to provide, it has failed to be fair. How can a ministry that pays a pregnant woman on social assistance only $375.00 per month, expect her to be housed, fed and cared for adequately? How can a court system that treats someone with such cruelty ever serve justice?

Side Effects Victoria, Australia

We have just learned that Rose intends to appeal the decision. Her lawyer will launch a Judicial Appeal with the Supreme Court of B.C. A judicial review will rule on whether Davis' conclusions were proper given the evidence before him. A successful review will not overturn the decision but will require another hearing to be held. All power to you Rose, you've got courage.

Join the fight against this decision. Contact the Committee for Maternal Autonomy through the B.C. Human Rights Coalition
(604) 872-5638.

The author wishes to thank members of the Committee for Maternal Autonomy, for their insights and hard work. Special thanks go to Susan O'Donnell, Peter Beaudin, Beverly Bond, Roisin Sheehy-Culhane, Jane Corcoran and David Zimmerman.

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SELF-HELP FOR MOTHERS

POST PARTUM DEPRESSION AND ANXIETY: A Self-Help Guide for Mothers
Pacific Post Partum Support Society

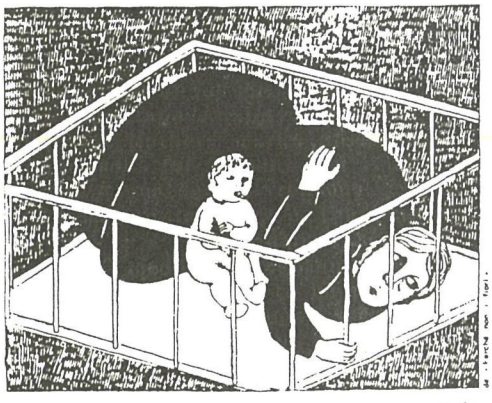
The publication of Post Partum Depression and Anxiety:A Self-Help Guide for Mothers marks an important moment for women, and it is important for several reasons. First, and most outstanding, is the tone of the book - a radical departure from the usual medical perception of woman as idiot child, to be pacified or restrained with drugs. Secondly, the Guide is exceptional for its clarity. Finely crafted, each section speaks with simplicity to the reader, enabling resolution of post partum problems by even the most distressed sufferer of the syndrome. Finally, the origin of the book and the vision of its authors signals the success of what Germaine Greer called "...small groups of women who are the future in microcosm, working...co-operatively, inventively and courageously to care for one another and make one another's lives easier...".

Written by present members of the Pacific Post Partum Support Society, the book is a self-help version of their highly successful treatment programme. Post partum depression is a disabling depression/anxiety often accompanied by overwhelming feelings of guilt, shame, isolation, fatigue, loss and occasionally, frightening fantasies. Between 15 and 20 percent of all mothers suffer from post partum depression, which can occur up to three years after giving birth or adoption. Post partum depression is insidious, progressing slowly, and is often undiagnosed until a woman is seriously depressed. Doctors, psychiatrists, and psychologists still debate about a definition of post partum depression. Any reading of current medical wisdom reveals much confusion as to the source, treatment, and even appropriate terminology for post partum depression. Under such confusion the usual panacea for post partum depression is, not unpredictably, drugs and, not unpredictably, there is not so much a recovery as a fading-out: the woman becomes a statistic, often left to exist in her own emotional wreckage. The PPPSS chose not to partake of such confusion. Rather, it turned practical attention to those suffering from post partum depression, the women themselves, and proceeded to develop an effective treatment programme. Based on the shared experience of thousands of women helped by the programme, the Guide presents a clear and detailed examination of post partum depression.

There is an exploration of each symptom, and a strategy for coping. Self-knowledge is the key to recovery. Readers find how to use small triumphs (responding to painful feelings, channeling anger into harmless outlets) to form a foundation for taking charge of life. Included in the Guide is a thorough discussion of medications, and a comprehensive list of resources.

Claire Kujundzic Post Partum Depression

In summary, the Guide is targetted to a special audience: women suffering from post partum depression. But it also speaks effectively to others - friends, relatives, or professionals in contact with such women. In the words of Sue Penfold, an Associate Professor with UBC's Dept. of Psychiatry, and a Child Psychiatrist with the B.C. Children's Hospital, the Guide "...will help dispell the secrecy, embarrassment and misunderstanding which still shrouds post partum depression...".



Isis

About the Authors

The present PPPSS began with a group formed informally in 1973 by women experiencing post partum depression. A treatment model evolved, grounded in the principle that women themselves are the experts on post partum depression, and this model was the framework for a professional/self-help programme offered to families by the B.C. Ministry of Human Resources. Fiscal restraint ended the programme in 1983 but concerned women regrouped on a volunteer basis, and later formed a non-profit society, the PPPSS.

There is a great demand for the PPPSS treatment programme, which comprises a support group that meets weekly under the guidance of a trained group leader, and telephone counselling - as needed - from a counsellor assigned to each woman. A focus of the treatment is confidentiality. A woman with post partum depression who seeks recovery must often explore her owm feelings, experiences, and relationships with painful honesty. What makes such depth and intensity possible is the integrity of the programme. No woman will ever become a "case history" to be later dissected in a coldly professional way. A woman can feel very safe in this environment. Most impressive is the recovery rate - 78% over a treatment period of four months, versus 58% recovery after one year of typical psychiatric treatment.

It is a sound approach, and unique. Dr. Penfold called it "...a valuable service..." noting, at the same time, that non-sexist counselling is rare, even in Vancouver, and if one is poor or living in a rural area, the difficulty in securing feminist counselling increases exponentially. (Traditional, non-feminist therapy rarely takes into account the sociological reality of women's lives, thus confirming poor self-esteem, self-blame, and the belief that a woman must gratefully accept her dictated place in life.)

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THE UNPREGNANCY PILL

Imagine being pregnant, swallowing a pill, and presto!-not being pregnant any longer. If your imagination is this good, then it will not be difficult to picture why a new drug, mifepristone (commonly referred to as RU-486), has family planning and reproductive rights advocates ecstatic, and opponents of abortion distressed. Developed by a team of French researchers under the sponsorship of a Swiss pharmaceutical company, RU-486 produces a chemical abortion. The major challenge to the testing and marketing of RU-486 comes, not from those concerned with women's health, but from the right-to-life movement.

RU-486 is not technically a contraceptive; it is a contragestive. That is, it does not act to prevent the union of sperm and egg but rather, acts to prevent the implantation of the egg in the womb once it has been fertilized. If the egg is already implanted, it induces abortion.

The drug, an antiprogesterone steroid, blocks the cells in the uterus from receiving the hormone progesterone, which is needed to mature the uterine lining in order to support the fertilized egg. In the absence of progesterone, the body is tricked into doing what it would normally do at the end of a menstrual cycle in which no egg has been fertilized - shedding the lining of the uterus.

To date, the drug has been tested over 5 years in 15 countries and has been found to have a 90% success rate. Dr. Etienne Baulieu, the French physician who pioneered the development of the steroid claims that "abortion should more or less disappear as a concept, as a fact, as a word in the future".

According to Dr. Andre Ullman, one of the principal researchers, "In the four hundred women treated with RU-486, there has been no report of any severe side effect - *any life-threatening side effect*. So we are very much confident that the drug is safe". The only way to be sure of side effects is to test a larger number of women in many conditions and to define which is the minimal dose which can be used to induce abortion. However, it is known that RU-486 can cause such "nonsevere" side effects as dizziness, nausea, painful contractions, and hemorrhaging that requires hospitalisation and blood transfusion.

Nicole Hollander

PAP SMEAR FORM CHANGED

All PAP smears done in British Columbia are sent to a central lab at the Cancer Control Agency of B.C. With each slide, a woman's doctor fills out a cytology request form. As a result of a request from DES Action Vancouver, the cytology form has been changed to include a question about whether the woman is DES exposed.

Many women who have been exposed to DES (diethystilbestrol) before birth are unaware of their exposure. We are hopeful that the question on the PAP smear form will prompt doctors to ask women if they are DES exposed. If a woman is DES exposed, she needs a special yearly medical exam which is more thorough than a normal exam, and includes PAP smears from the vagina as well as the cervix.

If a woman's doctor and workers at the cervical cytology lab are unaware of her exposure, DES related changes in the cells on the PAP smear may be misinterpreted as being abnormal or possibly precancerous. A woman could go through unnecessary worry and/or have unnecessary surgery as a result.

The new question on the PAP smear form is an important victory in the struggle towards helping DES exposed people to become aware of their exposure, and to obtain needed resources and medical care as a result. Anyone who would like more information on DES can contact DES Action Vancouver, c/o the Vancouver Women's Health Collective, 888 Burrard St., Vancouver, B.C., V6Z 1X9 Tel: 682-1633.

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Despite the success of the PPPSS programme, sufficient funding is a continuous struggle. The tragedy here is that there is, as a result, a six month waiting list for the service. Many women suffering from post partum depression do not seek help until the depression is chronic. By then, panic attacks, nightmares, weight dysfunction, or insomnia may have overtaken the woman. She may be unable to care for herself or her child or children. She may be abusing or neglecting her children. Her marital relationship is likely under severe stress. Drugs or alcohol may have added to her problems. She may be suicidal. To such women the PPPSS, through lack of funding, must say - and it is so heartbreaking to say - "It will be six months before we can help you."

The need for the Guide was obvious, and the PPPSS responded to the challenge. They dedicated their Guide

> ...to all the women (in our treatment programme) who have shared their experiences with us. They have told us what it has been like for them and what has helped them. It is their knowledge, wisdom and courage which has made this book possible.

One must, after reading the Guide, go a step further. It is entirely appropriate to say thank-you to the authors for their perseverance, for their wisdom and courage.

To order POST' PARTUM DEPRESSION & ANXIETY: A SELF-HELP GUIDE FOR MOTHERS, write to the Pacific Post Partum Support Society, 888 Burrard St., Vancouver, B.C. Canada, V6Z 1X9, and enclose $5.95 per copy plus $1.00 (per copy) for postage and handling. ($2.00 in the U.S.).

Marjorie Laird is a Vancouver freelance writer.

HEALTH SHORTS

Isis

B.C. Cancer Rates

A recent study by the Cancer Control Agency of B.C. reveals areas of the province where lung cancer and stomach cancer rates among women are dramatically higher than normal. The study seems to indicate that the increased incidence of lung cancer is linked to the number of pulp mills in those regions. However this is not the case for men, whose lung cancer rates are much lower. Also for women stomach cancer deaths exceeded normal rates by 137% in Terrace, 101% in Prince Rupert and 83% in Castlegar. The incidence of stomach cancer in men in these regions is about half that of women.

Source: G.& M. July 29, 1987

Alberta Health Cuts

On August 1st the Alberta government cut funding to a package of medical services, saying it will save the government about $40 million per year. Among the cut services are: birth control counselling, IUD insertion, circumcision, eye examinations for people aged 18-65 years, vasestomy and tubal ligation. Since May of this year, when the announcement was made, thousands of Albertans have rushed to get sterilizations before the deadline. The Calgary Chapter of the Federation of Medical Women strongly opposes the cuts and has gathered thousands of signatures on petitions calling for the services to be funded again.

Source: Varied

AIDS Vaccine

The U.S. Food and Drug Administration has approved the first human testing in the U.S. of a possible vaccine against AIDS. The initial study will test the safety of the vaccine in AIDS carriers. Conclusive studies can only be completed when animals and later humans are vaccinated and then exposed to the AIDS virus.

Source: G.& M. Aug. 19, 1987

Zinc and Epilepsy

Epilepsy is a condition where recurrent seizures are caused by sudden and unusual discharges of electrical energy in the brain. Recent animal studies verify what nutritional healers have been saying for years. Increased consumption of zinc has been found to protect the brain from hyperexcitability and to reduce the number of seizures. This adds to a list of compelling evidence that zinc plays a critical role in the stabilization of cell membranes.

Source: Let's Live Sept. 1987

Sterilization

Sterilization has become the most widely used method of birth control today. Worldwide, there are now over 100 million couples where one partner has been sterilized, compared to an estimated 60 million women wearing the IUD, 50 million on the pill and 40 million men using condoms.

Source: Women's Global Network June 1987

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