OUR NEWSLETTER
VANCOUVER WOMEN'S HEALTH COLLECTIVE VOL.1, NO.3.

March '74....Politics as a word, as a concept, has been used throughout this Newsletter. Most of us in the Health Collective don't think of ourselves as engaged in a political issue and we had no intention of devoting this issue to the relationship between health care for women and politics. It has been reassuring and exciting to see that our understanding of these health care issues all add up to a politics of our own.

In this issue there is an article on the Foulkes Report which deals with how women are treated in the present Health Care system and with the Report's recommendations for altering this system. The article on the Health Care system in China today examines the Chinese model from the point of view of women's health in B.C. today. The report from the B.C. Committee to defend Dr. Morgentaler speaks strongly of the Law and its effect on women and their health. The review of Vaginal Politics speaks of the traditional hierarchical relationship between women and their doctors. In all of these articles and others we are taking about Power - economic, cultural, legal, political, personal; Power which usually lies within the system. In order To change the Health Care system as it now exists it is our task to determine what power lies within ourselves.

We invite and request your comments on any aspects of Women's Health. Write the Newsletter, 4197 John St.

Mary Breen

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THE FOULKES' REPORT

The Foulkes' report is a result of the first study commissioned by the N.D.P. government after assuming offices in the fall of 1972. Dr. Richard Foulkes was appointed as Special Consultant to the Minister of Health with the task of "presenting recommendations which could lead to a nationalization of the health care services of the Province." Part of this study has appeared in a two volume report entitled "Health Security for British Columbians", commonly called the Foulkes' report. It is a challenging and exciting report: exciting because it outlines many of the recommendations which have been discussed, hoped for and practiced in the health collective for years, challenging because it demands support and dedication in order to make these recommendations a part of government policy and citizen's rights.

The Foulkes' committee felt they had two alternative ways of approaching their recommendations regarding the current health system.

1. "To assume that the present system is good but in need of a number of reforms; or
2. To assume that the deficiencies are primarily attributable to the system itself, or the lack of a system so that complete reorganization is required."

Their decision was to "recommend the latter, the creation of a new system." (underlining mine)

The Foulkes' report is therefore based on the premise that a new system must be instigated, not simply a few well-placed changes in the old system.

REORGANIZATION: The Foulkes' report suggests three organizations which would implement health care as they suggest it be made available.

1. The Community Human Resource and Health Centre. Four or five of these centres are already being established in B.C. These centres would be the "terminal or local delivery point of the system." The doctors working here would be on salary, and each community would control and define the health care services it would receive.
2. The Regional Health District Board (7 to 9 in the province) which would be

responsible for the "over-all direction and financing of all health and social services.

3. The Health Ministry which would have "the majority of present direct services transferred to regional operation" and would then function in only three main branches: Standards; Finance and Administration; and Services and Coordination. At this level there would be a Health Advisory Council to "permit public participation at top policy levels."

The Health Department would eventually be amalgamated with the Dept. of Human Resources.

The reorganization would embody several key concepts: "integration of health and other social services, decentralization (regionalization), maximum public participation, the introduction of modern management techniques, and appropriate regulation of the professions to maintain the pre-eminence of the consumer."

DECISION MAKING: "The decision-makers in the system tend to be physicians, bureaucrats, hospital administrators and business executives. It is they, rather than the consumer, who decides where, when, how and by whom patients will be treated. Power is firmly in the hands of males, despite the fact that the labour force in the industry is 80 per cent female. The various advisory boards tend to be self-perpetuating and heavily weighted by physicians to the exclusion of nurses, other health professionals and health workers.

We propose that the composition of all boards concerned with hospitals, other public institutions, regions and those having advisory functions, be more representative of the public. It is our view that public participation whould be at the top as well as the local community level and that the public be included on the councils of professional regulatory bodies."

CONSUMER: "A major aspect of the new philosophy of health care is the importance of the consumer's role and needs in the total system. In the existing "non-system", the consumer has been ignored, while the vested interests of the medical profession, the institutions and the centralized bureaucracy, have been emphasized....this position must be reversed. The needs of the consumer must be pre-eminent in the planning and operation of the system.

The consumer's total needs will become the key objective toward which all programmes must be directed. The civil service, physicians, other professionals, support staff and community representatives, must fully recognize this new orientation if the total system is to be a success."

WOMEN: "Women have unique problems that are oriented around reproductive and child-rearing functions. Women are critical about the "attitudes" of physicians and others (including politicians) toward family planning, therapeutic abortion and sexuality generally. There is extreme concern about the mutilating effect of removal of breasts for cancer. There is a desire for more adequate counselling in areas in which emotional factors are involved and for more care to be given, especially by nurses and para-professionals in the home. There are concerns about the plight of the "battered child" and a strong opinion that a major factor is the lack of adequate child day care facilities.

We recommend more access to family planning, not yet provided by the public health units of the Province. We also recommend free contraceptives. We urge the Provincial Government to use its influence to have the Criminal Code of Canada amended with regard to therapeutic abortion. Furthermore, we recommend that no hospital in receipt of public funds and authorized to maintain surgical services, be permitted to restrict its services so as to preclude sexual sterilization and therapeutic abortion."

My general impression is that while Cocke may implement some of the recommendations in this report he will be able to ignore the significant changes recommended unless there is strong public support of the report. The Foulkes' committee expects "the strong opposition of those from whom the power is to be transferred: the traditional bureaucracy whose major objective is merely survival; the organized medical profession; business interests and politicians." The struggle to create changes in the health system is something of which we are all aware. It is a lengthy process demanding time, energy, courage and dedication.

Although it is gratifying to have a report written which recommends many of the changes so obviously needed in the health system, it is also clear that these kinds of reports have been written before (for example, the Flaggerty Commission in 1943) with no discernable change in the health care system. A report alone is not enough; it only outlines the problems and possible solutions with no assurance that the changes will happen. Changes will not occur without action to make them happen and action to make it known we want certain changes brought about. Letters should be written to Foulkes, Cocke and Barrett giving support, criticism and/or suggestions as health consumers, as women, as allied health workers, as lay people, as professionals to the report. The report has outlined some of the obvious areas in which changes should occur, it is now up to us to make these and our own recommendations become a reality.

Morgan Fox

The Foulkes' report is available to read at 4197 John Street, Van.

A YEAR AFTER VISITING CHINA

It's been a year since I went to China with a group of 16 women through the Centre for Continuing Education.

The trip itself was marvellous; so much of what I learned and saw was relevant to me because of what we are doing at the Health Collective.

Barefoot Doctors

In China, trained lay health workers("barefoot doctors") are not only an official component of the health system, their training is a major focus of health education and service. Of course, China's level of health care was far below that of most Western countries prior to 1949, and the number of trained personnel was small.

However, it is important to understand that the training of lay health workers has not been for the purpose of merely augmenting the health work force to our level. Rather, it is a recognition of the need for much greater numbers of workers in every community so that health care can be (and is!) stable, personal, accessible and effective at the basic living and working unit: for example, barefoot doctors who disseminate birth control information and materials know their "patients" as friends and co-workers.

The concept of the health worker in her/his own neighbourhood corresponds to the Health Collective's image as a model which can be replicated by other women in different communities. However, far from being an integral element of the health care system, we have worked on our own to develop our philosophy/service/structure, at the same time attempting to encourage other women to do the same(here in Vancouver as well as in Victoria,Nelson,Courtenay, Abbotsford,etc.)

The balance has been difficult to maintain sometimes: the incoherence of the health system can be debilitating. It was ironic to have the Health Collective applauded and understood so well in a foreign country when in our own province we have had to struggle for any reasonable response to our strength and to the power of our work from those who operate the present system.

The Health Care Team

There is a team approach to health care in China, and if there is a captain, it's the community. The role of the doctor is particularly relevant. The doctor is recognized as a person with valuable expertise and as a resource, consultant and itinerant teacher whose goal is to serve the people. The doctor operates within a context of social equality where mutual respect is a universal expectation.

"Patient" is not a word to be avoided: the patient is a part of the health care team which includes doctors, nurses and trained health care workers as well as relevant family and community members. The patient expects to express her/his individual needs and to be involved in decision-making.

In hospitals and clinics both patient and doctor are involved in physical work which relates to the maintenance of the facility: for example, doctors may work in the hospital garden for a half day each week, and patients who are able are formally involved in helping others who are less well.

The role of the lay health worker is a dramatic expression of the Chinese commitment to universal health care, and to an obliteration of the distinction between "professional" and "lay" work: health workers are trained according to the need of their particular community so that some learn to do abortions and minor surgery, others are involved in midwifery or basic preventative work such as innoculations, screening or birth control. Many are unpaid workers; all are part of the team.

This is such a contrast to the experience we have repeatedly at conferences, in doctors' offices and in private conversations. When the activities, plans, opinions and demands of the Health Collective are presented, astonishment results. We're here all right, but not because we were encouraged to have confidence in ourselves or to be involved in health care.

The energy at the Health Collective is such a positive force in health care that an indifferent response to it is tragic and inexcusable.

-Melanie Conn

STATEMENT FROM THE B.C. COMMITTEE TO DEFEND DR. MORGENTALER

Information from the Toronto Committee to Defend Dr. Morgentaler indicates that anti-abortion forces in Montreal have taken a dramatic move by limiting abortion referrals into the Montreal General Hospital to only 9 doctors. This brutal action denies thousands of Montreal women access to safe medical abortions.

This new move against the right of women to choose whether or not to bear a child follows on the heels of the continued victimization of Montreal physicians, Dr. Henry Morgentaler and Dr. Yvon Macchabee, who have been fighting charges of performing and conspiring to perform illegal abortions. The charges against them, which could mean long prison sentences were laid under the anti-abortion sections of the Criminal Code.

The closing of the Montreal clinic appears to be a revengeful action following the November decision by a Quebec court, which found Dr. Morgentaler Not guilty of one of the thirteen charges against him.

Reports from Regina indicate that gynecologists are now charging a fee of $150 above medicare for abortions. This fee is prohibitive for many women who now are forced to go to Saskatoon for abortions. This extra billing also happens in Vancouver--anywhere from $50 to $100 over the basic medicare fee.

Here in British Columbia, the Ishtar Women's Center in Abbotsford reports that doctors in Chilliwack are refusing to accept abortion referrals from them as they did before.

The picture is crystal clear. Anti-woman, anti-abortion forces are stepping up their campaign against the right of women to abortion--safe legal abortion. Responsibility for this situation, which condemns thousands of women to mutilation and death at the hands of back street abortionists or the psychological agony of bearing an unwanted child, lies with the Federal government whose spokespeople like Prime Minister Trudeau and Justice Minister Otto Lang have opposed the right of women to choose--who have refused to drop the charges against those being victimized--who have refused to repeal the anti-abortion sections of the Criminal Code and who have stated their intentions of tightening up and further restricting the present laws.

On February 4, Dr. Morgentaler's head nurse at his clinic, Joanne Cornaz, was charged with conspiring to perform an illegal abortion. Yes--there is a conspiracy--but it is a conspiracy on the part of the government, the cabinet, the courts, the Catholic church and the daily press now blacking out news of these latest victimizations. It is a conspiracy against the women of Canada. The government and its laws are the criminals.

Women across Canada and in Quebec have no alternative but to fight back. The Abortion Tribunal in Defense of Dr. Morgentaler to be held in Ottowa on March 9 will hear evidence from women across the country. The B.C. Committee to Defend Dr. Morgentaler is fighting back with a demonstration and rally March 9--assembling at the Pacific Center (Granville and West Georgia) at 2:00 pm. JOIN US IN THE FIGHT FOR A WOMAN'S RIGHT TO CHOOSE, EVERYONE WELCOME.

B.C. Committee to defend Dr. Morgentaler, 512-207 West Hastings 688-7133, 874-3050

ALTERNATIVES TO OBSTETRICAL NURSING

The Continuing Nursing Education Department of UBC is sponsering a two day conference for Obstetrical Nurses of B.C. on March 14th and 15th at St. Paul's Hospital.

The emphasis of the programme is on alternative nursing care. The topics are: Feminism and Motherhood, New Dietary Regimes, Biological Imprinting, A View of the Hospital Experience, Prenatal Preparation in the Community, Having Your Baby at Home, and Parents Without Mates.

Most of the exploration of these topics will take place in small seminar groups. The discussion leaders and resource people come from the Health Collective, the Birth Centre, and various community agencies working with women.

We hope to set up a mini book store at the conference so that the nurses may take Health Booklets, Birth Books, etc. back to their communities.

Although the group leaders and resource people have already been chosen there's still lots of room for involvement. Interested? Call Darlene, 733-1076.

MS-INFORMATION

Last month we reported that the Collective had received several accounts of clitoral stimulation being done as part of a pelvic examination by certain doctors in Van. We went to speak with Dr. Bryans, Head of Obstetrics and Gynecology Dept, Faculty of Medicine, UBC. He informed us that there was absolutely no reason such a procedure ever be done. If your doctor tries to tell you such a procedure is necessary, or begins such a procedure, inform him or her that you know there is no medical reason for clitoral stimulation and leave the office. The doctor may then be reported to the College of Physicians and Surgeons, 736-5551.

COMMUNITY RADIO

Community radio is a non-profit community-based co-op society which has formed to operate a non-commercial FM radio station. They are planning to be licensed and on the air by September 1.

They have committees in the following areas: Women, Family, Community, Education, Labour, News, Arts, Native People.

Programming will include comprehensive news broadcasts, ecology studies, theatre-on-the air, book reviews, and much more, including, of course, lots of programming space for women's health concerns.

Community Radio will not do shows about us, they will teach us now to do shows about ourselves. Thus it is up to us in the Collective to decide all the questions about how we present ourselves and our information. We are tentatively scheduled for weekly shows starting in September.

Now we must decide what kind of shows we would like to do and get them done!

If anyone is interested in working on these programmes as a regular project, contact Lorraine or Mary.

Please give us your ideas about what you would like to hear about women's health concerns and needs on the air.

We need your help!

THE VANCOUVER EMOTIONAL EMERGENCY CENTRE

The Vancouver Emotional Emergency Centre is funded under a Local Initiatives Project Grant, and has been in operation since early January, 1974. They operate 24 hours a day, seven days a week, with a capacity of five beds.

The centre has been set up as a refuge and resource where people undergoing an acute life-crisis may come and recieve the support they need. The centre sees itself as a type of emotional first-aid station providing nurturance, support and counselling, as well as a home-like setting. Activities vary from resident to resident, and are always tailored to individual needs.

People in life crises often make exhaustive demands which no one individual can meet. For this reason, the V.E.E.C. have created teams which work with each resident of the centre. Teams consist of staff members, volunteers, welfare recipients on V.O.P., and fellow residents and ex-residents of the centre.

Due to their limited budget as well as the demanding nature of the work, they are only set up to provide short term care for five people at any given time. Several trained staff members are available for follow-up counselling, however a strong emphasis is placed on the ex-residents giving each other the support they need.

They are open 24 hours a day and can be reached atthe following address anytime.

220 West 6th Avenue
872-7914

OUR VANCOUVER HERSTORY

In 1911, the Canadian Women's Press Club together with the Local Council of Women opened the Vancouver Women's Building. These women believed that "the women of Vancouver should have a building of their own, administered by themselves, and for the benefit of their associations." They first rented and then built on the same site their Women's Building on Thurlow Street in the West End. They rented space to the YWCA and also to the City who opened a Day Nursery for working mothers. During the First War the Government used the building for an Army Medical Corps. In their new building which was completed in 1926 they operated the first Well Baby Clinic in the West, the first Child Guidance Clinic, and the first free classes for professional wait - resses, saleswomen, and unemployed young women. All of these services were considered valuable enough to be adopted by the Government. In 1940 the Bldg. was sold to the Salvation Army.

*** Herstory Continued Next Month,

<u>VAGINAL POLITICS</u> by Ellen Frankfort
Bantam Books Nov. 1973

In her introduction to this book Dr. Mary Constanza says the term "health care" has come to mean a definite kind of politics. It implies a carer and a cared-for; a relationship like that of parent to child, of strong to weak, of giver to recipient, of active to passive. According to Constanza "The rejection of this traditional model is at the heart of the new Health Revolution". All this seems to me to be of particular significance for us in B.C. at this time.

<u>Vaginal Politics</u> is, in part, about a new political force: the Women's Health Movement. As the author views the situation from many different angles, it is sometimes difficult to discern their relation to her theme. She confesses, "Because the book deals with states of mind as well as with external realities, there is no neat linear sequence". I found this disconcerting, but, as with most consciousness-raising experiences, it is impossible not to see things differently ever after.

One has to pick one's way somewhat warily through the parts of the book which relate specifically to the U.S. Medical Health Care System; some of which parts do not apply to Canada with its government-financed medical schemes. Some insight into the attitudes of doctors who reside at the top of the medical pyramid can be caught through the author's inclusion of parts of Dr. W.Nolen's book, <u>The Making of a Surgeon</u>. Again, the scandalously high profits to be made through abortion, chronicled by Frankfort, do not apply here in B.C. The process of the doctors' increasing acceptance of women as counsellors, even in the hospital, is interesting, and a good direction for us to follow.

If you read no more of this thought-provoking book, do read the shocking section on drugs and consumer rights. Vaginal deodorants, so successfully pushed by the media, may cause the neglect of an infection allowing it to spread. There are risks in them for healthy women and their sexual partners too. Discussed too are the hazards to the public of cosmetics and of DES (diethylstilbesterol, still found in various forms in the morning-after pill) in spite of stern warnings from monitors. She also reports on an amazing substance known as prostaglandin which because of its ability to induce abortion is presently being carefully tested. The total rights to marketing this natural substance are presently in the hands of one drug company, which means that once it is patented its cost would be uncontrollable due to monopoly and could be many times that of abortion.

There is much we need to know in order to take responsibility for our own health. Much of this information, according to Frankfort, is in the Wall Street Journal! Here are recent developments in health, reliably reported; too much money is at stake to lie to their readers - the Investors.

Frankfort notes that the experience of China in rebuilding its health system has much to say to capitalist countries. For example, in its conquest of syphilis, politics played a major role. Only when a country is committed to prevention instead of merely to cure will it spend money on ridding itself of one of society's most debilitating diseases". With their commitment to providing everyone with the right to a decent living, prostitution was eliminated and with its elimination went much of the venereal disease. Also, by moving university doctors out to areas of the country lacking medical personnel to set up primitive but adequate facilities in cooperation with peasants-in-training("barefoot doctors"), China has reversed the trend in other countries where social and economic incentives drew doctors out of the country and into the city. Their health problems were solved politically as well as medically.

cont'd...

There are interesting sections on sperm banks, V.D., breast cancer, an extensive discussion of the new method of period extraction, and more. All of these developments point to a time when we will break down the monoply of information the medical profession holds over us all.

To quote Constanza in summary, "Women may be a powerful group to challenge the health system, not only because they are in more frequent contact with it than any other group, not only because there is a Women's Movement to give support, but because many of their encounters with health facilities are not prompted by enervating illnesses." Many of the procedures they require do not need an "Olympian Super-Doctor". "It is fitting therefore for women to demand that Health Care be more than Crisis Care; that it significantly involve prevention, self-help, and health education; that it involve community service and patient participation in all health matters".

Margaret Lunam

THE NATURE & EVOLUTION OF FEMALE SEXUALITY
by Mary Jane Sherfey
Vintage Books Feb. 1973.

The purpose of this fascinating book is to debunk the myth of the vaginal orgasm by refuting the grounds upon which it was based: Freud's biology. She does this by the presentation of the "inductor theory", that all foetuses are female up to the sixth week. Freud believed that the initial embryonic existence was undifferentiated or bisexual. He contended that the sexual drive was masculine and that the vaginal orgasm was a recent evolutionary adaptation. Because so many women do not reach this stage he considered them biologically inferior. Sherfey gives a detailed account of the physiological similarities between men and women and of the complex changes during female orgasm. Her descriptions, based on the work of Masters and Johnson, creates an understanding of "sexual orgasms" and how arguing over whether or not they are clitoral or vaginal is ridiculous. The inductor theory explains the effect of hormones on men and women, "only the male embryo is required to undergo a differentiating transformation of the sexual anatomy, and only one hormone, androgen, is necessary for the masculinization of the originally female tract". Sherfey does not propound the superiority of femaleness but rather wants to destroy the Eve-out-of-Adam myth that has so influenced thinking on psychosexual development. Sherfey is a psychiatrist and she is concerned that the fallacious biological interpretation has been the basis for the treatment of women's sexual problems. She asks; Could many of the sexual neuroses which seem to be almost endemic to women today be, in part, induced by doctors trying to treat them?

A primer on sexual anatomy appears at the end of the book but it is wise to read this first as it makes clearer Sherfey's detailed study of the human female's sexual response. Woman's great capacity for sexual response, Sherfey contends, had to be suppressed in order for modern civilization to emerge as it did. This is a heavy assertion and open to much debate and criticism.

Nancy Ryan

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- the Fourth Ave. Clinic and our Self-Help Clinic have been evicted. We are temporarily using the Pine St. Clinic on Tues. evenings; bless them! Our new location is indefinite. Call the House for the latest details and for appointments.

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NEWS AND THINGS ****

We are in our new house at 4197 John St.!!!! and we are very happy to be there. However we still need furniture, curtains, rugs, posters and plants to make it more homey and comfortable. Any donations of furnishings and toys for our kid's room would be greatly appreciated. We still have the same phone no.: 873-3984.

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OVER 40, a New Study Group welcome to any women interested in discussion and sharing information and experiences about all aspects of Menopause. For more information call the House at 873-3984.

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Correction:
In the Jan edition of "Our Newsletter" it was incorrectly stated that the Student Health Service at UBC "offered DES" to women as a morning-after pill. In fact, they offer Norgestral, and use DES only if a woman insists on taking it. Sorry for the error.MC.

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SUBSCRIPTIONS
We are asking everyone who receives and enjoys the Newsletter to send us $2.00 to cover paper and mailing costs. For a year's subscription send $2. and your name and address to "Our Newsletter" c/o 4197 John st. Van.10

and.....

Aletter from Peggy from Nfld. ....Newfoundland is a few decades behind the times, with a super-corrupt government and few social services. I've been working at the Woman's Place, The issue while I've been here has been the Girl's Home, an institution for orphans and abused children as well as a detention home. Besides the lack of freedom for all the girls, the supervisor has been known to put girls in solitary confinement for two weeks or more....The abortion scene is particularly depressing here. The churches have a great deal of power and influence, and at this time only one doctor is performing abortions - four a week! Some doctors are telling their patients that no no abortions are done here. We are referring patients to New York but our service is not well advertised. Also we are writing to GPs and Gyns to find out which will refer patients for abortions....I am doing a health group here a at the Women's Place with about 4 people. In the summer the Women's Place is planning to send out to the outports a media and health van - with films and video eqipment and health and birth control info. We were going to tape the health group sessions to send with the van, but it seems now that they would probably not be very well received - too sophisticated and citified....I hope to be back some time in March.

love, Peggy.

THE DIAPHRAGM, AN EFFECTIVE METHOD OF BIRTH CONTROL

I have recently become very interested in the statistics available re the effectiveness of various methods of birth control. This article will focus on the Diaphragm used with Spermicidal jelly.

In beginning this research I looked in the Medicus Index which lists all articles and journals published in medicine and related fields. There was not one article written specifically about the diaphragm as a contraceptive method since 1949. I began to understand why so few doctors consider the diaphragm a serious option. And, in the McGill Birth Control Handbook there was not one reference listed which pertained to diaphragms specifically. However, in Our Bodies Our Selves were three leads to articles. From these I gathered the following info.

Whenever one talks about the effectiveness of a contraceptive method it is necessary to clarify whether this refers to the "use" or "theoretical" effectiveness. Use effectiveness means the effectiveness for all users whether or not they use the method constantly or not. Theoretical effectiveness means the effectiveness of the correct use of the method in consistent or constant users. The formula used to compute the Failure Rate per hundred women years =

$$\frac{\text{Total accidental pregnancies} \times 1200}{\text{Total months of exposure}}$$

With this information in hand I started to look through the various available statistics and made an interesting discovery. When the statistics for the Pill are quoted they are always quoted as theoretical statisitcs. When the statistics for the diaphragm and condom are quoted they usually appear as use- effectiveness statistics. Of course there is no comparison between the two. The following chart shows comparative statistics for the various methods.

The Bibliography for this article is available at the Collective.

Failure Rates (pregnancies per 100 womam years)

	theoretical effective.	use effective.
condom	2.6	11.1-28.3
diaphragm + jelly	2-3	8.8-33.6
IUD	1-2.7	6.1
the Pill	0.1-1.0	16.5
foam	3.05-3.14	29
condom + spermicide	1	5

Note! in some studies the Pill is not the most effective method available.

Now back to the diaphragm and spermicide as an effective method of birth control. The effectiveness of this method is contingent on several factors. The diaphragm must be correctly fitted. The woman must have all the necessary information about the method. She must be able to insert the diaphragm each and every time she has intercourse. The diaphragm must be used during every act of intercourse. The spermicidal jelly must be effective in killing the sperm. The diaphragm must be cared for correctly to ensure that the rubber is good. If all these conditions are met this method of birth control is very effective.

If a woman chooses the diaphragm as her method she must be fitted for it by a doctor or a health worker. Correct fitting and instruction would decrease the number of accidents, and increase the woman's confidence and thus increase its use. Women only use diaphragms when they are thoroughly comfortable with them.

It seems clear that this safe and effective method is not more popular because a prescription for birth control pills or the insertion of an I.U.D. require much less office time. And time is money!

Doctors require encouragement and pressure from women to offer the diaphragm as a serious choice for birth control.

Darlene S.