



Ideas are brewing

March 1997

Vancouver Women's Health Collective Newsletter

The Experts On Depression:

Our Stories

by Anna Rinaldo

I had the privilege of interviewing two women to record their experiences of depression. Their stories verify what I believe, that these women are women of courage and amazing strength. This is the gift of depression. From depths of despair and pain we emerge, born anew yet again. I am intimately aware of this process as I too am living with the effects of depression. This issue will begin a three-part series of our stories of living with depression starting with the first interview I conducted, followed by a second interview, and then my own story.

Interview #1 with Penny Sidor: singer, teacher of music and voice, and healer.

P.S.: I know that I've experienced bouts of depression right back to my very early childhood. I can remember feeling depressed on my 5th birthday. Of course I couldn't articulate it at that time. I've gone up and down on that feeling all my life. Sometimes, it [the depression] becoming actually quite severe. And a lot of the time, it's been like simmering, a sort of simmering feeling of depression—not really deep, not really black, but uncomfortable.

A.R.: Can you tell me a bit more about this *simmering level*? Do you feel a lot of bodily sensations like tension or is this more in *your head*? What goes on for you?

P.S.: It is a combination of physical sensations and thoughts. Physically, I feel a kind of heaviness. I don't want to get up.

There is a certain kind of fear of doing anything—a fear of

failure—so I tend not to do things. When I feel that way, quite often I escape into T.V. and I hate T.V.! [laughter] Then of course it makes it worse; I feel heavier, useless. It is really hard to get motivated, to get up and do something. When I do, I definitely feel better. But it is really hard to turn that around.

The thoughts that generate the feelings of depression are heavy things like: *I am alone; I'm poor; nobody loves me; I'm cut off from my family . . . from my friends*. Isolation is a biggy. And failure. *I want a family, I don't have a family. I don't have a boyfriend*. Some of those things are true. Others I can challenge [like] the belief that I am a failure. I can challenge the thought that nobody loves me, and [instead] think of my friends; and I have many friends, good friends. But again it takes a lot of energy to be

The Collective

The Vancouver Women's Health Collective is a volunteer based, charitable, non-profit organization which has been in existence since 1972. We work to promote and support the idea of women helping women to help themselves, and to help women develop a pro-active approach to their own healthcare. We carry out a range of services and activities for women in Greater Vancouver and across BC, including a health information centre and helpline, health practitioner, holistic practitioner and therapist files, educational work, support groups, publications and lobbying and advocacy.

#219 -1675 West 8th Ave.
Vancouver, BC V6J 1V2
(604) 736-4234
fax 736-2152

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"I think the tragedy of depression is that my energy is sucked off to those kinds of things and I don't have the energy to live my life, to be creative, to do my music, to get proper jobs, to do whatever."

Newsletter

Welcome to the VWHC Newsletter, a forum to connect us with our members and the community at large around women's health issues and activities at the Collective. We would like to include more articles, reviews and events so please—send us your stuff! Leave a message at the Collective, or drop a note in our newsletter box.

Editors:

Debora O
Wendy Masui

Coordination:

Wendy Masui

Desktop Publishing:

Lilly Wong

Production/Distribution:

Raine McKay and many wonderful volunteers—with thanks.

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continually fighting that feeling and fighting those thoughts.

I think the tragedy of depression is that my energy is sucked off to those kinds of things and I don't have the energy to live my life, to be creative, to do my music, to get proper jobs, to do whatever.

A.R.: Can you tell me more about the counseling you received, both in the past and in the present, and what specifically works for you?

P.S.: There was a young man [during her 2nd or 3rd year at university], who was a student studying counseling (so it was all free), and he mostly just listened. He gave me some very interesting tools. One of the things that he said to me was, see if you can get a handle on the thought that goes through your mind the moment before you become anxious. **Depression and anxiety go hand in hand very often.** I realized that I was going into social situations, which at the university level in music could be very competitive, very nasty, and (this is kind of embarrassing to reveal) the thought that would go through my head before I became anxious was: *What do I have to do to make these people like me?*

So you can imagine the kinds of things that that implies: *I'm not good enough the way I am. I have to do something different. I have to project an image. I can't be myself.* It has taken me a long time to turn that around, to accept who I am. There isn't much of a gap between what I put out and who I really am. The distance between that gap was the level of my anxiety, my level of fear—*God, I might be found out.*

So that was very helpful. I went to a meditation class at one point and I had healings. That was wonderful. I went into flotation tanks and that was so supremely restful.

The other thing that I find really important, and more so as I get older, is what I eat. I find that the wrong kinds of food affect my mood tremendously. If I have too much caffeine, my feelings go out of control. If I have too much sugar, my emotions go up and down like a yo-yo. So I'm finding this regimen of regular organic food really nurturing and nourishing. When I don't eat properly, I feel it emotionally. Again, I'm accepting this about myself; that I am very sensitive to what I eat and very sensitive to the environment.

I've done some good counseling with a woman who did energy work and talk therapy. Last summer after plummeting into a very deep depression, I took a course about depression that talked a lot about the relationship between thoughts, behaviors, and emotions. Basically, it is much easier to change your behaviors than it is to change your thoughts and emotions.

I went to a psychiatrist for one session a long time ago in Ontario. Psychiatry, coming from the medical model which I'm very suspicious of, generally prescribes medication as a solution. When I was in really dire straits in the Spring, I was put on a Prozac derivative called Luvox. I took this Luvox for 5 days and it made me feel so sick and nauseated that I just couldn't weather it. Also I felt very spaced out. I think an ongoing medical solution is not a solution for me. Herbs and acupuncture work really well

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for me, and also 'touch for health'.

A.R.: The 'touch for health', is that healing touch or is it something else that you are talking about?

P.S.: I'm talking about the touch points that get your energy working properly. I've had 'touch for health' by bio-kinesiologists. They believe that 97% of illnesses are caused by your emotions. If I'm thinking a thought like *nobody loves me*, it might shut down my liver, or my spleen, or whatever. Then if that shuts down, something else doesn't function very well. They [bio-kinesiologists] diagnose this using muscle testing. They charge up those systems so that they are working and the energy is running. Then the emotions change. That's been very true for me.

A.R.: You have a lot of insight into what is going on with you. It sounds like you've done a lot of work.

P.S.: I have. It's kind of been my life work to beat this depression. I don't think I'm going to succeed at beating it; I think I'm just having to learn to live with it.

A.R.: You've talked in the past about how effective co-counseling has been for you. I'd like you to share with the readers how you discovered co-counseling and how it works.

P.S.: I'd heard about it before from friends, but I had been kind of put off by someone I had met who was in the co-counseling community who was pretty intense about it. I have since found out that there are scads of really wonderful people who utilize co-counseling or who are involved in that community. I have very deep respect for the system and the people in it. I know that I can get counseling sessions when I need them, and *before* I need them, on an on-going basis before I'm actually in dire straits.

The sessions [are] with your peers [and work like this]—you give one, you get one; there's no money changing hands. Basically you sign up for the classes, which happen once a week for approximately 16 wks. You learn and practice peer counseling skills. In addition, you meet with another person in your class once a week for one-on-one counseling taking turns being client and counselor.

I heard about an doctor in India who gets together with a big group of people every morning and they throw their arms up in the air and

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laugh. Apparently, this laugh therapy has eliminated all kinds of illnesses, depressions and problems. I think that sounds absolutely wonderful and I want to do that! [laughter]

So if we have a depression support group, maybe we'll talk about depression or our problems for a couple of hours and then we'll go cross-country skiing or tell jokes. We counteract [the depression]. We consciously create fun and joyfulness. In fact, I want to go out and buy some Monty Python tapes and humour stuff, for no other reason than to just laugh!

Resources on Treatment of Depression

Specific resources for the treatment of depression talked about in this interview include:

Changeways, for clients of Reach Community Clinic, Vancouver - call Fran Moore @ 254-1354

Recommended reading resources on depression:

On the Edge of Darkness: Conversations About Depression, by Kathy Cronkite (New York, Doubleday, 1994)

Sacred Sorrows edited by John E. Nelson & Andrea Nelson (New York, G.P. Putnam, 1996)

Feeling Good. The New Mood Therapy by D. Burns, M.D. (New York, Avon Books, first edition June 1992)

How to Heal Depression by Harold H. Bloomfield, M.D., & Peter McWilliams (Los Angeles, Cal, Prelude Press,

Cervical Dysplasia:

A Personal Account of Laser Therapy

By Zenovia Ursuliak

Most women, including myself, do not look forward to pap smears. We brave cold speculums and insensitive fingers, ignore impersonal stares at our very personal parts and dutifully hold our bodies in uncomfortable and vulnerable positions. We do this because cervical cancer is a much worse option. The pap smear is an effective screening tool for detecting pre-cancerous stages of cervical cancer, allowing for treatment before the cancer ever develops. The death rate for cervical cancer has declined by 70% since the pap smear was introduced in B.C. in the mid 50s.

I had three abnormal pap smears within a year and a half before a gynaecologist took a small biopsy from my cervix. It was diagnosed with severe dysplasia, which is the last stage before cells turn malignant. Cervical dysplasia can be treated by cryotherapy (abnormal cells are destroyed by freezing), laser therapy and cone biopsy. Laser therapy was recommended in my case because it is more accurate than cryotherapy. It also does not have the same chance as cone biopsies of weakening the cervix and affecting your fertility. Laser therapy is touted as being a simple procedure that can be done in five minutes. So simple, in fact, that my doctor was ready to go ahead with the procedure at my consultation appointment. I was not so ready. I booked an appointment at a later date to have more

time to mentally prepare myself.

Before the laser therapy, I was shown a video which gave me details about the procedure. It showed how the laser burns away the abnormal cells (not very aesthetic!) and advised to avoid bathing and sexual intercourse for three weeks afterward. My cervix was directly injected with a local anaesthetic and adrenaline to slow the bleeding. The injection caused a dull pain and within a few moments my heart was beating rapidly and my head was throbbing. Thankfully this feeling soon subsided. Then the laser began. It produced a warm sensation, then a hot sensation, and finally it grew into a sensation that was on the threshold of painful. Then it stopped. I was handed a maxipad and sent on my way. It really only took five minutes. I felt alright but I was shaky from the adrenaline. There was no way I could have driven. I was relieved that I had someone there to comfort me and to drive me home.

Within ten minutes very strong and painful cramps began. Apparently 50% of women get cramps after the procedure. A friend advised me to take Ibuprofen beforehand to prevent the cramps. I wished I had because a couple of extra strength Tylenol took about an hour to relieve most of the pain. A couple of hours after the surgery I sensed my cervix was very raw. The crampy, tender feeling never completely subsided until the next morning. For the next twelve days I had a watery discharge, sometimes streaked with blood and tiny clumps of cells.

I still miss having my baths, but abstaining from sex

hasn't been that difficult because I have been feeling very protective and guarded about that area of my body. When I asked my gynaecologist about preventing cervical dysplasia and cancer he said there wasn't much I could do besides quit smoking (if I had smoked). However I have found information on the Web about how folic acid and antioxidants such as Vitamin C, E and beta-carotene may prevent dysplasia and cancer. One doctor recommends all his patients consume five servings of fresh fruits and vegetables daily as enhanced nutrition is believed to improve the immune response in the cervix.

On the whole, laser therapy is not a devastating experience. Though it may be a simple five minutes for the gynaecologist who performs laser therapy all the time, those five minutes were still much longer and complicated for me. To find out more about pap smears and cervical cancer, feel free to drop by the Vancouver Women's Health Collective and look through the files and books in the Info Centre.



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To Y(Our) Health: A Wholistic Approach to Depression

by Caitlin Cain

Endocrine imbalances, chronic fatigue, heavy metal toxicity, high sugar diets, chronic headaches, heredity, endometriosis, hypoglycemia, food sensitivities, mononucleosis, any physical disease and winter in cold climates are some physical reasons why Lesbians, Wimmin and Girls suffer from depression. This depression can be mild, moderate or severe. Here's some helpful tips:

Vitamins for depression include the B-complex vitamins, for their calming properties, and Niacin (B3), which is particularly helpful for those who suffer from migraines. Vitamin C is always good for stress and a Calcium/Magnesium supplement may also help.

Herbs such as Passionflower (*Passiflora incarnata*), Scullcap (*Scutellaria lateriflora*), Catnip (*Nepeta cataria*) and Chamomile (*Matricaria recutita*) can be used to calm tension, and thus, sometimes relieve depression. If you feel lethargic, try mixing Gotu Kola (*Centella asiatica*), Lavender (*Lavendula officinalis*) and

Rosemary (*Rosmarinum officinalis*). Single herbs for general depression include Borage (*Borago officinalis*), Vervain (*Verbena officinalis*), Black Cohosh (*Cimicifuga racemosa*), and Peppermint (*Mentha peperite*). St. John's Wort (*Hypericum perforatum*) can also be good for depression. All of these herbs can be steeped in water and drank as a tea or taken in tincture form.

A **diet** without additives, salt, saturated fats, chemicals, refined flour or sugar, alcohol or caffeine is helpful too. Try to eat lots of protein, raw vegetables and grain. Spirulina, Primrose oil, foods with oregano, and cloves added to teas may also bring some relief.

Some interesting books include:

✿ *Hygeia: A Woman's Herbal* by Jeannine Parvati

✿ *Witches Heal* by Billie Potts

✿ *The Natural Remedy Book for Women* by Diane Stein

✿ *The Roots of Healing: A Women's Book of Herbs* by Deb Soule.



What's Happening?

B.C. & Yukon Women's Centres Association

The Association has been involved in the reinstating process and the end is soon in sight. All that is left to do is to look after a few amendments on documentation sent to the Registrar. Thanks to all the women who helped get BC&Y on track again, especially Diane Faux and Diane Hale.

There is still work to do with regard to finances and setting goals for the future. On January 16th, Regions A & B met with our Regional Reps from B.C. Women's Equality. Georgie Jackson and Katheryn Wahamaa presented an easy-to-understand description of *contract reform*. Contract reform was scheduled to be in place already, but work is still being done on developing a service schedule that will suit both Agency standards and the Women's Centres. **For more details, or for a copy of the recent newsletter on contract reform, please contact the office of B.C. Women's Equality.** Minutes of

meetings are also available at VWHC.

The next meeting for Regions A & B will be on **February 20, 10:30 am at VWHC**. Call Diane Rae Wazny at 736-4234 for more information.

Art Therapy Session at the Collective

On Thursday evening, February 6th, there was a workshop on Art Therapy at the Vancouver Women's Health Collective. Five women (including the art therapist) explored how expressing ideas and emotions in a visual and sculptural way can sometimes facilitate or enhance verbal expressions or even stand as expressions that don't need to be interpreted or spoken. Several of the women in this group said that it had been some time since they had drawn or done clay work, and found that it was relaxing and enjoyable to work with art materials again. Technique and skill aren't important for the expression of feelings and thoughts—some-

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times a colour or a shape can have a lot of personal or symbolic meaning. Art has been used as a therapeutic vehicle for several decades. With increased training opportunities and standards for professionals, art therapy has become more widely recognized and respected within the therapeutic community.

For more information about this workshop or about art therapy, call Cynthia Farnsworth at 254-1929.

Menopause Workshops

by Donna McDermot

Monique Giard, a member of the Education Committee, and I have been conducting menopause workshops over the past few months for the Ministry of Social Services and the Surrey Women's Centre.

We call the workshop *Preparing for the Next Phase: An informational and experiential workshop on physical, emotional, social and spiritual aspects of menopause*. The topics and exercises include a definition of menopause, pros and cons of hormone replacement therapy (HRT), alternatives to HRT, osteoporosis, breast cancer, social and emotional aspects of aging and menopause, ritual, and Kundalini meditation. We have also developed an extensive handout package which covers all of these topics in detail.

Our working process has been a very valuable experience for both of us, as we learned how to give and take and to arrive at consensus. One result is our mission statement as follows:

One of the (many) limitations of the medical approach to menopause is that it looks at menopause as a disease and attempts to treat symptoms.

We believe that menopause is a natural process which, from the beginning of time until a short time ago, women managed themselves and supported each other through.

We believe in looking at the whole person, and therefore managing menopause using an integrated approach that includes physical, emotional and spiritual practices.

We urge women to educate themselves, to take charge of their own health, and to consider HRT and other medical interventions only as a last resort.

We remind women that we are providing information and voicing opinions based on our research and thought. We are not telling anyone what to do nor giving medical advice.

It is very encouraging to hear the many women who are questioning the medical model and the assumption that all women will want to take HRT during menopause. Women from our generation [*baby boomers*] are overcoming the taboo of talking about menopause, and it is clear that many of us are changing the way we go through this phase of life. It certainly won't be the same for us, and those after us, as it was for our mothers.

Upcoming menopause workshops are scheduled for:

- ♦ Sat. March 22 & April 19 at Surrey Women's Centre
 - ♦ Tues. April 8 at Douglas College
 - ♦ Sunday, April 27 at the YWCA.
- Call 736-4234 for more details.

The Moon is Red: The Magic of Menstruation Workshop

Sat. February 22, 1997

Facilitator: Kate Laidlaw, M.A.

The afternoon started with a circle of six purposeful Goddesses. There was a comfortable and safe feeling in the room as we started sharing stories of our first bleeding time. We exchanged much information about ourselves and our beliefs specifically around how to bring awareness and nurturing to our bodies during our periods. It was not only interesting and informative, but sometimes funny! It was a good day, and according to the evaluations, I sensed that each woman came away with new and valuable insights that would change the way they viewed *Wymoonstruation*.

For more information about this workshop, call Kate at 736-1760.

Contact Point

Contact Point is a place for *lesbians* on the west side.

- It is a safe place to meet and socialize with **women** of any age, race, colour, creed, **who love women**
- Tell us where you are at, share your interests, or come for a hug and a smile
- For more information, leave a message with **Raine** at the **Women's Health Collective 736-4234** or just drop by!!

6:30-8:30 pm every Sunday
Women's Health Collective
#219 - 1675 West 8th Ave., Vancouver

Post Abortion Peer Support Group

by Sue Turner

In October 1989, I was ecstatic to discover that I was pregnant. The ecstasy did not last long, as I discovered that my partner did not want to have a child. After the most painfully difficult consideration, I decided not to have the child. It was very easy to blame him and to be angry with him for my grief and pain. For years, I experienced this. It was triggered every time I felt sad about anything. I saw a therapist who helped me deal with the immediate pain, but I longed for more support. I wanted to talk to other women. My inner wisdom told me that if I could talk things out and listen to other women's experiences, I would be able to heal the pain.

The Abortion Peer Support Group was started several years ago and continues now through the Vancouver Women's Health Collective. We have been **meeting two Monday evenings every month** with myself facilitating the group. During this time, we tell our stories, we cry, we listen with the kind of understanding that is very difficult to find, and we find support in our collective expression of our experiences. (We believe that we can heal ourselves and start to move in that direction simply by talking and listening.) Judgement by others is a deep fear for some women who have had abortions. There is no judgement here—there is respect, courage, and love.

We are currently looking for women to join the group. Call 736-4234 if interested.

Life Quilt for Breast Cancer Project

by Anne Massey

The LQBC started off the New Year by participating in an excellent forum on breast cancer at the Hugh Boyd Senior Secondary School in Richmond. This forum, organized by four exceptional grade 10 students, was an information session aimed at both the students and the general public. It was well attended and featured speakers Judy Reimer, Jackie Ralph Jamieson, Sandy Jamieson, and Ivo Olivotto. Over the next few months, the quilt will continue its cross Canada tour, spending April in Saskatchewan, visiting Regina, Swift Current (Judy's home town) and Saskatoon. It will travel to Quebec with three weeks in Beaconsfield and a week in downtown Montreal at Ogilvie's Tudor Hall. In July, the quilt will be at the First International Conference on Breast Cancer.

The LQBC is also working on preparing a community resource handbook for practical support services available in each area. We will be looking to local communities to provide data specific to their area. We are still looking for quality volunteers to help with the activities mentioned above, and with database inputting.

VWHC Committee Reports

Volunteers are an essential part of the Collective and there are many opportunities for volunteers to share and expand their skills and interests.

Information Centre

We have been continuing our weekly shifts. We also scheduled in an additional Friday morning shift for a couple of months with the assistance of two nursing students, who have been doing their practicum placement with us. We plan to do a lot of updating of information over the next few months so if you have any skills in this area, come and join us.

Education Committee

We have done some menopause and safe sex workshops over the last few months. Some other ideas are in process. We always need new input, so if you have any interests in this area, give us a shout.

Publications Committee

This committee has been busy researching, writing, editing, desktop publishing and distributing. And here it is today. . . our newsletter!

Volunteer Committee

This is a brand new and exciting committee. So far, we have been busily interviewing and recruiting new volunteers. As well, the practicum nursing students have been developing a volunteer manual. There's plenty of work to do, and we invite all who are interested to come and join us.

Administration Committee

Answering the phones, word processing, faxing, mailing. . . it's all done on a volunteer basis and we always need help. Want to use

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or upgrade your office skills? We'd love to hear from you.

Steering Committee

We've been charging forward...formulating policy, researching, planning, processing and more processing, and doing office shifts. Very adventurous! All members are welcome.

* * *

Want to join us? Call 736-4234.

Business Members

Kate Laidlaw 736-1760: counselling, group facilitation, workshops; humanistic and feminist approach

Deborah's Holistic Bodywork 739-3926: aromatherapy massage, lymphatic drainage, spa treatments, lectures, workshops, home parties

Liz Gildner & Associates 224-5105: facilitation, team building, conflict resolution, organization redesign in women's sector organizations

Bonnie Robinson 731-1171: acupuncture, Chinese herbal remedies, acupressure, colour puncture, Chinese massage, Bach flower remedies, homeopathy

Charlene Mogdan 664-8993: live a happy, abundant, authentic life (childhood trauma, past life regression)

Healing Dimensions 683-7525: nurses providing holistic counselling and energy based therapy

Alexina Hasford 736-1760: counsellor for both women and men, sliding scale fees

Cathy Carlson-Rink 534-3248: naturopathic physician; women's healthcare and pediatrics

Integrated Traditional Chinese Health Clinic 879-9686: acupuncture, traditional Chinese herbs, Wuji ear acupuncture, Wuji Qigong, acupressure, reflexology

Cynthia Farnsworth 254-1929: registered art therapist working primarily with adolescents and adults; individual and group sessions

Dragonstone Counselling 738-7557: individual, couples, children; registered clinical counsellors; 25 years experience

We offer Business Members one free listing in our newsletter. See Membership sign-up form to the right for more details.

YOUR SUPPORT IS NEEDED!!!!

For the last 3 years we have been carrying a \$10,000 deficit and it has finally caught up to us. On one hand, we are struggling to keep our doors open and to continue to provide our much needed services. On the other hand, we are on the brink of an exciting phase of the VWHC's development —arrgh!!! But we are not willing to give up and we need your support to help make it happen. How? Glad you asked.

Over the next three months, the fundraising committee is going into overdrive and we have come up with a very exciting strategy to take the VWHC into the next century and to create the means for us to drag the health care system with us. The first phase of this plan entails a direct lobby to the government for ongoing funding.

We have been officially recognized as a health care provider by the regional health board, which means lots of things, both good & not so good. But it does mean access to health funding dollars. We are planning to lobby the **Minister of Health, Joy McPhail**, to obtain ongoing operational funding for our province wide WHIN system. You could help by writing a letter of support for the VWHC stating the need for ongoing support and letting them know just how needed our services are.

We are also approaching the **Ministry of Women's Equality** to fund our Community Health Advocate Program(CHA). Given the Ministry's mandate to provide funding for services that prevent violence against women, we feel that the CHA program would be an excellent way for them to address this issue in the health care system so.....**could YOU also write a letter of support for this initiative to the Ministry of Women's Equality?** Just think of the impression that 1200 letters of support will have on them—at any rate, it will certainly facilitate our discussions to know that they know we have the communities' support. We have included two sample letters for you to use (see insert).

Thanks in advance for your support. The fundraising committee will be in touch to discuss other aspects of our plan and to get feedback and ideas from you!

Vancouver Women's Health Collective Membership Form

Membership Categories

Volunteer Members: \$0-25/yr

- Newsletter Subscription
- Library privileges
- Voting at committee level
- Volunteer commitment: at least one committee or project and three hrs/month fundraising

Associate Members: \$10-15/yr

- Newsletter Subscription
- One free newsletter listing

HealthPractitioner/Therapist/Business: \$35/yr

- Newsletter Subscription
- One free newsletter listing
- Invitation to Special Events

Name: _____ Phone: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Membership Category: _____ Membership fees enclosed: \$ _____

Donation: \$ _____ (a charitable tax receipt will be promptly sent to you)

Please complete and return to:

Vancouver Women's Health Collective
#219-1675 West 8th Ave, Vancouver, BC V6J 1V2

Minister Joy McPhail
Ministry of Health Responsible for Seniors
Rm# 310
Parliament Buildings
Victoria, BC V8V 1X4

Dear Minister McPhail,

I would like to urge you to work in collaboration with the Health Promotion - BC Women's Hospital, BC's Centre of Excellence for Women's Health and the Ministry of Women's Equality to fund the Vancouver Women's Health Collective's new initiative - the Women's Health Information Network (WHIN).

The fiscal and structural changes in the health care system in BC is placing a growing emphasis on the individual to make responsible health care choices. This change impacts all British Columbians but most acutely, women. Women make up the greatest percentage of health care consumers; it is women who make the majority of health care decisions for their families and it is women who are called upon the most to actively care for ailing family and extended family members. Over the last 25 years the Vancouver Women's Health Collective Society (VWHC) - has worked from this premise and has been involved in the provision and exchange of women's health information and education locally, provincially, nationally & internationally.

The history of the VWHC speaks to why they would be an appropriate sponsor for this province-wide program. The strength of their work has always been the passion of their volunteer members. For 25 years their volunteer members have given freely of their time and expertise to help women help themselves. For 25 years the volunteer members have been listening to what kind of health information women need and through educational programs, publications and workshops, direct advocacy & lobby work, the health information resource centre, specific research projects; mail order service and the health help line, they have ensured women have had access to it. WHIN is a natural continuation of this work.

I hope that you will continue to build on the support your ministry has all ready given to this project. The VWHC received a grant from the Ministry of Health in 1992 to explore the development of a computerized women's health information network for BC. A province wide needs assessment of organizations with regards to the usefulness and expectations around a computerized health information system resulted in a list of guiding principals for the content and the end user requirements of WHIN.

The WHIN will make a significant difference for the women of BC and I hope you will do what you can to see it realized.

in health,

signature:

name:

address:

Minister Sue Hammell,
Ministry of Women's Equality
Rm #342
Parliament Buildings
Victoria, BC V8V 1X4

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I would like to urge you to work in collaboration with the Health Promotion - BC Women's Hospital, BC's Centre of Excellence for Women's Health and the Ministry of Health and Responsible for Seniors to fund the Vancouver Women's Health Collective's new initiative - the Women's Health Information Network (WHIN).

The fiscal and structural changes in the health care system in BC is placing a growing emphasis on the individual to make responsible health care choices. This change impacts all British Columbians but most acutely, women. Women make up the greatest percentage of health care consumers; it is women who make the majority of health care decisions for their families and it is women who are called upon the most to actively care for ailing family and extended family members. Over the last 25 years, the Vancouver Women's Health Collective Society (VWHC) has worked from this premise and has been involved in the provision and exchange of women's health information and education locally, provincially, nationally & internationally.

In the women's community an analysis of violence against women in the health care system has been around for nearly 25 years, yet it continues to be treated as a 'health issue' - somehow separating it from other situations of violence. Why is it that the direct violence - sexual abuse, castration, induced drug addiction, mental abuse, unnecessarily excised organs and emotional abuse is considered a 'health issue'?? In the delivery of health care, women are placed in a situation where they are emotionally, mentally & physically vulnerable; where they are expected to - no required to! - hand over all of their power to individuals who are a product of a health care system that is built on misogynist values & practices.

The lack of action around these issues sanctions this violence and reinforces the values & practices from which it springs.

The Community Health Advocate section of WHIN is designed to raise awareness around the direct violence women experience from the health care system and to empower women to take steps to prevent the manifestation of this violence in their own lives.

I hope that you will do what ever you can to support this effort - women's health, quality of life and indeed some of their lives depends on it.

in health,

signature:

name:

address: