

# the

# manitoba women's

60¢

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# newspaper

## Northern Nutrition Expands

by Joan Butcher

In 1974 the first nutrition advisors were recruited in Northern Manitoba. Today seven of these advisors, who completed the two-year training program, continue to provide school nutrition and health service in Berens River, Cranberry-Portage, Wabowden, Pine Dock/Matheson Island, Norway House and Wanipigow/Bissett. In 1980-81, Frontier School Division expanded the nutrition health advisor program recruiting ten additional trainee advisors.

For people in these northern communities, particularly women, the nutrition health advisor position offered an unusual employment opportunity with on-the-job training.

Dorothy Mowatt, nutrition

health advisor for Pine Dock/Matheson Island was selected for that area's training position in 1974. For Dorothy, a full-time job in the community was a welcome alternative to part-time janitorial work supplemented by seasonal fishing. She does not miss those early mornings out in the boat on Lake Winnipeg, lifting nets and hauling fish back to the local shed, but can recall her first trying days of training, the confusion of learning something new called "nutrition" and the piles of books and paperwork after being away from the classroom for 30 years!

Frances Hall from Wabowden now laughs and can talk about the stress at home when it was time to spend two weeks away attending training courses. A total of twenty weeks over the two

year period was spent on courses away from the community. This took some adjustment by other family members including her husband, children, and even her grandchildren.

Entering the program demanded a long term commitment from trainees to work with students and other local people to provide knowledge and skills that are needed to choose a nutritious, healthy lifestyle. Over the years, the nutrition health advisor job was adapted to school and community needs. Frances Hall describes the job as including "talking to the Nursery to Grade 5 students about healthy eating habits once on the 6-day school cycle, visiting homes when people ask about ways to prepare foods and helping people in the com-

Photo credit: Joan Butcher



Ida Green of Berens River, works as a para professional nutrition health advisor with Frontier School Division.

## Pension Benefits Excluded From Matrimonial Assets

A Manitoba appeal court decision that pension benefits are not assets to be shared on the breakup of a marriage has prompted angry criticism from women's groups in this province and across the country.

"It sets a dreadful precedent," said Bernice Sisler of

the Canadian Advisory Council on the Status of Women. "It's like turning the clock back."

She said it was obvious that money spent on pension plans meant less money in household budgets. "It clearly belongs to the family. How can a judge just take that away?"

The ruling by the three-man Manitoba Court of Appeal was a reversal of a judgement by Court of Queen's Bench. Mr. Justice Alfred Monnin, who wrote the unanimous decision, said pension benefits are not marketable when the couple involved in the case separate, and had no cash value.

"Consequently, section 1(b) of the Marital Property Act, which purports to include in commercial assets, rights under a 'pension scheme or plan,' is not likely to result in any accountable value."

Alice Steinbart of the Coalition on Family Law called the decision unexpected and said it contradicted the intent of the 1978 act.

"I think this is going to have an important impact because it is expected that a pension is a family asset built up through the marriage and it should be shareable," she said.

Louise Dulude termed the decision "idiotic."

"Pensions are often the biggest asset in a marriage. So now the wife will be cut off from that? It's ridiculous."

Carol Huddaert, a Victoria lawyer, said courts in British Columbia have accepted pensions as a family asset in divorce cases.

"Depending on the marriage's length, the courts here continued/page 11

## Native Women Request Equal Rights

by Heather Frayne

When the president of the Native Women's Association of Canada rose to address a native economic development conference sponsored by the Ottawa-based Kanata Institute, half the mostly-male audience left.

Marlene Pierre-Aggamay's poignant plea for support was lost on many of the people she most wanted to reach.

In a voice strained by many recent speaking engagements, the 37-year-old woman told the less than 150 people who remained at the Winnipeg Convention Centre that when native women attend such conferences — whether they are sponsored by government or major native organizations — "we are continually justifying our existence as a movement."

She said she looked forward to the day when women's concerns are an integral part of any plan for economic and social development among Canada's natives.

That won't happen, she said, "as long as women are considered to be an adjunct to the political and economic structure of Indian and Inuit societies."

The resident of Thunder Bay was among several speakers addressing a general assembly of the May 25-29 conference for Indians, Inuit and Metis people, as well as members of the business and public economic sectors.

Pierre-Aggamay said delegates to the five-day event spent much of their time hearing about programs governments have been implementing "supposedly along with Indian leaders in this country."

She added with a gesture: "yet today you can walk five blocks this way and 10 blocks north on Main Street and see where Indian women are living in terrible poverty with an average-sized family of five where she is the sole supporter . . ."

"Fifty per cent of 500,000 Indian and non-status women in this country must live that way. Who has been protecting our interests?"

Pierre-Aggamay condemned the groups for their strong reluctance to take advantage of a federal offer to allow individual bands to do away with legislation denying aboriginal rights to native women who marry non-natives.

## The Inside Story...

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IMPORTANT QUESTIONNAIRE INSIDE!

# 1. Bulletins

by Brigitte Sutherland

## 1.

**NATIONAL WOMEN'S MAILING List** for individuals and organizations is a non-profit project of the Women's Information Exchange and will connect you to events and resources, both in your community and nationwide. Formed by grassroots feminists, we are dedicated to putting information technology to use in facilitation outreach, networking and resource sharing among women. The goal of the organization is to use computer technology to support the efforts of women's projects throughout the country. This is a free service and registration forms can be obtained by writing to: The Women's Information Exchange, 1195 Valencia St., San Francisco, CA 94110 (415) 824-6800.

**NEW PUBLICATION CONNECTIONS**, a women's quarterly of translations, presents the world from a women's perspective. We bring you news, analysis and interviews by, for, and about women. Upcoming issues: Women Organizing; Women Refugees; Lesbians Worldwide; Women in Latin America. Subscriptions: \$10 for four issues Write to: Connections, 4228 Telegraph Ave., Oakland, CA 94609 (415) 654-6725.

**KLINIC, INC. COMMUNITY Health Centre** at 545 Broadway Ave., Wpg., Man. will hold its next training course for volunteers for their Rape Crisis Program beginning August 14, 1981. The rape crisis program is a free, non-judgemental and confidential counselling service. Volunteers offer counselling and information around rape, sexual assault, sexual harassment and incest. If you are interested in becoming a volunteer contact the volunteer coordinator at 786-6943, (also if you are interested in crisis intervention, pregnancy information, or working with senior citizens in community outreach, Clinic provides training in these program areas.)

**AS OF JULY 1, 1981, THE Women's Employment Counselling Service** will be located at: 503-352 Donald Street (Canada Building), Winnipeg, Manitoba R3B 2H8, telephone no. 943-0473.

**WOMEN'S RESOURCE CENTRE**, Y.W.C.A., 447 Webb Place, Wpg., 943-0381, Ext. 32 is women helping women. It provides a lounge for women to relax; it offers information & referral services; a well-stocked library which includes books, magazines and vertical files of clippings; and A Speaker's Bureau. The centre is run by committed volunteers who care about women and their concerns — women of all ages and backgrounds. Hours 9 a.m. - 5 a.m. weekdays.

**AL-ANON IS . . . A RECOVERY program** for people who suffer because someone close to them drinks too much. At Al Anon meetings members learn, through mutual aid and loving interchange, that their own recovery is possible whether or not the drinker

seeks help or even recognizes that a drinking problem exists. Al-Anon groups are non-professional, non-denominational, self-supporting and voice no opinions on outside issues. Anyone who feels his/her personal life is or has been affected by a problem drinker is eligible for Al-Anon membership. For brochures and/or more information call (204) 943-6051.

**FRIDAY, JULY 3, CONCERT** with Yolocamba-Ita, a band from El Salvador in solidarity with the Salvadoran liberation struggle. Presented by the Central America Solidarity Committee of Winnipeg (CASCW). Tickets \$5, call Donna at 475-4169/284-7679 for information.

**THE WOMEN'S BUILDING was burglarized the night of our June Bizarre Bazaar by person or persons unknown who gained entrance to the building by ripping off one of the metal screens on the basement window leading to the boiler room. After going into every nook and cranny of the building, they decided on the following booty: the bldg.'s sound system; the 10-speed bike donated by Community Cycle and Repair which was being raffled to raise funds for W.W.C.E.C.; three crocheted bedspreads; four calculators; 30 T-shirts saying "The best man for the job may be a woman"; safety equipment; records; cash from the bazaar & stemp; etc. Total value of stolen goods is in the neighbourhood of \$2,300 — only some of which is covered by our insurance policy. help!!!**

**Donations over \$5 are tax deductible and would be much appreciated. Send to W.W.C.E.C., The Women's Bldg., 730 Alexander Ave. Winnipeg, Manitoba R3E 1H9.**

## 2.

Nelligrams taken from the following publications: Winnipeg, I.R.I.W. Newsletter; Communiqu'elles; Spare Rib; Newsfront International; Canadian Association of Sexual Assault Centres National Newsletter; Big Mama Rag.

The Indian Rights for Indian Women Organization is currently conducting a letter campaign to M.P.'s and Senators with the following objectives: to request their assistance and intervention with the prime minister and his cabinet: (a) to recognize them as a national organization representing a significant proportion of the indigenous peoples of Canada; (b) to allow their democratic right to participate in the constitutional discussions as they affect the native (Indigenous) people of this country; (c) to provide them equitable funding with other national Indian, Inuit and Metis associations. The Canadian government has chosen not to recognize them as a national body and will not consider their presentations to the First Minister's Con-

ference when it does not meet on Indian and Native issues. It is again a case of Native Women's voices being drowned. We must lobby for recognition.

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The Federal Government has entered into a formal agreement with the Fashion Institute and will be setting up a 12 week training program for sewing machine operators. These trainees are to come from core area residents who need jobs. Day care facilities will be set up in the plants. The contact is the Winnipeg Native Pathfinders, 10th floor, 504 Main Street, Wpg., Man., who will recruit and place the trainees.

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The writer in a national weekend magazine *Today* on the subject of 'bag ladies' proclaims: "The women's movement has

rescued battered wives and single mothers but done little about a problem it may have helped to create: the growing number of vagrant women on the skid roads of Canada" This outrageous statement is another example of the cheap shots the establishment media takes continuously at one of the most important social movements of our time. The women's movement was and continues to be at the forefront of every single one of the new-type shelters that do exist for women in different crisis situations but we have yet to see a headline reading: "Women's Movement takes responsibility for women in crisis who are shunned by traditional social agencies, governments and churches." That would be a lot truer than what appeared in *Today*.

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There is a debate in the anti-rape movement in Canada as to whether or not feminism is an integral part of, a side-issue to, or a "related issue" to our work in Rape Crisis Centres. How quickly and effectively governments and social services have taken our original idea but gutted it by separating crisis work from public education and then teaching us to also divide our work so we provide a service and separate that from political education and "deal in wounds and not prevention". Have we forgotten, so quickly, where we came from and WHY we created Rape Crisis Centres and the Anti-Rape Movement? There were NO Rape Crisis Centres 10 years ago in this country.

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# Letters

Dear friends,

I am writing to express my concern over your recent article by Lorri Harris, "Facts on Menopause", Oct. 1, 1980.

In recent years, alarming statistics have been published on the dangers of Estrogen Replacement Therapy (ERT), yet there is no reference to these dangers in your article. May I quote two current references on ERT:

"Dr. Donald F. Austin, chief of the California Tumor Registry, reported . . . that from 1969 to 1973, the rate of invasive uterine cancer in California rose 80 per cent among white women fifty years and older. He linked the rise in cancer to the stepped-up use of estrogen therapy for menopausal women. From 1962 to 1973, the estrogen market grew from \$17 million to \$69 million. The increasing incidence of cancer, Dr. Austin observed, was most prevalent among affluent white women who are most apt to take the estrogen," (Gena Corea, *The Hidden Malpractice: How American Medicine Treats Women as Patients and Professionals* (Wm Morrow and Co., Inc., New York, 1977), page 237.

"Estrogen drugs, taken by 22 million American women, have been implicated so strongly as causative agents in cancer of the uterus that the Food and Drug Administration has issued warnings on the drug's dangers. . . . In an article in the Jan/Feb 1977 issue of *Ca-*, *A Cancer Journal for Clinicians*, published by the American Cancer Society, Dr. Saul B. Gusberg . . . pointing to three recent epidemiologic studies, . . . concludes that the risk of endometrial cancer is increased by long-term estrogen therapy in postmenopausal patients." (*The People's Doctor*, by Robert S. Mendelsohn, M.D., Vol. 2, No. 2, Feb/78. P.O. Box 982, Evanston, Illinois 60204. p.4)

For a full discussion of the issue, I recommend *Women and the Crisis in Sex Hormones*, by Barbara Seaman and Gordon Seaman, M.D., (Rawson Assoc.)

Chapters 22 and 23.

I would appreciate it if you would publish this information.

In sisterhood,  
Isabel Andrews

Dear MWN:

I just have to respond to Myrt Lenton's letter in the Rural Women's Issue of the newspaper. After perusing the newspaper and finding a statement, "There is no such thing as a 'women's issue'" in an article on p. 10 and then having Myrt's letter tell me that "feminism is an image that is foreign to rural women. They cannot afford it.", I could barely stop all the words that were garbling out of my mouth. Of course, Mert, having met you at the evening's get together prior to the conference, I would much prefer to be having this discussion with you in person. I have been a committed feminist for 10 years and came to that commitment after 30 years of life as a woman. I come to this feminism because of my firm belief that women are particularly oppressed as women in this and other cultures. Economics being certainly at the top of that list of oppressions and therefore, we cannot not afford to be feminist (city and rural women alike).

I had always seen women's powerlessness in relation to men in this society, but, it wasn't until I made the connection between the fact that women's wagelessness while working in the city home or on the farm is the basis for this powerlessness. Our customs of thinking of some work as women's work and therefore worth little or nothing in currency; our laws and legislation that entrenches wage inequalities between men and women, all have been instrumental in keeping women poorer in relationship to men. You, I am sure, will say that women's labour on the farm is much recognized and valued and I won't argue with you. Nevertheless, historically many farm women have had to fight hard for a share of their labor.

I am not aware of the pressures on farmers to survive in this period of economic hardship and I don't believe that there is any great misunderstanding between producers and consumers. You hit the nail right on the head when you said, "They are continually being pitted against each other". I believe our enemy to be a common one. Myrt, I am not your enemy. I am a feminist and I do not indulge in the term lightly. I believe that: **THERE IS NO ISSUE THAT ISN'T A WOMEN'S ISSUE.**

In sisterhood,  
Brigitte Sutherland

To the Editors:

I have watched for coverage of International Women's Day (March 8) but none has been forthcoming, I therefore wish to give you my feelings of this year's event organized by the Ad Hoc Committee. On International Women's Day I cheered for oppressed women of South Africa, El Salvador, Chile and Canada. A woman who has been exiled from her own country, South Africa, described how women are tortured in El Salvador. Her words brought tears to my eyes and I stood and cheered her when she said, "The government will be defeated. They have touched women. They have touched a rock. It will fall and it will crush them". Right on!

This was at a celebration party at the Grant Motor Inn in Winnipeg. I waited until the end but nobody cheered for me and my oppressed group, Lesbians. In moments of lightheartedness this reminds me of a song by Gracie Fields. The song goes, "I took my harp to the party, But no one asked me to play. I took my harp to the party, But I threw the damn thing away". To throw the damn thing away is no solution for lesbians.

**FIFTY PERCENT OF THE WOMEN IN THAT ROOM WERE PART OF A GROUP NO ONE SEEMS TO WANT TO**

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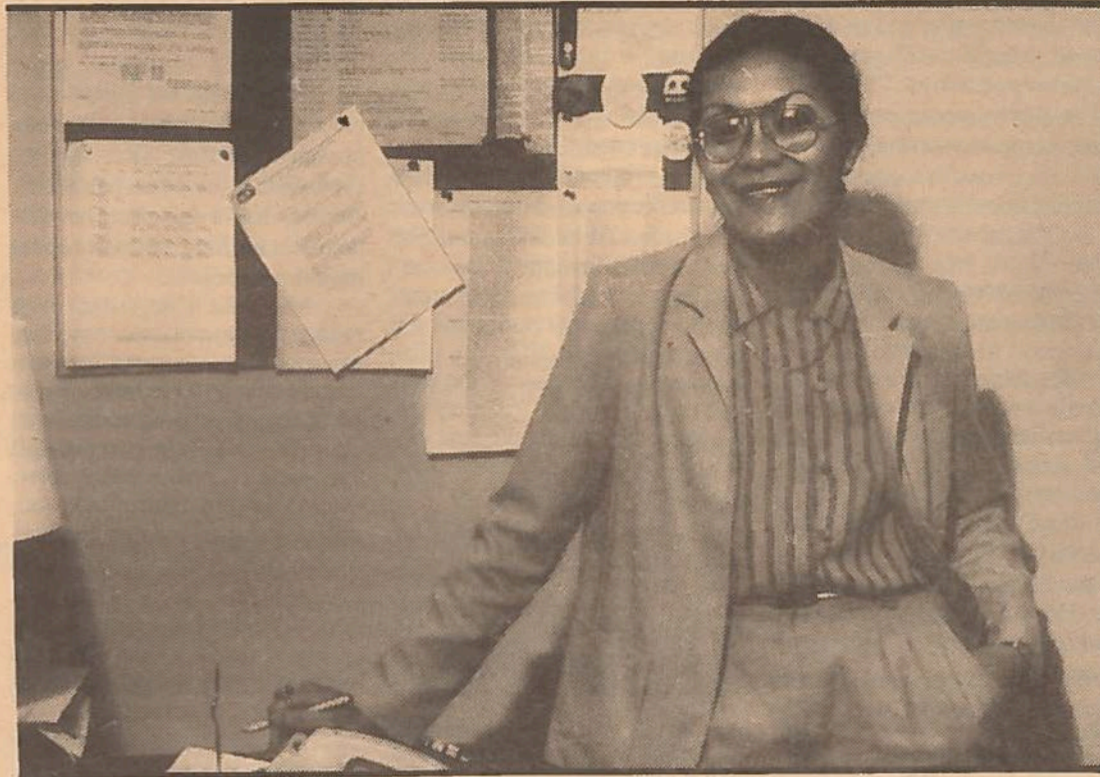
# MONA President Resigns

by Heather Frayne

Sonny Arrojado has relinquished her position of two years as president of the Manitoba Organization of Nurses Associations (MONA) to head the National Federation of Nurses Unions, founded in Winnipeg by nurses' unions from across Canada to press for better wages and working conditions.

At the federation's founding meeting April 29-May 1, autonomous nurses' organizations in five provinces became members of the new federation — Manitoba, Saskatchewan, New Brunswick, Newfoundland and Prince Edward Island. Arrojado, a 34-year-old native of the Philippines, hopes British Columbia, Nova Scotia and Alberta will opt for membership this year, and Quebec and Ontario soon after.

As well as her position as MONA president, Arrojado leaves behind a job as operating room co-ordinator at St. Boniface General Hospital. MWN's Heather Frayne interviewed her at MONA offices.



*MWN: What sorts of hurdles had to be overcome?*

**ARROJADO:** There was a variance in not necessarily philosophy, but the mechanics of how you achieve your goals from one nursing union to the other. To try to get a national constitution that's going to be acceptable to everybody is quite a struggle, and I mean I could really relate to the whole constitutional crisis because the regional differences really came into play. And of course Manitoba is right in the middle in terms of membership, so we were caught between the small nursing unions and the very large nursing unions.

One of the key issues was representation. Now "rep by pop" is a popular notion with bigger organizations because they have a bigger slice of whatever action is going to be taken, but if you compare Ontario with organized nurses numbering up to 27,000, to P.E.I. which has 400 nurses, you

can see how P.E.I. might want equal representation. Eventually, it was decided that each provincial union would have one member on the federation executive, and the unions with more than 18,000 members — that's B.C. and Ontario — would have two.

*MWN: Was there a 'last straw' that provided the impetus for getting together?*

**ARROJADO:** Last summer the Canadian Nurses Association, which is the national body for all the professional nurses associations in the country, put forward a document called the Canadian Code of Ethics. It was subject to be ratified at the (CNA) convention. It didn't cause a lot of waves when it first came out. What we thought was "it's just a study that's being done and this is going to be recommendations for a proposed code." Well, it eventually ended up that this code was approved by the board at CNA as the new Canadian Code of Ethics; it

was published as such. There was a section in there where it said the needs of the patient supercede all the needs of the nurse and that to strike was unethical, to use collective bargaining tools was unethical, to plan strategy that might jeopardize patient care was unethical. It affected the tools that organized nurses use. They could have revoked the license of a nurse because she went on strike because the code of ethics said to strike was unethical. At the time, without any set forum, the presidents of the provincial unions had to get together to consider this.

*MWN: What kinds of problems in working conditions do you hope to address?*

**ARROJADO:** Shift scheduling for instance. In Manitoba, nurses have to work two shifts. Either you work days and nights or days and evenings. In most of the other provinces, you have to work three

shifts. Why is that? If we could work it here, why can't they do it in another province? It's just because of a mindset. They're not willing to change and look at something which could be better for nurses. We're still fighting the idea that nurses have to get up when a doctor comes in and give up her chair.

*MWN: How will you begin?*

**ARROJADO:** Our plan right now is to just get the federation operational with the funds that we have. But part of our long-term goal would be to get the education and communication flow very viable between member organizations. By information sharing, by possibly doing some research later on, we will be able to put pressure right across the country to improve the conditions of nurses. My particular goal is that we go slow and make less mistakes than go big and flop. It's taken too many years to plan this, and to go hog-wild is not my idea of how you establish a credible and functional organization. We can't give too much service right now and I don't think our members expect that.

*MWN: What will be your strongest memory of the founding convention?*

**ARROJADO:** The founding meeting was the experience of a lifetime. I never thought I'd see it. It took us two days to grapple with representation. At one point some nursing unions had decided if they didn't get their way they were going to pack their people and leave.

When the chair called for the adoption of the constitution, every single one raised their hands. I think that was the high point of the evening. And I think if there was anything that we could capture, that was one thing that I wish we could have captured on film, because it was so exhilarating. I was just in euphoria. I could not believe we did this!

## Editorial — Pre-Menstrual Syndrome . . . A Feminist Victory?

by Sharon Reilly

It is with some trepidation that Canadian feminists must view a recent Ottawa court ruling which exonerated a woman shop-lifter when she was shown to have been suffering from PMS — premenstrual syndrome — at the time of the offense.

According to Katharina Dalton, the British doctor who, over the past 30 years, has spearheaded research into PMS, the tiredness, depression and irritability that characterize this condition occur in about one in ten women and can cause "unprovoked outbursts of irrational behavior".

In an article entitled "Raging female hormones in the courts" (Maclean's, June 15, 1981), it is explained that the case against the Ottawa woman was dropped on

the grounds that she acted out of character due to severe depression and premenstrual stress.

Recently a Toronto woman was released on probation while another received a conditional discharge when PMS was implicated.

Subsequent publicity has set off furious debate in legal, medical and feminist circles over the potential implications of such rulings. The issue is neither clear-cut nor a matter that can be taken lightly.

For centuries women have struggled to overcome discrimination based on their physiological differences from men. Of all aspects of female biology throughout history, the most socially problematic has been the process of menstruation.

In many societies, women have been ostracized and considered unclean or bewitched while

menstruating. Even today some primitive cultures believe menstruating women can spoil food, damage crops, or cause animals to abort. The "civilized western world" carries its own baggage of mythology and prejudice on the subject. Until recently the topic itself was taboo. Women were expected to hide all signs of their monthly period, from the offensive tampons or sanitary napkins they used to the discomfort and sometimes severe pains that they experienced.

This attitude has combined with a general ignorance of, and disinterest in, women's health needs by predominantly male doctors steeped in a profession dominated by patriarchal tradition.

As a result, women often do not receive the same quality of health care provided to men,

especially where strictly feminine concerns are involved.

Thanks largely to feminist endeavors in the health field since the early 1960's, women today have a much better understanding of their own bodies than their mothers' had. They are better prepared to seek out medical attention for the traditional "female problems" once veiled in secrecy.

While there is still a long way to go, women are beginning to demand that good diagnostic treatment replace valium as a "cure-all"; that birthing chairs be introduced to maternity wards; that other birth control methods be made accessible besides "the pill" and so on. The list is a long one.

One's initial response to recent reports on premenstrual syndrome, therefore, is to applaud Dr. Dalton's success in gaining

legal and medical recognition for the psychological and physiological problems faced by premenstrual women.

But feminists may well be advised to approach this matter with caution, for legal recognition of PMS might easily be used to oppress women rather than to assist them.

The frightening aspect of the issue is evidenced, for example, in France, where PMS now is considered valid grounds for a plea of temporary insanity.

In Britain last May, a murder charge against a woman was reduced to manslaughter on the grounds of diminished responsibility due to PMS.

Dr. Gary Swayze of the Women's College Hospital in Toronto, currently treating some 35 PMS cases, reports that some

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# Miscarriage — The Waiting Game

by Gerri Thorsteinson

Between the issues of birth control and abortion and that of Lamaze, La Leche and home delivery lies the silent anguish of miscarriage.

Fifteen to twenty per cent of pregnancies end in miscarriage. In the majority of cases the cause is not known; it is frequently believed to represent nature's culling of imperfect fetuses. They most often occur before 12 weeks but can be more devastating in later weeks as the pregnancy becomes more real.

Anne Peppard who had three miscarriages wrote "When a living child dies, much of the bereavement is centered on what in the child was responsible for the death. But when a woman loses a child in pregnancy, her thoughts focus on herself." She mourns the loss of a function and a role.

Now that more pregnancies are planned with husbands involved in the preparations a miscarriage has impact on both would-be parents. Three women and their partners in the waiting game who have or had hopes of bearing children shared their feelings about miscarriage.

Janice Larkin, 33, a nurse had an incomplete miscarriage at 12 weeks; the womb began to empty but some tissue remained, requiring a dilation and curettage (D and C), a gentle scraping of the womb. Although it happened three years ago she said "I'll never forget the sequence of events and how I felt."

At 30 she married Bob, a high school teacher after she had travelled extensively through Asia and Australia and lived with him for three years. Soon after the wedding she became pregnant; everything seemed to fall into place. She thought at the time that she mustn't get too upset if this pregnancy didn't work out as she had always got what she wanted in life.

At her first appointment the doctor said the baby will be born July 5th. She thought "What a strange thing for him to say!" How could he be so certain? She felt so non-pregnant; it wasn't yet real.

She only bought a small bottle of the iron pills he recommended. "I never did use them all up," she said. She knew the danger of miscarriage and was afraid to attach too much emotion to the pregnancy. Thinking they had made it through that first precarious period the couple announced the news to their friends.

The bleeding started soon after while she was working at a nursing home. Frightened and upset she called the doctor who advised her to go home and rest until the labour started. She knew the baby was dead and thought she was coping well with the situation. Now she said "I think if I'd been a farm hand I'd have known more about what was happening."

The labour never did start and she still regrets not following her instincts to go to the hospital that night. Complications resulted in a one month's stay there.

The ensuing illness almost overshadowed the miscarriage but

she still felt as if she had willed it upon herself. Other than Bob there was no one with whom she could share her grief and guilt. She wanted so badly to talk yet felt she had to keep up a front. "You can't just lay there weeping and have the nurses come in and give you dirty looks . . . I wasn't going to let everyone know it really hurt me."

At night she'd go over and over what happened. She remembered feeling embarrassed after unloading a recital of events on a friend from Australia.

She felt insecure, as if she had failed as a woman and wondered if her husband would still love her, "all feelings that, intellectually, you know are ridiculous."

She felt petty for being jealous of other women who were pregnant. She felt anger at well-intentioned nurses at work who said patronizingly, "Oh, don't worry. I had two miscarriages and then three babies." She thought, "Okay, that's your story but we don't know that."

Bob had many long, anxious nights during Janice's hospital stay; his primary concern was

don't have a choice."

Carole and Tim have experienced two incomplete miscarriages and just recently, a stillbirth. She said "I was assured that two miscarriages were common and although I was upset I could accept what happened."

Like other women she had felt ambivalence about the new role she would be taking on. She just couldn't imagine herself getting big and waddley. She expressed this feeling to a nun while she was in hospital after the first miscarriage. She said, "Next time you must have faith." Carole felt the same way during the next two pregnancies and the nun's comment made her feel guilty.

Just before the stillbirth, a friend who was eight months pregnant said that while on holiday another woman had approached her saying how she envied her being at that stage of pregnancy. Carole wanted to say "I do, too!" She felt fluttering movements and tried to push her doubts aside. Both mothers were busy knitting now that she was past the danger period.

Her first inkling was compar-

## *I wasn't going to let everyone know it really hurt me.*

Janice's health. His initial reaction to the miscarriage had been that it was just one of those things and that they'd have time to try again.

A year of tests and hormone shots was to follow. Janice restricted herself "afraid to run or jump or move" in case she was pregnant. Then depression set in each time she got her period.

For a year daily temperatures and the times they had intercourse were recorded. Janice presented the chart to her physician who asked why they had made love often, but not during the appropriate time of her cycle in that month. "Because the t.v. broke down," she cracked.

Janice constantly felt sick from the shots and the clinical charting was destroying the spontaneity and intimacy of their sex-life. The thought of another nine months before the success or failure of the hormone treatment could be determined was "to much".

As Bob sat cradling their cat, Ushi, he said, "We have to get back to some kind of normalcy and find another direction." They put in for adoption and have been waiting two and a half years.

The father of a 9 year old daughter from a former marriage, Bob said the miscarriage was more of a loss for Janice than for him.

She still has feelings of ambivalence on seeing noisy kids on the neighbours' lawn but she knows that parenting is an experience she doesn't want to miss.

Janice has given up hope of having a natural child. Now she says, "I'm almost glad that I'll never get pregnant. It's easier not having to worry about going through anything like that again. The decision was made for me. I

ing tummies with a friend due at the same time. Then she noticed there was no more fluttering. An appointment for an ultra-sound confirmed the bad news.

"Then came that terrible indeterminate state, knowing you are no longer pregnant, yet having to wear the same clothes because nothing else fits." Friends were supportive and understanding, especially one who had been through a similar experience.

It was a relief when the cramps started two days later. After 14 hours of labour the fetus delivered, then a day-long wait and finally an operation to remove the placenta.

One of the hardest parts was the three day stay on the "obs and gynic" floor to be sure there was no infection. "Hearing babies crying and knowing that you would have no little bundle to take home . . . I wanted to ask one of the mothers if I could just hold her baby for a while," Carole said.

Neither Carole nor Tim looked at the fetus which couples are encouraged to do. Learning the sex of the child made it all the more real and harder to bear. The news that the fetus appeared normal made the experience even more frustrating.

Waves of emotion washed over Carole. Anger — "All that time I spent trying not to get pregnant." Also "I'm healthy so what goes wrong?" Resignation — "I guess I just wasn't meant to be a mother." Resentment — at seeing other women, especially friends, pregnant and guilt for feeling that way. And time passing.

Time, a physician himself, had been by her side constantly throughout the stillbirth. She had a vivid memory of him leaving her

the night she arrived home from the hospital to deliver another couple's baby. That night he carried the new-born down to the nursery himself.

She felt as if she had let people down. Her obstetrician was apologetic because there was no explanation for what happened. Carole felt like reassuring her that there was nothing the doctor could have done about it.

She said that after each miscarriage you reassess your life, where you're going and how important it is to you to have a child. After the stillbirth her initial reaction was "No, I can't go through that again." Two months later, the 75 per cent chance of a successful pregnancy after repeated miscarriages seems an encouraging statistic. The anxiety will always be there but there is also cautious hope that if she's been the one in five to miscarry three times perhaps next time she'll be lucky.

Erin, 27, had a complete miscarriage (no D and C was required) at six weeks last November. It was an especially frustrating experience for Erin and Norm, a 33 year old social worker, because there was not enough tissue to determine if the fetus was normal. Their son, Brian, was born with a serious genetic defect two years ago and a second pregnancy was terminated after 16 weeks when an amniocentesis indicated the same condition.

The night before the miscarriage, Erin, a part-time nurse, had gone to work, a particularly busy evening on the labor floor. She remembered thinking how ironic it was that she should be tending these women who had just delivered while she was losing her baby. She said "It felt strange not knowing the other staff well enough to tell them what was happening and that I should go home."

Once there the bleeding and cramps continued all night long. Erin and Norm talked a lot, sharing their disappointment. This pregnancy was to have been the final test to determine whether or not they could have their own healthy child.

Next morning Erin went to a bake sale at the hospital with her mother. While there she passed the tissue in the washroom and saved what she could for the laboratory tests. "It almost seems laughable now. Maybe that's the only way to

release the emotions" she said.

They hadn't told anyone about the pregnancy. Both mothers had had large families and two miscarriages but Erin said it just seemed to be something that happened back then that wasn't even shared with their spouses.

Only one friend had expected a miscarriage and the event was not discussed much with others. Erin said "It's such a personal thing . . . people that haven't been through it can't relate."

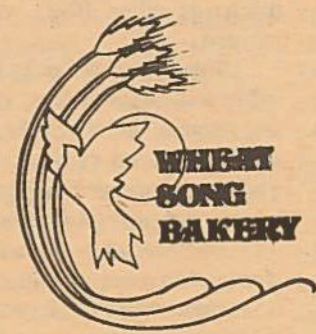
Immediately after the miscarriage Erin felt empty disbelief that she could be pregnant one day and not the next. She felt bitter disappointment that her body had let her down in spite of all the precautions she had taken. Being a mother was "something special" to Erin and now their orderly plans to have three or four children were shattered. She put on a brave front for others, at times denying what had happened, yet "scrambling to find some comfort."

Like others she wonders if she is rubbing salt into the wound when she's on the labour floor. She loves her work yet, at times she chokes back the tears seeing another couple sharing that special joy at what they have created. At other times she feels anger at the indifference of some, not appreciating what a miracle a newborn is.

Reassured by genetisists, Erin still hopes to have her own healthy baby although Norm is ready to throw in the towel. The strain shows in Erin's lean face — first, that montly disappointment. Then, if she does miss a period, calculating two dates, an amniocentesis at 16 weeks, and an additional 24 weeks of anxiety. In the meantime they have applied to adopt a child.

Three different women; three different situations. A thread of common emotions — anger, disappointment, guilt, denial and frustration. All three tried to hide their grief yet felt the need to talk. The occasional lack of time and sensitivity on the part of physicians and medical staff was keenly felt.

Sharing their feelings with others who have been through the same experience and felt the same way would have been helpful. But, like other grieving, the pain of a miscarriage never really gets better, only further away.



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# QUESTIONNAIRE

## SPEAK UP . . . YOU WILL BE HEARD!

Think of this survey as a kind of Town Hall meeting. This Town Hall meeting is open freely to the public. **Everyone** who attends can be **sure** their opinions **will receive exactly the same weight as everyone else's** — will influence the outcome.

Thus the Town Hall (i.e., survey results) story we publish is guaranteed to reflect **your** views dependably, systematically. Equally with every other person who attends this Town-Hall-by-newspaper, you will be able to influence public opinion on the vital issues of women's rights . . . **if you choose to answer the enclosed Questionnaire!**

### INSTRUCTIONS

- In turn, read each Question carefully, taking all the time you need. Then check off the box that comes nearest to your answer.
- Check off the centre box whenever you feel genuinely indifferent between the two extreme answers for any Question. Use the centre box also to express a "No Opinion" answer, if this applies.
- There are no trick Questions here. Nor is there any "right" or "wrong" answer to any Question. Simply let your check marks express the way you happen to feel at this moment.
- When you finish answering, detach the Questionnaire, fold it up as a self-mailer, and put it into the nearest Post Box.
- This is an anonymous survey. Do not put your name or address on your Questionnaire.

### QUESTIONNAIRE

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1. In Canada today many people, men and women both, feel they lack power enough to shape their own lives. Would you say that women feel this lack of power more than men do, or vice versa?

WOMEN FEEL IT MORE THAN MEN      MEN FEEL IT MORE THAN WOMEN

Would you agree or disagree that women have the legal status of

mere chattels — portable property, like furniture, cars, slaves — for the most part:

2. In the Orient today?

AGREE STRONGLY      DISAGREE STRONGLY

3. In Asia today?

AGREE STRONGLY      DISAGREE STRONGLY

4. In the Middle East today?

AGREE STRONGLY      DISAGREE STRONGLY

5. In East Europe today?

AGREE STRONGLY      DISAGREE STRONGLY

6. In West Europe today?

AGREE STRONGLY      DISAGREE STRONGLY

7. In the United States today?

AGREE STRONGLY      DISAGREE STRONGLY

8. In Canada today?

AGREE STRONGLY      DISAGREE STRONGLY

9. In Manitoba today?

AGREE STRONGLY      DISAGREE STRONGLY

10. Would you say that the commercials prepared by the advertising industry these days stereotype women in a degrading way more than men, or vice versa?

DEGRADE WOMEN MORE      DEGRADE MEN MORE

11. Often, routine callers to a department store, business office, government agency, etc., receive patronizing, belittling treatment from the person who should be serving them. Do you suppose this happens to women callers more often than to men callers, or not?

HAPPENS MORE TO WOMEN CALLERS      DOES NOT HAPPEN MORE TO WOMEN CALLERS

12. In your experience, are women the butt of jokes more often than men, or vice versa?

WOMEN ARE MORE OFTEN THE BUTT      MEN ARE MORE OFTEN THE BUTT

13. In Canada today, is police treatment of women more abusive (e.g., strip searches) than their treatment of men, or not?

POLICE ABUSE WOMEN MORE      POLICE ABUSE MEN MORE

14. Assuming equal creditworthiness and character, would you say it is harder for a woman than a man to borrow money from an ordinary commercial lending institution (e.g., a bank), or not?

MUCH HARDER FOR A WOMAN      NOT SIGNIFICANTLY HARDER FOR A WOMAN

15. In the workplace, women are often discriminated against in a variety of ways. Would you say this situation is improving, or worsening, or remaining unchanged, now?

DEFINITELY IMPROVING NOW      DEFINITELY WORSENING NOW

16. Speaking realistically, would you say that the fashion industry imposes significant health hazards upon women now, or not?

DEFINITELY DOES      DEFINITELY DOES NOT

17. On average, would you say that women get psychologically depressed more readily than men, or not?

AGREE STRONGLY      DISAGREE STRONGLY

18. Is it harder now for a woman to obtain reliable information about sensitive feminine subjects without suffering institutionalized, imposed embarrassment, or for a man to obtain such information about sensitive masculine subjects?

WOMEN SUFFER MORE THIS WAY      MEN SUFFER MORE THIS WAY

19. When women need professional advice about typically feminine problems, are there

enough female experts for them to turn to now, or must they too often accept this advice from males?

MALES DOMINATE THIS FIELD NOW      MALES DO NOT DOMINATE THIS FIELD NOW

How, along the following scale, would you describe the quality of medical care which women typically receive:

20. From male doctors?

UNDERSTANDING, FEELING      UNFEELING, NOT UNDERSTANDING

21. From female doctors?

UNDERSTANDING, FEELING      UNFEELING, NOT UNDERSTANDING

22. Given that most medical doctors are men, would you say that women patients tend to receive a lower standard of medical care than men patients, or not?

WOMEN GET INFERIOR MEDICAL CARE      WOMEN DO NOT GET INFERIOR MEDICAL CARE

23. Some women feel that doctors exploit the childbearing experience with medical procedures that are perhaps too sophisticated, or show a lack of sensitivity to women's true needs in childbearing. Do you agree or disagree with this claim?

AGREE STRONGLY      DISAGREE STRONGLY

24. Some women claim that their doctors exploit the menopause experience with unnecessary performance of hysterectomies. Do you agree or disagree with this claim?

AGREE STRONGLY      DISAGREE STRONGLY

25. Some people claim that routine life-cycle medical treat-

ment of women involves more radical medical procedures — e.g., widespread hysterectomy, radical mastectomies — than the routine, life-cycle medical treatment of men. Do you agree or disagree with this claim?

AGREE STRONGLY      DISAGREE STRONGLY

26. How would you describe the relative opportunities which women and men have to engage in a systematic, regular program of physical fitness?

MEN HAVE MORE OPPORTUNITY THAN WOMEN      WOMEN HAVE MORE OPPORTUNITY THAN MEN

27. Would you agree or disagree that the average woman comes under significantly greater social pressure than the average man to have cosmetic surgery performed?

AGREE STRONGLY      DISAGREE STRONGLY

28. When you consider the variety of birth control methods available today, into whose hands do they mostly place responsibility for birth control?

MAINLY WITH THE MAN      MAINLY WITH THE WOMAN

29. Whatever your answer to the previous question, into whose hands *should* most of this responsibility be placed?

MAINLY WITH THE MAN      MAINLY WITH THE WOMAN

30. When it comes to birth control techniques, do you feel you have adequate choices available to you personally, or not?

DEFINITELY HAVE      DEFINITELY HAVE NOT

# SPEAK UP . . .

31. Would you say that a woman's biological ability to bear children creates problems for her automatically, or not?

PROBLEMS RESULT AUTOMATICALLY      PROBLEMS DO NOT RESULT AUTOMATICALLY

32. Do women have enough to say about how their biological reproductive powers get used in their own lives now, or not?

WOMEN HAVE ENOUGH SAY      WOMEN HAVE LITTLE OR NO SAY ABOUT THIS

33. Within the typical Canadian family now, are women expected to perform more of the unpleasant domestic work than men, or are these tasks shared fairly evenly between male and female family members? — What's your impression?

DONE MOSTLY BY WOMEN      SHARED FAIRLY WITHIN FAMILY

34. In Canada today, the father rather than the mother is usually counted as family head in official (e.g., government) record keeping. Would you say this practice genuinely harms women's interests, or not?

GENUINELY DAMAGES WOMEN'S INTERESTS      MAKES LITTLE OR NO REAL DIFFERENCE

35. Would you agree that today's average woman suffers from homebound isolation, or not?

AGREE STRONGLY      DISAGREE STRONGLY

36. These days, do most people accept common law wives without prejudice, or not?

WIDELY ACCEPTED NOW      WIDELY REJECTED NOW

37. Following most marriages now, does the wife tend to give up more of her pre-marriage friends than the husband gives up, or vice versa?

WIFE SACRIFICES MORE      HUSBAND SACRIFICES MORE

How would you describe the facilities (e.g., cocktail lounges, clubs, gyms, etc.) which are available to the average woman to help her enjoy an independent social life now?

38. In marriage?

WOMEN ARE SHORT-CHANGED IN THIS RESPECT      WOMEN ARE NOT SHORT-CHANGED IN THIS RESPECT

39. Outside of marriage?

WOMEN ARE SHORT-CHANGED IN THIS RESPECT      WOMEN ARE NOT SHORT-CHANGED IN THIS RESPECT

40. Are married women unfairly jealous of unmarried women entering into their family's social circle, or not?

ARE UNFAIRLY JEALOUS, PROTECTIVE      ARE NOT UNFAIRLY JEALOUS PROTECTIVE

41. To what extent would you guess that women today suffer from acts of violence committed by members of their own family?

A WIDESPREAD PROBLEM      PROBLEM IS NOT WIDESPREAD NOW

42. If and when a problem of violent behaviour occurs within a given family, are females more apt to be its victims than males, or vice versa?

FEMALES ARE VICTIMIZED MORE OFTEN      MALES ARE VICTIMIZED MORE OFTEN

43. If and when a problem of violent behaviour occurs within a given family, are females more apt to tolerate it and "hush it up" than males, or vice versa?

FEMALES TEND MORE TO KEEP IT QUIET      MALES TEND MORE TO KEEP IT QUIET

44. Where problems of violent behavior occur within a family these days, are they more apt to come from children's, or from adults', behaviour?

MORE FROM CHILDREN      MORE FROM ADULTS

45. In Canada today, who in fact bears more of the responsibility for childbearing: men or women?

MEN      WOMEN

46. "By nature, women tend to be more caring, more nurturing, more life-sustaining persons than men." Do you agree or disagree with this statement?

AGREE STRONGLY      DISAGREE STRONGLY

47. In some respects, our schools do not prepare children adequately for the lifetime realities they will face as adults. Would you say these gaps in our education system now fall more heavily on boys, or on girls, or on both equally?

MAINLY SHORTCHANGE GIRLS      MAINLY SHORTCHANGE BOYS

48. Whatever your answer to the previous question, to what extent would you say our cultural processes of role-preparation prepare girls accurately for the women's roles that they will find in the real world?

WE CREATE REALISTIC ROLE-EXPECTATIONS      WE CREATE UNREALISTIC (OR EVEN HYPOCRITICAL) ROLE-EXPECTATIONS

In terms of basic knowledge and skills, would you say that women are, or are not, unduly handicapped compared with men now:

49. In matters of personal finances?

WOMEN UNDULY HANDICAPPED      WOMEN NOT UNDULY HANDICAPPED

50. In business matters generally?

WOMEN UNDULY HANDICAPPED      WOMEN NOT UNDULY HANDICAPPED

51. In political affairs?

WOMEN UNDULY HANDICAPPED      WOMEN NOT UNDULY HANDICAPPED

52. The way things are now, is the average woman who develops ambitions for a lifestyle beyond her domestic life made to feel guilty about such ambitions, or not?

MADE TO FEEL GUILTY      NOT MADE TO FEEL GUILTY

53. The way things are now in Canada, would you say women are more frequently targets for mental cruelty than men, or not?

MORE FREQUENT TARGETS      NOT MORE FREQUENT TARGETS

54. Are women inherently more vulnerable to physical abuse than men, or not?

INHERENTLY MORE VULNERABLE      NOT INHERENTLY MORE VULNERABLE

55. Would you say that women experience more guilt or shame about their own bodies than men experience about theirs, or vice versa?

WOMEN EXPERIENCE MORE SHAME      MEN EXPERIENCE MORE SHAME

56. Are women by nature physically stronger than men, or not?

WOMEN PHYSICALLY STRONGER      MEN PHYSICALLY STRONGER

57. Whatever your answer to the previous question, do women have the same opportunity as men to develop their natural physical strengths, or not?

WOMEN DEVELOP MORE      MEN DEVELOP MORE

58. Are women inherently more vulnerable to sexual abuse than men, or not?

INHERENTLY MORE VULNERABLE      NOT INHERENTLY MORE VULNERABLE

# YOU WILL BE HEARD

59. To what extent would you say sexual harassment of women is a high-priority problem for women now?

A VERY WIDESPREAD PROBLEM      A VERY LIMITED PROBLEM

60. These days, does the risk of being raped seem to be growing in your neighbourhood, or lessening, or remaining the same?

PROBABLY GROWING      PROBABLY SHRINKING

61. To what extent does "invitation" from the woman's side, however innocent, contribute to rape; and to what extent does rape occur from the man's motives having nothing whatever to do with an "invitation" from the woman?

"INVITATION" CONTRIBUTES      "INVITATION" DOES NOT CONTRIBUTE

62. To what extent does society now view rape as essentially an exercise of a man's socially sanctioned power over a woman?

TO A GREAT EXTENT      TO LITTLE OR NO EXTENT

63. Would you say that pornography these days exploits women more than men, or vice versa?

EXPLOITS MAINLY WOMEN      EXPLOITS MAINLY MEN

64. Would you say that gay women are exploited by pornographers more than are gay men, or vice versa?

GAY WOMEN ARE EXPLOITED MORE      GAY MEN ARE EXPLOITED MORE

65. How would you describe the community's support available for lesbian women now?

TOO GENEROUS      TOO SCARCE

66. To what extent would you recommend that a general women's newspaper deal specifically with the problems of gay women?

TO A GREAT EXTENT      TO LITTLE OR NO EXTENT

67. Would you guess that sexual prostitution is more common among women or among men, now?

FEMALE PROSTITUTES MORE COMMON      MALE PROSTITUTES MORE COMMON

68. On balance, would you say our society now grants as much sexual freedom to women as to men, or not?

WOMEN HAVE EQUAL SEXUAL FREEDOM NOW      MEN HAVE MUCH MORE SEXUAL FREEDOM NOW

69. Whatever your answer to the previous question, would you say that women have as much freedom as men in their non-sexual activities now, or not?

WOMEN HAVE EQUAL FREEDOM NOW      MEN HAVE MUCH MORE FREEDOM

During the coming twelve months, how likely are you to:

70. Purchase a new freezer?  
VERY LIKELY      VERY UNLIKELY

71. Purchase a new washer or dryer?  
VERY LIKELY      VERY UNLIKELY

72. Purchase a new kitchen appliance (stove, fridge, etc.)  
VERY LIKELY      VERY UNLIKELY

73. Purchase or lease a new car?  
VERY LIKELY      VERY UNLIKELY

74. Take a vacation outside of Manitoba?  
VERY LIKELY      VERY UNLIKELY

75. Purchase life insurance?  
VERY LIKELY      VERY UNLIKELY

76. Purchase general insurance?  
VERY LIKELY      VERY UNLIKELY

77. All in all, how satisfied or dissatisfied are you with the editorial content of *The Manitoba Women's Newspaper*?  
VERY SATISFIED      VERY DISSATISFIED

Among the following roles which *The Manitoba Women's Newspaper* could play, which do you favour most and which least at the present time?

78. Bulletin board for upcoming women's activities.  
ALWAYS (EVERY ISSUE)      RARELY OR NEVER

HIGH PRIORITY NOW      LOW PRIORITY NOW

79. "Switchboard" to interconnect the users of our public (and/or private) school system.  
HIGH PRIORITY NOW      LOW PRIORITY NOW

HIGH PRIORITY NOW      LOW PRIORITY NOW

80. "Switchboard" to interconnect parents (and others) who are interested in education alternatives to the formal school system.  
HIGH PRIORITY NOW      LOW PRIORITY NOW

HIGH PRIORITY NOW      LOW PRIORITY NOW

81. Reporter of women's recent activities.  
HIGH PRIORITY NOW      LOW PRIORITY NOW

HIGH PRIORITY NOW      LOW PRIORITY NOW

82. Medical advice for women.  
HIGH PRIORITY NOW      LOW PRIORITY NOW

83. Guide to available services for women.  
HIGH PRIORITY NOW      LOW PRIORITY NOW

HIGH PRIORITY NOW      LOW PRIORITY NOW

84. Sounding board for women's current opinions.  
HIGH PRIORITY NOW      LOW PRIORITY NOW

HIGH PRIORITY NOW      LOW PRIORITY NOW

Other(s): \_\_\_\_\_

85. How regularly do you read *The Manitoba Women's Newspaper*?  
ALWAYS (EVERY ISSUE)      RARELY OR NEVER

86. To what extent have you taken an active part in the activities of an organized, formal, all-women's group (or groups) during the past five years?

TO A GREAT EXTENT      TO LITTLE OR NO EXTENT

87. Would you say that the spirit of the feminist movement is widespread among women in Canada now, or that it is limited to a small, militant, extremist minority?

WIDESPREAD      FOCUSED IN A SMALL MINORITY

88. "Men, too, can be feminists." Do you agree or disagree with this statement?

AGREE STRONGLY      DISAGREE STRONGLY

To succeed, any organization must focus its resources. Considering the many tasks that the women's movement, with limitations of money and staff, could undertake during the next two or three years, what priority should go specifically to:

89. Law reform to equalize woman-man property rights.  
HIGHEST PRIORITY NOW      NOT THE HIGHEST PRIORITY NOW

HIGHEST PRIORITY NOW      NOT THE HIGHEST PRIORITY NOW

90. Single-parent problems.  
HIGHEST PRIORITY NOW      NOT THE HIGHEST PRIORITY NOW

HIGHEST PRIORITY NOW      NOT THE HIGHEST PRIORITY NOW

91. Community facilities to aid child-rearing.  
HIGHEST PRIORITY NOW      NOT THE HIGHEST PRIORITY NOW

HIGHEST PRIORITY NOW      NOT THE HIGHEST PRIORITY NOW

# FROM PAGE 7

# Questionnaire

92. Workforce re-entry training.

HIGHEST PRIORITY NOW      NOT THE HIGHEST PRIORITY NOW

93. Day care.

HIGHEST PRIORITY NOW      NOT THE HIGHEST PRIORITY NOW

94. Crisis intervention for battered wives.

HIGHEST PRIORITY NOW      NOT THE HIGHEST PRIORITY NOW

95. Crisis intervention for mentally depressed wives.

HIGHEST PRIORITY NOW      NOT THE HIGHEST PRIORITY NOW

96. To what extent does *society* today equate "feminist" with "career-woman"?

TO A GREAT EXTENT      TO A LITTLE OR NO EXTENT

97. To what extent do you *personally* equate "feminist" with "career-woman"?

TO A GREAT EXTENT      TO A LITTLE OR NO EXTENT

98. If our language could be changed overnight, to remove (or neutralize) all expressions which seem to favour men over women, would this change by itself significantly help today's average woman, or not?

WOULD HELP GREATLY      WOULD HELP LITTLE, IF ANY

99. What is your sex?

- \_\_\_\_\_ A. Female
- \_\_\_\_\_ B. Male

100. What is your marital status now?

SINGLE      MARRIED

101. What is your current level of education?

- \_\_\_\_\_ A. No formal education
- \_\_\_\_\_ B. Less than complete high school
- \_\_\_\_\_ C. High school
- \_\_\_\_\_ D. College
- \_\_\_\_\_ E. Graduate school or similar post-college.

102. Do you hold a regular commercial job now, or not?

WORK FULL TIME      DO NOT WORK AT ALL

103. Approximately what is your present age?

- \_\_\_\_\_ A. Under 21
- \_\_\_\_\_ B. 21-34
- \_\_\_\_\_ C. 35-49
- \_\_\_\_\_ D. 50-64
- \_\_\_\_\_ E. 65 or over

104. When the last provincial general election occurred in Manitoba, in 1977, were you eligible to vote here?

DEFINITELY I WAS ELIGIBLE      DEFINITELY I WAS NOT ELIGIBLE

105. Did you vote then?

DEFINITELY I DID      DEFINITELY I DID NOT

106. What are the chances that you will vote in the next provincial general election, here in Manitoba?

PROBABLY WILL      PROBABLY WON'T

107. All things being equal, would you say that women have a harder time than men getting elected to political office, or not?

DEFINITELY HARDER FOR WOMEN      NO HARDER FOR WOMEN THAN FOR MEN

108. If you could be born again now with the power to be either male or female, which sex would you choose?

DEFINITELY FEMALE      DEFINITELY MALE

109. How satisfied or dissatisfied are you with the way your life has worked out up to now?

VERY SATISFIED      VERY DISSATISFIED

110. Granted the difficulty of making broad generalizations about such things, would you agree or disagree that, on balance, men and women both receive ap-

proximately equal respect from Canadian society on average today?

AGREE STRONGLY      DISAGREE STRONGLY

All in all, would you guess that the status of women in Canadian society will be better or worse than now:

111. Five years from today?

MUCH BETTER OFF      MUCH WORSE OFF

112. Ten years from today?

MUCH BETTER OFF      MUCH WORSE OFF

113. Twenty-five years from today?

MUCH BETTER OFF      MUCH WORSE OFF

In your opinion, what three most important problems will Canadian women need to face up to, during the coming decade?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please print the first three digits of your Postal Code here:



## Women's Building Update

The Winnipeg Women's Cultural & Education Centre Inc. (W.W.C.E.C.) held an open meeting on Thursday, June 11th at the Women's Building. The meeting was to provide background information on the organization and to find possible ways to make the building financially more secure. Approximately 40 women attended the two hour discussion after which we took time to socialize over wine, cheese and music. As a result of the meeting a number of sub-committees were established to meet for the next three weeks and to report back with recommendations to a general meeting on

Thurs., July 2, 1981 at 7:30 p.m. at 730 Alexander Avenue. The sub-committees consist of Fundraising; Constitution; Memberships; Publicity; and Volunteers & Future Activities. Call 783-7889 for contact people and their telephone numbers if you wish to get involved immediately.

W.W.C.E.C. has obtained summer student employment grants and the building will be open from 9 a.m. - 5 p.m. weekdays and till 8 p.m. on Tuesdays and Thursdays. The projects include a children's outreach worker who will organize activities for local children during the summer; a Mother's Co-op

Daycare Organizer, who along with mothers, will set up a process of sharing the care for our children through rotating responsibility; Brigit's Books will be staffed and bringing in new stock; a Resource Library Worker will put all those boxes of Women's Movement materials into order; we will again publish the Building's newsletter — Harpies; and the Clothing Depot and Women's Drop In Center is extending its' hours to Tues. & Thursday 1 - 4 p.m. As you can see we are going to have a lot of interesting things happening this summer and both the summer staff and our wonderful volunteers invite you to drop down or call 783-7889/774-0007 for more information. Look for the Women's Booth at the Red River Exhibition from June 19th - 27th.

## Native Women/ from Page One

Indian men who marry non-native women suffer no such loss of rights.

She said there is no place for women in the structures of native organizations or in proposed systems of Indian government.

"Don't be surprised if one day you'll find yourself as an Indian government in the courts where women will come and sue you for the abrogation of their rights."

Pierre Aggamay's remarks were not well-received by all the native women at the conference.

"I thought she was a little radical and militant . . . and being a militant doesn't get you anywhere," said Rosemary Wakegijig, 36, a band councillor

from the Wikwemikong unceded reserve on Manitoulin Island, Ont.

Shirley Jones, 26, of the Nicickousemenecaning reserve near Fort Frances, Ont., dismissed Pierre-Aggamay's campaign for rights for Indian wives of non-Indians.

"I think if a native woman marries a white man, she should lose her status," she said. "If an Indian man marries a white woman, he should lose his status too."

But Maxine Elliot, a Metis researcher with the Saskatchewan department of co-operation and co-operative development, spoke for many native women when she said there was insufficient interest at the conference in their concerns.

Those who left the room

when Pierre-Aggamay spoke "were all males, and in many cases very influential males, from various government agencies or native organizations," she said.

She said that on the few occasions the problems of native women were addressed, a lot of time was spent counselling the women on the mistakes they had made and encouraging them to do better.

"But they never spent any time saying how that could be done, what are the steps or the supports, training programs, ways of changing policy in government or in native organizations . . ."

"A lot of native women were, in my opinion, just from looking around and talking to them, very disillusioned. And I suppose the conference has been most unrewarding."

"You sort of make a humble apology for stepping out of line and asking that somebody look at you and consider you in this whole mad scheme of native development . . ."

"We should be asking to be excused. We should be considering whether or not to excuse them for excluding us from any thoughts."

## Documents Calling

by Yvette Parr

Everyday women create herstory, but often don't realize it. Fights for daycare, abortion, women's rights, and so on are part of our herstory. Pat Leslie, an archivist with the Women's Movement Archives in Toronto has

from page 2

CHEER — EVEN WHEN THE PARTY IS TO CELEBRATE WOMEN. It wasn't planned to acknowledge our existence, our oppression, or our unbreakable spirit. This is not accidental, it is intentional. It is oppressive and it is allowed by women who call themselves our sisters. Worse still, it is allowed by the Lesbians, like myself, who sat there and allowed it.

I seem to think if I cheer for others in trouble, they'll cheer for me, but it doesn't work that way. Next International Women's Day (a better name for it is International Leftie Men's day), I'm not going to cheer for anyone unless they promise to cheer for me. IF I TAKE MY HARP TO THE PARTY, I'M GOING TO PLAY!

Doreen Worden  
Kenora, Ontario

been travelling overland by bus in an attempt to familiarize women with the archives. She's a soft spoken woman but her eyes denote her zest, energy, and sense of commitment.

Leslie was very active in a feminist publication called "The Other Women", published between 1970-1975. The paper met its demise in 1975 because of financial and energy problems. Since "The Other Woman" ceased operation, Pat has devoted a lot of her time to the development of the Archives. Her message is "record your events, photograph your functions, keep a written/visual account of your activities. Share them with the Women's movement archives". In doing so, we create documented herstory of the prairies for our granddaughters, and grandsons too!, but mainly for the women that follow. We owe them their heritage.

Women's herstory has been sadly neglected, don't let this happen to future generations. Send your pamphlets, minutes of meetings, your mothers' or grandmothers' journals, anything you may think of importance. Pat's waiting to hear from you!

Pat Leslie  
Womens Movement Archives  
P.O. Box 928, Station Q  
Toronto, Ontario M4T 2P1

## Northern Nutrition/ from page one

community grow vegetables".

In a majority of northern communities, food selection is limited by the type of food that is available. To provide a wider variety of food, each nutrition health advisor sets up and maintains a demonstration tunnel and outdoor garden for the community.

As a result more people are producing their own vegetables. In 1980, Frances reported 14 individual garden plots in production with six being first year gardens. There were also 14 people gardening in the community plot. Three new garden plots were dug at the end of August.

Gardening has flourished in Pine Dock. Families have already been growing and harvesting vegetables from the community tunnel and outdoor garden. When nutrition advisor, Dorothy Mowatt, arranged to borrow heavy equipment through the Manitoba Department of Agriculture horticulturist in Thompson. Land was broken in 1978 and again in 1979 until every family in Pine Dock had soil tilled for gardening. As a result, fewer people work in the community tunnel and garden but most have gardens of their own. A few people have 20 foot plastic tunnels to grow frost sensitive vegetables like tomatoes and cucumbers. People start bedding plants early in the spring and harvest a good supply

of vegetables at the end of the summer.

Nutrition health advisors organize summer youth gardening with seeds provided by Dinah Ceplis, the horticulturist in Thompson. Dorothy found 52 kids interested in the project in Pine Dock and Matheson Island last summer. Youth gardeners were eating lettuce and radishes by July and growing a variety of vegetables like turnips, cabbage and kohlrabi.

Helping students overcome health problems that effect learning in the classroom is the focus of the Nutrition and Health Program in Frontier School Division. Working closely with parents, the school committee, the teaching and Division staff, as well as other health care people in the community, the nutrition health advisor responds to student health needs on a daily basis. Over the past few years additional responsibilities have been absorbed by the nutrition health advisors including administering first aid when necessary, periodic screening of vision and hearing to save valuable time for the specialist flying or driving into the community once a year, following student speech programs under the direction of the speech pathologist, organizing flouride rinses and dry brushing in the classroom and keeping school health records.

## Editorial/ from page 3

of his patients become suicidal. Others experience irritability leading to uncontrolled rage and violence.

While the doctors involved emphasize that only a tiny minority of women experience such acute PMS symptoms as to lead to irrationality, it is not difficult to imagine the possible consequences of PMS being used as a disclaimer in female crime.

Not long ago women were denied the vote on the basis of their supposed lack of suitability. Today women still have to fight the

notion that they are too delicate, too irrational or too prone to hysteria to play a role equal to that of men in the world.

Certainly it is desirable to have hormonal imbalances and all other physical and emotional health problems of women understood and properly treated. Let us take care, however, that PMS recognition is not turned against women to label us irrational, hysterical creatures incapable of understanding and controlling our own bodies.

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# I Remember Mama

## Glimpses Into Manitoba Women's History

by Agnes (Bardal) Comack

Mama was born in Iceland on October 24, 1880. She came to Canada at the age of six and settled with her family in Selkirk, Manitoba. After only enough schooling to acquire a very basic education, she left home. I am told she worked as a chambermaid in a hotel on Main Street near City Hall in Winnipeg, and that she made extra money as a seamstress.

In 1900, at the age of 19, Mama married father, Arinbjorn S. Bardal. He had arrived from Iceland in 1886 and had already established himself as an undertaker. He was a 34 year old widower with a 5½ year old daughter, Alla. His first wife had died of TB and another little girl had died in infancy.

My father believed that birth control was a sin. Consequently, Mama was pregnant almost every year. She was not yet 32 when she gave birth to her 8th child (two infant boys had died). When I was born in 1921, Mama by then had had thirteen children as well as Alla. Less than two months after I was born, she suffered the loss of her third little boy, Paul Stanley, who was barely 2 years old. Little Paul had died suddenly. My older sisters have described to me the tragic sight of the small white casket in the living room of the house where the family and relatives gathered for the funeral. After Mama died we found among her personal possessions an envelope containing his picture, newspaper clippings of his death notice, a lock of blond curls, and a copy of Edgar Guest's poem, "The Battered Dreamship".

Five years later Mama had another little boy. She was in her 46th year. It had been a difficult pregnancy and, as the baby was frail and sickly, Mama was in constant fear of losing him. By the following Spring it was decided that she needed a holiday. I was a pre-schooler, so I imagine it simplified matters for her to take me along. Mama wrote to her old friend Sarah in Seattle who had been her Confirmation sister in 1896 — "Here I am dying to see what you look like after 26 years — I have just been such a poor manager of myself that I broke down under the big ambition of life". She signed herself "Your same old friend, Margret" and added a P.S. — "You will have to call me Maggie but O, it seems so far away".

Even when they were apart, my mother's life revolved around my father and they wrote each other almost daily. He travelled to Europe several times as a delegate to the International Order of Good Templars and when he wasn't involved as a Funeral Director he was attending meetings of the Municipal Council, the Church Board or other organizations to which he belong-

ed. He was also an avid fisherman and hunter, and enjoyed lawn bowling and curling. It would have seemed he was head of the family — Mama polished his shoes and catered to his every need — but we all knew that she in her quiet way was in command. I can think of only one failure she had — that was in her effort to convince him she should drive the car. With eight girls in the family, he couldn't afford to let Mama set a precedent. Needless to say, it was always an aggravation that only the boys were allowed to drive — even before the legal age.

The family had lived in houses on Ross Avenue and McDermot Avenue, but just before I was born they moved to a beautiful home on the Red River in North Kildonan. Mama always claimed her happiest days were in the house in Kildonan. She loved the everchanging river flowing past the back of the house. It was no wonder she lost interest in the summer cottage at Gimli my father had built in 1904.

Mama seemed to enjoy her role as a housewife and mother. She was orderly and disciplined not only about her dress but also about her routine. She was up early in the morning, donning a clean Hoover apron and white oxfords. She always whistled as she worked in the kitchen. After her chores were done she cleaned and dressed herself for dinner. Monday was

*Margret*

*Ingibjorg*

*Bardal*

washday, Tuesday ironing. Even the menu was routine: Friday we had fish and Saturday beans baked in a crock with salt pork.

Every Sunday my father drove us all to church. We were the only Icelandic family in the area. We didn't attend John Black Memorial with our neighbours, but went instead all the way to town to the Icelandic Lutheran Church on Victor at Sargent. Mama stayed home. She baked pies and prepared roasted meat (lamb in the Spring and wild ducks in the Fall) because there was a standing invitation to all the family for Sunday dinner. Several were now married and grandchildren were getting more numerous. Every Sunday evening Mama went to church with my father to the Icelandic service.

Mama was very aware of style. She loved hats and shoes and wore a mink cape my father gave her, with its fringe tails all around the bottom edge. She shopped at the Hudson's Bay Store — walk-

ing the half mile to the end of the streetcar line and travelling into town in the front right seat behind the conductor (the sway of the streetcar made her dizzy). She had her favorite clerks in each department of the store and it was no wonder they liked Mama. She knew exactly what she wanted and wasted no time shopping aimlessly. How I loved to meet her on Saturdays after my piano lesson! She'd treat me to lunch in the cafeteria on the fifth floor and I'd sit by the window looking down on Graham Avenue.

Sensory Perception. In many ways she was superstitious. My sister Margret and I always suspected Mama had a sixth sense. During the war we lived together in an attic room of an old house in Vancouver. Margret was doing post-graduate work and I was nursing. It always seemed that when we got down to our last few cents a letter would arrive from Mama with \$10 enclosed. When we were feeling especially lonely and depressed the phone would ring and someone would holler up the stair well — "Long distance call from Win-

pile of song sheets always ready for such an event. We had overnight guests from the country and longstanding guests from out of the country. We even had motherless children live with us until permanent homes could be found for them.

Mama had no patience with illness. It was a state of mind — except for blood poisoning. There were no antibiotics so any sign of red streaks after an infection was cause to rush to the hospital. I was horrified once to see her hurry to the aid of my little friend who had



photo credit — Arinbjorn Bardal and Family ca. 1927

My father bought Mama a Heintzman Concert Grant Piano. Although she'd had no formal training she loved music and made sure we all took lessons. It was by helping us that Mama learned to read music. She practised Icelandic hymns by the hour and eventually became the pianist for the Ladies Aid Group.

Mama was a charter member of the Ladies Aid and worked very hard to help raise funds for the Sunrise Lutheran Children's Camp as well as the Canadian National Institute for the Blind. She was also a charter member of the Hawthorne Club. The neighbourhood women had formed this club as a cultural stimulant. They had guest speakers, book reviews, and poetry reading.

Poetry was a source of inspiration to Mama. Edgar Guest was her favorite. She would memorize the verses and would recite them for us — "Someone said that it couldn't be done" or "It's just a little minute with 60 seconds in it". Mama also believed in the Power of Positive Thinking — "Where there's a will there's a way". She read all she could about astrology and believed in Extra

nipeg". There would be Mama "Just wondering how you are".

As we all left home Mama kept up a regular correspondence with each of us. She was always straightforward in her remarks because she believed in speaking her mind. If there was a controversial subject she got it out in the open — hashed it out and then it was forgotten. There was never any fighting between her and my father — they'd iron out their problems behind their closed bedroom door — in Icelandic.

Once the local minister's wife phoned to say "Agnes had taken Mary Elizabeth's hat". Mama simply replied, "I don't get involved in my children's fights" and hung up. Mama was always on our side. She was sure we all had a touch of genius — it was just up to us to make the best of it. She had a good sense of humour and would laugh heartily at a good clean joke.

Mama loved to entertain. Anyone who came to our door was invited in for coffee. She had her ladies' group meetings, my father's card parties, church garden parties, and kids' parties. Her favorite times were the sing-songs around the piano. She had a

stepped on a rusty nail. Mama immediately ripped off his shoe and sucked blood from his foot.

In 1942 my brother Neil was a prisoner of war in Hong Kong. Gerard was crossing the dangerous Atlantic in a naval frigate. Mama seemed to turn grey over night. Karl was married and worked in the funeral home. Paul was the only one left at home and would soon be joining the army. Svava, Okie and Helga were married and living out of the city. Signy was working as a stenographer and had her own apartment. Margret was teaching Home Economics in White Rock, B.C. and I was in training, trying to keep up to the nursing reputations of my two eldest sisters, Emily and Alla.

Mama had suddenly found the big house lonely and depressing. She seemed relieved to move into town to an apartment above the Funeral Home. She kept busy catering to my father's needs, working for the church, corresponding with all the family and crocheting tableclothes,

continued/page 11

## Alternative TV On

by Deborah W. Guttentag  
and Marilee Khan

Children's Hospital of Winnipeg has recently instituted what is a first for Canada: a closed circuit television station which provides pediatric patients with children's programming. The unique highlight is a daily live broadcast. The project began when Mr. William Albritton, the Head of Pediatric Infectious Diseases, became concerned with the quantity and quality of television viewing he observed in the hospital. He discussed this concern with Dr. Deborah Guttentag, an independent researcher in Developmental Psychology, and they, along with Mrs. Ruth Kettner, the hospital's Director of Child Life, applied for and received a grant from the Children's Hospital of Winnipeg Research Foundation to study children's daytime television viewing during hospitalization.

The television viewing patterns of the children were observed over a four-month period. The children were a truly captive audience. Just between the hours of 9:00 a.m. and 5:00 p.m. when other children are in school and most programming is directed toward adults, these youngsters were watching a daily average of four hours of television.

With these findings in hand, Guttentag, Albritton, and Kettner received additional funds from the Children's Hospital of Winnipeg Research Foundation and the Manitoba Medical Services Foundation, Inc. for Guttentag to set up the closed circuit television station to provide the patients with alternative, commercial-free programming. As a result, for several hours each day the children are offered video tapes of children's programs, many of which have been provided by the Minneapolis chapter of the American Women in Radio and Television.

The highlight of the broadcasting day is at 1:00 p.m. when Children's Hospital TV is on the air live with the one-hour "Good Day Show". The show is totally dependent on a group of 6 women and 2 men who volunteer their services as hostesses and hosts of the program. Each day two of the volunteers spend two hours preceding the show visiting the patients and collecting any toys, artwork, or messages the children want shown on the program. At one o'clock the technician-producer, Tom Lewicki, turns on the camera, and with one of the volunteers acting as hostess and the second acting as puppeteer, the children in the hospital are greeted one by one. The co-hosts of the program are two mascot puppets, one male and one female. The rather cheeky puppets quickly became extremely popular and it is not unusual for them to receive pictures, messages, or even cookies from the children.

Besides greeting the patients each show includes interviews with at least two of the children as well as a story and/or a game as time permits. In addition, several weekly features have evolved, including a visit from the hospital's schoolroom teacher, a drawing

lesson, and an "Ask the Doctor" segment in which a resident answers questions which have been collected from the children throughout the week. Special appearances by several musicians, a magician, the hospital's dietitian, and the chief of surgery have been scheduled for the second month of broadcasting and it is hoped that the hospital staff will become increasingly accustomed to using the station as a tool for reaching individual children. Already the program has been credited with significantly improving the morale, and thus the condition, of several patients.

During the summer Guttentag will carry out a second evaluative survey of the patients' television viewing patterns in order to determine how the station can be improved in order to best meet the needs of the children. It is hoped that the survey will also be useful in convincing other pediatric hospitals to follow Winnipeg's example and offer children alternative television programming.

## YWCA AWARD

by Judy Fowler

The past Women's coordinator of the Indian and Metis Friendship Center has received the YWCA Woman of the Year Award in Community service for the year 1981.

Mary Richard spoke positively about her position at the Friendship Center. She stated that part of her role as a resource person was to listen to people, to share information, and to love and care for the people with whom she was in contact. With this in mind, she felt she would be able to get women to respond to the programs.

Richard originally contacted women doing door to door visiting. Her concern at the time was simply to get the people. Beginning with a small tea party, other gatherings later arose, such as a public speaking program, a weight reducing program, programs for children, such as Guides and Brownies and a Knitting Company. From these programs, women began to learn new tasks, such as organizing, planning, bookkeeping, learning about nutrition and, most important, states Richard, was the interaction they had with non-native people. Her main objective was to promote positive thinking and action for native people. "People should be able to do things for themselves and not have to rely entirely upon others". She feels she has learned a lot herself through her work at the Friendship Center, "everyone has something to offer". Many others were involved in the programs and she feels she should not accept all the credit for the work she accomplished while working at the Center.

The Friendship Center has been in operation for about

**MALEPRACTICE;**  
Robert S. Mendelsohn, M.D.,  
Contemporary Books, Inc.,  
Chicago. 1981. 205 pp; \$13.95

by Lindor Heuvel

You'll be a whole lot healthier if you avoid doctors and even better off if you stay out of hospitals. That's the message of Doctor Robert Mendelsohn, author of *Malepractice*, a book dedicated to stripping doctors of their surgical masks and rubber gloves and exposing them as pill-pushing misogynists.

Mendelsohn has opened a Pandora's box in his expose of the treatment of women by male doctors. Out fly tales of unnecessary operations, dangerous drugs, and surgical butchery. The author is going for effect and he succeeds.

The statistics are staggering: over a million women suffering from pelvic infections due to the IUD; five hundred women dead due to poorly done hysterectomies; 36 million women taking tranquilizers. The list goes on — a litany of crimes committed against women in the name of modern medicine.

Mendelsohn attributes the problems to the medical world to poor training in medical schools; to the almost loving relationship between doctors and drug manufacturers; and to the attitude of male doctors towards their female patients: an attitude that wavers between being paternal and condescending. It's an attitude, says Mendelsohn, that can put women on a medical merry-go-round from which the only exit often is death.

twenty-three years. It is open to the public, and deals mostly with migrating native people.

The Center offers a counseling program for these people to help them deal with problems that arise upon their arrival in the city.

The Center is governed by a Board of Directors which is elected annually. The building is located at 465 Alexander Street in Winnipeg.

Richard feels that the programs offered to natives are good programs but she feels that they should be changing to meet the needs of the people. "What is good for one group of people is not necessarily good for another group". She also stated that there is always a "pocket of people" who need almost one to one counseling.

To further promote the image of the native Indian and to create employment, Mary Richard and her partner, Yvonne Monkman, have opened a new restaurant named Gungees at 236 Edmonton Street. The two women hope to train most of their employees to completely manage a

## Books Reviewed

The first step in righting this imbalance (other than the obvious solution of graduating more female doctors) is demanding answers from your doctor. Ask him why he is prescribing a drug, what the side effects are, and if there is an alternative treatment. If your doctor reacts to your questions with hostility, find another one. If he recommends surgery, get a second opinion. And a third.

*Malepractice* is a difficult book to put down. Mendelsohn explains common medical procedures in a layperson's terms. His chapter titles are a joy, with such headings as "What medical school did you go to?", "I'm going to sew you up like a virgin", and "It's you your husband loves, not your breasts", Mendelsohn both mocks the medical establishment and pointedly reveals the prevalent attitude of doctors.

The one drawback to an otherwise enjoyable, thought-provoking, and disturbing book is its' American slant. A lot of advice the author gives goes to women who are losing their money while they follow men in white coats masquerading as gods. While all the statistics quoted are American, the message is universal.

*Malepractice* is a book to read before your next physical. Did you know that the American Medical Association has decided that PAP tests aren't a good idea every year? That many of the drugs now on the market haven't been proven safe? That the mastectomy method preferred by doctors because of its ease isn't the best or the safest method?

Does your doctor know?  
Does he care?

**THE PARADISE PAPERS —  
THE SUPPRESSION OF  
WOMENS RITES**

published in the U.S.A. under the  
title **WHEN GOD WAS A  
WOMAN 1976**

by Kathy Martens

Originally God was a woman. The Paradise Papers traces the history of Goddess religion from 25,000 B.C. to its final suppression in the days of Emperor Justinian in the fifth century A.C.

Since the accounts we have of the demise of the Goddess worshippers is left to us by the conquerors, the Levites, it is reasonable to believe that the descriptions of the religion they suppressed would not be totally objective. Certainly from my early teaching in church and Sunday School the "pagan" religions were replaced by the true religion. The nature worship was depicted as the most debauched and orgiastic form of worship, requiring the most severe measures to eradicate it from the hearts and minds of the wayward sons and daughters of Israel.

In this book Merlin Stone brings to life the practices of the Goddess worshippers and explores the historical and political events that led to the destruction of Goddess worship, in this her first book in a series, based on extensive research into archaeological, mythological and historical evidence of the subject.

symptoms. She took up most of her visiting time questioning him about the state of his health and that of his family.

Just before her 80th birthday Mama had a severe heart attack and was taken to the hospital. My husband Hugh and I went to visit her. She propped herself up on her elbow to greet us in her usual affectionate manner and then in her delirium she said to me, "Agnes, Hugh is here. Put the coffee on". She died the following day — the gracious hostess to the end.

from first page

either determine a plan's current cash value and order payment as part of the settlement or order deferred payment when the plan is realized at retirement."

This is the first time Manitoba's appeal court has ruled on this issue. In the past, pension benefits have been split by lower courts. Attorney-general Gerry Mercier has said the government will review the ruling and decide whether a change in provincial legislation is warranted.

restaurant on their own.

The menu at the new restaurant offers a varied choice of entrees, including fish, buffalo, rabbit and game birds.

She will most likely be successful in this new venture too.

from page 10

bedspreads and edges for pillow cases.

In 1950 my parents celebrated their fiftieth wedding anniversary. Almost all the family came for the event and 182 guests attended the reception. It seemed a very fitting climax to a wonderful marriage. My father died the following year. He was 85. I never saw Mama cry until then.

For 9 years she insisted on keeping her independence and stayed alone in her apartment. Once she slipped on ice on Sherbrook Street and broke her wrist. Instead of making a scene Mama simply walked to Casualty at the Winnipeg General Hospital and had an x-ray and cast applied.

Mama developed a heart problem but her doctor complained that he could never find out her

# Mental Health Patient Speaks



R. Schwartz

Rachel is a thirty-two year old articulate woman. She works as a waitress and is the mother of a seven year old boy. She assumes an alias because of her past life as an inmate in a Manitoba mental health facility. Today as it was during her incarceration in the institution she lacks the power to speak out freely without punishment. Her story, at times incredible, is not an uncommon one in many ways.

Rachel was ten years old when she began complaining of migraine headaches. Her family physician along with two psychiatrists concluded after failing to find any physical reason for the headaches that they must have been psychosomatic. In 1961, at age 12, after 21 days of observation in the Health Sciences Center and a writ from a judge she was committed to the mental institution, diagnosed as a schizophrenic.

Being the first child admitted to the institution presented not only the obvious problem of not having her peers to relate to but her admittance tests and others given to here were based on tests given to adults. The results showed that she was obviously immature.

She was placed in an all woman ward comprised of diagnosed schizophrenics (anyone who displays abnormal behaviour or unexplainable depression) and those who were suffering reactive trauma (behaviour changes as a result of incidences such as rape or the loss of a loved one).

The physical structure of the facility and its daily schedules for the inmates allowed no freedom of movement or expression of thought. Up at five A.M., in bed and lights out at ten P.M. Blank walls, no calendars, no clocks. The lack of stimuli can be found in most prisons. Low paid labour for the institution was supplied by the inmates in order to keep the facility clean and the inmates busy. There were no educational classes as a part of routine therefore Rachel's education ended at Grade Five.

She was sedated daily with Librium (a barbiturate) and also prescribed birth control pills. Upon asking when she would be released, nurses would inform her — "In a couple of weeks". Rachel learned from the other inmates that she would be within the walls for an indefinite period of time. She became depressed and soon refused to talk to the nurses. She would not see her parents for two years.

In order to life her increasing depression, Rachel underwent a series of Insulin Shock treatments. These treatments are intended to induce a diabetic state within the patient. This therapy was based on the belief that no diabetic had suffered from Schizophrenia. Glucose was also given in order to counter act the large insulin intake. By age 13, and after receiving this treatment for six months, five days a week, Rachel weighed over 200 pounds and was no less depressed.

Her psychiatrists decided to start what would be the first of a series of Electric Shock treatments. Rachel states that the scene in "One Flew Over the Cuckoo's Nest" where people were dragged screaming into the therapy room was quite accurate. Her treatments which were in series of twenty gave only temporary relief for her depression and had the serious side effect of impairing her long term memory.

Rachel recalls being labelled as a trouble maker because of her inquisitive nature within the group therapy sessions. She seemed to put the nurses and psychiatrists on the spot by asking awkward questions. It had been decided by the Director of the Institute that all women patients wear dresses. She remembers using her logic when inquiring about the directive which she found discriminatory; Rach: "Isn't it right that the patients must wear dresses?" Psyc: "Yes, that's right." Rach: "Isn't it right that the nurses are our role model?" Psyc: "Yes, that's right." Rach: "Then why is that the nurses get to wear pant suits and we have to wear dresses?" Psyc: "Drop it and sit down, Rachel, or leave the room!" Rachel gets up to leave the room. Psyc: "Where do you think you're going?"

Being a child in an adult mental health facility allowed Rachel to be mothered and taken under the wings of many of the women inmates. Rachel attributes her survival within the institution to the women who gave their support and love over the next two years.

Rachel, though still under going shock therapy treatments was found to be fully capable of helping with the organization of files in the office of one of the social workers. It was the beginning of many months of constant reading and smuggling of books concerning mental health care, treatments and rules and regulations. Rachel especially found interesting the Mental Health Act for which she has since proposed many changes.

After reading and learning of certain patterns of behaviour of certain mental illnesses Rachel would delight in displaying their traits in order to confuse and sometimes enrage the nurses and psychiatrists. Between reading, teaching herself social skills and learning to enjoy herself as a teenager becoming a woman she found for the first time that her depression was lifting.

She was released into a foster home that would prove only to stagnate her and rob her of any optimism she may have had upon leaving the institution. She returned to the institution after three months. There were no programs set up to integrate her into the work force and there was no continued educational program. As an out patient, Rachel folded bags in a factory apparently learning valuable work habits. She recalls that getting work in bag folding was extremely difficult even with

her terrific work habits.

The atrocities that Rachel experienced were painful to recall such as the time spent in solitary confinement for not attending the mandatory church service on Sunday. Six months in a room with no toilet (merely a bed pan), cement floor, no window, bare walls, no cutlery with her meals. Wearing only a smock. Not being allowed to speak to any inmate through the bars for fear of doubling your time in solitary. A light in the ceiling that never went out. Hallucinations were common for inmates being released from solitary confinement.

Rachel also witnessed two

## She was sedated daily with Librium

youths made to sit crosslegged and naked in the middle of the ward floor with signs around their necks saying "Homosexual" while male orderlies stood guard. The two thirteen year old girls had been seen bathing together, laughing and splashing each other during their weekly bathtime. The other inmates were made to walk in circles around the pair so as to "learn" from what they saw.

Her four years in the institution had not prepared her for the discrimination which she would receive from the general public, including being fired from jobs and publically ridiculed. Rachel had spent the valuable years in which she would normally be learned how to handle money, shop, and making friends in a mental institute. She would return to the institute on a regular basis for the next seven years as an out patient.

In order to obtain a letter of discharge from the mental health facility, Rachel had to undergo a one year probation period. She would have to get along with the members of the foster home and conform to the established norms of the community at large.

After several probation periods, Rachel decided that she would do whatever she was asked to do in order to obtain the valuable papers of discharge. After one "successful" year of probation, in 1971 Rachel obtained her letter of discharge. Rachel returned to the institute only once to tell her doctors exactly how she felt about her time spent in the facility. She was warned that if she did not continue with her treatments she would be dead within six months or would be re-committed. Rachel recalls feeling that anything would have been preferable to living under her past conditions and that she would gladly take her chances.

Rachel's emotions had been managed by drugs during her incarceration and she had therefore

not been able to develop her own controls. Upon discharge from the institution, this emotion control alteration combined with severe drug withdrawal symptoms made re-entry into society a major problem.

Learning from her experiences, and through time, Rachel has upgraded her education and attended university. She is adamant in her pursuit to alter the attitudes and methods of the modern psychiatrist. She said, "I feel if we can get them while they are students we can change them — but after they are practising it is almost hopeless." Some of the changes sought after by Rachel and put forward by the Vancouver Mental Patients' Association for example are:

- Each inmate shall have the right:
- 1: to refuse all forms of treatment or therapy;
- 2: to see visitors every day;
- 3: to mail and receive unopened correspondence;
- 4: to have ready access to printed and verbal information to explain thoroughly the various treatments, their methods, procedures, benefits and effects;
- 5: to have the choice of physician or other persons providing services in accordance with the policies of each agency and within the limits of available staff;
- 6: to solicit and use independent medical and other professional opinion at public expense if necessary;
- 7: to have privacy within the space limitations of the facility;
- 8: to be allowed wherever possible to continue with educational or employment training;
- 9: to refuse to work within the facility unless on a voluntary basis;
- 10: to have provisions made so the person may register and vote.

It is felt that society has trimmed all the extremities from the population. The mental health facilities have become the dumping ground for any form of deviation from the accepted norm. I.Q.s that are too high and I.Q.s that are too low find themselves incarcerated. Languages that are not understood are erased from the mainstream.

Says Rachel, "I have grown to appreciate individuality; and to despise sameness."

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The aim of this newspaper is to provide an alternative means of communications with a feminist perspective in order to stimulate, to inform, to effect change and to unify women's strengths. It also serves as a public forum of discussion for the women of Manitoba.

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