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# PRIORITIES

VOL. IX No. 2

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## WOMEN'S HEALTH

- IN THE WORKPLACE
- IN OLDER WOMEN
- CARE OF THE SICK
- MIDWIFERY
- TOXIC SHOCK

Plus

- CUPE & TWU STRIKES
- INTERNATIONAL WOMEN'S DAY
- EL SALVADOR DEMONSTRATION
- WOMEN AGAINST NUCLEAR TECHNOLOGY
- AFFIRMATIVE ACTION
- REPEAL 251 CAMPAIGN



A FEMINIST SOCIALIST PERSPECTIVE

A PUBLICATION OF THE B.C. NDP WOMEN'S RIGHTS COMMITTEE



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*"The issues and demands raised by the Women's Liberation Movement are integral to the development of a democratic socialist society. The NDP actively encourages and provides support for women organizing around the demands of the Women's Liberation Movement and commits an NDP government to creating the legislation necessary to realize these demands."*

— NDP Policy on Women's Rights

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*Thanks to all the workers who have made the production and distribution of this magazine possible.*





EDITORIAL

## Our health and well-being

During the past few years it has become almost automatic for many of us to respond to the topic of 'women and health' by thinking 'abortion.' And it is true that the right of women to choose whether or not to become pregnant through the availability of safe, convenient birth control, and the right of a pregnant woman to choose whether or not to remain pregnant through the availability of safe, accessible abortion are essential to the health and well-being of women.

However, as crucial as the issue of abortion is, it is only one issue in the enormously far-ranging and complex field of women and health.

The growing interest and organization around the issue of midwifery and home birth is a demonstration of the desire of women to exercise more control and choice in matters concerning their health.

Health is an ever present concern of the single parent woman, struggling to support herself and her children with inadequate funds, as it is with the older woman on a meagre fixed income. As the Task Force on Older Women crisscrossed the province, it heard time after time of the fear and helplessness of being old and sick, the hardship and isolation of caring for a sick or invalid spouse, and the ensuing resentment and guilt and depression.

Mental and emotional well-being is an integral part of the issue of women and health. Studies show that two to six times as many women as men are given anti-depressant drugs. Given the social, economic, and physical conditions that these women are managing to survive under, it is no wonder that they are depressed! And the demand of women now is: do not give us numbing drugs so that we can bear our lot. Change the conditions!

A major breakthrough in the area of women and health is the emphasis of unions in recent years on occupational health. Many excellent studies of the effects of the workplace on the health of male and female workers have been produced. In the past, women have been regarded as possessing an amazing, and unfortunate, versatility when it came to occupational health studies. In her book *Women's Work, Women's Health, Myths and Realities*, Jeanne Mager Stellman states:

"On the one hand, when it is convenient to consider women biologically superior, their superiority is used as an excuse for exclusion from studies on chronic diseases. When it is convenient to regard women as weaker and to stereotype them as homemakers and not as workers, they are then omitted from occupational health studies as well.

"The contradictions between the biological fitness of women and their treatment as weak or inferior are particularly apparent in the history of protective legislation, where legal constraints on employment have resulted from the definition of woman as perpetual childbearer and as member of an otherwise physically inferior sex. Special labour laws for women have never been a simple issue of owner-employer versus workers, or of government guarantees of good working conditions. They have always been indelibly mixed with basic issues of women's rights and society's general perceptions of the role and limitations of women."

Health and Women's Rights have been set as two of the priorities for the provincial NDP convention in the fall. It is important that we begin now to prepare resolutions to be taken to the convention. This issue of *Priorities* is intended to promote discussion on the important issue of women and health.

## The Chairwoman's Report



Photo Hilda Thomas

by Elaine Bernard

Plans are going ahead for a conference to discuss policy recommendations for both the federal convention in July and the October provincial convention. The three areas which we have focused on for discussion are affirmative action in the party, child care, and family law. All three topics are questions of interest to both the federal and provincial parties. We need a lot of help in developing policy papers; interested individuals should contact Margaret Livingstone at Provincial Office, 517 East Broadway.

There will be a letter to constituencies about the conference. We would encourage constituencies to send at least two women to the conference which will be held in the lower mainland.

*Priorities* has also sent a letter to constituencies asking them to take bulk orders for sale or distribution at riding association meetings. A little help in encouraging adoption of this recommendation would be appreciated.

The next issue of *Priorities* will feature articles on women on the international scene.

Contributions on this theme are invited.

**COPY DEADLINE**  
April 30, 1981

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# The impact of technological change

by Astrid Davidson, Women's Rights Director, B.C. Federation of Labour

I've always felt technological change issues were important if not exactly crucial. When the Federal NDP asked me to prepare a talk for the Vancouver Federal Policy Review Conference, I obligingly said yes. I began to prepare mental notes for an interesting topic, the impact of micro-technological change on women.

I divided my talk into four areas: positive impact, negative impact, safety and health issues, and strategies for change. I was most knowledgeable on the health aspect. I knew there were several studies outlining the negative effects of VDT's on the eyes. Stress, fatigue, and tendonitis were usually included. Positively, I had heard many of the new electronic machines did away with boring, repetitious jobs, made work for women more meaningful. I was stumped on the negative part of my talk. Naturally, machines would do away with jobs, they always did, but then new jobs would be created and it would probably "all come out in the wash." The last part of my speech would deal with strengthening technological change laws and unions increasing pressure for better technological change language in collective agreements.

The interesting part of my talk would be about women. Microchips, VDT's, word processors are in offices. Most office workers are women and 98% of typists are women.

At the end of this article is a list of the articles and studies I read in preparation for my talk. Little did I know. . .

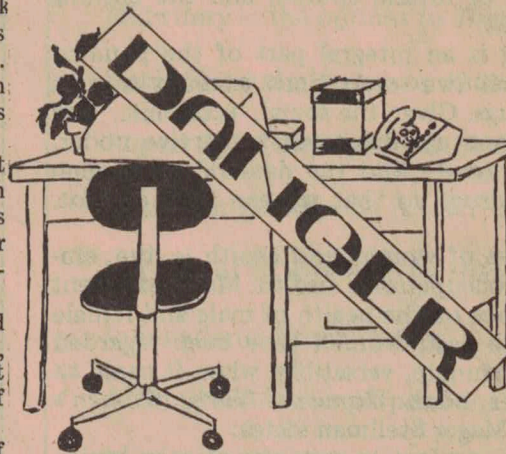
## Silicon Age

We are embarking on the Silicon Age, a new phase of the Industrial Revolution. It's a scary age, scary because no one knows just what the impact of the new technology will be.

We don't know what it will do to our bodies, our senses, our ability to make a living, or our goal of world peace. The scariest aspect of this new age is the realization that it is a new age. Technological change is occurring ten times faster now than in the past 50 years. And, this new age will have its greatest impact on women.

It is not just office workers who will

be affected. Office workers will be the most affected. Post office, airline and telecommunications workers are already feeling the impact. The newspaper industry, retail sales and the entire financial community will be, and have been, hard hit. Jobs in service occupations, stock control, material distribution and handling will all be affected. The entire manufacturing process will see whole production lines disappear. A European study lists people in information, intellectual, service and agricultural occupations as those experiencing the most impact from the new technology. Besides women, the older worker and middle management are two segments of society that will feel the impact severely.



## Future impact

Is the impact on the future all negative? No, there are some positive benefits. Positive, depending on whether you are a particular worker or whether you are an employer. Here is the positive list, without comment:

Boring, demeaning jobs will be eliminated. There will be increased leisure for more creative pursuits. Work will be easier and more skilled.

Productivity will be increased; everything, in fact, will be done faster.

The long-term cost will be reduced. Less staff, tools and space will be required.

Maintenance will be lessened and, in some cases, all but eliminated.

The new technology will consume a fraction of the energy used now.

The new technology will be more reliable.

A number of U.S. and Japanese studies are extremely optimistic about the future of micro-technology. They project the development of new industries and products that will increase the wealth of the world by \$30 to \$35 billion dollars in the next few years.

## Pessimistic features

Pessimism exists because people are worried about the immediate displacement of people. They just aren't looking to the future.

The pessimists are the number of European countries who have recently produced studies on the impact of the new technology. They paint a picture of doom. Unemployment is the main theme.

A French government study suggests that banks could reduce staff by 30% in the next 10 years. The report estimates that 800,000 secretaries could see their jobs disappearing. In Germany, a report by an electronics company, Siemens, boasts that by 1990 40% of office work could be eliminated by computerized equipment. Trade unions in that country have calculated that to mean two million secretaries.

It should be mentioned here that Europe has been using the new technology much longer than north American countries.

Unemployment in the OECD countries has doubled in the last decade.

In Canada, the National Union of Provincial Government Employees estimates that one and a half million office jobs will disappear in the next few years.

Bell Canada, since 1969, has reduced its staff from 13,600 to 7400 in 1979.

There are other reasons to be pessimistic.

In 1977, the Swedish National Bureau of Statistics published a study on the impact of computers on manpower and occupational structures. They found that most former employees were replaced by new employees; those who had been performing the boring, monotonous routine and unskilled jobs were





## The impact of technological change

transferred to similar jobs.

A study of the Italian post office in 1974 found that the new technology meant more shift work and more fatigue resulting from narrow, specialized jobs.

More shift work was an item that was mentioned in a number of articles. It appears that shift work is increased to pay for new machines.

There is fear that a host of highly specialized people along with a number of unskilled people will create problems for the economy of a country. Jurisdictional problems between unions will probably increase as skills change and become more narrowly defined. Others will become de-skilled. Their skills will no longer be needed.

Work performance will intensify. This will mean a total readjustment of the whole work process. Work will have to be standardized and prioritized. This will affect all levels of work. Management, other companies and other countries will have to intensify their pace. There will be less autonomy on the job and no natural breaks such as adjusting margins at the typewriter. There will be more segregation.

The new machines can monitor output and mistakes that are made.

Machines are being developed so fast that many are obsolete the day they are purchased.

There are overall assumptions that everyone will want and be able to buy the new products; that one kind of labour can be transferred from another; that there is potential efficiency; that the rewards of technology will be shared by all.

Indeed a pessimistic picture — and the health and safety issues haven't even been mentioned. That's another topic that needs full elaboration. There are studies being done, hundreds and hundreds of them, all over the world. None-

theless, the machines are new. The workers are the guinea pigs. The fact that any number of workers may face visual and mental fatigue, headaches, dizziness, loss of appetite, indigestion, insomnia, eyestrain, cataracts, aggravated varicose veins, sprained wrists, severe stress, bearing children with defects, is not conclusive evidence that any of the new technology is the cause. Workers will continue to be the guinea pigs for the next 50 years.

It doesn't help that the majority of those affected by these machines are women. We all know that women are hypochondriacs,

Hal Leven, a University of California researcher, says that this attitude is a major reason why complaints about new machines and their effects on health are discounted. The same researcher has come up with some interesting research that says that efforts to make the office world so perfect to work in will eventually produce a desensitized being. He feels we will eventually lose our abilities to visualize nature accurately, to smell the outdoors, and to touch and feel — all a result of working in the perfect workplace, perfect for work performance, that is.

### What can we do?

What can we do if the future looks so dim?

Obviously, we need a planned economy now, more than ever. Governments must do long-term, detailed planning. The planning must take into consideration the fact that we are not dealing with the same kind of technological change we are used to. The entire job training field must be restructured and planned, taking into consideration the displacement of former workers.

We have to forget, or cease to use, the term "women's work." It just isn't going to exist any more.

We have to develop a global view of the world.

Safety laws must be strengthened and constant medical monitoring must become a fact.

Legislation on technological change applying to collective agreements, particularly in the areas of definition of and notice of technological change, must be strengthened.

Union members must make tech-

nological change a priority issue in collective bargaining.

Finally, it should be emphasized that the unorganized worker has absolutely no protection in regards to technological change. Laws protecting all workers must be enacted.

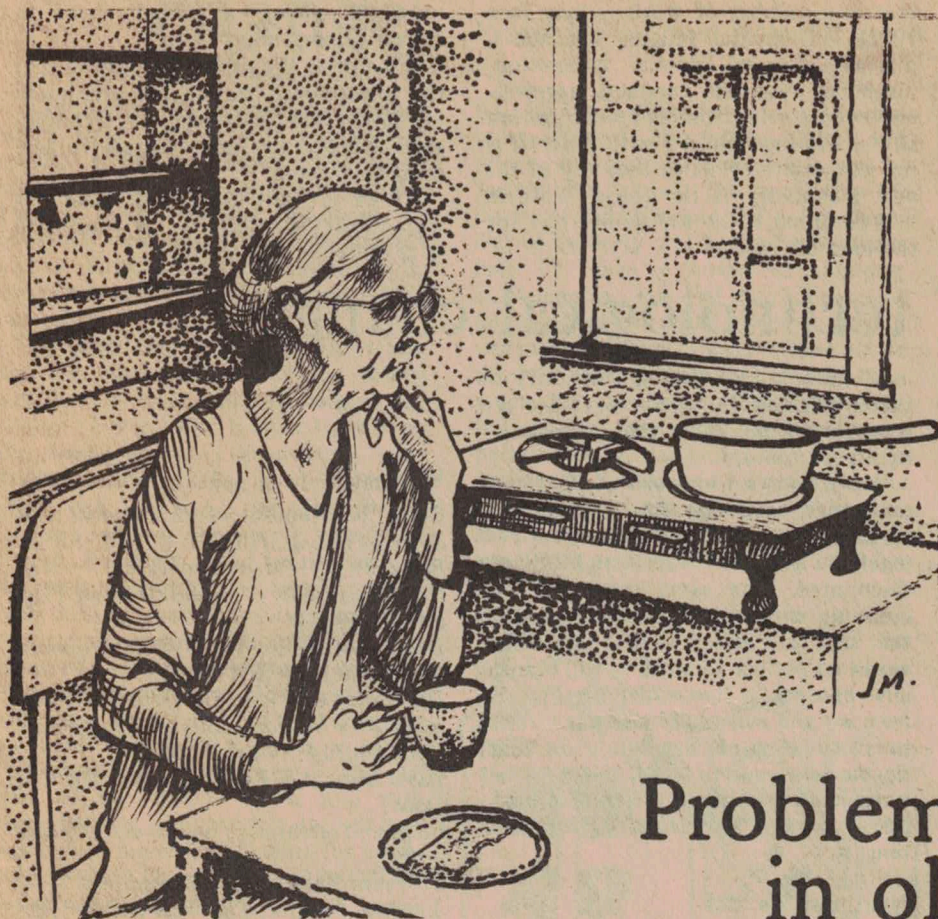
If we are not concerned about our own future, shouldn't we be concerned with our children's future?

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## Problems of health in older women

by Daisy Webster

In my mother's day women rarely went to a doctor, except in extreme cases involving accidents or serious illnesses. Without enough nurses and doctors around, grandmothers were the midwives. I don't recall my mother spending very much, if any, time in bed because of ill health, yet she looked after our farmhouse, brought up six children, helped my father with the milking and care of small animals and chickens, and worked beside him in the fields during seeding and harvesting, leaving the care of us children to grandma during those periods. The same load was carried by most farm women. But we have no records to show how many women in those days died of childbirth, or of respiratory diseases such as T.B. or pneumonia. Nor are records available of the number of women who finished their lives in mental institutions. Yet there must have been many.

In the past two generations life has become much easier for women. A recent medical report showed that the life expectancy of Canadians has risen from 72 years in 1971 to 78 years in 1980. Urban living with central heating and electrical appliances, medicare and universal old age pensions has provided women with more leisure time, greater security and better health. Improved education and a wider availability of good jobs have helped liberate women to the extent that they can now divorce themselves from untenable marriage situations.

### Other problems

However, these same benefits are incurring other problems. Tensions and nervous strains in modern living have complicated our health problems, particularly for older women, giving rise to many of our present physical, mental

and emotional disorders.

I believe the most serious health problem of older women is arthritis. It is an insidious disease for which we have no clear answer as to the cause. Nearly everyone past the age of 40 suffers from it to some degree in the form of nobby fingers or toes and stiffened joints, but in later years it becomes progressively worse and more crippling.

Exercises don't necessarily stop arthritic conditions, but can ameliorate them to some extent. It appears that the feet and legs deteriorate first. As a result, many older women are uncertain of their footing and can easily fall, resulting in the possibility of bone fractures. It must be remembered, too, that bone calcium does not knit as well anymore as one gets older, making falls all the more dangerous.

Eye troubles also come with aging. Loss of elasticity of eye muscles requires careful examination and change of glasses as changes in the eye take place. One of the most common problems of the elderly is cataracts. Fortunately, ophthalmologists are now able to remove them quite successfully in most cases.

### Strokes and cancer

The three most serious health problems in elderly women though, are cancer, diabetes and strokes. Cancer is still the most serious threat for older women and continues to be the most frightening of all diseases. Uterus and breast cancer are by far the most common although both can be operated on successfully if caught early enough. However, breast cancer operations are by and large the most traumatic experiences women have to go through. Yet I know several women who have had double mastectomies and continue to live happily, useful lives.

For me, it is hard to say which could be more fearful, cancer or a stroke. When mild strokes occur, we can recover from them without too much difficulty. Serious strokes crippling one entire side of the body often yield permanent damage. So often, it is accom-





# Problems of health in older women

panied by a lasting fear and change of personality. Most of the wheel-chair cases in our extended care units are due to such strokes. During the last two years, stroke clubs have been set up in many hospital and health units to help these patients rehabilitate themselves. At the UBC Extended Care Unit, members of the stroke club are encouraged to get into the gardening program provided for them at the botanical gardens. They are also expected to feed themselves at meals, and are given foot and walking exercises to prevent further muscular deterioration.

## Diabetes

It is impossible for the lay person to delve into the cause of diabetes but we are well aware, I believe, that it is due to the inability of the body to digest sugars as a result of failure of the pancreas. However, diabetes can be kept in control through medication and diet.

I would like now to deal with the emotional and mental problems of older women. The smaller family home in which there is no longer a place for grandparents has had a very damaging effect on many older women who have never worked outside the home. This, and other strains and tensions, have complicated the mental health problems of many older women.

## Loneliness

High on the list of causes for poor health is loneliness. So many live alone or in institutions without reach of family contact. At a Christmas party in an extended care institution, one dear old lady asked me to sit with her and hold her hand. When I did, she brightened up and said, "that feels so nice." On asking a nurse later if she had any family, I was told that they were living close by in town but never came out to visit her. Mental and physical deterioration set in rapidly with the gnawing ache of neglect.

Some can take it better than others, but for most women who have never worked outside the home the trauma caused by neglect from loved ones can be responsible for many mental illnesses.

## Over-protection

Another case which causes mental confusion is that of the over-protected wife whose husband has died suddenly.

Money is not necessarily the problem. But over the long years of marriage, the husband has looked after all the financial affairs, paid the bills, driven the car, and made arrangements for trips and changes in living style. Some of these women have never even learned how to write a cheque. When the husband dies, such a woman doesn't know where the estate assets are and would not be able to handle them if she did. If execution of the will is a long procedure, she frequently finds herself with far less money than she assumed, much of it having been eaten away by lawyer's fees. Having to pay her own bills for the first time in her life creates a great deal of confusion until she knows what she is doing. She can't drive a car and the house is too big and expensive to keep. It results in wakeful nights and unhappy days for which she has no immediate answers.

Many older women are lonely with just nothing to do after their husbands die. I met one woman who told me that since her husband died two years ago, she has not gone outside of her house except to shop; she had made no new friends, nor had she joined a community centre, drop-in centre or a church group. She and her husband had done everything together so she felt she had nothing left to live for. She said she went through periods of deep depression and worried a lot about her health.

The reverse can be equally difficult. Maria (fictitious name) lost her husband from a severe heart attack. She immediately started to fill her days mainly with baby-sitting and homemaker service. The hours were long and tiring. Within a few months she was suffering from hypertension. She told me she was afraid she would have a stroke. She had been trying too hard. Fear and loneliness can cause these problems but when accompanied by overtiredness they are multiplied.

## Drugs and alcohol

Some lonely women turn to alcohol to forget their problems, others to sleeping pills and tranquilizers, because they are unable to sleep at night and are hyper during the daytime. Standard of living or social status make little difference. Addiction to alcohol or drugs can be slow, degenerating diseases.

I am glad that women today have an

equal opportunity with men for a higher education. I remember when my parents decided that their girls (five of us) were to have sufficient education to be independent as a nurse, teacher or stenographer. My uncle said to my father, money educating the girls, it will just make them unfit for marriage." Today education is regarded as a *must* for all women.

Of the others I have met, most have lived on the edge of poverty most of their lives, having to slave for every cent they earned at poor paying jobs without security or tenure. Their health problems in later life stem from long hours of standing, poor lighting and heating, and having been constantly tired from overwork. Some of these women have also turned to alcohol.

On occasion, I have come across older women with no energy left who live in poor housing, where I would find them wrapped in a blanket to keep themselves warm. Those suffering from malnutrition are either painfully thin or obese. Many have a multiplicity of complaints.

## Aging process

However, the most common health problems of older women have to do directly with the aging process. Some lose their hearing, and others find they have to use a magnifying glass to read. Most of us, as we get older, tend to become forgetful, sometimes shaky, and are inclined to drop or spill things. It is unfortunate that apartment blocks do not have a social centre for tenants. Many of the churches now have senior fellowship meetings which are well attended.

I would say though, that on the average, of those to whom I serve Meals-on-Wheels, the female recipient in the east side of the city is about 10 to 20 years younger than her counterpart in the west side. Hard work and poverty have aged her more rapidly. Also, east-side recipients are usually in fairly desperate straits before they will accept Meals-on-Wheels, homemaker or medical services.

It still distresses me when a very nice old lady, suffering with arthritis but painting in oils to keep her hands nimble, says to me, "You will probably be the only person I will see today."





As a social worker on the kidney dialysis unit of a Vancouver hospital, I deal with kidney patients and their families. I have a particular concern for the spouses of these patients — especially the wives.

When the kidneys fail they no longer perform their function of cleansing the blood. Unless this function is provided by regular dialysis the patient will die of uremic poisoning. There are two methods of dialysis: by use of an artificial kidney machine or by Continuous Ambulatory Peritoneal Dialysis (CAPD). When an artificial kidney machine is used the patient's blood is drawn out through a tube, filtered through a membrane and returned to the body. The process must be monitored, blood pressure, diet and drugs carefully watched and the machine must be cleaned and re-assembled. CAPD is an easier method of dialysis, via the abdomen without a machine, and it provides the patient with more mobility, more independence and more responsibility. However, CAPD must be performed every day and it is not suitable for all kidney patients. Apart from the faint hope of a transplant, the only alternative to most kidney patients is hemodialysis using a kidney machine and relying on a helper.

#### Complex emotional climate

People with kidney failure are forced to make tremendous adjustments in their lives. So are their families and spouses. Whether the illness is unexpected or has been a known possibility, it creates a complex emotional climate for the patients and their families — anger, fear, resentment, sadness, resignation. Side effects are common and add to the stress — loss of jobs, marriage breakdown, enforced moves to the nearest treatment centres, financial strain. Patients and their families attempt to cope with the situation in many different ways. Some find it helpful to talk to a social worker such as myself or a member of the nursing or medical staff. Some patients who regularly attend dialysis at the hospital become very dependent. Usually it is healthier if they can assume responsibility for their own treatment at home. People who do not live near a dialysis centre (there are six in the province, three in the Lower Mainland) do not have a choice.

## The Year of the Caregivers?

by Angela Page

#### Representative example

We can use the following case as a representative example of a kidney patient and the stress the illness places on the entire family. The man, in his thirties, has been unwell for years, suffering from tiredness and headaches, and now has a definite diagnosis of kidney failure. He lives in a small interior town, nowhere near a dialysis centre. He has a wife and family and has tried to hold down a job despite his illness. He may be unemployed at the moment. Gradually, the wife has had to take over the major responsibilities of the home and she may also work outside the home.

Now she is faced with yet another responsibility. The patient may not be a suitable candidate for CAPD (often when a patient does undertake CAPD the responsibility of seeing that it is carried out correctly falls to the wife) and he cannot go on hemodialysis without a helper.

If the family is very lucky a specially trained nurse, paid by the Kidney Dialysis Service, may be available to help. The KDS comes under the Ministry of Health. It provides drugs, machines and equipment, free of charge, to kidney patients all over the province. The service is unique to B.C. and we are very fortunate to have it. But its budget is limited and there may be no funds avail-



able for a nurse for this particular patient or no one interested in that job in that particular area. The patient and his wife do not want to relocate to another area, even if they could afford it.

So, apprehensively, they begin to learn the techniques of dialysis. It may take as long as six weeks (a training allowance is available from KDS). Both the patient and his wife are included in the training but it is generally acknowledged that the ultimate responsibility for the treatment will fall to the wife. If the patient must be dialysed three times a week, she may be able to fit it in around her job, but all too often she is forced to give up her job.

#### No pay for wife

So far, I have been able to find no way for a wife in this situation to be paid for the skilled job of coping with her husband's dialysis. If she were a nurse dialysing another patient she





# CUPE fights for equal pay

**FAIR  
PAY**

**Not a lot to ask for.**

The base rate for outside workers is \$8 an hour. The clerical rate is \$6. Most clerks are women.

A major issue in the current CUPE strike against the GVRD is the winning of wage parity within three years. And, says Bernice Kirk, CUPE B.C. division secretary-treasurer, the strike will go on until the matter of discrimination against women is resolved.

Equal pay for work of equal value is an issue that can only be won through the determined action of unions willing to stand behind their sisters on the picket line. The NDP Women's Rights Committee congratulates CUPE and TWU for taking up this fight.

When Bernice Kirk addressed the NDP provincial council recently, she appealed to constituencies and individual members to put pressure on local councillors in support of CUPE's demands. Readers are urged to follow through on this appeal.

## The Year of the Caregivers?



could be paid. If she were a homemaker in someone else's home, she could be paid. But as the wife of the patient doing a homemaker's and a nurse's job she receives nothing.

If the person receives the Handicapped Persons Income Allowance, the family will be eligible for some benefits. If he needs a wheelchair or crutches they can be obtained from the Red Cross or Kinsmen. Transportation costs are often covered. It is even possible to get a homemaker (who is not allowed to do dialysis) so that the wife can go out to work. But it is not possible to pay the wife for taking care of the patient. And there is little if any money available for spouse relief so that she can have a break from the dialysis routine.

In my caseload of 60 patients I know several couples in a situation like the one described. In most cases it is the man who is the kidney patient and the wife who is the helper. Inevitably there is a strain on the marriage.

In September 1980, the Kidney Foun-

ation of Canada presented a brief to the Special Committee of the House of Commons on the Handicapped and Disabled, suggesting that a new category of trained personnel be created to help kidney patients who dialyse at home, and that their cost be covered by the various provincial insurance plans. The brief also recommended that the federal and provincial Ministries of Health be asked to establish a training program to train an adequate number of dialysis helpers, who would be able to provide rest and holiday relief for a spouse or member of the family assisting a home dialysis patient, and to assist a patient who has no one at home. Another recommendation was that the Income Tax Act be amended to make the cost of a home dialysis helper deductible, which would help patients who prefer to pay for the service rather than relying on a family member.

In the Year of the Disabled we are urged to remember the handicapped. We should also recognize the contribution of the caregivers who keep them alive.

### HELP GET THE U.S. OUT OF EL SALVADOR

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### COURSES FOR WOMEN AT DOUGLAS COLLEGE

The following courses in the "Programmes for Women" series will be given by Douglas College. For more information contact Diane Edmondson, 521-4841 local 234 between 10 a.m. and 2 p.m.

Stress Management: Langley, May 23.

Assertiveness: Richmond, April 4

Working with Battered Wives and their Abusers: Surrey, April 9 and 10.

Leading Women's Groups: New Westminster, April 24 to 26.

Beginners' Wen-do: Surrey, April 28 to June 2.

Options for Women in the 80's: a one-day conference at Holly Community School, Surrey, May 2. Keynote speaker: Naida Hyde.





Telephone Workers Union occupies B.C. Tel

Photo: Elaine Bernard



TWU business agent Theresa North

Photo: Elaine Bernard



## On the line

AN INTERVIEW  
WITH A  
TELEPHONE WORKERS UNION  
WORKER

by Elaine Bernard

Theresa North is a business agent for the Telecommunications Workers Union. She has worked at B.C. Tel for 16 years, beginning as an operator, and has been on union staff since 1977, first as the business manager of the traffic (operators) division, and now, with the amalgamation of the divisions, as a business agent.

**Q.** Would you explain some of the background of the B.C. Tel dispute?

**A.** We've been in negotiations for 16 months — face-to-face negotiations for about 1 year, then with a federal mediator, Ed Peck, who submitted a report which our membership accepted overwhelmingly. The company refused the Peck report on the grounds that they did not have enough money. They said they couldn't finance the Peck report settlement as it was "too rich for them." Mind you, at that point, the company was involved with the federal regulatory body, the CRTC, at a rate increase hearing. They got their rate increase, but the company still maintained they didn't have enough money.

### Bare-bones settlement refused

Just last month another federal mediator, W.P. Kelly, was appointed. He brought down a further "bare-bones" recommendation, basically the equiva-

lent of the Peck report. We accepted it and the company again refused, claiming it could not afford the package.

**Q.** Are there any specific demands for women workers — aren't most of the traffic and clerical workers women?

**A.** In the traffic division, out of 1700 employees only 50 are males. In our union about 59% are women. In the Kelly report the lower paid wage groups, who are mostly women, are not going to get as much money as they would with the Peck report. An operator earning \$53.59 a day is going to end up over a 2 year period (the term covered by the Peck report) with \$58.00 less than Peck recommended over the 2 years. But that's for the top operator who has 5 years and over. Anybody under that is going to end up with a lot less. On the other hand, the plant people (skilled trades-persons) who are predominantly male are going to end up with more than Peck recommended. Also, the people in the lower groups are going to end up with less retroactive pay.

**Q.** Why is the company anxious to keep a large gap between the lower and higher paid workers?

**A.** This has always been the way they have operated ever since I've worked for them. They have stated throughout ne-





gotiations that the clerical and the operators are non-skilled workers, and that they have to maintain a higher standard for journey-persons in order to be able to attract the skilled persons they need.

**Q.** What do you think of the company argument that operators are non-skilled?

**A.** I think an operator has the worst job in the whole company, and they are really regimented in their work. They are constantly monitored, and this causes constant pressure. They never know when a management person is listening in on their calls, and they don't know what that person may be writing on their SP's (an evaluation form). Now with the new technology, management can listen in on operators 24 hours a day without the operators knowing.

#### Permission system

Also, if an operator wants an incidental, or if she needs to go to the washroom, she has to put up a flag and ask permission to go. There can't be more than two operators out at the same time, and if you take more than two incidentals a shift you are taken off the board by management and company policy is explained to you. You are told that you are spending too much time going out to the washroom and that if you have a problem you are to bring a note from your doctor.

**Q.** Are you saying that these regulations are disciplinary rather than necessitated by the technology?

**A.** Yes. If an operator is not at the board her calls are automatically switched to another console. But the company is constantly harassing operators and this "flagging business" is just one more way.

#### Hit them where it hurts

**Q.** Could you tell me about the union strike strategy?

**A.** In the beginning we had 550 people out on strike. They were from Special Services, Construction and PBX (switchboard installations and repair). When we took these people out in September, the strategy was that we would hit the company where it was going to hurt them the most — in big business where they had construction and large accounts. For example, new construction would have to be completed without telephone service or would risk having a walkout of all the construction labour if scabs attempted to do the phone work. We went

on like that for about 5 months before we went into an all-out strike-lockout.

**Q.** What led to the occupations of the B.C. Tel buildings?

**A.** To begin with, our people are angry and frustrated because they haven't had a raise since January 1979, and then only 6%. We didn't want to be locked out and on the streets for months as in 1977-78. We felt that maybe if we occupied the buildings we could prevent a lock-out. We intended to stay in there until we were forced out by an injunction and that, in fact, was what really happened.

**Q.** Could you tell me a little more about the occupations? I understand that operators were training other telephone workers to operate the boards.

**A.** During the occupations there were times when we trained men on the operator boards, the DAISY and the TSPS. They enjoyed it. They thought it wasn't too bad. They liked talking to the customers and so on, but what a lot of them didn't realize is that an operator has a set of instructions which she has to follow, and she can't laugh and talk to the customers. I asked them if they intended to carry on as operators after the lock-out, but they said, no way. I suspect that the low wage that operators earn has a lot to do with their decision.

**Q.** What are the wage differences between a top rate operator and a top rate skilled tradesperson?

**A.** I believe that the top operator makes \$53.59 a day and the journeyman makes \$82.00.

**Q.** What was the atmosphere in the buildings during the occupations?

**A.** I spent nearly the whole four or five days down at 768 Seymour, the main exchange in Vancouver, and it was beautiful. We didn't need the managers around at all. We gave the people of B.C. the best telephone service ever.

#### Workers united

**Q.** Do you think the occupations will have any long-term effect on the union?

**A.** I think that it has brought the union a lot closer together. Our people worked together across the province and were more united, and I think they will continue that way. The men and women worked together on the boards and they did just a fantastic job. We were all really proud of them.

**Q.** Where do you think things will go from here? I understand you have a contract?

**A.** Yes, we have a tentative settlement. But the only thing that is holding us back is the back-to-work agreement. The problem here is the company's vindictive attitude towards the 25 unionists who were fired during the strike because of minor picket action.

Concluded on page 10



Vancouver B.C. Tel under union management

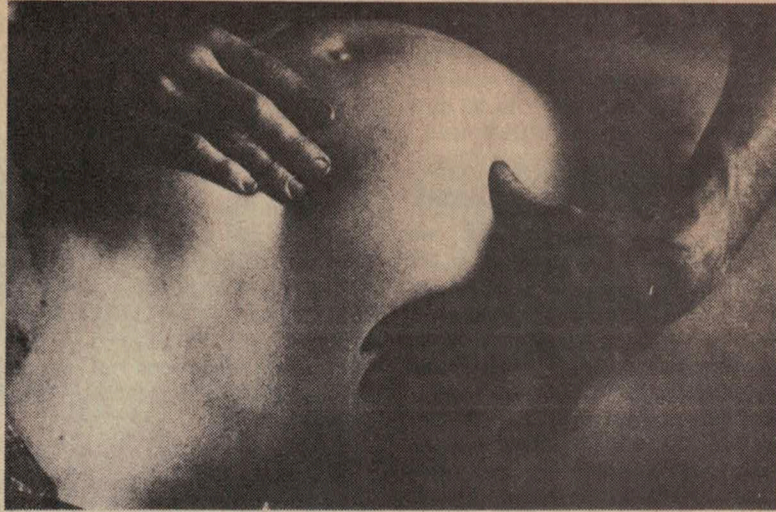
Photo: Elaine Bernard





# Midwifery — the options

by Peggy Mika



Over the next few years this subject, presently being hotly debated by women's groups, will become a public issue of great importance. For many reasons we must look at alternatives in the care of women in childbirth.

In British Columbia, the traditional role of the midwife has been declining for several reasons. The question of legality is of major concern. Midwives may be reluctant to leave themselves open to charges of practising medicine without a licence. Because of the legal problems, women who wish to have a midwife involved in their childbirth experience may run into difficulties in finding a well-qualified midwife, therefore running the risk of less than adequate care.

At present, the majority of women deliver their babies in hospital settings. For the most part, the technical quality of care is excellent. However, many women feel the emotional support given them in institutions primarily designed for the ill leaves much to be desired. Hospitals have taken steps in the past few years to improve the situation by allowing families to be involved in the birthing process. Rooming-in provisions have allowed mother-child bonding to take place in a more normal fashion.

Because many institutions are employing nurse-midwives in their obstetrical departments, the quality of care has become noticeably better. However, there is still the problem that what should be a normal life process is taking place in an essentially disease-oriented institution. There are very few facilities in B.C. which are dedicated to caring solely for the mother in childbirth.

Another option increasingly being sought by families is home-birthing. This

allows the mother in labour to be surrounded by those she loves and to have the support of a midwife. Because many of those midwives who are willing to operate in this clandestine manner have limited qualifications, high-risk mothers may run into problems should the delivery not be a normal one.

Many groups, lay and professional, are now looking at the possibilities of legalizing the practice of midwifery. There are several routes to follow. The simplest would be for the College of Physicians and Surgeons to accept midwifery as a "part of the normal calling of nursing." Nurse-midwives would then be permitted to practise legally. With a co-operative attitude on all sides, it should be possible to have a system in which the midwife could follow the mother through the pre-natal and perinatal periods. Because the midwife would be a specialist in the field, the care and support received by the mother could be improved. But this solution seems to arouse the greatest professional resistance.

## Amend B.C. Medical Act

Other options involve amendment of the B.C. Medical Act to exempt the midwife from prosecution, or an amendment of the Registered Nurses Act to include the practice of midwifery. Another option would be to develop a new statute to cover the practice of midwifery. This would establish standards for the education and licensing of midwives.

There is a need for more study and support of birth centres to provide a viable alternative to hospital deliveries. Surveys need to be carried out on the risks of home birth. There seems to be a

shortage of accurate statistics on infant mortality and risk where deliveries are done at home with adequate and qualified prenatal and perinatal care.

There is no doubt that there is a demonstrated need for alternatives in maternal care. Women are asking for it. As well, the economics of the continued use of expensive medical facilities in the normal birthing process is becoming an issue. Well-qualified midwives would be able to identify those mothers at risk and refer them to an obstetrician for more intensive care.

There are groups trying to change the situation in B.C. Hopefully they will receive the support necessary to come to a rational solution to the problem.

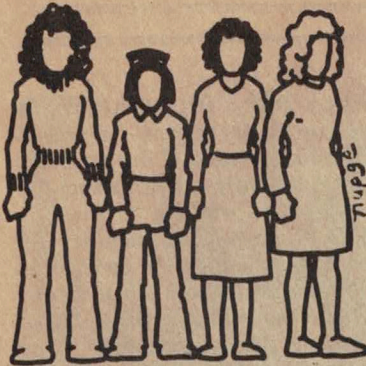
## On the line

Continued from page 9

**Q.** What's the solution to the B.C. Tel problem?

**A.** I think it is necessary to take them on. We've been into a strike situation with 550 people since September, and now we are into an all-out lock-out. Right now our people are out, the mood of the province is on our side, and I think we have to stay out. We have been taking them on for the last six months and they have an arrogant attitude. They don't really give a damn. Not about the union and not about the public of B.C. They aren't accountable. They need to be nationalized. We have put out bumper stickers and buttons, but there's a lot more work that the TWU needs to do. But the solution is to nationalize B.C. Tel.





NDP NEWS SERVICE

# Toxic Shock Syndrome

by Hilda Thomas

Last summer a new horror story leapt into the headlines. Several women had died, and others had become critically ill. A California woman lost the use of her fingers and

was threatened with amputation. The cause? Toxic shock syndrome — TSS.

What is TSS?

TSS is a sudden, severe, and potentially fatal illness which affects women using tampons. The symptoms of TSS are sudden high fever, with vomiting and diarrhea, tenderness or pain in the muscles, accompanied by a marked drop in blood pressure. A secondary symptom is the appearance of a sunburn-like rash, with peeling of the skin, especially of the palms and the soles of the feet. In severe cases the woman goes into shock and may die.

Seventy per cent of the women in the U.S. who developed TSS were using one brand of tampon, Rely. Rely was withdrawn from the market last August, and since then the incidence of TSS has dropped by two-thirds. However, no clear correlation has been established between TSS and any one brand or type of tampon. Rely was not marketed in Canada, and TSS did occur in women in both Canada and the U.S. who used other brands. The 15-19 year age group seems to be the most susceptible.

## Staph infection

Clinical studies in the U.S. have shown that TSS is related to Staph Aureus, a bacterium which may be present in the vagina, or which may be introduced when the tampon is inserted. Under conditions favorable to it, Staph Aureus may begin to grow, producing a toxin which can enter the bloodstream through abrasions or ulceration.

Until more is known about TSS, women are advised to be very careful in their use of tampons in order to minimize the conditions which favour the growth of Staph Aureus, and to be on the alert for symptoms of TSS.

## Midwifery — the options

### TWO STATEMENTS RE MARGARET MARSH

In the spring of 1980, Margaret Marsh was acquitted in Victoria of the charge of criminal negligence in connection with the death of an infant at birth. Ms. Marsh, a medical doctor who lost her licence to practise in 1971, is once more before the courts, this time charged with practising medicine — specifically midwifery and surgery — without a licence. Judgement will be given on April 10.

The Marsh trial calls attention to the need for a re-examination of the highly controversial questions of home birthing and midwifery. At present, only 9 of the 210 countries in the World Health Organization have no provisions for legal midwifery. The 9 are Venezuela, Panama, New Hebrides, El Salvador, the Dominican Republic, Colombia, Burundi and Canada.

The Health Policy Committee of the B.C. NDP is presently studying the problem. Anyone interested in contributing to the policy discussion should contact the committee chairwoman, Susan Irwin, 517 E. Broadway. Information may also be obtained from the Midwifery Task Force, 1258 Shorepine Walk, Vancouver V6H 3T8.

*Press Release from the B.C. Association of Midwives, March 2, 1981.*

The desire of many women to direct their birth experiences has renewed interest in midwifery.

At this time in Victoria, Margaret Marsh, a former M.D., comes to trial for charges of practising midwifery without a licence. Her only qualification to practise midwifery was the medical licence which she no longer holds.

The midwives of B.C. recognize certain skills and standards. In conjunction with the *Interdisciplinary Midwifery Task Force*, the BCAM is currently working towards the education and certification of midwives. As midwives, we believe that a baby died in this province for *lack* of midwifery skills — not because of them.

Canada is the only nation in the western industrialized world that fails to provide for the unique function of the midwife. If the option of midwife-attended births had been available in Canada, this unfortunate incident might have been avoided.

Following the conference: "Midwifery is . . . a Labour of Love" in February 1980, *The British Columbia Association of Midwives* was formed. The purposes of the Association are to improve the quality of care available to the childbearing family, and to enhance the safety and flexibility of childbirth by promoting the establishment of a midwifery system to complement existing obstetrical care.

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# Repeal 251 campaign

by Dixie Pidgeon



Pidgeon Post! Dixie mailing Repeal 251 postcards in Ottawa.

PHOTO: Hilda Thomas



Mercia Stickney speaking at the Women and the Constitution Conference

Photo: Hilda Thomas

The Repeal 251 Committee kicked off its national campaign in Ottawa, February 14 and 15 at the *Women and the Constitution Conference*.

During the conference, we made contact with and received support from women involved with all political parties. Every postcard, button and pamphlet that was taken to Ottawa was distributed to women to take back to their communities and organizations. Although most of the information and postcards were taken by women from Ontario, kits went to areas as far-reaching as the Maritimes and the Yukon.

## Over 2,000 postcards mailed

On the final day of the conference, we were happy to mail over 2,000 postcards demanding repeal of section 251 of the Criminal Code to 128 Members of Parliament.

While talking to women from different communities, it became clear that our problems with the threat of the abolition of therapeutic abortion committees are not unique to British Columbia. Stories were told of women who had to travel several hours to major centres in order to obtain safe, legal abortions, and of hospitals that had lost their therapeutic abortion committees and others that were facing the same loss in the immediate future.

Although we were in the minority as far as many of our political positions were concerned, our position on a woman's right to choose was widely supported. This was evidenced by the passing by the conference of a motion calling for reproductive rights for women.

For the Repeal 251 Committee, the *Women and the Constitution Conference* was a success. We were encouraged to find the wide support for choice that we had anticipated. Now, we have to make sure that support is voiced to every Member of Parliament, demanding repeal of section 251 and supporting a woman's right to choose.

A Human Rights Branch has finally handed down its decision in the case of Sue Jorgenson against B.C. Ice and Cold Storage. It was hardly worth waiting for.

In 1977, after working at the B.C. Ice and Cold Storage fish cannery for four years, Sue Jorgenson decided to apply for promotion to a job in Group One, which paid substantially higher wages than the job she was doing. There were no women in Group One.

In refusing her application, the company claimed that Jorgenson suffered from an unspecified "disability" which made her unfit for the heavier work involved. Jorgenson charged that the company was discriminating against her on the basis of her sex.

# Jorgenson decision

by Hilda Thomas

Jorgenson took her case to the Human Rights Branch, which set up a board of inquiry in April, 1979. Decision was reserved in May, 1980, when the hearings concluded. The board finding, released in February, says that the company did indeed discriminate against Jorgenson, but not because of her sex. And although the board has ruled that Jorgenson should be given the opportunity to demonstrate her ability to perform the more physically demanding labour, it has made no award for financial loss, claiming that it has no evidence from which to determine the extent of the loss. Jorgenson will have to present further evidence to support any claim for compensation.

## Ability never assessed

The finding of the board fails entirely to deal with the fact that Jorgenson's ability to do the job was never assessed by the company. In a dissenting opinion, Lynn Smith, the only woman on the three-member board, points out that "An assessment was made of the productivity of the women, and it was then assumed that the complainant was not different." Smith adds, "It is that kind of assessment which... the Human Rights Code is designed to prevent."





## International Women's Day

by Hilda Thomas

A heavy downpour failed to dampen the spirits of the crowd which joined in an extremely well organized march and rally in Vancouver March 7 to celebrate International Women's Day.

The march, which gathered at Granville and Davie, made its way to Robson Square to hear speakers address the theme of this year's demonstration: Women Have Paid Enough! Fight Back!

The rally took on a new and determined character in the light of the TWU and CUPE strikes, both of which are seriously raising the issue of equal pay for work of equal value. Speakers from TWU, CUPE, CAIMAW and SORWUC shared the platform with representatives from the East Indian community, the American Indian Movement, and the women of Central America. The plight of Daphne Williams (a Jamaican woman threatened with deportation because her employer failed to keep her papers in order), the double oppression of women in Central America, and the harassment of lesbian women were seen as part of a global pattern of sexism and racism which oppresses women in the workplace, in the home, and in their political and private lives. Government cutbacks, technological change, violence against women, unemployment, and social repression are all part of the same pattern.

A note of satirical humour, much appreciated by the assembly, was added by Celia O'Neal with her song "Don't Get Married Girls" (You may start out as a mistress, but you'll end up as a maid), and the Euphonious Feminist Singers with "The Bosses' Lament" (Whatever will we do, whatever on this earth, when all the secretaries demand what they are worth).

assist with the costs of child-care.

### Party structure

Party members at every level are urged to vote for equal numbers of men and women for Party offices wherever possible. Women's committees, other groups and individuals are urged to

Concluded on page 15



## U.S. out of El Salvador!

by Hilda Thomas

"A demonstration full of energy and outrage." That's how one reporter described the rally in Vancouver February 28 to protest U.S. support of the brutal Duarte regime in El Salvador.

About 800 people gathered at Robson Square to hear speaker after speaker condemn Canada's acquiescence in the U.S. policy of military intervention.

Speaking for the New Democratic Party, MP Pauline Jewett described El Salvador as a "litmus test" for international support of U.S. aid to the junta which has murdered more than 13,000 civilians in the past year. Jewett added

that U.S. claims that opposition to the junta are backed by outside communist elements are simply fabrications.

"Our documentation shows that they (the Americans) were in El Salvador long before any other help came."

"We must not allow ourselves to be propagandized by another set of so-called facts," she said.

The demonstration wound up with a march across Granville bridge to the Pacific Press building in protest against the biased and inadequate coverage of the atrocities in El Salvador.

## Affirmative Action proposal for the NDP of Canada

The following proposals were prepared for presentation to the NDP Federal Council and to the convention to be held in Vancouver in July.

They were prepared by the federal Participation of Women Committee and constitute an excellent source of resolutions for both the federal and provincial conventions this year.

"Women are poorly represented in the legislatures of the land. They are also poorly represented in the party structure. There has been slow improvement in recent years, but POW believes it is now time to hasten the process through the introduction of an affirmative action plan into the operation of the party.

"As women make up 50-51% of the Canadian population and as their membership in the party continues to rise close to that level, it is our goal to

achieve parity in all areas of party activity. The following recommendations for action are intended to help the NDP move in that direction.

### Candidate search

The Leader, Caucus and Party officials and staff shall seek out potential women candidates in at least half the strong federal ridings, in consultation with the provincial POW representatives, local riding executives, and provincial NDP status of women committees, where these exist.

The Leader, Caucus, Party officials and staff shall publicize by whatever means at their disposal their intention to field more women candidates and to invite interested women to approach them to discuss the possibilities.

The Party needs to recognize and





# Women against nuclear technology

by Catherine Kerr

*CONCERT, n. 1. a public musical performance in which several singers or players, or both, participate. 2. recital... 3. agreement of two or more individuals in a design or plan; combined action; accord or harmony.*

When *Women Against Nuclear Technology* announced a Valentine's Day concert by Holly Near and Adrienne Torf at John Oliver Secondary School, I expected that the event would satisfy more than one of the definitions of "concert." It satisfied all three quoted above, I think partly because of the genius of Holly Near and partly because of the astonishing capabilities of *Women Against Nuclear Technology*, a group that, before the events of February 14 and 15, numbered exactly six.

## Day of workshops

In mentioning February 15 I refer to "Anti-Nuclear Day," a magnificently organized day of workshops, films, strategy sessions and events for children that was held at Langara College in upstairs classrooms and a large foyer area suitable for children's mural-making. When I arrived about 2:00 — it was a Sunday — Holly Near had already spoken to a morning session on the topic (referring to anti-nuclear thinking) "Take it with you wherever you go." A note on the program said, "Children who want to hear Holly Near can sit next to a child advocate (with armbands) for support in understanding." Such thoughtfulness towards children characterized both anti-nuclear days.

I have referred to the broader, non-musical side of "concert," and the welcome towards children was a part of the concert as well as the daytime gathering. "The agreement of two or more individuals in a design or plan; . . . accord or harmony" meant that the spirit of the concert was one of celebration, the self-celebration of the women and children who made up the large majority of the audience. Kids were being kids: between songs they squirmed in their seats, made demands on their parents, and clattered in twos and threes down the aisles. During the songs they were utterly silent. Many, I'm sure, were mesmerized (as I

often was) by the beautiful hand and arm gestures of the woman who stood on stage with Near and Torf, interpreting Near's words for the deaf.

Women were being sisters: the commonest form of greeting was the hug, and even in the line-up waiting outside for tickets to this sold-out performance there was an atmosphere not of competition but of patient hopefulness.

## Holly Near

"Recital" is the least appropriate synonym for the concert, which was the best demonstration of disciplined spontaneity I have ever seen. I had the feeling that a printed program may never be offered for a Holly Near concert. She gave us the song that was uppermost for the moment, and clearly she only knew what it was going to be when the moment arrived. Yet she and Adrienne never faltered in their collaboration. Theirs is a smooth, totally unselfconscious and joyous sharing of the stage.

Those who, like me, had discovered Holly Near at the Vancouver Folk Festival in July 1980, were delighted to learn that she can be even more relaxed, direct and group-sensitive in an evening concert

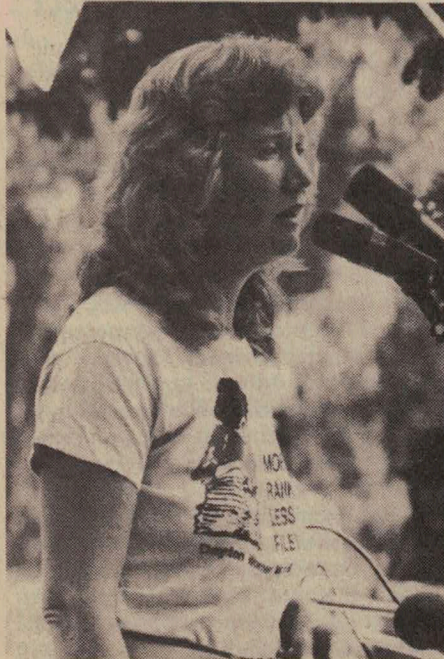


Photo The Democrat

than she was during a sun-dazzled gathering of festival folk. She sang one song at both performances — "Something About the Women" — and I looked up her comments about women's music that were published in the festival program.

"So," she wrote, "what is women's music? Historians and researchers will pursue the answers, but our task now is to create environments in which women are free to write their most radical dreams and deepest fears. For me, this means continual participation in political change that focuses on issues of race and class and sexism, aging, nationalism, militarism, ecology, disability, [and] sexual orientation, and my songs will reflect those struggles from a woman-identified position. I try to write songs that are in no way damaging to women, music that is not ashamed of womanness nor has to apologize for being written to us. This music may include verses about men, but does not have to in order to be valid.

"My music will assume that the listener will be proud to live in a culture that celebrates our feelings. I want to write music to help re-order world priorities."

Holly's songs during the concert showed that she will re-order her own music to serve the evolution of her thinking and feeling. Her first song, "Water Come Down," appears on her *Alive Album*, where she is accompanied by pianist Jeff Langley. The version sung in the concert was simpler, having lost the cascade effects of Langley's piano contribution, and it showed off Adrienne Torf's equally distinctive, strong style. The song "Laid Off" had had its refrain rewritten from "My man's been laid off/Got trouble, got trouble./ My man's been laid off/Got trouble to-night." This time it was sung "I've been laid off. . ." Giving this song the first person pronoun was a gutsy thing to do, because in order to make the point that getting laid off is as bad for a woman as for her man, the singer had to admit "first I want to talk about it; then I want to fight; then I want to make love to you all night" — impulses that are much easier to attribute to a big, strong working man than to oneself as a female.

Another song that I recognized from





*Alive Album* was "It Could Have Been Me," and for this performance Holly sang only two out of four verses — but achieved equal effect.

As a tribute to the Vancouver songwriter and singer Ferron she sang the exquisite song "Testimony." I am sure that the song was recognized by only those of us who know it very well, it was so powerfully translated into an unaccompanied ballad that reminded me of Joan Baez at her best (as when Baez sang a *cappella* and unamplified in the huge sanctuary of the Unitarian Church on Franklin Street, San Francisco, in 1969).

Some of the songs on the program will appear on the Holly Near album that will be released later this year. Many of the Valentine's Day concertgoers will be looking forward to another chance at that music.

#### The nuclear mentality

As to the anti-nuclear events of February 15, many NDP groups would gain greatly from a chance at them too. The film list alone represents a feast of information and insight: a 90-minute feature on the Three Mile Island incident called *We Are the Guinea Pigs*; a 45-minute film called *The Nuclear File* depicting South Africa's involvement with nuclear power and the arms race; a 60-minute feature about the work of investigative journalist Paul Jacobs, who uncovered "the reasons for and the horrors of nuclear military testing and nuclear power development" from the 1950's onwards.

Choosing the workshops over the films, I sat in on "The Nuclear Mentality" where the facilitators presented a feminist analysis of the nuclear situation. Their topics were the economics of the nuclear power industry, the military tie-in, and the genocide of native peoples through uranium mining. When I arrived, the group was discussing nuclear medicine and its fallibilities — thereby slipping into the subject of the concurrent workshop entitled "Health and Radiation," which was led by representatives of the group *Women's Action on Occupational Health*.

The second half of the afternoon was devoted to strategy sessions in which the practical details of anti-nuclear self-education and organization were discussed in two groups, one of women only and one of both women and men.

Meanwhile the children had a workshop on self-defense; co-operative games

## Women against nuclear technology

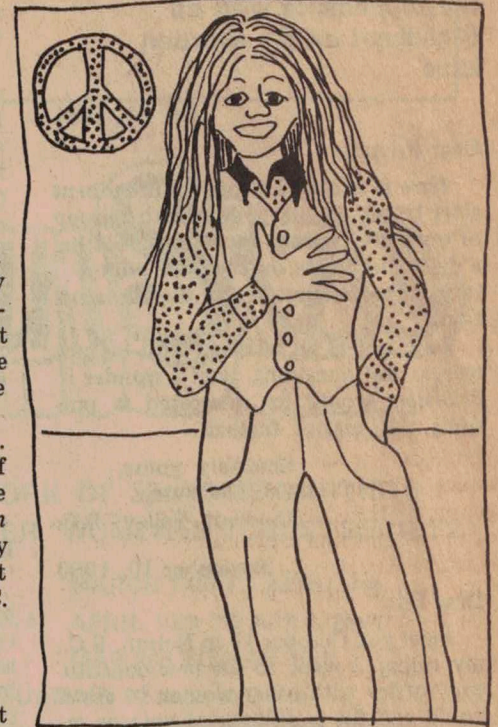
and play-acting; singing with Luna and Joanne Brown, and entertainment by "The Gigeux" (David Sereda and Francois Brown). If the workshops had not been as rewarding as they were, all the adults would have ended up envying the children.

But better to emulate than to envy. If you would like to stage any or all of such events for your own group, Paulette Roscoe, a principal organizer for *Women Against Nuclear Technology*, will reply to inquiries that are directed to her at #7 - 1774 Grant Street, Vancouver, B.C. (604/255-0523).

#### Feminist challenge

The credo of WANT was printed at the top of its strategy discussion guide: "*Women Against Nuclear Technology* is a group of feminists based in the Vancouver area. We are appalled at nuclear proliferation, be it bombs or volatile nuclear reactors, and at the inherent dangers that the products of nuclear technology pose to our very survival.

"We protest such a misuse of technology and the political and economic rationales given to perpetuate this madness. The mentality which has led to this nuclear insanity is the most blatant expression of the same values and mentali-



ty which have been used to control and suppress women throughout history. As feminists, by challenging nuclear power, we are not only addressing the most formidable threat to our very existence but also we are refusing to accept this death-oriented abuse of power that governs every aspect of our lives."

By the end of the WANT anti-nuclear day, one hundred women from the Lower Mainland and south Island had signed the WANT mailing list as a signal that politically as well as musically, they are in concert with this credo.

## Affirmative Action proposal for the NDP of Canada

Continued from page 13

seek out interested and capable women to contest these positions. They are further urged to offer support and training opportunities so more women can acquire the needed confidence and skills to enable them to contest Party positions.

When Party committees, convention delegations, etc. are being formed, every effort should be made to achieve male-female parity in the membership, including the publicity within the Party and the active solicitation of interested people to apply for membership.

#### Women's Committees (Women's Rights or Status of Women)

These committees are urged to prepare lists showing the current male-female balance in Party structures and committees, along with lists of potential candidates for these positions, and to distribute them widely to members of the Party, particularly those likely to be in decision-making roles.

These committees are to monitor the success of this voluntary compliance affirmative action plan, and if there is no significant improvement in the drive towards parity, they are to consider proposals with more force.





## LETTERS

### Correspondence with Ed Broadbent on the abortion issue

Jan. 21, 1981

Dear Friends:

Here is a letter I wrote Ed Broadbent after trying to talk to him with a group of women in Nelson. We were advocating a disciplined vote on the NDP policy of removing abortion from the Criminal Code.

I am not at all satisfied with his answer to my questions, and I wonder if *Priorities* would be interested in pursuing this matter further.

Sincerely yours,  
Pat McGauley  
Crescent Valley, B.C.

November 10, 1980

Dear Ed:

I met you October 19 in Nelson, B.C., my riding. I went to the new constituency office with other women to ask if you'd call for a disciplined vote on removal of abortion from the Criminal Code when it came up in the House. You said you would not because, even though it was party policy, it violated some NDP M.P.'s consciences. You brought up Father Bob Ogle of Saskatoon East, saying that he did, after all, support 98% of the NDP policy with conviction.

Your position on this important question really disturbs me and makes me question my NDP membership. I've been told that the NDP is a democratically-run party where policy is made at conventions by elected representatives from various ridings. I accept this, but if after policy is decided on in such a vote, NDP M.P.'s can still follow their individual consciences on that issue when it actually comes to a vote in the House of Commons, all our democratically debated and approved policy amounts to so much hot air and a waste of the delegates' time and effort.

I'd like to know how much party policy is not subject to a disciplined vote when it comes up in the House. Which specific policies are these less important ones? Who decided this? Is Right to Work legislation subject to an M.P.'s own conscience or to a disciplined vote by party policy? I feel sure that it would be a disciplined vote because of its importance to unions in the work-

place. The right to choose on abortion is at least as important to women of childbearing years as the right to a closed shop or Rand Formula shop is to workers.

In closing, I quote from the NDP membership application which I signed to join the party. It says, "I, the undersigned, hereby apply for membership in the New Democratic Party of British Columbia. I accept and will abide by the constitution, principles and policies of the NDP." Did neither your form in Ontario or Father Ogle's in Saskatoon contain a similar pledge? Why must an ordinary B.C. member like me have to do this when the party leader and M.P.'s obviously do not?

Sincerely yours,  
Pat McGauley  
Crescent Valley, B.C.

Dec. 2, 1980

Dear Ms. McGauley:

Thank you for your letter of November 10, 1980 concerning New Democratic Party policies on controversial issues which are brought before Parliament as well as the positions taken on such issues by members of the federal NDP caucus.

I think the main point I must make in response to your comments on this matter is that not everyone in the NDP agrees with all aspects of party policy — such homogeneity, in my opinion, would be a bad thing. I have always respected the right of caucus members to express their disagreement over party policy.

In the case of Bob Ogle, although he has the right to his view, when he was the caucus Health critic he had the responsibility to outline the party's policy, not his own, concerning abortion and other health issues. He did the former which is what I expect of all caucus members.

Bob Ogle was also elected by his riding association as the NDP candidate for his riding, which is as it should be. However, should the association decide that he is not adequately representing the views of its members, it can take the necessary action to remove him when the next federal election takes place. This is the very basis of the democratic process upon which the NDP is founded.

Your correspondence is appreciated. I trust that the above comments have clarified my position.

Yours sincerely,  
Ed Broadbent  
House of Commons, Ottawa

### Thanks to Women's Rights Committee

Jan. 21, 1981

Dear Elaine:

I am writing to thank you and your sister Committee members for the excellent meeting we had during my recent visit to Vancouver. I found our session informative and inspirational.

I think you are doing great work on behalf of the party and its beliefs. I have already discussed with the federal Secretary Robin Sears the possibility of devoting time at the Convention to your slide show and the report of your Task Force on Older Women. I hope you will follow this up with him.

Again, thanks for your time and ideas.

Best wishes,  
Ed (Broadbent)  
House of Commons

February 20, 1981

Dear *Priorities*:

I am enclosing a copy of an ad in the *Arrow Lakes News* as a Valentine's message. The *Arrow Lakes News* is a weekly from Nakusp, B.C. I feel that this message should be responded to but I do not feel as though I have the ammunition to respond. If you could help me in any way, I would appreciate it.

I don't think this group has been established in Nakusp for too long, but I would hate to see it grow and prosper. Nakusp is a small town and I really feel that the NDP women should respond to this.

Do you have any facts on where these groups get their funding, etc? Any information would be helpful.

Thanks.  
Yours truly,  
Heather Suggitt  
Nelson, B.C.

P.S. I have a subscription for *Priorities* and enjoy it very much. I heard recently that *Priorities* may no longer be due to no new help. I feel that women in the interior are powerless to help with *Priorities* simply because of distance, except to contribute articles, etc.

(Ed. note: The advertisement sent by Heather is a typical anti-choice one complete with thumb-sucking fetus *in utero*. The ad specifically attacks the NDP Women's Committee "Repeal 251" postcard campaign.)



# THANKS

to the following readers of 'Priorities' who have made donations

Susan Park  
C. Mitchell

Linda Meissenheimer  
Joyce Meissenheimer

Hilda Thomas

**Vancouver  
Status of Women  
1090 W. 7th Avenue  
Vancouver, B.C.  
V6H 1B3**



### "TAKE BACK MOTHER'S DAY"

Women Workers in the House are planning an action on May 9 to take back Mother's Day. To get involved, contact VSW's Gillian Marie, 736-1313.

**INFORMATION ON CHILD TAX  
CREDIT — Phone 736-1313**

### SUPPORT VSW FUNDING APPEAL

VSW urgently needs written support for its annual appeal for funding from the provincial government. Please write a letter urging such support, address it TO WHOM IT MAY CONCERN and mail it to VSW, 1090 West 7th Ave., Vancouver, B.C. V6H 1B3.

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