HEALTHMATTERS

A PUBLICATION OF THE VANCOUVER WOMEN'S HEALTH COLLECTIVE

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ABORTION WEST AND EAST

In Ontario and British Columbia, the abortion issue is commanding considerable attention. Women are fed up with limits on access to abortion under the current legal status.

In Vancouver, a freestanding abortion clinic is in the making. The groundswell of community support for such a clinic culminated in a lively all day conference in Vancouver on Jan. 25, 1987. Over two hundred people, individuals and representatives from a wide range of groups, met to exchange ideas and to lay the foundation for a broad-based Abortion Clinic Coalition.

Conference participants broke into workshop groups to examine four basic questions:

1. Why a clinic?
2. What form and functions the Coalition would take on.
3. Expanding the Coalition.
4. Political strategy.

A summary of each of the four workshops was presented in an afternoon plenary session. By the end of the day the conference participants had struck a 22 member Interim Steering Committee to work on suggestions from the conference. In addition, a fundemental basis of unity for the Coalition was ironed out and agreed upon . The motion read:

"That the Coalition seek the establishment of women's reproductive clinics throughout the province, that include abortion services, and that are funded by MSP and that in the interim we establish and support the on-going operation of an abortion clinic in Vancouver and that we demand this service be funded by MSP."

Since the January 25th meeting the Interim Steering Committee has met to follow up on the directives from the conference. The Coalition will meet again on March 22nd to discuss in more detail the nature and workings of the Coalition itself, and to elect from the floor an ongoing steering committee.

The Coalition is the most exciting thing that has happened on the abortion scene in Vancouver for some time. It not only has the potential of providing safe, supportive abortions for B.C. women, thereby challenging section 251 of the criminal code, it also has the potential of raising a powerful opposition to the Social Credit government's anti-abortion and anti-woman positions.

Meanwhile two thousand miles away, a report on theraputic abortion services in Ontario, commissioned by the Ontario Ministry of Health was released on January 27, 1987. The report conducted by Dr. Marion Powell of the Bay Centre for Birth Control in Toronto is the first comprehensive review of the availability, operation and perception of abortion services in Ontario since the Badgley Report which conducted a similar Canada-wide review in 1977.

Powell's findings come as no surprise to the pro-choice community. Among her findings are:

--out of 170 accredited acute care hospitals in Ontario, 95 (54%) had Theraputic Abortion Committees but only 83 approved abortions in 1986. In nine of the 83 hospitals there were fewer than ten abortions on average each year.
--more than 50% of all abortions in Ontario are performed in Metro Toronto.

As for the medical community itself, of the 150 physicians Powell interviewed, close to 95% stated that theraputic abortion committees (TAC's) served no useful purpose whatsoever. The report goes on to say that the T.A.C. system "violates one of the most cherished principles in the practice of medicine, namely that physicians should never make medical decisions without seeing the patient." Despite these findings and conclusions, the Powell report produces a disappointing list of recommendations that really don't come close to addressing the problems listed in the text of the report. Powell suggests that the Ministry of Health should consider establishing multi-purpose women's clinics affiliated with hospitals that provide Theraputic Abortion Services under the authority of the hospital's T.A.C. She also recommends that the Ministry of Health increase funding to public health units to expand family planning programmes, clinics, sex education and counselling.

We could speculate that the Powell report in fact is designed to undermine the momentum of the Ontario Coalition for Abortion Clinics, by recommending that pseudo-clinics be established to provide more accessible service, while accepting that abortion remain under the jurisdiction of Section 251 of the Criminal

con't. on pg. 2

INSIDE HEALTHMATTERS

D.E.S. AWARENESS WEEK

Thousands of women and men in Canada between the ages of 16 and 46 may still not know that they were exposed to the drug D.E.S. (diethylstibestrol).

D.E.S. Awareness Week (April 20-27) is a coordinated campaign launched by D.E.S. Action groups across Canada. The primary focus will be to alert people who may be unaware of their exposure, and to let them know what resources are available to them.

D.E.S. is a synthetic hormone which was given to pregnant women between 1941 and 1971. It has been linked to health problems in both women and their children. Described as a "wonder drug" to prevent miscarriage, it was used around the world. Estimates set the worldwide D.E.S. exposure well into the millions. In Canada, it has been suggested that between 200,000 and 400,000 women were given the drug.

The story of D.E.S. points to larger issues related to the pharmaceutical industry and drug approval in general. Although early studies did link D.E.S. to cancer in laboratory animals, it was approved. Testing during the 1950's indicated that it was not effective and that it had no measurable effect on carrying babies to term. Nonetheless, the drug remained available until a direct link to human cancer was made. Even then, D.E.S. was only banned for use during pregnancy.

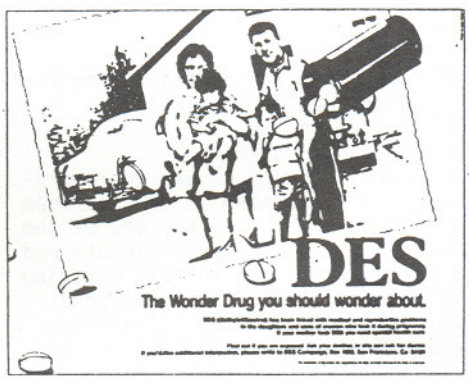
D.E.S. is still used as a Morning After Pill and as a treatment for various types of cancer. Although the drug is now rarely used in Canada, it continues to enjoy widespread use in developing countries.

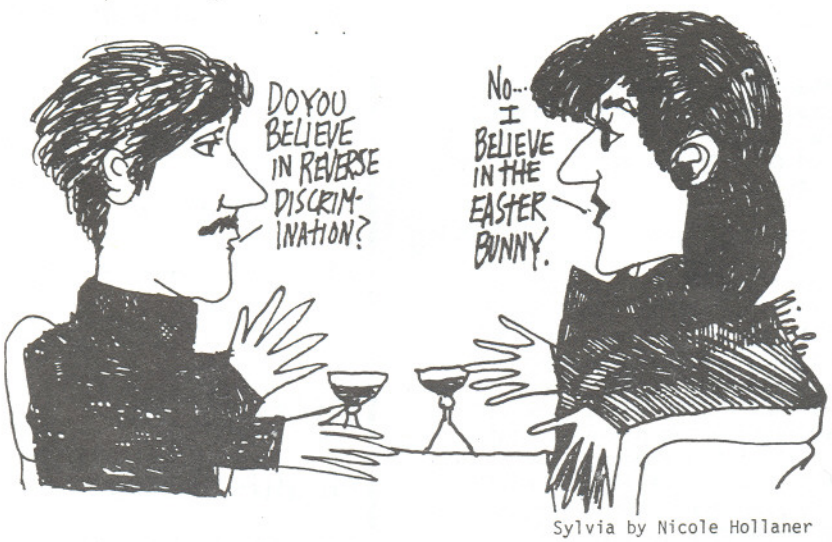
Health effects from those directly exposed to D.E.S. in utero range from the benign to the severe. The drug's most common effect is on the development of the reproductive organs, most often causing structural changes in the lining of the vagina, in the cervix and the uterus. As a result, D.E.S. daughters have a significantly higher rate of fertility and pregnancy problems than unexposed women. The most dangerous among these problems is the greater risk of ectopic pregnancy. A rare form of vaginal cancer has also been linked to D.E.S. exposure. Although only one in a thousand women exposed to D.E.S. in utero develop this type of cancer, it remains a health concern for all D.E.S. daughters.

Sons are also more prone to benign (non-cancerous) testicular cysts and abnormalities, as well as fertility problems. The high incidence of such problems has prompted D.E.S. Action to produce a fertility guide for children exposed to D.E.S.. Finally, the women themselves who took D.E.S. run a higher risk of developing breast cancer in their later years.

If you think that you may have been exposed to D.E.S. before birth, first ask your mother if she had a history of miscarriage or if she took any medication during her pregnancy. The next place to check is with your mother's doctor or pharmacist, and/or obtain her hospital records.

D.E.S. Action offices are located across the country and can help in this process. D.E.S. Action maintains lists of the different brand names D.E.S. appeared under. Offices also keep lists of doctors who are aware of the issue and the health needs of D.E.S. exposed people. For more information contact: D.E.S. Action-Vancouver, c/o The Vancouver Women's Health Collective, 682-1633.





Sylvia by Nicole Hollaner

Abortion...con't. from pg. 1

Code of Canada, and that women continue to need to have abortions approved by T.A.C.'s.

While in B.C. there are undoubtedly similar problems with access to abortion, it is unlikely that the Vander Zalm Report on Abortion expected on March 31st will uncover the kind of findings revealed in the Powell Report. It is more likely that British Columbians will be treated to an incomprehensive report that whitewashes the decline in Abortion Services and suggests that we can reduce the number of Abortions in B.C. by cutting out sex education in the school system.

NEWS FROM THE WOMEN'S HEALTH COLLECTIVE

Health Collective Update

Despite the fact that the Vancouver Women's Health Collective has been without core funding since 1983, we are now entering our 15th year of operation. As of March 1st, '87, the Health Collective has eleven paid workers on staff--the most ever! Trained volunteers also help us keep the resource center open.

Our funding has come from private fund raising ($11,000), Health & Welfare Canada, Secretary of State, and the Ministry of Health. Some of our current projects are:
Immigrant Women's Health Project
Dalkon Shield Action Canada
Women's Reproductive Health Project
D.E.S. Vancouver Action
Job Development Project (updating our administration and marketing skills on our new computer)

The Health Collective is open to the public 4 days a week. We offer pregnancy and abortion counselling, free pregnancy testing and birth control information (including cervical cap fittings). We also have a large reference library on all aspects of women's health such as: menstrual problems, feminist issues, well woman care etc.. Currently we are offering free workshops on premenstrual syndrome, birth control, menopause and women and stress. We also publish a quarterly newsletter (you're reading it) called Healthmatters.

We are currently located in downtown Vancouver at 888 Burrard Street, but we will be moving to new premises (presently unknown) on Dec. 1, 1987.

We are continuing to fund raise and apply for grants and look forward to an active year in the women's health movement.

Health Promotion Grant

The Vancouver Women's Health Collective has just received a grant from the Health Promotion Department of Health & Welfare Canada to develop resources and workshops on reproductive health for low income women in British Columbia, Alberta and the Yukon. The topics for the workshops will be: fertility awareness and control; infertility; miscarriage and menstrual problems.

We will be holding facilitation training sessions for women in all of the centres where workshops will be presented. We are hoping that this will enable women with personal experience with reproductive health problems to go on to facilitate workshops or start support groups.

The project will help to fill a gap in information and resources, particularly from a feminist and an alternative perspective. We will also be reaching out to low income women and will work primarily with groups from low income areas. Women for whom the workshops are intended will be involved in the planning and development of both the workshops and the written materials. The workshops will also be developed so that they provide a place where women can gain emotional support and share experiences as well as information.

Women who are interested in getting involved in some aspect of the project, particularly women who have personal experience with either miscarriage, infertility, menstrual problems (such as severe cramps, endometriosis, heavy bleeding etc.) or awareness of their own fertility, should get in touch with the Health Collective at 682-1633.

Immigrant Women's Health Project

Health services for immigrant women in Vancouver are appalling. This was emphasized recently when members of the Vancouver Immigrant Women's Health Committee (V.I.W.H.C.) met and assessed what direct service the community has to offer immigrant women. Besides some programs for pre and post-natal care at MOSIAC and within the Vancouver Health Department, there appears to be nothing.

This situation is particularly serious as there are thousands of immigrant women in Vancouver who do not speak English. There are also many women who come from countries where medical information is scarce and unreliable.

Because of the lack of information and services directed at them, many immigrants postpone seeing a medical practitioner even when they are ill. Preventative medical care such as Pap smears is rarely sought.

The Vancouver Women's Health Collective (V.W.H.C.) is aware of the lack of resources available for immigrant women in the area of health care. In the fall of 1986, we obtained funding to begin a health education program for immigrant women.

Secretary of State Women's Program and the Department of Immigration are joint funders to accomplish the following over an 8 month period:-

1. Form an Immigrant Women's Health Committee.
2. Write 5 short medical fact sheets that are to be translated into Chinese, Spanish and basic English.

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Workshop Calendar

The Vancouver Women's Health Collective offers the following workshops for free:

Birth Control	Tuesday, April 21, May 19, June 16
Menopause	Tuesday, April 14, May 12, June 9
P.M.S.	Tuesday, April 28, May 26, June 23

7:30 pm at: 888 Burrard Street
Call 682-1633

Vancouver WOMEN'S HEALTH Collective

Immigrant women...con't. from pg.3

The committee was formed in the first month of the project. The women on it are mostly Chinese and Spanish speaking as their input is particularly needed to ensure that the papers are culturally sensitive. Other immigrant women are also interested in being on the committee when the tasks at hand are not so culturally specific.

The V.I.W.H.C. meets monthly. Their initial task was to assist in selecting topics for the medical fact sheets for the Spanish and Chinese speaking communities. They have also met with community members to assess the papers that are being written by V.W.H.C. members.

The Health Collective workers (who are also immigrants), met with many immigrant groups to find out what health issues they would like to see addressed in their communities. The final fact sheet choices are birth control, stress, correct use of medication, Pap smears and sexually transmitted diseases. These papers, pamphlets and a booklet will be ready for distribution by May 1987.

Health Collective members recognise that this project is a very minor step in making health information available to immigrant women. Much more remains to be done, both in education and in direct service. The Immigrant Women's Health Committee, in consultation with the immigrant groups has decided that follow-up educative work is required in the form of workshops in the 5 topics selected. This is seen as a step toward direct service. Members of the Health Collective are committed to developing workshops with immigrant women who will then present them in the communities. Such work will include more groups than the Latin American and Chinese communities that are presently involved.

WOMEN'S HEALTH NETWORK

The time is ripe for a Canadian Women's Health Network, was the unanimous conclusion of a planning meeting held in Toronto February 6th and 7th this year. Several years in the making, the first formal meeting of the as-yet-untitled network made enormous strides towards strengthening the ties between Canadian women's health groups and towards making a network a reality.

Women representing groups from every region of the country and from a wide range of interest groups attended. The Federation de Quebec pour le planning des naissaries, the Disabled Women's Network, the National Organization of Immigrant and Visible Minority Women of Canada, and the Indian and Inuit Nurses of Canada were some of the twenty-two groups present.

True to the women's group tradition, the meeting began with a round. Each woman introduced herself and her organization and explained what her group wanted from a Canadian Network. The list of skills and experience gathered in that one room was remarkable, and a real testament to the enormous progress made in the women's health movement in Canada over recent years.

During the remainder of the conference we developed goals and a basis of unity for the network. Trying to incorporate the diverse cultural and political differences found

graphic: Kinesis

across the country into a meaningful basis of unity was quite a challenge....should we call ourselves feminists, pro-choice, alternative?? In the end we opted for a simple well-rounded principle on which to build the network. It reads:

"we support women to take control, both collective and individual over our lives and to attain the skills and knowledge to make informed, critical choices about our health."

We identified the Network's primary goal as:

The effective sharing of information about:
- -particular women's health issues
- -programmes and services
- -resources being produced and already available
- -funding sources
- -media relations
- -public education campaigns

With these foundations built, representatives have returned to their communities to further develop the idea of a Canadian Network. The planning group that met in Toronto will meet again in June in either Montreal or Winnipeg, to continue its discussions and to work out details for a larger conference in Winnipeg in the Fall. Funding for this initiative has been made available by the Secretary of State's Women's program, but as usual it allows us to do only a fraction of what we could do if more money was available. We expect the Network idea to take three years to fully develop and believe that if we take the time to think issues through thoroughly now,we will give birth to a much stronger and healthier organization than if we rushed these initial discussions.

The Health Collective intends to be intricately involved in the development of the network, so if you have ideas or want to become involved yourself please write or phone us at 682-1633.

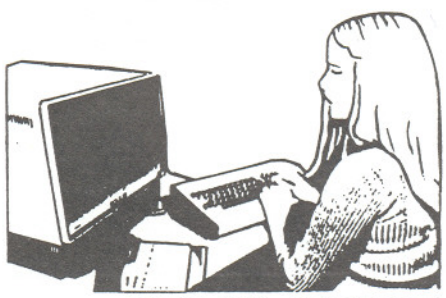
COMPUTERS & OFFICE WORK—— What We Don't Know

Several months ago, HealthMatters published an article discussing the current findings regarding the potential radiation hazards of video display terminals (VDTs). Although VDTs generate both ionizing (X-ray) and non-ionizing radiation, they are designed to contain the X-ray emissions, so that it is the non-ionizing radiation which seems to be causing the greatest number of health problems. Many of the symptoms reported by people who work with VDTs are similar to the biological responses associated with exposure to non-ionizing radiation. This is disputed by people in the computer industry, who claim that the machines are perfectly safe, and who have launched a multi-million dollar campaign aimed at defeating legislation which would help to protect computer operators.

Office Workers Survival Handbook

Most people living in the industrialized world make use of current technology without having any concept of how it works. Although this is easy to do, it is probably not wise, because there is nothing inherent in the technology that makes it "tried and true". In the electronics industry for example, tiny, intricate components are mass-produced and put on the market, this being the most economical way for the manufacturer to proceed. However the result is that the consumer, often unknowingly, becomes the equivalent of a testing station for new components.

Forty years ago a computer would have had enough components to fill a room, and would have cost millions of dollars. Now, the same functions can be performed by a microprocessor, a tiny sliver of silicon which is smaller than the nail on your little finger. On its own, a microprocessor is a kind of "jack of all trades". It can run a missile or a telephone switchboard or a computer, and it really only has an identity in conjunction with other components of the same scale, and a set of instructions.



graphic: Gov't. of Saskatchewan

In the past, most computerized offices were operated by a large computer, a mainframe. In this type of setup, all the VDTs are controlled from a central unit, which might not even be in the same building. It is these VDTs that have been the focus of the investigations into health hazards, but they are not necessarily the only source of radiation in today's computerized office. For example, several micro-computers in an office may be linked together to form a network which can approximate the memory capacity of a small mainframe. The more complex a computer network in an office becomes, the more electronic components there are. All electronic components give off electro-magnetic radiation to some degree. We know some of the effects of non-ionizing radiation on the human body. There is much that we don't yet know, especially in terms of the very low and extremely low frequencies.

In the last five years the price of electronic components has plummeted, and computer technology has advanced tremendously. There has been a steady increase in the scale of what is termed "integration", which means that for a given power and speed, the computers become smaller. As a result, micro-computers (also called "personal computers"), which in the past were used only in very small businesses and by people who worked in their homes, now have a hugely increased potential for speed of operation and memory capacity. Since their acceptance in the business world, prices have fallen steadily. This has led to the wholesale introduction of computers into businesses where nobody would have believed they could be five years ago.

Although video display terminals had many manufacturers, and perhaps any two terminals from the same manufacturer did not have identical components, probably the risks from these terminals, although nothing to ignore, at least stayed within a measurable range for that particular make and terminal. Today's computers are increasingly "generic". The electronics are so cheap that almost anyone can assemble a computer, with parts from any number of different manufacturers. Someone who decides to install a computer in order to help an ailing business is of course going to buy the cheapest computer. The office into which s/he introduces it will probably already be an unhealthy place to work. Noise, fluorescent lighting and inadequate ventilation are some of the factors present in most office environments.

We can't all be expected to be more than superficially knowlegable about all the risks we face in this electronic age. We shouldn't think, however, that just because we don't understand something, or don't know that it can hurt us, that it is harmless. We might have problems thinking that something as small as a microchip can harm us, but there are poisons that can kill in quantities small enough to put under your fingernail.

Twenty years ago workers could still deceive themselves that they and their employers had the same interests. Today it is obvious that the employee's health is a low priority consideration in the employer's effort to make a profit. It is essential that we as workers talk with each other about our health concerns and become organized to protect ourselves.

For more information about health risks in offices, and some ideas on how to go about organizing, a good resource for office workers is the book Playing With Our Health: Hazards in the Automated Office. It has been published by the Women's Skill Development Society, and is available through the Health Collective.

WORKERS FOR THIS ISSUE

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HEALTH SHORTS

Choosing Gender

A Colorado entrepreneur eager to tap into the $250-million-a-year home medical testing business has developed a kit on "how to choose the sex of your baby". Based on the book How to Choose the Sex of Your Baby by Dr. Shettles, "Gender Choice" includes instruction pamphlets for the Billings & Shettles methods of ovulation detection, paper tissue for mucous samples and thermometers, a back up means of checking ovulation. This $39.95 kit is packaged in blue boxes for boys and pink for girls. Couples may balk at the price when they learn they can get the same information at the library, but Marsik figures the price is fair for the convenience.

Shettles teaches that female-producing sperm are more apt to survive in the acidic environment that exists just prior to ovulation, male-producing sperm in the alkaline environment at the time of ovulation. By timing intercourse to ovulation, so the theory goes, a couple should be able to plan the gender of a pregnancy to a high probability. Marsik claims up to 85% accuracy, and with the odds of conceiving a boy or girl about 50-50, at least half the customers will get their money's worth. The rest will never know if they were part of the 15% the company never promised to satisfy.

Many doctors consider the product to be based on unscientific principles. The Billings method does not give a precise reading on ovulation and Shettles has been a controversial figure for years.

Birth Control

The Vancouver Immigrant Women's Committee is heading a campaign directed at manufacturers of birth control devices, urging them to include instructions in 7 languages in their packaging.

More and more immigrant women are seeking non-systemic means of birth control but cannot follow instructions for the diaphragm, spermicidal jelly, etc., in English and French.

The Committee is urging manufacturers to include instructions in Punjabi, Vietnamese, Italian, Chinese, Portugese, Greek and Spanish.

Latin American House

Congratulations on your opening! Latin America House is a drop-in center offering peer counselling support program, employment information and a health information center.

LATIN AMERICA HOUSE
435 West Broadway
Vancouver
Phone: 873-3345
Hours: 9am to 8pm

Mother's Milk

Environmental contamination of breast milk has been a serious health concern since DDT was first detected in human milk in 1951. Dioxin, the chemical that makes Agent Orange so deadly, is of particular concern.

A recent U.S. study of 200 samples of breast milk concluded that in a period of 1 - 2 years the average North American breast-feeding infant will be given more exposure to dioxin than the Centre for Disease Control considers allowable in a life-time.

Previous studies have concluded that in the U.S. mother's milk commonly exceeds Food and Drug Administration "action levels" above which cows milk would be removed from the mar ket. Mothers might therefore be faced with the difficult choice between exposing their infants to contaminants and depriving mother and child of the emotional and psychological benefits of breastfeeding. So far public health bodies and health foundations have been slow to fund thorough research into this issue. Dioxin for example, is so resistant to breakdown that it may take decades before it is eliminated from humans. Clearly therefore this is an issue that is not just going to go away.

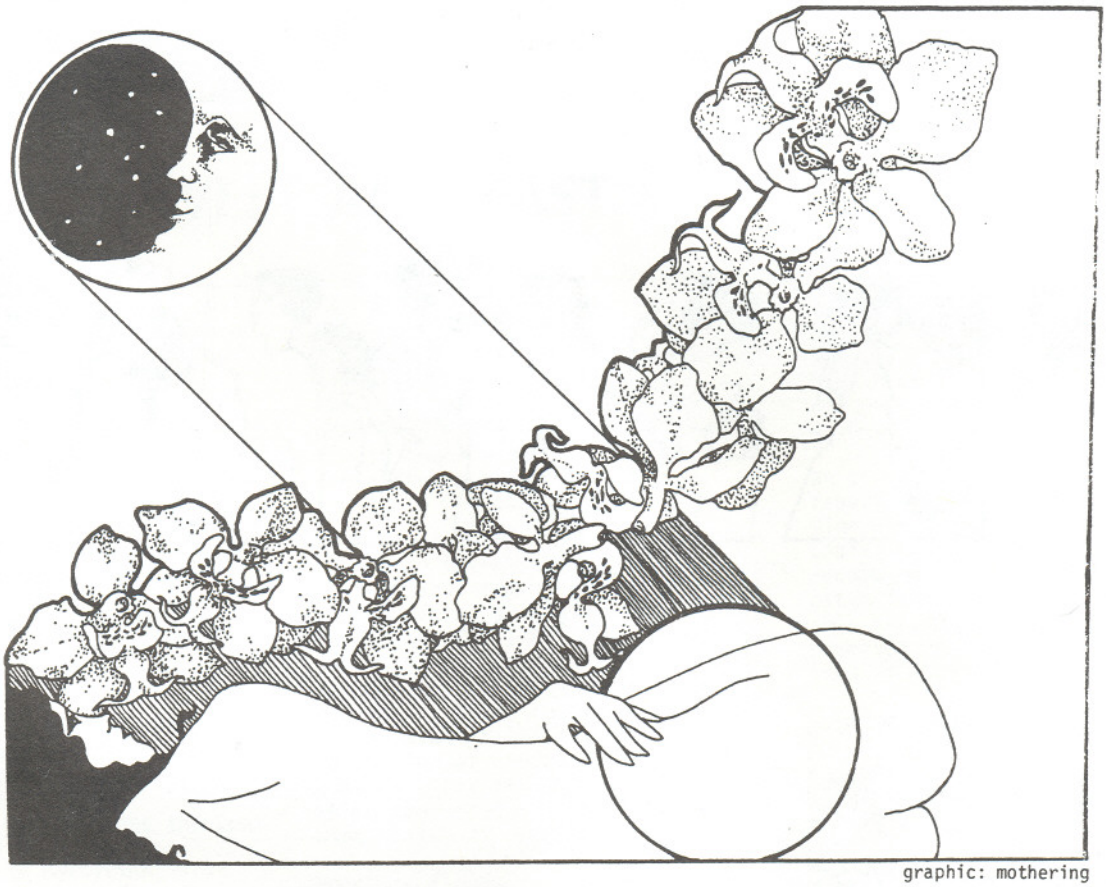
source: The Progressive March 1987

Better Services

Beginning this year the Ontario Government will spend an additional 9 million dollars on new and improved health services for women. The money is earmarked for more family planning and rape relief centres and also for a new Women's Health Bureau. Murray Elston, Minister of Health, estimated that about $2.5 million will be spent to speed up abortion services offered in Ontario hospitals, especially referral and counselling services. He refused to comment on whether the Ontario government will establish hospital affiliated abortion clinics in regions of the province where abortion is currently unavailable. He added that the government is awaiting reports from several of these hospitals.

source: Globe & Mail March 14, 1987

Sylvia by Nicole Hollander



graphic: mothering

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