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The Vancouver Women's Health Information Centre (née The Vancouver Women's Health Collective)

By Lu Hansen

Twenty years ago, in the fall of 1971, a group of Vancouver women first met to exchange health information and personal stories, to vent their frustration with the health care system, and to devise a plan of action. The result was the Vancouver Women's Health Collective, an organization which has managed to survive financial crises, staff turnover/burnout, and repeated moves, all while continuing to provide women with health care information and services. From the beginning, the Collective has worked to empower women to take an active role in caring for their own health and in seeking appropriate help when necessary.

The core of the Health Information Centre today is the library and phone line. A volunteer on duty can expect to deal with anything from a simple request for the centre's hours (Monday and Thursday 10 a.m. to 1 p.m., Wednesday 6:30-8:30 p.m. and Saturday 1-4 p.m.), to a painful and complex story of abusive relationships and health problems. Most requests for help fall somewhere between these extremes. Interspersed among the phone calls are women who come to the office in search of health information, most frequently for personal reasons, sometimes for a friend or relative, and occasionally for research purposes. A woman who uses the Centre is most often motivated by a diagnosis made by a medical practitioner and/or the need to consult another doctor. She may have been told, for example, that her fibroids require surgery or that she must take estrogen for menopausal symptoms, and may want more information before deciding on a course of treatment. Other "popular" topics include, osteoporosis, endometriosis, premenstrual tension, and pregnancy.

A woman who comes in to research breast cancer, for instance, will be directed to the reference library and the information files. A woman looking for a new health practitioner or therapist will consult another set of files containing questionnaires filled out by women evaluating their own experiences with specific practitioners. These files are cross-referenced by gender, specialty and geographic area.

The Centre also produces and sells its own publications on topics of current interest, such as Pap tests, infertility, miscarriage, menstruation, birth control, and S.T.D.'s. Requests for publications come from as far away as New York and Australia.

The endless variety of requests, the challenge of responding successfully to the more obscure or difficult problems (often by making an appropriate referral and encouraging the caller to be persistent), and the satisfaction of providing assistance all combine to make volunteering at the Health Information Centre constantly interesting. Most services offered by the Centre are not available elsewhere.

However, for the last 8 years the Health Information Centre has been operating on a very limited budget. Core funding was cut by the Social Credit government in 1983, and we now receive only one annual grant from the city of Vancouver, supplemented by UIC top-up grants for specific projects, casinos and various fundraising events. The Centre is in need of ongoing support from the larger community it serves. We see this newsletter as a means of communication with that community and hope it will stimulate dialogue and exchange. As an expression of our appreciation for our supporters, anyone who makes a donation of \$100 or more will receive a one-year subscription to the newsletter (beginning with those who responded to our recent fund appeal). Please write us with your questions, comments, and contributions.

**From the beginning, the Collective
has worked to empower women to
take an active role in caring for
their own health.**

***When was the last time you filled out a
questionnaire on your health practi-
tioner or therapist? Drop in, pick one
up, and have a look around.***



Medicalization of Women's Lives and Bodies

By Ingrid Deringer

Medicalization is one of those words you may hear now and then but one that you may not really understand the meaning of. In the women's health movement we talk about examples of medicalization all the time, we just don't identify them as such. For example, we talk about how the birthing process has come to be treated as a serious illness as well as, how women are often told that their illnesses are "all in their heads". Placing these and other examples in the larger context of medicalization will help us to understand our own personal experiences with the medical establishment and also help us to change the ways the medical system uses, abuses and controls us.

Medicalization implies two things. First it implies that the medical establishment expands its area of expertise to include non-medical subjects. The most obvious and well documented example is the birth-

*Most women today
have been reared to not
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process, because it is treated as a medical problem. W. Mitchinson, a Canadian feminist, points out that historically, the birthing process has evolved from an act between women, to an act between the patient and her doctor, to where today it is viewed as act between the doctor and the foetus. In other words, doctors have expanded their area of expertise to include all areas of the birthing process to a point where doctors, not women, deliver babies!

Second, medicalization implies that members of the medical establishment become moral arbiters by using their prestige to "expose" what they believe are the social and moral origins of illness. An example of this is how some family physicians, pediatricians, psychiatrists and psychologists bombard mothers with advice on childrearing in an attempt to rectify the psychological and physical problems that they insinuate mothers cause children. (A browse through any bookstore will attest to the overwhelming opinions of the "experts" on the rearing of children.) Mitchinson writes that mothers are told by these experts that it is the *mother's* responsibility to raise well-adjusted children, and if this does not occur, *mothers* are to blame.

In some cases, doctors even go so far as to blame working mothers for their children's illnesses. C. Carver, a feminist physician, points out that some women have reported to her that they were accused by doctors of "sacrificing their children's health to their own misguided need for self-fulfillment."

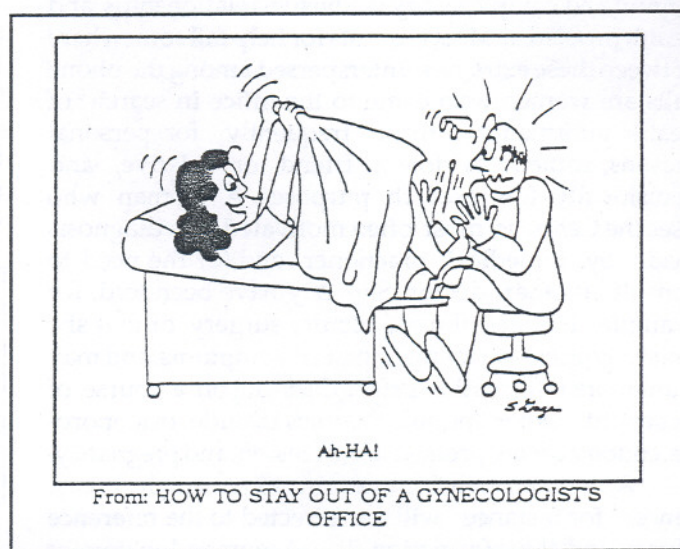
Medicalization of women's bodies and lives has occurred gradually over time. Perhaps the earliest evidence of this was the witchhunts brought about by male desire to

have more control over healthcare. At a point when women were the main healers with knowledge of anatomy, herbology, and healing practices with gentle and wholistic perspectives far exceeding the accepted medical establishment's knowledge of the time, these "witches", wisewomen, healers, were a threat. This was why over the course of 3 centuries, approximately 9,000,000 of them were hunted down, subject to ludicrous trials, tortured, and killed.

It seems that for a long time, women have been pressured to give up control over their lives and to put their trust in the medical establishment. The more doctors gained prestige from being associated with the scientific community, the more control they exerted over women. Most women today have been reared to not question medical authority, and as a result, many of us subject ourselves to unnecessary surgery, treatments, and procedures and we consume harmful and addicting drugs at alarming rates.

Presently, women are controlled by the medical establishment in all aspects their lives - as children, by the 'expert' advice given to our mothers; as adolescents and young women, by gynecologists and family physicians for birth control; as women in their reproductive years, by obstetricians and gynecologists; and as aging women by family physicians and psychiatrists.

The medical control over disabled women's bodies and lives is even more complex and their very *existence* seems to be medicalized. For example, a doctor's approval becomes warranted if disabled women want to mother, give birth, and have sexual relations. Disabled women are dependant on their doctors' experience, knowledge and trust to validate their experiences so they can receive social support and acceptance from friends, family and from government agencies.



Carver, a female physician, believes medical doctors view the female body as abnormal, and that doctors and even women themselves "don't know how the normal, healthy female body functions". The result, Carver contends, is that

Medicalization cont. from page 2

women "seek medical attention (and frequently get treatment) for simple variations on the normal theme". Menopause for example, is a natural process all women go through, yet it is viewed by the medical authorities as a disease. To "treat" it, doctors often perform unnecessary D & C's (Dilatation and curettage), hysterectomies, prophylactic (preventative) mastectomies, and prescribe unnecessary hormone treatments therapies and tranquilizers. Many of us go along with it all - not asking "why" or "what for" because we have been socialized to not question the underlying motives doctors may have for using and abusing us.

In essence, many women have become blind to the ways of the almighty authority of the medical establishment. Many do not see that illness provides physicians, psychiatrists, psychologists, and the drug industry with their livelihood, identity and opportunity for distinction. We do not see the injustices because we never hear about statistics like the following. In Canada, your chance of getting a hysterectomy depends on your socioeconomic status and geographical location. Half of the hysterectomies performed in Canada are not medically necessary. The rate of C-sections has, in the United States, quadrupled since 1970. Women who consume the most commonly prescribed dose of estrogen (1.25 mg. tablets at a time) over a span of five years, double their chance of getting breast cancer.

The time has come when we have to begin to recognize how our bodies and lives have become medicalized. We can do this by beginning to question what is being done to us, by investigating what the alternatives are, and most importantly, by standing up and saying NO MORE!

De

For further reading:

- Abramson, Z. (1990). Don't ask your gynecologist if you need a hysterectomy. *Healthsharing*, 11(3), 12-17.
- Boston Women's Health Collective. (1984). *The New Our Bodies Ourselves: A Book By and For Women*. NY: Simon & Shuster.
- Carver, C. (1984). *Patient Beware: Dealing With Doctors and Other Medical Dilemmas*. Scarborough: Prentice-Hall.
- Ehrenreich, B., & English, D. (1978). *For Her Own Good: 150 Years of the Experts Advice to Women*. Garden City, NY: Doubleday.
- Fine, M. & Asch, A. (Eds.). (1988). *Women with disabilities: Essays in psychology, culture and politics*. Philadelphia: Temple University Press.
- Mitchinson, W. (1988). The medical treatment of women. In S. Burt, L. Code, & L. Dorney (Eds.), *Changing patterns: Women in Canada* (pp. 237-263). Toronto: McClelland & Stewart.
- Wolfe, M., Public Citizen Health Research Group, & Jones, R. (1991). *Women's health alert*. NY: Addison-Wesley.



BOOK REVIEWS

By Kate McCandless

Dr. Susan Love's Breast Book

Susan M. Love, M.D. with Karen Lindsey
Addison-Wesley, Mass., 1990, 455pp.

Cancer in Two Voices

Sandra Butler and Barbara Rosenblum
Spinsters Book Company, San Francisco, 1991, 183pp.

One in ten white North American women will develop breast cancer at some point in their lifetime (the probability for women of colour is lower, varying with ethnic/racial group). That's the scary statistic we've all heard, and it's certainly one to be reckoned with. Two-thirds of those women will survive breast cancer. That means that more and more women are living with breast cancer as an ongoing part of their lives.

Until cancer touches us or one of our loved ones we tend to keep it at arm's length. It remains the stuff of T.V. movies, headlines, and other people's problems. But, we need all the knowledge and wisdom we can get to deal with both the possibility and the reality of breast cancer in our lives. Here are two fine, very different books, both of which have much to offer.

Dr. Susan Love's Breast Book, as its comforting title and rear cover photograph suggest, is written (with the skilled assistance of writer, Karen Lindsey) by the woman doctor so many of us wish we had. Dr. Love is a breast surgeon with distinguished credentials and a heart of gold. She is committed to her patients as individuals who have the right to receive clear information and to participate fully in decisions regarding treatment. She shares her expertise in a style that is warm, accessible and interesting, with the help of excellent illustrations.

This book is by no means devoted solely to breast cancer. It begins with a section on the healthy breast and how it functions. An excellent discussion of breast self-examination clarifies its limitations and the important role it plays in the detection of breast problems.

Section two is a thorough presentation of common breast problems; breast pain, infections, and lumps. Particularly interesting is Dr. Love's debunking of "the myth of fibrocystic disease". In a departure from what has become standard information in many sources, Dr. Love critiques early research which had linked fibrocystic



disease with an increased risk of cancer, as well as research linking caffeine with fibrocystic disease and, by inference, with cancer.

As well, in section two, there is an excellent discussion of breast plastic surgery. Her descriptive information is excellent, and she is always respectful of individual women's needs, values and feelings. However, particularly in light of the recent Meme breast implant scandal, stronger warnings of the danger of implant surgery would seem in order. Hopefully, this will be remedied in future editions. It is also worth noting that in this section there is a chapter devoted to complementary and alternative treatments that is both sensible and supportive.

The remainder of the book is devoted to breast cancer, from risk, prevention and detection, to diagnosis and treatment, to rehabilitation and recurrence. Information is clear, detailed and complete. Of particular interest are discussions of risk factors (which are often misinterpreted and confused by lay people), and of the still much debated role and value of breast screening. Detailed explanations of the types of breast cancer and treatment options make this an excellent reference for any woman facing a diagnosis of cancer.

For all Dr. Love's sterling qualities, she is still on the medical side of the equation. Though she never ignores the emotional aspects of cancer, she cannot tell us how it feels to have cancer, to have your life, work, and relationships be disrupted, called into question by illness, and how it feels to survive and heal, or to face one's own death or that of a loved one. For this we must go to other women who have had the courage to share their stories.

Cancer in Two Voices is the latest in a growing body of literature by women who have lived with cancer. Sandra Butler, a writer, counsellor, trainer and organizer in the area of child sexual abuse and violence against women, and Barbara Rosenblum, a sociologist, writer and teacher, had been friends and lovers for six years when Barbara was diagnosed with an aggressive and already advanced form of breast cancer. These two courageous and generous women chose to chronicle their journey together from the time of Barbara's diagnosis to her death three years later, with the conviction that it would offer some guidance and insight to other women who might follow in their footsteps.

For Barbara and Sandy, the telling of their story became both means and end, as they grew individually, together, and in community with others. They approached Barbara's illness and death in a spirit of awareness, inquiry, and scrupulous honesty.

Highly intelligent and articulate though they are, they refuse to intellectualize their experience, or to romanticize it. They show us their times of conflict, confusion, rage, and despair, as well as of hilarity, exhilaration, and quiet peace. Issues of class, religion (their respective connections and reconnections with their Jewish background), and the politics of health care (Barbara's cancer was not correctly diagnosed until a year after she was first examined) are interwoven throughout a narrative fabric pieced together from journal

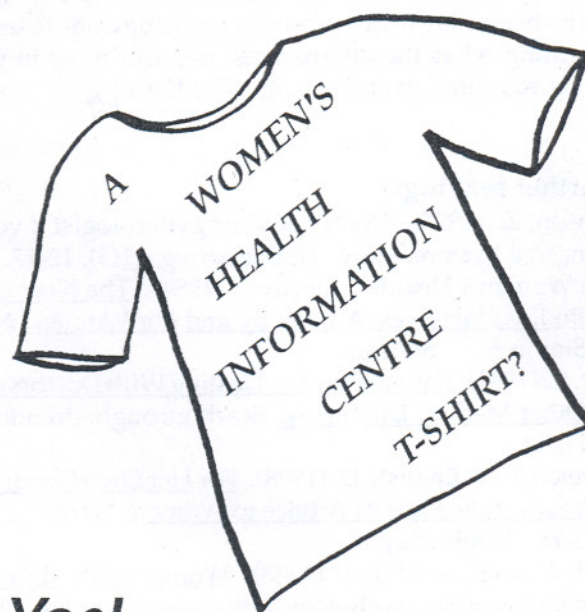
entries, letters and essays — in two rich, resonant, and distinct voices.

This book is a legacy to us of the deep love and commitment that fueled these women's lives and became stronger as they lived their last years together to the fullest. It deserves to be widely read by women, men, lovers, friends and families who are living with cancer.

Note: Another book on breast cancer, not yet acquired by the Health Collective, is highly recommended by Susan Klement in Healthsharing (Spring, 1991). Women Talk About Breast Surgery (Amy Gross and Dee Ito, Clarkson Potter, New York, 1990, 333pp.) combines elements of the books above, including both technical information and extensive interviews with women who have experienced surgery for breast cancer.

Note: On October 5, 1991, a book launching of *Cancer in Two Voices* was held in Vancouver as a benefit for the Vancouver Women's Health Collective, with Sandra Butler reading from the book and answering questions. Seven hundred and fifty dollars were raised towards alleviating the Health Information Centre's financial crisis. We would like to express our warm gratitude to Sandra Butler and Rosalie Walls who was instrumental in helping us organize this event.

NS



Yes!

We are collecting design submissions for a t-shirt. Not more than two colours (costs become prohibitive). Let your imagination run wild and then send us a copy.

Caring for Yourself: Healthy Alternatives

By Valda Dohlen

In this column we hope to introduce you to some self-help ways to treat common health problems. This issue will focus on yeast infections, and much of the information we share on this subject can be found in the helpful book, Natural Healing in Gynecology, by Rina Nissim, in the Information Centre's reference library. Other sources include our health information files. If you would like to know more, please drop by our information centre and have a look around.

Vaginal Yeast Infection (also known as monilia or candida)

What is a yeast infection?

Yeast is a fungus which is normally present in the vagina and which is usually not a problem. However, when the ecological balance of the vagina is disturbed, the yeast overgrows and an infection sets in.

What are the symptoms?

Signs of yeast infection include:

- irritation, burning and itching of the vulva and entrance of the vagina.
- inflammation, which is often present when the vagina and labia are bright red in colour.
- white, creamy discharge which smells like yeast and which has a consistency much like cottage cheese.
- some women also experience a burning sensation when they urinate or feel the need to urinate more frequently.

Are there some things which may predispose me to recurring yeast infections?

Yes, Health Collective research shows that several factors can contribute to the onset of vaginal yeast infection. These include:

- antibiotics
- the birth control pill
- immune suppressing drugs
- high sugar or nutrition-poor diet
- stress
- pregnancy
- diabetes

These are important factors to consider as you plan your treatment. It is helpful to take the time to determine which of these may be contributing to your infection, and if you can, try to avoid them.

Diagnosis:

Different infections may have similar symptoms but need different treatments. If you have never had a positive diagnosis for yeast infection, it is wise to visit your health practitioner before starting your treatment for the first time. Also, consider having a check up 4 to 7 days after the end of the treatment cycle to make sure that all signs of infection

have cleared up. As yeast can be sexually transmitted, make sure your sexual partner(s) is treated as well.

Alternative Treatments

There are a variety of alternative ways to treat yeast infections and you may need to experiment with any number of them before you find one that is right for you:

1) Active yogurt, found in any health food store, is the cheapest way to go. It must be non pasteurized and contain live bacteria. Applying it is a little messy. Try placing it in your vagina with an applicator designed for vaginal creams or contraceptive foams & jellies (fill the applicator by putting the yogurt on a knife tip and dropping it into the applicator). If you use a speculum, you should put the speculum into place and then insert a spoon full of yogurt. Remove the speculum before the spoon in order to make sure the yogurt doesn't get stuck on the speculum. For a more potent yogurt, buy some acidophilus capsules (also available in any health food store) and sprinkle the contents of 3 of them into the yogurt an hour before application. Repeat this yogurt application each night for 7 to 10 days.

2) Garlic cloves are another possible treatment. Simply peel a clove, being careful not to nick it as this could burn. Wrap the clove in some sterile gauze, leaving a tail for easy removal. Dip the wrapped garlic in vegetable oil and insert it into your vagina much like a tampon. Repeat the application every night for 7 to 10 days, removing the garlic clove each morning and inserting a new one each night.

Finally, a Health Collective member reports that she has successfully treated yeast infections by placing one boric acid capsule in the vagina overnight. This can be repeated as necessary.

Caring for yourself during an infection:

Yeast infections can be painful and irritating, so it is important to avoid aggravating the infection during treatment. In particular, you should avoid sexual relations with penetration.

Prevention:

We have already mentioned some of the factors which favour a yeast infection, such as antibiotics, the birth control pill, and stress. Obviously, many women cannot avoid some of these. Even for those who can avoid them, yeast infections may be a recurring problem. In any case, it is a good idea to practice preventive self-care. Here are a few of Rina Nissim's suggestions which can help you prevent a variety of vaginal infections:

- Avoid regular douching: douching eliminates many friendly bacteria which help maintain the protective acidity of the vagina.

- Avoid "feminine hygiene" sprays: these deodorant sprays serve to disrupt the vaginal flora and may contribute to increased frequency of infection.

- Avoid pantyhose or underpants made of synthetic fibers: these garments prevent proper air circulation and the resulting warmth and humidity encourages the growth of germs in the vagina. Try all cotton underwear which lets your vagina breathe.

- Try to incorporate some stress reducing activities into your week: take a walk, a swim, a half hour to relax in some way. Yeast infections, like any virus or infection are more

Alternatives cont. from page 5

likely to appear when you are under high stress.

-Cut down on your intake of alcohol and sweets: yeast thrive on sugars (this includes fruit sweeteners & honey) and are particularly likely to appear in the second half of your cycle (after you ovulate) if you indulge your cravings. Read up on vitamins and foods that might help stave off these havoc wreaking urges.

For more information on prevention of yeast infections, visit the Health Collective or write to:

The Candida Research Information Foundation
598 St. Claire Avenue West
Toronto, Ontario
M6Z 1A6 (416) 656-0047

NEWSFLASHES

The B.C. Royal Commission on Health Care and Costs has just released its report, Closer to Home. The Women's Health Information Centre has a copy for your perusal. We acknowledge that many health care needs have been addressed this document. With women being 51% of the population and the largest consumers of health care services, why is there not a special section focussing specifically on women's health issues?

MYSTERIOUS DISEASE - IS IT SO MYSTERIOUS?

Symatic Chemically Induced Dysfunctional Syndrome, or SCIDS, as it is becoming labeled in B.C., has been getting wide spread media attention lately. The syndrome shares symptoms with other diseases, most notably Myalgic Encephalomyelitis (ME) \ Chronic Fatigue Syndrome (CFS) and Multiple Sclerosis (MS). There is muscle fatigue and pain, cognitive impairments like ME, and like MS, it is progressive. However, SCIDS has unique symptoms such as epileptic seizures and the fact that the body does not heal from injury easily. Current thinking is that pesticides are

the cause. The majority of recognized cases appear in the Fraser Valley. The ratio at this time seems to be seven women to one man. There is some research going on at UBC at the present time with teenage girls. Sandra Albinet, the spokesperson for the support group in the Fraser Valley, says the disease is not new and is known by different names in others countries. She said that it is only beginning to be recognized in Canada now. For more info on SCIDS phone Sandra at 462-0035 or contact the Health Collective.



The Vancouver Women's Health Information Centre Newsletter is a quarterly publication offering information about women's health issues and the projects of the Centre (the Vancouver Women's Health Collective).

We welcome letters, ideas, and requests from our readers. Write to us at:
VWHIC Newsletter

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