

#### The Collective

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

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#### Infusion

Infusion, VWHC's newsletter, is a forum to connect us with our members and the community at large around women's health issues and activities at the Collective.

Submissions relevant to women's health or well-being are always welcome and participation in this form is much encouraged. Leave any messages at the collective, or drop a note in our newsletter box. *Infusion* is published quarterly.

All opinions expressed are those of the writers and not necessarily those of the VWHC.

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## Infusion

Vancouver Women's Health Collective

### The Impact of APEC on Women's Lives

by Kate Hook

The 1997 APEC Convention was held in downtown Vancouver this past November. APEC, an acronym for the Asia Pacific Economic Convention, is a loose conglomeration of nations throughout the Pacific region: Australia, Brunei, Canada, Chinese Taipei, Chile, Indonesia, Hong Kong, Japan, Malaysia, Mexico, New Zealand, Papau New Guinea, Phillipines, Singapore, South Korea, Thailand and the United States. Forums like APEC and multinational agreements like the North America Free Trade Agreement (NAFTA), which aim to eliminate tariffs between the U.S., Canada and Mexico, are signposts of the move towards corporate or imperialist globalization (from this point on I will simply use the term corporate globalization although it should be noted that there is some debate over which terminology is more appropriate).

Before we can even begin to understand how corporate globalization impacts on women and women's health both here and abroad, we must first understand, if only at a basic level, exactly what corporate globalization means.

Corporate globalization is an economic restructuring, whereby member nations are made to fit (in economic terms) under the blanket of capitalism, also known as 'neoliberalism'. Under this system, governments must meet certain criterion in order to qualify for the important, enormously large loans dispersed by such institutions as the World Bank or the International Monetary Fund. These loans are awarded on the basis of the economic health of the applying nations.

Economic health is measured by the Gross Domestic Product (GDP), an international indicator which focuses exclusively on the transfer of money in and out of a country. Solely an economic measure, the GDP does not take into account such things as the distribution of wealth, the impact of industry upon the environment, or the value of unpaid work within the home. In order to qualify for these loans, governments must not only have their financial house in order, but must often meet several other criteria, usually resulting in privatization of government regulated operations and cuts to funding for social programs such as health care, education and employment programs.

The health of society in general is negatively impacted by these cuts in social spending and social services. Decreased funding for housing, welfare, child care and health services has an especially devastating effect on immigrant or refugee women, as well as on single mothers. In a system where it is often

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difficult for women to find the help needed, these social cuts, and an increase in the value placed upon economic well-being and profits for big business, are making it more and more difficult for women and their children to get and stay healthy.

Additionally, the increasing scope of global capitalism is having far-reaching impacts both on women in less 'developed' nations abroad, as well as on fisher-women, aboriginal women, rural women and farm women throughout Canada (especially in Quebec and up North). Along with structural and functional change in the traditional economy comes upheaval and breakdown of a traditional way of life; a traditional way of life in which women, as members of a society, may hold much more power (visible or invisible) than possible in a capitalist, patriarchal

During and prior to APEC, several organizations, including women's organizations, have struggled to educate and inform the public of the impacts of corporate globalization. The opposition continues, and if you are interested in

the GDP does not take into account such things as the distribution of wealth, the impact of industry upon the environment, or the value of unpaid work within the home.

becoming more informed and/or more pro-active in denouncing corporate globalization, there are several options available. The following is a list of Canadian-based organizations and publications which actively oppose the increasing scope of corporate globalization.



The Goddess of Democracy was a focal point for UBC student protests against APEC.

Multicultural Women in Concert -based in Toronto, MWIC works to
promote female cultural workers in
marginalized positions within society.
They also operate Camp Sisters in
Struggle (SIS), an educational and
cultural centre for women.

HomeNet -- an international network of home workers formed in 1994, HomeNet researches and writes about home workers and their experiences.

"Women's Work: A Report" -produced by the Canadian Labour
Congress (CLC), this report examines
the impacts of economic restructuring. (To order contact: The Women's
and Human Rights Department, CLC
2841 Riverside Drive, Ottawa, ON
K!V 8X7)

Information included in this article was derived from publications produced by the Vancouver Status of Women. For further information or reading materials please contact Vancouver Status of Women at 255-6554.

## A Toxic Future with Free Trade?

by Zenovia Ursuliak

orporations have found that adherence to environmental regulations can compromise their ability to earn large profits. That is why free trade agreements like NAFTA, APEC and the MAI give investors the right to sue national governments when they make regulations that impede the activities of business. Under NAFTA, the American-based Ethyl Corporation launched a 251 million dollar law suit in late 1996 against the Canadian government because Canada decided to ban the import of MMT, a gasoline additive produced by the company that our government considers a threat to public health. This law suit is not being settled under Canadian law but within a closed-door tribunal where decisions will be made by trade investment experts chosen by the parties involved. Proceedings will not be open to the public and decisions can not be appealed in domestic courts. Without significant rethinking of the policies of these free trade agreements, our democratic process will be undermined and the health of our people and environment will be seriously endangered.

Information in this article was abstracted from a piece that appeared in (cup) The Manitoban, by Jeremy Nelson.

The BC Coalition for Abortion Clinics presents Pro-Choice Celebration marking ten years of reproductive freedom.

- ❖LIVE JAZZ, FOLK,
- BLUES & MORE
- **♦**CASH BAR
- ❖DISPLAY TABLES
- ❖FOOD
- \*DOOR PRIZE

Saturday, January 24th 8pm to 1am

Ukrainian Cultural Centre 805 East Pender St. Tickets \$5. Info: 736-2800

This is a speech-free zone. The B.C.C.A.C. reserves the right to refuse admission.

# The Giner Points of Shiatsu

n accupressure massage originating in Japan. Shiatsu focusses on reactivating the receiver's healing potential through the application of finger pressure to energy pathways within the body. These pathways, or meridians, function as energy rivers, distributing Qi (lifeforce) throughout the body and connecting accupressure points to one another. In Asia it is believed that where the flow of Qi is interrupted or altered, illness will develop. Shiatsu massage aims to loosen Qi blockages and activate the body's own healing process. Scientifically



speaking, the pressure applied during Shiatsu treatment acts upon the Central Nervous System (CNS), causing the body to relax and the muscles and bones to realign.

Zen-Shiatsu, which is gentler than that traditionally practiced in Asia, is the most common form of Shiatsu in North America. Shiatsu is normally given with the client

dressed in loose-fitting clothes and lying on a futon on the floor. Most treatments last about an hour, but shorter sessions can also be effective. Shiatsu treatment is generally soothing, creating an optimal state for the recouperation and healing of the body. Clients may react differently to Shiatsu treatment: some may feel invigorated and active, while others will feel relaxed and peaceful. Shiatsu works by stimulating the body to regain its natural balance. Once balance is achieved, the treatments are discontinued. In fact. it used to be that Shiatsu practitioners did not receive payment unless all in their care were well. Interestingly, medical researchers have found that applying pressure to an accupressure point will have no effect on the nervous system if the body is already in a healthy state. Additionally, because Shiatsu affects the state of the CNS, post-treatment benefits of Shiatsu tend to remain with the person long after the treatment has ended.

Shiatsu has been effective in relieving pain occuring during or prior to menstruation or childbirth, as well as in decreasing stiffness of the back and hips, insomnia and stress. It has also been used in the treatment of asthma, pneumonia, depression, and circulation disorders.

Shiatsu can be practiced

on people of any age, including children, however those with acute bone fractures or chronic osteoporosis should consult with their doctor before beginning treatment.

Those interested in experiencing Zen-Shiatsu for themselves are invited to attend an Open House at the VWHC at the end of January (date to be announced; for info call 736-7449). Those who wish to watch or ask questions are also welcome

For more information on Shiatsu and Shiatsu practitioners contact the Shiatsu Therapy Association (STA) of B.C. at (604) 433-9495 or by fax at (604) 451-8477. For information concerning this article contact Vanessa Wiebel, Certified Shiatsu Practioner at the VWHC.

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#### BUSINESS MEMBERS' LISTINGS

Liz Gildner & Associates (Igildner@axionet.com) 255-5535 Working with groups and organizations to improve team effectiveness...specialist in group dynamics of women sector organizations.

Diane Payette 879-0330 Counseling services: specializes in anxiety and panic disorders.

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## The Expercs on Depression: Our Stories Continued...

I was spending most of my energy fighting

depression and the bizarre symptoms of

PMS. I wasn't really living. That's when I

went to a new general practitioner and

demanded (really I asserted) that I be

started on anti-depressants.

by Anna Rinaldo

Well, there's no better place to start than with the present...October 21, 1997--about four to five days until I start my period, and I'm feeling depressed. Depressed as in sluggish, dull; in body and in thought. Keep moving, keep doing. Exerting my willpower to follow through on my priorities for the day. I know that the depression will clear significantly as the day progresses. I don't feel like this every morning, thank God. I suffer from premenstrual syndrome as well as depression, and the last week or two before my period many of my physical/emotional/mental symptoms intensify.

I am currently on two antidepressants: one of the newer serotonin-inhibitors and the other, a more aged tricyclic antidepressant. The antidepressants facilitate the functioning I require as a single mother, a welfare recipient, and a living human being. I started on this course of antidepressants in late July of this year after experiencing one of the worst premenstrual periods in my life. When people would ask me how I was doing, I would respond with "I feel like I am in a crisis". I felt very raw. I was strictly in survival mode.

At the time I was reading You Mean I Don't Have to Feel This Way? New Help for Depression, Anxiety and Addiction by Collette Dowling, who promotes the use of antidepressants for women in an informed and fearless way. I had been on antidepressants previously for almost a year; however, by the end of that year, the antidepressants

weren't helping me with either the depression or the PMS so I went off them (May '97). I tried St. John's Wort along with Panax Ginseng for a month. I also tried a lot of other complementary treatments such as self-accupressure, the use of herbs, and supplementing my diet with high doses of

vitamin B6 and the B complexes. These measures were not satisfactory. I was spending most of my energy fighting depression and the bizarre symptoms of PMS. I wasn't really *living*.

That's when I went to a new general practitioner and demanded (really I asserted) that I be started on anti-depressants. I had left my previous G.P. because, as I took my health into my own hands and started experimenting with complementary treatments for depression, something happened to the relationship between us. During one visit, my G.P. literally walked out on me. Clearly, she had had enough of me and, after this incident, I had had enough of her.

By July '97, it was clear to me that it was time to go back on anti-depressants again. Between May '97 and late

July '97, I had *tried* enough alternatives. I was tired of trying and very frustrated.

In retrospsect, I wonder how I got into this *crisis*. I was already at the end of my rope when I found a new G.P. in June '97. I was suffering from severe depression and PMS. I was doing everything I could possibly do naturally and I had already tried anti-depressants. At that first visit with the new GP I verbalized that maybe it was time for me to try other anti-depressants. The GP was very hesitant to start me on anti-depressants, stating that my situation was very complicated and that he wanted to get to know me better. At the time, I thought "he's probably right"; that it wasn't a good idea to jump into things.

Thank-you God and Goddess for Collette Dowling and her book. That book provided me with the information and inspiration to try anti-depressants again and enabled me to be very clear in requesting this mode of treatment ASAP. (I had already had a breakdown in April '96 which resulted in huge losses for my daughter and I, and I wasn't planning on having another!) Collette also discussed the relationship between depression and PMS. To put it in very basic terms, Collette states that PMS and depression stem from the same dysfunction in the body's ability to produce and utilize serotonin. This was one of the reasons I (and my GP) kept getting stuck: Was I experiencing PMS or depression? And which, in turn, would dictate the course of treatment? My GP and I knew that both PMS and depres-

sion could be treated (in Western countries) with antidepressants. What slowed us down was the fact that I had already been on a course of anti-depressants, which although they helped, certainly stopped working at some point. So what were we waiting for? Again, thank you Collette for motivating

me to try anti-depressants again.

The anti-depressants haven't cured my depression or PMS; however, they have helped me to get a little past simply surviving. I have tried a lot of other treatments besides those already mentioned (cranio-sacral therapy, chiropractic medicine, auricular medicine with homeopathic remedies, the Change-ways course at Reach Medical Clinic, anger expression workshops at BC Women's Hospital, flower essence therapy, etc). All were what I believed I needed at the time, and some worked better than others.

While what I've just written is just a small part of the role depression/PMS has played in my life, I won't go into any more detail because I want to focus on the here and now and what is currently helping me. Besides taking the anti-depressants, I continue to chart my menstrual cycle,

### Poem

by meghan

i wish

that my painted toenails would bounce away from it all in a slow motionless trance that i am in

to wards coloured with striped orange curtains

a monitor frames

green jumping lights beeping my rhythm

to the beat

ing of my organ being

analysed again

through noises phonological

beats of terms i do not under

stand

under

there

under

here

am

gripping the covers

as the young woman tapes on more electrodes

and i lie wanting

wishina

out of here where the sound becomes louder

pumping at 28 beats a minute

too slow too slow

i know she is thinking as she gets a doctor

i have my wish solitude behind the ring of curtains around i extend my body and all the wire extension to stand on the shaking bed i stand up laughing to the beep of the monitor endowed with my intravenus stand taped on electronics tearing off and the nurse staring as her lips open to scream doctor

i felt like making out with my heart at that moment but i passed out instead

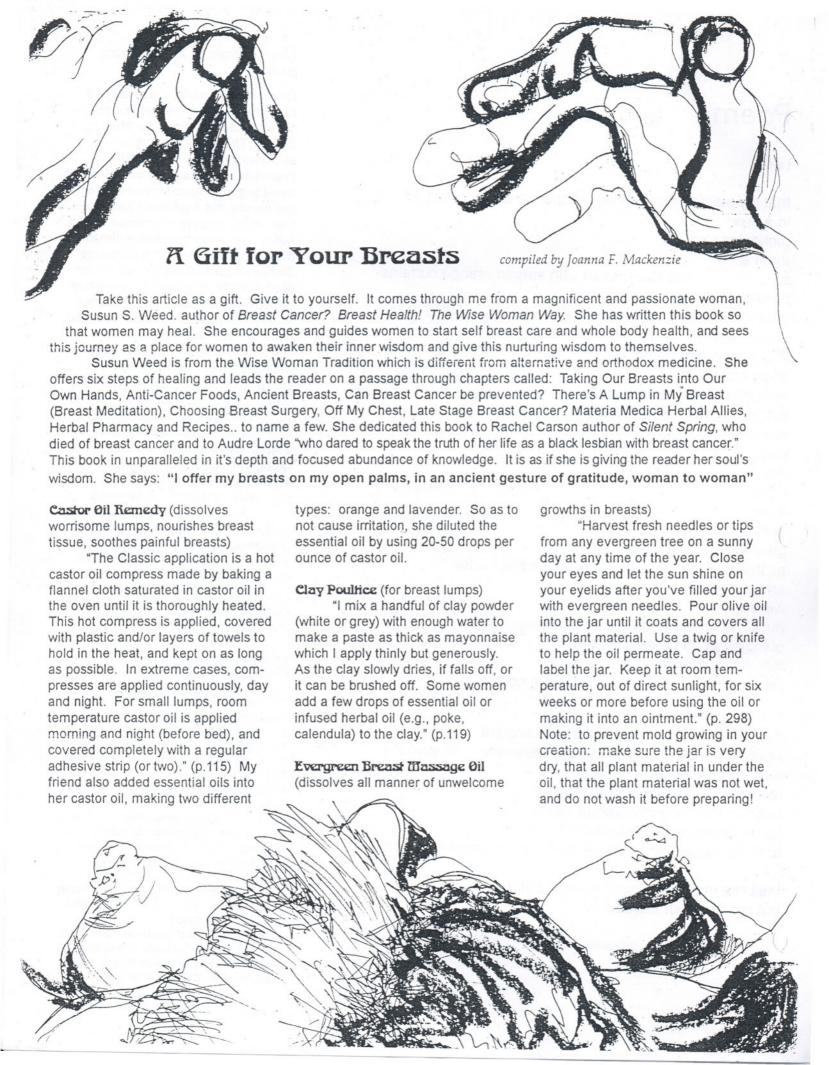
## Depression: Our Scories (continued)...

for my own awareness, as well as a for a study in which I'm participating, called "Understanding Your Menstrual Cycle". This study is being researched by a well-known expert (there's that word again!) on PMS. I'm trying to get an appointment to see this person, but have been told it can take up to one year. I continue to use self-accupressure and herbs periodically and am interested in Japanese/ Chinese moxabustion therapy for the abdominal bloating and the insatiable appetite I am experiencing. I started seeing a counsellor in August '97, and find myself attracted to books on spirituality, especially the old, native American way of living, in which spirituality is not separated from daily living. I practice therapeutic touch as way of healing myself and others. And, of course, volunteering at the VWHC has helped me immensely in facing the challenges in my life, especially the writing and sharing of this series on depression with you.

This will be the last official story in the series on depression, though I doubt that this will be the last of our stories of living with depression. I'd like to end off with a list of the resources/information/services on depression that we've compiled over the course of this series:

Change-ways, for clients of Reach Community Clinic, Vancouver; call Fran Moore @ 254-1354 On the Edge of Darkness: Conversations about Depression by Kathy Kronkite(New York, Doubleday, 1994) Sacred Sorrows, edited by John E. Nelson & Andrea Nelson (New York, G.P. Putnam, 1996) Feeling Good. The New Mood Therapy by D. Burns, M.D. (New York, Avon Books, first edition June 1992) How to Heal Depression by Harold Bloomfield, M.D., & Peter McWilliams (Los Angeles, Cal., Prelude Press) You Mean I Don't Have to Feel this Way? New Help for Depression, Anxiety and Addiction by Collette Dowling (New York, Scribner, 1991) PMS Premenstrual Syndrome Self Help Book: A Woman's Guide to Feeling Good all Month by Susan M. Lark, M.D.

(Berkeley, CA, Celestial Arts, 1984)



## Committee Happenings

#### ADMINISTR ATION

We have hired a new administrator, Caryn Duncan, and look forward to hearing from her in the next newsletter.

We'd like to welcome our new renter - Sarah Lestrange, a certified practitioner and teacher of Jin Shin Do - Bodymind Accupressure. She joined us in early November.

We were quite successful over the fall in renting out our meeting space. Lorna Ketler has been working on a "Support Group Agreement" which will provide some consistency and will be helpful when new people call to use our space.

#### VOLUNTEER

Presently the volunteer committee is primarily focused on reinstating a quarterly training session. The first newly revised training session took place on October 26-28, followed by another on November 22nd, 1997. The next training session is scheduled for Saturday, March

th. All new volunteers will attend the training session to learn more about the Women's Health Information Centre—past, present, and future.

We are looking into an ongoing lecture series on women's health issues for the education of new and unteers. The current volvolunteer committee is also involved in interviewing and welcoming prospective volunteers. We would like to have more active recruitment and facilitate communication

processes between current volunteers.

#### EDUCATION

BECOME AN EXPERT! Is there a women's health issue you want to explore? Here is your chance to learn more about it and teach others. The Education Committee will provide support, encouragement and resources as you accept the 'allenge to teach yourself and enlighten other women. Put on a workshop, do some writing, or simply share information and ideas. Contact Brenda or Tamara at the Women's Health Information Centre to get involved!

#### FUNDRAISING

Thank you to all Health Collective volunteers and friends who came out to support our two fundraising celebrations at The Blarney Stone Pub. The two evenings were a tonne of fun listening to Killarney play all the great Irish Folk tunes. We are looking to put on at least two more of these evenings in the Spring so we will keep you posted. At the moment, we have applied for a Regional Health board grant for funding for the Community Health Advocate's of the Women's Health Information Network. We are still planning a Spring Fundraising Dinner where we will launch the Whin System to the media. Any ideas about a suitable, fun, hip location would be most welcome. Please leave a message for Christine if you have any suggestions. Our sponsor, Natural Woman magazine, will be formally launching the VWHC Health Information Centre in their February/March edition. Natural Woman has Canada-wide distribution and is published out of Victoria. We are very excited about our new sponsor and look forward to mutually promoting each other. That's all for now. The Fundraising Committee wishes everyone a healthy, stress-free season and we look forward to your comments and suggestions.

#### INFORMATION CENTRE

The Information Centre needs your help! We want to reorganize the health practitioners files. We feel it is important that women have several options to choose from when looking for a doctor. Therefore, we ask that you take the time to fill in a questionnaire about your doctor (even better, make some photocopies and have your friends/family fill one out as well) and send it back to the VWHC.

At the end of October, Anna-Lisa Boye, who worked for us this summer, began her new job as Infocenter Coordinator. Her energy and commitment have already proven very valuable.

We have lots of ideas and plans to improve on our service and we will keep you posted on our progress. In the meantime if you feel like helping us out, and are able to commit to a couple of shifts a month, give us a call: we are always looking for more volunteers. Infocentre Hours:

Mon & Thurs - 10:00 - 1:00 pm Tues - 6:30 - 8:30 pm Sat - 1:00 - 4:00 pm

#### A Gift for Your Breasts

(continued)

Relpful Tips: White clay, Castor oil and essential oils can be bought at any health food store. Sweet Cherubim has them: White clay ~ \$5.00, Castor Oil ~ \$9.00. Flannelette Pajama cloth can be bought at any fabric store. The book can be bought at 'Choices', on 16th, near McDonald.

#### An Interview with my Breast Friend!

A friend of mine said she had a benign lump in her breast, so I gave her Susun Weed's book and she experimented with the Castor Oil Pack and Clay Poultice. I talked to her about her experience and I'd like to share it with you.

- Q: Why did you do this treatment?
- J: I have had a lump in my breast ever since I was 14. Doctor's told me it was harmless. But I found out about these home remedies I could try. I decided I'd feel really, really good if I myself could make a change in my body that Doctor's didn't care about. I also figured my breast itself would be happier if it didn't have a lump in it.
- Q: What was the most enjoyable aspect of doing this treatment?
- J: The hot castor oil packs are really warm. First there is a shock from the heat and then your body instantly adjusts, like getting in a hot tub. It's 15 minutes of just relaxing and doing nothing...taking care of myself...lying in bed under blankets with a warm thing...taking care, time, for me. Which is great!
- Q: Did it change your relationship to your breasts in any way?
- J: I really like my breasts but I think it made me objectify them less and think more about them as if they had feelings.
- Q: What was the result of doing this treatment?
- J: My lump shrunk from being the size of a chick pea to the size of an adzuki bean (if you don't know what those are, try them, they're really good).
- Q: Time expended?
- J: I did four treatments with castor oil packs for 15 minutes each, but sometimes I would put them on and fall asleep and keep them on all night. I'd do the clay on Saturdays and leave it on as I puttered around the house.
- Q: Would you recommend doing this? Any adverse effects?
- J: Only that it's greasy. You can also just rub castor oil into your breasts if you have lumps, but it's oily. Mud is fun. I did it in the day time. No complaints. Yeah, I'd recommend it. Yeah, I like it.

#### Heart Healthy Tomato Sauce

The next time you're shopping for vour favorite pasta sauce, keep this in mind. Researchers have determined that an antioxidant found in cooked tomatoes may help clean up toxic by-products linked to heart disease and certain cancers. The antioxidant, called Lycopene, is found in highest quantity in cooked tomato sauce, particularily if the sauce is prepared with a small amount of oil, which acts as a catalyst in the release of Lycopene. Research is currently underway to determine whether Lycopene can also be used as a means of protecting the lungs against air pollution.

#### **Breast Pain Blockers**

A 'cocktail' of intravenous and topical anaesthetics termed the 'paravertebral block' has been found to speed the recovery of patients undergoing breast cancer surgery. Unlike a general anaesthetic which wears off shortly after surgery, drugs applied locally remain in effect for a much longer period of time. They also reduce post-operative vomiting and nausea. Normally, it is not the surgery, but the effects of the general anaesthetic in combination with the drugs needed to control pain post-surgery that prevents women from returning home for several days after surgery. By extending

the affect of the anaesthetic, the paravertebral block can significantly reduce the length of time women must stay in hospital.

## Reducing Pesticides in the Fruits We Eat

Consumption of environmental estrogens derived from pesticides can pose several threats to our health. The Environmental Working Group, an organization from the US, looked at the amount of pesticides found in 42 fruits and vegetables. Strawberries (1cup), Cherries (1 cup), Apple (1), Cantaloupe from Mexico (1/4) and apricots (4) fall among the fruits containing the most pesticides. To

reduce the amount of pesticides consumed, any fruit or vegetables that can be peeled should, and all others should be washed with a little dish detergent. (DES Action Canada Newsletter, Summer 1997)

CALLING ALL READERS

## *Infusion* is seeking **FEEDBACK** and **SUBMISSIONS**.

This marks the first issue of the VWHC newsletter printed on 100% recycled paper (in the only colour presently available) Previously, we used 40% recycled paper. Let us know if you think we made the right choice. If you are literarily- or artisticallyinclined and have work you'd like to submit, or if you'd simply like to share your views with us, feel free to contact the Newsletter Coordinator at the VWHC. Phone: (604) 736-4234 #219-1675 West 8th Ave. Vancouver, BC, V6J 1V2

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### Vancouver Women's Health Collective Membership Form

Urgent Notice: fees are due by January 31st, 1998.

#### Categories:

Volunteer Member (\$5-25/year)

Newsletter Subscription

- Library Privileges
- Voting at committee level
- Volunteer commitment on at least one committee or project and three hours per month for fundraising

Associate Member (\$10-25/year)

Newsletter Subscription

Health Practioner/Therapist/Business Membership (\$35/year)

- \* Newsletter Subscription
- \* One free newsletter listing
- \* Invitation to special events

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