

Infusion

Vancouver Women's Health Collective

Revamping, repainting and releasing

by Raine McKay

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 practitioner, holistic practitioner and therapist files, educational work, support groups, publications and lobbying and advocacy.

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Infusion

Welcome to *Infusion*, VWHC's recently renamed newsletter!

Infusion 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 forum 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 VWHC.

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On April 1st, 1997, the VWHC Steering Committee officially closed the Information Centre for three months. There were important reasons for doing this. First, due to reduced funding, we had to lay off 2 workers. Having determined it was impossible to run the centre effectively without ongoing staff support, we decided to close it down and turn our volunteer energy to revamping the way it operates. Our efforts over the past three months will result in more responsive and comprehensive service when the centre reopens on July 14th, 1997. Second, over the past six months the steering committee has been struggling through problems which, though manifested interpersonally, were rooted in the systemic makeup of the VWHC. Issues of accountability, direction and focus and the roles and responsibilities of our members were reviewed. Through a mediation process facilitated by Robin Rennie, we were able to release some frustration, refocus on systemic issues and begin the journey back to a healthier working environment.

There remains a lot of work to be completed - policies to be written, processes to be implemented and revisioning of our place in the community to be undertaken. But this work is being embarked upon with joy, hope and a heck of a lot more humour. After all we do to promote health, we as an organization need to be healthy! Our new beginnings were marked in a concrete fashion with a party to repaint and rearrange our space. Expanses of pink wall have been replaced by blue skies, red blocks, green vines and yellow sunshine. This mixture has created such a dynamic moving space that one volunteer stated, 'How can we not want to play in this space!'

The next six months will be exciting and challenging. We need to hire staff and provide them with a supportive work place. We need to shift into the new service-focus of the Women's Health Information Network and to build accountability which respects the varying levels of commitment volunteers bring to the VWHC. We need to mesh the hard reality of finances with our stated goals. We must focus on being financial stable. We 'need' to do these things, but more importantly, we as an organization 'want' to do them. For this we will need the help of all our members (associate, business and volunteer). So give us a call and offer what you can - knowledge, skills, money, time, connections or encouragement - all are gladly received.

Sound like a lot? Well, like the song goes, 'One more mountain? Hey so what!' For twenty-five years, the VWHC has known how to move mountains - get a bunch of women, add commitment, skills, respect and hope; lace them together with passion, and stand back and behold.....

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Menstruation and Ritual

by Kate Laidlaw

In ancient times, elaborate traditions and rituals celebrated the empowering aspects and sacred nature of women's fertility and monthly bleeding. These ceremonies, practiced at different times throughout the world, honoured women's connection to the earth and the moon. Today, however, such rituals are rarely practiced. What has happened to these special rituals and why do women dismiss the significance of their periods?

Today menstruation is so negatively conceived that it is difficult to even consider 'enjoying' our periods. Most women are raised to believe that menstruation is unimportant. It is an event which interferes with daily life and takes away energy required for our homes, offices and communities. Goddess forbid that we take time off from our role as caregivers, nurturers and societal contributors to rest and gain strength for the coming month.

Tremendous feelings of shame exist around our bodies - their shapes, sizes and particularly, what comes out of them. In addition to the usual physical discomfort, emotional and psychological pain also play a part in menstruation. With our bodies acting as a reminder of the physical, sexual, emotional and mental abuse we have endured as

women, it is no wonder that we tend to underplay our natural cycles.

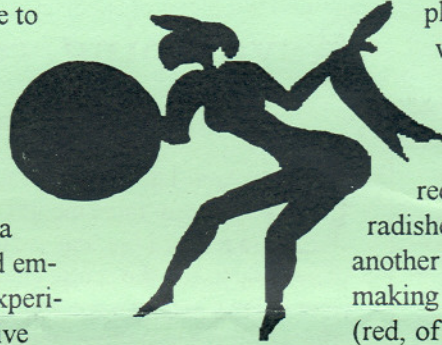
Is it possible to heal our wounds and begin to perceive our bleeding time as a positive and empowering experience? To give

ourselves permission to rest, be massaged, eat and drink gentle food like vegetable soup and herbal tea? Or allow ourselves time off work to receive care from family and friends? Committing ourselves to a positive acceptance of our monthly cycles and the special attention required during our bleeding times will eventually allow us a more comfortable, healthy and enjoyable period.

Creating and practicing some form of spiritual ritual can aid in developing a more affirmative attitude towards 'that time of the month'. A ritual is a simple ceremony acknowledging an important event in our lives.

Menstruation is an event of profound universal significance. When we are menstruating our dreams are deeper, our intuition is more accessible and our creativity is much more apparent. In some ways we are wiser at this time of the month than at any other.¹

There are many ways in which to create ceremony around our periods: one of the more common is to have a hot bath with essential oils prepared especially for "Moontime" - lavender, geranium, clary sage or ylang ylang. Or you may want to burn a



red candle or two. Another option is to go for a walk at night (with a friend).

Look for the moon and see what phase 'She' is in (waxing, full, waning, dark). You will know, by the cycle of the moon, when to expect your next period.

Buying red flowers or eating red foods like strawberries, radishes, apples or pomegranates is another alternative, as is buying or making a special piece of jewellery (red, of course) to be worn at this time. Or, how about slipping on some bright red lingerie!

With this in mind, planning a small ritual once a month could be fun!

The real point here is not to ignore our period but to acknowledge and celebrate it. By taking special care of ourselves during this time we not only replenish ourselves, but also renew the connection between our bodies and cycles.

Kate Laidlaw is a counselor and group facilitator. She has been developing and facilitating a workshop called THE MOON IS RED: A Positive Approach to Menstruation for the past four years. If you would like to find out more about this work she can be reached at 736-1760.

¹*PMS Premenstrual Syndrome Self Help Book - A Woman's guide to feeling good all month. The first completely practical all-natural master plan for relieving over 150 symptoms of PMS by Susan M. Lark, M.D. (Berkeley, CA., Celestial Arts, 1984) Note: there's a new 1996 edition out but it doesn't look much different from the old one.*

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Endometriosis

by Zenovia Ursuliak

Before attending a workshop on menstruation, during which Diane RaeWazny shared her story of living with endometriosis, I knew little about this condition. Her story and her alternative approach to coping with endometriosis inspired me to learn more about this condition and write this article.

What is it?

Endometriosis is a condition where parts of the endometrium (the lining of the uterus) are found outside of their normal environment in the uterus. They can be implanted on the outside of the uterus, the ovaries, the rectum, the intestine, the appendix and as far away as the arms and lungs. These

bits of endometrium will respond to women's cyclic ovarian hormones in the same way that the uterus does during the menstrual cycle. This means that they will become engorged with blood and then shed this blood in conjunction with the menstrual cycle. If these misplaced clumps of endometrium are

situated near nerve endings there may be intense pain, especially during menstruation.

What are the symptoms?

25 - 30% of women with endometriosis do not experience symptoms. This makes diagnosis difficult and prevents early treatment of this condition. The most frequent symptoms of endometriosis are painful menstrual cramps, pain during intercourse and pain in the lower back during menstruation. Constipation, rectal bleeding and painful defecation during menstruation may also indicate endometriosis.

What are the consequences?

For women wanting to conceive, infertility is the major concern. Endometriosis is estimated to cause 30 - 40% of infertility in women. Long-term, debilitating pain, heavy bleeding and possible interference with the structure of organs in the abdomen are

serious concerns for all women with endometriosis. Diane bled continuously for a year and developed serious anemia as a result. Without supportive health care, the painful symptoms of endometriosis, which regress only with the onset of menopause, can cause great emotional stress.

Who gets it?

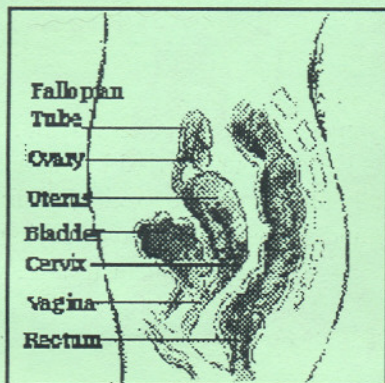
Misperceptions around endometriosis have led to many women being misdiagnosed, treated for the wrong disease or left without any treatment. The medical system has helped perpetuate the common misconception that endometriosis is a disease of White, career-women who choose to delay childbirth. A medical school textbook of the 1980s states, "The [endometriosis]

patient is said to be mesomorphic (of medium build) but underweight, overanxious, intelligent, egocentric and a perfectionist."¹ Black women displaying symptoms of endometriosis, were assumed to have PID (an infection of the reproductive system

often associated with STDs) and thus were not given adequate treatment. Today, studies suggest there is little difference in the incidence of endometriosis between races. Endometriosis has also been found in many adolescent women - some as young as ten years old. A study reported that 41% of endometriosis sufferers had symptoms before the age of 20. The perception that endometriosis only affects women in their thirties has left many young women living for years with horrible pain and inadequate treatment.

How is it treated?

Many doctors will suggest that having a baby is the best treatment. However, pregnancy, though it causes menstruation to cease and thus temporarily delays the bleeding, does not cure endometriosis. Hysterectomy or ovariectomy (removal of ovaries) is another common solution, when the endometriosis is severe.



VWHC party
at the

Blarney Stone
Pub

September 4th
& October 23.

Music by

Killarney

the house Celtic band

Tickets will be
\$5.00

All volunteers and friends
of the VWHC welcome.

Women's Health Advisory
Committee Seeks Members!

The Vancouver/Richmond Health Board is inviting nominations for the Women's Health Advisory Committee. This committee is to provide the board with advice on health policies and plans that will improve the health status of women in the health region.

Expenses (child care etc.) will be reimbursed.

If you are interested in the work of the committee and/or in being considered for membership on the committee, please contact Faye White at 775-1869.

Endometriosis (Continued)...

In Diane's case, once diagnosed with endometriosis, she was booked, without consultation, for an immediate hysterectomy. Hormone therapy and surgical removal of the endometrial tissues are also used in treatment of endometriosis. Both treatments have some disadvantages. On the one hand, hormone treatments can produce serious sideeffects and little is known of the long-term effects of hormone usage. Surgical removal of the endometrial tissues, on the other hand, is less effective in women who do not become pregnant following the procedure. The rate of recurrence in these cases may be as high as 40%.

What are the alternatives?

Diane cancelled her appointment for a hysterectomy and has chosen to deal with endometriosis on her own by modifying her lifestyle. This includes eating a macrobiotic diet (cutting down on meats, dairy, sugar, fats, refined and processed food), exercising regularly and reducing stress. Taking hot baths and drinking herbal teas (skullcap, chamomile or passionflower) can aid relaxation. Painful cramps can be eased by alternating an ice pack on your lower back and a hot water bottle on your lower abdomen. Red raspberry leaf tea and 100 mg of niacin twice a day can also be taken for cramps.

It is important to note that, although Diane had great success with her alternative healing approach, this kind of therapy (especially in the case of severe endometriosis) may not be effective for every woman.

Support groups and resources:

Fraserview Endometriosis Support Group, New Westminster, call Sherry Calkins at 522-6446 and Canadian Endometriosis Association, Delta, 943-4057. More information about endometriosis can be found in the Info Centre at VWHC.

Thanks to Diane RaeWazny for sharing her story of living with endometriosis.

¹Robert W. Kistner "Endometriosis" in Gynecology and Obstetrics ed. John Sciarra (Hagerstown, M.D.: Harper & Row, 1980) pp. 17-18, reprint.

Committee Happenings

ADMINISTRATION

Have things ever been changing around here!!! What with financial year end, staff layoffs, the closing down of the info centre and five years of backed-up filing, team effort has certainly been in demand! Tory, our book-keeper has been a gem, assisting us in the financial transition between one year and the next - Nina & Maureen have earned the title of filing goddesses extrodinare - they archived and made sense of 5 years of meandering VWHC herstory. Kanokwan arrived weekly to type up all those meeting minutes and to provide hugs. Catherine joined us providing comic relief and wisdom for our muddled minds - (OK, mostly Raine's). And, thanks to volunteer administrators Anna Lisa & Shirley we'll have live bodies in the centre on a more regular basis! If you would like to be part of the admin. committee - answering phones, typing, making executive decisions about which paper to buy or toner company to use - just let Raine know.

Volunteer

Nellie, with help from Zenovia, is currently acting as Interim Volunteer Coordinator. Volunteer coordination is a big job and it would be great if some of the collective volunteers would like to pitch in. The only requirement is that you be somewhat familiar with the Collective's committees and herstory. There is a lot of excitement displayed by new volunteers, a testament to the Collective's far reaching mandate. Most women say that they believe the Collective is essential to women in the province and they want to be a part of that. It is always awe-inspiring to see the enthusiasm of new volunteers. Some of you may have met new volunteers on your committees. Let's welcome them and help them become oriented to the rich herstory of the collective and the good work being done by the committees.

Steering

As mentioned in Raine's article, the steering committee has been working on internal process. We have been redefining ourselves, evaluating the structure of the VWHC and identifying our major obstacles and future directions. We say goodbye and thanks to some women who have left the steering committee; Kate, Diane, Megan and Wendy. We also welcome back Lorna and Caitlin and our new member, Kelly.

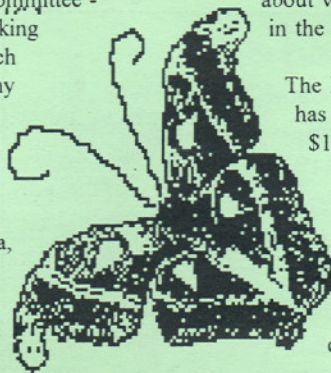
FUNDRAISING

MEMBERSHIP FEES ARE NOW DUE.

It is AGM time again which means that all of our membership fees are now due. These fees help us keep you informed with the production of our newsletter and our monthly mailouts. The newsletter comes out four times a year and is the main communication link for all members of the VWHC. The monthly mailouts serve to inform you about the upcoming events at the collective such as workshops, clean up dates and social gatherings.

The VWHC has got two summer challenge grants. Both positions are for eight weeks. The positions are for a 1) Fund raiser and 2) Program Coordinator. These positions could not have come at a better time and we are all very excited about what can and will be accomplished in the two months.

The Ministry of Women's Equality has raised our operational funding by \$10,000.



Lorna and Nellie are in the midst of researching the idea of a Vancouver based retail store owned and run by the VWHC. We would carry art work and crafts made by women across B.C.

We are currently updating our databases and trying to find all our past members. Please let us know about any past members and where we can reach them.

Lastly, we are planning to hold a 25th anniversary dinner this fall. We want to get all past members together with current members and celebrate all that the VWHC has accomplished. If you have any ideas of great spaces for this fundraiser, please contact Christine.

LOBBYING ADVOCACY

In March, Megan met with the University Women's Club of North & West Vancouver. They are interested in working with us. The Community Health Advocate Manual is in the final stages of production.

EDUCATION

The committee is in the process of defining itself and making policies. In the midst of necessary change, it is inspiring to be doing this work. Newcomers are always welcome.

Endometriosis and Me

by Maureen Kirkpatrick

"Go home," the doctor said to me seven years ago, "You are an over-emotional female with too much time on her hands."

That was Monday afternoon. Tuesday evening I collapsed and was rushed into emergency surgery where they did a laparoscopy so the doctors could see what was happening. I had no idea what the problem was, the bleeding was so severe and there was so much damage that they couldn't wake me up. They had to remove my right ovary right away. I was 29 years old, and had never had a serious illness before.

When I recovered, I changed my doctor and learned as much about endometriosis as I could. A follow-up appointment six months later gave me a clean bill of health. I asked my doctor how this could have happened since I was religious about having yearly physicals and pap smears. I was told that endometriosis does not show up on most pap smears and is not immediately evident by a pelvic exam either.

Almost a year later the symptoms began re-appearing: excessive bleeding, cramping and extended periods, some up to ten weeks in duration, and pain. After my second ten-week period, I went to my doctor to have a pap smear. He sent me to the gynecologist who had performed my first surgery. I was scheduled for a second laparoscopy. This time however, I made a point of saying no to other surgery, because I wanted to be awake when decisions about my health were made.

The second laparoscopy revealed that the endometriosis was back and covering the posterior wall of the uterus. I was told that my endometriosis had advanced to the fourth stage, the point at which drug therapy does not work.

Still, I waited six months for my surgery, during which time I tried alternative medicines and homeopathic remedies, including visualization, to cure myself.

In the end this was a near fatal decision which allowed my endometriosis to spread to the entire uterus and remaining ovary, with adhesions to my bowel and small intestine, as well as the top of my cervix.

I went in for a sub-total hysterectomy (just the uterus) and gave my surgeon instructions to remove anything that even looked like it might have endometriosis on it. Of course, at this point, I was sure that I had contained the disease to the uterus (by my use of homeopathic and alternative choice). And that my partner and I would be able to have children (my eggs, her uterus). But, in the six months between the second laparoscopy and the hysterectomy, the endometriosis had spread considerably.

I was put on Hormone Replacement Therapy ("HRT"). I had read a lot of information, mostly negative, and didn't want to take HRT. But at my age (32) the alternatives weren't great. I was advised by several doctors that if I didn't use HRT, I was at risk for early on-set osteoporosis, stroke, breast cancer, and would begin menopause. HRT was my only choice.

What they didn't tell me was that there was a small risk that HRT would keep any remaining endometriosis, however microscopic, active.

I began bleeding again the following October. The gynecologist referred me to another specialist, who confirmed the presence of endometriosis on the cervical stump. At this point, I wasn't going

to waste any more time, I had read of endometriosis being found as far away as the lungs and I didn't want to take the chance. I scheduled the surgery for the first available time the doctor had. This was December 19th.

Since the last surgery I have been physically healthy. Emotionally, however, it has been an extremely difficult thing to face. In retrospect, it would have been easier for me to have had one surgery than to have been stripped piecemeal of what we are culturally taught is the central purpose for being a woman. The cervical surgery was ironically more difficult for me than was the hysterectomy because I felt that my endometriosis was becoming a never-ending process.

I feel that no prescribed treatment, whether naturopathic or traditional western medicine, should be entered into without careful consideration. Assess all your options and then go with what feels right for you, given your stage of endometriosis at the time of diagnosis. Don't discount anything. Multiple treatments often give the best results.

business member's listing

Anna Rinaldo 879-5909
Therapeutic Touch - Energy rebalancing to promote self-healing. Nurturing; great for pain relief, relaxation. Sliding scale, trades welcome.

Hilary Mackey 251-9057
Bodywork therapist. Registered clinical counselor.

Valerie Oglov 987-7640
Counselling, consulting, research, education on issues of women's health from a feminist perspective.

Experts on Depression:

Interview #2 with C.M., teacher, feminist, counselor: single mother of 3 children - whose eldest daughter, having cerebral palsy, was cared for at home, basically single-handedly until she turned 18.

AR: At what point in your life did you start having a name for "the depression"?

CM: I think I started to seek help before I realized what it was because I didn't like what was happening with me. It wasn't until I had really severe PMS in my mid-thirties and finally started to get a handle on it that I realized that I was also experiencing depression.

AR: So the beginning for you was intense PMS symptoms. Tell me about this experience. Who put the pieces together for you?

CM: I did. Just after my second child was born I started to realize that there was a pattern to my irritability and depression. I started to chart my feelings. Then I started reading about PMS. My doctor suggested taking vitamin B6, but this didn't work for me. I went everywhere gathering information. That's when I really started putting a name to these feelings.

AR: You said that you experienced feelings of extreme irritability - Were there other symptoms?

CM: As far as the depression was concerned, it was like being taken over by something that wasn't me. Everything looked completely negative. It was like I couldn't reach out and touch or experience what it was like not to feel that way. And when I was feeling alright, I couldn't get inside how awful I had felt before. I even got to the point of feeling suicidal.

I've realized since then that stress exacerbates everything. I was living a very stressful life. This was long before I know how to say no to anything. I was completely stretched. I spent a week in the hospital doing a lot of thinking, deciding on areas of my life where I was just going to say NO.

It came down to the fact that while I was pregnant I felt wonderful. Afterwards, when my periods started again, I developed chronic cystitis and began to dread experiencing these symptoms every month. My kids were little, my husband was away and I was so afraid of getting angry and losing control that

I would become depressed and then suicidal.

Sometimes I just couldn't do anything. I just wanted to curl up in a fetal position and make the world to go away. It was like looking at the world through an opaque glass and not being able to see.

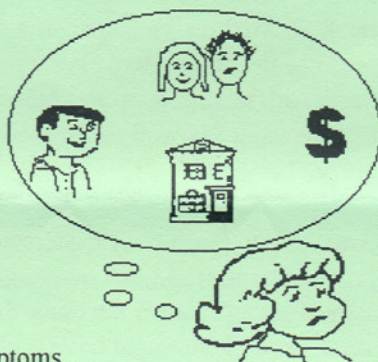
I ended up going to the PMS clinic at Shaughnessy Hospital. There were two doctors there. I don't remember the name of the male doctor, but he was prescribing progesterone. Dr. Misri, whom I saw,

was prescribing lithium. It was all very experimental.

I remember going to see her absolutely beside myself with worry. I had the whole summer ahead of me with two little ones and didn't know how I was going to cope. She was not very sympathetic and sent me home with a chart to fill in. She basically told me that I did not have PMS, though she did put me on lithium. The lithium had some side-effects, causing me to become dizzy and feel like I was going to pass out. I felt like a guinea pig, and I had two little children with me. When I phoned her, she said, 'Oh, well my other patients don't have these symptoms, and that was as helpful and sympathetic as she got.

That was when I realized I would have to educate myself: that the medical profession wasn't going to do it for me. I read everything I could lay my hands on. I found a nurse in North Vancouver who had developed a special diet to treat a condition called Monoamine Oxydase Deficiency, which develops when your body lacks the enzyme needed to break down foods containing amine. The condition can be treated by eliminating foods containing amine and sugar (cheese, bananas, alcohol, coffee, chocolate, citrus fruits, tomatoes, mushrooms, soy sauce) from your diet. I went to see a Chinese physician with whom the nurse had been working. He told me that if I had known I had this condition before my daughter was born, she wouldn't have had cerebral palsy. You can imagine what this did to me.

It was around this time that I had a breakdown. I've realized since then that stress exacerbates everything. I was living a very stressful life. This was long before I knew how to say no to anything. I was completely stretched. I spend a week in the hospital doing a lot of thinking, deciding on areas of my life where I was just going to say NO.



Our stories continued...

By Anna Rinaldo

Now I'm saying, 'this is who I am, no matter what,' instead of saying, 'this is who I am, is that really OK?'

I got better. The PMS symptoms weren't as difficult to handle. I went on the special diet and started to say NO. But it wasn't until several years after the breakdown that I was treated specifically for depression.

AR: Tell me about the "journey."

CM: It was a period of chronic stress which lasted several years. After Sandy (my husband) quit his job we had Alexander, who was my third baby and very difficult. We had no regular income. Sandy was off doing mining ventures and I was taking a course to help get me back to work again. In September of that year I went back to work and everything started to come together. I felt really good.

My doctor said it is often the case that after something positive happens you start to let go and then things fall apart. I think I realized something was coming. I was reading a book called *You Don't Have to Feel This Way About Depression and Drugs*. I had always resisted taking antidepressants. I felt there was nothing wrong with me and that I could figure it out myself.

But this time the depression was much more physical. I didn't feel suicidal at all. The heaviness was incredible. It was like

In retrospect, the marriage was a large part of my depression - right from the beginning. I wanted to be a good wife and mother. I felt I should be 'this way' or do things 'that way'. I stopped being myself and started being a role. The cost was depression.

wearing an overcoat so huge I couldn't move. I slept a lot of the time, I cried, I looked terrible and lost a lot of weight. I desperately needed help and decided to go on an anti-depressant. The antidepressants actually made things a lot worse at the beginning. The side effects exacerbated the depressive symptoms: everything felt heavy, my mouth was dry and my mind felt fuzzy, as if my brain was thinking very slowly. The drug, Luvox, took about two weeks

to kick-in.

I went in for some counseling to try and understand the source of the depression. The counseling wasn't that great. It was helpful to talk to someone, but I really felt that the psychiatrist (a woman) didn't take me seriously. Then my marriage started to fall apart. In retrospect, the marriage was a large part of my depression - right from the beginning. I wanted to be a good wife and mother. I felt that I should be 'this way' or do things 'that way'. I stopped being myself and started being a role. The cost was depression.

I eventually found myself a wonderful therapist and worked through a lot of issues: my family, my relationship with my father and stepmother. This has been curative.

Somebody once told me to turn the experience of 'I am depressed' to 'What am I depressing.' I have depressed too much in my life. After my last depression I started getting angry. Discovering my anger was one of the things that led to the end of my marriage. Some of that anger was at myself because I hadn't been who I really was. Now I'm saying, 'this is who I am, no matter what,' instead of saying, 'this is who I am, is that really O.K.?'

The next issue will conclude our three part series on depression.

Resources:

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, MD (Berkeley, CA, Celestial Arts, 1984).

"*Breaking Through Depression Naturally*" with Monique Giard, Anna Rinaldo, and guest speakers is a fifteen-week process-oriented group therapy scheduled to start on 17 Nov. 1997 and end on 9 March 1998. It will take place on Monday evenings from 7-9:30pm with the exception of two Saturday sessions from 9-5pm on 13 Dec. 1997 and 17 January 1998.

The purpose of this group therapy is to regain VITALITY, OPTIMISM and BALANCE in life through natural healing therapies such as homeopathy and accupressure. We will explore the connections between thought processes, emotions, and behaviour, and look into the use of insight-oriented techniques for healing deep psychological wounds.

For more information and for a 30-minute free registration interview, please call: Anna Rinaldo (879-5909) or Monique Giard (450-6218).

A Few Final Words....

Comings and Goings

In loving memory of Gloria Greenfield, a dedicated advocate of women's health both at the collective and in the community, who passed away recently. Gloria was a long-time survivor of breast cancer.

We say good-bye to Kate Laidlaw, who is moving her counselling practice out of VWHC. Wishing her the best on her continuing journey.

The Life Quilt for Breast Cancer project is moving to the BC Breast Cancer Foundation. We hope their dream of creating a social support network for women and their families living with breast cancer will be realized.

Welcome to the BC chapter of the National Action Committee for Women

(NAC), who joined the VWHC office in May 1997.

Welcome also to Shiatsu practitioner, Vanessa Wiebel, who will add her healing energy to our space this summer.

Call for Entries

"Reaching for the Light" - a Breast Cancer Art Show

Announcing the second annual exhibit by women, their families and friends living with the diagnosis and treatment of breast cancer. Open to anyone in Whatcom, Skagit, King Island, Snohomish Counties, and British Columbia. All mediums welcome.

The exhibit will take place in Bellingham, WA at the Allied Arts Gallery opening October 24, 1997. For information on submissions, contact **Leslie Jacobson** at

(360) 671-9772, or LJAKE44@aol.com by October 1, 1997 if you would like to participate in the exhibition, or if you have any questions.

Contact Point

Contact Point is a place on the west side for lesbians. It is a safe place to meet and socialize with women of any age, ethnicity, ability, creed, who love women. Share with us where you are at, your interests, or just come for a hug and smile. For more information, leave a message with **Raine** at the VWHC 736-4234 or simply drop by! 11:00-1:00 every Sunday morning at the VWHC.

.....
May the longtime sunshine upon *her*
All love surround *her*
And the pure light within *her*
Guide *her* way on
her you

(contributed by Anna Lisa in memory of Gloria Greenfield)

Vancouver Women's Health Collective Membership Form

Categories:

Volunteer Member (\$5 - 25/year)

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

Associate Member (\$10 - 25/year)

- Newsletter Subscription
- One free newsletter listing

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

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

Name: _____ Phone: _____

Address: _____
(street) (City/Province) (Postal)

Category: _____ Fees enclosed: _____

Donation: _____ (a charitable tax receipt will be promptly sent to you)

Please return to: Vancouver Women's Health Collective
219-1675 West 8th Ave, Vancouver, BC, V6J 1V2

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BABY by Susan Ursuliak

Her toes strung like pearls
on the ends of her feet,
so small and perfectly pink
I could eat them.

Milk drunk, her mouth falls
away from my breast
and forgets to close.

In the small dark space
between her lips
the air is warm and sweet,
her breath still
innocent.

The darkness behind
her eyelids
should not yet be ruffled
by dreams,
but her eyes start to roam
in the familiar patterns of REM,
searching for
seeing
what - -
my face
or a welcoming teat?