COVER SHEET

Marginalized and Houseless Women Speak: "What we need so we can effectively improve our own health and well being...."

For
WOMEN'S HEALTH POLICY DEVELOPMENT FORUM
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INTRODUCTION:

The following two research reports are from two groups of women; they contain the women's ideas and suggestions for positive change in health care. One group was of women from all over Vancouver, including women from the downtown eastside, those who work the streets as prostitutes, those who have been incarcerated in various forms of institutions, and those challenged with various physical, mental, or emotional "disabilities." The other group are 74 houseless women I met in my health care research project with houseless people. These reports, filled with ideas from these 961 women, were taken to the Women's Health Policy Development Forum held May 7, 1994. Copies were also given to the Interim Regional Steering Committee and to various Community Health Councils.

The Health Forum Document Committee from that May 7th forum produced a "Women's Health Policy Document" based on the suggestions and ideas that women took to the health forum.

Kathrine Gould

PERSPECTIVES OF HOUSELESS WOMEN

How This Project Began

The voices of houseless women were not being heard. There was great risk of their ideas continuing to be overlooked. The simple fact was that no one had the combination of health forum knowledge, time, energy, commitment, and first hand experience with houselessness needed to find out what these women thought. I had this combination. No decision needed to be made.

Who I Talked With

The seventy four of houseless women who shared their ideas with me live in the following areas of Vancouver: Kitsilano, Spanish Banks, UBC, Dunbar & 49th, Shaughnessy, Granville & 60th, Oak street & 49th, Broadway & Fraser, Commercial Drive, Trout Lake Park, Renfrew & Hastings, and Knight street near Burnaby. The ages of the women range from between twelve to seventy three years old. The women were of every race and many different cultural backgrounds. Some have alcohol problems and drug problems, and some do not. Some have mental health problems, and again some do not. There were several different levels of academic education ranging from illiteracy to having university degrees. The women had a wide variety of reasons for being houseless. They had a wide range of family experiences and came from families of different income levels. Some grew up in foster homes. Some are working paid regular nine to five jobs and some are not. The only similarity by which to categorize these women would be to say that they are houseless. Most of the women knew nothing of the resources in Vancouver's Downtown Eastside. All had tried unsuccessfully to find out what resources were available to them.

I have used the term "houseless" because "homeless" seems an inaccurate way to describe the women that I met. Most of these women do not know what a "home" is. Yet I can not really say that they lived on the streets: One woman lived in Stanley Park. And one gentle soul's home was within her; she is houseless but not homeless. For lack of a better word, I call the people who live outside of buildings "houseless."

Methodology

My attitudes and approaches were very different than traditional quantitative methods of gathering information. My objective was to go and be with the women in a quality way. I did not want to extract their ideas like a supposedly "superior" anthropologist/survey person for my work around health care reform. I was no objective. A clinical, sterile and impersonal approach would have been inappropriate and unsuccessful. I responded as a human being and as a "barefoot street worker" (see below), not as person doing a survey. I did not want to use and abuse the women. I wanted to be with them. I let their ideas come to me; I didn't pursue their ideas. In simply being with them, I was a safe, magnetic, and totally present human being that drew the women to share their ideas with me. With some women, there was hours of quiet time interspersed with tid bits of conversation. With other women, there was nonstop conversation, the women starved to have their thoughts, feelings, stories, and ideas attentively listened to. One women did not speak English. Another woman was deaf. We creatively adapted and found other ways to communicate.

With most women, I did not take notes; intuitively it did not feel right. Instead, I drew from my first hand experience with being to conceptualize what the women talked about. As a result, most of the written form of their ideas is in my words,

not theirs, but I paid strict intention to maintaining the integrity of what they said. Once my list of their ideas was typed up, I returned to check the accuracy of my interpretations.

Actually connecting with the women was a challenge, particularly as I was dressed as a man as one of many self-defense measures for wandering dark and deserted streets in the wee hours of the morning. The only common factor is that I advertised my presence and did things to encourage them to approach me if and when they felt right about it. An example of this is that I looked in a prize garbage gin with the hope of the woman coming up and challenging me about being on her turf. She did. Another example is that I chose a good spot to roll and light up a cigarette, with the hope of being approached for a cigarette. Once I figured out that the person who approached me was definitely a woman, I casually took off my hat so she could see that I had ear rings in both ears so she should know that I, too, was a woman. In the initial conversation, as I rolled a cigarette, I let her know who I was and what I was up to.

It was raining much of the time. We were wet and cold. I mentioned my thermos of hot coffee in my knapsack and suggested that we get somewhere a bit more out of the rain. Then we pooled our resources and feasted. A can of pork and beans, bits of mouldy bread, and a partially eaten apple divided up for desert. We washed this down with a cup of steaming coffee. Sometimes, the woman's contribution was a choice cigarette butt for an after dinner smoke, a drink of her water after our coffee ran out, or simply the gift of who she was.

We laughed. We talked. We cried. We celebrated. We angrily hit out at the hunger met on a daily basis. We were quiet when words ran out.

Being houseless is not romantic. The fun experience of a homeless waif sleeping under the stars like an adventurous hobo is a myth, a fairy tale. Being hungry, wet, cold, tired and coming down with food poisoning are not fun. Living in fear is even harder. Never staying in one place more than ten or fifteen minutes. Desperately wanting to sleep, but moving on anyway. Every night, facing the risk of being raped or killed. Romantic notions are quickly lost in the struggle to survive. They are replaced by a deep pervasive sense of despair. Feeling trapped. Pretending, even to yourself, that you like it. Pretending that you are freely choosing it. Pretending to scorn the comforts and luxuries had by all those people living in buildings around you. Pretending, but not believing yourself. Managing the best you know how.

The courage, inner strength, and resourcefulness of these women was really something. It brings to mind a thing I read in Readers Digest: "People are like tea bags. Their strength comes out in hot water." I feel a very deep respect for these women. Their dignity, inner beauty, and their fierce will to survive. "Caring" and even "deep caring" seem inadequate too say how I feel about them.

These women are not in the mainstream of society. A formal writing style and traditional quantitative ways of presenting information would be inappropriate. I have used an informal, personal, caring, and human way to present this information. The women have played an ongoing active role in deciding on the contents, writing style, and the format of this whole information package. Copies will be given to them once this information is typed up into final form. I will be

keeping them updated about the fruit off their efforts in terms of this health forum and the Regional Health Board.

For information as to the roles that men in Vancouver's downtown eastside and women at the health collective have played in this project, see the methodology section of the information package from very marginalized women all over Vancouver.

The Data (What The Women Said)

1/ Overcoming difficulties in finding available resources:

A/ A resources guide (Survival Manual) for doctors, nurses, mental health workers, parole officers, literacy workers, "barefoot street workers" (see next point), community centers, etc., who can then give a copy to houseless women and look something up for the woman if the woman has trouble reading English etc. Those having difficulty reading still need a copy because they can take it somewhere to get someone to help access the information. Fifteen of the women I connected with were interested in improving their reading skills. What I'm trying to express here is that <u>they</u> want to be the ones who decide whether or not they could use a survival guide/resource manual - not have others decide this for them.

2/ In China there is/was a thing of "barefoot doctors" of & for the people they worked with, not outsiders with no idea of people's situation. The women's ideas was to have "barefoot street workers" who had some first hand experience of being houseless. Some way that service providers above could refer the women to the "bare foot workers." I'll call these simply "street workers" from this point forward.

A/ The street workers to be educated:

1/ Be educated informed of resources available and the reality of what resources are like, quality of the various resources. The street workers to let women know of resources available to people that never would understand the women's needs better than doctors and people that have never been houseless. Female street workers to connect with houseless women. The street workers traveling in pairs and during the daytime whenever possible, for their own safety. Government funded cab service or shuttle bus for emergencies.

2. A walk-in medical clinic located in the downtown eastside:

- Open from 9 am to 9 pm. and with weekend hours
- The people working in the clinic trained to be sensitive to the needs and issues of the houseless women. Some in there with first hand experience of houselessness etc. Not just a bunch of well meaning outsiders with no real idea of the women's experience and daily challenges. The chance for houseless women to connect with nonjudgemental, nonpatronizing people that can help and who will respect their choices.
- A sensitive aware receptionist is very important.
- People working in clinic sensitive to issues and realities of survivors of "environmental"/various kinds of abuse.
- Have the clinic in the downtown eastside, so it's near other resources. But something in the place to cover the costs of sick or injured women to get to the clinic. A woman living by Granville & 60, for example would have trouble walking to if she was sick. And physically disabled women would have trouble getting to the clinic and would need money for travel costs.
- That will accept women with or without a CareCard.
- That offered dental care.

C. Health Advocates:

- **"Barefoot street workers" and people sensitive to the issues of houseless people could be trained as health advocates. They would be of every culture and race. There would be female advocates for women advocates for women, working in throughout the lower mainland meeting the people on the street, clinics houseless people dare to go to, at Carnegie Community Center, the Downtown Eastside Women Center, the First United Church and the new Women's Drop-in Center**
- **To help women discover the concept of patient rights, and learn what their patient rights are. The advocate would help the houseless ones to assert these.**
- **To help with the phoning and the red tape involved in getting women set up with what they need**
- **community resources**
- **To educate women what "abuse" is in terms of doctors etc.**

3. Education:

<u>EDUCATING DOCTORS, NURSES, RECEPTIONISTS, DENTISTS, MENTAL HEALTH WORKERS, THE COLLEGE OF PHYSICIANS & SURGEONS, THE POLICE, AND THE GENERAL PUBLIC TO:</u>

- The realities of how the welfare, justice, and mental health system actually works. Beyond idealistic myths.

- The realities of what life is really like for the houseless women. Beyond the myths.

- The cross section of women who are houseless. Beyond the myths & stereotypes addicted to alcohol or drugs, ex-cons, those with mental health challenges.

- How woman working in regular jobs can be houseless and issues of

<u>EDUCATING THE WOMEN:</u>

- Health issues like Aids, breast cancer, etc.

- Street workers being informed on health issues and able to offer information to women who ask for it. Not like the information that doctors or nurses could give, but some basics.
- Street workers letting women know they have the right to say "no" to sex and to abuse.
- Street workers helping women who want to continue to live houseless to learn basic coping and street survival skills. not encouraging women to live houseless but to improve the life of those that want to be living in buildings but not quite ready for yet.
- A self- defense course available to the women.
- Communication skills
- Literacy and practical life skills in a relevant way that wouldn't be demeaning or humiliating, etc.
- Self care skills, in ways that are possible for being houseless.
- Basic first aid skills so women can better care for themselves.
- For some of the women, how to use pay telephones and the bus system.

4. Support Systems:

- Street workers quietly befriending the houseless women, an informal support system.(not like friend as people in middle class think of)
- Support groups for women that are houseless.
- Women being referred to other support groups that they find helpful.
- Support network for about 3 years for women newly living in a building from being houseless. An essential part of this support system would be a one on one street worker helping the women learn life skills for living in buildings, in a way that is respectful. Without such a support network, the woman would be at high risk of living on the street again quite soon.

5. Educating financial aid (welfare) workers to:

-not threaten women on welfare with cutting off their cheque if the women let them know they want to learn life skills, join a literacy program etc. That is really stressful Women sometimes see living on the street as the only choice they want to improve themselves.

6. Better follow up by social workers for women leaving the hospital:

So women don't end up houseless.

7. Women be given information - freedom of choice respected - empowered

8. Privacy/Confidentiality:

- Doctors and pharmacists being more careful about who they give information to.

Some how women being able to keep their private information private so that abusers aren't able to find their whereabouts by private investigators checking out their social insurance numbers. Some women see being houseless as the only way they can keep their whereabouts unknown to abusive ex-partners.

9. Women getting one-on one support while they are in hospital for tests, operations etc.:

- Really important for houseless women; survivors of incest, child abuse, battery; cultures, etc. Particularly important for women who are isolated and have no family or friends who would come and visit them.

10. Lack of medical information is a big problem; hard to access.

- Expected to already know it. If don't know it, assume incapable of understanding it. told you don't need to know that.

- People not wanting to bother giving information but criticizing the women for not knowing and following the information they don't have.

11. Helping women cope with living houseless isn't encouraging them, or others to live houseless.

It's just helping them cope with the reality of how things are in the now.

12. More public water fountains -

- water access is a constant concern

13. More public washrooms - open all year round.

14.. Something to help food situation"

-Food banks require an address.

- One idea around food was to educate houseless women around what foods can be safely kept for a few days without spoiling with risk of giving food poisoning. Some women fear going near the downtown eastside for the soup kitchens out of fear of abusive partners looking for them there.

15. Upgrade the quality of mental health resources for women:

- Give women a true voice in their own treatment. support systems and crisis intervention to catch women before they wind up living on the street. Once living on the street, it can be hard to go back to living in a building. More crisis line # phones so not told to wait or call back.

16. Housing:

More subsidized housing. For seniors, handicapped, unemployable on welfare. For employable as a transition place of a year, enabling them to focus on getting, and settling into a job; rent a percentage of their incomes. A thing for hotels that if they increase the rent then they also have to make improvements. so when welfare gives a rent increase on the cheque, landlords don't just increase the rent and not improve the living conditions of the people living there.

17. Transsexuals having more support networks

They are currently falling between the cracks.

18. Public showers being available in places throughout Vancouver, and more in the downtown eastside.

19. Educating service providers, and the people who receive their telephone calls from the public:

- To ask if the woman can be put on hold on the phone and to ask if they can phone back. Some women truly can't phone back or be put on hold, particularly at night.
- Not to assume that a women is drunk if she has slurred speech. Speech impediments, etc.
- Not to judge a woman if she smells rank or is dressed messily. Smelling rank may be a self-defense measure against assault.
- To be as patient as possible if a woman has difficulty organizing her thoughts or communicating. Learning disabilities, etc. Women can hear it over the phone if people are rolling their eyes about them; this can be a painful experience that takes the woman years to work through.
- To know that it takes much courage/guts for a houseless woman to make telephone calls to service providers. And making a telephone involves a great

deal of leg work. It sometimes involves taking the risk of being physically assaulted.

In Closing

Being houseless is a very harsh life. The women's focused on basic life and death issues. Many women die and that is the plain hard truth. Looking in from the outside, from our ivory towers, we believe that hosts of resources are available to these women. In reality, there is very little. We have no idea of what being houseless is really all about. There is so much that we only imagine that we know and understand. Our traditional ways of doing things are part of the problem; we need to move out the mainstream in order to respond in appropriate and successful ways. We need to start to start listening to the women as the experts about what it is that they need. We need to work with, not on, these women in a team effort. It is critical that we respond in sensitive, caring, personal and human ways that honor and respect the dignity, autonomy, and inner wisdom of these women. I am not saying that this is easy. I have heard countless horror stories about their lives; hearing these never gets easier. Some of the women have died. Getting to know and care about the women as individual human beings has challenged me in ways I could not have foreseen. At the same time, I am the one who most benefited in our get together, not the women. They gave me so many tangible things that are beyond the scope of the English language to communicate.

We need to stop playing political games with these women's lives. We need to stop treating them as statistics. Feeling guilty and sheepishly giving coins to a

few more panhandlers on the street is not the answer. We need to stop apologizing for being more fortunate.

What can we do? We need to stop and carefully think about the ideas offered in this information package from houseless women and the information package from very marginalized women all over Vancouver. Service providers need to think about how they could make their services more user friendly. Not sure what to do? Put the question out to the experts - to very marginalized people themselves. Information centers, and people who write that information, need to present their material in a more user friendly way. Those who answer the telephone calls from the general public need to become more aware of their own impact. Bureaucracy and red tape loom tall. We need to start a grassroots movement to improve health care services in the now. We need to take the initiative and not merely wait for the government to tell us what to do. We need to start taking responsibility for ourselves.

Houseless women are involved in this health reform process. Some were unable to offer anything because simply trying survive was so challenging in itself. Others offered positive ideas about health care reform. Some offered their own money to try help to fund this women's health forum; a total of $100.23 of funding for this forum came from houseless women.

With deep empathy for one another as human beings, and abiding faith in the possibility for social change, we need to do some intelligent problem solving around health care reform. Each of us needs to be involved and responsible for ourselves. We need to join forces and work together towards realistic solutions.

With our human limitations, we will not be able to create a Utopian society. There is much, however, that we can do in terms of improving health care for everyone - including the houseless women. A clear view of the complexities opens the way to constructive action. Constructive action is desperately needed. The path is not an easy one.

But whoever supposed that it was going to be easy?

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IDEAS ABOUT HEALTH CARE FROM VERY MARGINALIZED WOMEN FROM ALL OVER VANCOUVER

Who I Talked With

The voices of these women were not being heard. I had what it takes to find out what these women thought. I did what needed to be done. Eight hundred and eighty-seven women, from all over Vancouver, came forward to share their views. These women include those who:

- live in the Downtown Eastside
- work the street as prostitutes
- have been incarcerated in various forms of institutions
- have various physical, emotional, or mental challenges/"disabilities"

There were many women and organizations who have neither been contacted nor heard from. Unfortunately, there simply has not been enough time to contact the women or even make a phone call to these organizations. Many voices are unheard.

Methodology

Time was pressing. I was unable to get together with these women on an individual basis to be "there" with them as I had with the houseless women. Women in the Downtown Eastside came up with the solution. A networking system was developed in which women gathered the ideas from each other and brought them to me. I did get together with some women on an individual basis to find out what they thought. For the most part, however, I had to rely on the above networking system that proved to be vital in getting this project off the ground.

Men in the Downtown Eastside were very supportive in this project and in the project of the houseless women's ideas about health care. Men's critical contributions to these projects involved boring behind the scenes tasks, such as typing things into the computer at Carnegie Community Center, doing photocopying, and writing my rough notes into a more legible form. Without the help of each of these men, this project would have seriously floundered.

Several women at the Vancouver Women's Health Collective, and many of my friends, worked long hours in helping make this project happen. They did hundreds of very time consuming things behind the scenes. Without their help, this information package would not be getting to the women's health forum, let alone to the Regional Health Board.

These were not "my" projects. I am just one of the many people involved in making them happen. I have a foot in many different worlds. I was a communications link between these worlds. Women in the Downtown Eastside, for example, would have less forward in sharing their ideas with middle class

women. Traditional mainstream ways of gathering information would have been inappropriate, and unsuccessful, in finding out what these women thought. I was very casual and informal. I met the women at all hours of the day or night. I spent much time in popular hang outs, like the Carnegie coffee/food floor. I waited several hours at designated meeting places and often had to return several times before I was considered trustworthy enough to share ideas with. I was just being myself, without putting on fancy airs. I just did what needed to be done.

This information package is meant to be read in a way that maintains a view of both the whole and the parts, without losing sight of either. Some of the women's ideas have been presented word for word. Others have been condensed from several pages of writing or hours of conversation. Throughout, I have given strict attention to maintaining the integrity of what they said. Privacy and confidentiality have been honored. Like ideas have been grouped together as much as possible.

The women have played an active and ongoing role in deciding about the vocabulary and form in which the material would be presented. Copies of this information package, and that from houseless women, will be given to them. A big thank you is extended to the New Directions office for making this possible.

See the methodology section in the houseless women's ideas for an intuitive feel in how the methodology used in gathering the information below differed from traditional methods.

I recognize that this information package is longer and more detailed than usual. This amount of information and explanations is necessary, however, to give insight into the lives of these very marginalized women to those who have been more fortunate. To easily find what you are looking for, check the index on the last page of this information package. Note: this document is ordered by issue, not by order of importance.

What The Women Said (The Data)

Each of us in society is part of the problem and a potential part of the solution. We need to transform our society into a community in the deepest sense of the word. Our vision of health care needs to be expanded to a holistic one that is responsive to mind, body, and spirit. That vision needs to take concrete form. We need to come together and work in a "working circle," in a way that values, honors, and respects what each person has to offer. Together we can make positive change happen.

What follows are broad areas of concern, along with some specific recommendations for improving the knowledge of accessibility, delivery and quality of health care services.

1. INCREASE ACCESS TO INFORMATION/RESOURCES

Finding health care information is a problem. Many women experience difficulty with reading/understanding pamphlets/other printed material, and getting information from health care professionals & pharmacists. Carnegie Center's reading room has only a little material that is helpful. But other libraries are out of the area and cost bus fare to get to.

A. COMPREHENSIVE AND USER-FRIENDLY RESOURCE MANUAL

- This is needed so people know what is available in Vancouver.
- This manual needs to be available to people of all ages.
- It could be done in a similar way as the "Survival Manual", a resource book for youth, which is better even than the so called the red book.
- It would be helpful if the manual included comments about the quality of services.
- This manual must be given out as matter of course by doctors, nurses, mental health workers, parole officers, street workers, and other service providers to those who are very marginalized.
- The manual would need to be updated once a year.
- The resource manual should be written made up those it is going to serve, not by well meaning outsiders.
- This would require government funding.
- The pocket size "Survival Manual" (by Watari) is oriented to the needs of youth. It is currently available only for youth. If the government is not willing to fund the above idea for a comprehensive user-friendly resource manual, then hopefully the government would at least fund additional copies of Watari's "Survival Manual" and make it available to anyone who needs it, not just youth. It lists many services that other age groups need to know about..

B. A LIST OF SERVICES OFFERED BY THE MINISTRY OF SOCIAL SERVICES (WELFARE)

- This list should be sent out to welfare recipients at least once a year with the monthly cheque.
- The list should be straight-forward without a host of vague and ambiguous euphemisms.
- The way this list would improve women's health, for example, is that women needing warm clothes and blankets to live in poorly heated buildings would know that welfare provides allowances and grants to cover necessary purchases.

C. A LIST OF HEALTH SERVICES AND PRODUCTS THE CARECARD COVERS:

- This list needs to be written up in a clear and straight forward manner.
- It should be readily available to all.

- For those on welfare, it could be sent out with monthly cheques.
- Ways must be found to get this information out to houseless women too.

D. HEALTH ADVOCATES

- **People of the area could be trained as health advocates. They would be of every culture and race. There would be female advocates for women advocates for women, working in the Carnegie Community Center, the Downtown Eastside Women Center, the First United Church and the new Women's Drop-in Center (See 5H below)**
- **To help women discover the concept of patient rights, what their patient rights are and to help them assert these.**
- **To help with the phoning and the red tape involved in getting women set up with**
- **community resources like homemakers etc.**
- **To educate women what "abuse" is in terms of doctors etc.**

E. MENTAL HEALTH ADVOCATES

The "Buddies"/Community Mental Health Workers working as mental health advocates would have both training and personal first hand experience in the mental health issues of the people they work with. Female advocates would work with women.

F. ACCESS TO LEGAL INFORMATION AND HELPFUL LAWYERS

Women need access to more legal information as to their rights (not to be abused etc.) and the legal process of how to stand up for violated rights. Lawyers are needed who are informed about mental health issues & who will help women stand up for their rights.

2. EXPAND MEDICAL SERVICES

- In BC, the medical card does not cover many of things. For these things, women have to go through the process of getting a form filled out for their welfare worker. This can take 3 weeks or so, money for bus fare & phone calls, and a great deal of running around. The welfare worker often says that welfare will not cover the cost of whatever. The woman can appeal welfare's decision - but there is a big chance the appeal will not succeed. Many women would rather do without instead of going through all this hassle. Or they spend their food money on things that the CareCard should cover. Their health suffers as a result.

A. THE CARECARD SHOULD BE EXPANDED TO INCLUDE:

- <u>VITAMINS</u>
- Important to women as soup-kitchen foods contain high levels of starch
- grease, refined sugar, and low nutrition.

- MEDICAL SUPPLIES SUCH AS BANDAGES
- TRAINED THERAPISTS OF THE WOMAN'S CHOICE
- ALL DENTAL WORK, INCLUDING GENERAL ANESTHETICS
- COMMUNITY HEALTH "ESCORTS" (SEE 2B below)
- NONTRADITIONAL THERAPIES, LIKE ACUPUNCTURE
- SANITARY NAPKINS
- ASSESSMENT AND REMEDIATION FOR CHILDREN'S BEHAVIORAL PROBLEMS
- CARECARD OR WELFARE TO COVER THE FINANCIAL COSTS OF THE METHADONE PROGRAM
  for recovering addicts who are not yet back in the work force.
- SOME OVER THE COUNTER DRUGS
  E.G. Long lasting anti-inflammatories
  E.G. Antihistamines
  These should be covered by Care Card when a doctor says a woman's condition is so serious that specific, prescribed antihistamines are necessary. For example, a woman with a severe allergy related asthma requires Optimine, an antihistamine which is not covered by the CareCard. Allergy treatments that are covered are not strong enough for some chronic allergy related asthma. This type of asthma can damage their lung tissue each time the person has an attack. Accompanying pain and difficulty breathing is stressful & frightening. Some inhalers, costing from $40 - $80 are covered by the CareCard. Optimine, that costs $16.63 for a fifteen day supply, is not covered. A special form must be filled out by welfare each time she needs the Optimine. This results in higher health care costs & unnecessary suffering. One hour of traveling time is too much when you are in great pain & having difficulty breathing.

B. A NEW WALK IN CLINIC, IN THE DOWNTOWN EASTSIDE

- That offers free services. That will accept women regardless of whether they have a CareCard or not. (For example, the one on Cordova Street will not serve women who have a CareCard.)
  Open 24 hours a day, or at least from 9 a.m. to 9 p.m. Open some hours on the weekend.
  With doctors, nurses, etc. that are sensitive and aware of the women's issues.
- That is user friendly for women and children.
- Where the service providers give non-judgmental service. The quality of a woman's accessible health care should not be based on her race, culture, religion, ethics, lifestyle, mental "disabilities," or past psychiatric or prison record. The doctor is there to provide a service, not to judge.

- With doctors, nurses, etc. who give adequate information to women, who will not expect women to already know it, who do not assume to know what the women do/don't need to know; who will not treat women like they are stupid.
- The offers complete dental services.
- With staff that include some of the women of the Downtown Eastside. They would have a deeper understanding of the needs, issues, & wants of the women Downtown Eastside.
- With alcohol and drug counselors who are people of the area with first hand experience with recovery from alcohol/drugs who would be trained as counselors.
- With "Buddies"/Community Mental Health Workers (See below in section on educating women)
- With Community Health Workers (trained people of the area) who offer workshops and encourage women to take good care of themselves.
- With child care services for women using the clinic.
- With spaces for workshops and support groups to happen.
- Along with a lab that can give test results within 24 hours.
- Having a friendly non-clinic/sterile atmosphere.
- With everything that is needed for around hearing tests, eye exams, and speech therapy.
- With community health "Escorts" to act as an optional informal support system, accompanying women, as interpreters, or as a safe protective presence during difficult appointments. If this is what it takes for a woman to be healthy, then she should have access to it.
- With consistent staff so that people have a chance to build a rapport and trust level with the service providers.
- Female service providers for women and children.
- Oriented to teaching people alternative holistic perspectives that will enable them to take better care of themselves. All aspects of the clinic need to be affirming, helping people to feel good about themselves.
- People working in the clinic to be of every culture and race.

C. INCREASE FOLLOW UP AND SUPPORT SERVICES

- <u>THERE NEEDS TO BE MORE FOLLOW UP FOR WOMEN LEAVING THE HOSPITAL</u>

A hospital social worker's mandate is very narrow. They also have huge case loads. Social workers are not able to provide the kind of follow-up needed for women leaving the hospital. Poor -- and sometimes no -- follow up is a real problem. Without the social worker's help, a woman getting out of hospital may, for example, find:

1. herself homeless because of unpaid rent; she may also lose all her belongings because the landlord threw it in the garbage or is keeping it in lieu of unpaid rent and/or failure to give notice of moving.

2. without home support services such as a homemaker, she may be without food in the house, without a means to get it, or someone to help cook it. A woman or challenged by terminal illness, will experience great difficulty getting to a soup kitchen, doing housework etc.

3. without an agreement with her welfare worker to cover travel expenses be it bus fare, cab fare, or handi-dart, to get to outpatient appointments.

4. Without a phone in her room. A woman with cancer, for example, may not be able to get to a pay phone.

- <u>UPGRADE THE QUALITY OF SERVICES PROVIDED THROUGH HOMEMAKING SERVICES.</u>
- <u>HIGHER QUALITY PALLIATIVE CARE SERVICES.</u>

D. A PATIENT'S BILL OF RIGHTS

- The one by the Vancouver Women's Health Collective should be made readily available to all. Government funding would be needed for this.

- <u>PRIVACY/CONFIDENTIALITY NEED TO BE ENFORCED</u>

  Private health information is routinely getting into the hands of, for example, life insurance companies, landlords, employment agencies, and neighbors who have no business to that information.

  The use of signed consent forms should be mandatory for all release of private health information. The consent form needs to specify exactly who the information is to be released to and a specific time frame for when the information is to be released.

  Women need to be treated with dignity and respect. When confidentiality is broken, it is a betrayal of their trust. Women will be more hesitant to give the doctor the full story. As a result, the doctor may not know if the woman is at the risk of such things as HIV.

- <u>HEALTH PROFESSIONALS SHOULD BE REQUIRED TO GIVE WOMEN ADEQUATE INFORMATION</u>

  1. About what is wrong with the patient. They need to be specific about the diagnosis. Women can then look for more information elsewhere.

  2. About the dynamics of the problem and what the woman can do to help herself.

  3. About what the doctor/nurse/health professional is doing and why.

  4. About the purpose and results of any treatment plan.

  5. About the purpose and side effects of any prescribed medication.

  6. About the chance of recovery from health problem.

  7. About how to stay healthy/prevention of illness.

E. WELFARE AND HEALTH CARE SHOULD OVERLAP

- WELFARE SHOULD COVER THE TRAVEL COSTS OF WOMEN WHO ARE TRAVELING LONG DISTANCES FOR GOOD HEALTH CARE.
- WELFARE & THE HEALTH CARE SYSTEM OVERLAPPING/WORKING WITH EACH OTHER.
  To cover the costs of surgeons who have opted out of the Medical Service Plan, so that women do not fall between the cracks.

3. PROVIDE MORE EDUCATION:

A. ALL SERVICE PROVIDERS & THE GENERAL PUBLIC

- The people educating service providers and the general public should be those who have personal first hand experience of what they teach.
- How the welfare system actually works, beyond the idealistic myth.
- How welfare is a trap.
- What life is really like for women living on welfare, beyond the myths.
- The issues of women addicted to drugs or alcohol.
- The reality and issues prostitutes.
- The myths, stereotypes, assumptions, prejudice, and discrimination met by people with mental health issues.
- The issues women who have schizophrenia or manic depression.
- The issues of women who are survivors of various forms of abuse.
- That treatment for mental health issues often involves further abuse.
- About post traumatic stress
- The realities of the justice system in relation to the women.
- How demanding street life can be and how easy it is to get caught up in "the street life."
- The impact on the mother when the child is the victim of a serious crime, that the mother is a victim of the crime too
- The outcry "Don't patronize us. Don't make excuses for us. Hold us as responsible for ourselves. You be responsible for you. Meet us as equals."
- A list should be given to doctors of what prescriptions, treatment plans, medical supplies etc. are/aren't covered by CareCard. So doctors can try to prescribe things covered.

Dial-a-dietitian has no idea of what life on welfare is like and often makes suggestions that totally inappropriate. They do not know about what soup kitchens are like.

B. STAFF OF DROP INS AND OTHER CENTERS OF THE DOWNTOWN EASTSIDE

Education, training, support services, (e.g. debriefing for service providers) so that women don't have to deal with the fall-out which results when these things are missing. A frequent turn-over of service providers means that just as women start to trust the staff, they have left their jobs.

C. MORE SENSITIVITY & LESS HASSLE FROM WELFARE WITH WOMEN WHO ASK FOR THINGS THEY ARE ENTITLED TO, LIKE CRISIS GRANTS & FURNITURE.

D. POLICE

- More women police officers.
- Educate police officers and the Sexual Offense Squad to be sensitive to the issues of sexual assault, incest, child abuse, battered women etc.
- More aboriginal people need trained as police officers and employed in the Downtown Eastside, working as a combination of police officers and community workers. These community workers would be more sensitive and understanding of the culture and issues of the aboriginal people. The aboriginal people are currently treated poorly. Their health and well being suffers greatly as a result.
- Aboriginal people should be in the police liaison that is for aboriginal people.

E. EDUCATING THE WOMEN

- What abuse is in terms of doctors etc. is
- Information about Aids, breast cancer, osteoporosis, etc.
- Non-judgmental community health workers who will work one on one with women for a year or more helping them learn practical life skills (like cooking) in a way that isn't humiliating.
- Communication Skills
  - Assertiveness, resolving conflicts, constructive criticism
  - How to get information over the phone - getting organized etc. beforehand
  - Pinpointing and framing/wording their questions
  - Focusing organized approach with doctors etc. saying how and where they hurt etc. Not just "I don't feel well."
  - Active listening skills.
- How to take good care of themselves
- Information about nutrition
- The information needs to be widely available through free workshops, discussion groups, and printed material. It needs to be accessible to people with English as a second language and those challenged with illiteracy, and learning disabilities. Also, more information like the Native Food Guide need to be widely available.
- Access to education about (& supplies for) safe sex and birth control in institutions like prison or psychiatric hospitals

- Funding available to women who want to attend educational health care workshops. They could then pass on what they have learned to other women in the form of free workshops.
- Workshops & training need to be available for women wanting to get off the streets. Also better access to colleges, trade schools & GED programs.
- Workshops, discussion groups, and user-friendly printed material about menopause

People do come in & give workshops at the Downtown Eastside Women's Center, but they leave without giving women a chance to talk one on one with them. As a result, many women don't get the information they need.

F. LEARNING DISABILITIES

- Government funding is needed for the assessment & remediation of learning disabilities
- Service providers, information centers, & health writers to make their offerings user-friendly for people with learning disabilities.
- Hands on-life skills workshops (with attitudes and methods that aren't demeaning) about things like banking, budgeting, cooking, grocery shopping, and sewing are needed. People of the same social, cultural, and economic group as the people they are helping will be needed to teach learn the life skills.
- More literacy programs are needed similar to the Learning Center in Carnegie & the Learning Group in the Downtown Eastside Women's Center.

G. "BUDDIES"/COMMUNITY MENTAL HEALTH WORKERS

"Buddies" are people with personal first hand experience of the mental health system from the place of a "consumer." They are able to best understand the issues of people who are "survivors" or "consumers." They are trained and work as "buddies"/Community mental health resources who:

- educate women as to their rights and how to assert these rights.
- act as mental health advocates.
- encourage women to take good care of themselves on all levels of being.
- help women learn practical skills such as shopping, cooking, budgeting, doing laundry, and basic housekeeping skills.
- helping women to move, i.e. finding another place to live and helping the woman with setting up the moving arrangements.
- let women know of the resources available in the Downtown Eastside.
- make readily available, pamphlets of the West Coast Mental Health Network.
- help women who want a new therapist to find and get an appointment with one.

These "buddies" need to work in hospitals, Community Mental Health

Teams, drop in centers, group homes, and residences for people with mental health issues. Women said they found the way in which life skills were taught in Community Mental Health Teams to be demeaning and ineffective.

4. INCREASE AWARENESS RE "DISABILITIES"

A. WOMEN'S IDEAS RE MENTAL HEALTH & WELL BEING

Up to a certain point , labels can serve a useful purpose. After that point, labels dehumanize. To treat anyone with anything less than with dignity and respect is abusive. I dispense with labels where ever it is possible.

Health is defined as "the extent to which we can fulfill our needs and goals, and change or cope with our environment." Our environment, in turn, affects our health and well being. We need a holistic psychology and treatment plans. We need to come together in a cooperative "working circle", where the whole is more than the sum of it's parts. Traditional and untraditional therapists need to honor and cooperate with each other. Medical doctors need to be willing to work in conjunction with therapists with, for example, the GP writing the prescription that the therapist does not have the authority to write. Women in therapy are a vital part of the "working circle." They need a <u>real</u> voice in their own healing. They need <u>real</u> healing, not merely a Band-Aid approach to mask symptoms for the benefit of people other than the women themselves.

"WHOLISTIC" VIEW OF THE MEANING OF ABUSE

Any form of abuse is "wholistic" in that it affects the abused on all levels of mind, body & spirit. Treatment & healing for any form of abuse needs to address all levels of being.

The abuse can come from ourselves or others. Abuse happens in a continuum. It can range from a sarcastic or racist remark to the extreme of murder. It is all a matter of degree. Across the continuum. there are similar dynamics, symptoms & cycles of passing abuse onto others. Abuse involves power dynamics & oppression, regardless of whether it is ridicule, child abuse, sexual assault, or landlord/tenant abuse.

It is important to differentiate between the various types of abuse and issues impacting survivors of abuse. Programs must meet the unique needs of survivors. A lesbian battered by her partner may not feel comfortable in a group of heterosexual women. An incest survivor may not have her needs met in a support group for rape survivors.

Awareness of how our society supports abusive behavior is important. To end abuse requires us to take responsibility for our choices & actions. It means that we will be consciously choosing to give no abuse & to accept no abuse. We

will need to come together as a community in which all members are valued, respected, and honored; we can neither condone nor be silent about abuse & oppression,

THE MENTAL HEALTH SYSTEM NEEDS TO RALLY ITSELF FURTHER.

It is excellent that the Mental Health System is becoming aware that the survivors of traumatic abuse do not necessarily have a "mental illness" that can be treated with medication or hospitalization. The problem is that these survivors are now being turned away when they disclose their history of abuse. The remaining services will not serve them if they have been treated, mistakenly, for "mental illness". At the same time, government funding for services like the Vancouver Incest & Sexual Assault Center (VISAC) have been cut. Scarce options are becoming even less. Survivors of abuse are falling through the cracks. As a result, there is a large potential for a continually increasing number people becoming on welfare, in jail, living houseless, addicted to alcohol/drugs, or committing suicide. This reduction of services that appears to save the taxpayer money actually presents an increasing long term demand on the tax dollar.

Women will pay an even heavier price as they continue to be stigmatized, ignored, and blamed for the problem. No system or person should be blamed for the failure of the larger mental health system. We need to start responding with creating more constructive mental health policies.

The Mental Health System is obviously in trouble. It is not ready to treat survivors of trauma and abuse. The women that the Mental Health System is willing to treat are being served inadequately. About 75-80% of women with "mental illness", e.g. schizophrenia, are survivors of trauma & abuse. The psychic wounds of these women can not be healed with medication, behavior modification, & hospitalization. The Mental Health System needs to rally itself to expand its concept of mental health & the treatment options it offers.

THERAPY OF CHOICE

Women should be able to access & have funding towards their therapy of choice. A centralized provincial computer banks with a file on every therapist in the province could be available to consumers. Woman wanting or receiving therapy could phone a toll free number to give or get information about the therapist. It would cover a wider area than that currently available through the Vancouver Women's Health Collective The information could be accessed by a computer in other parts of the province.

SELF-SUPPORTING FARMS WITH THERAPISTS

Through their work on the farm, women choosing to stay there would be helping to support it. They would be learning to be reliable, responsible & punctual -- things that would help prepare them for the job market. It also would

help traumatized survivors of extreme abuse to "thaw out," relax, & adjust, - to mellow out & relax.

Vocational workshops are unproductive. Use the money spent on these workshops to support a farm or retreat.

i jus' don't get it!

it seems to be called a poverty cycle? is that one just after the spin cycle? so you're poor, so you get abused, so you get poor, so you get malnourished, so you get sick, so you get poor, so you get abused -- you get abused cuz of how you were born (disabled , a woman/child, of color, poor...) or cuz of how you act/feel, cuz it doesn't make sense, so you get drugged, so you get addicted, so you get poor, so you get abused....

- Sarah

Holistic Support Groups/Circles are needed for:

These groups are needed for:

- Women with disturbed children.
- Women who have survived trauma.
- Women who have survived physical, mental, emotional, or spiritual abuse.
- Women who have been in any kind of institution.
- Women who work the street.

In these groups, women:

- Sharing their stories.
- Sharing ways of healing and coping.
- Explore the holistic concept of health.
- Supporting & encouraging each other's efforts to make positive changes in their lives.

All of these activities are important to women's healing and growth.

SUPPORT SERVICES FOR MOTHERS WITH DISTURBED CHILDREN:

- Time out / respite care available 24 hour/day.
- Non-judgmental support services available that focus & support families instead of breaking them up during times of problems or stress;
- The value of care provided by women in the home needs to be recognized;
- In home counseling for child;
- In-home counseling for caregiver if wanted;
- Support groups for women with disturbed children;
- A "buddy" or support network comprised of women who care for disturbed children & understand the frustration & difficulties involved in getting services

- A 24 hour crime reporting / response team for child victims or child witnesses of serious crimes

MORE QUALITY SUPPORT GROUPS FOR MEN IN THE DOWNTOWN EASTSIDE

Encouraging men to become more sensitive by making quality support groups available to them would help their daughters and female partners. On the surface, it would appear that there are many things for men in the Downtown Eastside. In reality, there are few places that allow them to express their sensitive, aware inner selves. As a result, women in the area suffer greatly from the macho attitudes and behavior that prevail in the Downtown Eastside.

CRISIS INTERVENTION

Crisis Counseling being readily available immediately upon request.

In the past two months, two hundred and thirty eight women have told me that they felt suicidal. Twenty three of these women had detailed plans for suicide. Crisis lines are extremely busy. Money for the telephone is often nonexistent. Access to a private telephone for more than five minutes is also often unavailable.
Death was often seen as more preferable option than going to the emergency room of the hospital. These women do not really want to die or they would not have said anything to me. Outsiders have the illusion that there are many crisis intervention options available to women. Services that are available often don't/cannot meet the needs of many women.

The urgency of a crisis situation demands immediate attention. Being put on a waiting list is unrealistic. Women in crisis can't wait 6 months. If crisis intervention could happen soon enough, women wouldn't need more expensive services like hospitalization.

Crisis Lines
More funding to crisis lines that would enable them to be open longer and have 3-4 lines open instead of only one.

Crisis line workers being educated
Crisis line workers need to be educated about the issues of women:

with schizophrenia and manic depression.
who are survivors of various forms of abuse.

Crisis line workers also need to be educated about the negative impact on the

caller when crisis workers continually go " eh heh ".

GRIEF COUNSELING

Grief counseling is a major need, particularly in the Downtown Eastside where there is a very high death rate. This needs to be given prioritized attention.

Anger management counseling and workshops.

Lack of information with respect to anger management seriously limits a person's ability to cope. If training were available to women " in crisis." Lack of counselors trained in anger management and the need for women to learn this skill makes anger management counseling and workshops a high priority. This is particularly true for women in the Downtown Eastside.

Crisis Shelters

There is a need for "safe houses " run by workers with training and first hand experience in mental health issues. A university degree should not be required. Guidelines in these shelters need to be flexible. The voices of women, staying in the shelters, need to be heard and taken seriously in the ongoing interpretation of these guidelines. Women need to be treated with dignity and respect. They need to be encouraged to assume responsibility for themselves, not to be infantilized.

The refrigerator needs to be stocked with healthy food that is available to women so they can make themselves something to eat. This is as well as having prepared cooked meals available to the women.

Many women felt oppressed, abused, and infantilized at "Venture." Venture needs to become more flexible in it's rules and structures.

Staff of current crisis shelters and hospital psychiatric wards need education and sensitivity training to help them better respond to the women they work with. The staff have very little, if any, personal first hand experience or understanding of the issues of women:

- with schizophrenia, manic depression, etc.
- who fall through the cracks of the mental health system.
- who work the street.

Women who do have first hand experience with these things need to be hired to educate the staff. First hand experience means having had experienced it themselves, not merely having known or worked with women who have experienced these things.

Hospitalization

Support services needed

"Buddies" (Community Mental Health Worker with first hand experience with and training in mental health issues) seeing women, with mental health issues, who are staying in other parts of the hospital other than the psychiatric ward.

More sensitivity and humane treatment

Most women are survivors of abuse. They need to be reassured, comforted, and treated with respect. What they get is further abuse. Women need to be treated with dignity as human beings.

Separate Hospital Psychiatric Wards For Men and Women

Men tend to think of women as nurturers. Men turn to women for mothering and sexual gratification. Women are in hospitals to heal themselves, not to look after the men.

Separate wards for people with various backgrounds.

Hospitals currently have, for example, the abusers and the abused staying in the same ward. An abused woman can be in the same ward as the person who abused her.

More support services for Women discharged from the hospital.

A buddy being linked up with women before they are discharged from the hospital. Women need to be given upon discharge a brochure of the West Coast Mental Health Network, a bus ticket, and a pack of cigarettes.

If the government continues to cut back on hospital beds, medication should be available at no cost to women, regardless of whether or not she has a care card.

B. WELFARE POLICY RE HANDICAPS

- A woman should be accepted as being handicapped if her doctor states that she is.
- It needs to be recognized that handicapped people have extra needs with expenses that can not be met on the amount of money they receive.
- The appeal process should not be a standard requirement demanded of women to prove they deserve basic necessities; the process is degrading & time consuming;
- Requirements that handicapped women must take forms back and forth from financial aid workers and service providers gives no consideration to the woman's ability etc. to do so.

C. FETAL ALCOHOL SYNDROME

- Support groups are needed for adults living with Fetal Alcohol Syndrome (FAS)
- The government needs to recognize FAS as a handicap.

D. ADDICTIONS

- All levels (mind, body, & spirit) considered in the treatment plan for addictions and in the creation of educational material about various addictions.

- Workshops & discussion groups about addiction in the Downtown Eastside need to be led by people who are both of the area and selected by street level folks. Middle class outsiders have no idea of where things are <u>really</u> at for people in the Downtown Eastside. Well-meaning service providers who bring in outside speakers are unwittingly sabotaging the success of whatever they set up this way.
- More detox centers for women.
- Heroin use should be seen as a medical issue not a legal problem
- Alcohol & drug treatment centers to have more services, like on site child care.
- A needs assessment could be done in a cooperative effort between the woman accessing the service and the staff person. The person doing the needs assessment needs to be someone with first-hand experience with addictions and the recovery experience.
- Doctors need to watch out for the transference to other addictions, such as. smoking, caffeine, chocolate, and food bingeing.
- Respectful, non judgmental informational material, advertisements etc. about how to quit smoking. The Canadian Cancer Society is unwittingly promoting smoking; their material is classist and judgmental.

5. COMPREHENSIVE HEALTH CARE PLAN

We need to open ourselves up to an overview of a holistic approach. Doctors unconsciously try to get women to live up to the unreal idea of beauty that is held forth in our society as good. Medicine needs to taken away from the focus of what is good for the pharmaceutical companies. Alternative prevention and healing methods need to be things that the doctor and the woman can consider together.

A. MORE "DRY" DROP-INS AND COFFEE HOUSES

For people who are sober and not high on street drugs.

- Open from 7 p.m. to 1 a.m.
- Open to both women and men.
- Which serves coffee, tea, and snacks like bran muffins.
- With shower facilities.
- With a job board that welfare recipients can check out.
- A place where people can get emotional support simply by being there.
- Which could be booked for private workshops & support groups during the day.

There are not enough "dry" drop ins/social centers in the Downtown Eastside for single women, mothers with teenage sons, and women with male partners. Boys twelve years old and up (depending on their height) can not go with their mother

to the Downtown Eastside Women's Center; this seriously affects the mothers social life and support networks. Women with male partners are limited in where they can go and do "dry" things together.

B. MORE FOOD RESOURCES WITH BETTER QUALITY AND MORE NUTRITIOUS FOOD

- Cooperative Community food kitchens located all over Vancouver (Below)
- Upgrade the quality of meals through "Meals On Wheels."
- A greater number of soup kitchens are needed, as well as more that are not selling religion.
- Soup kitchens should have to meet higher standards of nutrition.
- More funding is needed for soup kitchens.
- The people who donate to the food bank should be educated to donate more
- nutritious foods

C. COOPERATIVE COMMUNITY KITCHENS

- These kitchens would offering free food to those who need it.
- The kitchens would be staffed & run by the people they serve; e.g. people in the Downtown Eastside doing the cooking etc. in the kitchens in that area.
- Any one who eats there and passes the TB test should have the option to help do the cooking, etc.
- People working in the kitchens would be learning about nutrition & all sorts of skills like: meal planning, cooking, food storage, budgeting, and social and & communication skills all in the process of making a meal.
- It would providing an informal support system for everyone who either helps out there or simply eats there.
- The cooperative community kitchen would be better than soup kitchens as they would also be a positive affirming experience for those that go there, as they have the choice about whether to get involved and help out. The people can develop a sense of pride and dignity in a way that is not possible at soup kitchens. It would also help the people to develop a sense of belonging and community. The whole process would be a nurturing and educational process on all levels.

D. HOUSING

- Non-abusive caretakers for government subsidized housing
- More government subsidized housing for seniors, handicapped women, unemployable women, and employable women.
- Clean, well maintained, affordable housing for all women.
- Hotels & other places that rent to welfare recipients should be required to make improvements with rent increase.
- A law making it illegal for landlords to discriminate against people on welfare by refusing to rent to them just because they are on welfare.

E. COMMUNITY HOMES

Traditional apartment buildings are cold, impersonal, and isolating. We need to be creating "homes," not merely houses. We need to be creating community homes. Everyone in the building then becomes an extended family of each other and hence form a real community in the deepest sense of the word. Below is one potential model of a community home:

The design is not a square one that promotes a feeling of being closed in. The separate living spaces allow for privacy. The central open inner space, of grass and trees, can be uses for people to come together in their leisure time to do things like have barbecues. It could also be used by children as a place to play with each other. The children could go to any one of the individual homes for support, teachings, or simply to visit. Everyone in the building would be responsible for the children. A ring of "office space" could be included on the inside or the outside of the building. These rooms could be used for:

- A cooperative community kitchen in which people could pool their resources and skills to cook together. This would be a nurturing situation on all levels.
- A play room for children on cold rainy months.
- Workshops, discussion groups, and support groups
- Creative activities, like sewing.
- Offices of health advocates and other community workers.

Each of us need a sense of identity and privacy, but we also need a sense of belonging and support that comes from being part of a community.

The above model of community homes could also be use for things like transition centers, addiction treatment centers, and homes for people released from Riverview hospital.

F. MORE HOUSING FOR PEOPLE RELEASED FROM HOSPITALS LIKE RIVERVIEW.

- That is non-abusive, supportive, sensitively run, & designed to meet the tenants needs, with a similar philosophy as that at Powell Place.
- Staffed by people who have survived the mental health system.
- Visited by a mental health advocate once a week.

- Visited by a "buddy" to educate tenants about health issues and to encourage them to take good care of themselves.
- The staff would teach the tenants practical life skills ,e.g. cooking.

G. TRANSITION HOUSES

- Staffed by women with training & personal first hand experience of the issues of the clients who stay there.
- A university degree should not be required to work there.
- A private hotel in the Downtown Eastside, for women only. Designed for transients, houseless women & women in transition. Women could stay until they felt able to manage or live independently. Something similar for families would be helpful too.

H. ANOTHER WOMEN'S DROP IN LOCATED IN THE DOWNTOWN EASTSIDE

- Open to 10 p.m. and sometimes on weekends, giving women an alternative to dingy hotel rooms and beer parlors.
- Run by women who live in the Downtown Eastside.
- Offering free coffee, tea, and hot meals.
- Human oriented -- rather than service oriented -- so it would offer the human warmth sorely missing in the Downtown Eastside.
- With vitamins, safe-sex supplies, & sanitary napkins that can be given to those who need them.
- **Health advocates (trained women of the area).**
- Community Mental Health Workers/"Buddies".
- Community Health workers to give health education workshops and to encourage women to take good care of themselves
- "Street Workers" who drop in for a few hours every day that the center is open. (For a definition of "Street Workers," refer to the houseless women's ideas/information package)

I. W.I.S.H. (WOMEN'S INFORMATION & SAFE HOUSE) DROP IN RELOCATED IN A STORE FRONT CENTER

- For women, transsexuals & transvestites involved in prostitution; no prejudices;
- Cooking equipment (microwave, toaster, fridge, dishes & cutlery);
- Furniture, lamps, stereo;
- A new braided rug;
- VCR which would be available to the women to see educational health care videos & entertainment;
- Basic hygiene supplies such as soap, shampoo & towels;
- Shower facilities;
- Blankets;
- Vitamins

- Good nutritious foods i.e.: salads
- Dr. knowledgeable & sensitive to the issues & needs of prostitutes that would have drop-in hours at WISH weekly;
- An AIDS information resource person knowledgeable & sensitive to the issues and needs of prostitutes available monthly to drop-in & share basic information;
- "Street workers" (women of the area trained as community health workers) dropping in to WISH once a week.
- Drop-in hours extended to 4 p.m. - 10 p.m., 5 days a week (including Friday, Saturday, and Sunday)
- Higher wages for the WISH drop-in coordinator;

J. PROSTITUTION

- Decriminalize prostitution Women could work in a brothel. This might offer them increased physical safety and better health care.
- Better lighting in the red light district to increase women's safety.
- A forum on violence against women where prostitutes are welcome to participate and share their experiences and views without judgment or prejudice from other women;

In Closing

Each of us needs to get involved in creating positive health care changes that benefit all people. We need to work together as a team. We need to take responsibility for ourselves and to (not for) each other. Coming (and staying) together as a community, we can create responsive holistic health care.

Kathrine Gould

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