In our society, health care has been arranged so that doctors and nurses work in offices and clinics and hospitals where people come with their illnesses; the healthy person stays at home.

This separation divorces the person from the health care of his or her own body while the exclusive power to treat illness enhances the authority of the health professional. As this cycle of dependence of patient on doctor is reinforced, the ordinary person's lack of self-knowledge and health responsibility limits the effectiveness of the health professionals in communicating information, in treating illness and in establishing preventive programs.

Women especially are oppressed by the distinction that is made between "sick" and "well". Although female physiology naturally and necessarily implies menstruation, contraception, pregnancy, childbirth, and menopause, a woman regularly deals with any or all of these functions in the office of her doctor who is often a specialist in female problems. She is classified by herself, her medical plan, and her doctor as "ill". Thus, she comprises the majority of the doctor's patients. If she chooses to stay home (not considering herself to be "ill") she may fail to recognize the signs of authentic female illnesses such as breast cancer, cervical and uterine cancer, pelvic disease, ectopic pregnancy, or venereal disease.

Neither choice, of course, is a good one for her selfimage, for her health, or for the health care system which, despite large expenditures of money and energy, has failed to provide comprehensive female health care.

Since November, 1971, the Vancouver Women's Health Collective has moved into that space between the woman in her home and the health institution, emphasizing prevention and self-knowledge and involving many women in assuming more responsibility for their health care and in their use of existing resources.

We have organized self-educational health groups and counselling groups; we offer a health information and abortion referral telephone line; since December, 1972, we have operated a weekly women's self-help clinic.

Our resources, however, are limited, and at this point we require substantial financial support in order to develop our program.

Comprehensive female health care must include:

- I Education, information and counselling which focus on aspects of the healthy woman and provide a framework for more effective consultation with health professionals.
 - 1) Education regarding functions common to all women such as menstruation, contraception and menopause.
 - 2) Preventive self-knowledge such as breast self-examination and awareness of personal menstrual cycles.
 - 3) Counselling about individual concerns with contraception, abortion, sexuality, post-operative expectations, nutrition, and so forth.
 - 4) Information regarding existing health resources.

- II Clinical services which enhance personal responsibility and emphasize prevention as well as medical treatment.
 - 1) Lay women in a clinic setting are effective in extending knowledge and building trust with the woman-patient,
 as opposed to the model of authority and dependence of
 the existing health care system. The woman, who is,
 after all, the primary sensor of her own well-being, is
 valued as an information-giver and can learn to use her
 information for her own health care.
 - 2) Lay women trained to detect signs of health and illness, such as Pap tests for cervical cancer and vaginal smears for venereal disease, involve the woman-patient in understanding the importance of these routine aspects of her health care.
 - 3) As health consultants who are involved in diagnosis and treatment, the health professionals can expand their roles beyond the clinic situation to research, training and community development.
- III Opportunity for input from women regarding planning, operation and usage of health care resources.
 - 1) Much of the education of the health professionals regarding women's ongoing needs can be accomplished by women themselves in a structure which provides opportunity for communication and constructive interchange.
 - 2) A health centre which is directed by women is an appropriate organ to feed back information to the existing resources and to play a significant role in the development of training and service programs.