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MONTANA WOMEN'S

Summer 1976

RESOURCE

Vol. 2 No. 2

Women Leave State to Get Abortions

In 1975, abortion became the most commonly performed surgical procedure in the United States, Dr. James Armstrong said during the "Women and Health" Conference convened at the University Center Montana Rooms in Missoula last May. Nationally, one abortion is performed for every four live births.

In Montana, however, there are 11,000 live births for 1,535 abortions which equals about 120 abortions a 1000 which is half the national average.

Armstrong suggested three possible reasons for

this: abortions aren't being reported. Women aren't getting abortions; or they're leaving the state. The latter seems to be the best explanation, Armstrong said, because of the higher abortion to live birth ratios in the states of South Dakota and Washington. Washington's ratio is three live births for every abortion.

Armstrong started doing abortions as part of his family practice when Montana law changed three years ago this summer. (The Supreme Court legalized abortion January 22, 1973.)

Parallelling national statistics, Armstrong found:
--Fifty-five per cent of the women getting abortions



cont. p. 12

Agency Will Control Montana Health Care

A plan to reorganize Montana health care through creation of the Health Systems Agency (HSA) will become effective late this summer.

The federal law which created the Montana HSA has created similar agencies across the country amid widespread controversy. Bob Johnson, of the Health Planning and Resource Development Agency in Helena, said there are at least 34 suits currently in progress contending the law, most of which are brought by health care providers who object to the requirement that consumers constitute a majority on governing boards.

The HSA, which will replace the Comprehensive Health Planning Program (CHP), will be responsible for allocating over \$300,000 in federal and state funds and in determining if new health care facilities should be built.

Currently, the plan has several weaknesses. For example, it was developed in Washington, D.C., for urban areas and

does not suit rural Montana.

Under federal guidelines, the basic unit of each HSA should have a population of about 500,000. In heavily populated areas such as the East Coast, an administrative unit would be relatively small. But for Montana, because of the guidelines and Gov. Thomas Judge's decision, the entire state will be the HSA unit under one centrally located HSA board.

Under the old CHP organization, there was a central statewide office, but its function was mainly to coordinate the five sub-area councils. These councils were autonomous in that they were responsible for writing their own plans, conducting their own reviews and hiring their own staff. The independence of CHP allowed a significant amount of local input into the decision-making process.

Under the new plan, the HSA will have no funding for sub-area councils, and input from various outlying regions of Mon-

cont. p. 16

Curing Vaginitis With Herbs

Your vagina is usually somewhat acidic and has a mixture of bacteria, yeast, and other organisms living in it. Sometimes the environment in your vagina changes to favor the growth of one organism over the others (Changes come from diet, stress, pregnancy, antibiotics, etc.). A yeast infection occurs when the vagina becomes less acidic and the growth of yeast is favored over the growth of bacteria. A bacterial infection occurs when the vaginal environment favors the growth of bacteria, or bacteria is introduced into the vagina. When there is an overgrowth of yeast or bacteria, their waste products irritate and inflame the mucous lining of the vagina. This lining normally secretes mucous, and when inflamed, can produce large mucous discharges. In some cases the lining dries out, and produces burning and itching sensations.

Herbs help to restore the body's normal environment. Many herbs contain chemicals that promote healing action and alleviate inflammation. Other herbs soothe inflamed linings and form a mechanical barrier to further infection and irritation.

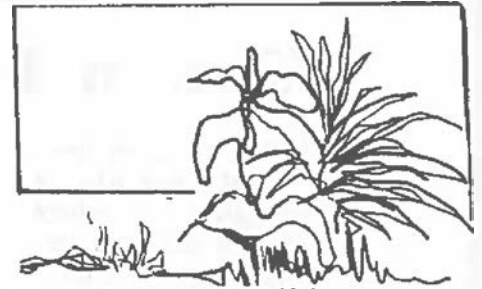
Herbs are potent medicinal agents, and should not be used unless you know what you are doing. The remedies listed here are easy to use if you have

had no previous experience. Remember, everyone's body is different, and your body may respond to one herbal remedy but not another. Usually if a remedy is going to work, it will work within a week. If not, consider a different herb or a different approach.

Before you treat yourself, be sure you don't have VD, or an infection that involves your uterus, tubes, or ovaries (if you have fever, or pain in your lower abdomen, check this out before using anything). Use these after you are sure you really have a vaginal infection and nothing more serious than that.

Douching: Don't douche except for curative reasons. When you douche for vaginitis, remember--it is possible to force air or fluid into the uterus and abdominal cavity. If these instructions are not clear enough, find a paramedic, nurse, or doctor who can clarify them for you. To douche:

- Use lukewarm water to your comfort.
- Douche in a tub or on a toilet, but never have the bag more than two feet above your hips, or never squeeze a bulb-type bag too firmly.
- Wait until the air is out of the tubing and the solution starts running through before putting the nozzle into your vagina.
- If you are pregnant, don't douche. If you ever experience abdominal pain, possibly with fever after douching, see a doctor or hospital that same day. This doesn't happen often,



but it is possible.

Alternatives to douching: Some of these remedies can be poured into a few inches of bathwater, then you can sit with your knees apart, open your vagina slightly by inserting one or two fingers and pulling down slightly to let the water run in. You can also use your finger to try to wash out discharge and bathe your vagina with the herbal bath water. Don't rub too hard--you can irritate yourself.

With, or instead of this, you can soak a tampon (out of the tube) in the herbal solution, then insert it into the vagina overnight or for several hours. This technique is tricky. If you have a diaphragm, fold it together and insert it as usual. Then slip the diaphragm out while leaving the tampon in place. Or if you have a plastic speculum, open it enough to push in the tampon, then hold the tampon in place with one hand or finger while removing the speculum with the other. Use any other technique that you can think of that is not dangerous. This method may or may not drip, depending on your anatomy, and how wet the tampon was, so you should use a pad until you are sure. You can

also hold a herb-soaked pad to the genital area for five minutes to several hours to relieve external itching and soreness.

Prepackaged herbs are more expensive than bulk. Most cost from 15¢ to \$1 per ounce. Goldenseal is more expensive because it is concentrated. Never use aluminum utensils to prepare herbs. Four cups = 1 quart. One-half to 1 ounce per an herb is usually enough for a vaginal infection.

Many of the herbal remedies described function as astringents: this means they cause local muscle contractions, so there is less mucous secretion from the membranes that line the vagina and the membranes are less subject to irritation.

Several others are diaphoretics which promote the elimination of water through sweating, and therefore dry out the infected tissues.

It's important to know what kind of infection you have. Yeast infections cause a thick, curdy, white discharge. Trichomonas causes a thin, smelly, yellowish-green or grey discharge. If another infection is present with trichomonas, the discharge may be thicker and whiter. Nonspecific vaginitis can cause white or yellow discharges and is often associated with frequent urination followed by a burning sensation, and with back pain and cramps.

For a beginning yeast infection: yogurt douche. Yogurt contains bacteria; using a yogurt douche can restock the bacteria in your vagina. Add two to three tablespoons plain yogurt to one quart warm water. Douche daily for up to one week.

Yeast or nonspecific vaginitis: 1) Vinegar douche. Vinegar is mildly acidic and can re-establish an acidic environment in the vagina, and cut down on the growth of yeast and trichomonas. Two tablespoons vinegar to one quart warm water, douche every other day. 2) Garlic. Garlic contains a volatile oil which has an active agent called allyl sulphide. This oil is a diaphoretic (see above). Each day for three days, insert a clove of garlic into the vagina (change each day). You may want to wrap it in gauze to ensure easy removal. After the third day, use a vinegar douche (1 above). 3) Bayberry bark. Bayberry bark functions as an astringent (see above). Bring one quart water to a boil. Add two to three tablespoons bayberry bark and boil gently for 20 minutes. Strain, cool, add more water to make a quart again, if necessary; douche daily for a week.

Yeast or trichomonas: goldenseal and myrrh douche. Myrrh is a resin, containing a combination of phenols and organic acids which function as an astringent (see above); and can also kill bacteria. Goldenseal contains three alkaloids; the two active ones are mychastine and berberine, which function as astringents. Boil three cups of water; add one table-

spoon each goldenseal and myrrh, simmer 20 minutes. Let stand and pour liquid off the top after settling, or strain through a cloth. Add water to make a whole quart and douche daily for a week.

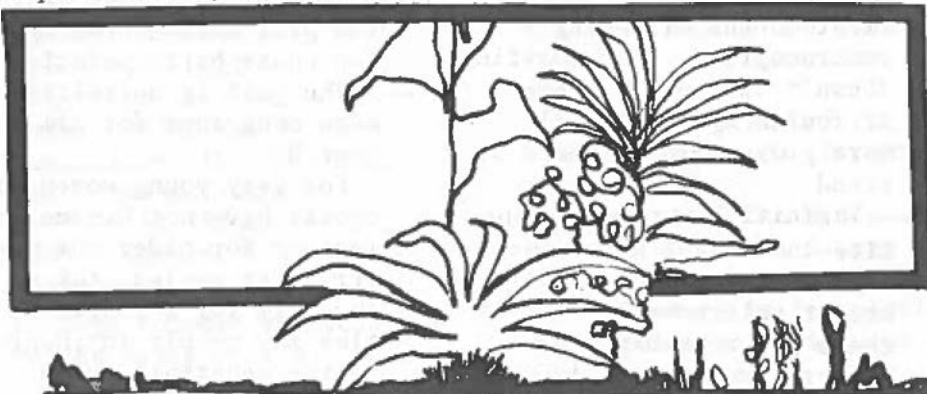
Beginning trichomonas: Vinegar douche, as described above.

Trichomonas: chickweed douche. Chickweed has no active chemical agent, but provides a barrier for protection of irritated mucous membranes. Boil one quart water, remove from heat, add three tablespoons chickweed. Cover, let stand five to 10 minutes, strain. Douche daily for a week.

Any vaginitis: 1) Goldenseal, as described above. 2) Calendula (marigold). Calendula's active agents are polymethoxylated acids that function as diaphoretics (see above). Bring three cups water to a boil. Remove from heat and add a handful (about four tablespoons) calendula. Cover and let stand for five to 10 minutes. Strain, add water to make one quart and let cool. Douche daily for a week.

Thanks to Aradia Clinic, Seattle; Organic Materia Medica and Pharmacognosy, Sayre, 1917; Textbook of Organic Medicinal and Pharmaceutical Chemistry, Wilson, et al., 1971; Proven Herbal Remedies, Tobe, 1969.

--Judy Smith



Dangers of Birth Control

The following is a summary of the possible side effects and dangers of birth control pills, the IUD, and other methods of birth control. This information was gathered from various up-to-date sources: the 1976 edition of Our Bodies, Our-Selves; information from a workshop on contraception at the Women and Health Conference sponsored by the Women's Resource Center last May; and literature published by Fremont Women's Clinic, Seattle.

Birth Control Pills

Possible Side Effects:

- Nausea: can be alleviated by taking the pill after a meal.
- Fluid retention: this can be helped by a low salt diet, or restricted fluid intake. This side effect is dangerous for women with migranes, epilepsy, high blood pressure, vascular disease, heart defects.
- Chloasma: this is a rare side effect, causing large freckles on the face.
- Leukorrhea: a thin, watery discharge that isn't dangerous but can be bothersome.
- Breakthrough bleeding: a common side effect in the first months of taking oral contraceptives. If spotting doesn't stop by the third or fourth cycle, a pill with more progesterone should be tried.
- Vaginitis, increased appetite and weight gain, fatigue, oily skin and scalp, breast enlargement: all of these are possible side effects from the pill.

They are not dangerous, but can be annoying enough to cause some women to stop taking the pill.

Contraindications: women who have the following diseases or symptoms should not take the pill at all.

- Heart disease, blood clots, varicose veins, strokes.
- Liver diseases, including hepatitis--the pill causes some stress on the liver.
- Diabetes, asthma, migranes, epilepsy, severe depression.
- Lactating mothers, undiagnosed genital bleeding, cystic fibrosis.



- Recurrent yeast and trichomonas infections.
- Cancer of the breast or reproductive organs.
- Sickle cell anemia.
- Pregnancy--there is some indication now that taking the pill during pregnancy can cause birth defects.

The pill is definitely more dangerous for all women over 35.

For very young women whose cycles have not become regular, or for older women with irregular cycles, taking the pill for a length of time may result in changes in the menstrual cycle

after use of the pill is discontinued. For example, women who have never had regular periods before taking the pill may not have a period for several months after going off the pill.

Sequential pills (which have a high dose of estrogen unbuffered by progesterone for the first 14 pills, and are less effective than combination pills) have now been taken off the market. Any woman still taking sequential pills should go to the doctor for a combination pill.

There is no evidence that the pill causes cancer. However, the pill can enhance the growth of breast cancer that is too small to be detected.

The pill and vitamins: Apparently the need for niacin, vitamin K, calcium, iron, and copper is decreased by oral contraceptives. The need for vitamins B₂, B₆, C, Folic Acid, zinc, vitamin E, and iodine is increased. Since all vitamins work together, symptoms such as depression, fatigue, nervousness, skin problems and low resistance to infection may be attributed to any or all of these lacks.

IUDs

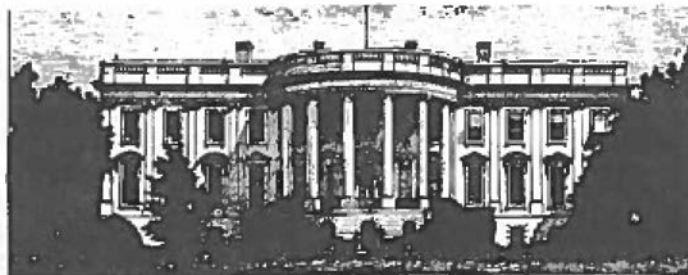
Women who have severe cramps and heavy menstrual bleeding are not good candidates for IUDs, as these symptoms are aggravated by the IUD.

Contraindications:

Women with small, tipped, or bicornate uteruses should not use an IUD. Each woman should know if her uterus' cont. p. 11

WOMEN'S ISSUES

IN 1976



The Missoula Women's Political Caucus recently gave a Brown Bag luncheon program on Presidential candidate's positions on women's issues. The following is a summary of that presentation: the stands Jimmy Carter, Gerald Ford, and Ronald Reagan have taken on various topics concerning women.

--Equal Rights Amendment. Carter and Ford give full support to the ERA. Reagan says he "supports equal rights, but not the ERA," basing this stand on his fear that women might be drafted, alimony payments threatened, and special work arrangements for women jeopardized.

--Abortion. Carter supports the Supreme Court's ruling on abortion, although he has "personal reservations" about the procedure, and would emphasize family planning and adoption alternatives. The Democratic party's platform also supports the Supreme Court's decision on abortion. Ford takes a middle-of-the-road stand, and feels that while the Supreme Court's ruling went "too far," he opposes a constitutional amendment banning abortion. He feels abortion should be allowed in cases of "rape, incest, and other unfortunate circumstances." Reagan opposes abortion as the taking of human life, and supports a constitutional "right-to-life" amendment.

--Federally supported childcare. Carter sees "a com-

prehensive childcare development bill to provide quality, non-profit childcare" as a major priority. He favors fees on a sliding scale. Carter's running mate, Senator Walter Mondale, is a leading spokesperson of childcare legislation in the Senate. The democratic platform also favors federally supported childcare. President Ford sees the primary responsibility for childcare as with the family,* but considers federal and state support for childcare proper and important. Reagan thinks childcare should be a matter to be dealt with at the state and local level.

--Creation of jobs. Carter supports the Humphrey-Hawkins bill that would create federally subsidized jobs, and sees his most important priority as establishing jobs for the country's unemployed. Ford and Reagan oppose public-supported jobs, and favor tax incentives to private industry in an effort to stimulate job creation. Both the Republicans oppose quotas in hiring, and Reagan promises to "uphold laws against discrimination."

--Social Security reform. All three candidates favor reform of social security regulations that discriminate against women.

--Title IX (Equal Opportunity Education Act, prohibiting discrimination in high schools and colleges on the basis of sex). Carter sees Title IX as the

single most effective instrument for eliminating the "attitude of sexism." Ford has stated that he feels Congress intended that Title IX include intercollegiate sports, but he leaves the issue open to "better approaches." Reagan has taken no position on Title IX.

--Appointing Women to policy-making positions. Carter promises a special effort to get women into policy-making roles. Two women have significant positions in his campaign, as deputy press secretary and chief of scheduling. Reagan states that he is against quotas of any kind. Ford says he will continue to nominate more women for high level positions. There are no women in high positions in either the Ford or Reagan campaigns.

During the recent Democratic convention, Carter agreed to demands of the Democratic Women's Caucus on a number of issues, including:

--appointing women to high positions, especially federal judgeships and ambassadorships.
--strengthening the Women's Caucus of the Democratic party.
--meeting regularly with the Women's Caucus to discuss issues.

Members of the National Women's Political Caucus are currently working with Republican leaders in formulating the Republican party platform. --Jennifer Thompson

Women and Science Fiction

Women have moved into the field of science fiction, and are producing a growing list of fine stories and novels. Women's new interest in science fiction is no surprise since all women have a large stake in alternate futures. Some of the best new works and collections include Women of Wonder, Pam Sargent, ed., Vintage Press, 1975; Aurora: Beyond Equality, Vonda MacIntyre and Susan Anderson, eds., Fawcett Publications, 1976; The Female Man, Joanna Russ, Bantam Books, 1975; Woman on the Edge of Time, Marge Piercy, Knopf Press, 1976; and, of course Ursula LeGuin's Left Hand of Darkness, 1969, and the Dispossessed, Avon, 1974.

Science fiction has always been written by male writers for male readers. Ninety percent of science fiction writers and readers are male. After all, science is a "male" field, and science fiction has long been dominated by science gadgetry and futuristic technology. Serious characterization and exploration of personal relationships came to science fiction recently and very often has been developed by the few women writers in the field.

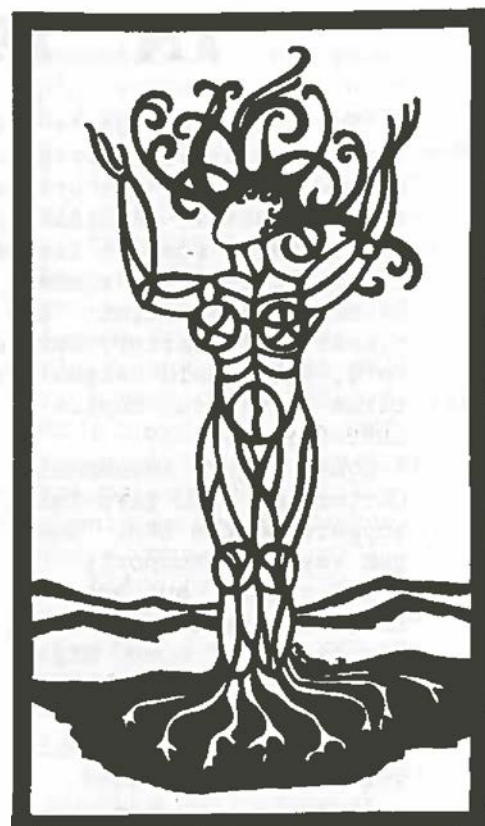
Pam Sargent, in her introduction to Women of Wonder, discusses the history of women in science fiction. She points out that the images of women in science fiction have always been very stereotyped and often quite derogatory.

"One can wonder why a literature that prides itself on exploring alterna-

tives or assumptions counter to what we normally believe has not been more concerned with the roles of women in the future," Sargent commented. "There are two possible answers, although neither excludes the other. Either science fiction is not as daring or original as some of its practitioners would like to believe, this being more a worthy ideal than a reality; or this literature, designed to question our assumptions, cannot help reflecting how very deeply certain prejudices are ingrained..."

Sargent also chronicles attempts of women science fiction writers to penetrate the market. Some women writers wrote under male pseudonyms or used only initials. Until very recently, many wrote the same kinds of stories that male writers did. Some pioneered in new areas using women as heroes and introducing characterization of unusual depth. Many new women writers entered science fiction in the 60s and 70s, and began to explore the issues arising from the women's movement. These new science fiction works by women are consciously exploring the possibilities of non-sexist futures. Often, two distinct and contrasting futures are posed: in one, sex war wages at a new level of violence; and in the other, the future is androgynous, and male and female categories are no longer important.

Women writers and readers are displaying a growing interest in science fic-



tion. It is the only literary form that allows women's creativity to escape from a sexist reality and to explore the possibilities and implications of feminist theories and strategies for societal change. There is also the growing awareness that if women are to have power in this society, they must understand and deal with science and technology.

Women of Wonder is an important collection of contemporary women's science fiction. Sargent's introduction is very valuable, and the opening poem by Sony Dormen sets the tone: "The prince is a figment of our boring legends, he is the gravity that her sleep-ship may escape from. Dressed in a red shift, she's always a

world ahead of his weight." Some themes explored are: an earth colony where men have died off from plague is visited by a ship from earth with all male personnel; the world after nuclear war where women are strong leaders and healers, and a colony where all men and all women look alike.

Aurora: Beyond Equality is another collection of women's work. The editors solicited stories "which would explore the future of human potential after equality between the sexes had been achieved." They go on to say:

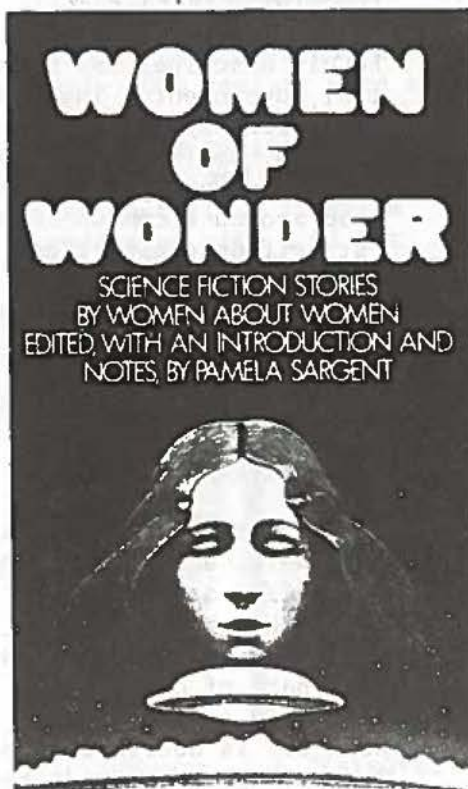
"Both of us were interested to find out how many of the writers were also concerned with ecological sanity. In a truly nonsexist society, it seems, as both sexes become more fully human, they also live in greater harmony with the natural world. Parenting is shared by both sexes as the concept of 'family' extends beyond genetic relationships. The dreams of the individual are nurtured by a supportive nonauthoritarian environment."

The Female Man by Russ is a very complex work which describes different worlds where male-female relations range from present day sexism to open sex war where women have implanted steel fangs and claws.

Piercy's latest work, Woman on the Edge of Time, poses a future androgynous utopia where all people can choose to be mothers (breast feed and raise children), and where three adults band together to raise a child until the child decides it is ready to be integrated fully into society. This

utopia is threatened by another society that has lost all concept of human individuality.

LeGuin's work is the most exciting to me. Her writing is powerful; her characterization full blown, and she has the courage to explore the negative as well as positive implications of androgyny, anarchism, meditation and other critical issues of the future. LeGuin's work



always strikes me as a complex, interwoven whole--never contrived.

Left Hand of Darkness continues LeGuin's exploration of human potential and adaptability. Winter is a planet that was colonized by humans who were genetically adapted to survive cold. The book is narrated by a "normal" human who is sent as an envoy to re-establish contact with the long lost colony on Winter. The envoy slowly realizes the differences between those who live on Winter and his concept of humanity. Gethenians (Win-

ter dwellers) are not sexual at all times, but are subject to monthly fertile periods called kemmer.

When in kemmer, each Gethenian finds a partner; hormonal secretions make one Gethenian male or female and their partner becomes the opposite sex. No Gethenian knows what sex he will become during each kemmer. The effects on society are obvious: there is no division between strong/weak, active/passive, etc. Everyone has the possibility of doing and being everything. The "normal" human slowly begins to develop a close relationship with a Gethenian, and to question his own normality.

I'm a science fiction fan who began to read science fiction when I was 10. Thinking of alternatives and futures has always excited me. And as a feminist, I have great concern for the future. That's why it's so exciting to see the new women's science fiction. We're planning a "Women and Science Fiction" class at the Women's Resource Center for next year. If you are interested, let us know.

--Judy Smith

MONTANA WOMEN'S RESOURCE

The Montana Women's Resource is published by the Women's Resource Center, UM, Missoula. The Resource comes out four times a year and is available to all interested persons. Write us. We are interested in hearing about women's activities around the state. Let us know when things are happening. Staff: Rona Finman, Susan Palmer, Judy Smith, Jennifer Thompson and Barbara Tucker.



Le Guin Envisions Utopian Society

Anarchism. What images does it bring to mind? Mass chaos? Bomb-throwing?

If you've read Ursula LeGuin's novel, The Dispossessed, it brings to mind a nonmilitaristic (because the State no longer exists), ecologically sound (because "appropriate" or non-energy-intensive technology is used), nonsexist, nonhierarchical, propertyless, egalitarian society in which institutionalized forms of power such as offices or rank no longer exist.

In short, LeGuin has created a feminist utopia.

LeGuin correctly says the political theory of anarchism described in The Dispossessed is: "Not the bomb-in-the-pocket stuff, which is terrorism, whatever name it tries to dignify itself with; not the Social Darwinist economic "libertarianism" of the far right; but anarchism, as prefigured in early Taoist thought, and expounded by Shelley and Kropotkin, Goldman and Goodman. Anarchism's principle target is the authoritarian State (capitalist or socialist); its principal moral-practical theme is cooperation (solidarity,

mutual aid). It is the most idealistic, and, to me, the most interesting of all political theories."

The anarchist society LeGuin describes has no central government. Instead, in anarcho-syndicalist fashion, small, voluntary, autonomous groups organized around a common interest self-determine their goals. Decision-making is done locally not from the top down (a rather prescient novel considering the 1976 campaign litanies of "anti-Washington" or anti-big-government meddling).

Women and men are equals. Both work, and work is recognized as being something that humans do to feel good and as an essential part of one's identity. In addition, the work day is designed to be long enough to provide the people with necessities but short enough for the people to have time and energy for cultural and intellectual pursuits. Moreover, the interesting, dangerous, and dull work is shared--no group is relegated to do the hazardous or repetitive work.

"You can't tell a man to work in a mercury mine--a job that will kill him in a few years," as a character remarks.

As part of her analysis of hierarchy, LeGuin points out that sexism and rape are logical outgrowths of the

political, power relationships between men and women in which men have more power than women. To end sexism and rape, hierarchical relations between the sexes must be abolished, as she asserts.

However, while Anarres is a society sans hierarchy and consequently the "sex-role" category of heterosexuality is absent giving people a choice of androgynous sexual partners (same sex or opposite), it is not free of problems.

As LeGuin perceptively realizes, the collectivity integral to an anarchist society (and to the women's movement, for that matter) does not shield one from existential loneliness or angst. Moreover, balancing the needs of the individual with those of the group is a prodigious task. As LeGuin illustrates, an anarchist society, rather than a celebration of the individual, can become a society governed by majority public opinion (or the nonverbally communicated "raised eyebrow").

LeGuin is also aware of the impossibility of maintaining an anarchist society during periods of scarcity in which basic survival needs are not met. For example, if ecological systems collapse through overpopulation or lack of natural resources, the options for humans decrease. Therefore protection of the environment is always a

Ehrenreich Says Doctors Usurped Healing

Women have always been healers, not only midwives, but practitioners curing with herbs, Barbara Ehrenreich, New York-based author and editor of Health Right, said at the Women and Health Conference sponsored by the Women's Resource Center last spring.

Healers had power and became leaders in their community, Ehrenreich said. Healers helped lower class people and not the power elite, and therefore became targets for persecution and of witch hunts, she said.

Late in the 15th and early in the 16th centuries hundreds of thousands of poor European women were tortured and murdered. The crime they were accused of was "healing," Ehrenreich said.

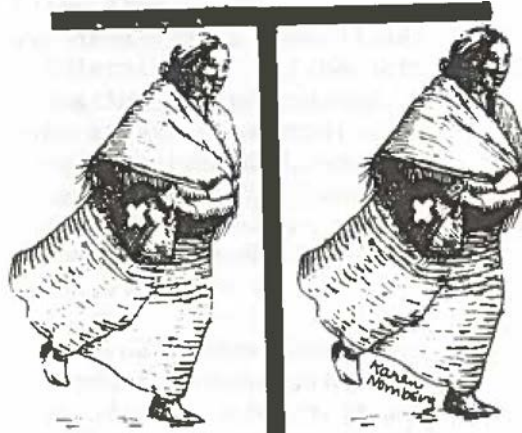
Healers did "conspire to subvert feudalism" and to help members of their own class; and for these reasons, "witches" should be taken out of their "pointy hats" and given the respect they deserve, Ehrenreich said.

The United States also had a tradition of women healers who were persecuted. For example, Anne Hutchinson (the religious leader) and Emma Goldman (the anarchist spokesperson who was deported to Russia) were midwives, and Harriet Tubman (who led slaves to freedom) was a doctor, Ehrenreich said.

In the early 1900s, half of all births were tended by midwives. Doctors, however, wanted midwives' patients, so they waged a "prop-

aganda campaign" calling them "dirty, un-American and the most virulent bacterium" of them all, Ehrenreich said.

The result was that seven of the ten women's medical schools that existed in the early 20th century were shut down, lay healing became practicing medicine without a license, and medicine became what it is today--a profession with a 93 per cent male hierarchy, she said.



However, the "takeover" occurred not because of males' "technical superiority," Ehrenreich said.

Men were "less prepared" to handle childbirth, she said, pointing out that doctors dissected cadavers, then aided childbirth without washing their hands. Consequently, mortality rates due to puerperal (childbirth) fever increased.

The takeover was the result of a political struggle between doctors and lay healers that evolved from the demands of the popular health movement of the 1800s to 1850s, whose demands are "still modern," she said. They included:

- the right to direct access to information.
- a condemnation of the medical profession for being "undemocratic, elitist" and contravening the tenants of the American Revolution.
- a demand that the care of women be in the "hands of women only."

Ehrenreich said the heroines of the current women's health movement have risked dangers similar to those of other generations.

For example, when Carol Downer, one of the originators of "self help,"--the concept of taking health care into one's own hands--suggested treating yeast infections with yogurt, she was arrested in Los Angeles for practicing medicine without a license.

According to Ehrenreich, some of the "external" issues the women's health movement must focus on are erosion of the freedom of choice for abortion, and forced sterilization of black, Native American and third world women. Some "internal" dangers lie in becoming "too trapped" in individual solutions, she said. For example, thinking that taking a "know your own body" course or finding a "nonsexist" gynecologist is the goal instead of working to end "injustices of the professional elites," she said.

Ehrenreich continued that the goals of the women's health movement must not be narrowly de-

Patients' Rights -- A Privilege or a Right

"Is health care a privilege or a right granted by the constitution?" Judy Smith asked at a panel on female patient's rights during the Health Conference.

If it is a right, she continued, most people can't afford it. Medical costs have increased over 300 per cent and hospital costs 500 per cent in the past 18 years, while the price index itself has only gone up 73 per cent. Medicine, however, remains a very profitable business, she added, citing the figure of \$2.6 billion profit made in 1965 after taxes.

Women have an intimate relationship with medicine, Smith continued, because they are the major consumers of health care. For example, women made 25 per cent more visits to physicians than other groups, have 50 per cent more prescriptions, and constitute 70 per cent of health care workers. But only 7 per cent of physicians are women. Consequently, women are not "decision makers," Smith said.

Another problem in Montana is that some women have access only to Catholic hospitals. This limits women's choices for abortions and sterilizations, Smith continued.

Price fixing is another problem. Abortions cost \$225 in Missoula, while the price is \$125 in Kalispell, and \$75-80 in Spokane. Nor do women have the right to

home births.

How are female patient's rights lost? In "subtle ways," Susan Winslow, health specialist from Fremont Women's Clinic in Seattle, responded.

For example, the first time a woman meets a doctor he is fully dressed and she has a paper thing on. The doctor should either "take his clothes off," or at the first meeting, both should be clothed, Winslow said. (At the initial meeting between doctor and patient at the Fremont Clinic both are clothed.)

Another example of a "subtle" inequality is use of names, referring to physicians as "Dr. Anderson" but to patients as "Susan," Winslow said. (At Fremont, everyone is on a first-name basis.)

Another subtle way to undermine women's rights is the "patronizing attitude" manifested by most doctors which implies: "all you need is to have confidence in me."

However, at the Fremont Clinic, an attempt is made to ensure patients' rights.

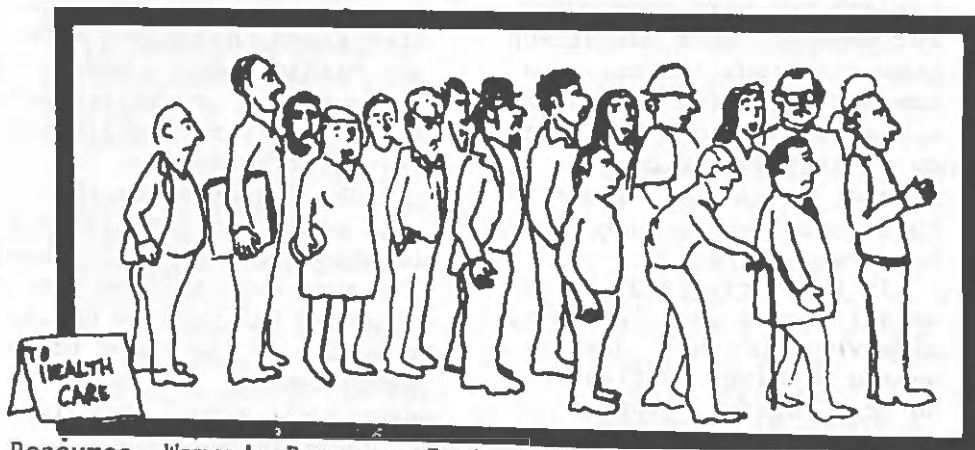
Health specialists work in teams and periodic chart reviews are held at which quality of care patients receive is examined. Chart review is an important but not always "pleasant" experience if a called-for test was neglected, for example, Winslow explained.

These are examples of attempts being made at women's clinics for nonhierarchical cooperative care. But Winslow insists measures cannot stop here. People must find out as much about their bodies as possible. A woman should know if she has an infected hair follicle on her vulva, of if a person has an infected finger, she/he should go to the library and find out the standard treatment, for example.

"When you take that kind of responsibility, doctors know you won't let your rights be taken away," Winslow said. "If you have information and still might be intimidated, take an advocate who also knows as much but will have her clothes on," Winslow suggested.

She also stressed the importance of sharing health information and the need for going out and "grabbing rights." "You can't just sit and wait for laws to change," she said.

--Barbara Tucker



DISPOSSESSED REVIEW

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major concern on Anarres.

However, it would not be fair to sing the praises of The Dispossessed without including some of the criticisms feminists have made.

Disappointment has been expressed about continual lack of female protagonists in LeGuin's books, a criticism I thought irrelevant to The Dispossessed, as the protagonist is a fully androgynous person who could have been male or female. Attempts to rid society of "sexual" categories is what feminism is all about. Another criticism was LeGuin's use of the generic "he"--a valid criticism. She has skillfully created a society that is nonsexist in every way but use of language, something I thought she should have attempted.

--Barbara Tucker



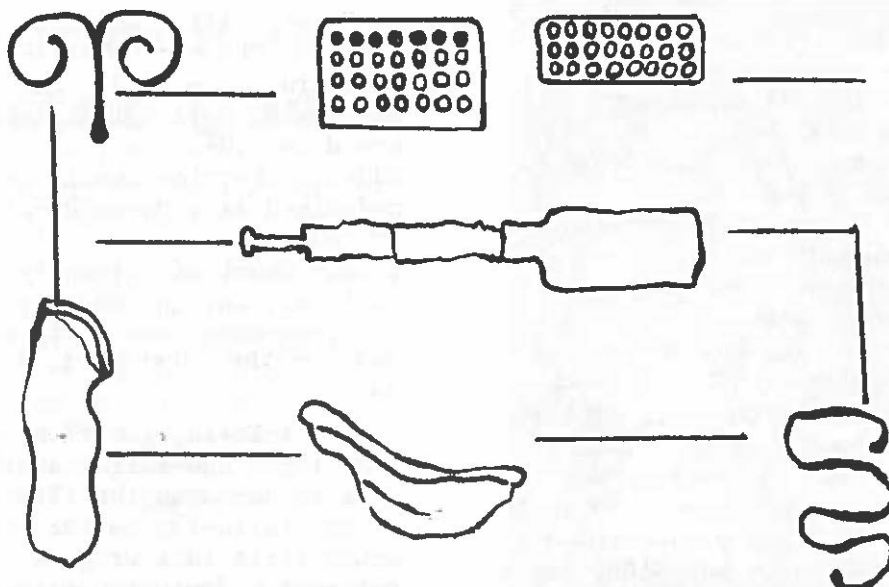
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fined. The torture and death of Chilean political prisoners, the starvation of a child, the possible birth defects a child of a woman farm laborer will have, because she handles pesticides are all women's health issues, she said.

Ehrenreich suggested that the women's health movement establish a national network capable of "responding and activating quickly" to protect abortion rights, for example.

--Barbara Tucker

The Montana Women's Resource, Women's Resource Center, University Center,
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shape is normal, and if the doctor doesn't tell her at the time of her pelvic exam, she should ask.

Some women just can't tolerate an IUD, and are continually plagued by spotting and cramps. The only way to find out if you can tolerate an IUD is to try one.

The greatest danger of an IUD is infection and perforation. Infection: Women with IUDs have four times greater chance of developing pelvic inflammatory disease (PID). The Dalkon Shield is especially prone to infection, as the string is multifilamented and carries bacteria more readily into the uterus.

Perforation: This is due largely to either faulty insertion or pregnancy. A woman who becomes pregnant with an IUD should have it removed, as later in pregnancy the uterine wall becomes thin and spongy and easily perforated. However, there is a 50 per cent chance of miscarriage when an IUD is removed during pregnancy.

Studies currently show that the Copper 7 IUD works as well as any method of birth control for nullpar-

ous women (those who have never been pregnant). The amount of copper in the IUD is less than is present normally in the body. It is excreted and does not pass into the bloodstream.

Other Methods

The diaphragm is a very effective method when carefully used and depending on the brand of cream or jelly used. (Delfen, Koromex II, and Preceptin have been found to be the most effective, in that order.) It has no side effects other than that it must be used at the time of intercourse.

Foam, condoms, natural birth control/rhythm: these methods are relatively safe except for the increased risk of pregnancy. Natural birth control, which used alone involves abstinence, is fairly effective is careful track of a woman's cycle is kept for several months beforehand.

DES, or the morning-after pill: This is strong medicine which should be used only once in a woman's life, if at all. It now appears that DES is less effective in preventing pregnancy than was originally thought.

--Jennifer Thompson

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 are 18 to 26 years old.
 --Sixty-two per cent were single.
 --Twenty per cent were 14 to 17 years old.
 --Thirty-three per cent already had children.
 --Twenty-five per cent were Catholics (who become pregnant because they're inhibited about using birth control, Armstrong said.)

Before abortion was legalized, women who could afford the procedure were willing to pay \$1000 for a "safe" abortion, Fremont Women's Clinic counselor Debra Senior said. A "back alley" abortion frequently resulting in infection and septicemia was the option for those who couldn't afford a safe abortion, she said. Women have "really" been exploited, she added.

Abortions still cost \$225 in Missoula. Armstrong, however, charges \$125 for an abortion which includes the diagnosis, blood and urine tests, the follow-up exam, birth control and a Rhogam injection if necessary. (Rhogam prevents Rh positive antibodies from forming in an Rh negative woman's blood who has just aborted an Rh positive fetus. This makes possible future pregnancies with an Rh negative male partner, which would otherwise be jeopardized.) Armstrong uses one-third of the usual dosage of the \$35 Rhogam for first trimester abortions.

At the Fremont Clinic abortions cost \$50 which includes all services but Rhogam.

Abortion is the most widely practiced method of birth control in the world, Chris Merk of the Orange County Feminist Women's Health Center said.

"It is well within the scope of the nonprofessional to learn," she said. And members of self help clinics are doing just that, she added. Abortion should be redefined as a "nonmedical" procedure, she said. Although abortion currently is legal, any law made by the government can be taken away by the government, she said.

For example, abortion was made legal and easily accessible in Japan in the 1950s. In the following decade the crude birth rate dropped 50 per cent. Japan experienced a labor shortage in a period of tremendous industrial expansion, sociology Chairperson LeRoy Anderson said. Therefore, the law was modified although Japan still has a fairly liberal abortion law, he added.

Merk said the medical profession is trying to eradicate women-controlled clinics which are women-owned, cooperatively run, hire doctors on a contractual basis, and set their own standards for what constitutes a good abortion. (According to Merk, use of a flexible cannula, local or no anesthetic, gentle suction and the accompaniment of a patient advocate with the woman throughout the five-to-ten minute procedure constitutes a "good" abortion.)

In Tallahassee, doctors brought pressure on the women's clinic by forming a power bloc and refusing to allow local doctors to be hired. To continue performing abortions, the women had to fly in a doctor, Merk said. The clinic managers, however, brought an antitrust suit against the doctors which the clinic managers won.

Attitudes toward abor-

tion have not always been negative, Anderson said. The ancient Greeks practiced both infanticide and abortion. The family was not a state matter, he said. Abortion did not generate much "heated" discussion in Rome; nor did members of the early Christian church oppose it, he said. From 1327 to 1803, women had the freedom to have abortions in England. In the United States, abortion was legal from 1607 to 1830. The laws that were passed outlawing abortion in the United States were passed to protect the health of the woman because abortion was a "risky" procedure, Anderson said.

"Roman Catholics only recently developed a concern for the fetus. In previous centuries, the Catholic Church had no answer to the conundrum of when the soul enters the embryo. Saint Augustine admitted that he didn't know; Saint Thomas Aquinas thought that it might occur at the time of quickening--about halfway through pregnancy. Not until 1869 did the Church decide that the embryo is ensouled at the moment of conception and that abortion at any time is therefore equivalent to murder." (September 1970, Playboy)

Abortion is now seven times safer than pregnancy, having a death rate of 1.7 to 3 deaths a 100,000, compared to 23 deaths a 100,000 for pregnancy. (Illegal abortion had a 100 to 100,000 ratio.)

Abortion does constitute taking a "dependent" form of human life, Armstrong said. But when the fetal life is compared with the "potential suffering of the mother or the "future suffering" of the unwanted child the fetal life is "not significant,"

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he said.

Senior said it's important to have abortion available as a method of birth control. None of the current methods of birth control are 100 per cent effective and some have potentially dangerous side effects making them unusable for some women, she said.

However, Armstrong said of the 530 abortions he performed in a two-year period, only 20 were performed because of "true" birth control failure.

Sixteen were intrauterine-device failures; two were tubal-ligation failures, and two were pill failures, he said.

Senior said that women faced with an unplanned pregnancy have the right to choose. She said her role as a counselor at the Fremont Clinic was to present all the options available to a woman: abortion, adoption, foster care or parenthood.

However, when a 14 year old comes in, it is difficult to support her decision to have a child, she continued.

Senior said she becomes "angry" about the lack of sex education in the schools when a teen ager comes into the clinic with a bottle of urine. Seventy to eighty per cent of the young people Senior counsels don't talk to their parents about sex, she said.

Myths and misinformation about sexuality are rampant among young people. Senior said some young women, for example, thought if they "took a bath after sex," they wouldn't get pregnant.

Young people also grow up without taking responsibility for their sexuality, she said.

It's "hard" for a 16 year old to say, "I'm sexually active and I feel good about it," she said. Most don't enjoy sex but do it to keep a boyfriend, not because it "feels good", she said.

"Two-thirds of a nationwide random sample of Americans polled in February of this year agree with the statement that 'the right of a woman to have an abortion should be left entirely up to the woman and her doctor.'"

"For the first time in the more than 25 years that Americans have been surveyed on their views regarding abortion, substantial majorities of women (69 per cent), persons over 65 years of age (57 per cent), Catholics (60 per cent), blacks (67 per cent), and people with less than a high school education (59 per cent)--segments of the population that had been somewhat more reserved in their views on abortion--also agreed with the statement, documenting a growing consensus among all Americans." (May/June 1976 Perspectives)

Women should have control of their own reproduction, Senior said. And if a woman has to travel 300 miles to get an abortion, it raises the costs and makes it less available.

The Sen. Frank Church (D-Idaho) "Conscience Amendment" allows hospitals that are receiving federal funding to deny abortions and sterilizations to women because of religious reasons.

Therefore, if such a facility is the only clinic or hospital a woman has access to in a large geographical area (which is sometimes the

case in Montana), the policy amounts to limiting a woman's choice for an abortion.

Current Montana law requires:

- that the doctor inform the woman of the "psychological and physical hazards" of an abortion.
- that the parents of a minor be "notified."
- that the "spouse" be notified if the woman is married.

However, early in July the U.S. Supreme Court handed down a ruling forbidding the states to impose "blanket" restrictions requiring women under 18 to obtain parental permission for an abortion. The court also ruled that a woman's husband need not consent to her abortion.

"Both requirements were part of a 1974 Missouri law, described by many lawyers as one of the nation's most restrictive.

"The Court also:
--unanimously upheld the Missouri definition of 'viability'--the time after which abortions can be prohibited--as 'that stage of fetal development when the life of the fetus may be continued indefinitely outside the womb by natural or artificial life-supportive systems.'
--struck down 6 to 3 a provision requiring doctors to use as much care to preserve the life of an aborted fetus as of a fetus intended to be born alive.
--ruled 6 to 3 that it was unconstitutional to ban saline abortions (a common procedure after the 16th week of pregnancy)." (July 12, 1976, Newsweek)

--Barbara Tucker

cont. from p. 13

to these dominance behaviors of touching, staring and moving close, in that most also convey intimacy as well as power, she said. "This dual nature makes it possible for a gesture of power to be claimed as one of friendship, and therefore, hard for the receiver to protest.

"Similarly, when women use these signs of power themselves, the gesture may be taken as sexual advances, denying the assertion of power. The ambiguity surrounding nonverbal communication is used against women when they wish to repel unwanted sexual advances, and are told that they were 'sending signals' inviting them. Such claims, far

from being innocent misunderstandings between male and female cultures, are the ultimate justification for front-line attack in the sexual war: rape."

Other researchers in the area of nonverbal communication, Lynn O'Connor and Nicole Anthony, describe encounters between females and males in which gestures of dominance and submission are exchanged.

O'Connor reported, "The forms of female behavior that our contemporary ideologues have called internalized self-hate or masochism are

usually just a logical response to a man's gesture of dominance. Women have spent years on the psychiatric couch hunting down a nonexistent internal enemy."

Anthony also said that a strong woman may notice herself acting submissively toward a man in a heated debate, and blame herself for self-oppression.

However, Anthony said: "If we filmed the scene we would see that what really happened was that he gave a gesture of dominance and she submitted in fear... The moments of 'internalization' are really the moments when we respond to gestures of dominance. They are not inside our heads."

Henley said:

"These observations give us a perspective on women's submissive behavior: much of women's behavior which is interpreted as self limiting may in reality be the end of a sequence in which assertion was attempted and suppressed on the nonverbal level.

"In nonverbal communication we see how much of the seemingly personal truly is political.

"...For every major decision in Washington or on Wall Street that determines how much sugar and oil we have and what information we will read, there are a thousand unnoted, silent power gestures--the glare, the silencing touch, the grip on the arm--meant to ensure that we will never question our boss, husband or lover, let alone Washington or Wall Street."

(Greater detail about nonverbal communication will be presented in Henley's forthcoming book, Body Politics, in press by ~~Knopf~~ Knopf.)

--Barbara Tucker

Goings On

--Self-Defense Workshop. Co-sponsored by the WRC and Campus Rec for all women, from the community as well as students.

1st Session, Oct. 13, 7 p.m. Movie and discussion on socialization that women have grown up with preventing them from defending themselves, as well as explanation of tactics women can use when confronted.

2nd Session, Oct. 20, 7 p.m. Movie on self-defense, demonstration by instructors, and practice in specific techniques of self-defense. A follow-up session will be held to practice these techniques. Participants must become comfortable with the techniques, so if confronted women can use them without hesitation. Interested persons should contact Campus Rec or the WRC. Limited enrollment; free of charge.

--Assertiveness Training-- five week session for all women, will be starting in late August. Come in or call the Women's Resource Center to sign up. 243-4153. \$20 fee, \$15 for students.

--Brown Bag Luncheon Series; noon in the WRC.

Tuesday, August 10: Joan Jonkel on Women and Literature.

Tuesday, August 17: Kathy White and Suzanne Gott on the Montana Women's History Project.

--Consciousness-raising Group: starting Tuesday evening, August 3. If you're interested in joining, call the WRC (free of charge).

--1977 Legislative Reform Activities, August 10, 7:30 p.m. The Missoula Women's Political Caucus will be meeting with Women's Place and the WRC to discuss the bills we hope to introduce into this winter's legislature.

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tana will be more difficult to obtain.

Bill Leary, Executive Director of the Montana Hospital Association, admits that a problem of the HSA plan is lack of local input.

However, he maintains that the agency will have more "political clout" because of the consumers who will be on the board.

Leary, a Missoula doctor and other health specialists said providers were "hand-picking" the consumers, and will be "shying away from low-income consumers." However, they will be picking consumers who will be "knowledgeable" in their communities, Leary said.

By law a majority of the members of the board must be health care consumers.

According to Johnson, the federal government favors a strong centralized planning board and has already rejected the HSA, Inc. Board's application twice because the proposal included the structure of the five sub-area councils.

The federal government apparently feels that the agency will be better organized and more effectively run if its funding is given to a central office.

The plan would work well in a large or medium-sized city, Johnson said. But because of Montana's lack of "federal clout," federal administrators would not bend their guidelines to "better" suit a large rural area, he added.

The body which will be administering the federal

health planning funds was formed by members of the Montana Medical Association and is a private, nonprofit organization that applied to the federal government to be named as the HSA governing board for Montana. (Currently, only five of the 42-member board are women.)

As its first duties, the HSA will organize itself and draw up a long-range plan for health care in Montana.

The agency has been allocated \$318,000 in state and federal funds for these primary functions.

After two years, the HSA will have a review and approval power over all federal funds in health care planning.

--Jennifer Thompson

We need your help! The Montana Women's Resource has been sent out at no cost for over a year. Our mailing list grows longer every issue and our budget is very limited. We estimate that each copy costs us a little over 25¢ to produce, so we are asking that those of you who want to continue receiving the Montana Women's Resource send us at least \$1 for the next four issues. We are updating our mailing lists and if we do not hear from you, we will assume you are not interested in receiving the Montana Women's Resource.

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