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Women's Center Newsletter (Spring 1983)

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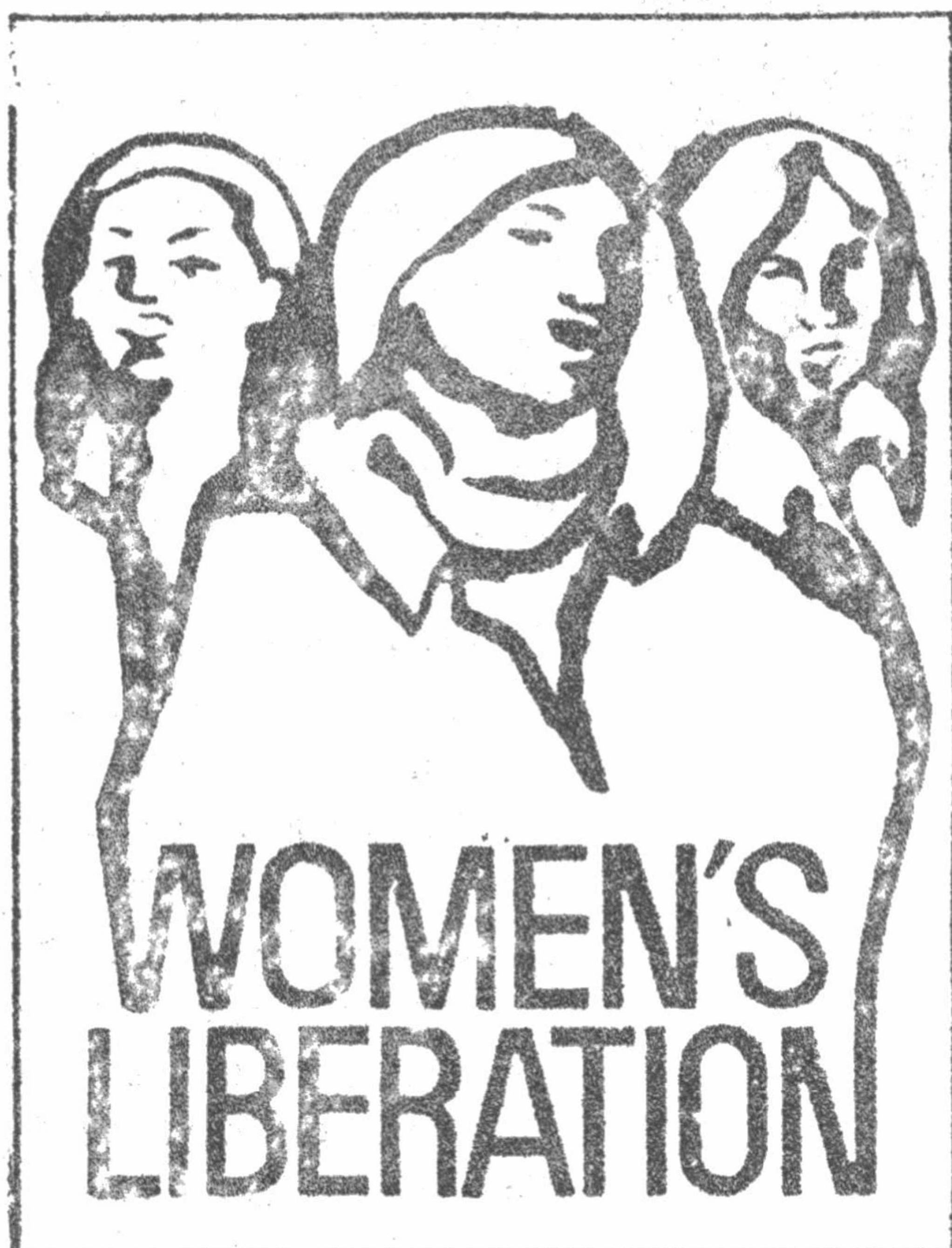
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UMO

Women's Center

Spring Newsletter 1983

**SPECIAL
HEALTH
ISSUE**

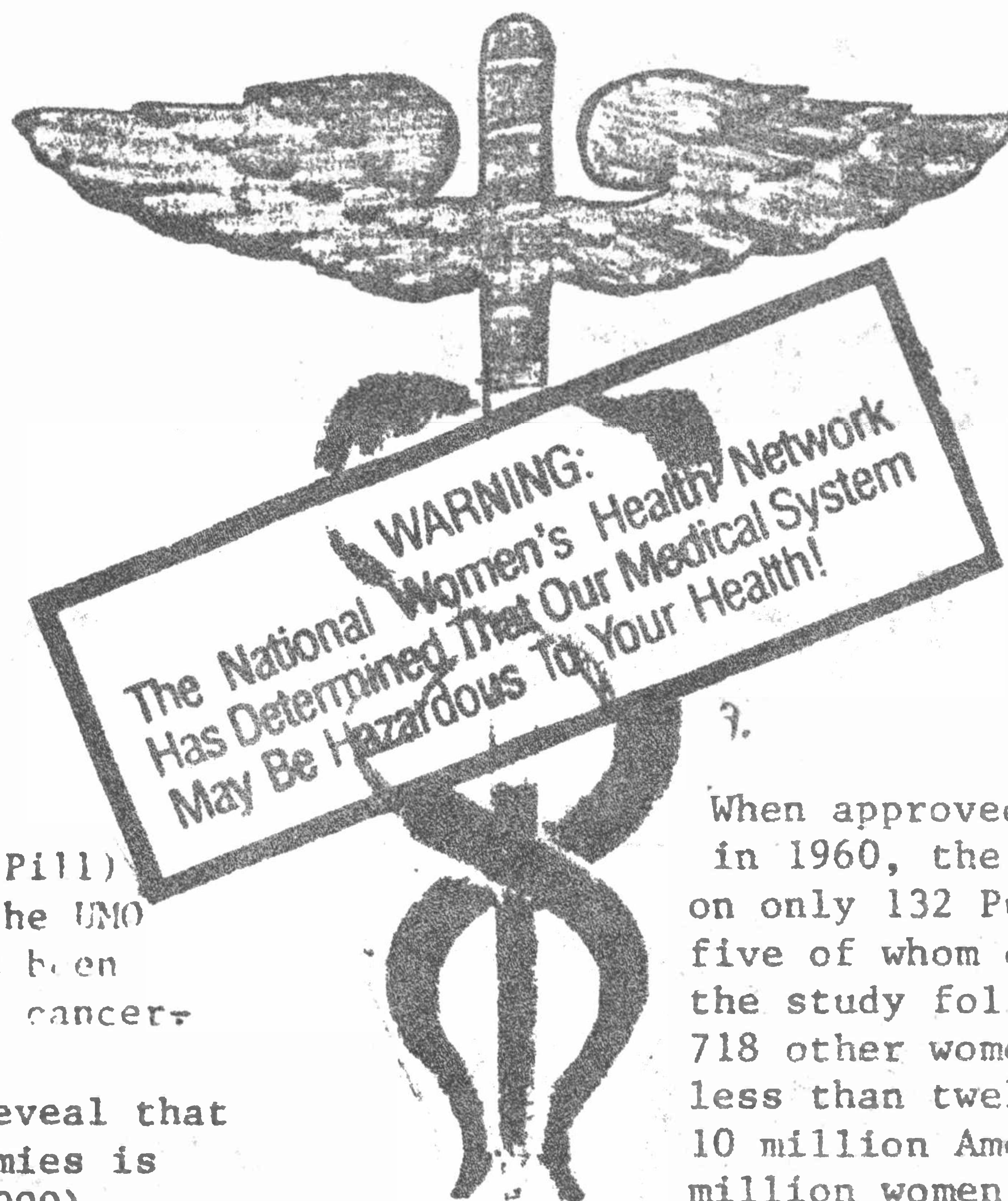


with articles on
• **women & work**
• **politics**
• **era**

AWAY WITH YOUR MAN - VISIONS.

**Women propose to reject them all,
and begin to dream dreams for themselves.**

Susan B. Anthony



DES (The Morning After Pill) is still given out by the UNO Health Center. DES has been associated with vaginal cancer.

Congressional reports reveal that 1 in every 3 hysterectomies is unnecessary (about 250,000).

30 million American women are regular users of potent tranquilizers and anti-depressants.

10% of your family income may be spent on needless x-rays, surgery, and medication.

Although breast cancer is the 4th greatest killer of women, striking 1 out of every 13 women, the breast exam is the most frequently omitted part of the routine exam. The survival rate has not improved since 1930.

Women average 25% more visits to the doctor than men, but take 50% more prescribed medication. Women also make up 70% of the health workers, but less than 7% are doctors.

Medical school textbooks still say that women are neurotic and anxious and that most women's illnesses are psychosomatic and uninteresting.

While companies now have to warn consumers about toxic shock syndrome, companies still do not have to list contents of tampons and other important information.

When approved for use by the FDA, in 1960, the Pill had been tested on only 132 Puerto Rican women, five of whom died. No doctor in the study followed up those deaths. 718 other women took the Pill for less than twelve months. Today 10 million American women and 50 million women in the world take the Pill.

10. "Contraception is not merely a medical procedure; it is also a social convenience, and if the technique carried a mortality rate several hundreds of times greater than that now believed to be associated with the Pill, its use might still be justified on social if not medical grounds." Textbook on Contraceptive Practice John Peel and Dr. Malcolm Potts

11. "An American buying drugs is like no other American at any other counter...Although he is the consumer, he is not the shopper; he buys (on faith) what the doctor prescribes. He is like a child going to the store with his mother's shopping list, which he can not read. He is totally unsophisticated as to the workings of the five billion dollar industry to which he is contributing and which his tax money supports. The consumer of drugs pays up and takes his medicine, and the Drug Establishment, about which he knows nothing, scores again."

Dr. James L. Coddard
a former commissioner of FDA

UMO WOMEN'S CENTER

Our major goal is to educate the UMO community and the greater community on women's issues. We do this by being:

1. A resource center
 - A) Women's library
 - B) Extensive files on women's issues
 - C) Periodicals/newsletters
 - D) We're presently compiling bibliographies on topics related to women's issues.
2. A programming group
 - A) Speakers
 - B) Films
 - C) Debates
 - D) Symposiums (organizing our own and co-sponsoring others).
3. A Community Service Group
 - A) Educating (all of our programs and resource material, plus presentations to classes and other campus groups).
 - B) Focus on Women (a weekly program sponsored by FOCUS and the UMO Women's Center).
 - C) Assisting Spruce Run with fundraisers
 - D) Purchasing films for the campus film library.
 - E) Newsletter
 - F) Population Control Fund (Coordinator appointed by us)

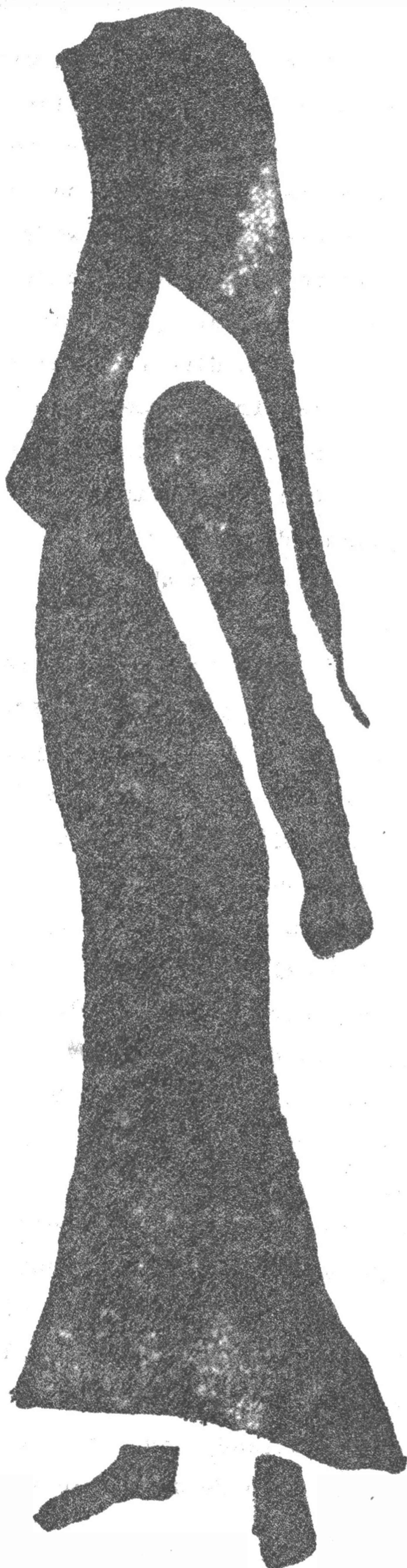
All of our resources are available to the public. We have weekly business meetings on

mon. 3:30 m. union

Coe Lounge

The UMO Women's Center is a student group, coming under the SCSC of the UMO Student Government, and receiving funding from the Student Government.

The articles in this newsletter do not necessarily reflect the opinions of the UMO Women's Center; they are the views of the authors only.



:::: HEALTH UPDATE ::::HEALTH UPDATE::WE WANT TO LIVE::::BAN, POISONS::::::::::

FROM THE WASHINGTON HEALTH NETWORK:

FIGHT BACK!

After studying 215 women with ovarian cancer and 215 women of similar background without, Boston investigators found that women who used talc powder on sanitary napkins or their genital area were three times as likely to have ovarian cancer as those who did not use talc powder in those ways.

Although no direct correlation can be made at this time between talc powder and ovarian cancer (since contraceptives and other factors are also involved), women are being advised to use cornstarch instead of powder, not only on themselves but on their babies.

Researchers believe that talc powder dusted on the vaginal area, used on diaphragms and condoms, and on sanitary products, may get deposited on the ovary, stimulating hormones, and causing abnormal changes in ovarian tissue.

Ovarian cancer is the most common fatal gynecological malignancy in the U.S. The death rate has increased threefold since 1941. In 1941, 3,924 deaths from ovarian cancer were reported. In 1970, it was 9,893. This year, The American Cancer Society not only predicts 11,400 deaths from ovarian cancer, but that 18,000 new cases will be reported. Sadly enough, even today, only about 36% of patients survive more than five years after diagnosis.

Ovarian cancer is difficult to diagnose because often when the symptoms appear, the cancer is already advanced. Ovarian cancer seems to be increasing mainly in industrialized nations.

One thing that concerns researchers is that magnesium silicate, which is used in talc powder, is often found side by side in nature with asbestos, and often these are mined together. Asbestos has been implicated in a large number of deaths, for other illnesses--

DANGEROUS DRUGS---

Menopausal estrogen drugs can be dangerous. The Washington Health Network reports that each year thousands of women develop endometrial cancer from menopausal estrogen drugs that they don't need.

This drug has been given, often routinely, to women with even mild signs of menopause, as to women with depression.

Dr. Robert Mendelsohn also reports that both the Pill and this menopausal drug have been strongly implicated in causation of gall bladder disease and cancer of the uterus, multiplying the risk factor from five to twelve times more. Women over forty are also warned not to take the Pill, since even in younger women, the risks are seriously increased for many diseases.

Women over forty on the Pill have a much higher rate of cardiovascular disease according to Mendelsohn. Women under forty have increased risks of liver tumor, head-aches, depression, and cancer. Women on the pill run six times the risk of high blood pressure, four times the risk of stroke, and more than five times the risk for thrombosis.

WOMEN AND HEALTH: THE QUESTION OF THE DAY



4.

Tired of trying to outrun the colds and flus that are hitting everyone around you? Want to learn how you can take better care of yourself? The UMO Women's Center has the cure. On April 29 and 30, "TAKING CARE OF OURSELVES: Women's Health Issues and Alternatives" will be presented at UMO. This symposium, which includes twenty-one different workshops and a key-note address by the Boston Collective, authors of Our Bodies, Ourselves will give you information on health issues, controversies, and alternatives. In addition to finding out more about what's going on in the national health networks, one can also learn more about specific political and medical issues such as Holistic medicine, birth control, PMS (pre-menstrual syndrome), sex, and nutrition.

The conference will start out right - Betsy Rose will sing on Friday evening, April 29. On April 30 workshops will be presented at three different times during the day. That evening, Judy Norsigan and Norma Swenson of the Boston Collective will give a key-note speech, talking about what was learned in the workshops, how one can use that knowledge to get better health care, and how to get involved with local and national health groups.

This conference is being offered at a time when conferences are being held on women's health issues across the nation. More and more women are questioning the way they are being treated in the doctor's office, and what they can do about it. Remarks such as "Relax, honey. There's nothing to this," and "Don't worry your pretty head off" are being opening challenged. Women are also questioning the high rate of hysterectomies and the overprescription of tranquilizers and other drugs. Drugs going on the market that are as untested as the birth control pill and DES were are also being hotly contested.

The basic idea behind the Women's Health Movement is to take responsibility for your own health. Make the decisions with your doctor instead of simply accepting "doctor's orders" like a verdict. Explore all your options. Get information about your body so that you can make an informed decision. Just as you are careful about what you eat, be careful of what drugs you take, and what treatment you agree to. Very few people would take their care to the garage and say "Do anything you want to," yet nearly everyone goes into the doctor's office as a passive patient. Remember that it is you who will live with the consequences of any decision that is made about your body. No one else.

The medical profession is not the only question at the symposium. Come to the conference to find out about nutrition or holistic medicine. Learn what you can do about the miserable pre-menstrual pain or what the latest is on birth control. Find out what resources are available in your community. You will get valuable information about your options and get to meet some dedicated and experienced professionals. This conference is for you. It's your chance to hear the Boston Collective talk about the movement across the nation. A chance to hear Jill Robbins talk about her experience visiting teaching hospitals and emergency rooms. Your chance to go to specific workshops about your concerns.

Any ideas you have for what can be done to make this conference better for you could be sent to the Women's Center, third floor, Memorial Union, UMO. We're always glad to get suggestions and assistance. Look for the brochure of the complete program for the conference soon.

Sixteen year-old Johanne LaPointe may have died of non-treatment of an aspirin overdose because doctors thought she was faking.

LaPointe was brought to Emergency at the University of Sherbrooke Hospital on Jan. 11, 1982, about 11 pm. Twelve hours later she died.

Attending doctors testified that they did not treat her for the overdose that she said she was taking, because they did not believe her.

LaPointe was not actively treated for the overdose until she went comatose about 8 am.

Two Quebec City doctors have testified that the first mistake attending doctors made was in assuming that she was faking, even writing it in her medical records.

"They should have known that she had taken something because of her change in moods--laughing and crying--and her hallucinations," testified Dr. Raymond Cote.

Argued Montreal specialist Dr. Norman Eade, doctors were right in not intervening. "First Do No Harm" is his maxim. He went so far as to say that he would teach medical students to do exactly what was done. Said Eade, the symptoms reported at 4:30 am could have indicated a psychotic problem, ingestion of street drugs, or a slight aspirin intoxication. Eade refused to agree that LaPointe's mood changes and high aspirin count in her blood indicated drug overdose.

Quebec City doctors said that LaPointe would have lived if she had been treated for the overdose as late as 8 am.



DID JOHANNE DIE BECAUSE WOMEN ARE NEUROTIC?

Cote said that she should have been put on IV's after the effect of the drug was calculated, which was never done. Blood and urine samples should have been taken every two hours, and vitals every 30 minutes. Ipecac syrup should have been given to induce vomiting.

At 2:15 am, when the few blood tests taken indicated a high aspirin count, LaPointe should have been given a diuretic to flush out the kidneys, and charcoal to absorb toxins.

Eade agreed that some of these precautions "might have been prudent."

LaPointe's death raises important questions about the quality of medical care for women. Too often women's illnesses are thought to be psychosomatic or caused by being neurotic and anxious. Women are given tranquilizers for what men are given medicine for.

Health activists are challenging that these attitudes toward women are extremely dangerous.

The Birth Control Pill: The New Dilemma

by kathy holbrook

7.

More and more is being said about the woman's right to choose, and many have chosen the birth control pill for protection. Now feminists are concerned that women are not being fully warned of side effects and alternatives.

The Pill is being sold on the slogan that "it's better than being pregnant."

But is it? And what about the diaphragm and condom -- two safer methods of protection?

Jill Robbins, who wrote her thesis on health care delivery, watched over 100 sessions of birth control counseling. She concluded that it was rare for the women to be given all the information needed to make a fully informed decision about risks and alternatives.

Federal regulations require that all potential users know all dangerous side effects.

Warnings in birthcontrol packets are in microscopic print on faded paper, enough to discourage most women from reading on. In addition, most women's questions are answered by vague statistics, "One in 3,000 gets this". But the woman is not a number.

Said one drug salesman to Robbins, "Honey, we tried puttin' those pills in a box and they didn't sell. So we all got together--the drug companies--and came up with a gimmick to attract b____ (women)." This gimmick was the pretty compacts that make women

feel so pretty and sophisticated for taking the Pill.

Some doctors don't think women need to know the side effects. Dr Robert Kistner of Harvard School of Medicine, an advocate of the Pill and researcher for drug companies says, "If you tell a woman she might get head-aches from the Pill, she will...I don't believe that it is good medical practice with any medication to go through a list of complications." When a former patient returned complaining of weight gain and pain in both legs since taking the Pill, his response was, "The Pill doesn't have any calories," and he did not discontinue the Pill.

Most terrifying about the Pill is that no one knows the long term effects. When the Pill was approved by the FDA in 1960, it was tested on only 132 Puerto Rican women for more than twelve months, and 718 for less than twelve months. Five of the women died but no doctor in the study examined these women to find out why.

Today 10 million American women take the Pill and 50 million worldwide. Many predict a large scale EES-type tragedy resulting from the Pill.

In her book, Women and the Crisis of Sex Hormones, Barbara Seaman reveals some scary facts about the Pill and other estrogen usages.

ERA AGAIN

On January 3 the 98th Congress reintroduced the Equal Rights Amendment as its first order of business. The bill had 231 sponsors and House Speaker Thomas (Tip) O'Neill (D-MA) declared "House Resolution Number 1 this year will be the ERA." There are hopeful signs that the bill will meet with little opposition in the newly elected Congress.

As in past years, the main battle for equality of rights under the law will be in the state legislatures. The 'game' has changed, however, since the fall elections. The victories of pro-ERA legislators in the states of Florida, Illinois, and North Carolina should be a clear indication to legislators that the American people support the ERA and remember those who vote against it. The ERA must be ratified by 38 state legislators to become law.

Another factor in favor of the passage of the ERA is the severe economic conditions which are becoming critical for all families with women wage-earners. In a tight economy women's wages is one area of discrimination that can no longer be ignored. Women have been among the most devastated in the recession.

Although women have not yet achieved equality in the Constitution, they have proved that their equality at the polls is their most effective weapon. Conservatives everywhere have been put on notice as to the power of gender at the ballot box. The new battle has begun, and they will learn that women will not be denied a victory.

*There shall never be another
season of silence until women have
the same rights men have
on this green earth.*

SUSAN B ANTHONY

"Equality of rights under the law shall not be denied or abridged by the United States or by any State on account of sex."

election 1982

The 1982 elections were a victory for women in more than real terms. The gender gap - the difference in male/female voting patterns - emerged as a major factor for the first time. The gender gap appeared in every part of the country, in varying patterns and degrees, affecting state, Congressional and gubernatorial elections. Women showed much more disapproval of the Reagan-led Republican party and voted accordingly.

Women also showed their voting muscles in ERA state election campaigns like Illinois, Florida and North Carolina. In Illinois, the number of women in the Senate doubled, with 36 pro-ERA legislators in the Senate and 75 pro-ERA members in the House. In Florida, the number of women in the Senate went from 4 to 9, with all but one of these being pro-ERA. In North Carolina, Jesse Helm's Congressional Club lost all the races they entered, while NOW supported candidates won 26 of 35 target races.

At the national level, the Congressional races produced major gains for women. Initial analysis shows women's rights issues gained 21 seats in the House of Representatives. The numbers of women stayed the same, however, due to the fact that only 5.6% of the candidates were women. There are still only 2 women in the Senate. Nationally, women picked up 3 lieutenant governorships, 11 secretaries of state, and 9 state treasurers.

The 1982 elections showed our potential - now we must show our power.

EQUAL PAY

8

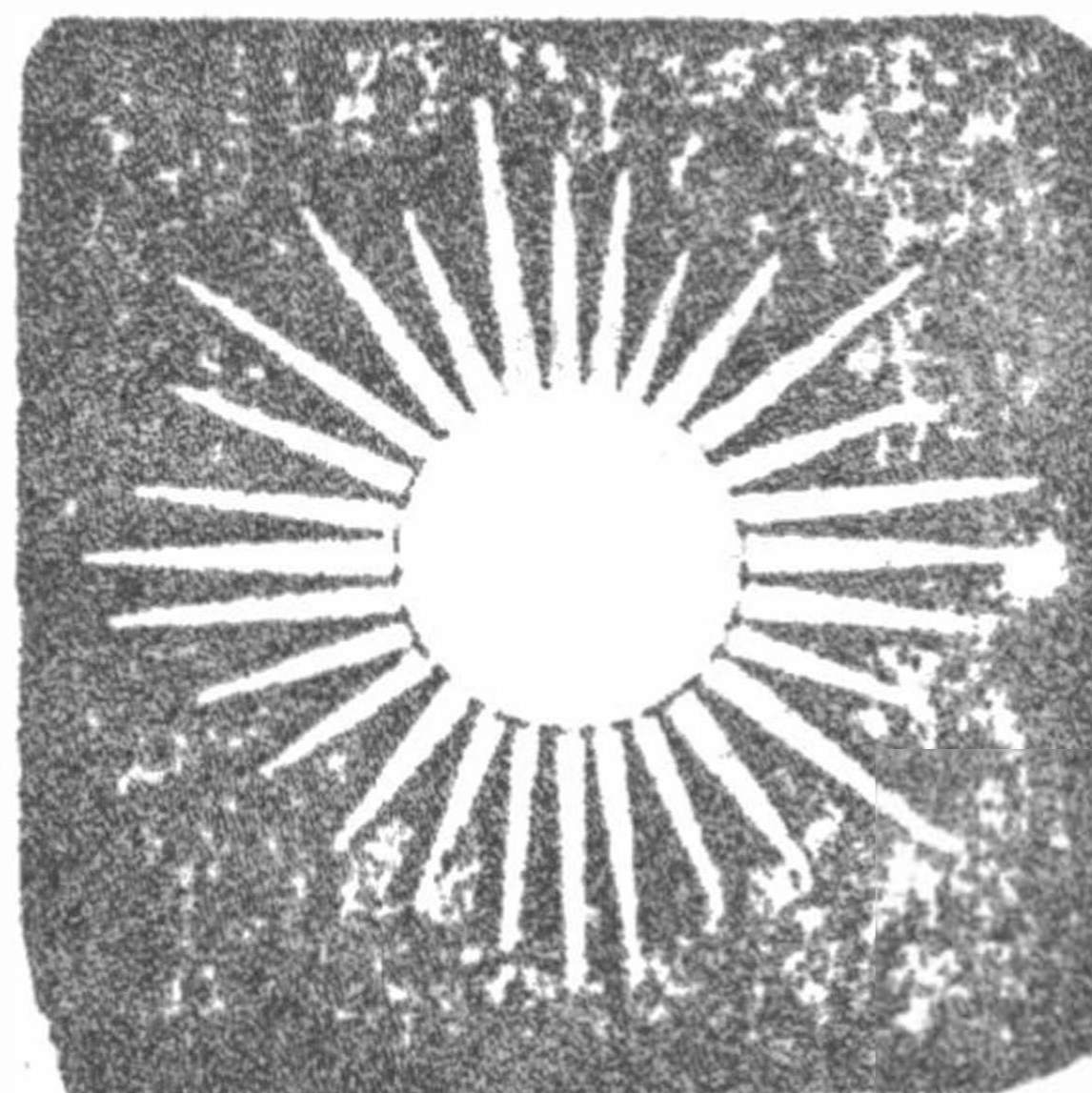
The demand for equal pay for work of comparable worth is rapidly becoming the battle cry of working women of the eighties. The concept of pay equity is based on the premise that female-dominated jobs traditionally have been undervalued precisely because they are held by women and that, to end sex discrimination, the pay scales must be changed. It is estimated that eighty per cent of working women are segregated in low-paying, dead-end jobs, even when the skills and responsibilities of those jobs are greater than those required by some male-dominated occupations. A few examples will illustrate this. In Colorado, Denver nurses discovered in 1979 that they were paid less than other city employees who held "men's jobs" such as tree trimmers and parking meter repairmen. In Maryland, librarians (eighty per cent of whom are women) are generally paid less than liquor store clerks (eighty per cent of whom are men).

Women's groups and labor unions across the country have realized that equal pay laws do not address the problem of job segregation and pay inequity. In recent years they have launched a major effort to make comparable worth a prominent issue, with some success. Workers have filed suits in the courts to receive redress for sex discrimination, with a few important victories. Unions have struck on comparable worth issues such as the 1981 strike by city employees in San Jose, California who won an agreement by the city to change job classifications and pay according to a comparable worth study that had been ordered earlier. The Minnesota legislature passed a landmark bill to provide salaries to state employees based on comparable worth evaluations, with adjustments to begin in July 1983. Even in Canada, 3,000 women service workers will receive \$17 million in back pay and a \$2 million pay increase under the Canadian Human Rights Act which requires "equal pay for work of equal value" for federal workers.

How is pay inequity corrected? The most important step is a job evaluation study which would be followed by job upgrading, reclassification and wage-increase agreements to remedy pay discrimination. Job evaluation refers to a process of attaching point values to jobs and then using the accumulated points for each job to establish relative pay scales. Points are awarded for requirements of the job in terms of skill, responsibility, working conditions, educational requirements, and other characteristics identified. New pay classes are then determined. An important thing to remember is that all workers will benefit - men are also caught in low-paying jobs when they are dominated by women.

Unions and women's rights organizations are recognizing that job discrimination and pay inequity must be challenged directly in order to close the gap between male and female earnings; in 1979 women earned 59¢ for every dollar a man earned (and minority women even less). Employers argue that comparable worth, if instituted, would disrupt the entire economic system of the United States. The same was said of the abolition of slavery, child labor, and the 'equal pay for equal work' legislation. Women led the way to those triumphs and will win this victory too.

Julie T. Grab





Got a head-ache? Take Excedrin.
Got a cold? That's a job for Contac. Drug companies spend 800 million dollars a year convincing doctors and the Public that they need seven kinds of drugs for every little ailment.

Making 5 billion dollars a year, Drug Companies have a vested interest in making sure that the Public is the last to know if a drug proves to be dangerous.

No drug company advertises that Cori-
cidan D, Contac, and other anti-histamines are downers, or that the caffeine in aspirin, diet pills, and No-Doz is also an amphetamine, speed.

Or that there is no cure for the common cold and no drug will lessen the duration of it. Or that aspirin in the smallest dosages can cause internal bleeding, and problems in blood clotting.

Remarks Jane Fonda, "In boarding school I discovered vomiting, in college Dexedrine, and as a model I learned about diuretics." Fonda is angry that doctors never told her that withdrawal from speed meant months of depression and fatigue, and that continual use of diuretics could cause chronic water retention, as well as kidney damage, loss of potassium, and malabsorption of B vitamins.

A lot of products aimed at keeping women skinny, squeaky clean, and odorless are proving to be dangerous, if not deadly. Pre-mixed douches as well as chemicals in deodorant sanitary products contain questionable ingredients. The contents of tampons are not even listed on packages yet. Talc powder has been tentatively linked with

the three-fold increase in ovarian cancer. Deodorants may be linked to breast cancer.

Women's health groups are advising women to read labels on products carefully. Some shampoos contain Formaldehyde, for instance. Warnings are going out to women, saying not to take any drug unless absolutely necessary.

Home remedies used by our grandmothers before us are cheaper and safer in many cases.

Our Bodies, Ourselves recommends a vinegar and water mixture for those that feel the need to douche.

Cornstarch is an effective substitute for talc powder. Sodium Bicarbonate mixtures have been used for deodorant protection for ages.

Companies are making a fortune persuading women that they are dirty and disgusting, that they need to coat themselves in expensive chemicals, in order to be acceptable.

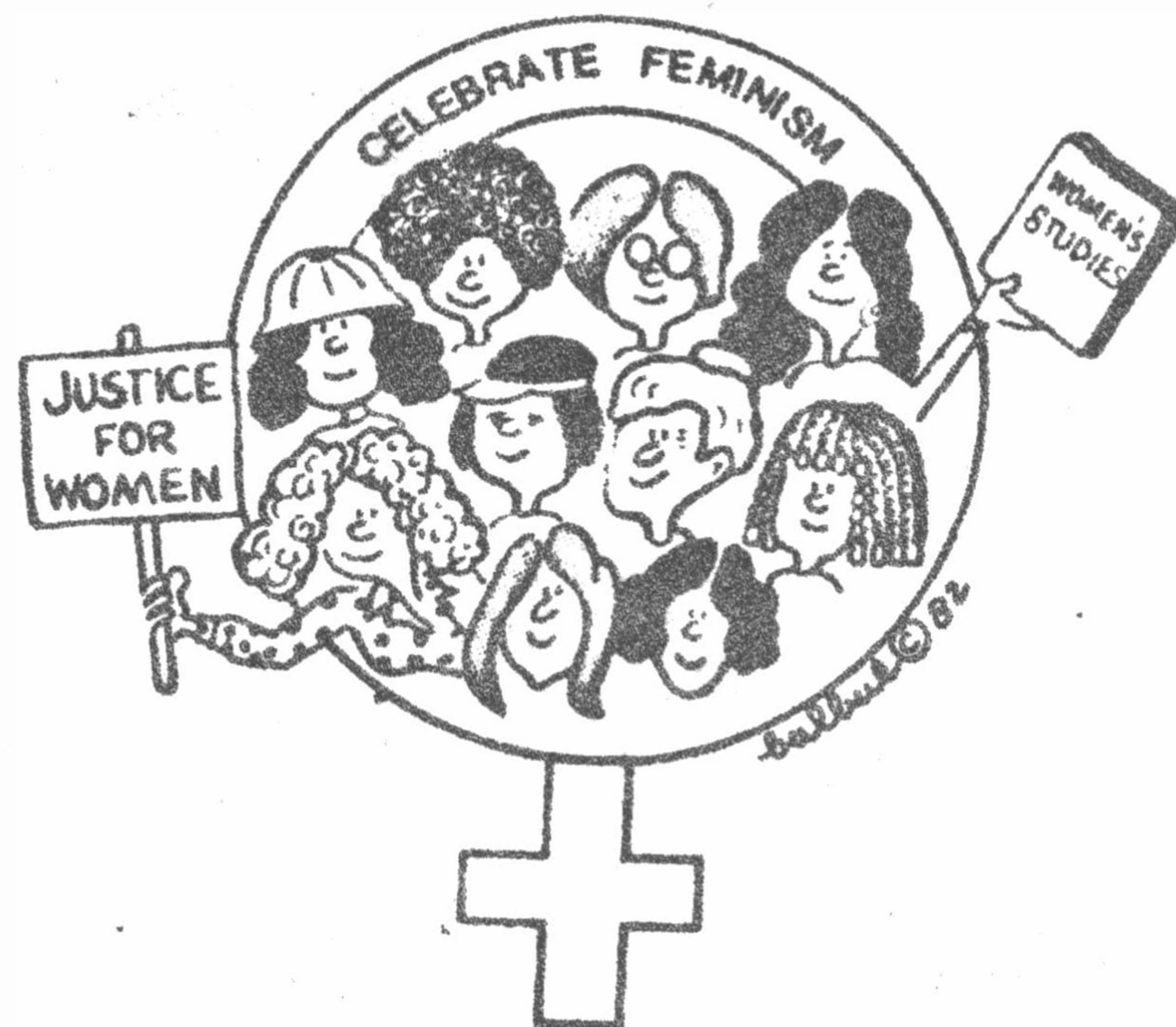
Believing this is not only a financial rip-off but a deadly bargain.

Read labels, and refuse to use questionable products. Protect yourself.

Use the money saved to take a vacation or buy Barbara Seaman's Women and the Crisis of Sex Hormones. Or a book on nutrition or fitness.



mark your calendar...



- ar. 1...Maine State Nurses Assoc. Day
in the state Legislature, call
Augusta, 622-1057 for infor.
- ar. 26...New England Women's Studies Assoc.
Seventh Annual Conf., Keene State
College, Keene, N.H., contact
Eleanor Vander Haegen, KSC, Keene,
03431 for information
- ar. 31...FILM --"Salt of the Earth", and
"Crime to fit the Punishment,"
Solidarity Free Film Series,
7:00 p.m., 140 Little Hall, UMO
- pr. 14...FILM - "Union Maids," and "Willmar 8,"
Solidarity Free Film Series,
7:00 p.m., 140 Little Hall, UMO
- pr. 29...FILM - "Taking Our Bodies Back,"
A Women's Health Movement film,
No. & So. Lown Room, 10-3 p.m.,
Memorial Union, UMO
- pr. 29...Betsy Rose Concert, 7:30 p.m.,
Lengyl Gym, UMO (Admission)
- pr. 30...Women's Health Symposium --"TAKING
CARE OF OURSELVES: Women's Health
Issues and Alternatives", 21 work-
shops all day, Boston Collective
will speak in the evening, Memorial
Union, Registration at 9:00, free
- ay 21...Maine NOW Conference, Thomas College,
Waterville
- ay 6-7...Women's Art Festival, Machias,
contact River Carner, 8 Grove St.,
Machias 04654 or call 255-4244

NETHERLANDS:

Dutch women have been camping outside a base where cruise missiles were to be sited, even after having been driven out by soldiers in Oct. Tent camps have also sprung up in Rotterdam and Gronningen, and at Valkenberg, another proposed cruise missile site.

SWEDEN:

Alva Myrdal is winner of the 1982 Nobel Peace Prize with Alfonso Garcia Robles. Since 1961, her work has focused on peace and disarmament. She was elected to the Swedish Parliament in 1962 and, from 1966-73 served as Sweden's Minister of Disarmament. Largely because of her efforts, Sweden renounced nuclear, biological and chemical weapons.

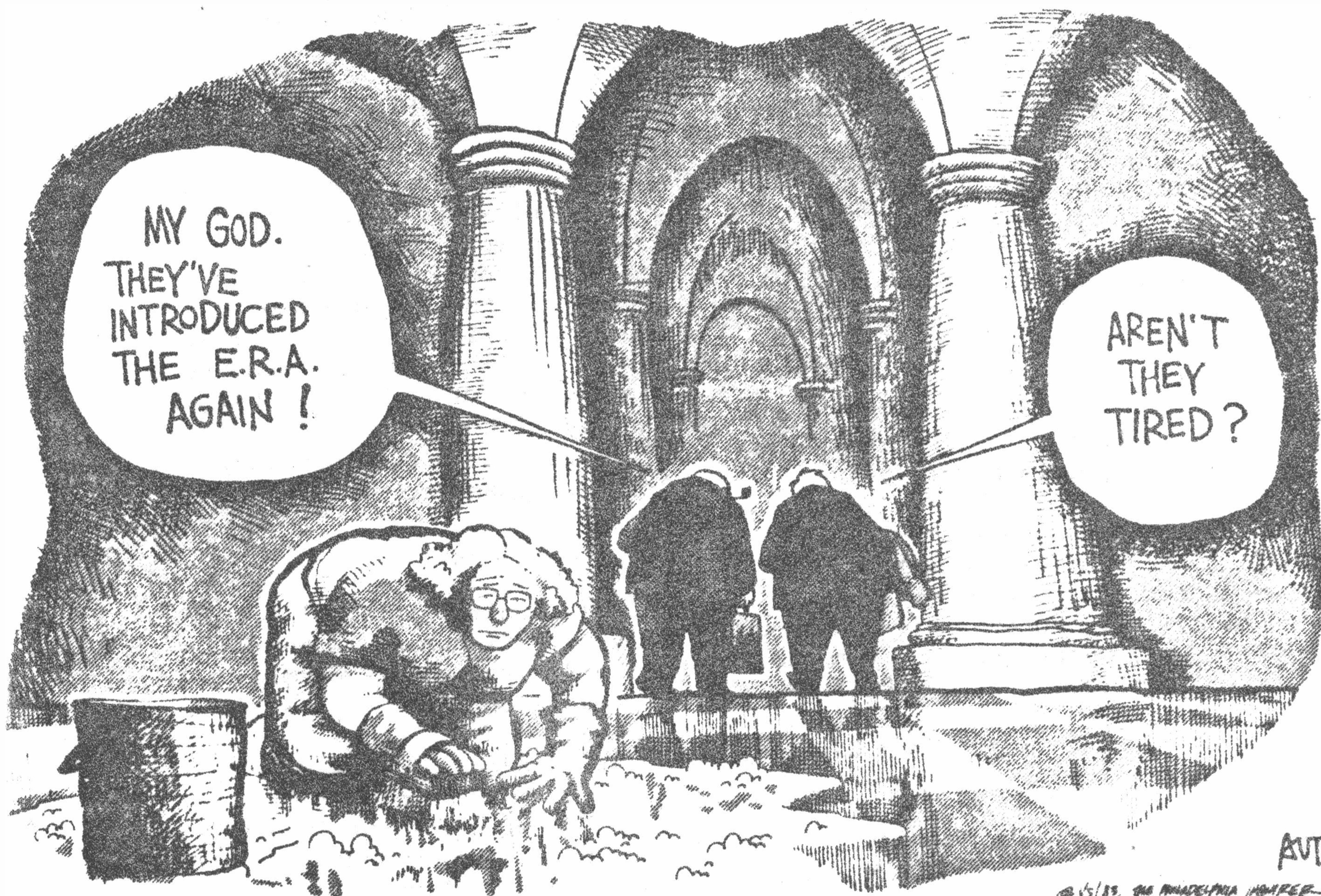
UNITED NATIONS:

The United National Postal Administration has a woman chief for the first time - Gisela Grunewald of West Germany.

UNITED STATES:

The election for 1983 American Anthropological Association office saw seven of 11 positions on the executive board won by women, and six of seven seats on both the Committee on Ethics and Nominations Committee gathered by women.

COMICS



AVTH

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R. M. O. WOMEN'S CENTER
MEMORIAL UNION
UNIVERSITY OF MAINE AT ORONO
ORONO, MAINE 04469

MILLIONS OF WOMEN WILL
RECEIVE INADEQUATE HEALTH
CARE THIS YEAR . . .
WILL YOU BE ONE OF THEM ?

**IMPORTANT INFORMATION
ENCLOSED**
