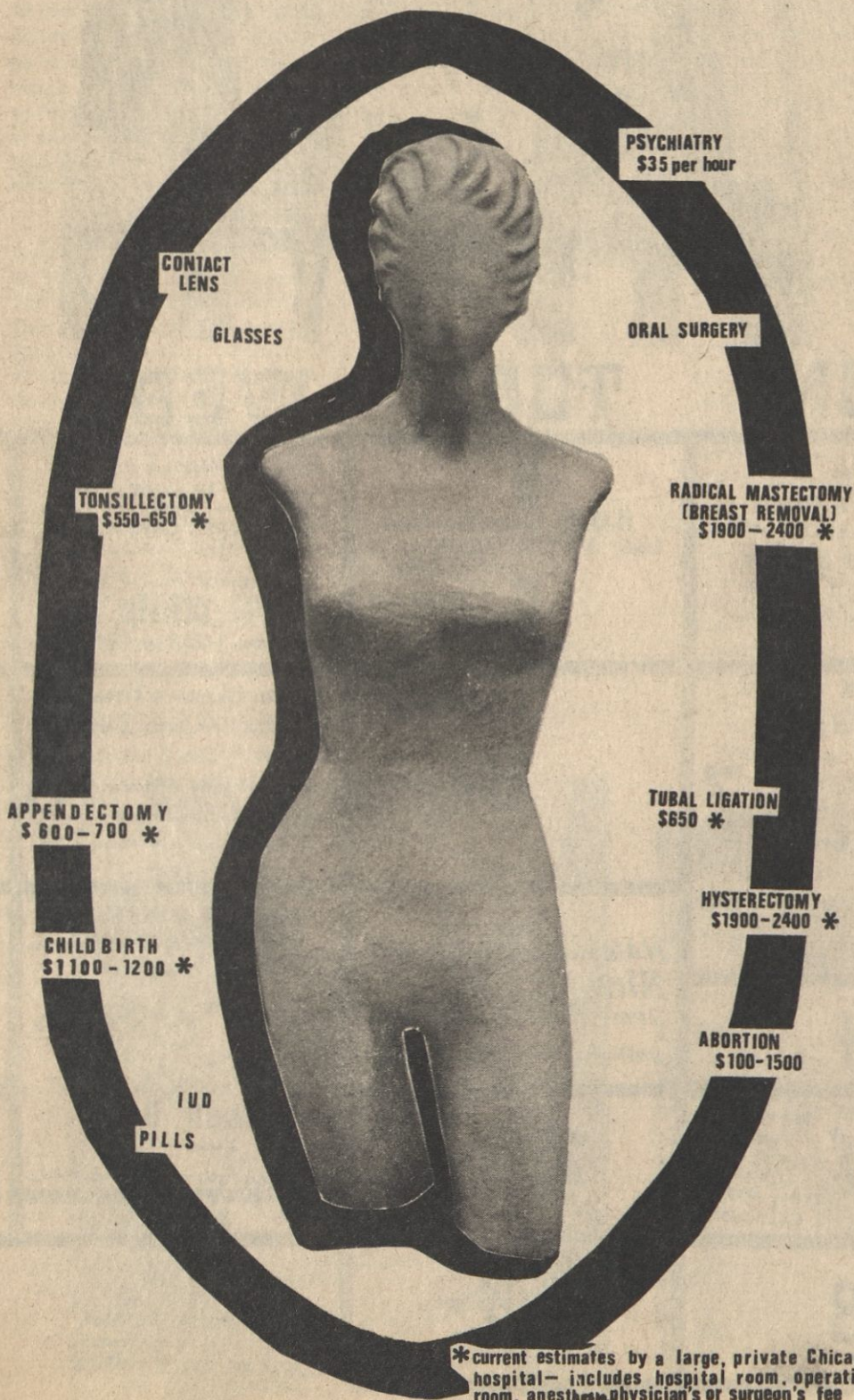


WOMANKIND

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in this issue:

HEALTH

SEX

CHILDREN

TELEPHONE
COMPANY

WELFARE

*current estimates by a large, private Chicago hospital— includes hospital room, operating room, anesthesia, physician's or surgeon's fee

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FEBRUARY

Photo by Joyce Carlson



MON

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WED

<p>Karate 6pm -- 2440 n lincoln (EVERY MON) GAY WOMENS CAUCUS business mtg & rap 8PM - 600 W Fullerton</p>	<p>4 n.o.w. orientations call NANCY TICHON 642-1756 1 (EVERY TUES)</p>	<p>Gay Women's Caucus small groups for new women - 8pm - 600 W FULLERTON 2 womens free legal clinic 7-9pm • 852 w Belmont</p>	<p>Ka 6pm--</p>
<p>LIBERATION SCHOOL Orientation 7PM • 555 W BELDEN 7 ACTION COMMITTEE FOR DECENT CHILDCARE planning mtg for WOMEN VOTERS CONCERNED ABOUT CHILDCARE 7PM call 465-2856</p>	<p>8</p>	<p>FEDERAL WOMEN'S PROGRAM speaker: Anita Boswell 12 NOON - 300 S WACKER "Organizing Women to Combat Spam in the Federal Service" 353-1824 9</p>	
<p>14</p>	<p>15 N.O.W. presents Kate Millet's film "Three Lives" 7PM - SHERATON BLACKSTONE NOON + 2PM - 378 WABASH</p>	<p>WOMEN'S RIGHTS MTG loop YWCA - 7pm 37 S. Wabash 16 Chicago Women's Liberation Rock Band 7:30 and 10 PM Sheraton-Blackstone</p>	
<p>7:30-8pm house at 21 SISTER CENTER (every MON) 7071 GLENWOOD</p>	<p>22</p>	<p>23</p>	
<p>28</p>	<p>29</p>	<p>Men Against Cool 950 W Wrightwood 7PM = 728-4338</p>	

MA BELL - A SLICK OPERATOR

In the city where I work the phone company employs over 14,000 people. Approximately half are women - clerical workers, service representatives and operators. These are the women who shuffle thousands of papers and soothe irate customers, day after day. As in any workplace, women are relegated to the duller jobs, paid substandard wages, and treated like both small children and slaves. The women telephone operators are the most exploited of all phone workers. They make the lowest wages and suffer the worst working conditions of any group of employees in the Bell System.

Inside the phone company buildings, hundreds of operators sit in poorly-lit, stuffy rooms. The equipment is backed against the sides of the room, so the operators sit in two long rows facing the wall. Behind them, down the center of the room, desks are evenly spaced. Supervisors sit at these desks, staring at the backs of operators' heads, watching to see who is working too slowly, or who is turning to speak to the woman next to her.

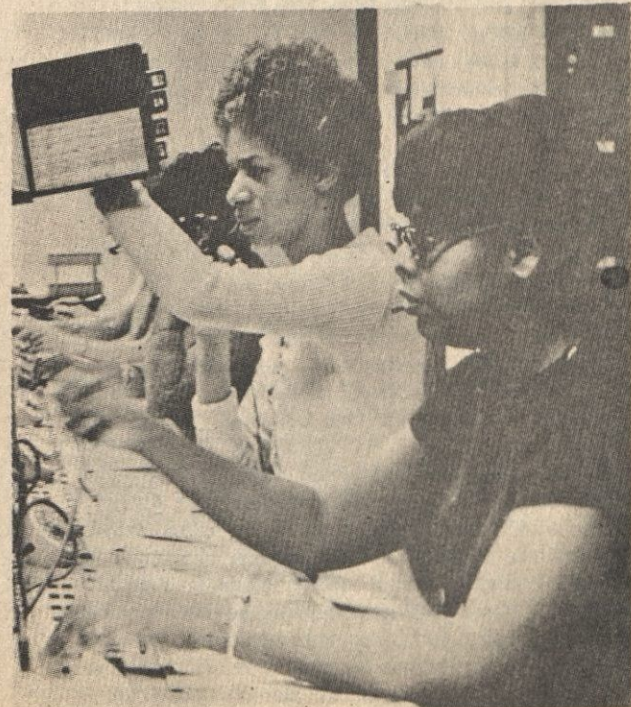
Talking is forbidden between operators, even when calls are coming in slowly and there's no work to do. Talking is also forbidden between operators and customers, although it's more difficult to suppress. The company expects operators all over the country to repeat, word-perfect, special phrases for every situation. These phrases are carefully programmed to communicate the most information in the fewest words.

Operators cannot be sick or late without endangering their jobs, no matter what the personal situation might be. When operators come in to work, they must walk into the room with their headsets on, and answer a call before they sit down. From that first moment they have to answer call after call, as quickly as possible, for as long as three and half hours without a break. And they can't make any mistakes. All the calls an operator takes are carefully checked by computers in the Central Ticket Investigation Bureau and all errors are recorded. Eventually each operator is confronted with her computer transcript. Each error is treated as a serious mistake.

Recently the company bought a new machine that will enable one operator to handle six times as many calls. Within a few years, these machines will eliminate most of the operators' jobs in the city. Today operators are being forced to automate themselves out of their jobs, while the company continues to rake in huge profits! However meager operators wages are, the company would rather not pay them at all.

Operator pay begins at \$2.15 an hour, unless she went to college. Then she's paid about \$2.17 an hour! As in any workplace, women are barred from the higher paying jobs. By forcing women into the duller, lowest paying jobs, the company makes millions of dollars in extra profit each year.

continued on page twenty



Photos by Diana Deitchman from "Up From Under"

MOM ON THE HOOK



Ever since I became a mother, I am a sucker for anything written about children. I won't always believe it, but I'll read it. And I know I'm influenced -- badly. Articles about other topics which disagree with my better judgment are no problem. I don't read them again and again. But why this undue interest in articles about children?

The answer became clear today when a friend caught me with this issue of *Life* magazine in my hand, with the word CHILDREN written loud and clear on the cover. She's a mother, too, and for ten minutes, she begged me for the issue, wanting to make a special date, asking if I owned or had just borrowed the copy, etc. I recognized it immediately -- the same syndrome: THE INSECURE MOTHER DISEASE. It is because of THE INSECURE MOTHER DISEASE (TIMD) that we all want to read articles written by anyone. From reading the articles, we get worse cases of TIMD.

I am trying to conquer the disease in myself and other women by evaluating an article on children sensibly, keeping enough perspective (not having so much TIMD) to see what about it is destructive. The article, called "A Child's Mind Is Shaped Before Age 2", *Life*, Dec. 17, 1971, is not the worst article I have read, but its points are made within a framework which oppresses me, in particular, and women, in general.

The article says that there's a period in a child's life, between ten and eighteen months of age, which is critical for developing certain social and intellectual skills, like being able to ask for help, being able to get attention, anticipating consequences, planning, understanding, and the like. What "critical" means is that starting at eighteen months old, you can divide children (if that's your bag) into the ones that have the skills (called in the article "A children") and the ones that don't (called "C children"). Research shows that the children with the skills at eighteen months still have them at six years, and the ones who don't, don't at six. The other point the article makes is that guess who is responsible for producing an A child or a C child. You guessed it, Mom. We are either A mothers or C mothers -- we make all the difference. In two ways: the kind of environment we provide for the child, and the way we relate to her (of course the article says "him").

This article, which I'm sure has reduced many a mother to tears, needs itself to be cut down to size. The two grotesque failings I see, which effectively reduce its message to unimportance, are its inability to see (or say) that 1. Child-care should be a shared responsibility and 2. Economic and social conditions are far more influential in the lives and personalities of our children than are mothers.

That mothers are held solely responsible for the outcome of their child's personality is what causes TIMD. And we will always be the only people responsible for their outcome if we are the only ones responsible for their childcare. It's probably true that the mother has an enormous effect on the child, since she's the only one who's with the child. Being home with our children is the ideal, we're told, for mothers. Women who work feel bad about leaving their children "unmothered". But, why SHOULD mothers be with their children so disproportionately to everyone else that we alone are the people influencing the child's personality?

We shouldn't. Who wants or should be permitted to have that power over another's life? No one. In fact, it's that awful feeling that WE make so much of a difference that gets us worried and uptight in the first place. Besides feeling uptight, most women I know find it quite boring to be with their children as much as they are. They miss doing more different kinds of things, and although they enjoy their children, need to have other ways of relating to life and the world around them. For me, the extent of my feeling that I make all the difference, and the extent of my childcare, takes away from, not adds to, the good feelings I have about my children. It isn't made easier by the fact that childcare is a human and very difficult business. Every mother knows that there are no rules to the game. Many decisions are hard to make, and many actions are later regretted. We need help, or we get into this: we love the child, but don't like being with her so much; we resent the SITUATION we're in, not the child, but can't help taking it out on her, which makes us feel bad, but we can't help it, so we do it again and again, building a not so great relationship with the child, which makes us feel AWFUL and INADEQUATE.

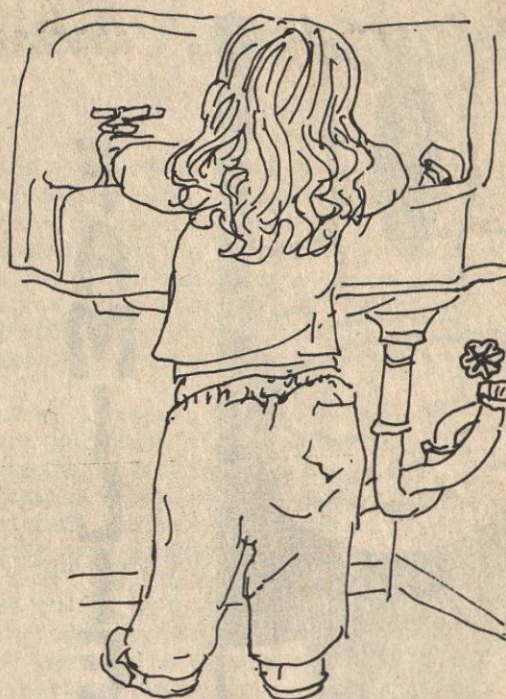
The tremendous influence of Mom is no inborn thing about ideal motherhood. It's a big mistake and it's due to the lack of any SHARED RESPONSIBILITY. Fathers can and should share childcare with mothers. Women should be prepared to work in good jobs with possibilities for promotion, so they, too, have the power to be breadwinners. Even in families where women work full time, she both finds and provides the childcare. Families can live in larger groups so there will be a pooling of children and adults, with plenty of love to go around, and less childcare for each adult. Building larger families by people living with more than two parents and their children would also give children a larger play and sup-

port group. There can and should be free child-care centers in each community, paid for by the state, and staffed by people who really care about children and who are relieved often enough so as not to go crazy at the job themselves. But the article doesn't say any of this. It just tells us how to be better mothers.

In one way, the article makes a pretense of being "liberated". It says that A mothers turned out to spend less, not more, time with their children than did the C mothers. This is undoubtedly accurate and even encouraging, but it is not liberating. For the point is that YOU should be at home with your child most of the time so that at appropriate moments you can give a few words of encouragement, that reassuring smile, etc. What you apparently shouldn't do is hover over "him". This puts us in the situation of having to master some kind of delicate balance of being with, but not "with" our children, while we're still basically trapped at home without enough time or space to do much of anything else. Also, the article makes it appear that how much we're with our children is up to us, which it's not. How can we spend less time with our children, and do other things, if we can't afford or don't want to hire babysitters -- if there's no good alternative for the child. By not addressing itself to anyone but mothers, the article doesn't say that all people should see children as a part of their lives. It just says that mothers should be trying to meet the standards of an A mother. "The mother is right on the hook, just where Freud put her," one of the researchers is quoted as saying. This clearly makes us feel MORE responsible, not less. Instead of concentrating on our right to insist on shared responsibility, we feel guilty about not being A mothers.

Although Mom may be the major person influencing the child, she is certainly not the only influence. In fact, what's really influencing the child is the same as what's influencing Mom. Mom is just as much a victim of these forces as the baby is a victim of Mom. Really, children are the victim of social and economic conditions, not mothers, and mothers are just struggling intermediaries (hanging on hooks). The real forces that make A and C children are above the individual level. Poor people can't provide the "rich environment of toys" suggested, and rich people can. Stuck right in the centerfold of this issue of Life was an entire Creative Playthings toy catalogue. Creative Playthings is probably the most expensive toy manufacturer in the country. Most women cannot afford them. If those toys are necessary to produce A children, most children will be C. In our country, it seems to be an accepted fact of life that some people will have money and others won't. Most of us won't. And then we are made to feel like bad mothers because we can't afford toys.

Women who work, on top of having basically lousy jobs, have an almost impossible time making satisfactory childcare arrangements. Private babysitters are too expensive for some women, and they are underpaid, anyway. Children (and people) who live in overcrowded conditions, who are hungry, who don't receive adequate medical care, who



go to overcrowded schools with racist teachers, will never be "A". It has nothing to do with mothers. What's "critical", more than how mother behaves, is that if you don't have money, you can't produce a child (or a mother) who has all the advantages the article describes. Mothers have no more control over the most powerful forces that influence hers and the child's life than does the child.

The article says: "The researchers weren't particularly interested in the family's race, income education or residence -- the kind of information which some social scientists think explains everything -- but in the experiences which actually make up the small child's world..." (meaning how the mother interacts with the child). What scapegoating! We, the mothers, are made to shoulder the blame for a social and economic system which makes the lives of most of its people a real struggle. Shifting the blame to the mother is like saying red hair is caused by freckles, instead of seeing that the same constellation of genes which caused the red hair also caused the freckles, and you can't keep the red hair in and expect no freckles. You can't keep people poor and women in the home and expect A mothers and A children.

The little suggestions given in the article about being positive and enthusiastic with your child are sure difficult to carry out if you're not feeling positive and enthusiastic yourself. And nothing makes a mother less positive and less enthusiastic than feeling that she is to blame for everything that goes wrong with her children. The feeling that you're not doing everything you should be doing, even though you're worrying about it all the time and trying your hardest, is THE INSECURE MOTHER DISEASE, promoted in Life by putting Mom on the hook.

Comix Billé - "Women: A Journal of Liberation"



FAMILIES

There's a story about a man whose boss has given him a really hard time at work one day. So he goes home and hollers at his wife -and she spansks their child, and the child kicks the family dog. A funny story, in a funny way. For it says something very real about the way in which a lot of American families are set up. Husbands can "let off steam" about their problems, and wives are expected to be tolerant and sympathetic. Women's problems can get and often do get taken out on their kids. And the children, with few places to turn, pick on the dog, on each other, or start "psychological warfare" with their parents.

It's not a happy pattern, but it's one which seems real. Husbands are "the breadwinners" in most families, even when the wife also works to help make ends meet, and it is usually very important to the whole family that he keep his job and, if possible, earn promotions and more money. So, in most families, it is in the best interests of the wife to "take it" when her husband hollers at her, and to help him "adjust" to the demands of his boss.

Similarly, it is usually true that a mother, especially with young children,

lives in a world made up mainly of children and their needs and demands. Few other adults are around to help her deal with the children, to share the burdensome, repetitive parts of child-care, or to help work out better ways of dealing with the frustrations of endless cleaning up, supervising quarrels, and bandaging cuts. No one else can help her deal with her husband's problems at work, and can stop or even share the pressures which she has to take from him. In such a situation, mothers can't help taking out their problems on their children - who else is around, unless they, too, want to kick the family dog? What seems typical is that mothers lose their tempers, and then are cross and arbitrary with their children. This often leads to guilt (especially for mothers who have read a lot about "progressive" child-rearing), which can lead the mother to do all sorts of things in order to "make up" for her crossness. This is doomed itself, because the conditions which lead to her first losing her temper are still there, and will in time lead her to lose her temper all over again. The point is simply that a mother's taking it out on her children, far from being a sign of her personal weaknesses, seems built into almost all family situations by the ways in which our families are set up.

Finally, the children have few healthy ways of showing and working out their problems in the typical American family. Direct anger against their parents very often isn't allowed, partly because of the "usual" standards of family behavior (you must be nice to your elders, don't talk back to your parents, etc.). Also, parents are often not able to take what they see as "defiance" from their children, since their children are the only people who are supposed to obey them in American society. Kicking the family dog or fighting with each other - particularly picking on the younger or weaker child - are common ways in which children take out their own problems. Another important way is by carrying on what I called "psychological warfare" with their parents. Children are very intelligent, and generally know quite well what things make their parents angry or upset. Refusing to eat, refusing to clean up, making messes of whatever kind parents like least - all of these are common ways in which children get into psychological warfare. Repeatedly doing things which the child knows the parents can't stand, and which the parents are unable to stop completely - this is psychological warfare, and this psychological warfare goes on in many, many American families.

.... more humane families

cont. Page six

This kind of American family, by the way, is relatively new, even in America. A generation or two ago, most families lived in neighborhoods where they had either relatives or close friends next door or just down the block. The adults knew each other well, and were able to rely on each other to help solve all kinds of problems which now are kept within the home. Children had many "aunts" and "uncles" - either blood relatives or adults they could depend on - and didn't have the same kinds of deep dependencies on their parents (and especially their mothers) which are so common today. The move to the suburbs, which was very common after the second World War, took a lot of people away from those old neighborhoods, close friends, and relatives, and meant that many more individual men and women and their children could depend only on each other to meet almost all of their emotional as well as material needs.

In view of all of this, it is very interesting to note what President Nixon said in December when he vetoed legislation which would have established a nationwide system of federally-assisted childcare centers for the children of working parents. Nixon said that the legislation which he vetoed would "commit the vast moral authority of the national government to the side of communal approaches to child rearing over against the family-centered approach." And he added that "Good public policy requires that we enhance rather than diminish both parental authority and parental involvement with children." But what is it that Nixon was really getting at?

Most American parents love their children, and want to be able to give their children good and happy lives. The importance of children and family in America is made greater by the fact that we have so little power in most other areas of our lives - our government does not respond to us (as shown very clearly by eight years of government action in Vietnam), and we have no control over our jobs, the national economy, our public schools, air pollution, health care, and so on and so on...

So Nixon is playing on those important feelings of love and concern for our children and for each other, as well as on our very real feelings of helplessness in areas outside of the family. He talks about increasing "parental authority and parental involvement with children."

At the same time, by vetoing legislation to establish more childcare centers for children of working parents, he makes it more difficult for parents to get adequate care for their children and, more generally, he makes it harder for parents to deal with the problems of being parents in American society.

Further, I suspect Nixon of beginning to attack the women's liberation movement, and to discredit the most basic and legitimate demands which we have raised by pitting "communal approaches to child-rearing over against the family-centered approach" (my emphasis). We are talking about trying to develop new and better ways of raising our children, ways which offer them and us more freedoms and fewer frustrations than do the current alternatives - having husband work and wife stay home and take care of the kids, or, as is becoming increasingly common, husband and wife both working, with the wife still doing all or almost all of the housework and bearing the major responsibility for doing or arranging for childcare. (In addition, we want to emphasize the large numbers of women who are raising children alone, generally as a result of divorce, and who do all of these things themselves! It is these working mothers who suffer most from the lack of decent, free, or even low cost childcare.)

The issue is not "communal" versus "family," but rather how to have more humane kinds of families. The ways in which families are set up have changed in the past, and will change further in the future. What we have to consider is not "the breakdown of the family," but rather what kinds of families will be best for us all.

Margaret



CHILDCARE:**another double standard ?**

Nixon recently vetoed legislation which would have provided federal government financial assistance to childcare centers for a broad group of children, the children of working parents. In vetoing that bill, Nixon talked about the need to strengthen parental authority and parental involvement with their children, and said that he wasn't about to "commit the vast moral authority of the national government to the side of communal approaches to child rearing...."

It is important to remember, however, that his Family Assistance Plan (FAP - not yet acted on by Congress) provides for childcare centers for a much narrower group of children, those on welfare. Some people have taken this to mean that Nixon is not opposed to childcare centers, but merely objects to some of the specifics of the legislation he vetoed.

But I think that Nixon is saying something else. What he is saying is that childcare centers are not desirable for most children. His comments about "parental authority and parental involvement" and "communal approaches" make it clear that he sees the issue at least partly as one of preserving the conventional family. On the other hand, Nixon and his government believe that childcare centers are just fine for children on welfare. In fact some current Nixon proposals pressure welfare mothers of school age children into taking jobs and putting their children in childcare centers, just as do the work requirements recently passed by Congress (See: Nixon's Welfare - page 9)

Why this double standard of childcare? I think there are several explanations. The first is a combination of racism and scorn for the poor - it is often assumed that women on welfare are not fit mothers, and in fact a lot of what passes for "social work" in America consists of efforts to catch women on welfare doing some "unfit" thing. This basic distrust and denial of the worth of women on welfare often leads conservatives and liberals alike to think that it would be "better for the children" to be put into a childcare center than to be cared for by their mothers. This is certainly a complicated issue. I think that most children would be better off if they spent some part of their time in a GOOD childcare center, than if they were raised by their mothers all alone (See: Mom on the Hook - page 4)

But I am suspicious of the motives behind Nixon's proposals - having children on welfare in childcare centers could be an effective way of controlling the ways in which they are raised. I want to insist that women on welfare not only love and want the best for their children, but that they have a much better idea of what is in the best interests of their children than do the white men who make policy decisions, or many of the "experts" who administer childcare centers. Part of what makes a "good" childcare center, in fact, is parental involvement and control.

In addition to this, we have to consider money. Putting welfare children into childcare centers would cost the government some money. It seems possible that the policy makers hope to make up this money by forcing mothers on welfare to work, either in order to be able to get childcare for their children, or to be able to stay on welfare at all (See: Nixon's Welfare - page 9)

It is not clear where the government thinks women on welfare would find work at present. But one possibility is that a new variety of low-paying, low-status service jobs, such as cleaning woman or even, perhaps, childcare workers in the houses of richer families, might develop to use this renewed source of cheap labor. It is also an important possibility that women on welfare, if forced to work in order to receive welfare, might help force down or keep down wages in already low-paying, mainly women's jobs.

I don't have the answers, as I think is clear. But we must be aware of what is happening, and must keep on trying to understand both what is going on now and what is likely to come in the future.

Margaret

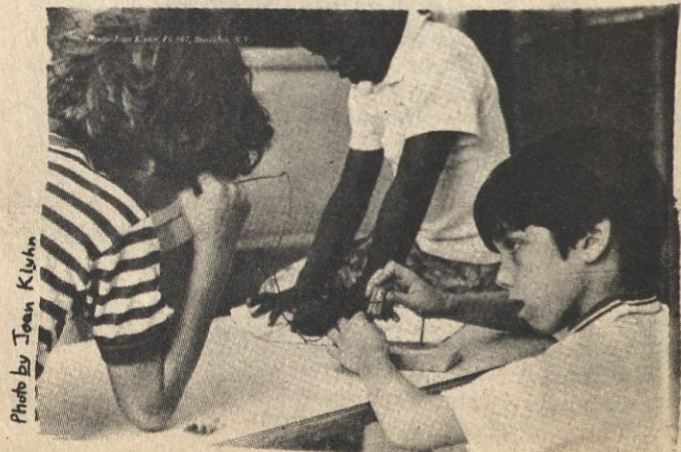


Photo by Joan Klyhn



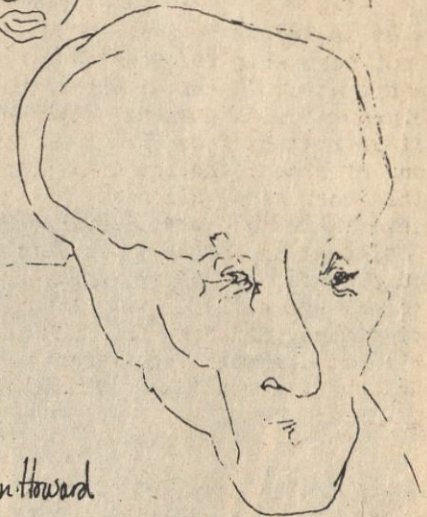
Nixon's Welfare Problem

Congress recently passed a bill which requires all welfare recipients except for the aged, children under 16 or attending school, mothers of small children, or those caring for ill or incapacitated persons, to register for jobs or job training in order to receive welfare payments. As President Nixon signed the bill into law, he praised it, and said that, "Any job for an able-bodied man is preferable to life on the public dole."

Some interesting questions occur. Nixon's statement, like those of many others, suggests that there are many "able-bodied men" somehow escaping from work by living on welfare. Is this true? Just who is on welfare? Is this new requirement going to catch millions of "welfare freeloaders?"

Government figures indicate that there have been an average of about eight million persons on welfare at any given time in recent years. Of these, about two million are retired people, trying to survive on a combination of a pension or Social Security (if they have even that) and welfare. Almost one million more of the people on welfare are blind or otherwise physically handicapped. And the vast majority of the rest of the people on welfare are women and their young children - not even one hundred thousand, under two percent, are the "able-bodied" men who presumably are escaping responsibility through the "luxury" of welfare.

If this is true - and government studies of welfare recipients in cities such as Chicago and New York also conclude that the vast majority of people on welfare are people who cannot work - then why such a fuss over work requirements? Why has President Nixon, among others, participated in establishing a public belief that a lot of people on welfare are lazy, escaping from their "responsibilities to society?"



Carol Lynn Howard

It seems that the men who make welfare policy want to look like they are doing something to "solve" the "welfare problem" without dealing with reality. If they just convince us that a lot of welfare recipients are chiselers, then passing a work requirement "solves" the problem. Never mind that most welfare recipients can't work or - more importantly - that there aren't enough jobs even for the people who aren't on welfare! A few welfare recipients can be forced off welfare, and other potential recipients can be scared away from applying. And a few can be forced into job training for what will probably be dead-end, low-paying jobs. And then the men who make policy tell us that "something is being done."

Margaret

a poem

we can see, they sung
 and our voices answered their guitars,
 horns flute-voice-cowbell-tambourene de-
 mand for freedom with an unspoken right on
 ... a feeling that one day -- soon--
 all people will be free... and
 we left
 stronger
 able to smile (for a moment)...
 till we returned to
 rules that degrade
 schedules that destroy sanity
 racism that they cannot see
 sexism that rapes us of our womanhood...

and the locks, keys, windows, walls, doors,
 threats
 warnings
 bribes that harden our hearts and
 chain our souls...
 the time
 must be
 seized
 venceremos



V. Read - "Women: A Journal of Liberation"



V. Read - "Women: A Journal of Liberation"

if there is cosmic beauty
 then your face holds it
 if there is human understanding
 then your soul is capable of it
 if a mind ever thought of freedom
 yours has flown to where freedom
 lives and has drifted back
 here to tell your body about it
 and you long for it

i can see it in your eyes
 aquarius sister-love
 i can see it in your eye

i can see it...you
 must know that one
 day we will all

be
 FREE

by
 erika
 huggins

CHICAGO MATERNITY CENTER

77 years of home deliveries ...

In June of 1688, the Queen of England was about to give birth. Her husband, King James II, wanting the child to be (naturally) male gave these directions to the midwife: "Midwife, since it depends on you put the pieces of a boy into it".

This story was recorded by the royal midwife who, fortunately for her, delivered a boy to the King. The ignorance of the King was probably not unusual. At that time, men knew almost nothing about childbirth. Until 100 years ago childbirth was in the hands of women, midwives who knew from practical experience how to help nature along. These women were very capable of handling most deliveries. But some complications, such as a breech birth usually meant death for mother, child, or both.

Modern Medicine Begins

In the beginning of the 1800's the science of medicine in Western Europe shared the fate of all science: it consisted of a few theories formulated by ancient Greeks and some practical knowledge gained by secretly (in violation of Church law) inspecting dead bodies. It was not until the Industrial Revolution, the growth of factories in Europe and America, that science became modern industrial science, and medicine along with the other sciences was applied and practiced on a widespread basis.

This historical development of medicine in the nineteenth century was a necessary step in the development of capitalist economies. As more and more wealth was being produced by the workers in expanding factories, the factory owners (capitalists) needed ways of preserving and replacing the population of workers. This meant they had to care about both the number of people available to work and the health of workers with special skills. Unlike the Catholic Church which used to forbid scientific experimentation, and unlike the kings and barons, who couldn't care less about it, the capitalist rulers encouraged scientific development since it could be profitable to them.

Modern medicine is young in terms of human history. It wasn't until after 1860 that Louis Pasteur established the connection between bacteria and disease. That discovery drastically changed the scope of medicine. The causes of such communicable diseases as malaria, typhoid fever, diphtheria, and gonorrhoea were all discovered within a few years after Pasteur's breakthrough.

From Midwives to OB's

Modern obstetrics (obstetrics: medicine concerned with the care of women during pregnancy and childbirth) began around the same time. But not without complications. When men first replaced women in the delivery room and began to use forceps and make frequent examinations during labour, there was a notable increase of a disease called "childbed fever". Childbed fever began with a chill about the fourth day after the baby's birth and nearly always resulted in the death of the mother. In 1846 a doctor named Semmelweiss began practicing in the First Obstetrical Clinic of Vienna - a clinic run by "professionals", men who were doctors or medical students. Nearby was another clinic staffed by midwives. The men soon



Comanche woman in labor

found that their clinic's rate of childbed fever was much higher than that of the midwives. As a result, expectant mothers often demanded to be delivered by the midwives. This situation caused great embarrassment to the new profession of obstetrics. It was particularly upsetting to Dr. Semmelweiss who was very proud of his medical degree. He investigated the causes of childbed fever and discovered that the medical students often went directly from dissecting dead bodies, cadavers, into the delivery room without washing their hands. The midwives, who did not touch cadavers in the course of their work, did not spread infection. Semmelweiss began requiring his physicians to wash their hands after touching cadavers. One year later the rate of childbed fever in his clinic had dropped from 12% to 3%.

cont. on *NEXT PAGE*

Will this be its last?

Semmelweiss' colleagues demonstrated the traditional reluctance of the medical profession to accept new ideas, particularly when the new ideas meant admitting doctors had caused countless unnecessary deaths. Semmelweiss was fired from the clinic. Not until 30 years later were his ideas about the prevention of childbed fever put into widespread practice.

Chicago Maternity Center

It was during this period that the Chicago Maternity Center began its curiously unique existence. (It is curious that the CMC is unique. Although the need for such an institution is widespread, the CMC is one of a kind. Its beginnings correspond roughly to the beginnings of obstetrical science.

Dr. DeLee, the doctor who founded the Chicago Maternity Center had gone all the way to Semmelweiss' clinic to learn to deliver babies. In 1895 he established a center to provide safe home deliveries in Chicago. Most of his patients were poor, immigrant women. DeLee also founded the first maternity hospital in the midwest, Chicago Lying-In Hospital. It began in 1910 with the purpose of training obstetricians.

The First Crisis

By 1929 DeLee's center was delivering about 2000 babies a year at home. The doctors and nurses staffing the center came from Chicago Lying-In. But when the Depression came, the Hospital, which had been created to meet the staffing needs of the Maternity Center, decided to close the center down as an economy measure.

Fortunately DeLee understood the Maternity Center was more important than the Hospital and took it upon himself to run it without benefit of hospital support. Since no one could afford to pay for a delivery, DeLee also had to raise separate funds.

In 1931 Dr. Beatrice Tucker joined the staff as medical director of the Maternity Center. She has held that position ever since. Dr. Tucker put together a board of directors to manage the Center's finances and fund raise since the Center could not be supported by the patients' fees. Between 1929 and 1941, the Maternity Center home delivered an average of 360 babies a month.

Recognizing the need for a place to bring patients in case of complicated deliveries, Dr. Tucker sought the back-up support of several Chicago hospitals. An agreement was finally made with Wesley Memorial whereby the Hospital would require its residents (a resident is an M.D. who hasn't finished training in a specialty) and fourth year medical students to spend time working for the Maternity Center. Wesley would also



having a baby my way. I decided to have a child- my way. Ideally, I would have liked to have my child delivered together while my child's father delivered it up into the world, but I could have all sat watching the afterbirth blazing merrily in the fire. I did not know a doctor or a nurse or a competent midwife who would assist in the ceremony.

So I chose the next best thing: the Chicago Maternity Center. I was going to direct my show but me. Nobody was going to get me into a hospital room (I am here for the diseased, not the pregnant), and nobody was going to take me in the first trauma of life to some sterile nursery, deciding when I could be delivered at the institution's convenience.

Initially, I chose the Maternity Center only because it was the only place that would assist at a home delivery. I did not even know at first that the Maternity Center environment is naturally the safest place to have a baby (for unlike in a hospital room, where the risk for catching a disease is shockingly high for a baby born already as resistant as its mother to the particular elements of the environment.) and that home babies have a significantly lower mortality rate. The Chicago Maternity Center has a much lower mortality rate than all other hospitals belonging to the American Medical Association. I knew only that home delivery was better for me, regardless of, in spite of and perhaps because of modern obstetric medicine.

For nine months I went for regular adequate prenatal checkups taking a long time waiting my turn with 100 other women. During the long monthly sessions (once weekly) I met many women, including a ten year old mother, a mother of five children, a welfare, and a Radcliffe graduate- all coming to the Center in order to deliver at home, either by choice or by poverty.

Throughout the nine months I gathered my stash of supplies for the home delivery: a six foot high stack of newspapers; one and one half yards of plastic sheeting; a roll of toilet paper; a dime for calling the Maternity Center, for boiling water; a wash basin; a strong electric light; four dozen safety pins.

The day of the breaking of the bag of waters finally occurred. I thought, "Today", and had my dime ready. But nothing happened that day. On the next day I thought, "Perhaps I'm having contractions and don't know it!" So I asked their opinion, they asked if I would please come in that night for a delivery and I scrounged up carfare from neighbors and made our way to the Center. The Center is that you cannot chose from month to month or even at the last minute. You will get treatment. You get whomever is on duty. In this case the doctor was on duty.

The young, Phillipino woman doctor was beautiful and gentle. She said, "You have in fact broken, nor have contractions begun. We will induce labor tonight or tomorrow?" I could not wait for the morrow. I shaved my pubic hair and pumped me with enema water to flush out my midwife. The two nurses, the doctor, a male resident, my man and I all drove back to the Center with a few bags of equipment. Being a novice, I merely sat down on the couch and would all just sit around until the baby popped out.

The two student nurses layed plastic sheeting and newspapers on the bed on the stove to boil, cleared the table, set up the large electric hospital lamp brought with and locked my nervous cat in the closet. The doctor set up a unit of oxytocin (the natural hormone which our female bodies usually produce) to run into my veins. I laid on the bed while the contractions gradually came and my cervix dilated to six centimeters. Most of the two hours the doctor sat on the bed beside me stroking my engorged uterus with a rhythmic lullaby and she sat opposite her stroking my head. Mr. Resident, whose job was to watch from her, was conspicuously irritated and irritating in his role. He was and insensitive, jabbing his fingers into me every few minutes and carrying me. I should be given ether and be done with it.

my way

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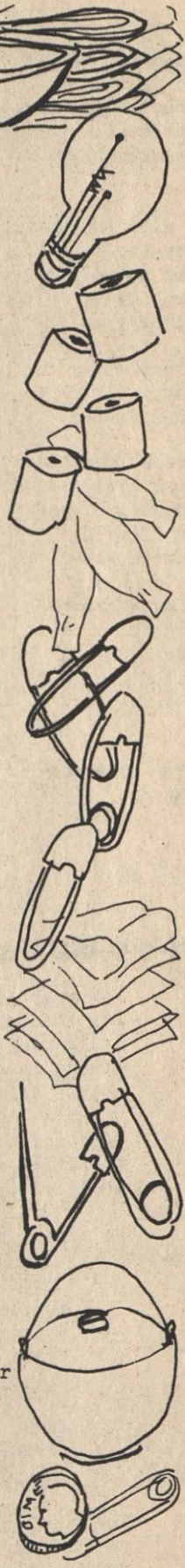
The growth of the Chicago Maternity Center
in those years paralleled a general shift
from midwifery to obstetrics. As more and more
babies were being delivered by doctors, in
or out of hospitals, states around the country
were passing laws about midwifery. In some
states (Illinois) it became illegal for a
midwife to practice. In others she was
restricted to delivering in a hospital
under a doctor's supervision.

Medical practice was changing quickly during
this period. Scientific discovery was still
a major cause of change, but its role was
becoming secondary to that of medical econo-
mics. Today it is this aspect of medical
care which determines what happens or doesn't
happen when one sees a doctor. Modern medi-
cine, first developed to serve the needs of
capitalist enterprise, has become a major
capitalist enterprise itself. Hospital con-
struction, health insurance, and drugs - to
name a few components - are all big businesses,
with the goals of big business: to make profit.

The Present Crisis

Obstetrics is no exception. The Chicago
Maternity Center has provided women with criti-
cal services for 77 years, but today its
existence is being threatened. The over-
whelming majority of the women who use the
center are poor. Statistically, they are
40% Latin, 45% black, 5% white Appalachian
and 5% white middle class. The Center charges
\$200 for a delivery, but the fee is adjusted
according to ability to pay and almost no one
pays the full \$200. 30% of the Center's cases
are emergencies - women who have not seen
a doctor before delivery or who have just
delivered unattended. The Center is threatened
not because it is less needed today - the need
has increased - but because all the forces of
medicine as big business' operate against
it: it is not profitable.

Recently the gold coast hospital complex,
consisting of Wesley Memorial, Passavant,
Northwestern Medical School and its clinics,
announced a new hospital will be built in
their area. This hospital, scheduled to open
in about 2 years, will be called the Women's
Hospital and Maternity Center of Chicago. It
is supposed to house the present Chicago
Maternity Center among other things. Manage-
ment of the new hospital appears to be planned
in a peculiar way. Different services have
been contracted out to the other two hospitals
and to Northwestern's clinics. The net effect
is that so far no one group is taking public
responsibility for the Hospital's planning
and policy. All advance public relations
insist the new Hospital will not phase out
the Chicago Maternity Center and will continue
home deliveries. But recent decisions place
these promises in doubt.



When the baby was ready to move down the birth canal I got out of bed, walked table and climbed up on it. The instruments on hand in case of necessity were boiled and waiting. After a few minutes, the small woman instructed the resident to call Dr. Beatrice Tucker, for she is often on hand at the Center to assist at complicated births. Dr. Tucker arrived within minutes to instruct in her specialty- breech deliveries. When her concern was no longer necessary, she left just as quickly.

The baby finally slurped from my womb still covered with the dark purple-veined placenta. First the infant was handed to me, then to his father who took him in the bedroom with one of the student nurses to be cleaned of mucous and given some water to unplug its air passages. The resident kept me on the kitchen table, sewing my slightly cut uterus. When he mumbled, "Whoops, I dropped a stitch," he was politely informed that such things are not said in front of the inaccurately labeled "patient". I was jealous that I was made to stay on the kitchen table for a half hour until the excessive bleeding stopped while everyone else was in the bedroom getting first crack at my baby. After a while I was able to walk back to the bedroom; where I could hold and fondle and feed my child to my heart's content.

In very little time the two student nurses, the tired resident and the lovely philippino woman I will always remember with joy, packed up their equipment, cleaned up the blood-covered newspapers and left (leaving behind them the services of a visiting nurse who came each morning for two weeks to check on the baby and me). The people from the Chicago Maternity Center were the most important people in my decision to have my child my way -at home- and I never even got their names. Pat



CHICAGO MATERNITY CENTER
1336 S. NEWBERRY
MO 6-3423



Photo by John Phillips from "This Magazine is about Schools"



maternity center continued

The Chicago Maternity Center is totally dependent upon its medical staff since that is all it has. Last year Northwestern Medical school stopped requiring its fourth year students to work for the Center. Wesley presently sends only one resident. This means the CMC operates with only two obstetricians (Dr. Tucker at age 75 is one of them) and one resident. Since one obstetrician must be on call at all times in case of complications, they are seriously overworked. Wesley and Northwestern have caused critical staff problems; the question is, why?

What Is To Be Done ?

Increasing numbers of men and women are beginning to understand some things about health care in America: on the one hand quality health care is necessary to live; on the other hand the quality of the health care provided most people keeps them struggling to survive. This situation must end.

For example, the Chicago Maternity Center, which for some women is the only alternative to delivering at Cook County Hospital and for others is simply THE only alternative, must not be allowed to die. Likewise, the new women's Hospital must not be permitted to practice the kind of medicine, common to hospitals, which scorns or ignores the health needs of most women.

We must demand:

- Hospital provided day care for patients and health workers who are mothers.
- A program in midwifery.
- Seats for patients and health workers on all hospital committees deciding who will be hired and fired; setting policy about who will be granted abortions; and reviewing medical decisions in individual cases.

The new hospital must meet peoples' real health needs. Any women interested in working toward this goal call Womankind: 348-2011

Alice

"TAKE TWO ASPIRIN AND

On Thursday, the generalized abdominal discomfort of the previous day localized on my left side (specifically around the area of my left ovary) and became, during the course of the work day, a severe, almost immobilizing, hot pain. Having long since learned to NEVER IGNORE ABDOMINAL PAIN (doctors' orders), I called my internist. I chose him because he examined me just the week before for a vaginal infection; I thought there might be some correlation.

The internist listened to my description of the symptoms, chuckled a bit at my presumptuousness in locating the pain so specifically, and decided perhaps I had incurred a bladder infection coincidental with the vaginal infection. He instructed me to drop off a clean urine specimen at his lab Saturday morning; his office would call me with the results.

At home I could do nothing but curl up in an anguished ball of pain. My anxiety increased with the severity of the pain. Despite my internist's assurances to the contrary, I was convinced that something was wrong in my ovary. When I lay on my back, I could feel the hard, hot swelling where the pain clearly originated. I tried to sleep, but the combination of pain and anxiety prevented that escape.

Continually reinforced conditioning vis a vis the medical profession made me hesitant about calling my internist again. What could be said that hadn't been said before? I finally overcame one major hurdle of intimidation (the infamous "second opinion") and, at 8:15 pm, called my gynecologist. Of course he's a busy man; I left my number and he called me at his earliest convenience. Our conversation began something like this:

Me: "Hello, Doctor. I have this really terrible pain around the area of my left ovary..."
Him: "Well! (Harrumph) That's a pretty fancy diagnosis for a layman, isn't it?"

I had always appreciated the humane quality of his services - ten year's worth - so, for all that I was by then a simpering wreck, I tried to keep it cool. I tried again.

Me: "Well, wherever it is, the pain is pretty bad and there's this swelling..."
Him: "And when did all this begin?"
Me: "I guess probably yesterday, but..."
Him: (demandingly, reproachfully) "So why did you wait until 8:30 tonight to call me?"

At which point I blew my cool completely and yelled that I had called him because I was in pain and I was scared and because I wanted him to help me and I didn't want an irrelevant third degree! And then I just lay back and cried quietly while he told me (the obvious) that he couldn't diagnose by phone; that he would have to examine me in his office (and we both knew his official office hours were over for the day); and, the clincher, that he was sure (in familiar patronizing tones) that if I took some aspirin and applied some heat and went to sleep it would probably all go away just the way it had come.

HEALTH PROFESSION

7 - 9% OF U.S. DOCTORS ARE WOMEN
65% IN RUSSIA
50% IN CUBA
24% IN GREAT BRITAIN

70-75% OF HEALTH WORKERS ARE WOMEN
85% OF NURSES ARE WOMEN

DOCTORS EARN \$30,000 TO \$100,000 YEARLY
NURSES AVERAGE \$6,500 YEARLY

ONLY SPAIN, MADAGASCAR, AND SOUTH VIETNAM HAVE SMALLER PERCENTAGE OF WOMEN DOCTORS THAN U.S.

I managed to muster up the courage for one more challenge. Did he really think it was okay to apply heat to undiagnosed abdominal pain? Well, he said, if it gets worse, then stop.

By then I felt completely helpless and desperate. My husband had been unemployed for five months, and our medical insurance terminated with his job. I had only recently gotten a job myself and was not yet eligible for insurance - which I could not have paid for anyway, since my wages barely kept us alive as it was. (We had had to apply for food stamps in order to eat.) With no insurance and no income, what hospital would take me, I wondered, in the event my worst fears were realized? The prospect of ending up at County Hospital as a pauper only added to my fears.

When my husband arrived home well after midnight I insisted on going to the hospital - any hospi-

continued on Page sixteen

CALL ME IN THE MORNING"

continued from Page fifteen

tal. I just knew I wouldn't rest until I had seen a doctor. So, we abandoned the sleeping children and drove to the nearest emergency room. There I was given a superficial examination by the resident intern, who informed me that I MUST have a pelvic exam by my own gynecologist. I reluctantly gave him the name and phone number. Having been yelled at at 8:30 I didn't expect him to be much happier at 2 am.

* IN 21 OTHER COUNTRIES PEOPLE LIVE *
* LONGER THAN IN THE U.S. *

The two doctors parried for a while by phone, my gynecologist insisting that the intern do the pelvic exam, the intern insisting that he was not competent to do so. The intern (and I) lost; he did the exam and concluded that I had - at least - a severely inflamed tube. (Of course, none of this was said to me. The whole situation of medical secrecy was complicated by the fact that the intern and I were locked into a tiny little room, wherein he had to communicate sotto voce to the gynecologist by phone - needing at once to make himself heard and to prevent me from hearing.)



hemorrhoidectomy - bleeding; the favourite treatment of the barber-surgeons, seventeen and eighteenth centuries.

I finally went home to bed with some codeine capsules for pain and instructions to see my gynecologist early the next afternoon. And I did, finally, sleep.

The next day when the confrontation finally came between the gynecologist and my internal organs, he discovered a huge inflamed cystic mass - where else but in and around my left ovary. This time it was the gynecologist's turn to get angry. First at me, for having gone to some hospital where no one knew me or had my records and history. In the future I should deal direct. But secondly, because the intern the night before and my internist the week before had both failed to see a mass so large as to be visible to the eye when I was laid out flat. Indications called for surgery by Monday at the latest

In all fairness, I must relate the more encouraging things that happened next. First of all, the gynecologist did inform me fully of what was wrong with my insides and even helped me feel the mass. Then, when I told him of my unlight financial situation, he immediately arranged for the hospital to admit me and for the HOSPITAL to apply for public aid to pay for it.

Monday morning I went into surgery. Presumably all went well. The cysts are gone, along with the ovary and tube, and I am alive to tell about it. By and large, I suppose I had little to complain about. My twelve days in the hospital were filled with people running in and out to take my temperature and inquire generally how I was feeling, as well as daily visits by my internist (who said jokingly "I TOLD you it wasn't your bladder") and by the gynecologist.

However, after ten days went by without a bowel movement I began to realize that no one but me seemed to be taking that and my increasing discomfort very seriously. Sure, each day each doctor and each nurse (as the shifts changed) inquired about the status of my bowels. (No one EVER leaves the hospital without first moving their bowels.) After a while even, each day I was given a Fleet enema or a suppository. And each day the results were negative and the pressure in my lower abdomen increased. I felt as I walked the halls that I was about to give birth - except that it was painful; walking became a dreaded chore. Finally, when I complained to the student nurse assigned to me one morning, she decided to DO something about it. She said that perhaps my bowel was impacted and that I should have a rectal exam. NO ONE of the veteran professionals who attended me every day had even suggested such a thing.

She made the examination herself and diagnosed that in fact my bowel was impacted - something that no amount of Fleet enemas or suppositories could begin to correct. She then called in her supervisor and in her presence administered

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cont.

a full-fledged sudsy (i.e. irritating) enema. Then, bless her, she stayed with me and held my hand while I went through agonies on the pot. Unfortunately, nothing moved except the enema.

THE HEALTH INDUSTRY COUNTS
AN AFTER TAX PROFIT OF 2.6
BILLION PER YEAR

THE DRUG INDUSTRY SPENDS \$4500
PER PHYSICIAN IN ADVERTISING
AND PROMOTION PER YEAR

THE PHARMACEUTICAL INDUSTRY
IS THE FIRST OR SECOND HIGHEST
PROFITEER PER YEAR - OUT DOING
AEROSPACE AND ENTERTAINMENT

Wednesday I awoke with tremendous pressure and a real urge to go. Everything seemed to work, but again nothing moved. I was really jammed. I spent the whole morning on the pot, exhausted from the effort. At noon I was given a suppository, at two a Fleet enema. The nursing staff was not impressed with my insistence that we were dealing with solid shit, nor would they examine me. They just responded to my pleas for relief with more of the same old things that hadn't worked before.

Happily for me a brave and brazen sister visited me that afternoon at the height of my agonies and suggested to the nurses that perhaps mineral oil might work. You'd have thought she had suggested rubbing the stomach with rotten eggs. Probably more to get hysterical little me off their backs than for any professional reasons, they did indeed give me the mineral oil. By eight o'clock that night it worked, and I weighed in three pounds lighter the next morning. Three trips to the john later I had lost two more pounds. Astounding!

Meanwhile, during the course of my hospital convalescence, I was subjected to inhalation therapy. Because there was a lot of mucuous on my lungs and apparently some danger of pneumonia (I ran a fever for ten days that was never diagnosed, only treated in various and sundry ways), four times a day I was forced to deep breathe into a fancy machine. The treatments were excruciatingly painful. My abdomen would become painfully distended with each treatment, and I frequently wound up in tears. Yet when I complained, I was invariably told by the male therapists that it was impossible, that I didn't hurt!

Anyway, I'm home at last and recovering slowly. But it was a very heavy trip for me, one in which I felt more helpless, more frustrated,

more abused that at any other time in my (medical) life. Perhaps it was just the first time I was consciously aware of how little I counted in the medical scheme of things.

I have written of this experience for two reasons: first, to vent a lot of anger at the men whose refusal to take me seriously could have cost me my life; and secondly, to contribute to the catalog of injustices against humanity in general, womankind in particular, committed in the name of Hippocrates. Health care must be turned over to the people! Our lives are at stake.

P.S. a few days after I wrote the above I developed abscesses on my incision. When pus and blood began to drain, I called the doctor. Every time I have EVER called a doctor (except our pediatrician, who answers his own phone), I have been asked to leave my name and phone number for the doctor to return the call at his convenience. To speed up the process this time I told the woman on the other end of the phone To TELL THE DOCTOR THAT MY STITCHES WERE BLEEDING. (This was a deliberate exaggeration, but I thought it might produce speedier results: picture a woman hemorrhaging from the stomach!)

An hour and a half later my husband took the matter into his more influential hands. As has always been the case, when my husband called he was directly connected with the doctor. When I talked to him, I told the doctor the message I had left for him. The message he received read as follows: "Mrs. V. called; has some questions" !!!

I have added this postscript for the benefit of those who don't quite believe women are getting any more of a shaft than the population in general.

Betsey

literature on health

available from CWLU
852 W. Belmont
Chicago 60657

- 5¢ FACT SHEET ON CANCER OF THE CERVIX
- 30¢ OUR BODIES, OURSELVES
- 5¢ WHAT SHOULD WOMEN KNOW ABOUT THE PILL
- 10¢ BIRTH CONTROL HANDBOOK
- 15¢ HOW DO YOU KNOW YOU'RE PREGNANT
- 5¢ CAUTION: HEALTH CARE MAY BE
HAZARDOUS TO YOUR HEALTH
- 5¢ GIVING BIRTH IN DIGNITY

Hey, I Thought This Was Supposed To Be Fun!

One of the realities illuminated by the Women's Liberation Movement has been the appalling lack of knowledge we as women have about our own bodies and how uncomfortable we often feel with them and in them. This is bound to have an effect on our having good sexual and sensual relationships. Heterosexual relationships provide a special problem because we are learning that relationships between the sexes have historically been unequal, more often than not oppressive to women, and clearly favoring men's sexuality and well being.

Ironically, the female body, while a source of real and fantasy pleasure to men, is often itself left frustrated, unpleased, cold. Accepting the fact that heterosexual relationships will probably not change significantly for large numbers of women until the social and economic relationships between the sexes have been radically changed, perhaps it would be useful to consider a few of the things that block our having pleasurable relationships with men now.

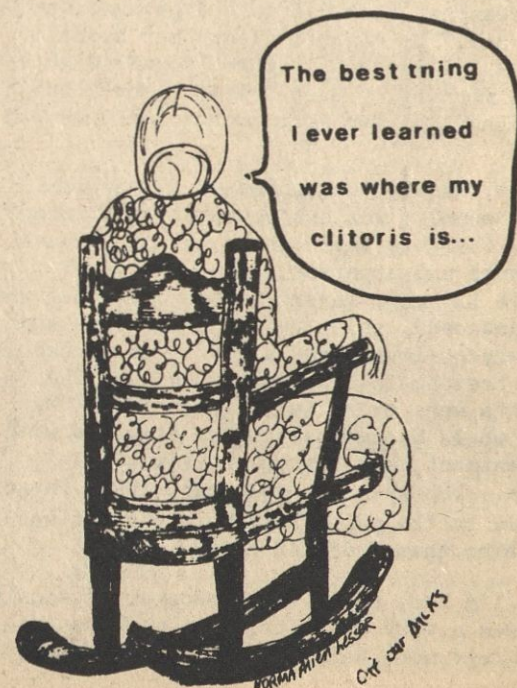
Today, in accord with the sexual revolution, it is more socially acceptable for women to enjoy sex. Some women's magazines encourage this notion to the point of assuming women should always love sex and have multiple orgasms every time. This idea has created some problems because though we are all in favor of women enjoying sex, it will take more than cheering articles in Cosmopolitan to make this possible.

In the first place this new attitude can become a new means of oppressing women. We all recognize that part in ourselves that lives up to what is expected of us - it is a common psychological attitude of any group of people who is oppressed. So now instead of being the good wife and mother (post-war through early 60's expectation), we have to be the sexually alive and enjoying it woman (later 60's, 70's expectation.) The catch is that we weren't consulted as to our desires in either case. Particularly in the counter culture and youth movements, there has developed a new image of women which tends to look down on women who aren't eager to go to bed with every man who approaches them and don't enjoy sex a lot. How can we enjoy our own body just like that overnight? It isn't as though we are all potentially sexually eager and are just waiting for the social word to start enjoying ourselves. Centuries of definition have kept us from experiencing (or admitting

to it if we do experience it) sexual pleasure in our own bodies. We should welcome the admission that women can and should experience sexual pleasure without letting the whole Cosmopolitan, New Woman, Neo Playboy attitudes push us up against the wall where instead of feeling guilty about being a poor wife and mother, we now feel guilty about not enjoying sex. We must learn about what is pleasurable to us at our own speed, with our own rhythms, in our own terms.

There are many reasons that we can't change overnight with regard to sexual pleasure, and these reasons are neither mystifying or complex, they are just ignored, not dealt with. They also tend to be historical and social rather than immediate and personal.

1. Until recently social mores trained men to enjoy sex and women to endure it. There is still a lot of this Puritan feeling around. Recently there has been a new slant which might be characterized as "men are trained to enjoy sex and women are trained to enjoy men enjoying sex." Check out any best selling sex manual and see if the attitude isn't something like: "Women have as much right to sexual pleasure as do men. However, many women admit that even though they do not often reach orgasm, they take great pleasure in seeing their lover reach climax and are emotionally content with his pleasure." Says who! To fully appreciate this absurdity, reword it with the man being emotionally content, though not reaching orgasm.





2. What pleases men does not please women. Traditional heterosexual activity has centered around the male orgasm and how to achieve it. It was just assumed that a woman would be pleased by the same activity. Thanks to

Masters and Johnson, what many women have long known has been given legitimacy; a woman's sexual pleasure centers around her clitoris and not her vagina. Even this does not give us smooth sailing, however. Many men are loath to admit that the basic traditional sex act (penis in the vagina) does not directly give pleasure to women.

3. Women get pregnant; men do not. It seems too simple to be worth mentioning but the heterosexual relationship involves for the woman the risk of getting pregnant. If that doesn't cut down on the pleasure threshold of women, it's hard to imagine what will. A word should be said here for the attitude that all real women want to be pregnant and have children so this risk shouldn't deter pleasure. Not only is this not true, but even if it were, it should not be hard to see the difference between a woman's wanting X number of children in X number of years and in certain circumstances and a woman's risking a conception every time she has intercourse.

I think this is a valid point even with the pill because the number of women on the pill is large but the number not on it is larger (not even considering whether for reasons of health any of us should be on it) and the same women for whom the pill is often inaccessible are those for whom pregnancy is often socially unwelcome (underage women, unmarried women, poor women). The other birth control devices combine a high failure rate with often unaesthetic preparations to further detract from woman's potential pleasure.

4. Areas of sexual pleasure are defined. That is, in concentrating on the genital area as the legitimate source of pleasure, the body as a total sensual being is ignored. Expressions of affection, often very pleasurable and necessary for women, are considered valid only if they lead to specific genital sexual activity. We might add that men suffer from this ignoring of the affective element too, but because women are socialized to be more affective and emotional than men, they suffer doubly. Men are trained to think of affection for affection's sake as unnecessary if not downright suspicious.

5. There is a whole range of experience related to women's sexuality which is not even a potential source of pleasure, but always at the least frightening and at the worst, fatal. I refer of course to assault - from mental assault (the uninvited whistle or catcall), which few women escape, to real assault - rape, and often murder, which not only happens directly to hideously large numbers of women, but is never very far from the consciousness of the rest of us. This fact cannot help but give us incredibly ambivalent feelings vis a vis our bodies and sexuality, whether they are a source of pleasure or pain for us.

6. Finally, I wonder how many of us realize that our position as a sexual object gives us a certain amount of power. A perverse power, granted, and no substitute for real control of our lives, but power just the same. It represents our bargaining power with men. Since there is no weapon to take its place, sex must be kept in its place. We cannot make use of our own sexuality for purposes of pleasure while it remains the most effective weapon in our arsenal for survival.

Are there any answers? We can band together on the job, unite to confront the welfare bureaucrats, join forces to boycott sexist companies, but we can hardly get together to challenge the men we are involved with individually. This is an area which challenges the whole male power structure. Each of us has to judge how far we can go in demanding that men pay attention to our sexual needs as we do to theirs, that men give up their ideas of women's place and needs and substitute these misconceptions with the truth. Together, we can learn with each other about our bodies, about how social indoctrination has led us to consider our needs unimportant, and in many cases, to dislike ourselves. We can talk with each other and learn that it's not just "my problem", but is universal. Each new thing we learn and each good feeling we have about ourselves makes us less oppressible. It's not a solution, but at least a start.

Cathy

Operators suffer the worst working conditions of all phone workers. When they start work they are assigned to work continually changing hours, sometimes staying on the job until midnight and having to be back at work the next morning at eight. Even after several months of work an operator never knows what days or what hours she'll be working the next week until Thursday afternoon, when the schedule is posted.

While on the job, operators are constantly harrassed. They're told to work faster, to stop talking and to get into their chairs from the left and out from the right. In addition they're warned against ever sounding irritated. An operator can be fired any moment for a "bad tone of service" or for a "bad attitude". The company knows how an operator sounds because they listen in, secretly, while she handles calls. Occasionally, a supervisor will catch someone chatting with another operator or becoming angry when she's insulted by a customer. The supervisor will then walk up behind the operator and plug her headset in the equipment. Stepping back, she'll talk to the woman through the equipment, and accuse her while she's sitting head down, watching the equipment. An operator is forbidden to face her accuser, and forbidden to defend herself, for that would be "insubordination".

Most operators are fired this way, and many more simply quit. Out of 200 women in one office, 24 are replaced each month. The union will make no defense for the ones who get fired if they haven't worked six months. The company has a free hand to keep on replacing operators who've worked a few months with new people. This way the company has been able to break up the friendships and close ties that form between operators, before the women can develop an organization capable of fighting back.

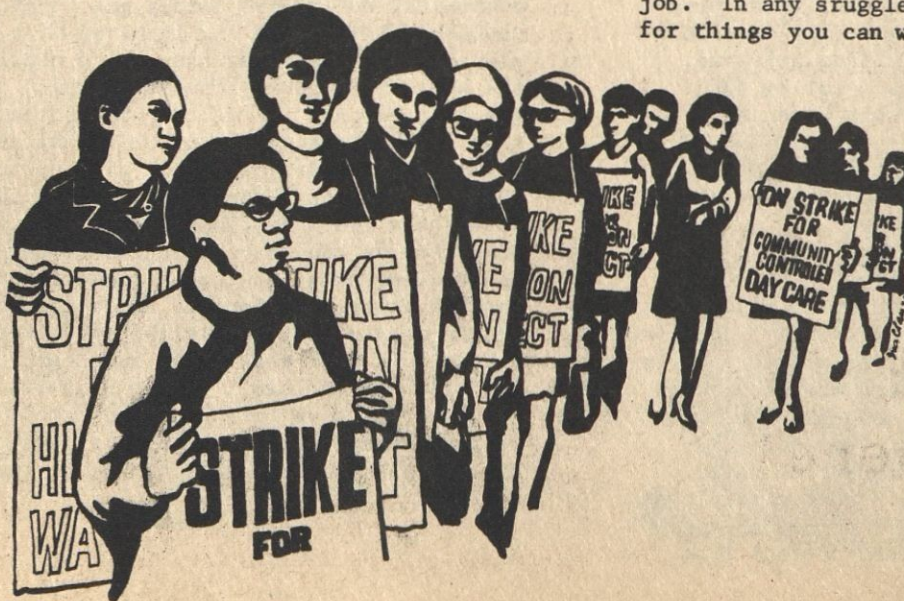
MA BELL HAS FLEAS

In spite of this heavy turnover, rumblings of discontent continue and occasionally even surface. Outside the operating room where I work, someone printed "I didn't join the army" underneath a rule about not eating in the room. And inside the room women would write "I want out" or "Help" on the cards used to signify they were going on a break. Other operators saw the cards and added to them. For example, one card started out with a screaming face on it. After a week someone had written "Ma Bell has fleas" underneath the face. A week later someone else had added, "Ma Bell has fleas, rats, lice, supervisors and a chief. Ugh". This put the company uptight, so they made one operator scrub the writing off all the cards. This didn't stop the operators from writing on the cards but the drawings weren't solving any of the problems on the job either.

Most of the operators took a very defeatist attitude towards ever solving these problems. When I asked one elderly woman about the fleas, she admitted she's been bitten for years. But, she said, "The fleas were here before I came and they'll be here after I'm gone." The fleas breed in the old equipment and on warm days they come out and feed on the operators blood.

One warm day a friend of mine was bitten over twenty times on each knee. She complained to management, but nothing was done. So she and I got together and put out a cartoon of operators scratching frantically, with the caption "Ma Bell has fleas." We posted it up all over the workplace, and eventually sent a copy and a short notice about the fleas to a newspaper columnist. Soon after he wrote in his column "If the voice with a smile sounds a bit scratchy, it's because Ma Bell has fleas..." That very night the company paid an exterminator to come in and knock out all the fleas. Operators all over the city were stunned. The mood changed, and some of them became optimistic about solving other problems we faced on the job. In any struggle it's important to fight for things you can win.

CONTINUED ON
NEXT PAGE



by Sue Clauson from "Up From Under"

The dress code was another burning issue. The company insisted that the women wear dresses to work on weekdays, even though they were far away from any contact with the public. On cold rainy days, it was absurd not to be allowed to wear pants to work. So a couple of women simply wore them one morning. The company sent one of the women home to change and told the other one she was "unfeminine" and no one would sit next to her. But the rebels continued to wear pants, and others joined in. After three days over 25 people were showing up in pants. The company reacted by putting up an intimidating announcement stating that after January 21 anyone who wore pants to work would be "dealt with". We countered with a People's Policy on Dress, stating that after January 21 everyone should dress as they please, for warmth or comfort. As the deadline approached the struggle tightened up. It had begun as a spontaneous rebellion against arbitrary company rule, but as it progressed it became organized. Everyone agreed to continue wearing pants after Jan. 21. And they would have, even if the company hadn't backed down at the last moment. "Everyone must dress clean and neat" became the new rule, and although the people wearing pants continued to be hassled, no one was fired. Everyone supported the women who continued wearing pants, and we all began to talk about taking on new issues.

And one of the issues that affected us all as women workers for Bell was the discriminatory wage and job classifications at the phone company. At one point we organized a one-day picket line outside the company employment office, to protest the policy of barring women from jobs as installers, and other exclusively mens' jobs (which are higher paying). The company didn't change it's hiring practices because of this one action, but it started a lot of thinking about how we women workers at Bell were being used by the company, and it started us on the road to change that.

(this article excerpted from "Ma Bell Has Fleas". The longer article, and others on the job oppression of women are available from the CWLU office, 852 W. Belmont 60657)

Watch Out Ma Bell:

it could
happen here!



**"WITHOUT DOUBT THE
LARGEST OPPRESSOR OF
WOMEN WORKERS IN THE
UNITED STATES"**

The Equal Employment Opportunity Commission charged December 1 that the American Telephone and Telegraph Company and its 22 operating companies in the Bell Telephone System were "without doubt the largest oppressor of women workers in the United States."

The Commission also said that ever since the phone companies started a large minority hiring program in the nineteen-sixties, black workers were "largely relegated to the lowest-paying, least desirable jobs in the companies."

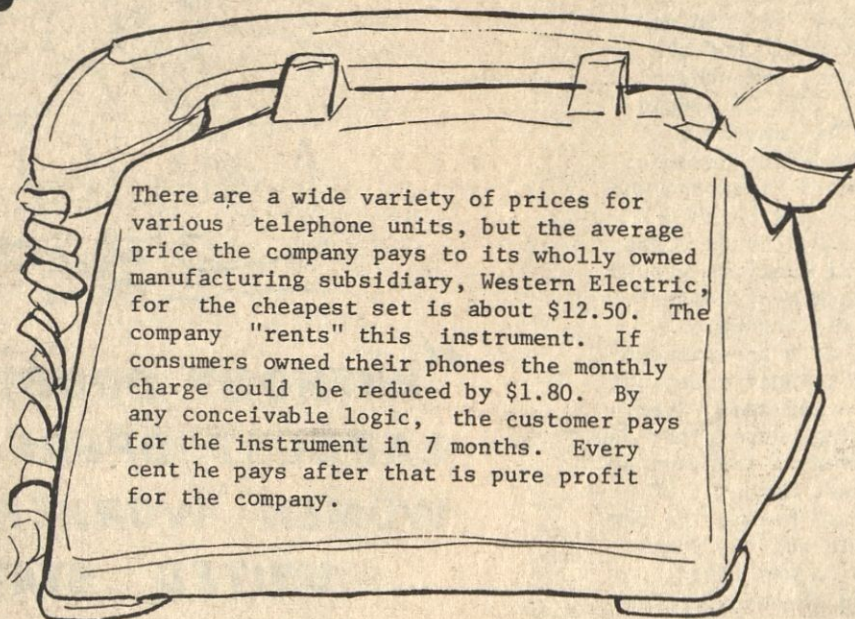
The sharpest illustration of the differentiation of sex roles throughout the Bell System came in the comparison of operators - 99.9 per cent of them are female - with craft workers (installers, repairs, etc.) - only 1.1 per cent of them are female.

Further, the commission said, 80 per cent of the New York company's black workers are women - in rigidly sex-coded jobs where there are traditionally no opportunities for advancement.

The F.C.C. will open hearings on these complaints the end of January (editor's note: these hearings are now in process). Although the employment commission filed its original complaint as part of a rate case - hoping to make the granting of Bell's requested rate increase conditional on some changes in its personnel policies - the rate complaints are not being heard by the F.C.C., but the sex discrimination complaints are now being heard.

(information from The New York Times, Dec.2)

The Public Gets A Busy Signal...



There are a wide variety of prices for various telephone units, but the average price the company pays to its wholly owned manufacturing subsidiary, Western Electric, for the cheapest set is about \$12.50. The company "rents" this instrument. If consumers owned their phones the monthly charge could be reduced by \$1.80. By any conceivable logic, the customer pays for the instrument in 7 months. Every cent he pays after that is pure profit for the company.

NEW YORK (LNS)--"I'm sorry, your call did not go through. Please hang up and try again. This is a recording." Click.

Frustration. Suppose your phone was disconnected because you were late paying the bill, and you're trying to call from a public booth. Chances are the first few you tried were out of order, and now all you get is a smooth, distant, recorded message. How do you tell a recording you're tired of hearing how sorry it is? You can't try another phone, because virtually all the telephones in the country are owned and serviced by the same company. Put another dime in the slot and it's the same story all over again.

It doesn't have to be this way. Bell Telephone installed the communications system for the Apollo space program. If we can talk with someone on the moon we should be able to reach a friend across town. But American Telephone and Telegraph Company, owners of the Bell System, is as about as responsive to the public as their placating recorded messages.

AT&T can afford to disregard the public because of its incredible wealth and power. With a government granted monopoly of telephone service, AT&T is the largest corporation in the world. In 1970 it had assets of over 49.6 billion dollars and

an income, after expenses, of \$2.1 billion. It took in more money last year than England or France as well as the five largest state governments--California, New York, Texas, Pennsylvania and Michigan. Eliminating the Department of Defense and the Post Office, AT&T has more employees (956,000) than the federal government. Over 2% of the Gross National Product originated within AT&T in 1970. Its monopoly status means the public is stuck with whatever quality phone service the company chooses to provide. AT&T's economic clout means it can get laws passed favorable to itself, ignore federal regulations on public utilities, and laugh at those who question its practices.

A sizable share of AT&T's non-telephone work is done for the Department of Defense. In 1970, AT&T ranked number 4 on the Department of Defense's list of top 100 contractors (up from number 6 in 1969), with a total of \$930,233,000 in government defense contracts. Of this amount, AT&T's wholly owned subsidiary, Western Electric, received \$719,029,000, the remainder divided between AT&T and 12 other subsidiaries. Western Electric also ranked as the number 2 contractor on the Department of Defense top 500 list for Research, Development, Testing and Evaluation in 1970.

GOOD NUMBERS

childrens immunizations
Fritzi Engelstein Clinic
 348-8578
 pregnancy & VD tests
Pride + Prejudice 477-4373

organizations & such

Action Com. for Decent Childcare 465-2856
Chicago Welfare Rights 538-7080
Chicago Women's Liberation Union 348-2011
Gay Women's Caucus 768-7575
All Women's Abortion Coalition 922-0746
Liberation School for Women 348-2011
National Org. for Women 324-3067
Pride + Prejudice 477-4373
Radical Lesbians 929-2718
Sisters Center 262-2720
Women for Peace 922-6580

WED

FRI

SAT!

SUN!

3
 te
 40 n lincoln
 (EVERY THUR)

4

dance benefit for
 TRANVESTITE LEGAL
 DEFENSE FUND
 8PM - 914 E 79TH
 Chicago
 Women's Liberation
 Rock Band

New World Resource Center
 films 348-3370
 "Come Back, Africa"
 "End of the Dialog"
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0

lesbian weekend (503) 767-7862
 Yellow Springs, Ohio, Radicalesbians

11 ABORTION CONFERENCE in Boston
 RALLY * STRATEGY SESSIONS * WORKSHOPS
 \$40 BUSES LEAVE THURS 6PM * CALL 922-0746

12 | 13
 call 348-3370
 play • 12th and 13th •
 "Song of the Lusitanian
 Beggy" performed by
 students at St Xavier
 8PM - 5600 W WASHINGTON

7

18
 Women for Peace
 film - 8pm
 "Another Family
 For Peace"
 HINSDALE call 354-2984

19
 Women for Peace
 Vietnam vigil ←
 each Saturday
 11-1 at State & Madison
 PREGNANCY TESTING WORKSHOP 348-2011

BENEFIT DINNER for
 United Farm Workers
 810 W Wellington
 3PM - 939-5120

4

25

26 Karate (EACH SAT)
 10 am -- 1212 e 59th
 & 2 pm -- 62nd & st louis

27

the lavender woman will be published
 as a quarterly beginning April or May
 contributors, call 768-7575

AAL 7750

Liberation School for Women

Orientation Session, Monday, February 7th, 1972 at 7⁰⁰ PM
at Grace Lutheran Church, 555 W. Belden
Classes include:

- Introductory Readings in Women's Liberation Wednesdays 7³⁰ PM beginning February 9
- Women & their Bodies Thursdays 7³⁰ PM beginning February 10
- Prepared Childbirth Thursdays 7³⁰ PM beginning February 10
- Study Group on the Family Tuesdays 1³⁰ PM beginning February 8
- Women & the Economy Tuesdays 7³⁰ PM beginning February 8
- Transportation for Women (introductory driving) Wednesdays 7³⁰ PM beginning February 9
- Fix-It Mondays 7³⁰ PM beginning February 14
- Yoga Saturdays 11⁰⁰ AM beginning February 13 (for location, call Gayla BU 8-1100 ext. 1001)
- Dance for Children Saturdays 11⁰⁰ AM beginning Feb. 13 (for location, call Diana 929-1016)

One-day Workshops:

- Pregnancy Testing Sat., Feb. 19 from 1⁰⁰ to 4⁰⁰ PM 2nd Unitarian Church 856 W. Barry
- Tax Returns Sat., March 11 from 10⁰⁰ AM to 2⁰⁰ PM St. Paul's Church 655 W. Fullerton

for further information, call or write Liberation School for Women
c/o CWLU, 852 W. Belmont, Chicago 60657 348-2011

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