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COUEZIOUS

HEALTH / SANTE



VOLUME V, NUMBER/NUMERO 4

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CONNEXIONS is an independent project which supports networks of grassroots organizations and individuals across Canada who are working to create a just, human and equitable society. It provides a forum for socially active people to communicate through a regular publication summarizing their work. Consultations around specific issues complement this process. Although the impetus and major support come from Church organizations, CONNEXIONS strives to service a broader constitutency.

CONNEXIONS is made possible through subscriptions, church grants and the volunteer labour of a collective of about twelve people. French language documentation is usually presented in French.

If you are among those engaged in the struggle to transform society, the CONNEXIONS collective invites you to join in this networking process by sending in materials in any media form (or summaries of same) that:

a) deserve to be more widely known;

b) are not published or distribu-

ted commercially;

c) relate to what is happening in Canada or to what Canadians (individuals, corporations or the government) are doing in other parts of the world;

d) focus on social change for a more just, human and equitable

society;

e) describe proposals, briefs, analyses, strategies and/or reflections on actions.

CONNEXIONS IS NOT A DOCUMENTATION CENTRE. MATERIALS SHOULD BE ORDERED DIRECTLY FROM THE PRODUCER.

CONNEXIONS est un projet indépendent qui a pour but de créer des réseaux de communication entre des groupes et des individus canadiens travaillant pour une société juste, humaine et équitable. Il y a des liens entre beaucoup de personnes engagés dans la lutte sociale à l'aide d'un bulletin résumant leur travail. Des conférences au sujet de questions spécifiques complétent ce processus. Même que ce soit des organizations faisant partie des églisses, qui nous font vivre, CONNEXIONS essaie de servir un public plus grand.

CONNEXIONS est rendu possible par vos abonnements, par les dons des églisses et par le travail volontaire d'une douzaine de personnes. La documentation francophone est imprimé en français.

Si vous êtes parmi ceux qui luttent pour la transformation de la société nous vous invitons à participer en nous envoyant des documents (à lire, à écouter ou à regarder) ou les précis de ces documents, pourvu qu'ils:

- a) méritent d'être connu par un plus grand public;
- b) ne soient pas publiés et distribués commercialment;
- c) aient rapport à des événements canadiens ou au travail de canadiens à l'étranger;

d) aient rapport à la lutte pour un monde juste, humain et équitable;

e) et contiennent des propos, des exposés, des analyses, des stratégies et/ou des réflexions sur des actions.

CONNEXIONS N'EST PAS UN CENTRE DE DOCUMENTATION. IL FAUT SE PROCURER LES DCOUMENTS ORIGINAUX CHEZ LEURS EDITEURS RESPECTIVES.

Dear Friends,

The response of our readers and contributors to our decision to focus on Health was encouraging. We are amazed at both the quantity and quality of critical work being done in this area. Responses came from all across Canada, from groups working on various dimensions of this issue.

Most contributors view health as a social issue and not simply as a problem of one who is 'ill'. A common critique found in the material is that many of the present medical structures and organizations in Canada are curative rather than preventive in their approach to health. This critique is made by health care workers as well as by health care "consumers".

The Medical Reform Group (CX 2082) clearly defines the issue of health (and disease) in social, economic and environmental terms. Save Tomorrow, Oppose Pollution (CX 2088), an Edmonton environmental group, maintains that health is being seriously threatened by environmental problems resulting from changes in production techniques. This new technology, which increases the amount of pollution, "has been in place mainly to conform to the imperatives of short-term economic gains". The issue of health and the environment is raised by the Concerned Parents Group of New Brunswick (CX 2087). This group argues that an environment infected by pesticides will inevitably jeopardize the health of the population. Women's groups are vocal in their critique of present practices in such areas as maternal/child health (CX, 2094, 2095, 2096) and the workplace. The National Indian Brotherhood (CX 2084) points to the social effects that white curative medicine has on Native Peoples, depriving them not only of quality health care but also of control over their own health

Chers Amis,

C'est quant même encourageant que vous nous avez envoyé tant de réponses au sujet de la santé. La quantité et la qualité de votre travail nous a étonné. Vous nous avez écrit de partout au Canada en traitant de tous les aspects du problème.

La plupart d'entre vous envisage la question du point de vue de structures sociales plutôt que comme un problème individuel. En général le système médical est accusé de s'occuper trop de l'aspect curatif plutôt que de l'aspect préservatif de la profession. Cette accusation vient aussi bien de la bouche de ceux que administrent le système que des clients.

Le "Medical Reform Group" (CX 2082) voit le problème de la santé (et de la

maladie) comme un problème sociale, économique et de l'environnement. Le "Save Tomorrow, Oppose Pollution" s'occupe des problèmes de l'environnement et de la pollution à

Edmonton. Il prétend que la santé soit menacée par des changements dans les techniques de production (CX 2082) qui n'ont qu'un but: le profit à court terme. Un groupe de "Concerned Parents of New Brunswick" pose les mêmes questions (CX 2087) et nous avertit du danger de l'usage des insecticides menaçant la santé de toute la population présente et future.

Les groupes féministes font la critique du système medical du point de vue mères/enfants (CX 2094, 2095, 2096) et lieu d'emploie. La fraternité nationale des indiens (CX 2084) accuse le système curatif occidental de priver les autochtones de soins nécessaires et d'avoir supprimé leur participation dans ce domaine. La médecine mentale elle aussi fait la critique du système curatif (CX 2099).

Il paraît qu'un grand nombre des groupes qui rous ont écrit se sont engagés à trouver un système ou des systèmes qui sont à la fois préservatifs et intégrés et qui invitent la participation des clients et des professionnels. Parmi les examples il y a des "self-help centres" (CX 2084, 2094, 2096, 2102), des polycliniques locales (CX 2082, 2083, 2084, 2094), des organisations de clients

care services. Dissatisfaction with curative medicine is also evident in the field of mental health

(CX 2099),

Many of the groups presented in our health section are actively working to develop an approach to health that is preventative, wholistic and participatory rather than simply disease-oriented. Examples of this include self-help approaches (CX 2084, 2094, 2096, 2102), community health centres (2082, 2083, 2084, 2094), patient and health care workers' organizations (CX 2082, 2086, 2096, 2099) and environmental and occupational health and safety action groups (CX 2087, 2088, 2091, 2093).

A prevalent theme in the material is that of the "consumer's" right to participate in the decisions affecting his/her health. Women are particularly strong in making this claim. They and others are actively challenging both the health care system and the other social structures affecting health.

The right to popular participation in decisions that affect people and the struggle to assume control over one's life is also a theme found in other sections of this issue. P.E.I. an energy-action group (CX 2114) is struggling to get public input used to decide a final energy strategy for the province. In Toronto and Montreal, Latin Americans (CX2103, 2104) are working to counter repression and struggle for democracy in Bolivia and Chile. Women in the Yukon (CX 2112) have established, as one of their central goals, that of encouraging women to participate in the struggle for liberation.

We are inspired by the change efforts of our contributors in their continuing struggle for justice.

In solidarity,

THE CONNEXIONS COLLECTIVE, October, 1980 et d'enployés du systeme médical (CX 2082, 2086, 2096, 2099) et des groupes qui s'occupent surtout des dangers de la pollution pour la santé (CX 2087, 2088, 2091, 2093).

Le thème dominant de plusieurs des documents est celui que le client lui-même ait le droit de participer aux décisions qui lui touchent du point de vue de la santé. Surtout les groupes féministes soulignent cela comme une nécessité. Ils mettent en question tout le système médical et les structures qui le supportent.

Le droit de la participation démocratique au pouvoir est aussi le thème de quelques précis traitant d'autres aspects de la vie au Canada. Dans l'Ile du Prince Edouard un groupe d'action sur l'énergie lutte pour la participation des habitants aux décisions sur une stratégie de l'énergie pour la province (CX 2114).

A Toronto et à Montréal des Sud-Americains s'opposent à la répression politique au Chili et en Bolivie (CX 2103, 2104). Un groupe féministe au Yukon (CX 2112) a choisi comme but principal la participation des femmes à la lutte de libération.

Voila de quoi se rejouir!

En solidarité,

La Rédaction Octobre 1980

HEALTH / SANTE

The Medical Reform Group of Ontario. P.O. Box 366, Station "J", Toronto, Ontario. M4J 4Y8. Write for details.

The Medical Reform Group of Ontario (MRG) was formed in 1978 by a small group of doctors who were concerned that there was no

of doctors who were concerned that there was no voice for progressive, socially-conscious physicians in Canada. They did not feel a forum existed to address the social dimensions of health and disease. The MRG has grown to include over 200 physicians and medical students as well as affiliate members outside the province.

Members are united around three principles:
1. Quality health care is a right that must be guaranteed without financial or other deterrents.
2. All health care workers must address the

causes of ill health in social, economic, environmental and occupational conditions, and work to change these.

3. The health care system must be changed to provide a more significant role for

all health care workers and for the public.

The MRG has adopted a resolution calling for an end to the practices of opting out and extra billing, and for development of alternate methods of physician payment. Another MRG resolution calls for a reversal of health-care cutbacks, increased expenditures on preventive and community-based services, and funding of health services from tax revenues.

At its May, 1980 semi-annual meeting, the MRG adopted resolutions dealing with health care economics, women and health care, occupational health and safety, health and underdevelopment, community health centres and environmental health. Working committees are active in most of these issue-areas. The MRG has promoted its policies through the media, in conferences and public meetings, in its brief to the Hall Commission and through its quarterly newsletter. Non-physicians can participate in this group as associate members.

CX Health For People in the 1980's "A Work in Progress". Submission of the Vanier Institute of the Family for the Health Services Review, 1979-1980. Vanier Institute of the Family, 151 Slater Street, Ste. 207, Ottawa KIP 5H3. Telephone - (613)232-7115. 38pp. April 16, 1980. Write for details.

On April 16, 1980 a Submission of the Vanier Institute of the Family for the Health Services Review 1979-1980 was made in Winnipeg, Manitoba. The Submission reviews the traditional attitude of illness and disease as being separate from the social, emotional, economic, spiritual and political aspects of one's life. This attitude has fostered present day patient dependency and alienation. The document reviews

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how modern-day industrial societies have caused family breakdown and instability. The Vanier Institute advocates that we place emphasis on a health-care policy that will cover the ecological well-being of every Canadian. Medicare set forth a fine policy in that each person has the right to medical attention. This is a necessary item "but not a sufficient condition for health".

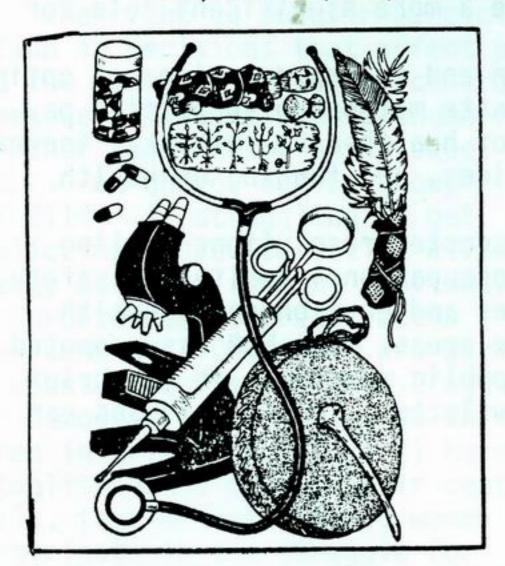
The Submission states that we must go beyond and look at such elements as human biology, environment, lifestyle and health-care organizations. This wholistic approach to health would mean a changing of attitude within the doctor as well as the patient. To break away from the mechanistic disease-oriented model, a doctor now becomes a teacher to the patient, and provides information and stimulation to the patient in order that s/he heal herself/himself. Further, the caring function of family members and neighbours is stressed as being important in the healing process. The training curricula at the various medical schools would be geared to teaching medical students to teach their patients how to look after and so heal themselves. Information sharing on techniques to reduce stress levels and to relax will be included in the functions of the professionals in the health care field.

Finally, the Vanier Institute calls for the establishment of community health resource centres which will be controlled by communities and serve the needs of those who make up the communities.

CX 2084 Select Readings in Support of Indian and Inuit Health Consultation.

National Indian Brotherhood, 102 Bank St., Ottawa. K1P 5N4.

Telephone: (613)236-0673. Two volumes. Write for details.



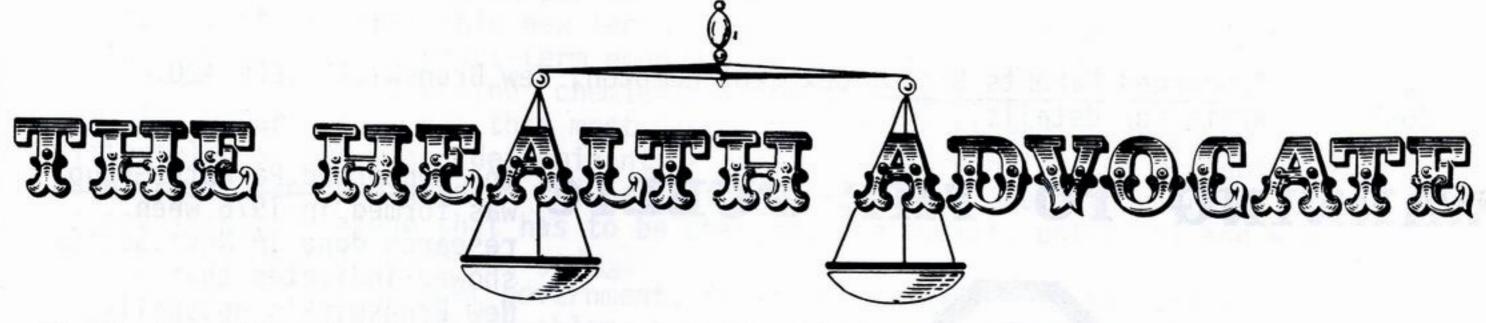
The two volumes of Readings in Support of Indian and Inuit Health Consultation include a submission "On Indian Health and Canadian Health Care System", "Indian Health - Dawn of a New Era", "Community Supportive Health" and "Traditional Indian Health and Nutrition". These four articles all emphasize the need for the Indian people to return to self-care and preventive medicine. The authors deplore the kind of health care that has arrived with the white man.

White medicine is seen as curative, but not preventive. Rather than dealing with health in a wholistic manner, as a matter of one's whole life-situation, white medicine treats symptoms, usually with pills. The introduction of processed

food by the white man has had a negative effect on Indian health, and the authors illustrate their point by citing many case histories.

All four articles make similar recommendations. They call for a health care system that is more accountable to the people it services. This can happen, the authors suggest, through community based health centres, and Indian participation in health services. "Informed self-care should be the main goal of a health program". Indian participation and/or control is important for the authors of the four articles, in order that a renewed health care "system" can serve Native needs.

CX 2085 The Health Advocate. Public Health Advocacy Unit. Department of Public Health, City Hall, Toronto, Ontario M5H 2N2. Telephone (416) 367-7450. 2 pages. August 1980. Write for details.



The Health Advocate is the newsletter of the Public Health Advocacy Unit in Toronto. This first issue outlines the history and concerns of the Advocacy Unit. The newsletter describes the mandate of the Unit as being that of supporting the work of the Department of Health of the City of Toronto, and advocating issues which

"may transcend the traditional boundaries of public health".

The aims of the Advocacy Unit reflect the aims of the present public health movement, which the newsletter describes as having an emphasis on preventive medicine. This emphasis goes beyond the present "curative" health care orientation. "In reaction to the dominant model, which stresses curative intervention, increasing specialization and high technology, the new movement rests on a community-based health promotion and disease prevention approach rooted in the principles of ecological sanity and social justice".

The Advocate reports that the Unit has already begun work on preventive medicine in such places as the delivery room and the workplace, and in such areas as advertizing in which unhealthy practices are sometimes promoted as socially positive

behaviour.

CX Physicians for Social Responsibility. 360 Bloor St. W., Ste. 406, Toronto, Ontario. M5S 1X1. Write for details.

Physicians for Social Responsibility (PSR) is a volunteer organization of doctors, health care workers and the general public. PSR is dedicated to informing members of the medical profession, health care workers and the public about the medical implications of nuclear energy and power.

This organization was formed in 1962 following the publication of a medical journal article on the medical implications of the nuclear devastation of a major east coast city. Since 1962 PSR membership has expanded to include a few thousand members across

North America, many of these members being physicians.

The Toronto chapter of PSR organized the recently held exhibition of Hiroshima photographs at Toronto City Hall. This chapter has also sponsored lectures and forums on the hazards of nuclear technology; Dr. Helen Caldicott has participated in some of these.

PSR - Toronto feels that the proximity of the Pickering and proposed Darlington nuclear plants poses a threat to the health of the citizens of Toronto; the chapter also believes that it is irresponsible to import plutonium into Ontario from Europe.

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The Toronto chapter has brochures and pamphlets available describing its goals and work. One brochure is entitled, "Danger - Nuclear War: An Open Letter to President Carter and Chairman Brezhnev". PSR - Toronto welcomes contact from all "who are working toward preserving life and health".

CX 2087 Concerned Parents Group, Box 328, Hampton, New Brunswick. EOG 120. Write for details.

WARNING TO THE PUBLIC The Concerned Parents Group formed in 1976 when

DANGER



was formed in 1976 when research done in Nova Scotia showed indicates that New Brunswick's unusually high rate of Reyes syndrome might be linked to the province's massive aerial spray program. Reyes syndrome is a rare and often fatal

Since the formation of the group the area encompassed by the spray program has been reduced from 10 million acres to four million; also a law has been introduced prohibiting spraying within a one mile area of human habitation. The Departments of Health and Environment are now involved, particularly through the Pesticides Advisory Group.

POISON

Concerned Parents has been research-oriented but finds it difficult to reach the broader public with complex scientific concerns. Media response to the efforts of the groups has surfaced the spray program as a key issue in New Brunswick. The group, however, has encountered difficulties making inroads in the French-speaking areas.

The group has found its efforts to deal with violations of pesticide regulations by proper legal channels to be very expensive, in terms of both money and effort. The group is currently petitioning the Federal government to change certain laws which protect the spray agencies because of their crown status.

The group has been urging the New Brunswick Medical Association to take a

position on this issue, but with no success as yet.

The group also has a number of flyers and briefs available which provide more information on the spray issue.

Environmental and Occupational Health: A View from STOP. Mike Mackie, Save Tomorrow Oppose Pollution, Box 1633, Edmonton, Alberta. Telephone: 439-2301. 9 pages. Write for details.

The author of this paper states that Save Tomorrow Oppose Pollution (STOP), which began as a community environmental group in 1970 has been working on occupational health since 1978. Through involvement with the vinyl chloride monomer regulatory process issue, STOP has come to the realization that "the fight to clean up the work environment does not simply involve regulation of physical or chemical substances; more fundamentally it involves challenging those social hierarchies of work relationships which create stressful and unhealthy work situations".

The author claims that in order to analyze occupational and health problems it is necessary to first look at the social determinants in the work place:

The environmental crisis represents an extension into the community of problems which were once confined to the work place. Problems of the work environment and the environment in general are largely due to changes in production techniques that increase the amount of pollution per unit of goods produced.

The author states that this new technology has been in place mainly to conform to the imperatives of short-term economic gain. One of the chief effects of this

technology is the increasing "chemicalization of industry".

The paper points out that most Canadians and the Federal government define "lifestyle" as the major determinant of health. Accordingly, the present health care crisis can be blamed on the patients' lifestyles. The author argues that it is not lifestyle alone that has to be changed; the social, political and economic environment must also be changed.

The paper states that government, industry and medical associations are reacting to growing health problems by concentrating on the lifestyle approach. The author feels that these groups are evading their responsibilities and need to

be challenged by public interest and other concerned groups.

CX Confederation of Canadian Unions' (CCU) Brief to the Hall Commission. 2089 1331½A St. Clair Ave. W., Toronto, Ontario. Telephone (416)651-5627. Write for details.

The Confederation of Canadian Unions' (CCU) Ontario Council claims that increasing health premiums, deterrent charges, opting out by doctors and rapidly increasing ambulance fees have all led to a health care system which is based on ability to pay.

The Ontario Council's brief to the Hall Commission, which is studying Canada's Medicare system, says, "as workers we are prepared to struggle once again to both restore the system and to expand its scope to cover other areas such as dentistry, and to make it a health care system, not merely a sickness insurance scheme".

The brief focuses on personal accounts of difficulties which CCU members face in obtaining proper medical care. It also suggests some solutions to the crucial health care crisis. They include:

- financing health care needs from general government revenues, which would come from a truly progressive income tax system.

-compelling all doctors to participate in provincial health schemes and abolish extra billing. Doctors could be fairly remunerated, perhaps on an annual level tied to the average composite industrial wage.

-reintroducing federal-provincial cost-sharing, with the federal government ensuring that health care funds be used to guarantee universal accessibility for all. -ending the arbitrary, indiscriminate closures of hospitals, beds and staff cutbacks.

-the inclusion of extensive training in occupational health and safety in medical college curriculums.

-more extensive utilization of nurse practitioners and paramedical staff in the health care system.

Generally the brief claims that health care must be based on a preventive rather than curative approach. "Good health and the necessary means to insure it are a basic right which should not be subject to the marketplace contortions of government, business and the medical professions."

CX <u>At The Source</u>. Ontario Federation of Labour, Occupational Health and Safety Training Centre. 15 Gervais Dr., Ste. 703, Don Mills, Ontario. Write for details.

At The Source is a bi-monthly newsletter, initiated in 1979 by the health and Safety Training Centre of the Ontario Federation of Labour (OFL). It is an attempt by the Centre to provide a "forum for on-going education and communication in the area of occupational health", and is intended to keep its readers in touch with recent articles, issues and events concerning worker health and safety in Ontario and elsewhere. The name, At The Source, was chosen to reinforce the philosophy of the Centre that hazards should be controlled at the source - in the workplace.

Recent issues include a "News in Brief" section of recent events; summary charts on the health hazards of office work and retail food outlet work; summary articles on environmental asbestos; Ontario's new occupational health and safety legislation and a review of the U.S. Occupational Safety and Health Administration's (OSHA) new policy on cancer causing substances.

CX Windsor Occupational Health and Safety (WOSH) Council. 824 Tecumseh 2091 Rd. E., Windsor, Ontario. Write for details.

The development of the health and safety movement among workers and professionals in the United States in the 1970's led to the formation of Committees for Occupational Health and Safety in many American centres. The Windsor Occupational Health and Safety (WOSH) Council, formed in late 1979, is the first attempt by rank and file trade unionists to develop a similar organization in Canada. The WOSH Council has developed into a city-wide organization of trade unionists and other interested citizens in occupational health and safety.

The Council has established a high profile in the Windsor area. Members of WOSH are or have been involved in health and safety struggles at the Bendix Brake Lining Plant (exposure to asbestos); the Windsor Rock Salt mine (exposure to diesel fumes); Wyeth Pharmaceuticals Ltd. (exposure to airborne hormones, including estrogen); and the Windsor Plastics plants (exposure to vinyl chlorides).

This year, WOSH, in co-operation with the Windsor local of the Ontario Public Interest Research Group (OPIRG) developed a handbook and a slide-tape show on occupational health and safety to use as an educational tool in the Windsor area.



CX 2092

The Magic and Deadly Dust: Asbestos and Your Health. Ontario Public Interest Research Group (OPIRG). 427 Bloor St. W., Toronto, Ontario M5S 1X7. 28 pages. December, 1979. \$1.00.

In the past year the hazards of asbestos, both in occupational and environmental areas, have arisen once again as a major health concern. Last fall (1979) the Ontario Public Interest Research Group (OPIRG) in co-operation with the Windsor Occupational Health and Safety (WOSH) Council developed the booklet The Magic and Deadly Dust as an educational tool for workers concerned about hazards of asbestos.

Areas covered in the booklet include: diseases caused by asbestos; a list of hazardous occupations; evaluation of the current exposure limits for asbestos; the risk to workers in various industries; brief case histories of the struggles of workers at Scarborough Johns-Manville and Bendix Automotive (Windsor) plants; the hazards of asbestos outside the workplace and a section of answers to the most frequently asked questions about asbestos use.

Recently OPIRG researchers, under contract to the Toronto Department of Health, Advocacy Unit have produced an extensive report on the hazards of asbestos

in the air and drinking water.

CX 2093 Women's Action on Occupational Health. 1501 W. Broadway Ave., Vancouver, B.C. V6J 1W6. Telephone (613)736-6696. Write for details.

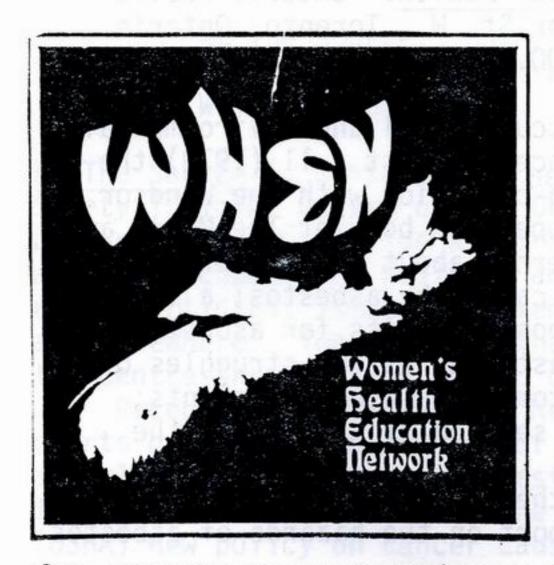


A group of women who are concerned about developing a feminist perspective on health and safety formed the Women's Action on Occupational Health in December 1979. This group sees all women as workers and concerned members of communities. This means that women who work in the home are subject to the same health and safety concerns as women in construction. Women who do housework, for example, who care for children are subject to back problems and risk exposure to toxic cleaning chemicals.



Making the public aware of such health and safety issues is only the beginning of the work of this group. They describe themselves as a resource group, seeking to share information they gather, information on specific hazards, legal procedures, and organizing ideas. They also do research on pesticides from both the workers' perspective and the community's perspective.

They believe that they must do this kind of work because employers will not take responsibility for the health of their employees. The group plans to produce regular bulletins to inform others and create the kind of information exchange they desire. They are also looking for information from all women on health issues and safety in the work place. Presently, they are working on a "public series" format which will highlight areas of concern for women workers.



The Monthly is published by the Women's Health Education Network (WHEN), an umbrella organization of groups and individuals concerned about women's health issues in Nova Scotia. The aims of WHEN are to make information and resources on health-care available to women and families, and to act as an advocate for women's health concerns at the government level.

WHEN hosted its first conference in the spring of 1980. Some issues discussed included the inconsistent quality of sex education across the province, and funding problems with Nova Scotia's only battered women's home.

The May 1980 issue of <u>The Monthly</u> contains an interview with a spokesperson from the Prepared Childbirth Association of Nova Scotia. She calls

for consumer representation on the planning board of the new Camp Hill Medical Complex in Halifax. She expresses concern that the hospital merger complex would denigrate the concept of childbirth as a healthy process; she also outlines actions that a coalition of women's groups is taking with respect to this issue.

This issue also contains exerpts from WHEN's brief to the Hall Commission. The brief indicates that the health care situation in Nova Scotia is unsatisfactory. Blocks to quality health care for women include lack of transportation and child care and block funding which discourages local initiative and community level programs. The authors of the brief claim that these and other concerns have led to a growing movement among women toward self-help, community-based and preventive-oriented health care. The brief suggests that government agencies recognize and support this direction. WHEN's recommendations call for:

- training of health professionals in a non sex-stereotyped framework.
- increased allocation of funds to preventative health care education.
- consumer involvement in health services planning.
- a general upgrading of health education, especially in the schools.
- improved access to treatment and facilities.

The newsletter also contains regular sections entitled, "Here's to Your Health", "This Page is About Us" and "Corner on Books".

CX Maternal Health Society (MHS). Box 46563, Station "G", Vancouver, B.C. V6R 4G8. Write for details.

Maternal Health Society (MHS) is a volunteer organization devoted to promoting safe choices in childbirth in British Columbia. It was originally organized to survey B.C. hospital practices and lobby for change in obstetrical practices. The society has since widened its horizons to include a maternal health centre, a counselling and support service for cesarean parents, and a "healthcare consumer" advocacy role.

All MHS's activites are supported by subscriptions to Maternal Health News (sub. \$2 -\$5/year) which "is published to reflect a strong 'consumer voice' about current issues in maternal/child health care". Each issue of this newsletter contains regular sections entitled, "International Childbirth Education

Association", "Cesarean Birth Group" and "Sharing".

One section in the September 1980 edition of the newsletter is entitled "Midwifery". It contains, among other things, an article about the recent formation of the B.C. Association of Midwives; this association has as an eventual goal the legalization and recognition of the occupation of midwifery in British Columbia. Membership is open to midwives, obstetric nurses and others involved in maternal/child health. The association has also chosen to ally itself with other such efforts in B.C.

The September issue also outlines MHS's plan to send questionnaires to every obstetrician in B.C. and to general and family practitioners in the

Victoria and Lower Mainland areas. Doctors will be asked to answer more than 20 questions about the prenatal care they provide, the childbirth options they support and their attitudes on several controversial issues. MHS believes that this Doctor Survey, which will be published in October 1980, will be of value to both women and physicians.

CX Midwifery Task Force. 926 School Green, Vancouver, B.C. V6H 3N7. 2096 Write for details.

The stated purposes of the Midwifery Task Force are:

- to support the physical and emotional well-being of mothers and families in British Columbia by encouraging improvements in health resources available throughout the childbearing cycle.

- to support the self-care abilities of mothers by planning health resources which respect a woman's freedom and responsibility to exercise choice in the

conditions of her birth.

- to develop options in health care during the childbearing cycle which are safe, fully supported by the health care system, and responsive to the needs of individual families.
- to enhance the safety and flexibility of normal birth by advocating an excellent standard of skill for all birth attendants. To develop criteria for the education and licensure of such attendants.

- to promote the concept of the occupation of "midwife" in B.C. To develop appropriate roles, functions and standards for this occupation.

- to explore the financial, social and political implications of introducing the "midwife" to the health care system.

- to review and disseminate international data related to the above clauses.

- to assist and carry on educational activities related to the society's purposes. To print, publish and distribute published materials related to the society's goals. - to facilitate effective communication among parents and professionals in planning

quality health resources for the childbearing cycle.

Every person who supports the above purposes is welcome to participate in the task force and receive minutes. Membership fees are \$10/year.

Report of the Task Force on High Risk Pregnancy. Toronto Department of Public Health, City Hall, Toronto, Ontario M5H 2N2. 131 pages. May 26, 1980. Write for details.

The high number of women experiencing difficult pregnancies and deliveries, resulting in problems for the newborn infant, has been the subject of two recent reports prepared by the medical profession for the Provincial government. Recommendations in the reports that considerable sums of public monies be spent on costly technological medical equipment to treat this health problem, have been disputed by a special report prepared by a task force of the Toronto Department of Health.

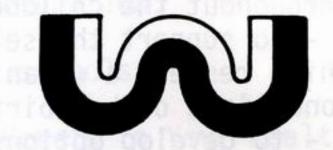
Though the Task Force agrees with some of the proposals made by the medical profession, it was not satisfied with the emphasis on last minute intervention approaches to deal with the problem at the time of birth. The Task Force has recommended a preventative approach for reducing the number of high risk pregnancies. The Task Force presents an overall strategy for prevention containing the following elements: 1) preventing women from being at risk; 2) preventing certain high risk women from becoming pregnant; 3) identifying women at risk; 4) preventing pregnant women, especially high risk women, from developing problems; 5) treating obstetric and neonatal problems which require specialized and sophisticated medical attention.

The lowest priority of the Task Force is treatment, and its first priority is prevention. The Task Force claims that this strategy is not only preferable, but feasible and practical as well and that it has been amply demonstrated in the

literature on high risk pregnancy.

CX 2098 The Organization of Social Services and its Implications for the Mental Health of Immigrant Women. Ana Bodnar/Marilee Reimar. Working Women Community Centre, 1072A Bloor Street W., Toronto, Ontario M6H 1M6. 126 pages. November, 1979. Write for details.

WORKING WOMEN COMMUNITY CENTRE



This study deals with what some community workers see as a serious inadequacy in the social services delivery system. The authors are concerned about the way in which social services are administered to such people as low-income Spanish and Portuguese-speaking women. The authors' research uncovers how "mental health" is understood by social service agencies.

The authors describe the many personal and social struggles immigrant women experience including family struggles, language struggles, financial and working struggles (as some women work two jobs). Government social service agencies tend to deal with problems arising out of these struggles as individual rather than social problems. When an immigrant woman is unable to cope, most social service agencies refer her to professional counselling believing she is mentally ill.

Rather than defining mental illness as "abnormal behaviour", the authors of this study suggest that the focus should be on the "woman's experience and on her attempts to change her situation". Psychiatrists and other counsellors are challenged to treat the causes rather than the symptoms. The causes, it is said, may actually be related to the pressures a woman is under to work both outside the home during the day and in the home at night.

This report includes recommendations to change the social service structure to more adequately respond to the needs of those it serves. One program recommendation deals with the issue of isolation and suggests that immigrant women gather in comfortable meeting places. A general recommendation calls for the funding of mental health programs through community agencies in order to bring appropriate services to

those who need them.

CX
2099
Phoenix Rising. On Our Own Editorial Collective, Box 7251, Station A,
Toronto, Ontario M5W 1X9. 38 pages. Summer 1980. Write for details.

This magazine, published by a collective of psychiatric inmates, contains an article on the meaning and experience of being an inmate, including a psychiatric inmate. The article states that both prison and psychiatric inmates are deprived of many of the same civil and human rights -- such as freedom of movement, the right to privacy and confidentiality, and the right to refuse any treatment or program. The article goes on to say that euphemisms such as "mental patient", "mental hospital" and "mental illness" obscure the facts that "mental hospitals" are psychiatric prisons and that psychiatric "treatment" is a form of social control over uncooperative or non-conforming people.

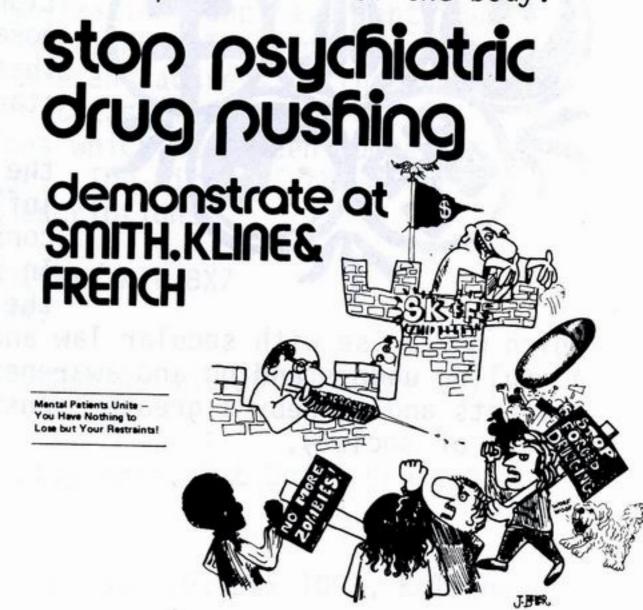
"Phoenix Pharmacy", an article on the phenothiazine drugs given to psychiatric inmates, lists the effects of the drugs -- such as changes in the brain wave pattern, impaired thought and speech, and uncontrollable movement of part or all of the body.

The article also points out that people often develop long-term psychological and physical depend-

encies or addictions to phenothiazines.

A companion piece explains why Smith, Kline and French, a multi-national drug manufacturer, is being boycotted: it produces phenothiazines; it has failed to inform the public of the many dangerous effects of its phenothiazines; it makes huge profits; and it exploits third world people.

The magazine also reports on the success of the On Our Own collective fleamarket and used goods store, on involuntary detention in hospitals, and on books analyzing the prison system.



CX 2100 Handbook of Alternative Community Housing for Psychiatric Patients in Canada. Canadian Mental Health Association, 2160 Yonge Street, Toronto, Ontario M5S 2Z3. 132 pages. 1980. \$5.

This handbook defines and lists all alternative community housing programs now

operating for psychiatric patients in Canada.

The authors surveyed Canada to develop a list of 65 half-way houses, co-operative group homes and satellite housing programs defined as "alternative housing". Special care homes, boarding homes and foster or approved homes were not included in the "alternative housing" definition.

The handbook classifies alternative housing facilities according to variables such as: location, program philosophy, funding sources, sex of residents, selection process, services, staffing and supervision, resident responsibilities and length

of stay.

Also included is a 13-page bibliography on alternative community housing. In addition, the authors intend to continue their work in the form of an information and consultation service so as to update the handbook as conditions and projects change across Canada.

Health Care and the Impact of Religious and Cultural Law and Customs. CX A Handbook. The Canadian Council of Christians and Jews, 49 Front 2101 Street E., Toronto, Ontario M5E 1B3. Write for details.

This handbook (expected publication, spring 1981) is being designed as a reference guide for hospital administrative, medical, nursing, dietary, social work staffs

and others, on the subject of religious and cultural attitudes and positions they are likely to encounter that will differ from standard health practices.

The handbook will describe the various religious attitudes, either in religious law or in practice towards such subjects as birth, circumcision, drug therapy, blood transfusions, abortions, sterilization, amputation, dietary practices, care and disposal of the dead, psychiatric treatment, etc. These will then be compared with secular law and standard health practice.

This handbook claims that the relationship of the patient to the health care services is largely influenced by a variety of religious and cultural considerations by which the patient may feel bound. In promoting and protecting the rights of the patients, the handbook is intended not only to minimize conflict

which may arise with secular law and with usual health care practices, but also provide a fuller understanding and awareness of the religious and cultural attitudes of patients and thereby a greater sensitivity and responsiveness to the multireligious nature of society.

Evaluation, Participation and Community Health Care: Critique and Lessons. Bud Hall, Alan Etherington and Ted Jackson of the Participatory Research Group. International Council for Adult Education (ICAE), 29 Prince Arthur Avenue, Toronto, Ontario M5R 1B2. 16 pages. November, 1979. \$2.00.

This paper offers a critique and lessons on evaluating health care services based on the authors' experiences in Canada and Africa. It was originally presented in November, 1979 at a meeting of the American Public Health Association.

The authors' ultimate criterion for the evaluation of health care services is good health for all. This paper focuses on the purposes of evaluation as related to the equitable distribution of health services and degrees of community involvement and self-reliance. Through a political classification of evaluation, the authors demonstrate how evaluators and evaluation methods are used to serve health service bureaucracies.

The alternative presented, participarty evaluation, identifies community members as the beneficiaries of health care services. "The key justificatory concept is 'the right to know and control'." "It challenges the model of input-output analysis.....connects the individual to the larger economic and social context..... and acknowledges the importance of justice in asserting the worth of a program."

The overall direction of the evaluation and the use of technique is dominated by the question of who benefits. The authors point out that the minimum that can be achieved through community participation is the stimulation of specific actions. The maximum level of participation occurs when poorer sections of the community become involved; this maximum level ensures that the poor's interests are served and that their dependence on the powerful is weakened or broken. The authors suggest additional criteria that can be met by the evaluative approach. A detailed outline of the approach, using a specific example, is appended to the paper.

PAST CONTRIBUTORS ON HEALTH

NOTE: The following list includes groups and organizations who have contributed material on Health/Santé in past issues of CONNEXIONS. The summaries which are group descriptions are listed by the name and address of the group, followed by the abstract number under which the summary appeared in CONNEXIONS. Other materials or publications which have been summarized follow the name and address of the producer. The title of the material is then followed by a number as in group descriptions.

Canadian Labour Comment - CISS 361, CX 1034.

Canadian Coalition for Nuclear Responsibility, c/o Ann Rajan, 2010 MacKay St., Montreal, Quebec, H3G 2J1.

Estimating Lung Cancers - CX 676
Estimating Lung Cancers, or "It's Perfectly Safe, but Don't Breathe
Too Deeply" CX773.

Canadian Coalition for Nuclear Responsibility (Kelowna), P.O. Box 1093, Kelowna, B.C. VIY 7P8.

The Hazards of Uranium Mining - CX 996.

- Centre de Santé Mentale Communautaire, 180 Dorchester est, Montréal, P.Q. H2X 1N6. Vers une Mouvell Pratique: Santé Mentale au Quebec - CX 765.
- Clair, Stan or Ducharme, Tony. 33 Cecil Street, Toronto, Ontario M5T 1N1. J.P. Stevens Boycott Kit - CX 1035.
- Concerned Parents Group of New Brunswick, Box 1021, Fredericton, N.B. CISS 466.
- Development Education Centre, 121 Avenue Road, Toronto, Ontario M5R 2G3. A Right to Live - CISS 298.
- Earthcare Information Centre, P.O. Box 1048, Wynard, Sask. SOA 4TO. Newsletter One CX 774.
- Institute for Saskatchewan Studies, Box 1462, Saskatoon, Sask. Health and Medicine: Are They Synonymous? CX 593.
- Jesuit Centre for Social Faith and Justice, 947 Queen Street E., Toronto, Ontario M4M 1J9.

 CX 2030.
- La Pharmacie Jean Thibault, 925 rue Hibernia, Montréal, P.Q. Drugs Won't Cure Common Colds and Flue CISS 265.
- Mennonite Central Committee, 201 1483 Pembina Hwy., Winnipeg, Man. R3T 2C8. CX 567.
- Mental Patient's Association, 6th West Ave. & Yew, Vancouver, B.C.
 Anti-Psychiatry Bibliography and Resource Guide CISS 109.
 In a Nutshell (Newsletter) CS 1075.
 Madness Unmasked CISS 109.
 Women Look at Psychiatry CISS 109.
- New Women's Magazine, Box 4098, Edmonton, Alberta Branching Out Vol. VI, #4 - CX 2011.
- Ontario Federation of Labour, 15 Gervais Dr.,
- Don Mills, Ontario.

 Medicare in Crises: A Submission on Ontario's Health Care System CX 2029.
- Ontario Nurses Association, 415 Yonge St., Ste. 1401, Toronto, Ontario. Let Us Take Care - CISS 412.
- Ontario Public Interest Research Group, Provincial Office, Physics 226, University of Waterloo, Waterloo, Ontario.

 CISS 397.
- Saskatchewan Cross Cultural Centre, One Sky, 134 Ave. F.S. Saskatoon, Saskatchewan. Bring it Home - CISS 108.
- Terral, Jim. Rainweed Books, P.O. Box 16, Slocan Park, B.C. VOG 2EO. The Hazards of Uranium Exploration CX 999.



- Toronto Community Law Program, 105 Davenport Rd., Toronto, Ontario M5R 1H6.
 Patient's Rights CX 643.
- United Church of Canada, Div. of Mission in Canada, 85 St. Clair Ave. E., Toronto, Ontario M4T 1M8.

 Towards Preventing Alcoholism and Alcohol Misuse CX 735.
- United Electrical Workers, 10 Codeco Court, Toronto, Ontario.
 Submission to Hon. Bette Stephenson, Min. of Labour, Concerning Proposed Occupation Safety and Health Legislation for the Province of Ontario CISS 366.
- Urban Core Support Network, 147 Queen St. E., Toronto, Ontario.

 Directory of Services for Mentally and Physically Handicapped of the Lower Mainland (B.C.) CISS 112.
- Vancouver People's Law School, 2110-C West Twelfth Ave., Vancouver, B.C. V6K 2N2.

 Mental Patients and the Law CX 599.
- Vancouver Women's Health Collective, 1520 West 6th Ave., Vancouver, B.C. CX 1022.
- Wollard, Dr. R.F. & Young, E.R. Academy of Medicine Building, 1807 W. 10th Ave., Vancouver, B.C. V6J 2A9.

 Health Dangers of the Nuclear Fuel Chain and Low-Level Ionizing Radiation CX2040
- Women Healthsharing Collective, Box 230, Station M, Toronto, Ontario M6S 4T3. Healthsharing CX 1097.

HUMAN RIGHTS LES DROITS HUMAINS

The Solidarity Committee with the Bolivian People. P.O. Box 38, Succursale Bourassa, Montreal, P.Q. H2X 3E7. Write for details.

The Solidarity Committee has been formed in response to the coup d'etat which occurred in Bolivia on July 17, 1980. The committee claims that widespread repression has characterized the new dictatorial regime of General Meza. In face of the repression and in response to the resistance of the Bolivian people, this solidarity committee has condemned the coup d'etat, and has sought to:

- 1. prevent the recognition of the military junta;
- denounce the repression and take measures which will bring it to an it to an end;
- demand that the government of the National Unity be recognized;
- 4. support the resistance of the Bolivian people and
- 5. sensitize the Canadian public and keep them informed of the Bolivian situation.

Return. Human Rights Committee, Christian Movement for Peace, 427 Bloor Street West, Toronto M5S 1X1.

"Return" is a committee of Chilean exiles, who along with thousands of other Chilean exiles throughout the world are proposing to return to Chile. Since the coup of 1973 nearly one in every ten Chileans has been forced into exile. The committee feels that the return of these people would tremendously increase the strength of the oppostion to the dictatorship. The Chilean junta does not



favour their return, but from the exiles' point of view, the reasons for returning are so strong that many are in fact going back. According to the committee, this return will have to take place through "the back door, since the front door is closed to them".

The committee lists the reasons for returning: first, the exiles feel a right to live in their own country and feel they were exiled for unjust reasons; second, having been forcibly uprooted, they have suffered psychologically and morally; third and most importantly, they feel strongly the right and duty to struggle for democracy in Chile, even at the risk of hardship, repression or even death.

"Return" is asking for Canadian support. The committee feels that Canadian public opinion and

pressure can help create a climate that allows exiles to return. The Chilean military junta is quite sensitive to Canadian pressure, since Canada is its biggest per capita foreign investor.

The returning exiles' most urgent need is economic support to make their return possible. Tax-deductible contributions can be made to "Return" at the above address.

CX 2105 Of Justice, Revolutions and Human Rights: Notes on a trip to Central America. Rev. Remi J. De Roo, Bishop of Victoria, B.C. The Chancery Office, Diocese of Victoria, 740 View Street, Victoria B.C. V8W 1J8. 25 pages. April, 1980. Write for details.

This booklet is a report of Bishop De Roo's recent tour of Central America in association with the Inter-Church Committee on Human Rights in Latin America. The focus is on De Roo's participation in a post Puebla theological consultation in Panama and his subsequent meeting with religious, educational, student, campesino and labour leaders in Nicaragua, El Salvador and Guatemala. In a country-by-country survey, the booklet reviews recent political and economic developments, such as the proposed Cerro Colorado copper mine, their impact on indigenous peoples and their implications for the role of the Church.

CX 2106 Children. Amnesty International Publications, 2101 Algonquin Ave., P.O. Box 6033, Stn. J, Ottawa K2A 1T1. 30 pages. 1979. Write for details.

The Amnesty International (AI) publication relates the grief of several children whose early lives have been scarred by the violation of some of their most funda-

mental human rights. Children from various countries have, according to AI, disappeared after arrest, been tortured, or killed; some have been forced to watch the torture of their parents or have been separated from one or both of

their parents.

The publication reports on the findings of a team of medical doctors who have studied the problems of children who have been exposed to imprisonment and torture. A significant number of these children are very nervous, have difficulty falling asleep or have their sleep interrupted by nightmares. Bedwetting, introversion, depression, and aggression are other results. The findings of the medical group suggest that these children will have serious social and physical problems as a result of their trauma.

Amnesty International is working to get prisoners of conscience released from prison. It is conducting medical research in order to find out better ways of helping in the rehabilitation



of victims of political imprisonment. And it is providing assistance to families when the breadwinner has been taken prisoner. The publication concludes with a plea for help with its work.

Les Politiques Dites "Sociales". Revue Vie Ouvriere, 1201, Rue Misitation, Montreal, P.A. H2L 3B5. 1980. \$2.00.

La revue <u>Vie Ouvrière</u> a publié un nouveau dossier intituleé "Les Politiques Dites 'Sociales'". Le dossier veut démontrer l'illusion qu'il y a à parler de politique sociale dans le régime actuel. Pour les auteurs du dossier, cette politique sociale est dictée par une politique économique qui a pour but de protéger certains intérêts économiques. Le dossier passe en revue les différentes mesures sociales actuelles telles que les coupures de prestation aux assistés sociaux et les restrictions de l'assurance-chômage.

Fait pour servir à l'animation des groupes, le dossier receuille les situations vécues et les préjugés vehiculés au sujet de la population touchée par ces mesures. Les auteurs du dossier maintient que, pour atteindre une vraie politique sociale, il ne suffit pas de faire des changements superficiels: en plus de modifier profondément le comportement humain, c'est le type même de société qui est remis en question.

CX <u>Feux Verts</u>. Corporation du Journal des Handicapés du Québec, 4800, des Erables, Montreal H2H 3E2. 34 pages. 10 fois/année. \$1.25/numéro.

Parmi tous les groupes marginalisés par notre société, les handicapés s'organisent depuis plusieurs années afin de revendiquer leurs droits et de lutter contre la discrimination qu'ils subissent quoitidiennement. Feux Verts! est un journal qu'ils se sont donné afin de rejoindre la population handicapée et de l'informer de ses droits et des luttes menées et à faire pour la reconnaissance de ces droits: droit au travail, droit à un logement adapté à la condition physique des handicapés, droit au respect physique, droit au transport en commun, ...droit de faire partie intégrante de la société. C'est ainsi que FEUX VERTS! a appuyé les luttes pour le maintien des services de transport pour les handicapées, l'accès au METRO et aux édifices publics pour les aveugles accompagnés de leur chien etc.

Dans le numéro de mars 1980, un dossier est consacré à une problématique de plus en plus présente dans le milieu médical: la stérilisation des déficients mentaux. Plusieurs colloques, symposiums etc. se sont tenus sur la question dans les derniers mois. Bien que tous les intervenants semblent avoir une vue humaniste sur la question, les handicapés s'interrogent sur la pertinence de la question alors qu'on se penche très peu sur les programmes d'éducation sexuelle et les programmes d'aide et de soutien aux familles. Quel est le sens de ce programme de stérilisation? Eliminer à long terme la déficience mental? La très grande majorité des déficients mentaux (90%) sont nés de parents tout à fait "normaux".

"Le grand danger de toute cette affaire, c'est de reconnaitre le principe et la légitimation de la pratique de stérilisation dans un environnement humain tout à fait hostile, impropre, inculte à la vie des déficients mentaux."

Racism in the Canadian Context. Roger Hutchinson, Department of Religious Studies, University of Toronto, Toronto, Ontario.
7 pages. April, 1980. Write for details.

This paper deals with <u>structural racism</u>, defined as "the mistreatment and exclusion of racial and ethnic minorities resulting from white supremacist beliefs and attitudes deeply imbedded in our mainline institutions and habits." It explores



HOW ABOUT A JOB INSTEAD !!!!

two aspects of the problem: 1) the hiddeness
of the racist beliefs and attitudes which
underlie the structural racism of our society,
and 2) the differences in strategy which result from adopting a consensus/integrative or
a power/self-reliance model for social change.

Hutchinson looks back over the history of Canada and focuses on statements made by political leaders such as Lord Durham, who said: "The language, the laws, the character of the North American Continent are English; and every race but the English (I apply this to all who speak the English language) appears there in a condition of inferiority." A comparison is made between statements of Lord Durham and Pierre Trudeau, both men seemed to believe that policies which impose the values and priorities of the dominant culture on minorities were functional and rational; and that protests by minorities were irrational and irresponsible.

In his discussion of his strategy to fight racism, Hutchinson concludes with a call for a "shift in emphasis from being the custodians of the values of the dominant culture to being allies in the struggle for self-reliance on the part of excluded minorities."

Report to the Civic Authorities of Metropolitan Toronto and its CX Citizens, Gerald Emmet Cardinal Carter, c/o Cross Cultural Communi-2110 cations Centre, Resource Library, 1991 Dufferin St., Toronto, Ontario. 1979. Write for details.

This report was written by Cardinal Carter in response to a request by Paul Godfrey, the Chairman of Metro Council. The request was made because of "an upsurge in tension created by individual events and by a growing apprehension on the part of visible minorities of our City that their rights were either infringed upon or, at the very least, downgraded" says Carter.

Carter outlines the situation in Toronto and makes the point that mutual tolerance and understanding is necessary on the part of both minority communities and the Police Force. Carter also points out that a balance must be struck so that minority groups are not treated with any special leniency, and at the same time, that they are not made the objects of prejudiced or unfair treatment

by the authorities.

Section Three of the Report deals with racism specifically, and the fact that it exists in Toronto is beyond doubt, according to Carter. This Racism is lodged deep in Canadian history, and Carter suggests that "the only real

solution lies in a change of heart in all of us".

Carter goes on to put forth certain suggestions to rectify the immediate situation in the Police Commission. He recommends a committee which would form a link between the Commission and the visible minorities. He also discusses the role of the media in the work of the Police Force among minority communities, complaints against police, verbal insults directed toward minorities recruitment of police force members, the rights and protection of police officers, and education of police in terms of their work among minorities.

WOMEN

FEMMES

CX Lesbian/Lesbienne, 530 The East Mall, Apt. 312, Islington, Ontario. 2111 September, 1980. \$5/year.

This national newsmagazine was launched at the Bi-National Lesbian Conference held in Toronto in 1979. A group of women in Toronto subsequently came together and agreed to take on the work of coordinating and publishing the newsmagainze.

One of the central aims of Lesbian/Lesbienne is to develop a communication network among lesbians in Canada. The publishers, themselves, have a sense of being out of touch with what lesbians from coast to coast are thinking and doing and how lesbian communities are growing and changing. The publication hopes to provide a forum to enable lesbians to get to know each other and discover commonalities and differences. A special effort is being made to create communication links between lesbians in Quebec and in in English Canada.

The cross-country discussion forum occuring in Lesbian/Lesbienne will assist the women organizing the National Lesbian Conference planned for May, 1981 in Vancouver. A special pre-conference issue is currently being planned.

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The Toronto collective is especially concerned that the newsmagazine reflect the needs and concerns of lesbians from coast to coast, and not just be the mouth-piece of Toronto. Any woman wishing to act as a contact in her region or wishing to write for the new publication is urged to write the above address.

The Optimst, Yukon Status of Women, Status of Women Council, 302 Steele St., Whitehorse, Yukon, 16 pages. June, 1980.
Write for details.

The Optimst, in its six years of publication, "has provided a communications link for Yukon women". The paper is committed to expressing the aims of the women's movement, and to share information with the intent of breaking down isolation, and encouraging women to participate in the struggle for liberation".

This issue of The Optimst carries articles on women and sexuality, women

and politics, women and trades and women and unions.

An article on Women and the Anti-Nuke Movement argues that women have played a large role in the anti-nuclear protest. Citing incidents from Seabrook (U.S.) to Whyl (Germany) and such names as Holly Near and Dr. Helen Caldicott, the author contends that every woman should make

Two articles on women and unions cover the recent strikes at Radio Shack and claim that very few women belong to unions. The author of "Are Union's the Answer?" details the involvement of women in strikes at Inco, Bell and Radio Shack; she believes that unions are an important way to effect social change.

Task Force on Older Women, Sponsored by B.C. NDP, 517 East Broadway, Vancouver, B.C. V5T 1X4.

A two year investigative project into the problems faced by older women.

The Task Force on Older Women is sponsored by the B.C. NDP and organized through the Woman's Rights Committee of the Party. It was instituted through a resolution at the 1979 Convention of the B.C. NDP and is designed to delineate the problems of older women (40 and over) and to develop policy and program recommendations for the Party. This project will help to correct the present policy imbalance created through a focus on issues pertinent to younger women. The project covers research into published material, use of a questionnaire, public hearings in regional centres, a 10 minute slide sound presentation, and the development of applicable policy proposals for the 1981 Convention. Published materials so far include the Interim Report of the Task Force on Older Women, the questionnaire, and articles in the Democrat and Priorities.

ENERGY / ENERGIE

CX
H.O.P.E. Brief to the P.E.I. Energy Corporation. Help Our Provincial Environment (H.O.P.E.) Environmental Group, c/o Tony Reddin, 218 Kent St., Charlottetown, P.E.I. Write for details.

This brief begins by describing Help Our Provincial Environment (H.O.P.E.). Established in 1975, H.O.P.E. has since become a member of the Maritime Energy Coalition of public interest groups. The group claims that it is the only citizen group on P.E.I. involved full time in energy issues. Their work involves public education and the scrutiny of government and industry. H.O.P.E. has concentrated chiefly on energy issues and most specifically on the Point Lepreau nuclear electricity station that is presently under construction near St. John, New Brunswick.

The brief, first of all, endorses the efforts of the P.E.I. provincial government to cancel the bilateral agreement for a 5% share of the Pt. Lepreau station. The authors comment on the fact that the provincial government must buy all out-of-province electricity directly from the N.B. Electric Power Corporation (which owns the Pt. Lepreau station). P.E.I. does not take advantage of cheap surplus electricity being sold by other provinces especially Newfoundland. The H.O.P.E. brief therefore supports all efforts to have free movements of electricity across provinces.

H.O.P.E. urges the provincial government to make this issue a priority at constitutional talks and conferences and to have the issue brought to the Supreme Court of Canada. The brief also emphasizes the importance of the immediate cancelation of the P.E.I. - Pt. Lepreau energy contract and encourages conservation to the fullest.

Finally, the brief asks that "public input be used to decide a final energy strategy and not just to rubber-stamp government ideas".

"Ontario Legislature Investigates Nuclear Safety"
and "Why Pickering Safety Systems Need to be
Upgraded". Gordon Edwards, Canadian Coalition
for Nuclear Responsibility, 2010 MacKay St.,
Montreal. 24 and 8 pages. March, 1980.
Write for details.

These technical summaries of the current issues surrounding the operational safety of Ontario nuclear reactors were written by one of the most knowledgeable persons inside or outside of the Canadian nuclear industry.

The document concerning Pickering is a letter written to Energy Probe in which Edwards summarizes his argument of why the Pickering plant is operating in violation of its licence and what should be done to correct this situation. The letter is readable for anyone with a basic knowledge of the operation of CANDU reactors.

ty"

In the other document, Edwards responds to the recently published Select Committee of the Ontario Legislature's Interium Report, The Safety of Ontario Nuclear Reactors. Edwards commends the Committee for a number of its recommendations concerning reactor licencing criteria, public access to information and the need for independent public bodies to review controversial issues such as the health hazards of the low level radiation. At the same time, he condemns the text of the report for "a number of inconsistencies, confusions, oversights and conundrums of a rather fundamental nature". In addition, he presents a convincing argument to support his contention that "the superficial tone of political expediency adopted in the Report does not adequately reflect the seriousness of the issue or the quality of his testimony (to the Select Committee) heard to date".

In contrast, Edwards' critique does all that and more. It takes you through a number of key issues surrounding reactor safety which have either been ignored

or glossed over in the Select Committee's report.

CX 2116 Energy Probe Material. Available from Energy Probe. 43 Queen's Park Crescent E., Toronto, Ontario M5S 2C3. Write for details.



The following materials dealing with the energy issue are available through Energy Probe:

1) a quarterly newsletter monitoring developments related to the energy issue on a local, national and international level (Write for more details).

2) "The Cost of Not Implementing Marginal Cost Pricing" - critique of the Principles of Electricity Pricing of Ontario Hydro (\$2.50).

3) "Everything You Wanted to Know About Nuclear Power but were Afraid to Ask" and "Reactor Safety" by Ralph Torrie (Write for further details).
4) "What Keeps Us from Freezing in the Dark" by Norm Rubin \$1.50). This study, based on data from Statscan, claims that there has been a systematic distortion of information on the part of the federal and provincial levels of government. Contrary to government claims "nuclear power meets an insignificant 1.3% of Canada's total energy requirements - much less than wood presently does and, by the government's own rechoning, the gap between nuclear and wood will increase in future".
5) "The New Talking Atom" (\$2.00 per record). This anti-nuclear record, performed by Stringband, has become an underground hit in the anti-nuclear movement. The flip side is Tom Paxton's "Let the Sunshine Heat Up the Water".

EDUCATION / PEDAGOGIE

CX 2117 Comptine Populaires du Quebec. Les publications "La maitresse d'ecole d'école Inc." et CEQ, Centre de documentation de la CEQ, 2336 Chemin Ste-Foy, Ste-Foy. 63 pages. Mars 1980. \$2.00.

1, 2, 3, 4

Ma grand-mère a mal aux pattes Elle a mal aux omoplates

Elle travaillait à quatre pattes Laver des planchers c'est plate

La Maîtresse d'Ecole nous propose aujourd'hui un cahier pédagogique présentant des comptines pour les enfants de la maternelle au primaire. "Nous proposons donc des comptines qui visent à changer des attitudes et des comportements; des comptines qui parlent de la vie, de la vie des travailleurs et des patrons au lieu de celle des rois et des fées; des comptines qui libèrent au lieu d'asservir; des comptines qu'il faut discuter avec les enfants parce qu'elles allument une petite lumière et ouvrent la porte sur les problèmes de la vie."

Est-il correct de faire passer des messages "politiques" à travers des comptines? Cacher la réalité à travers le merveilleux et le féérique inaccessible est aussi "politique"! Presenter des comptines neutres qui ne veulent rien dire est aussi "politique"! Mais comment réagissent les enfants? Apres avoir fait lire l'ensemble des comptines à une petite fille de huit ans, j'ai pu constater que son esprit d'enfant était loin d'être traumatisé par les textes et la comptine qui lui a semblé la plus intéressante est celles présentée en introduction. Elle n'est pas drôle. Elle n'est pas choquante: elle est réealiste, elle correspond à ce que bien des femmes vivent.

Il est essentiel de noter l'illustration du cahier. Les images et couleurs sont très belles et les enfants les apprécient beaucoup. Ces comptines, tout comme les nouvelles approches pédagogiques sont souvent très contestées. Il serait peut-être bon de laisser les enfants juger du matériel au'on leur offre. Le cahier propose aux enseignants des moyens et situations encadrant la présentation

des comptines. L'experimentation reste donc à faire.

Growing Together: Programme Ideas for Children's Groups to Help
Them Grow in a Multi-Racial Community. Urban Alliance on Race
Relations, 229 College Street, Toronto, Ontario M5T 1R4. 60 pages.
Write for details.

As outlined in the Forward, this is "an activity book for children which would educate them to the positive aspects of a multi-racial community". It is designed primarily for use with eight to twelve year old children.

The book begins with a Programme manual which explains how to use <u>Growing Together</u>. The topics covered are an introduction to <u>multiculturalism</u>, similarities people share, history and contributions, the immigrant experience, life styles, prejudice and festivals. Each topic has activities, books, films and other resources listed.



Section II is on History and Contributions, dealing with three communities, the Blacks, the Chinese and East Indians, Section III is the Activities section, including readings, role plays, games, songs, foods, crafts and festivals. Section IV lists printed and audio-visual resources along with resource centres.

CX 2119 Racial and Cultural Conflict and the Law Project. Multicultural Education Club, Simon Fraser University. Obtainable from IDERA Resource Centre, 2524 Cypress St., Vancouver. Approx. 100 pages. 1977. Write for details.

This kit brings together primary documents, case histories, newspaper articles and commentary on the history of racism in B.C. It is intended for use in schools (a teacher's curriculum guide is also included) but will prove useful to anyone interested in the history of racism in B.C. from the province's early days to the present.

The history of discrimination against the Japanese and Chinese in B.C. from the nineteenth century when the British colonists wanted them for their labour but didn't want them to settle, is well covered as is the internment of Japanese-Canadians in World War II.

Racially discriminatory laws passed by the B.C. government are discussed as are the events and conflict leading to the passing of these laws. Photocopies of legislative acts are included, and the various race riots in B.C. are described.

There is also a section on current immigration law, including a discussion of the arbitrary sections of the Immigration Act which allow officials, on the basis of their own personal discriminatory attitudes, the leeway to deny a person entry to Canada.

CX <u>Cope Lifestyles</u>. P.O. Box 284, Mulgave, Nova Scotia. 2120 Write for details.

This organization is in the process of developing a lifestyles education program for youth at the school and community levels. Lifestyle is defined in five dimensions:

1) Physical - Including illnesses, accidents, chronic conditions, alcohol abuse and essential life support systems.

 Emotional - Including mental illness, emotional problems, child development and protection.

3) <u>Intellectual</u> - Including mental retardation, educational opportunities and developmental disabilities.

4) <u>Social</u> - Including social justice, human rights, housing, ecology, employment, legal equity and recreational and cultural activities.

5) Spiritual - Including values, ethics, attitudes and religion.

COPE Lifestyles is now researching and reviewing these lifestyle elements and intends to eventually develop a program of primary prevention of chemical substance abuse. This will be done through program activities such as school programs for youth, family work-

'We can't afford to throw away our youth. They're our greatest resource.'

shops, youth participation, peer counselling and information campaigns. These will use all "LIFESTYLE" elements and will be directed at the community-at-large.

This organization intends to carry out an extensive resources search and is requesting information from any organization with similar objectives. This group is also interested in obtaining information about agencies which are dealing with the issue of youth in society.

Educational Kit for the Study of Growing Old. Development Education in Action, 121 Avenue Road, Toronto M5R 2G3, Ontario. 1980. \$75 and cost of mailing. Write for details.

Development Education in Action (DEA) is a program with Senior Adults, many of whom are retired. One of the major issues the DEA project deals with is aging. The project has produced two slide-tape shows on aging: These Old Ones and In Our Own Homes. They can be used as educating resources with elementary and secondary school classes, as well as in community college and university courses.

DEA has recently developed a kit called Education Kit for the Study of Growing Older: Canadian Resources on Aging.

This curriculum material also deals with issues around Aging.

These resources are designed for use in elementary and secondary schools.

The kit includes printed materials on issues and life experiences of old people, quiz sheets, film and book lists, songs and poems of the stages of human development and pictures relating to the later years of life. Suggestions for its use have been prepared so that teachers will have some ideas for classroom activities, and uses

for the material in other courses.

CX Canadian Teachers Group (CTG) of Amnesty International - Canadian Section. Amnesty International, Secretary, 2101 Algonquin Avenue, P.O. Box 6033, Stn. J., Ottawa, Ontario K2A 1T1.

At the last annual general meeting of Amnesty International (June, 1980) in Sackville, N.B., a motion was presented and carried that a Canadian Teachers' Group (CTG) of

Amnesty International (A.I.), Canadian section, be formed.

The major focus of CTG will be to take A.I. materials directly to teachers in schools and thus indirectly to students. Additional purposes include: involving teachers in the urgent action network (especially for children), general letterwriting on behalf of prisoners of conscience, etc.

Three major levels have been decided upon for the existence of this group: e

Post-secondary level;

Secondary level;Elementary level.

These levels are considered to be general ones since educational structures vary

from province to province.

One of the recommendations of the Annual Meeting was that A.I. Adoption Groups and Action Groups be encouraged to establish contacts in their groups who will be liaisons with teachers in their area.

CTG hopes that school libraries will subscribe to A.I. publications and that groups will be encouraged to donate subscriptions or other publications to these libraries for purposes of establishing contacts with them. Pilot projects have already begun in some high schools; action groups are already active in some universities, community colleges and CEGEPS.

People who wish to participate are encouraged to join A.I. and contributions from them will be used to

cover expenses of the group.



Teachers for Social Justice. c/o Michael Arbour/Fintan Kilbridge, 127 Victoria Park Avenue, Toronto, Ontario M4E 3S2. Write for details.

The Teachers for Social Justice (TSJ) was founded in Toronto in the spring of 1978 in response to the Canadian Catholic Bishops' Pastoral Statement, "A Society to be Transformed". Their Vision Paper, completed January, 1980, was the result of deep-felt conviction of the need for both personal and corporate conversion in the face of modern structural evils. The members commit themselves, as Christian educators, to challenge the patterns of oppressor and oppressed, rich and poor, powerful and powerless, prevalent in our society. Over the past two years, TSJ members have been engaged in planning Professional Development workshops, in designing curriculum for use in secondary schools, and especially in educating themselves about justice issues.

On Good Friday, 1979, the TSJ sponsored a penitential walk called a "Witness to Hope" through downtown Toronto. By pausing to reflect and pray at five approriate stations along the way, participants acknowledged their corporate citizen involvement

in certain oppressive social and economic structures.

The TSJ, in 1980, formed a coalition with other groups concerned about the arms race. The Good Friday walk therefore culminated at Litton Systems (CDA), Ltd. in Rexdale, where the navigational brain for the U.S. nuclear Cruise missle is built.

ENVIRONMENT / ENVIRONNEMENT

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Metamorphoses. The Alternative Growth Institute, 483 MacLaren, Apt. 4, Ottawa, Ontario KlR 5K5. 8 pages. Feb./Mar. 1980. \$10 a year (at least six issues).



This first issue of <u>Metamorphoses</u> begins with an article introducing the publication in this way: "Metamorphoses is conceived as a vehicle for exploring the practical and human dimensions of the transition to the conserver society. It will provide a context for reflecting upon the processes of transformation and renewal at work in ourselves and in our society as we seek to move towards more autonomous, ecologically-sustainable, and personally fulfilling communities and modes of life."

An article on "The Nature of the Change" discusses the change now occurring in human consciousness and concludes by saying, "The consciousness of the species as a whole is struggling to make an evolutionary leap -- to self-awareness, to planetary awareness, to being at home on this planet and at peace with itself. This is what the change is all about."

A description of The Alternative Growth Institute, the publisher of Metamorphoses, is also included: "Through an exploration of the links between, on the one hand, physical health and psychic well-being and, on the other, the creation and sustenance of social realities and political and economic structures, the Institute seeks to arrive at a better understanding of the potential sources of personal growth and social renewal. Psychology, myth, artistic expression, aesthetic experience and the various approaches to 'personal transformation' of different historical epochs and cultures are thus of primary concern."

CX Ecological Agriculture in Saskatchewan. Earthcare, Box 1048, Wynyard, Saskatchewan SOA 4TO. 200 pages. May, 1980. \$11.75 prepaid.

Earthcare is a network of farmers, gardeners and others interested in quality of food, permanent care of the land and environmental protection. Earthcare attempts to facilitate communication among producers of organically grown food, whether large or small scale, to develop practical information on methods of farming that are ecologically sound, and to promote personal and community food self-reliance.

Earthcare has no official membership. It is, instead, an association of individuals who live mainly in Saskatchewan (there are also members from Alberta, Manitoba and the other provinces and territories). An Information Centre is staffed by one full time employee and is located in Wynyard. A newsletter highlighting practical gardening and farming methods is published occasionally. A resource centre consisting of a wide selection of books, journals and reprints is located at St. Peter's Abbey, Muenster, Saskatchewan. People throughout the province may borrow material through inter-library loans at their local library. Earthcare staff attempt to answer specific questions related to any aspect of ecological agriculture relevant to the Prairies.

Earthcare has published a book on ecological agriculture in the Prairies. The book explores ecologically sound methods of farming under Saskatchewan conditions. Included in the book are many farmer case studies as well as chapters on soil management, watershed management, micro-climate control, green manuring, composting, weed control, insect control, plant disease and snow management. This book was written on organic farming for the prairies for all farmers interested

in practical alternatives to chemicals in agriculture.

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