

Self-help clinics

An effort to remove the secrecy

By **PATRICIA BURSTEIN**

Miami News Reporter

The sheet of secrecy should be lifted, say two women trying to set up feminist self-help clinics in Miami.

The gynecologist's sheet, that is. The sheet, they say, that separates women from their bodies.

"Doctors simply do not have the time to educate women," say 26-year-old Laura Brown and colleague Shelley Farber, 23, who have been giving demonstrations of the self-help method last week.

Ms. Farber works in the Los Angeles Feminist Women's Health Clinic, the prototype clinic begun in 1971.

Ms. Brown used to work there and recently helped start a similar clinic in nearby Oakland.

The clinic was in the news after an uncover agent arrested the group's founder for illegally practicing medicine for helping a woman apply yogurt vaginally for a yeast infection.

The case resulted in an acquittal after the judge ruled that the treatment was no more harmful than a Band-Aid and merely constituted a home remedy.

So far the two women have visited Jacksonville, St. Petersburg, Tampa and Miami.

They give slide presentations showing symptoms to look for and, above all, how to find one's cervix and other parts of the body.

They also show women how to conduct self-examinations with a plastic speculum.

The plastic speculum is a small device available at surgical supply houses. It can be purchased in bulk and resold by the purchaser for less than \$3. They are available at most self-help clinics in the country.

Women, they explain, normally visit a gynecologist only a few times a year if that, and as a result some diseases go undetected.

The feminist self-help clinics, which they hope to set up in the various cities, would be primarily involved with abortion referral but would also direct women to doctors whom clinic workers feel have the most humanistic approach.

In addition women would be taught to give themselves breast examinations in order to discover any lumps that might be cancerous.

In Miami the Atlantic Medical Clinic at 3392 Coral Way was opened this week. The clinic offers gynecological exams and pregnancy terminations.

California clinic advocates have visited Miami and other cities giving slide presentations on symptoms to look for and showing women how to conduct self-examinations.

By SHARYN BETZ

Some women are using it as a form of birth control, others claim it's a monthly convenience, and still others say they take part for the sake of research.

Whatever the reason, menstrual extraction is a controversial procedure, acclaimed by the feminist movement, but looked upon with caution by many doctors familiar with the practice.

Feminists have brought the procedure to the forefront through self-help clinics. The clinics are tied to the Feminist Women's Health Centers that have sprung up in the last two years in Oakland, Los Angeles and Orange County.

Self-help encourages women to become more informed about their own anatomy, so that they may have more control over their own bodies, according to Laura Brown, director of the Oakland Feminist Women's Health Center. She explains that menstrual extraction is the next step after self-examination in "the move to control our own bodies."

"Menstrual extraction started with the women's movement and developed through self-help," explained Shelley Farber, co-director of the Los Angeles Feminist

cannula that is inserted into the uterus. With the suction from a syringe, the menses is extracted from the uterus and the monthly menstrual period is shortened from the usual three to five days, to a matter of hours.

"It's done on the first or second day of the period, depending on the individual," said Ms. Brown. "It's a simple, safe and sterile procedure with no known side effects except for some women it means the loss of cramping and that blah and dreary feeling."

For those who suspect pregnancy and decide to use menstrual extraction as a form of birth control, the procedure is performed on the day the menstrual period is due.

Some women report minor discomfort during the procedure. Others have compared it to the insertion of an intrauterine device (IUD).

To promote information and understanding of the menstrual extraction procedure, the Feminist Women's Health Centers sponsored a session on the topic at the recent American Public Health Association in San Francisco. The discussion was led by Ms. Brown, Ms. Rothman and Ms. Farber.

Although the feminists are eager to inform women about self-help, through lectures and books, doctors do not see the practice of menstrual extraction being adopted from the movement by millions of women across the country.

They claim there are still too many unanswered questions surrounding the procedure. Questions concerning the long-range effects on women who have menses extraction - month-after-month, year-after-year. There also are legal questions on who may perform the procedure.

Feminists freely admit they do not know what the long-range effects will be. Ms. Brown estimates that it may take 20 to 25 years to find out, but the medical doubts and questions have not deterred women from participating in their own research.

"It's so different from other types of research," commented Ms. Farber. "The volunteers know full and well what the procedure is, whereas in so many other programs, volunteers don't even know their being experimented upon."

"In the US we don't do research of a negative nature," commented Dr. James McGoldrick, a San Leandro gynecologist. "We don't give pregnant women drugs to see what harm it will do to them. We don't do something to someone to be see the bad effects. In a sense, these people are experimenting with their own bodies. Human research is only done when it doesn't endanger a person, and it can do tremendous good with almost no risk."

Menstrual extraction

'Common sense,' or dangerous and unnecessary?



ing or treating," Ms. Brown said. "Menstrual extraction could be compared to a birth control practice."

Dr. Ruth Kramer, a Hayward gynecologist, said a trained person could possibly perform a menstrual extraction. If it didn't involve a D and C (dilation and curettage). If it did, she added, then there would probably be a medical objection.

"I don't use it in my medical practice and I would not recommend it on a regular basis because I don't think it would be a good idea."

She said she has known of patients who have had menstrual extraction as an early abortion method.

A program has been adopted by San Francisco Planned Parenthood Association using the idea of menstrual extraction. The method, known as menstrual induction or "miniabortion" was first tried in a pilot program sponsored by San Francisco Planned Parenthood and the University of California, San Francisco Department of Obstetrics and Gynecology. A report on the program was presented at the 11th annual meeting of the American Association of Planned Parenthood Physicians held in Houston, Tex. last spring.

Two hundred women, who were within two weeks of a missed menses and feared pregnancy, took part in the program conducted at UC San Francisco. All the women had pre-counseling about the procedure.

The difference in the menstrual extraction procedure performed by the feminists and the menstrual induction performed in the pilot project, is that the induction method is done by a doctor rather the layperson; that a trained it is performed with a vacuum pump rather than a syringe; a local anesthesia is used in induction and the extracted material is tested to determine if the woman is pregnant.

Feminist literature claims they are not interested in "whether the sperm reached the ovum . . . We are more interested in control over when and where we shall have our periods."

According to Dr. Sadja Goldsmith, assistant medical director of Planned Parenthood in San Francisco, the pilot program showed that only 44 per cent of the women who had missed their periods by less than one week were found to be pregnant, but of those who had missed the menses by two weeks, 83 per cent were found to be pregnant.

"So we found it was desirable to wait until after the second week to complete menstrual induction," Dr. Goldsmith said.

She added that by waiting from two to four weeks after the missed menses, a preg-

nancy test could first determine if the woman is pregnant.

"Most women want to know if they are pregnant, before they pay for the procedure," she said.

She indicated that the cost is one of the differences between menstrual induction during the first weeks of pregnancy and abortion after the first months of pregnancy.

She said the induction cost was \$80, compared to anywhere from \$125 to \$225 for an abortion. She also said that induction is done in surroundings clinical which is less frightening to many women than a hospital. She quickly added that when done in a clinical setting, emergency equipment is on hand in case of excess bleeding or some other unexpected occurrence.

Smaller instruments are used in induction than for abortion and the induction method does not dilate the cervix. And, she noted, there is less chance of infection than with other abortion methods.

Dr. Goldsmith said, however, one of the disadvantages of the miniabortion method is that the early implantation is so small, it sometimes can be missed. But if this happens, the procedure can be repeated.

'Just too dangerous,' says one physician

San Francisco is the only place that menstrual induction is being practiced by Planned Parenthood and Dr. Goldsmith said there are no plans to expand the program.

Asked if she thought women would turn to this procedure as a form of birth control, she said, "Not really. I don't think women will use this as a form of birth control because women are very nervous about even a Pap test or anytime anything is inserted into the uterus. And the price is too high."

But some doctors are afraid this might happen.

"Some of the older doctors feel that it might not be a good idea to let women think they are not pregnant when menstrual induction is done several weeks after a missed period," said Dr. W. Dieter Bergman, a Castro Valley gynecologist.

"The response next time it happens is to continue to go back to the clinic again and again and again for menstrual induction."

"You should think through a birth control method before you go hopping into bed instead of after."

What are the long-range effects?

Woman's Health Center. "It captured the imagination of those in the movement and others who for the first time could control their own menstrual periods."

Members of the self-help clinics meet weekly in small groups, talking and going through self-examination procedures. For those who wish to take part, menstrual extraction is performed by trained members.

"Through self-help, we learn to trust one another," explained Ms. Farber. "The training is simple, we learn by observing and participating, but it's done with precautions. Good common sense is the best guide."

"These are small, closed groups," Ms. Brown added. "We don't provide a service for outsiders who just call in and request the procedure."

Extraction of the menses at the clinics is done by means of an apparatus called a Del-Em kit. The sterile kit was developed by Lorraine Rothman, co-founder of the self-help movement and director of the Los Angeles center. It consists of a flexible tube or

around a woman's menstrual period.

"What we need is an education program on what menstruation is. I think we have to change the education pattern toward menses, because it is not a negative thing. I don't see anything realistic about apparently doing away with a period. It only serves to surge this negative attitude that women have toward menstruation."

The legal question of who may perform a menstrual extraction still has not been settled. Feminists believe that they have the right to assist one another in the menstrual extraction procedure. Two feminists were arrested last year at an eastern educational health clinic and one charge brought against them was practicing medicine by means of menstrual extraction. But the charge was later dropped before the issue could be tested in the courts.

"We don't believe menstrual extraction is a medical practice. We are not diagnos-

Dr. McGoldrick went on to say that he believes the practice of menstrual extraction is dangerous and unnecessary.

"It's just too dangerous," he said. "Anytime you insert an instrument into the uterus, there is a chance of infection. Insertion of instruments is a repeated insult to the uterus. What if the woman has gonorrhea or an abnormal bacteria in the vagina? These things aren't done under sterile conditions, because there is no way to sterilize the vagina."

"There are only two reasons why women would want this (menstrual extraction). Because they think they are pregnant or because they don't want to be a woman, relating to inequality. It doesn't make them more not to have a period every month. Their femininity is mixed up with their identity."

"These women want to avoid a three-day period. It's difficult to determine why so much taboo is wrapped

Women urged to assume more active, informed role in their own medical care

By Bonnie Marx

Of The Southern Illinoisan

While the concept of self-help health care for women is not new, feminist health centers across the country are now urging women to take self-help a step further by taking a more active, informed role.

Shelley Farber and Claudia Sperber, directors of the Los Angeles Feminist Women's Health Center, are visiting Carbondale this week to hold a series of workshops and demonstrations on self-help care for women.

Although women have long been urged to examine their breasts with the intention of discovering lumps or other abnormalities before they can become serious, many women don't know much about the normal functions of their bodies and tend to rely completely on physicians, Ms. Farber said.

"We've just barely begun to get this type of information on self-help," Ms. Farber said. "Everything from odors to body hair has been such a mystery. And in the process of birth, we are so alienated from the birth and have so little to say about it."

Ms. Farber and Ms. Sperber spoke of the communication problem between women and their doctors. "There's a conflict over who controls our health care," Ms. Farber said.

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"Women should be encouraged to ask more questions of their physicians and should demand to know what is being done to them. The medical profession should see that treatment is a woman's choice. They should present the alternatives and let women decide for themselves what they want."

At centers like the one in Los Angeles, women are being taught to examine themselves with the help of plastic speculums, "a basic tool of self-exam," Ms. Farber said. "It's a step toward getting to know yourself and satisfying your own curiosity," she said.

An aware woman can detect problems with the cervix, infections and other such common problems before they can progress to a more serious state, Ms. Farber said.

Feminist health centers also advocate the use of cervical caps, a barrier method of birth control similar to a diaphragm, for women who

would like to use them. Although not FDA approved (because of a lack of research in this country), the caps are available in England and many centers distribute them.

The self-help movement is also largely responsible for the practice of menstrual extraction, a process whereby a woman's monthly flow may be removed, by means of a suction device, in about five minutes.

While physicians are not always in favor of self-help techniques, Ms. Farber said, feminist health centers do not advocate doing without physicians. They advise women to use physicians when necessary while learning to identify and be comfortable with their own bodies.

The Family Planning Consumers Rights, compiled by the Feminist Women's Health Centers, are:

- The right to decide whether or not to have children, and if so, to determine their timing and spacing;
- The right to be treated with dig-

nity and respect;

- The right to privacy and confidentiality in all aspects of service;

- The right to adequate and objective education and counseling;

- The right to have all procedures explained and questions answered in language that can be understood;

- The right to know effectiveness, possible side effects and complications of all contraceptives;

- The right to participate in selecting the contraceptive method to be used;

- The right to know the results and the meanings (diagnosis, treatment, prognosis) of all tests and examinations;

- The right to see their records and have them explained;

- The right to know the meaning and implications of all forms they are asked to sign;

- The right to consent to or refuse any contraceptive method, test, examination or treatment.

"We don't recommend any certain routine," Ms. Farber said. "All women are different. We have similarities but we are different, too, and in that range we all can be normal and healthy."

There is a possibility that an on-going self-help clinic may soon be formed in Carbondale. Those interested should contact Jan Slagter at 536-6641, Extension 27.



Shelley Farber, left, Kathy Hodge, representatives of California women's health centers,

believe that new books they helped develop are just the beginning in self-help health.

They've only just begun

By Judy B. Rollins
Assistant Lifestyle Editor

That their names are listed as contributors to "A New View of a Woman's Body" is but the beginning for Shelley Farber and Kathy Hodge.

There's more work to be done in women's self-help health care.

The women took time from their work in women's health centers in California to come to Utah recently to talk about the book and to encourage organization of women's health support groups.

Ms. Farber is from the Feminist Women's Health Center of Los Angeles. Ms. Hodge is from the Feminist Women's Health Center of Orange County. They represent the Federation of Feminist Women's Health Centers, four of which are in California and another in Atlanta, Ga.

The publication of the book is truly a collective effort, the women said. The project started more than six years ago as a practical resource for American women who have no easy access to women's health care centers.

More of Unexpected

"As we began to do research and to write, we uncovered more and more that we hadn't expected," Ms. Hodge said. "We discovered that the extent of the medical mythology that has grown up around women and their bodies has interfered with the advancement of the women's health movement.

"Our challenge was to undo those notions about women's health that persist. For example, too often a woman hears that she suffers from a tipped uterus. We learned through the preparation of the book that a tipped uterus is not an abnormal situation and that it doesn't threaten a woman's health.

"Other information we uncovered is that it is too common in the medical profession to blame menopause for many of the health problems of women over 35. We also discovered, and included in the book, the fact that a woman's sexual anatomy is much more extensive than ever presented by the medical profession.

"It should come as no shock to a woman that her health is not nearly as important to men as to women," Ms. Hodge said.

Ms. Farber said that during World War II there was good information on birth control, venereal disease, nutrition and health care for women.

National Defense

"With the men away from home concentrating on the national defense, it was in the corporate interest to keep the women of America, who were in the homes and factories, in the best of health," Ms. Farber said. "When the war was over and men went back to work, the information so readily available to women was buried."

Both women said it's difficult for women to view their bodies realistically when women are exploited in magazines, on television and in movies.

"The image presented is of body parts," Ms. Farber said. "Our value often is associated with those body parts. Women are fearful of talking about or of saying the names. We are discouraged from talking about, let alone touching, our own bodies. Too often the labels for those parts are derogatory.

"When correct information is available and when women are encouraged to know and understand their bodies, there is a change. 'Our Bodies, Ourselves' (an earlier self-help health care book for women) was on the best seller list for years. I think our book is an important step past the information offered in 'Our

Bodies, Ourselves.' We expanded on the philosophy of that book."

Ms. Hodge started her work in the women's self-help health movement in Salt Lake City eight years ago.

She recently encouraged an aunt to buy and read another of the federation's recent publications, "How to Stay Out of the Gynecologist's Office." The aunt, who had suffered from recurring yeast infections and who, at first, questioned the value of the book, is now an enthusiastic supporter.

Source of Problem

"She not only found out how to get some relief from the problem," Ms. Hodge said, "but she also found out what might be the source of her problem. Her enthusiasm grew with the realization of the value the book had for her. I think the greatest response to the federation's collection of publications comes when women can apply the information to their own experience. The experience multiplies when women not only are given permission to know their bodies but are also encouraged to meet and talk about health with other women."

The women agree that despite a woman's age, race, class, religion, that the books provide new information, a guide to learning.

"Somehow, we get the message that the American woman is like a Barbie doll with an air-brushed image," Ms. Farber said. "The medical books present horrible examples of abnormality in their presentations of women. The nice part about self-help health and these new books is that women can find out about the broad range of what is normal."

Know So Little

"Women, because they know so little about themselves and other women, have the impression from viewing a Barbie-doll image to which they cannot measure up, that somehow they are not right, that they aren't normal and that they aren't truly women."

The books are not designed to undermine the medical profession, the women said, but to reassure women that there are basic good health steps that they can follow at home.

"It's really common for women to share information about sore throats and cold remedies when someone in the family is sick," Ms. Hodge said. "Why should it be any different just because it involves another area of the body? People don't run to the doctor's office with every little ailment that can be eased at home. Neither should women have to see their gynecologist or obstetrician for simple procedures that they can perform at home or in support groups. Then they can see a doctor if and when the need arises."

Writing Process

Ms. Farber said the roots of the women's self-help health care movement can be traced to Carol Downer, the general editor of "A New View," who in 1971 performed a self examination with a speculum.

"The process of writing 'A New View' was a long one with many interruptions," Ms. Farber said. "Carol Downer did the editing and had a lot to do with how well the book turned out."

Ms. Farber said the books have met with critical success, have been well received and were popular when introduced at national meetings of the American Public Health Association and the Society for Scientific Study of Sex.

"To me," Ms. Farber said, "the value of 'A New View' is to tell women that it is their right to look at their bodies any time. By knowing our bodies, we can think of ourselves as normal healthy people."