ON THE ISSUES
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A compass needle always drifts to the north, no matter how you turn the instrument. Phallic Drift is the similar, powerful tendency for public discussion of gender issues to drift, inexorably, back to the male point of view.

Phallic Drift is when television coverage of incest concentrates on the injustices done to a few falsely accused male victims, while the masses of genuine (female) victims fade to invisibility.

Phallic Drift is when the "radical feminists" invited to talk shows are the women who take the "enough already" male-friendly point of view that the gender wars are won and feminism is already victorious (see "A Wolf in Feminist Clothing" by Phyllis Chesler).

Phallic Drift is when female sexual desire is worth discussing only in terms of how it affects, or threatens, men (see Gina Ogden on "Women Who Love Sex").

Phallic Drift is when efforts to combat acquaintance rape are labeled puritanism, Miss Grundyism, anti-erotic, and anti-fun—all code words for taking the (male) sport out of sex. Consider the (mostly male) commentators who have expressed outrage that Mary Koss's well-known study of 6000 college students included such questions as, "Have you given in to sexual intercourse when you didn't want to because you were overwhelmed by a man's continual arguments and pressure?" and "Have you had sexual intercourse when you didn't want to because a man gave you alcohol or drugs?"

Conservative educator Allan Bloom notes with alarm that "What used to be understood as modes of courtship are now seen as modes of male intimidation."

Well, yes. As Bonnie Pfister's article, "Swept Awake," demonstrates, today's campus leaders have little patience with the old male get-it-any-way-you-can style of seduction. Young women and men activists believe that courtship, 21st-century-style, is a consensual arrangement that begins with asking, "may I?"

Open communication is not just a courtesy, but a life-saver in today's arena of high-risk sex. And far from eradicating eroticism, today's young people think that being "swept away" and indulging in too-drunk-to-resist or too-shy-to-protest sex is a lot less sexy than saying "yes" to the partner of your choice and living in a community with a reduced fear of coerced sex.

The reason Phallic Drift is a visible current these days is that another strong tide is on the horizon. Feminist ideas that have been put forth for the last twenty years have taken hold and reached a certain ripeness and power. They can even be exported (see Andrea Wolper's stirring article on American rape counselors in Bosnia). At home and abroad, all is no longer fair in love, or war.
Nothing focuses the mind like the prospect of death. Contemplating the cessation of being immediately changes priorities. Always the sleeping giant on the stage, death suddenly assumes the spotlight as the rest of reality recedes into soft focus. La Rochefoucauld said that death, like the sun, should not be stared at. But I have no desire to shield myself from its power.

Now, after many years of heading CHOICES, a clinic where thousands of abortions have been performed over the last twenty-three years, I feel I can look openly and freely at death and dying. Perhaps this sense of comfort and freedom comes with my having been witness to so many “little deaths,” the deaths of thousands of fetuses, and all the endings that that brings—the death of possibility, the death of dreams, the death of “if only”: If only I wasn’t 12, if only I wasn’t unmarried, if only I wanted this child at this moment. These “little deaths” allow me to be present at a time in a woman’s life when there is much vulnerability, much honesty.

So it is with great interest that I notice that the issue of death has been making appearances all over the landscape of popular culture and giving command performances on the nightly news. It’s been brought kicking and screaming into American consciousness in the figure of Jack Kevorkian, M.D. Thin and gaunt with a haunted look and burning eyes, he has thrust himself into our lives. Here, challenging, there, on a hunger strike, now with a strange looking machine that he has concocted to deliver deliverance to the suffering: he appears before us in full force.

Kevorkian provokes and challenges and disturbs the status quo. Non-consumerist (he has lived for long periods of time on canned foods and social security), turning down up to ten thousand dollars in speaking fees because he is conducting his campaign for humanity, unsubtle to a fault, directly and publicly stating his agenda, Kevorkian insists that physician-assisted suicide, what he has termed “medicide,” is a medical matter and should be considered part of the established healing role of the physician, and he has repeatedly called for the medical profession to establish guidelines for its legal administration. Kevorkian presents death with a positive face, one of compassion and release rather than obscenity or denial. This death is an option and a choice, an ending devoutly to be wished for, a place of freedom and autonomy rather than a terminally closed door.

Jack Kevorkian is not your usual rad-
The movement, philosophy, ideology that he represents is known as the "right-to-die" movement—which, of course is a misnomer, for the right to die comes with the territory of being born. What Kevorkian is calling for is the right not to suffer, the right to a death with integrity, with dignity. The intent is to provide the suffering individual with a gift of choice and autonomy in what is one's last conscious act. It is believed that the act of choosing, itself, summons a transcendence, which in some people's thinking is a special kind of grace.

The "right-to-die" movement shares a deep and palpable connection with another movement that defines itself as the pro-choice movement. The continual focus on the words, "right-to-die," obscures the philosophical context that underlies it—and that is the question of choice. The movement is really about the right to choose how and when to die, just as the pro-choice movement is about the right to choose whether or not to have a child at a particular moment in time. This volitional act of choosing informs and drives the ideologies of both movements. For both, the balance must be weighed by a solitary individual within her own conscience—the balance between the reality of her life weighed against a philosophical, moral or religious abstraction.

In the case of abortion, the concepts of the "sanctity of life" and the "right-to-life" of the fetus are weighed against the quality of life and lived experience of the mother. In the case of what Kevorkian terms "medicide," the belief in "the redemptive power of suffering" and the idea that "only God can take life" is weighed against the desire to actively end one's suffering by ending one's life.

In the midst of all the hyperbolic media coverage of Kevorkian's assisted suicides, (people putting themselves to sleep in the back of Volkswagen vans and appearing on video tapes expressing the desire to die), the connection between both movements appears to have been lost.

The right-to-die and the pro-choice movements share many of the same principles, philosophical underpinnings and goals. Both are concerned with individuals as the main players in their own life dramas. Both seek to reduce the tension between individual conscience, on the one hand, and state or religious authority, on the other, by empowering the individual to make choices through legislative and legal avenues. The pro-choice movement views reproductive freedom as a fundamental civil right, without which women cannot freely participate as citizens in this democracy. Kevorkian was quoted in the New York Times saying that he would push for a constitutional amendment allowing physician assisted suicide. "What I am going to do now instead is carry on a whistle-stop campaign, city to city, to get this guaranteed by a vote of the people as a fundamental right." Both movements view physicians and the medical establishment as necessary allies in these sacred journeys and both share many of the same enemies.

This concept of the physician as ally or facilitator rather than paternalistic, God-like figure developed its first full expression within the abortion rights movement. With the legalization of abortion, the physician came down off of his professional pedestal forever. When the Supreme Court legalized abortion in its 1973 Roe v. Wade decision, the relationship between doctor and patient was legally scripted in egalitarian terms. I called this the "Medical Equal Rights Amendment." According to Roe, in the first trimester the decision of abortion was to be made by the woman in consultation with her physician. Historically patriarchal and powerful, established medical practice traditionally had little room for the requests, questions or personal requirements of patients, the majority of whom were women. The Supreme Court decision legalizing abortion changed that forever. It gave power, autonomy and a stronger degree of control to women patients. Of course, the more radical feminist vision that opposes physician control and regulation of abortion, and all laws touching on abortion and reproductive issues, viewed Roe as regressive at worst and minimal at best. However, the fact remains that the legalization of abortion altered the doctor-patient relationship forever.

Jack Kevorkian's attempt to empower an individual in her relationship with her physician, and legally expand the physician's role to assist in the decision and the actual process of choosing when, where and how to end her life shares the drive of the pro-choice movement to equalize the doctor-patient dyad. And it also forces the medical establishment to question the parameters of its power and its role. Many physicians resist the practice of abortion on moral, religious or ethical grounds, while others refuse to provide the service on the basis of what I would term a professional self-image conflict. Similarly, many physicians refuse to participate in "active" euthanasia in assisting their patients to commit suicide. It is the physician as knight-errant battling a primal force of nature: death. It is a classic "war" mentality, with the physician as the general, defining the strategic initiatives.

Dr. Khalili was a 61-year-old physician in such unendurable pain from bone cancer that he needed a cane to walk and had a full-time morphine pump to help alleviate his suffering. On Tuesday, November 22, 1993, Dr. Khalili committed suicide by inhaling carbon monoxide in the presence of Dr. Jack Kevorkian. Dr. Khalili is the first physician to have sought Kevorkian's help, and it is believed it was an attempt to force the medical profession to deal with the issue. "His death points to a fundamental ambiguity on the part of the physician community," said Laurence O'Connell, president of the Chicago-based Park Ridge Center for the Study of Health, Faith and Ethics. "Physicians have the same problems dealing with death as everyone else," said Yeates Conwell, director of the Laboratory of Suicide Studies at the University of Rochester School of Medicine in New York. "This person may have been struggling, not only as a person, but also as a doctor".

Johannes J. M. van Delden, et al, writ-
Flo Kennedy arrived in her wheelchair, crowned with a black cowboy hat and a scarlet scarf slung over her left shoulder. Irene Davall's big black straw hat and white suit were decorated lavishly with scores of old political buttons. It was the first time in more than two decades that the two contributing editors of On The Issues walked a political picket line.

The demonstration was called because the New York Times had published a story vilifying Bill Baird who, since 1964, has owned the nation's first above-ground abortion facility in Hempstead, Long Island.

We believe Baird may have provided free or low-cost abortions to more poor women than anyone in the business. But the Times was not concerned with his generosity or good works, it preferred to quote unfounded critical remarks made many years ago by a couple of women writers. As long-time feminists we felt morally bound to condemn this injustice masquerading as journalism. What better way to publicize our feelings than to picket the newspaper, which had refused to publish an apology or print Baird's refutation.

About thirty people came out to picket in the rain. Scores of the Times' employees and pedestrians read our signs and accepted our leaflets. A small anti-abortion group picketed our pickets and the New York Daily News sent a journalist and photographer to cover the story. We call that success.

One good picket line deserves another. We had looked for a way to publicize the 20th anniversary of the Roe v. Wade Supreme Court decision. What better way than to picket St. Patrick's Cathedral, the grandest Catholic edifice in America, while Cardinal O'Connor (America's most powerful Catholic) celebrated mass inside? And that's exactly what we did on a bright Sunday morning, holding our signs and banners and a six-foot cross.

After the "inside" mass was dismissed and parishioners left, Flo invited the picketers to walk the few blocks to her apartment to discuss the morning events and eat ice cream and cookies. The group started off, Flo in her wheelchair grandly leading the procession, her cowboy hat at a jaunty angle.

Anyone who lives in New York knows the deplorable state of the city's streets, and Fifth Avenue is no exception. As we skipped happily along the avenue, the wheelchair hit a deep pothole, stopped abruptly, and sent Flo flying through the air, landing on her knees as though in prayer. It's never easy to stop Fifth Avenue traffic, but that day Flo did it without even trying. As she said: a 77-year-old colored lady on her knees on Fifth Avenue is a strange and wondrous sight.

Veteran Feminists of America

On December 15th a hundred or so of Flo's nearest and dearest friends gathered at the 65th Street Park Avenue Armory to honor Flo. The hosting group, Veteran Feminists of America (VFA) had been organized in 1991 by Jacqui Ceballos and Ti-Grace Atkinson.

Old friends of Flo (some who hadn't seen each other for many years) trooped to the microphone, telling where they had met Flo and how that meeting had changed their lives. Many quoted some of Flo's famous one-liners:

- "Put pressure on the most tender part of the anatomy. People aren't ready to deal with testicular pressure."
- "Judges and priests: When you see men in skirts, it's time to run."
- "If you want to know where the apathy is, you're probably sitting on it."

—Irene Davall and Flo Kennedy
SLOW LEARNERS AT HARVARD LAW

When law professor Clare Dalton was denied tenure at Harvard Law School, she sued for sex-discrimination. Harvard recently settled the complaint, agreeing to pay $260,000 to expand a domestic-violence advocacy project that Dalton began three years ago at Northeastern University Law School in Boston, where she has been a tenured professor since 1989. “The denial of tenure is the denial of professional opportunity,” Dalton, who is married to Secretary of Labor Robert D. Reich, told the Chronicle of Higher Education. “What Harvard does in this settlement is give me the set of professional opportunities that at this point in my career matter most to me.”

Harvard Law still has much to learn, however. Of the current crop of 57 tenured professors, only four are women, one less than in 1987 when Dalton was refused tenure.—RS

DOMESTIC VIOLENCE: ONLY A WOMAN’S ISSUE?

Why don’t men do more to stop other men from battering women? That question provoked Marin Abused Women’s Services, in San Rafael, California, to survey the beliefs of 400 Marin County men. The study found that while most men (62 percent) believe domestic violence is a serious problem—only 12 percent think it’s a problem in their neighborhood. Almost all men (94 percent) said they would suggest something if a co-worker said he lost control and hit his partner. However, of the more than 7 out of 10 respondents who actually know an abused woman (77 percent) or an abusive man (74 percent), only a third (39 percent) have actually intervened.

“Creating a world in which men treat women with equality and respect requires a monumental shift in social values,” says Donna Garske, director of the Marin Services. “By challenging another man’s humiliating remarks to his wife, or his ‘I just lost control’ excuse, men can help create a safer world for women.”

—Ronni Sandroff

BARBIE RECOVERS FROM TECHNO-PHOBIA

“Math class is tough!” was among the sentences the talking Barbie doll was programed to say, until public pressure forced Mattel Inc. to alter the toy in 1992. The public outcry reflects an increasing awareness of how gender stereotypes discourage girls from enrolling in advanced math, science and computer courses and thus limits their future career choices.

Along with Barbie, the attitudes of teachers are also a barrier to gender equity. “Though advanced classes in math and science are predominantly male, many teachers don’t see this as a problem until it’s pointed out,” said Jo Sanders, director of the $1.1 million Computer Equity Expert Project at the Center for Advanced Study in Education at the City University of New York Graduate Center. Such subtle teacher behavior as only asking boys the technical questions, waiting longer for boys’ answers than for girls’, or scheduling computer class at the same time as music or art, can be unlearned—with stunning results.

The Computer Equity Project held gender equity workshops with faculty in 200 middle and high schools across the U.S., advocating such simple strategies as specifically inviting girls to take part in after-school science, computer and rocketry clubs. The result: a dramatic increase in female enrollments in participating schools. In New York, the ratio of boys to girls in the after-school computer lab went from 25:2 to 1:1. In Maine, girls signed up for physics for the first time in 12 years. In Wyoming, the proportion of girls enrolled in physics rose from 46 to 62 percent, and in calculus from 45 to 71 percent.

Sanders’ new goal is to train teachers—be they men to be more aware of gender fairness before they enter the classroom, via the Teacher Education Equity Project. Breaking down teacher bias will ultimately translate into more women in science and technology, Sanders predicts. The change is already in motion. "Just listen to this year’s talking Barbie exclaim: ‘I’m studying to be a doctor!’”

—Suzanne Levine

ON THE ISSUES SPRING 1994
NEWS, ACCORDING TO WOMEN

Read any of these stories lately?
• "Criminalizing Child Sex Tourism" (Australia)
• "New Home for Sarajevo Refugees" (Pakistan)
• "Husbands Spurn Condoms" (India)
• "Rent-a-Family for Lonely Elders" (Japan)
• "New Wave of Prostitution" (Cuba)
• "Lobbying for Constitutional Rights" (Cambodia)
• "Neo-Nazi Women Gain Strength" (Germany)

Probably not. International coverage from a woman's point of view is virtually absent from the U.S. press, giving the impression that major political upheavals and natural disasters are the only events of interest from abroad.

The stories listed above were all offered recently by the Women's Feature Service (WFS), a wire service composed of over 150 women reporters from 40 countries. Launched by women journalists in 1978 as a project associated with the United Nations' "Decade for Women" (1975-1985), WFS is headquartered in New Delhi, India, and coordinated from regional offices in Asia, Latin America, Africa, and North America. The not-for-profit wire service receives support from U.N. agencies, the European donor community and U.S. foundations.

WFS produces five to six features per week in English, and three in Spanish. So far, it has had more success placing stories internationally than in the U.S. In India, for example, all the major daily papers subscribe to the service and WFS stories reach millions of people. In the U.S., coverage is limited to some alternative publications. "U.S. major media's low priority on women's point-of-view journalism alienates its female audience, and the paltry international coverage underestimates the public as a whole," said Margaret Bald, marketing director in WFS's New York City office.

Infiltrating the major media in the U.S. is currently WFS's focus. "Our goal is to mainstream women, not to keep them in the periphery," says Rebecca Foster, executive director, WFS, USA. For information, contact WFS, 245 E. 13th Street, NY, NY 10003. ON THE ISSUES is a new subscriber—watch this space for international stories.—SL

Rad-Fem Quizette

1. Who's more radical? Women who sleep with women, women who sleep with men, or women who sleep with both?

2. What's the progressive drug of choice: single malt scotch, white wine, Prozac or marijuana?

3. What is Victoria's Secret, anyway?

4. How come when men speak forcefully, they're called "leaders," but when women do, they're called "strident"?

5. What disqualifies a woman from calling herself a feminist: painting her fingernails, ordering Playboy channel on pay-per-view, wearing control-top pantyhose or serving her lover breakfast in bed?

6. How many feminists does it take to change a lightbulb?

Creepiest Ad We've Seen Lately

We're disturbed when children are portrayed as status symbols, commodities, sex objects—anything but small human beings with full-size human rights.
these are the times that try feminist souls. "Femininity" is back—even among feminists—and for years, I'd thought it was a fugue state, not a secret political weapon. It's 1994 and we're still surrounded by ancien régime images of glamorous, mainly white, young, thin, lucky-in-love, rich women who, by media sleight-of-hand, have become our radical feminist "leaders." I despair when mediocrity triumphs—when people confuse what sells with what's important or true.

Yes, Camille Paglia (Sexual Personae), Katie Roiphe (The Morning After), Marianne Williamson (A Woman's Worth) and now Naomi Wolf (Fire With Fire), are frequently quoted, not because they're original or revolutionary thinkers, but because what they say threatens no one—at least, no one in power and no wannabees. The media-anointed "leaders" insist that:

- Anita Hill prevailed (even though Clarence Thomas is sitting on the Supreme Court);
- There is no epidemic of rape and incest (only an epidemic of malicious, feminist-induced hysteria, false memory syndrome, and fake statistics about rape, gang-rape, and date-rape);
- Women have not won the gender war (even as women from Paris to Peoria are overworked, unpaid, underpaid, devalued, undervalued—and yes, "glass-ceilinged"); even as women are being gang-raped in Bosnia and Boston, genetically mutilated in Mogadishu and Nairobi, killed at birth in Beijing and Calcutta, sold into sexual slavery as children in Bangkok and Manila and veiled, beheaded and stoned to death for "adultery" in Saudi Arabia and Iran).

Ask the Wrong Question

Women have not won the war against women; we have only begun to fight. The heat of battle is intense. Many women are running scared, smiling as fast as they can. Clearly, it's too hot in the kitchen for Naomi Wolf and she's made her exit; that she insists on describing her departure as "radical feminism," is sheer newspeak. While Wolf's first book, The Beauty Myth, exposed how media images of "perfection" were harmful to women, Fire With Fire: The New Female Power and How It Will Change the 21st Century seems to be written for the media—as if Wolf is applying for a job as a news anchor or syndicated columnist. No crime, by the way, but no book either.

Vital feminist ideas are rarely, not frequently, touted in the mainstream media; it's important to understand what's being shown as the latest in radical feminist "fashion," as worn by a well-spoken, exceedingly earnest, and personable young woman.

Wolf proclaims a "genderquake" and then, paradoxically, backtracks, as she tries to explain why, in her view, so many women have resisted the feminist label. She describes the feminist sisterhood accurately, but constantly cuts her own insights down to size in a voice that is shockingly similar to women's magazine advice.

Her message, to women only, is: Improve yourself, your self-esteem, your appearance, your attitude—and pay no attention to the high female body count. Don't analyze it or draw political conclusions. All is sunny, couldn't be better. No pain, all gain.

Wolf's redefinition of radical feminism includes: 1) a "go along, get along" approach to power; 2) the idea that feminism doesn't need principles—soundbites, such as: "I feel your pain, I see your point" will do; and, 3) the recommendation that women should stop concentrating on victimization and seize the "power" that is ours.

Pillow Talk

According to Wolf, one reason that some women shy away from calling...
women’s wish for intimacy and love from African-American women often carries the implicit hope of being magically absoluted of racism.... If we learned to substitute respect for intimacy and teamwork for sisterhood, these tensions would not paralyze women’s organizational efforts....

Wolf describes herself as a practitioner of “radical heterosexual feminism.” She writes: “Male sexual attention is the sun in which I BLOOM. The male body is ground and shelter to me, my lifelong destination. When it is maligned categorically, I feel as if my homeland is maligned.” Is she not “of woman born”? I thought that “our bodies, ourselves,” our own, female bodies, were the sovereign territory of feminists.

Radical heterosexual? Okay, I’m open. Persuade me that who I sleep with, or my declaration that I can’t do without sexual pleasure, is somehow equivalent to a political analysis, or to a program that will abolish rape or establish economic equality for women and for all races and classes.

I didn’t think Gennifer Flowers mattered; I was more interested in Bill Clinton’s voting record on women. I am more concerned with our leaders’ out-of-bed, than in-bed, positions. Given how over-exposed and overly controlled women are as physical/sexual beings, I don’t want to know too much about the personal or sexual life of Janet Reno, Barbara Mikulski, Ruth Bader Ginsburg, Donna Shalala, or Hillary Clinton. (Though I agree with Wolf: I would be concerned if they, or any public official or employer, sexually harassed their employees).

Wolf demands more of women than she does of men. Consider her matter-of-fact (and quite useful) description of the difficult “impasse” often faced by African-American and white women trying to work together:

To antiracist white women, the impasse is a devastating rejection, like a lover’s. "Aren’t we listening?" they ask. "Aren’t we trying to address the issues?" To African-American women, that very articulation of the problem is often annoying, for it sounds as if white women believe that their good intentions will make racism disappear overnight, at which point everything will be fine. White
Today on Donahue: Lesbian mothers and their straight children!"
“Oprah talks to bulimic incest survivors!”

“On Geraldo: Husbands who got penile implants to save their marriages!”
“Today—Sally Jessy Raphael talks to prostitutes who formed a union!”

These are a few of my recent daytime talk show favorites. Yes, I admit it, I am apt to spend my late afternoon writing break watching Oprah, or Sally, or even Geraldo—one of the many millions of “enquiring minds” with at least a bit of curiosity about these topics and others even more bizarre.

Nor am I particularly embarrassed about this fact, although I know I’m supposed to be. The truth is, I am interested in every one of the subjects just named. I take them all quite seriously, actually, and have ever since—some twenty-five years ago—I attended my first consciousness-raising group and had my mind—and then my life—blown by the radical ideas and attitudes that burst out of the Pandora’s Box labelled “The personal is political.”

Most every talk-show topic, grows out of the analysis and critique of patriarchal family and gender relations “we” sent hurling into public life back then, and the shattering impact this critique has had on everyone’s “domestic tranquility” ever since. And the problems posed are so formidable for those desperate to be heard and helped that they willingly reveal them to the entire nation.

While it’s all too easy (and in many ways justified) to hold one’s nose and distance oneself from the sensational, exploitive style and tone of these daytime gabfests cum public spectacles, I think as feminists we would do better to look a bit more closely at why these shows are so incredibly popular. Why do so many millions watch them so avidly? Why do so many others call the shows’ hotlines (thousands of calls a day, just to Geraldo!) with urgent, desperate requests to come on and talk publicly about their problems? The answer, I believe, reveals a lot about the enormous impact of feminist ideas on public debate and personal experience in the last two decades. And—less hopefully—reveals the enormous power of mass media to absorb, transform and subtly depoliticize some of that impact.

Way back in the fifties, remember, when television first arrived in our living rooms spouting endless messages about how we should live and what we should buy, there was an easy consensus about sex, romance and family life on the small screen. One fatherly white male after another—from Walter Cronkite to Ward Cleaver to Ronald Reagan, (then hawking avocado-green appliances for General Electric)—told us that premarital sex was forbidden; that marriage, monogamy and motherhood were women’s universal calling; and that father knew best in the bedroom, boardroom and everywhere else.

But feminism—in some ways a visceral reaction to that monolithic message from a generation of girls to whom it was virtually force-fed from birth—had other ideas. It’s no accident, after all, that the first generation of feminists spent so much time and energy attacking media stereotypes. We were the first generation to have our identities and fates so firmly determined by a bombardment of pop culture images. We knew the power of these phony, repressive messages and we were determined to smash them to kingdom come.

Which is what we’ve been doing. And the rest, as they say, is history. Never again—ask Clarence Thomas, Bob Packwood, Dan Quayle—will traditional male assumptions about sex and gender relations go unchallenged. We
haven't, obviously, done away with sexism. But we have wiped a bit of the smug sneer off its face and put a nervous tremor in its authoritative pale male voice.

Not that the questions, challenges and changes wrought by feminists have been an unmixed blessing—to us or anyone else. Revolutions, after all, are messy, contradictory and long in coming. And the feminist revolution in gender assumptions and relations has, in many ways, barely begun. That's why there's so much confusion, pain and desperation in the lives and minds of so many of us. Everyone knows that the old ways don't work; the old answers don't fit. But no one, not even we self-identified feminists, knows exactly what to do about it.

How does one handle a parent's or child's coming out, after all? What does a fifty-year-old man do about his wife's sudden impatience with his sexual performance and aggressive demand for "improvement"? What happens when, in the welter of discussion about eating disorders and sexual abuse, a woman suddenly begins to realize that her "weight" problem began decades earlier when her father was molesting her?

Because of feminism, all these issues have been placed on the table, publicly acknowledged as important and discussed as problems to be solved rather than shameful secrets or freakish disabilities. And if people everywhere (especially those with little access to more upscale, expensive forms of support) are turning to the simulated support groups and town meetings we call "talk shows" to get some clue as to how others are thinking about and dealing with these matters, it may be depressing, but it shouldn't be surprising.

In fact—and this is both the good and the bad news—the form and substance of daytime talk shows derive directly from that great political invention of the 1960s: consciousness-raising. In those amazing years, women sat in circles and "spoke bitterness", revealing shameful, but liberating truths about our families, our boyfriends, our husbands, our teachers, our bosses. And as we built of our collective, common experiences a theory of personal politics and a strategy for social change, we permanently changed our own lives and those of women everywhere.

When you tune into Oprah or Sally Jessy, you see—in an admittedly sensationalized and degraded form—a mediated, depoliticized version of this process. While Ted Koppel holds court in all his masculinist glory, asking his questions, legitimizing the answers he decides are "fit" to be heard, he dictates to us all—on behalf of ABC and IBM—what issues really matter and what people deserve to be heard. But Oprah and Donahue and their clones have developed their own, far more "democratic" form and style. They move freely around their semi-circular sets, allowing a far more open give and take among participants. They also allow people who are never seen or heard (except as objects of "study") on television to appear and even speak for themselves. If we cringe at the stretch denim, and polyester, the big hair and bad grammar, we should perhaps consider our own class and appearance biases, as inculcated by the media themselves.

Nor are the "weird" problems presented necessarily so different from the ones we ourselves commiserate over with our most trusted friends. Unconventional, embarrassing and even demeaning sex, gender and family problems are the staples of much of the conversation we all engage in or overhear in our favorite cafes. Feminism gave us permission to reveal our traumas to a safe group of "sisters". But everyone has the same kinds of worries and weirdness in their lives, even Ron and Nancy Reagan. Their daughter has brought that shameful truth home to America, after all, through the public forum of daytime talk—and I for one am tickled to hear about it. It does so much to discredit the phony "family values" propaganda.

And so, understandably, people from Omaha to Orlando sit at home and watch, and call in and discuss the latest Oprah episode about child abuse, or homosexuality in the priesthood or married women who have lesbian lovers. And—while they may publicly express scorn and contempt for the shows and their guests—they very often find themselves transfixed by the discussion of a problem which they can at least tangentially relate to. Perhaps the flamboyance and extremity of these cases are bizarre, but something hits home. Women bilked by bigamists, for example, are not so different from the rest of us who have, sometimes, been who have, sometimes, been lied to, exploited and betrayed by a smooth manipulative guy.

There is something cathartic about these shows. It's a relief to hear real troubles, real feelings, real rage, controversy and judgment about the most vexing sex, gender and race issues of our days. It's a relief—as it was for us in consciousness-raising groups—to see the nods of recognition and hear the words of support from those who have been there, who are there now, who can offer a bit of enlightenment about why they feel so bad about their lives and what might work to change them a bit.

But if talk shows take their substance and form, in large part, from feminism, they certainly find their conclusions, their raisons d'etre, elsewhere. At each program's end, of course, we are given a set of "solutions" which differ radically from the ones we so adamantly proposed in the 1960s. Back then, we were saying that our gender and family injustices and traumas would never be eradicated until the man-made and -run institutions that created them were radically changed through organized political activism. You won't hear anything like that from Oprah or Phil. You'll hear "experts" sending those in pain to therapists and support groups, or to self-help shelves. You'll hear sponsors sending viewers to the drugstore for Excedrin, diet Pepsi, or maybe a weekend at Disney World.

And therein lies a tale about social movements and their tricky relationships with the media. That the talk shows exist at all, much less command such enormous and loyal audiences, is a tribute to the power of feminism and a sign of its vulnerability. The issues we have raised aren't going away. The life of Ward and June Cleaver, or Claire and Heathcliff Huxtable for that matter, will never again seem possible.

But if TV can't hide that truth, it can certainly do its best to obscure and confuse its political implications. And as long as NBC and Procter & Gamble continue to produce and fund our mediated public sphere, it most certainly will.
What's an activist to do when everyone from George Will to "Saturday Night Live" satirizes your work and accuses you of infantilizing women and taking the fun out of sex?

"I find it exciting," says Jodi Gold, coordinator of STAAR, Students Together Against Acquaintance Rape at the University of Pennsylvania in Philadelphia. "You don't get a backlash until you've ruffled some feathers. It means we've really pushed the envelope and things are happening."

The backlash has all but obscured the radical importance of student efforts to develop new—fairer—rules for sexual liaisons. The emerging new code includes the apparently controversial idea that potential lovers should ask before foisting sexual attention on their partners, and that partners should clearly answer "yes" or "no." In other words: people should communicate about their desires before making love, rather than waiting to be "swept away" by overwhelming passion.

While a deadpan legalistic approach to sex is easy to ridicule, Jodi Gold believes that the real reason media coverage of today's campus activism is so highly critical is that Americans are still scared silly by its sexual frankness—a frankness that today's generation of young people desperately need.

"Sexuality is perhaps the most defining issue for today's students," says Alan Guskin, president of Antioch College in Ohio for nine years, and a supporter of the often-mocked Sexual Offense Policy, the student-written rules for sexual conduct at the college, which have been in place since fall 1992.
"Men and women students come to the campus with a very different consciousness about sexuality," notes Dr. Guskin. "The women have learned they have a right to determine how their bodies are used, but many of the young men still think the central question is how to get women to do what they want." The best way to deal with the situation, says Guskin, is for women and men to learn to communicate with each other. "The policy gives no specific checklist or statements. But there is a sense of how you should behave."

The Antioch policy says verbal consent is needed before all sexual contact, and that consent is an ongoing process that can be withdrawn at any time. Students who are sleeping or unconscious or incapacitated by alcohol or drugs are not considered capable of consent. The policy also defines offenses as unwanted touching, verbal harassment, and non-disclosure of sexually transmitted disease, including HIV, and defines punishments for violations of various parts of the policy. All students are required to attend an educational workshop on consent and sexual offense each academic year.

Guskin notes that the media swarming over the campus for two and a half months reporting on the controversial policy accomplished more student education on the issue than the college's past five years of effort.

The policy emerged when thirty feminists disrupted a campus government meeting in November, 1990 demanding institutional rules to deal with rape, says Bethany Saltman, Antioch '93 and member of the original group, the Womyn of Antioch. Even at this tiny (650 students last fall) alternative college, the administration seemed to prefer to keep rape reports under wraps. Faced with vehement, relentless protest and a flurry of local news attention, the administration reluctantly accepted the feminists' demand to remove any accused perpetrator from campus within twenty-four hours of a reported rape. But the rule was adopted on the condition that a committee of concerned staff and students would work to retool the policy while the administration consulted lawyers about its constitutionality. Womyn of Antioch demanded the policy out of strength, not weakness, notes Saltman. "We get to say who touches us, and where."

The policy has been criticized as a return to the 1950s that disempowers women by viewing them as damsels in distress and spells the death of amour.

Perhaps the critics are upset because they're embarrassed, says Elizabeth Sullivan, Antioch '93, now of Seattle. "It's still very hard for people to be explicit about sexual intimacy. The policy limits certain options, such as casual, thoughtless sex, while encouraging other options, such as accountability, sexual equality, and living in a community with a reduced fear of harassment or coerced sex."

Sullivan notes that critics act as though, without this policy, there is no social context influencing student's interactions at all. "Most of us acquire a whole set of norms and attitudes before we become sexual with other people. We learn who is an acceptable partner, we learn unspoken codes of how to proceed, and we develop a set of expectations about what sex should be," says Sullivan. In an intentional community like Antioch, people can choose to restructure that context.

Some students from other campuses who have adopted the Antioch rules as their own, don't understand what all the fuss is about. Matthew Mizel, a student at Stanford (CA), likens the current resistance to people's initial embarrassment about asking a partner to use a condom during the early years of the AIDS crisis. "Why do people feel asking is not romantic?" asks Mizel. "All it does is clarify things. For me, it's not a romantic situation until I know the woman is comfortable."

As a letter writer to The New Yorker noted, asking permission, as in—may I kiss the hollow of your neck?—does not have to be devoid of amour.

Students should be relieved to discard the old stereotypes that "masculine sexuality is dangerous, passionate, reckless, and that the woman is passive and just laying back there," according to Mizel.

Callie Cary, an Antioch spokeswoman, herself out of college for less than a decade, scoffs at the idea that the asking-before-you-touch policy infantilizes women. "The assumption that this policy is about women saying no to men is based on the idea that men initiate sex all the time. But I know there are men on this campus who feel the women are very aggressive."

Activism on Other Campuses

While Antioch's policy contains the most detailed rules for sexual correctness to date, feminist actions on a number of campuses have expanded from helping rape victims after the fact to including a preventive approach. These efforts by female—and male—students are cropping up at conservative, co-ed universities like Syracuse (NY) and Vanderbilt (TN), as well as traditionally liberal women's colleges, such as Barnard (NY) and Mount Holyoke (MA). Private schools such as Stanford and Duke (NC) Universities boast dynamic men's groups examining why men rape and striving to prevent it, while students at public Evergreen State (WA) and Rutgers University (NJ) are reaching out to local high school girls with educational programs. On black college campuses the emphasis is on how the negative depiction of women in rap music discourages fair treatment in the sexual arena.

Most student organizers express some reservations over Antioch's policy; some hate it, while others herald it as swinging the pendulum dramatically to the side of open communication about sex—so far, in fact that they might not need to adopt such a radical approach at their own schools (phew!). "I would love to address the Antioch policy, but from what I can gather from other people on our committee, it would be suicide for us to consider it here," says Melinda Lewis, a sophomore at Vanderbilt University in Nashville and president of Students For Women's Concerns. After speaking in spring 1992 with rape survivors who felt revictimized by the school's judicial system, Lewis returned in the fall to push for a new sexual assault policy. Although she is sensitive to Katie Roiphe-inspired charges of "victim feminism," she counters that the term does not accurately describe the activism—or the problems—she sees around her.

Rats in the Ivory Towers

At Lehigh University (PA), Jeanne Clery was robbed, sodomized and murdered in her dorm bed by a student she had
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Jeanne's death, according to Lynda Clery's parents joined forces with Clery's parents and crafted the Campus Sexual Assault Victims Bill of Rights. Signed into law in 1990, it requires that all post-secondary schools that receive federal funding publish annual reports about crime statistics on campus, institute policies to deal with sexual assault and offer rape awareness educational programs.

For 1991, the first year statistics were collected, 2,300 American campuses reported 30 murders, 1,000 rapes, and more than 1,800 robberies, according to The Chronicle of Higher Education. Most campus crime (78%) is student-on-student. While the crime incidence on campus is lower than that of the country as a whole, student and parent perceptions of the campus as a safe haven make the crime levels seem more shocking.

There is much controversy about just how many women experience sexual assault at college—the figures range from a scary 1 in 25 to a horrifying 1 in 4. But even the smallest estimates amount to a large threat to women's safety.

So it's no wonder that student activists are increasingly pressuring their colleges to own up to the reality of crime and to codify, in writing, the kind of campus they want. The demands usually include more stringent acquaintance rape policies and mandatory peer education for students of both genders.

In the past five years, student activists have increasingly focused on university policies, notes Claire Kaplan, sexual assault education coordinator at the University of Virginia. "This strategy can be construed as students asking for protection, but it is not a throwback to in loco parentis. The institution has a contract with the student—the same kind of contract that could result in a third party suit against employers or landlords who fail to provide adequate protection against crime on their premises."

Today's students are also coming of age in a litigious, capitalistic culture and many adopt a consumerist creed: "I pay a lot of money to go to this school, I deserve to be protected from assault and, at the very least, informed of its incidence on campus."

### Coming of Age in the '90s

Today's young activists have a point of view so different from those of the 1960s and '70s, that commentators have had difficulty making the connections. In the '60s it was college men who had their lives on the line with the threat of being drafted to serve in the unpopular war in Vietnam. But today it is the women, and threat of rape, that's the flashpoint.

And unlike the rebels of the '60s and '70s who were trying to tear down repressive rules, institutions and social establishments, the generation growing up in the no-rules '90s is striving to build up a foundation of acceptable personal conduct and institutionalized norms.

At Evergreen State College in Olympia, WA, the administration had spent two years, with no end in sight, developing an anti-rape protocol. In the spring of 1993, rage at slow adjudication of a rape charge boiled over into graffiti hits around campus. The scribblers named names and proclaimed, "Rape Me and I'll Kill You," said Nina Fischer, a member of the Rape Response Coalition. The university protocol went into effect last fall, and students plan to take their rape awareness workshops to local high schools this spring.

Radical approaches are less popular at a school like North Carolina State University in Raleigh, says Brian Ammons, a founder of that school's REAL-Men (Rape Education and Active Leadership). Originally active as the male-involvement voice in crafting a campus sex offense protocol, Ammons formed the group to examine male socialization and responsibility in a rape culture. In fact, at NCSU, it was REAL-Men that organized last fall's Take Back the Night March. The resident women's group, Help, Education and Activism on Rape (HEAR-Women) developed out of that.

"In some ways it was easier for a group of men to come together to offer some legitimacy on the issue," Ammons says. "Women on our campus are afraid to speak up about a lot of things. The fear of being labeled a feminist and being alienated here is very real."

### White Women's Feminism?

Melinda Lewis, an African American, is a sophomore at Vanderbilt and president of Students For Women's Concerns, a predominantly white feminist group. "People question my involvement," she says. "The rape issue is perceived as something with which only Anglo, middle-class women are concerned. But that's a misguided notion. Women of color are raped and assaulted much more frequently than Anglo women."
Jennifer Lipton, a Barnard College student involved in rewriting sexual offense policy for the Columbia-Barnard community amidst administrator recalcitrance, agrees that the perception of acquaintance rape as a "white women's issue" flies in the face of reality. At the rape crisis center at St. Luke's-Roosevelt Hospital nearby, where she is a volunteer, most of the survivors she sees are women of color, most very poor, some homeless.

"Their concerns are very different," Lipton says. "If their perpetrator is also black, they wonder if they should report it to the police. They are very aware of the racism of the judicial system, and worried about what it will do to their own community if they turn in this man. They also know that, as poor black women, society doesn't really value what they say."

However, at many African American colleges, date rape is a significantly less prominent gender concern than how women are depicted in rap music and advertising, reports Dionne Lyne, a student at the all-women Spelman College in Atlanta and member of the new campus organization SISTERS (Sisters in Solidarity to Eradicate Sexism). There's also anger at the persistent reference to certain Pan-Hellenic parties as "Greek Freaks," because of the use of "freak" as a disparaging term depicting black women as nymphomaniacs.

"There is a silence on the issue, a sense of, 'Yeah, it happens but we really don't want to know about it.' It reinforces the [idea] that these things happen to bad women, and we're just going to assume that we are all striving to be Spelman women, who are finer than that," Lyne says.

Spelman and brother school Morehouse College frequently co-sponsor educational programs about acquaintance rape, but Lyne says many women get the sense that Morehouse men are lecturing them about the issue, as if the men don't have a thing or two of their own to learn about date rape. Morehouse organizations have frequently scheduled their programs on Spelman's campus rather than their own, and fill the room with women and just one or two men.

Thomas Prince, associate director of counseling at Morehouse, counters that there are numerous anti-rape programs on the men's campus for co-ed groups, but his description of them seemed to indicate upon whom the responsibility is placed.

"We cover the FBI statistics,...talk about the things that might be contributing to the rise of acquaintance rapes and what to do if it happens to you. [That is]...what women can do if they find themselves in that situation," Prince said.

Prince states that there is no student group specifically organizing around this problem at Morehouse, and felt the Antioch policy did not encompass the way African-American men and women communicate about sex. "The language used around African American males is different," Prince said.

"They have their own way of communicating verbally."

**Men Against Rape**

Some male activists are just as disturbed as their female counterparts with men's penchant during educational programs, for doggedly questioning the technical definition of rape or assault, rather than focusing on the nature of sexual relationships themselves.

"It's always coming up: 'What if this happens? Is this rape? How about that—is that rape?'" said James Newell, a senior at Syracuse University and president of the five-year-old co-ed student group SCARED (Students Concerned About Rape Education). "Men feel victimized by groups like ours. But we are not a group that's against sex."

Examining male expectations of sex is one tactic used at Duke University in Durham, NC, by the four-year-old student group Men Acting for Change (MAC). Pornography as sex education for men is a focal point of at least one of the eight-session course on men and gender issues, a topic that precedes the class on rape, says Jason Schultz, a MAC co-founder who graduated in spring 1993.

While most of the women activists interviewed praised the men's organizations that are working against sexual violence, many expressed reservations and some suspicions about token support from other men's groups. One woman who asked not to be named criticized a men's group on her campus whose sole pro-feminist action is a annual day-long wearing of white ribbons to signify opposition to sexual assault.

"Frankly I think it's a very shallow and trivial way of responding," she said.

Kelly Wall, a founder of HEAR--Women at North Carolina State, expressed irritation that the most visible anti-rape presence on campus before HEAR was comprised of men.

The REAL-Men group is aware of the apparent irony of the situation. "We're very conscious of what our place is. We don't want to take over the issue," Ammons says. Although his group does deal with "secondary survivors" (men who are grappling with their feelings about the rape of a lover, friend or relative), it is with some hesitation that they discuss the issues of male survivors of sexual offenses.

Anti-rape activist Matthew Mizel at Stanford University says he sometimes feels his motivation questioned. Mizel founded Stanford Men's Collective in fall 1992 to discuss where rape comes from and how to stop it by examining men's own behavior. A talkative, outgoing senior easily recognized on campus by his long blond hair, Mizel says the praise he gets from women for his work generates curiosity and the occasional impression that he's doing it to "get laid".

"Men have asked if I'm trying to gain points with women and be some kind of super-heterosexual.... And some women have asked if I'm gay—as if there was no chance that I'm just a regular person who cares about this issue," Mizel said.

These young men make it clear that anti-rape work is not just a woman's thing, and that the most progressive voices among college students are determined to rewrite the sexual code to fit the needs of their generation.

And they agree that a rewrite is necessary. At the University of Virginia, Claire Kaplan described a seminar in which several fraternity men asserted: "When you get to a certain point during sex you can't stop," an attitude she thought had long since fallen to the wayside. "That's why the Antioch policy was created," she notes. "There is still the attitude—don't talk, just do."

**ON THE ISSUES SPRING 1994**

Bonnie Pfister is a freelance journalist living in New York City.
As a player, Monica Seles embodies determination and fearlessness. Her ability to fight when the odds are against her has led to riveting tennis. A match point down, she still won't play it safe and hit the ball down the middle of the court, but will aim as close to the line as possible, even at the risk of hitting outside. Champions like Seles live in danger zones. And until recently they were zones of their own making. But with the attack on Seles last April, danger from the outside world has brought an edge to women's tennis. Once again, the woman as champ, as well as the idea itself, is in jeopardy.
From the time she first struck a tennis ball—one on which her father had drawn Tom and Jerry cartoon characters so she would have an easier time concentrating—Monica Seles has displayed a steely determination to excel that is rare even among the world’s elite athletes. In a sport that has come to consider prepubescent professionals the norm, the teenager from Novi Sad, Yugoslavia (a province now claimed by Serbia), armed herself with double-fisted groundstrokes and a sonic boom-level grunt, and began her assault on the staid tennis establishment.

But even though Seles rose to number one in the world in 1991, winning seven Grand Slam Championships—two U.S., three French and two Australian Opens, she was never quite accepted by the cognoscenti. First it was her abrupt departure from (and surprising denunciation of) tennis coach Nick Bollettieri, who had brought the Seles family from Eastern Europe to sunny Florida in 1986, given them a place to live, and Monica a place to train. Then it was her last-minute withdrawal from Wimbledon in 1991 which she shrouded in such secrecy that rumor mongers wondered if she were pregnant and/or sequestered at friend Donald Trump’s Palm Beach estate. It turned out to be nothing more than a case of shin splints. And, it certainly didn’t help her popularity with some that Seles refused to take sides in the escalating war back in her homeland. Seles, it seems, had become part Madonna, part Greta Garbo, an enigma to all those around her. Even her mastery of the game and her triumph over all challengers couldn’t endear her to the public.

But on April 30 of last year, in the midst of a quarter final match, as Seles was sitting courtside between games at a tournament in Hamburg, Germany, all that changed. With one stab of a kitchen knife thrust between her shoulder blades by a deranged fan of rival Steffi Graf, Monica Seles became a victim. Suddenly she wasn’t mercurial, she wasn’t overly dramatic, she wasn’t even a tennis player. On that day she joined thousands of women worldwide—celebrities, professionals, housewives—who are stalked each year. The stabbing of Seles has led to protective measures: security firms have been hired, guards are now stationed next to each of the competitors in courtside chairs, and players are employing private bodyguards. And while she has all but recovered physically, the fact that her attacker, Gunter Parche, a German national, was set free with a suspended sentence, has had an enormous impact on Seles, and on women’s tennis. The fact, too, that this happened in a game through which women athletes have won a place at the top of the sports world made it, symbolically, doubly hard to bear: from champion to victim with one thrust of a knife.

But consider this: in tennis, love means nothing; it means not a single point has been scored. So isn’t it ironic that out of crazy, so-called “obsessive” love a fanatical fan has been able to alter the course of the sport in which women have proved their mettle, the sport in which they earn as much money as (and in some cases more than) their male counterparts? Some would call that scoring. And is it possible that behind the need to act out in the name of obsessive love—whether it be stalking the object of one’s desire, or causing harm to her rival—lurks a hidden, perhaps unconscious, drive to render women at the top vulnerable?

Tennis has always been the most popular and well-known of women’s sports. But it didn’t really take off until 1970,
when Billie Jean King and eight colleagues signed a one dollar contract with Philip Morris to inaugurate the first Virginia Slims professional circuit. And when King beat Bobby Riggs before some 64,000 fans (still the largest audience ever to watch a tennis match, men's or women's,) in the famous Battle of the Sexes at the Houston Astrodome on September 13, 1973, the game was on its way to fame. Perhaps it was coincidence, perhaps luck, that women's tennis came into the forefront in the early 1970s, just when women in impressive numbers began to embrace feminism. Through tennis, women gained a measure of self-confidence heretofore unheard of in professional athletics. Tennis players, with their grace and style, were suddenly seen as the ideal women and—as would naturally follow in our society—the ultimate marketing tool, able to sell everything from makeup to Virginia Slims “You’ve Come a Long Way, Baby” cigarettes.

But it’s doubtful that even King could have imagined that in 1993, the number one ranked player, Steffi Graf, would earn in excess of 2.5 million dollars, and that more than 100,000 fans would be on hand throughout the week to watch the year-end Virginia Slims Championships in New York's Madison Square Garden. In fact, ever since the late seventies, when Evert (or “Chris America” as she was dubbed by television commentator Bud Collins) began dueling with a young defector from Czechoslovakia named Martina Navratilova, women's tennis has been attracting fans in droves, both men and women. The Slims Championships, for example, has broken attendance records nearly every year it has been played in New York, while the men's year-end Masters languished in that city before finally departing in 1990 for the more lucrative Frankfurt, Germany.

Last year, however, the women's game began to experience serious setbacks, both in perception and overall attendance. Much of that can be accounted for by the absence of Seles, who had taken the game to new levels of excitement with her uninhibited style of play. She's a slam-bang player and hits with two hands off both sides of the racket, which gives her increased power. It's an unorthodox method because it limits a player's mobility, but not Monica's—she's too quick for that to happen. "The thing that always struck me about Monica was the absence of fear that was so much a part of her makeup and her game," says Mary Carillo, a former tour player and now omnipresent tennis commentator for ESPN. "I've never seen anyone play the way she does; the tighter a match got the harder she would hit and the closer to the lines she would try to go. She just didn't react to pressure in the same way as anybody else. She was dismissive of fear—an elemental part of everyone's makeup. In that way, I think the stabbing went a long way toward changing a lot of what is Monica."

Graf became the unwitting beneficiary of Seles' misfortune. Because of it she regained the number one ranking last May, which is exactly what Seles' assailant, Gunter Parche, wanted to have happen when he stabbed her a month before. At the time he said he did not mean to kill Seles, only to sideline her so that his beloved Graf could again become number one. The ranking question Seles surrounded by protective colleagues after her attack last April.

Seles surrounded by protective colleagues after her attack last April.

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months after the attack. "This guy planned to do this to me and he had the access to do it."

Seles remained troubled by one thing: she could not reconcile herself to the fact that one human being could grievously injure another over a tennis ranking. "If that other man hadn't been there to choke him, and if I hadn't jumped forward, I don't know what would have happened," Seles told Robin Finn of the New York Times in August. "But if this is what it takes to be number one, then forget it, maybe I should just go to college—go and be normal.... You pay a price to be a celebrity, to be an athlete, but this is too high a price."

Many people wondered why Seles' colleagues didn't rally around her after the attack. And then there was the ranking question. Seles requested that the Women's Tennis Association freeze her number one ranking indefinitely because of the extenuating circumstances surrounding her absence from the game. But the other players rejected the idea, declaring that it would be unfair for everybody else not to be rewarded for their good results, and to be held in a holding pattern because of one woman's misfortune. In tennis, ranking is based upon a player's results at a given tournament from year to year. If a player wins the U.S. Open one year, she would have to achieve the same result the following year in order for her ranking not to suffer. While prize money is tied to results at tournaments, endorsement dollars can be tied to a player's ranking. Steffi Graf's win at the '93 U.S. Open not only benefitted Graf—but in more ways than one—it hurt
the recuperating Seles.

"This just falls under the Act-of-God Clause-of-Life," says Mary Carillo. "Monica's people made an unreasonable request. I mean, what were they supposed to do, hold her ranking steady for 10 months until she decided she felt well enough to play again?"

But Stephanie Tolleson, Seles' agent, says, "Monica wasn't asking for anything so unreasonable. She just wanted people to recognize that she was forced from the game by something completely out of her control, she shouldn't be penalized for that."

Seles spent most of the year recovering from her injuries—the knife had cut both tissue and muscle, rendering her unable to lift her arm to serve, or even stroke the ball for months—and readying herself to return to the pro circuit. But just as she had begun healing emotionally, the unthinkably happened: On October 13, Gunter Parche was convicted of "causing grievous bodily harm" to Seles but was given nothing more than a two-year suspended sentence and sent home a free man. The rationale for the lenient sentence was that the German judge, Elke Bose, believed Parche's contention that he wanted only to disable Seles, and never intended to kill her, even though he had clearly planned the attack for a long time. The judge took into account, as well, a psychiatrist's testimony that Parche had a highly abnormal personality, which could have diminished his ability to reason, and that he had given a full confession and had shown remorse. According to German law, the sentence was in line with the charge of "causing grievous bodily harm."

Part of the problem, and the reason the prosecution could not seek a conviction on attempted manslaughter, was a lack of information from Seles herself, who elected not to testify at the hearing, and only provided her medical records just as the trial was scheduled to begin, rather than months before, as requested. Still, almost everyone who heard about the sentence found it virtually impossible to believe that someone could commit a crime of this magnitude, not to mention admit to it, and leave the court a free man.

"What kind of message does this send to the world?" a stunned Seles asked after the verdict. "Mr. Parche has admitted that he stalked me, then he stabbed me once and attempted to stab me a second time. And now the court has said that he doesn't have to go to jail for this premeditated crime. He gets to go back to his life. But I can't, I'm still recovering from his attack, which could have killed me."

What infuriated most people was the vision, played over and over on international television, of a helpless Seles, jerking around after the attack, putting her hands to her face as she was helped to the ground by two bystanders and then being carried off the court on a stretcher. Oddly enough the judge never allowed the tape to be played in court. "Apparently the judge felt that the incident went too quick-ly for anyone to have a true grasp of what happened," says Stephanie Tolleson. "The big question was whether this man was lifting his arms in order to stab Monica a second time, which the witnesses said he was. But, incredibly, the judge wouldn't let any of them testify."

"What was so tricky about this case was that it wasn't a matter of fact, but a matter of German law," says Phil dePicciotto, an attorney at Advantage International, the Washington, DC-based firm that represents Graf. "No one disputes the facts of the case, especially since he confessed to the crime. But the facts have to be applied within a framework rooted in that jurisdiction, and that yield a possible range of penalties."

After the verdict, the state, led by Seles' own German attorney Gerhard Strate, immediately filed an appeal. Since then the Women's Tennis Association has retained its own counsel in Hamburg to see if it can help get a reversal. Meanwhile, Parche remains free. It is virtually impossible to find someone who feels that Seles wasn't victimized twice by her attacker. But she is not alone in her plight. Stalking has become almost commonplace for women in positions of prominence. Actresses have long been the targets of deranged fans. Graf herself has been stalked several times. Several years ago, a man who had written her numerous love letters walked onto a court where she was practicing and slit his wrists right in front of her. More recently, a man drove his car through a gate in front of her home, left his luggage by the front door and began professing his love. Both incidents, Graf admits, have been unnerving.

"We used to think that tennis was a nice little insular world," says Chris Evert, "and to a certain extent it still is. But what happened to Monica could just as easily have happened to a track star or figure skater, especially in smaller countries throughout Europe where athletes are considered bigger than life."

In light of the recent attack on figure skater Nancy Kerrigan, one might think that Evert was prescient. But as traumatic and horrible as that attack was, it was certainly not perpetrated by an obsessed fan.

According to Tolleson, what happened to Monica is "a stalking issue. It's just a sad reflection of what's going on in our society, and it really points to a need for more lobbying for victim's rights. So many women think of this as an ugly issue and one to be avoided for all kinds of personal reasons. But it really can't and shouldn't be hidden away any longer."

In professional tennis, the number one player in the world is always a target. Opponents try to beat her and take her top ranking away. Fans, applying the root-for-the-underdog theory, cheer when she makes a mistake. Even tournament promoters, sponsors and the media try to take advantage. Monica Seles knew all that. She knew to be on the lookout for those with an ulterior motive. The problem was that Seles, fueled by an abiding faith in her ability to prevail, always faced forward. Now, she'll be checking behind her, as well.

Cindy Shmerler, former managing editor of World Tennis magazine, is a New York-based freelance writer and broadcaster whose work has appeared in the New York Times, Los Angeles Times, USA Today and on ESPN and USA Network.
A SIMPLE HUMAN RIGHT
THE HISTORY OF BLACK WOMEN AND ABORTION
BY LORETTA J. ROSS

Dorothy Brown, MD, the first black female surgeon in the U.S., was also the first American state legislator to attempt to legalize abortion. As a member of the Tennessee state legislature in 1967, she proposed a bill to that effect and her commitment to reproductive rights remained strong in the decades that followed. In a 1983 interview she cut to the heart of the conflict about abortion in the black community when she said black women "should dispense quickly the notion that abortion is genocide; genocide in this country dates back to 1619," the year African slaves were first brought to America.

The tension between the resistance to externally imposed population control and the right of individual women to avoid involuntary motherhood marks the history of black women and reproductive rights in the U.S. It's a fascinating story in its own right, but is also quite relevant to our current struggles.

For today, black reproductive rights activists often face a double challenge. They work to mobilize a black community that is still haunted by the idea of abortion as acquiescent genocide. And they must also work with white women activists, who may believe black women are too new to the struggle to be able to determine present day strategies and future direction. For example, a call last year by the National Black Women's Health Project to launch a campaign to repeal the Hyde Amendment got only a small response from white activist groups. Reconstructing the impressive history of black women and abortion can help us all understand the underlying tensions that divide us and the deep commonalities that can help us work better together in the future.

Under slavery, African American women used contraceptives and abortifacients to maintain some control over their bodies—sometimes as an act of political resistance, but more often as a statement of simple human rights. They defied overwhelming odds that devalued women as mere breeders, and also threatened their very survival through forced over-breeding.

African female slaves arrived in America with the knowledge of methods contraception and abortion as part of their historical heritage. Evidence of abortion-inducing herbs and methods have been discovered in ancient societies in Africa, China and the Middle East. Hatshepsut, the African queen and pharaoh who reigned in Egypt between 1500 and 179 B.C., invented a method of birth control. Ancient Islamic medical texts gave thirteen different prescriptions for vaginal suppositories that prevented conception after sex.

Plantage owners were distressed because their slaves seemed to be "possessed of a secret by which they destroy the foetus at an early age of gestation," Dr. E.M. Pendleton complained in a medical essay in 1856.

Some of the methods used by slave women are quite alarming by today's standards. They included drinking turpentine or liquid from boiled rusty nails, and taking quinine tablets. These concoctions brought about severe contractions which presumably induced abortions. Other women used strenuous and exhausting "exercise" or a combination of "tansy, rue, roots and seed of the cotton plant, pennyroyal, cedar berries and camphor," according to Dr. John Morgan of Tennessee in 1860. Towards the end of the 19th century, alum water was used as a contraceptive in Southern rural communities where the midwife tradition was strongest.

Many of these methods were as dangerous to the woman as to the fetus, but apparently were effective enough to become part of folkloric wisdom for centuries in nearly every culture. The women were desperate, and therefore determined.

For African midwives, America proved to be a dark continent where knowledge was suppressed and servitude learned. A midwife named Molly, converted to Christianity, was made to repent the hundreds of abortions she had performed. "I was carried to the gates of hell," she said, "and the devil pulled out a book.... My life as a midwife was shown to me and I have certainly felt sorry for all the things I did, after I was converted." Women's power was thus diminished through submission to the male-dominated black church, which was then the spiritual lifeline of most African Americans.

African American women deliberately increased their control over child spacing. "Not all women are intended for mothers," was one of the points made in The Women's Era, an African American women's newspaper that was part of the first women's movement of the late 19th century. This was revolutionary thinking indeed...
for an era that shamelessly promoted motherhood as the only respectable occupation for Victorian women.

With their bitter legacy of rape and forced breeding at the hands of white plantation owners, black women had a special view of the costs of involuntary motherhood and many found the early feminists’ concept of voluntary motherhood attractive. They warmed to the feminist belief that smaller family size aided upward economic mobility.

But black women also faced a social dilemma: contraception and abortion was considered morally repugnant—the province only of prostitutes and prurient women—in the Victorian era. At this time, black women were striving to attain “sexual respectability” and to overcome vicious stereotypes. Black women had been perceived by white America as the “whores and mules” of society, doing the dirtiest work, caring for white children and families, but available to white men for sex, without regard for laws or morals, wrote Zora Neale Hurston in 1937. And so black women procured contraceptives and abortions privately and quietly.

Long after midwifery was suppressed in other parts of the country, midwives provided the majority of health care to black Southern women well into the 1960s. They were part of the informal networks through which black women shared birth control and abortion information. These efforts were applauded by noted black intellectuals like J.A. Rogers, who wrote in 1925 that he gave “the Negro woman credit if she endeavors to be something other than a mere breeding machine.”

By the early 1900s, black women had made significant gains, with most having fewer children and marrying at a later age than their grandmothers. At the turn of the century, W.E.B. Du Bois noted that half of all educated married black women had no children. Even more revealing: one-fourth of all black women, the majority still rural and uneducated, had no children at all.

At the same time, African American women also reduced infant mortality. Between 1915 and 1920, black infant mortality dropped from 181 to 102 per 1,000 births for states registering more than 2,000 black births. Throughout history, no country (or ethnic group within a country) has ever lowered its population growth rate without first lowering its infant mortality rate, according to Betsy Hartmann of the Population Program at Hampshire College. This important relationship should inform today’s perspectives on population growth and reduction.

Birth Control vs. Eugenics

Margaret Sanger, in her drive to establish birth control clinics throughout 20th-century America, touched a responsive chord in African American women, many of whom were middle-class like most of their white counterparts. In 1918, the Women’s Political Association of Harlem announced a scheduled lecture on birth control. Alice Dunbar Nelson endorsed birth control in an article in 1927. The National Urban League requested of the Birth Control Federation of America (forerunner to Planned Parenthood) that a family planning clinic be opened in the Columbus Hill section of the Bronx. Later still, Adam Clayton Powell, Jr., spoke at public meetings sponsored by women’s groups in support of family planning. The NAACP openly supported reproductive rights. The dominant view of the times was that African Americans needed to control family size in order to integrate, through education and jobs, into the American mainstream.

During the same period, European immigrants and their descendants were being encouraged to breed. Rapid population growth helped overrun the Native Americans, settle the west, and fulfill a mythical “Manifest Destiny.” Religious and political leaders denounced birth control as part of a Victorian backlash against the growing sexual freedom of women. Comstock laws prohibiting the distribution of birth control information were first passed in 1873.

Alongside the birth control movement, the pseudo-science of eugenics, which aimed to limit the reproduction of “undesirables,” grew into a movement in America and Britain. It was part of the white American frenzy against the African American progress during Reconstruction. By the 1920s, more than five million whites openly belonged to the Ku Klux Klan, including U.S. Congressmen. President Theodore Roosevelt made dire predictions about “race suicide” if America continued to tolerate rising birth rates of black Americans and “non-Yankee” immigration. In fact, the birth rate of black Americans was slower than that of whites at the time, but it suited the purposes of the racial alarmists to distort the facts. Blacks, Catholics and others were singled out for planned population reduction through both government and privately financed means.

In 1939, a Negro Project designed by the Birth Control Federation hired black ministers and nurses to travel the South recruiting black doctors. Designed with blatantly racist intent, the project equated southern rural poverty not with racism or with Jim Crow, but with the black birth rate, which was only slightly higher than whites. “The mass of Negroes,” the project report, “still breed carelessly and disastrously, with the result that the increase among Negroes...is from that portion of the population least intelligent and fit.”

Early Black Anti-Abortionists

While W.E.B. Du Bois, the NAACP, and the “black bourgeoisie” continued to support reproductive choices, not all African Americans followed suit. A strong black nationalist movement, led by Marcus Garvey, a “Back to Africa” proponent from Jamaica, opposed fertility control for black women. They argued that blacks must, in fact, increase their population size to succeed in erasing the remnants of slavery and regaining the heritage and power of ancient Africa. Women’s wombs became weapons in the war against racism.

Garvey received considerable support from the Catholic Church and formed alliances with white conservatives and extremists who feared the availability of birth control for white women.

The black nationalist movement monitored the growing relationship between the eugenics movement and Margaret Sanger who, in her zeal to promote the birth control movement, allowed it to fall under the onus of racism perceived in the eugenics movement. In The Pivot of Civilization, published in 1922, she urged applying stock breeding techniques to society in order to avoid giving aid to “good for nothings at the expense of the good.” This linkage of two very
different concepts of birth control and population control created enduring suspicions in the minds of African Americans.

Those involved in the organized black women's movement sought to point out the differences. In black newspaper articles and editorials of the 1930s and 1940s, they protested against the arrest of doctors who performed illegal abortions and laws banning birth control. They pointed out the vast difference between an individual woman's right to control her body and eugenic policies, including the forced sterilization of black women, that attempted to manipulate entire populations. Senate committee testimony revealed that at least 2,000 involuntary sterilizations had been performed on poor black women without their consent. Many white Americans feared the black inner cities and sought to curb black population growth there. Stereotypes about “a welfare class” arose, partially as rhetorical attacks on those communities in which black political power was developing. Many Americans feared the black inner cities and sought to curb black population growth there. Stereotypes about a “welfare class” arose, partially as rhetorical attacks from far right opponents of civil rights.

Population time-bomb theories in the 1950s provided new rationales supporting population control for black women. Brochures published by such population groups as the Draper Fund and the Population Council depicted black and brown faces swarming over the tiny earth. Family planning, it was argued, would support U.S. efforts to control and govern world affairs in the post-war years.

From the 1950s until the Roe v. Wade decision legalizing abortion in 1973, black women obtained abortion services from underground providers. Many white women came to black neighborhoods to obtain abortions. Middle-class women could sometimes persuade doctors to perform a discreet abortion or provide a referral, but poor women went to “the lady down the street”—either a midwife or partially trained medical worker. Abortions by these illegal providers were expensive, costing between $50 and $75 at a time when black women earned less than $10 a day. Rich women who went to doctors paid as much as $500. Afraid of the legal consequences of having obtained an illegal abortion, women resorted to hospitals only if there were complications. Consequently, the rate of septic abortions reported to hospitals was low.

Black doctors and midwives who performed abortions were prosecuted far more often than their white counterparts, although Dr. Edgar Keener, a black physician in Detroit, performed abortions outside the law for more than 30 years before his arrest in 1956.

**Birth Control as Poverty Control**

By the late 1960s, many people viewed family planning as synonymous with civil rights for black women. Through the Office of Economic Opportunity, Congress waged a war on poverty that focused on establishing family planning clinics in black neighborhoods. Of particular concern were those communities in which black political power was developing. Many Americans feared the black inner cities and sought to curb black population growth there. Stereotypes about a “welfare class” arose, partially as rhetorical attacks from far right opponents of civil rights.

It is important to note that the 1965 Voting Rights Act was passed the same year family planning was introduced on a national scale. Medicaid, established in the 1960s to pay for medical costs for the poor, eventually included family planning along with abortion services in those states with liberal abortion laws. Black women had their greatest access to legal abortion services during this time, until passage of the Hyde Amendment in 1976 which prohibited use of federal funds for abortion. Noted black family planning advocates like Joan Smith of Louisiana and Dr. Joycelyn Elders, the U.S. Surgeon General, began their careers during this period. Outside of the medical system, alternative abortion providers such as the Jane Collective in Chicago were developed not only to serve black women, but to involve them as members and practitioners.

The male-dominated black nationalist movement of the 1970s, in the spirit of Marcus Garvey, wanted to wage the race war with rhetoric and wombs. Several birth control clinics in black neighborhoods were invaded by Black Muslims associated with the Nation of Islam, who published cartoons in *Muhammad Speaks* that depicted bottles of birth control pills on the graves of unborn black infants. William “Bouie” Haden, leader of the militant United Movement for Progress in Pittsburgh, threatened to firebomb a Pittsburgh clinic. The Black Panther Party was the only nationalist movement to support free abortions and contraceptives on demand, although not without considerable controversy in its ranks.

By 1969, a distinct black feminist consciousness about abortion had emerged. “Black women have the right and the responsibility to determine when it is in the interest of the struggle to have children or not to have them and this right must not be relinquished to any,” the Black Women's Liberation Committee of the Student Nonviolent Coordinating Committee (SNCC) wrote in 1969.

Black feminists argued that birth control and abortions were, in themselves, revolutionary — and that African American liberation in any sense could not be won without that basic right of bodily self-determination. “I've been made aware of the national call to Sisters to abandon birth control... to picket family planning centers and abortion-referral groups and to raise revolutions. What plans do you have for the care of me and my child?” wrote Toni Cade Bambara in 1970.

Today, there remains opposition to abortion, mainly in the growing right wing, but also on the left in the black community. Black conservatives, insisting that sexual restraint and self-help are the answer, ally themselves with the right-to-life movement. Opposition to abortion also comes from some groups who identify with the teachings of Martin Luther King, Jr. They argue that if Dr. King were alive he would probably oppose abortion, and call for a “seamless garment of nonviolent belief,” opposing war, racism, the death penalty, and abortion.

Nonetheless, support for legal abortion is strong among black women—83 percent of African Americans support abortion and birth control, according to a 1991 poll by the National Council of Negro Women and Communications Consortium Media Center.

Enabling poor women, too, to control their own bodies is a major concern of black activists. As W.E.B. Du Bois wrote seventy years ago: “We are not interested in the quantity of our race. We are interested in the quality.”

Loretta J. Ross is program director at the Center for Democratic Renewal, Washington, DC. She is working on a book on the history of black women and abortion.

The offices of population affairs, minority health, women's health, and disease prevention are all part of the Public Health Service, which you head. How do you prioritize and ensure that things get done in all those areas?

Dr. Elders: Probably the best way is to hire good directors, and make sure that you can trust them and that they report to you so that you know what's going on. I'm not a micro-manager. I feel that I'm a visionary, and I try to decide the vision, set the tone. Then I hire the managers who make sure that it gets done.

Every surgeon general has priorities. My priority is to make sure every child born in America is a planned, wanted child. That should markedly reduce poverty, markedly reduce crime and violence, markedly reduce drug and alcohol abuse, and also reduce the prison population, since 90 percent of the young men in prison between the ages of 19 and 35 were born to children.

What's your reaction to the court decision upholding the Mississippi law that said a minor must have parental consent, or consent of a judge, to have an abortion?

Dr. Elders: I feel that we as women are going to have to become much like the AIDS activists and make our policymakers respect reproductive choice. As long as we do not have choice about our reproductive health, we really don't have much of a choice about anything. And if you really look at our teenage women, most of them go to their parents anyway before an abortion. Where do we think they get the money? For teens who can't go to their parents, there's a real reason why they can't. At the time when they most need consultation and help, we make them jump through unnecessary hoops, which does not improve family relationships, does not make things better. It's of no value.

What do you see happening as a result of the new activism among women? It seems that women have reclaimed the breast cancer epidemic and learned a lot of lessons from the AIDS community.

Dr. Elders: Oh, absolutely. And I think that they're really going out and being true activists. One of the things that they're really fighting for is to increase the number of mammography screenings between the ages of 40 and 50. Well, the scientific data, as we have it now, does not really support that we necessarily need to do mammography between 40 and 50 unless it's indicated. But [the real issue is] only 50 percent of women between the ages of 50 and 60 have ever had a mammogram, so we need to educate women on what they can do to prevent dying from this disease.

Some women's health advocates think that approach means laying responsibility at the feet of women, rather than saying we've got to find out what the links are to environmental toxins or to do other things that constitute prevention.

Dr. Elders: Those are research initiatives that I feel must go on. But just because we're out there doing a lot of research does not mean that we come back tomorrow with answers. For the 20 to 30 percent of women who are at risk for the genetic-linked breast cancer, we hopefully will be able to identify those women early, let them know that they need mammograms, make doctors look more carefully, and encourage more careful, frequent self-examination. I think that's an important improvement.

There is a suggestion that we're seeing an increase in breast cancer. We know that poor women are far more likely to die with breast cancer. Part of this we think is related to access-to-care issues. As far as the other women in our society who get breast cancer, we don't really know the factors that cause it. We've related it somewhat to diet, to pesticides, and to other environmental toxins, but it's not clear-cut.

You are respected by many of us for being feisty and forthright. Are you still able to say what you mean and mean what you say as a public person in the same way that you might privately?

Dr. Elders: I've not had anyone tell me not to say anything since I've been in Washington. And I feel that if I can't speak honestly about what I think and what I believe, well, then, I shouldn't be the surgeon general, I shouldn't be in Washington.

It may well be that I shouldn't be in Washington. But I feel that the American people want me to be honest. We may disagree, but we can agree to disagree. We can argue about it, fight about it, but I feel that I must go to them with the scientific facts, not hearsay, not even what Joycelyn Elders may think. When I present to them, I should present them with the facts, and I feel that they're smart enough to make the decisions.
American Rape Crisis Healing Counselors in Bosnia By Andrea Wolper
Resort hotels should be filled with laughter, but in March 1993 the atmosphere at this one in Makarska on the Dalmation Coast is tense and unsettling. Outside, a stiff Adriatic wind makes the air too chilly for beach-going. Inside, the bar is thick with cigarette smoke but, little conversation goes on. Children roam the halls and public spaces, looking lost and out of place. Young men with pieces of their bodies missing sit for hours staring into space. In this hotel-turned-rehabilitation center, the wounded have little to do but try to mend, the displaced little to do but wait.

In a basement-level meeting room that looks through glass doors to the sea, a young American woman plays the role of a Bosnian rape victim. "I haven't been able to sleep," she says in English. When her words have been translated into Serbo-Croatian, a man, one of the half-dozen people gathered in a semi-circle around her, responds. His offer of sleeping pills is made in Serbo-Croatian, then repeated in English.

From the sidelines, another American woman steps forward. "Don't try to fix it," Ruth Forero advises the man. "Say something like, 'That must be very difficult.' Ask her what it's like when she can't sleep." Forero, a psychiatric social worker at New York's St. Luke's/Roosevelt Hospital Rape Intervention Program, is facilitating the role-playing exercise between the Marie Edesess, who is playing the victim, and a group of Bosnian health care providers. Forero, Edesess and two other Americans have come to Makarska to help Bosnian medical personnel learn how to work with survivors of the sexual assault that is an unremitting part of war in the Balkans.

The visit was organized by Edesess, a volunteer advocate in New York's St. Vincent's Hospital's Rape Crisis Program. For the past several months, she had been hearing of the unimaginable acts of cruelty suffered by women in places most of us can't even pronounce: Omarska, Keraterm, Trnopolje, all in a land once known as Yugoslavia. Reports from human rights investigators and journalists revealed that throughout Bosnia-Herzegovina, women and girls—very likely thousands of them—were being subjected to rape, torture and forced pregnancy as part of a land-grab strategy known as ethnic cleansing.

Even rape trauma professionals, who are accustomed to hearing horror stories, were shocked. Edesess was struck by the connection between the rape survivors in Bosnia and those she sees at St. Vincent's: "The self-blame, the self-
An East-Bosnia refugee shows a photo of missing relatives (previous page).

American rape crisis counselors (far left), Teresa Grant (right) and Kathleen Kapila (left), with Dr. Muhammed (center), of the Islamic Center in Zagreb, where training sessions were held.

Muslim refugees (center and below) from the besieged town of Srebrenica receive first aid in a temporary shelter in Tuzla, Bosnia-Herzegovina.
loathing, the helplessness, hopelessness, powerlessness—very, very similar aspects of the survivor syndrome we see here."

It was probably this similarity that convinced Edesess that something could be done to help. The pervasive attitude that rape survivors are essentially "throw-away people," combined with a survivor's almost inevitable feelings of shame and guilt, gives sexual assault the unique potential to weaken and even destroy ordinarily strong bonds. "Sometimes violence from without can actually strengthen a community," says Edesess. But the opposite is true of sexual assault. "It can turn family members against one another, communities against each other and victims against themselves." Rape, then, with its ripple-effect destruction, makes a chillingly effective tool of genocide.

In Bosnia-Herzegovina—where each assault is intended as an attack on an entire population; where, as Edesess puts it, the ultimate misogynist weapon is used against an entire nation—for the community to embrace the survivors would be itself an act of resistance. And since reintegration is critical to the process of recovery, the most meaningful treatment also comes from within the community. That's why, when a Chicago-based relief agency offered to sponsor a mission to Croatia, Edesess decided that, rather than work directly with survivors, she would train local medical and social workers to do so.

**Anger from Bosnian Health Professionals**

Before she left for Croatia, Edesess met with Muslim women in New York City, seeking information and, ideally, experienced rape crisis counselors to make the trip with her. Unable to find trained counselors in an otherwise strong and willing Muslim women's community, Edesess and Forero, along with two Chicago rape crisis counselors, Robbie Bogart and Meghan Kennedy, flew to Croatia in March 1993.

The four spent a week in Zagreb training health and social services professionals who work in nearby refugee camps. At that time in Zagreb, one could almost forget there was a war going on, Edesess says, but the team encountered a great deal of anger. There was anger at American inaction, anger, says Edesess, "about why we were there, who we were, what we thought we knew about their situation. There was disbelief that anything we had to say was applicable, that our experience with 'civilian rape' had any lessons for them.

The turning point came when the Americans addressed the resistance head on, emphasizing their intention to work in partnership with the trainees. "You're right," was the Americans' message. "We need to learn from you how to apply our skills to your situation."

From Zagreb, the team traveled to Makarska to work with a group of physicians and other health professionals brought in from the front lines by the Bosnian Red Cross. Even with this generally more receptive group, finding common ground was no simple task; in addition to the war-related loss and displacement they had suffered personally, the trainees told of such experiences as spending twelve-hour days performing amputations without anesthesia, frequently on children. The role-playing exercises would break down because enacting the part of survivors was clearly too painful for the
trainees. That's when the team members themselves took over that task, assigning trainees to play the role of counselor.

As in actual counseling, then, the women adapted their techniques to the situation. "You base a lot of what you do on an intuitive sense," points out Forero. "When people are unwilling to respond, you adjust to what they need." But as skilled as the Americans were, the enormity of the need frequently seemed overwhelming, and the team members, accustomed to the pressure of a grueling 24-hour schedule, found themselves questioning the value of what they were doing. (Some team members still find it hard to recount their experiences.) When the Americans were asked to return to conduct more training sessions, they realized with some relief that their work had indeed found fertile ground.

Religious Stereotypes Challenged

Back in New York, Eades, Forero and their colleagues set about raising funds, recruiting additional trainers, researching, revising their training manual and collecting donated pharmaceutical supplies. In late September, a group of eleven—now officially called the Balkan Rape Crisis Response Team—flew to Zagreb, where they spent a week working with health professionals and volunteers provided by the Bosnian Red Cross and the feminist organizations Kareta and the Center for Women War Victims.

They took with them 200 copies of a 284-page training manual designed for the Balkans, with parts translated into Serbo-Croatian. Written by a team of rape crisis counselors, it deals with such topics as trauma, rape as a weapon of war, torture, medical response, suicide prevention and counseling techniques. (The group expects to translate the entire text and ship more copies to the area soon.)

Gayle Raskin, program manager for the St. Vincent's program and a member of the second team, recalls her initial doubts about the project: "I thought it was impossible. After all, one of the basic principles in healing someone from rape trauma is establishing safety." How, she wondered, could they ever provide that to people who had been completely uprooted, who didn't know the status of their families or their homes.

A scaled-down sense of safety was the best they could offer, Raskin found. "Even if you're in a refugee camp with someone who has experienced every atrocity in the world, they're with you at that moment, and that's a safe place. You give them a sense that there's some safety in the world, so they can begin to deal with their feelings—including feelings of being unsafe." This, she came to realize, was not much different from her work with survivors in the tiny counseling room at St. Vincent's.

"I've been doing this work for twenty years," says Susan Xenarios, director/coordinator of the Rape Intervention Program at St. Luke's/Roosevelt Hospital in New York, who also went on the second mission. "I've worked with women who have been intended victims of snuff pornography, who have been kidnapped and raped over and over again, who were raped every day by their fathers when they were children." As Xenarios sees it, the difference between rape in the Balkan war and rape anywhere else is essentially one of numbers. "We live in terror in many different ways. I think it's dangerous to compare how much worse one way is than another."

Still, certain differences could be overlooked. In this war, rape is likely to be just one piece of the devastation and destruction experienced by most survivors. And as another team member, Lisa Master, program coordinator at St. Vincent's, points out, in the U.S., counselors like herself work with survivors who are willing to disclose what they've experienced. In Croatia, the team had to prepare people to work with survivors who might not be ready to talk.

While one might attribute such reluctance to an exaggerated sense of shame among Muslim survivors, the truth is not so simple. For every time you hear that virginity and sexual fidelity are "overvalued" in Muslim culture, there's a survivor anywhere else in the world, curled up in silence on her bed, who also suffers unbearable shame; there's a judge or jury or loved one who blames her; a husband or boyfriend who finds himself turning away. That, it seems, is the very nature of sexual assault.

Still, it does seem likely that both health professionals and the general public in former Yugoslavia are several years behind their U.S. counterparts. For the Americans, then, giving culturally-appropriate training requires putting politics aside and getting on with the business of addressing an urgent need. Crisis-response work, says Eades, "needs to capitalize on the existing cultural dynamic. You either use what's there to help the women, or you [and they] miss out."

Susan Xenarios agrees, noting that "if you go in pushing the feminist agenda you may think goes with rape crisis work, you'll get resistance." The team's top priority in such an emergency had to be to impart basic skills that could be used with both Muslim and non-Muslim survivors, and with the scores of men and boys who have been forced to witness rapes or even to commit them, or who have been sexually assaulted themselves.

But in Zagreb, while Xenarios trained health services personnel for the Bosnian Red Cross, Lisa Master worked with the Center for Women War Victims and included feminist consciousness-raising and a history of the rape crisis movement by specific request. "They wanted their volunteers to begin to make connections about women internationally," says Master, "and to understand the use of rape in the context of sexism and the domination of women through violence."

The injuries sustained in this war—like any war—will live on for generations, making it difficult to gauge the ultimate impact of the Balkan Rape Crisis Team's efforts. For now, it may be enough just to know they were there. "I think the best thing we offered," says Gayle Raskin, "is that we went. Not to say that they didn't appreciate our skills, or that what we had to offer wasn't applicable. But the fact that we went, that we bore witness, gave people hope."

Andrea Wolper has written for such publications as New York Woman, New York Newsday, New Directions for Women, and The Sun. She is co-editor of a collection of essays on women's human rights, to be published later this year by Routledge, Chapman and Hall.
“You’ll have to have a hysterectomy, of course,” my doctor said nearly three years ago.

Maybe, I thought. And maybe not. I had no intention of casually parting with my uterus. Maybe this episode of cramps and heavy bleeding was simply the result of a hormonal quirk, a perimenopausal blip. I knew enough about the hysterectomy hype not to be sucked into unnecessary surgery, especially since I was so close to menopause, when the fibroids (benign uterine tumors) causing my problem shrink naturally. I made it clear to my doctor that, in any event, my ovaries were non-negotiable items. Tense and oppositional, we danced around the issue every six months.

But then, things changed. I tested anemic, twice, felt deeply tired. Abdominal pain sometimes radiated down my right leg. My bloated belly made me feel heavy. And I had to put up with a menstrual flow so heavy that I routinely spilled onto my clothes despite two tampons and a pad changed every two hours.

So, when my doctor breezed in, white lab coat flapping at her sides, and asked, “How’s it going?” I clutched the paper cover, lay back, put my feet in the stirrups, and called up the warrior within. Between the V of my thighs, our eyes met. “I think it’s time,” I said.

Despite feminist arguments against hysterectomy, I was about to give up the rag. It was not a decision I made lightly. I considered all the options and alternatives, read the literature, consulted the advocacy groups. The feminist case against hysterectomy is powerful. It emanates from a movement that has warned us that millions of women have been unnecessarily sterilized, castrated, C-sectioned and subjected to the dangers of DES, Copper-T IUDs, silicone and more. It has sounded some needed cautionary notes about birth control pills, estrogen replacement therapy (ERT), and hysterectomy.

Still, each woman is different, and some of these therapies are necessary—even lifesaving—for some women, some of the time. This fact often seems ignored in the heat of feminist arguments. The anti-hysterectomy literature can be one-side, polemical and frightening to women who might need the operation.

“Hysterectomy’s damage is life long” an advocacy group says in its fact sheet (emphasis theirs). It lists a dozen “common consequences” of hysterectomy, ranging from loss of sexual desire and painful intercourse to “altered body odor” and “blunting of emotions, personality changes, reclusiveness and suicidal thinking.”

Even resources written to fully inform and support women can be alarming. “Depression is quite common,” says one source. Hysterectomized women may become “dizzy, irritable, forgetful” and are “subject to increased chronic illness.” Another book raises the spectre of memory loss with the comment—“this is the real scary stuff.”

While I have every respect for anecdotal information and women’s experience, I have to wonder at the frequency of these events. Not one woman I know who has had the surgery reports any of these sequelae. Fortunately, a major research project at the National Institutes of Health should help us to further understand the hysterectomy and menopause experience, its physiological consequences, and any possible correlation with depression.

This research has been needed for a long time. Hysterectomy is the second most common major surgery (Caesarean section is the most common) performed in the United States today. An American woman is five times more likely than a European to have a hysterectomy before the age of 44. In fact, 35 is the average age for the surgery in the U.S.

Clearly, there is cause to be well-educated and particularly cautious whenever this surgery is recommended for any reason, especially if it is preceded by the too frequent preamble: “At your age...” (Age is irrelevant to your decision). Do carefully assess whether or not it is necessary to remove both ovaries. You should also realize you probably have a choice about whether your cervix is removed. For those women for whom surgery is medically indicated, or who choose to undergo it for lifestyle reasons, there is some good news about hysterectomy.

Due largely to the influence of the women’s health movement, the trend toward unnecessary hysterectomy is beginning to be reversed. In 1992, an estimated 590,000 hysterectomies were performed in the U.S. as compared to approximately 750,000 surgeries done each year in the first half of the 1980s. New diagnostic techniques such as CAT scans, magnetic resonance imaging (MRIs) and ultrasound mean improved assessment, and several pharmaceutical and surgical alternatives to hysterectomy have emerged as possible options.

Furthermore, the surgery is not as traumatic as it once was. Standard practices have changed a good deal since the days when our mothers spent two weeks in the hospital zonked out and wincing in pain. Due to more modern techniques generated by attempts to contain costs, a short hospital stay is now SOP (standard operating procedure).

I arrived at the hospital on the morning of surgery. Pre-op blood tests, urinalysis and chest X-ray had been handled easily and cost-effectively a few days earlier on an outpatient basis. Before coming to the hospital I followed instructions, adjusted my diet and took some fairly innocuous steps so
that my bowel was clear. No more enemas! If possible, donate two unit of your blood, in the unlikely event it should be needed.

At the hospital, after the physician's assistant took a quick history, I was offered an optional, mild oral sedative. Before I knew it, I was in the operating room, chatting with my surgeon and her team, who are much more sensitive these days about matters of dignity and modesty. (Incidentally, only the pubic hairline is shaved).

Happily, anesthesia is also not what it used to be. Many women are electing to have abdominal surgery done under epidural, which is administered more comfortably than in the old days. An epidural will block the pain but will leave you awake, unless you elect further medication to put you to sleep. One friend of mine, at her request, actually saw her uterus before it was sent down to the lab, an experience I missed for being too sleepy! Women who want to see it should ask that pictures be taken.

An epidural eliminates the side effects of general anesthesia. But for women who elect general anesthesia, new and better drugs can now eliminate or control side effects. The recovery from surgery is not so painful or prolonged as in the past, when bedrest was the treatment of choice. We all have a different pain threshold, and no two surgical experiences are the same. For many, recovery's pace is quick.

The day after surgery, the catheter was out and I was sitting up. I was walking—slowly and stooped to be sure, but walking. By then, the pain medication that I could self-administer was no longer necessary. The most I needed was a codeine-laced aspirin. On the next day I began to eat and, hosanna, to take a shower. On the fourth morning, home! I began to walk and, hosanna, to take a codeine-laced aspirin. On the next day I began to walk and, hosanna, to take a shower. On the fourth morning, home!

Heavy lifting and sex are prohibited for six weeks, but aside from that, it's up to you to take cues from your body about what you can handle. I wouldn't recommend "jumping in" too quickly and dashing back to work or jogging. It is, after all, major surgery. But with enough rest, you will be amazed at how quickly you are up to speed. One very fit woman I know was back on the tennis court at three weeks. I am a modest exerciser, but I was walking a quarter mile by two weeks and my routine mile within four. I went out to lunch one week post-op, and to a dinner party a few nights later. I did a little work at home, got a lot of rest, and one month later attended a week-long conference away from home.

Because of the scary literature I read about the down side of life without a uterus, I was terrified that I would go crazy, forget my children's names, become suicidal, obese and/or dysfunctional. The fact is that I have never felt better, physically or mentally. Given what I put up with for all those years (including packing suitcases full of sanitary supplies and worrying if my skirt had betrayed me while making presentations), I wish I had done it a couple of years ago. I have not been sexually compromised and rather than chronic fatigue, I rejoice in new levels of energy. People say I look "wonderful," and "ten years younger," and the nice thing is, I feel like this is true.

This sense of well-being, it turns out, is shared by many women who have had hysterectomies. When we share stories, I am continually amazed by the numbers who corroborate my own positive experience, regardless of age, life-stage, lifestyle, whether or not they elected to keep their ovaries and whether or not they are on estrogen or hormone replacement therapy.

It is important, therefore, to put the "alerts" into perspective and context (try to get incidence numbers, for example), and to realize that for every horror story there is also a perfectly happy, healthy, normally functioning hysteretomized woman.

Clearly, the reasons we decide on a hysterectomy, and our physical and emotional reactions to it, are as personal and individual as we are. Any surgery is a decision not to be taken lightly, and any surgery can have unexpected consequences. Hysterectomies are still performed when they aren't really necessary, and a host of other women's health issues must be taken into account whenever one is contemplating such an enormous step. But if, for sound and well-considered reasons, you elect to undergo the procedure, it should be helpful to know that when all is said and done, it really isn't as bad as you might fear—and there is life after hysterectomy.

Contributing editor Elayne Clift's latest book is entitled The Road to Radicalism: Further Reflections of a Frustrated Feminist.
EXPOSING HEALTH CHAUVINISM

"Nothing comes to an individual that he has not...summoned....A person's external circumstances do fit his level of internal spiritual development."

- Eileen Gardner, nominee for special assistant to the Department of Education under the Reagan administration, explaining her theory as to why people become ill or disabled.

"And remember when you're out there
Tryin' to heal the sick
That you must always
First forgive them."

— Bob Dylan, "Open the Door, Homer"

A couple of years back I went to see a midnight showing of The Rocky Horror Picture Show. Determined to do my part at this audience participation event, I threw rice during the marriage scene, squirted water during the rain scene, and shouted the appropriate responses at this or that bit of dialogue.

Near the end of the film one of the characters, a professorial type in a wheelchair, was confronted by Riff Raff, a hunchback from Transsexual Transylvania, armed with a silver ray gun. A theater goer behind me, far gone in excitement or intoxication, stood up, shaking his fist, and screamed, "Kill that fucking cripple!" The rest of the audience cheered. I was stunned. Turning, I saw something on the man's face beyond simple amusement. I saw anger. I saw contempt. I saw hate.

We live in a health chauvinist society, in a culture that often regards the disabled and ill as morally inferior to those who are able-bodied and healthy. Just as our culture often blames rape survivors for their victimization, and the poor for their poverty, we all grow up receiving messages, both subtle and overt, that people with disabilities are "different"; that sickness and disability are caused by sin, bad karma or negative emotions.

Consider an article called "Forgiveness as Healing," one of the most succinct examples of health chauvinism I've ever seen. The article, by Catherine Ponder, appeared in the Winter 1990 issue of Spirit of Change, a new age journal specializing in features on holistic healing, childhood mystical experiences, Feldenkrais and so on. The article was an excerpt from Ponder's mid-sixties book The Dynamic Laws of Healing.

The piece begins with a parable in which two people talk about the illness of a third. As is usually the case, at no time is the person with the disability allowed to speak for herself.

"A puzzled lady said to a friend, 'I cannot understand it. I have the nicest neighbor who is dying of cancer. It seems so unfair, because this is one of the kindest, gentlest people I know.'

"The friend replied, 'She may seem kind and gentle, but if she is dying of cancer, then there is some old negative emotion that is literally consuming the cells of her body. There is probably someone she hates.'

"Later," Ponder tells us, "the mystery was cleared up. The one in doubt reported: 'You were right. I learned quite by accident that this neighbor has a relative whom she violently hates. They have not spoken in thirty years.'

"If you have a problem," Ponder concludes, "you have something to forgive. If you experience pain, you need to forgive."
A swastika carved into the face of a 17-year-old disabled girl in Halle, Germany.
This notion of disability as a sign of moral failure is apparent even in our fairy tales and children’s stories, where the villain is often someone with an obvious physical disability or “deformity” — a child-eating dwarf or monster or giant — a Rumpelstiltskin or a Captain Hook. Leslie Fiedler, in "Freaks: Myths and Images of the Secret Self," points out how “monster” is the oldest word in our tongue for human anomalies.

Our contemporary movies and literature continue this theme. Freddy Krueger — the mutilated child molester in the Nightmare on Elm Street slasher series — is a perfect example of this correlation between evil and physical deformity. Not only does he have razor extended fingernails, (an update on Captain Hook), but the layers of scar tissue on his face show us just how evil he really is. (Scar tissue, says Susanna Kaysen in Girl, Interrupted, is not just the natural consequence of trauma to tissue. “It shields and disguises what’s beneath. That’s why we grow it, we have something to hide.”) Mainstream magazine, a disability rights monthly published in San Diego, recently ran a cover story on “the new black-face” — how Hollywood generally hires able-bodied actors and actresses to pretend that they’re disabled. Most of these “disabled” characters, from Richard Dreyfuss in Whose Life is it Anyway? to Al Pacino in Scent of a Woman are portrayed as embittered and emotionally stunted, unattractive people who need their able-bodied friends to straighten them out.

Hollywood’s image of disability mirrors what the religious community has been telling us for millennia. For every message in the Bible that tells us that the rain falls on the just and the unjust alike, there are multiple stories of illness and disability, especially mental illness or disability, being caused by demonic possession, and cast out by the righteous and godly (and non-disabled). Jesus may tell us in John 9:1 that blindness is not caused by sin, but he also cures mental illness by casting “unclean spirits” out of the sufferer and into a herd of swine.

“In biblical times,” writes Kathi Wolfe in “The Bible and Disabilities: From ‘Healing’ to the ‘Burning Bush’” (The Disability Rag ReSource, Sept./Oct. 1993), “many thought that disabilities were caused by sin. People with disabilities were outcasts, ignored by their families and neighbors — often left alone to beg. The Bible was influenced by this context in its portrayal of disabled people.”

The condemnation of people with disabilities is by no means limited to Christians or to Western cultures. James I. Charlton, in “Religion and Disability, a World View,” (The Disability Rag ReSource, Sept./Oct. 1993) quotes disability activists from Zimbabwe, Malaysia and Indonesia as saying that their religious traditions also regard disability as “divine punishment”.

The social and individual acceptance of health chauvinism serves a number of purposes. First, it mitigates any responsibility those of us who aren’t ill or disabled might feel toward those who are. The disabled are different, and they are to blame for that difference, and thus have placed themselves outside the circle of our compassion. We need not worry about discriminating against them in the workplace, or slashing funds for Medicaid or rehabilitation or independent living services. If we do decide to help “the less fortunate,” health chauvinism allows us to adopt a stance of moral superiority, of pity, charity, and “forgiveness.”

Second, health chauvinism undercuts any critique of a social system that oppresses people with disabilities, who commonly report that it is society’s reaction to their disability — in the form of attitudinal barriers, job and school and housing discrimination, and lack of accessible transportation and public facilities — rather than the disability itself that is their greatest problem.

It’s also worth noting here that blaming cancer or other illnesses on bad feelings lets other possible culprits off the hook — for instance the nuclear power industry, chemical pollutants in our food and our environment, etc. Again, health chauvinism works to prop up the status quo, to undermine voices for radical change.

Third, health chauvinism allows the healthy to feel good about themselves. After all, if illness or disability are caused by sin, or bad thoughts, or wrong living, then the fact that I’m healthy must mean I’m a pretty swell guy.

This isn’t to say that there is no link between attitude, emotions, and health, or that certain behaviors — cigarette smoking, for example, or heavy drug or alcohol use — aren’t self-destructive. But such behaviors aren’t sinful, nor are they purely questions of “attitude,” nor do they account for the major amount of illness and disability.

Finally, health chauvinism serves to divide the disabled from other disenfranchised groups, as in the comments of Norfolk County District Attorney William Delahunt this past September. A 76 year-old Quincy, Massachusetts woman, resident of a public housing project for elders and people with disabilities, had been raped in her apartment. Though
the police had no suspect, and no evidence whatsoever that anyone living in the building had committed the crime, the DA nevertheless told the Boston Globe that “you just can’t mix” the mentally ill with the elderly. Calling for a cap on the number of disabled people in elderly/disabled housing, Quincy Public Housing Director Jake Comer went even further, telling the press that the elderly have to live in fear of the mentally disabled. All of this, even though, according to Stephen E. Collins at the Alliance for the Mentally Ill of Massachusetts, “studies after study has shown that the population of persons with mental illness is less violent than the general population. In fact, the mentally ill are more likely to be victims of crime than perpetrators.”

Health chauvinism has an intricate relationship to sexism, too. Women are generally more likely than men to be blamed for their own illnesses or disabilities. We can trace this at least as far back as the creation myth of Adam and Eve, where the pain of childbirth, and the death that often resulted from it, were blamed on women’s sinfulness, on their status as “daughters of Eve”. The medical profession has traditionally treated “women’s problems” such as menstruation and menopause with contempt, and used diagnoses such as “hysteria” and “depression” to brush off any malady or disability the (male dominated) medical profession can’t immediately explain or treat.

The relationship between sexism and health chauvinism, and the more general belief that bad things only happen to bad people, extends beyond illness and disability. In the same issue of Spirit of Change as the Ponder article on cancer, editor Carol Bedrosian asks a survivor of child sexual abuse if “this idea that beliefs—such as ‘men victimize me’—can bring those very experiences into one’s life?” The interviewee responds, “Oh, it’s absolutely true. I believe a lot of it was unconscious, but I was creating...my own little hell.” In other words, it isn’t patriarchy or even individual perpetrators who cause rape and incest—it’s the flawed thoughts of women and children.

Here’s what the 13th edition of the Merck Manual, the Bible of medical definitions, says about “hysteria”: "For the hysterical patient, the “sickness role” is a preferable alternative to ordinary life. The role of the invalid includes social permission to be dependent, and immature personalities who cannot satisfy their dependency needs in adult relationships may seek the special attention and compassion given to a sick person.”

How far is this, really, from traditional religious notions of the disabled as being spiritually flawed? Rev. Rufus J. Womble, a member of the Order of St. Luke, an “ecumenical” religious organization devoted to “healing,” writes, “One question the sick should face is: do you really want to be well—regardless of how desperately ill you may be? Do you really want to give up your grumbling and other poisonous sins? Do you want to come out into the world and accept your full responsibility or do you want to continue your sheltered life?”

Disability activists dispute the perception that people with disabilities lead “sheltered” lives. John Winske, director of the Massachusetts Coalition of Citizens with Disabilities, cites a national unemployment rate of 65 to 70 percent for people with disabilities seeking work. Housing, job, and social discrimination against people with disabilities has been so prevalent that federal legislation was required to address the problem. And Dr. Sandra Cole, in Disability, Sexuality, and Abuse, Richard Sobsey, at the Sexual Abuse and Disabilities Project at the University of Alberta, and others point out that the incidence of physical and sexual abuse of people with disabilities is indeed higher than for the general public.

Health chauvinism, like other prejudices, generally gets worse with hard economic times, and that certainly seems to be the case today. In Germany, skinheads are targeting people with disabilities as well as Auslanders, as documented in “Violence Against Disabled People in Germany,” a report prepared in 1993 by German disability rights advocates Ottmar Miles-Paul and Dinah Radtke.

Closer to home, Barbara Faye Waxman, project director for Americans with Disabilities Act (ADA) training for the Los Angeles Regional Family Planning Council, has written on hatred as the “unacknowledged dimension in violence against disabled people.” Waxman has recommended that the federal government begin tracking hate crimes against people with disabilities. In an article in the Fall 1991 issue of Sexuality and Disability, she cites the case of Cary Dickenson, whom she believes was targeted by his assailants because of his multiple disabilities, murdered, and then stuffed into the trash at a southern California library.

Our collective response to AIDS can have devastating consequences, and not only for the currently disabled. Pat Buchanan, speaking for homophobes everywhere, declared the epidemic to be “nature’s” response to homosexuality, as if the epidemic was some divine retribution for “the sin” of being gay. That such sentiments are linked in fundamental ways to the oppression of people with disabilities has been acknowledged by members of both the disability and the HIV/AIDS communities. The founding of the HIV/Disability Alliance in Boston is a recognition that the two groups have common interests, and in many ways share a common oppression.

To end health chauvinism, we must first recognize it for what it is—a form of bigotry, a category of hate. Giving up this prejudice will be difficult, because it means coming to terms with our own fragility, our own mortality. It means recognizing that disability and illness are an inevitable part of the human experience. We are all of us only one accident, one virus, one bacteria cell away from being ill or disabled ourselves. The true test of our morality is how we treat each other in the face of this unalterable reality.
UTSU

By
Lisa
Susan
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ON THE ISSUES SPRING 1994
ninjutsu” usually conjures up images of black-clad assassins infiltrating the strongholds of daimyos in feudal Japan. Today this classic martial art, which includes psychological responses to threats and the use of ordinary objects as weapons, is particularly suited for women who need a method of self-protection.

I started studying ninjutsu after deciding that my year of Tae Kwon Do, a Korean martial art, wasn’t giving me what I needed. In Tae Kwon Do (literally “The Art of Kicking and Punching”) the emphasis was on tournaments and style. The training focused on making our movements “faster” and “higher.” One wall was covered with mirrors, so we could constantly check that we looked good. Tournament rules were always in effect, so we never learned the devastating and effective techniques that we would need if we were ever attacked on the street.

In searching for another style of martial art, I observed five schools in my area. Many of them stressed tournaments and forms (a series of techniques grouped together for solo practice); these schools offered no practice in contact fighting. As someone who rides the New York City subways for over two hours each day, I was interested in ninjutsu as a practical method of self-defense as well as for fitness training.

When I visited the dojo (training hall) of New York Budo, I found the atmosphere very friendly and the training itself quite practical. The sensei (teacher) not only demonstrated a technique, he also explained how and why it would work, from physiological and psychological viewpoints. This was a change from other schools where the teacher tells you to learn a kata for your next belt test, never mind why it works.

Ninjutsu involves learning to use—and defend against—weapons. In class we use wooden training weapons to substitute for edged weapons and cord replicas of flexible chain weapons. We learn that weapon techniques can be used with common objects, such as a book, umbrella, towel, telephone cord, keys or even a handful of change. Bladed weapons (knives and swords), stick weapons (a three-foot long hanbo and a six-foot long bo staff), projectile weapons (throwing blades), flexible weapons (kusari fundo, an arm-length chain with weights on either end) and combination types (such as spears) are included in the training.

The first class that I watched was amazing. The techniques were clearly presented, and the students were encouraged to ask questions. The teacher, and the other black belts in the class, walked around the room to assist the students as they worked in pairs. The higher belts worked with the beginners the way you probably taught your younger brother to tie his shoes—with patience and understanding. I knew that this was what I had been missing in my life, and I enrolled. Since it was the summer, I was able to take class almost every day that one was offered. Because I was there so often, I was able to absorb not just the physical movements, but also the ideas behind them, a lot faster than if I had only gone twice a week.

So far, after seven months of study, I have never needed to use my skills in a physical confrontation. In fact, I'm probably at the stage where people tend to get cocky, thinking that they know it all. With time, I will become a more mature fighter.

I have noticed, however, that I do have the skills to diffuse some threatening situations so they don’t escalate to violence. For example, I was recently on the subway train with a friend, when a man across from us began to mumble insults about the people around him. All the passengers studiously ignored him, but his comments...
choreographed fighting scenarios— and freestyle routines.
got louder more aggressive. When my friend got off the train, the man focused his insults on me. Ignoring him didn't work. So I looked directly at him and he abruptly stopped talking. I had used the ninjutsu "fire attitude," which is the aggressive or assertive posture. Along with the power of dirty looks, I have used direct request ("please stop bothering me") with good results.

When I look back on these incidents, I realize that I have always had the power to diffuse them. My training has taught me to consciously use this power.

Most of the other women in my dojo have also been able to use Budo, which literally means "to stop a conflict." "Ninjutsu is about disarming a situation, it's not about brute strength or power, that's why women do so well with this type of self-defense," says Stephen Hayes, director of the Nine Gates Institute in Germanstown, Ohio, who was the first American to go to Japan and be accepted for training by a Japanese ninja family in 1970. Hayes is the "Grandfather of Ninja" in the U.S. He notes that ninja became popular in the U.S. in the early 1980s due to the many sensationalized ninja movies. "These movies and some novels made a comedy out of it. It's embarrassing. The authentic art has never been shown on screen." But the screen images spurred people to explore ninjutsu more thoroughly, and the fifteen books Hayes wrote on the topic sold well in the mid-80s. Today, Hayes estimates that about 20-25 percent of his ninjutsu students are women.

Gary Lee Williams, an instructor at New York Budo who holds the rank of nidan, says that the training helps women to throw off the belief that it's "boyish" to fight, wrestle, use weapons and aggressive. He believes that it gives women the chance to know that "it's fun to hit stuff" and a "new sense of power that extends into all parts of life."

Historically, the female ninja, the kunoichi, was very highly valued. "Sometimes, what couldn't be had with a sword could be had with fine words, a fleeting glance, and a fine laugh," says Williams. Not everything could be had by force. Sometimes subtlety was the only way to get past the armed guards. This has applications in the modern world. If, for example, instead of going in to a business meeting with guns blazing, you get to know your rival's weaknesses and then strike, you can avoid a conflict. You use a few small maneuvers and without showing your strength, you are handed what you sought.

Most of the women in the dojo cite fitness as a major reason for joining Budo. The training helps them know their bodies better and become more aware of their surroundings. Almost all to whom I spoke have used their skills to diffuse a situation, and none have yet had to resort to physical violence or the use of a weapon. Liz Maryland Hiraldo, 8th kyu, instinctively used her taijutsu skills to thwart the actions of an abusive boyfriend when he tried to grab her. She also said that once she had to pull a knife on him. She didn't use it, but the fact that she knew how to and could have it pushed, strengthened her resolve. She has since gotten out of that relationship.

As for me, I love this art, and it feels like home. Hopefully, I will never need to use ninjutsu against an assailant. If that day ever comes, though, I will be ready, mentally and physically. All women must be prepared to fight back. No one has the right to attack you.

Lisa Susan Skittone, 17, is a senior at Stuyvesant High School in New York City.
Women who what?"


The title seems to serve as a kind of Rorschach for the way people relate to their own sexuality. Responses may range from cheers, to titters, wolf whistles, and groans of dark despair.

It takes this interviewer only an instant to turn my title into a personal problem. "Oh," she says, "You mean women who love sex too much?"

Too much for whom? Isn't it possible that women can love sex "enough" to get real pleasure from it? I'm talking quality here, not merely quantity (the woman who's had 150 lovers—or who always initiates sex with her partner—or who holds the world's orgasm record), though quantity counts, too.

When the subject is women's sexual pleasure, we're still living in the dark ages. The moral imprecations that haunted the adolescents of the '50s (slut, whore, nympho, tramp) have evolved into the negatives of the post-recovery '90s (love-slave, sex addict, just asking for HIV victim).

Why is it still such a radical notion to accept the gift of sexual enjoyment as a valid, life-affirming source of human energy? In this age in which tales of abuse and exploitation frame almost any serious dialogue about women, there is, at best, a scrambled consciousness of what positive sexual expression means for us. The question du jour is not: "What are the proactive attributes of ecstatic relationships?", but: "What's the difference between date rape and a bad night in bed?" It's a stretch for today's pundits to deal with women's good nights, to consider that there are women who actually love sex and are willing to talk about it.

We're on the verge of the 21st century, but sexual normality is still defined by somebody other than the women experiencing it. It's the shrinks, scientists, lawyers, moralists, filmmakers and corporate advertisers who dictate what our most private and intimate responses of pleasure are supposed to be like. Whether you get your information from scholarly journals or talk show TV, by and large it all boils down to the same basic concept. Sex means old-boy sex. Dominance-submission role playing. Male performance trips. Massaging the male ego. Accommodating the male...
Some say they can be orgasmic with no physical stimulation at all—simply by thinking. Almost unanimously, these women report that sex is a whole-person proposition involving body, mind, heart, and soul. They say essential ingredients of their peak sexual experiences are a sense of self-appreciation and connectedness with a partner—sometimes lusty, sometimes spiritual, even transcendent. They say these kinds of sexual relationships begin long before the bedroom and last long beyond—in creative energy that informs their entire lives.

Perhaps most notably, these women speak of the lushness of their own desire. “Before I met my partner, I spent my adult life sobbing over the things I’d missed out on—play, caring, someone to hold me. Well, now I don’t have to cry about the losses anymore. Sex isn’t just a separate part of our lives. It’s at the core.”

There are costs, of course, in our anxious society. For women who love how they feel when they are touched by desire or kindness or intelligently tender hands, it can mean the stigma of wanting “too much,” as this morning’s interviewer implied on the telephone. Too much pleasure, too much imagination, too much, well, sex.

Speaking out about loving sex can subject you to attack. Last week, I found myself the designated expert on a national TV talk show. The subject was: “When Your Wife Wants Too Much Sex”—a set up if I ever heard one.

One panelist was introduced as a woman of high appetite. The audience was incited to hoot and jeer her as her husband reeled off his litany of complaints: “She wants too much attention...She wants me to tell her I love her...She always wants me to be touching her...”

What’s the big deal? I wondered. “Jeez,” he whimmed on, “She’s at me to do it during Monday Night Football!”

The boos directed at this woman are so outlandishly much, but that the husband values her desires so minimally, and that their communication skills are not up to dealing with the discrepancies.

This couple’s plight underscores the yawning gender gap in sexual consciousness. Women who love sex generally do want more. More contact and eye contact, more pleasure, tenderness, and partnership. Much, much more soul. We’re off the charts sometimes. Off by a lot, depending on which charts you read—and this can feel scary both to us and our partners.

To change a cultural system invested in keeping us down, we have to learn effective ways to say “yes” and make ourselves heard. Just saying NO isn’t enough. Until we interpret sexuality for ourselves, intentionally and positively, it will continue to be interpreted for us and will retain the power to repress and confuse us—even if our partners are women, even if we have no partners at all.

Women who love sex—and who are out about it—can form our models for social change, offering us insight and courage. They can teach us that intimacy can be self-affirming as well as partner-pleasing. They can give us language beyond the date-rape dispute or the porn debate or the man-made division between heterosexuals and lesbians. Their stories can help us identify the ecstasy of personal connection and make it easier for us to talk with each other.

We need to act collectively, though; we can’t re-do relationships all on our own. Perhaps we should all make our move at the same moment—say on Monday nights, during the halftime of the big televised football games. We might create an unstoppable vortex of energy: instant critical mass.

Think how our partnerships will rebalance when we collectively insist on fair play, not just foreplay. Think what will happen to the missionary position when women, en masse, opt for pleasures that stir body and soul instead of doing good-girl intercourse by the book.

Sex isn’t everything. It’s only a part of everything. But, as Audre Lorde suggested, once we’ve experienced the full flood of energy, we can joyfully settle for less in living the rest of our daily lives.

Gina Ogden, Ph.D. is a therapist and author of several books on women’s sexuality, including Women Who Love Sex (Pocket Books).
The mother of the modern women’s movement has written a book, *The Fountain of Age*, that she hopes will prompt another revolution—in society’s attitudes toward old age. If Betty Friedan has her way, we will stop thinking of aging as a wasting away, a kind of disease. We will trade in our worship of youth for some long overdue homage to the wisdom of age—and a new recognition of age’s potential vitality. We will no longer be so fearful of nursing homes or Alzheimer’s. She points out that less than ten percent of the over-65 population will ever live in the former, and only five percent will develop the latter. Much of our dread of age, she says, comes from the fact that so much research on age is done on exactly these small, atypical populations.

When we are old (or, as she puts it “in age”), we will live together in some sort of communal arrangement that sounds sort of kibbutzy-cozy. We will make our own plans and choices, thank you, and not be talked into warehousing ourselves in senior citizen communities. We will eat right, exercise right, read right, have the right friends. We will be fully in control of our lives, powerful, energetic, involved. If our dance cards aren’t full, we’ll see to it that at least our library cards are.

In this brave new world, we will all be as one—no doddering “them” vs. swaggering “us.” In fact, there will be very little tolerance for doddering by anybody. You can tell this from the parade of non-doddering role models, many of them Friedan’s friends or acquaintances, who swagger through the book.

You know the type. They hike in Switzerland! Backpack through India! Study Russian! Get their Ph.D.s! One of them struck me as the kind of person I would loathe at any age, possibly from conception: “Harold, recently retired from a partnership in a big accounting firm, gave me his new business card—not CPA, the letters after his name were DNO. ‘Discovering New Options,’ he said with a smile. He and [his wife] were wearing T-shirts from their ‘Over-70 Ski Club,’ where last winter they had bicycled up the mountain and skied down. He had recently put a message on his answering machine: ‘When you’re over the hill, you pick up speed.’”

I wanted to like this book. I have long admired Betty Friedan and thought her, for the most part, a sensible thinker. I looked forward to reading her book because, well, I’m not getting any younger myself. Instead of feeling enlightened, I was amused by the Herculean efforts Friedan made to convince us what fun old age will be. Worse, I was irritated by her unrelenting classism.

Friedan not only ignores the possibility that good genes play a major role in the kind of old age one has; she also seems unaware of how money can buoy a person up. As an example of the importance of undertaking new activities after 65, she cites (with no apparent irony) such folks as the Daughertys, who got active in environmental issues when they were “forced to move their house in East Hampton farther from the ocean because of beach erosion.”

Widowhood prompted the dauntless Liz Carpenter to form a “Baying at the Moon Club.” Carpenter rents a different vacation cottage every year, in Martha’s Vineyard or Mexico or California wine country, and invites friends to share it with her. “One provides a piano,
another the car, another takes care of the wine." If you were a friend of Liz with enough money for the airfare, you too could be assured a goodly measure of fun in your dotage (unless, perhaps, you're told to bring the piano).

Do you worry that even if you won the lottery you might get osteoporosis or something? Friedan tells us of a woman who "broke her hip and developed severe back problems and a rare kind of arthritis that brought intense pain throughout her body and head."

Not to worry. "One night when her husband wasn't home, she felt an overpowering urge to get out an old Indian record she used to dance to—and she danced for an hour without any pain. She decided to leave that stagey big house. She told her doctor she was going to stop the cortisone, and when she went in for a test, her blood count was normal again."

Cured, she left her husband. And this was not the problem it might be for an ordinary person, because as luck would have it she owned "this condo in Hawaii." (This is a big, expensive book. Couldn't Friedan have shared with us the name of that old Indian record?)

Finally, close to the end of the book, Friedan introduces somebody who's not wealthy or middle-class but downright poor. She is the driver, working for a car service, who got assigned to pick Friedan up after a meeting. The woman had earned $6,800 that year—Social Security, a Forest Service job and whatever she could earn doing odd jobs—"[I'll shovel] snow, clean someone's house, take care of people's dogs when they go away, drive people to the airport."

"You'd be amazed," the driver told the mother of the women's movement sitting in her back seat, "how many people like me who can't afford to live down the hill anymore are living year-round in these cabins on the mountain now." Friedan described this woman's life as an "adventure," but I wondered if those cabins were insulated. I also wondered how much adventure Betty Friedan would find in cleaning other people's houses.

This book is full of good news. Death is "not all that unpleasant," according to "physicians who regularly tend to the dying." Infirmities get in your way only if you let them. ("Elizabeth Vining shifted from bird watching to tree watching, as her vision worsened.") We don't
Friedan writes a heavy and pedantic prose. This becomes startlingly obvious when she describes her own mother's old age and the pages suddenly come to life with pain, memory and loss—even though (or perhaps because) much of that emotion is left to the reader's imagination. Here the writing takes wing, briefly, before settling back on the flat plains of academia.

She is good on the subject of where to live (she hates nursing homes, of course, but also "life care" facilities); on the implications of the "right-to-die" movement (watch out, she says, they may be after us); on her suspicion that depression is widespread and untreated among the elderly; and on the new sense of liberty that can come with age. And it will be enlightening to anybody enrolled in an HMO to read of her experiences on the commission set up by the Harvard Community Health Plan to devise guidelines for that growing industry. It is interesting to read her views on retirement, (she's against it), and her assessments of the Gray Panthers and the AARP.

Perhaps it is enough to sound the call, to remind us all that a revolution is due. "Of all the millennia of life on earth," Friedan writes, "only the women and men now alive can expect a vital third to half of life after they have reproduced. It is only in this century that our life expectancy has moved from forty-six to nearly eighty years."

When it hits the members of the vast baby boom generation that even they will get old, a revolution in attitudes toward aging is inevitable (and overdue). Knowing this, Betty Friedan has diligently assembled a ton of research. That is not enough to spark a revolution. Mother of the modern women's movement? Yes. Founder of a new view of old age? The title remains vacant.

—Kathleen Fury

Kathleen Fury is a Connecticut-based writer and author of Dear 60 Minutes (Simon & Schuster).

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ON THE ISSUES SPRING 1994
In either case he would be hard put to understand how a religion called Christianity had grown and spread far beyond the small Jewish world he inhabited to encompass most of the globe.

In this deeply engaging, challenging and sometimes irritating book, Wilson, the biographer of Tolstoy and C.S. Lewis, seeks to find the historical Jesus behind the "mythological Christ" portrayed by the Gospels and other Christian writings. He states openly that having been raised as a believing Christian he came, in adult life, to regard the New Testament as a collection of theological writings designed to convince readers of the divinity of Jesus but far removed from the reality of Jesus the man. It is that Jesus he sets out to discover by sorting through the mass of myths and doctrines that have defined Christianity over the ages.

Wilson is certainly not the first person to dispute the historical veracity of New Testament teachings about Jesus. The influential theologian Rudolf Bultmann argues that it is altogether impossible to reconstruct the historical Jesus from the New Testament. But, he maintained, that figure is irrelevant. All that matters is the Christ of faith, upon whom Christian beliefs and practices are based. For Wilson, on the other hand, the issue is not faith but truth, at least as far as he is able to determine it.

In seeking that truth, he explains with beautiful clarity how to read the Gospels not as objective history, but as religious belief played out through a series of narratives. Although the actual authors of the Gospels are unknown, most scholars believe the works were written after Jesus’ death by people who did not know him. The first three, Mark, Matthew and Luke, have most in common, whereas the fourth, John, is usually assumed to have been composed later. Wilson questions this assumption and points to evidence that the author of John may have had some personal memory of Jesus. Consequently he relies heavily on this Gospel in his quest for the "real" Jesus. Nevertheless, he presents all the Gospels, including John, as "inventing" facts in order to portray Jesus as the fulfillment of earlier scriptures. Thus Matthew shows Jesus delivering his teachings from a mountaintop, an echo of Moses carrying the Tablets of the Law down from Mount Sinai.

In the same vein, and with engrossing detail, Wilson gives us Paul, the "inventor...of the Christian religion." By his own account, Paul rejected his assimilated Hellenistic background and became part of the sect of Jewish scholars known as Pharisees. Accepting this description (other biblical scholars doubt Paul was ever a Pharisee), Wilson speculates that Paul may actually have known Jesus and personally persecuted him. Later, torn with profound guilt, he not only became a believer, he reinvented Jesus as a godlike Messiah who died for the sins of others and was then resurrected. Of crucial importance for the future of Christianity, he carried his message far beyond the Jewish community out into the Gentile world. Assuring listeners that the religion of Christ superseded that of the Jews, he attracted many new followers by doing away with such difficult rituals as circumcision and dietary laws.

Through the screen of the Gospels and Paul’s overwhelming presence, Wilson seeks Jesus. It is here that he becomes both irritating and compelling. The irritation stems from his wide-ranging speculations that often seem as ungrounded as the narratives he questions. He posits, for example, that the High Priest’s servant, described in the
Gospels as the man who helped arrest Jesus, was actually Paul. Yet, historically, the priests belonged to the Sadducee sect, bitter opponents of the Pharisees. If, indeed, Paul was a Pharisee, how would he come to be in the service of the High Priest? Then, too, on what basis does Wilson accept some occurrences and not others? He does not doubt the Transfiguration, an occasion when three friends claimed to have seen Jesus shine with light, and writes, "It would be crass to try to explain it." But he utterly rejects the idea that Jesus himself instituted the Eucharist, the sacrament in which the ritual of eating bread and drinking wine symbolizes partaking of Jesus' body and blood.

Still, under Wilson's probing, a vivid and moving picture of Jesus does emerge. This Jesus was a Galilean hasid, a holy man, heir to the prophets, whose words were deeply rooted in Jewish tradition. Nevertheless, he presented a mystical, "radical view of God," that differed from the traditional one. Whereas traditional Jewish teaching focussed on righteous behavior and the performance of commandments, he taught that trusting God's love and forgiveness was more important than a person's actual deeds in bringing about salvation. Because of that view, Jesus accepted sinners—prostitutes, drunks, thieves—among his followers, preaching that they could be forgiven even before they repented. Wilson's Jesus is radical in other ways as well. Downplaying the importance of family, he preached that virtue consists of leaving one's spouse and children, even dying parents, for the sake of his teachings. And by contrast with the conventions of his time, and certainly the attitudes of St. Paul, he befriended women, such as Mary Magdalene, and treated them as his equals.

For all Wilson's insights, we can never know how close he comes to retrieving the historical Jesus. Questions remain and probably always will—did Jesus believe he was the Messiah? (Wilson says he did not). Was he involved with Jewish rebels who hoped to overthrow their Roman rulers? (Wilson suspects he may have been). Which words of the Gospels did he actually say? (Wilson is equivocal).

For feminist women of faith other questions arise. Many of us have struggled to bring about change within our religions (in my case, Judaism), whether that means having women ordained into the clergy or revising the sexism of sacred texts. But how far should we go? How much liturgy can we rewrite without losing the essence of the original? To what extent can we feminize God-language without creating totally new images? Can the worship of goddesses be introduced into monotheistic religions, as some feminists have advocated, without undoing their very being? How much can any religion be altered before it becomes something else? Jesus, according to Wilson, did not set out to transform his religion. He wanted nothing more than to teach his people to be good Jews. But on the foundations of his teachings, Paul built a new creed. His view of God led to Paul's doctrine of Grace—the belief that God's forgiveness does not depend on human virtue or deeds. All that is needed is faith in God and divine love will be forthcoming. And that doctrine almost inevitably led to the dissolution of all Jewish rituals. The religion that grew up around the name of Jesus, as Wilson describes it, moved far afield not only from Judaism but from Jesus himself. It became a majestic, powerful, often intolerant religion, one that the figure of Jesus dominates yet is seen only "fitfully," through the "strange lenses" of later interpreters.

—Francine Klagsbrun

Francine Klagsbrun's most recent book is Mixed Feelings: Love, Hate, Rivalry and Reconciliation Among Brothers and Sisters.

**COMFY MENOPAUSE**

**MENOPAUSAL YEARS: THE WISE WOMAN WAY**

**ALTERNATIVE APPROACHES FOR WOMEN 30-90**

by Susun Weed (Ash Tree Publishing; Woodstock, N.Y.; $9.95 softcover)

The past several years have given us so many books on aging and menopause that it is difficult to know where to begin. But one book that does not get lost among the clutter is Menopausal Years: The Wise Woman Way. In this book, Susun Weed offers a holistic approach to menopause, one that focuses on the physical, emotional, and spiritual aspects of this natural transition.

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Softcover
that we may be tempted to say “What! Another book on menopause?” But this book is different. It fills a growing gap for thousands of savvy women who are seeking to avoid prescription drugs and are pursuing instead the path of herbs and other gentle remedies.

If you were to choose one word to describe Menopausal Years you would probably choose "comforting." Reading it you feel cherished and cuddled, secure in warm blankets, settled in a rocking chair, communing with a friend over a cup of herbal tea.

Ms. Weed reminds you that all women must make the Journey through the Change of Life, although most approach the trip with trepidation, reluctance and too little knowledge. Anxious to remedy that, she has filled her book with information about old-fashioned remedies—comfrey, sage, motherwort and ginger—without neglecting explanations of modern treatments such as HRT/ERT (hormone and estrogen replacement therapies) and some surgeons' favorite: hysterectomies.

Ms. Weed considers menopause a journey of exploration and adventure and new experience. Even with her help you shouldn’t be surprised to come across quite a few bumps in the road and even some crooked paths. But you will be grateful that the route you must travel has been well charted and clearly signed by Ms. Weeks and the 10,000 women she consulted on the way.

No guide book is perfect. Why expect this one to be an exception? To me, referring to menopausal women as “crones” is off-putting in the extreme. Toward the end of the book a short chapter explains “Crone’s Ceremony of Commitment to Her Community,” which is compared (at least in mood) to a wedding or a christening. In the ancient past, we are told, a crone was the keeper of traditions, the link to the spirit world and “initiated young men into the way of love pleasing to women.”

My vision of a crone is rooted in the dictionary definition, “a withered old woman,” or mimics the three witches in Macbeth huffing and puffing while stirring a big black caldron over a smoking fire. None of the witches (crones) of song or story call up visions of a wedding or the possibility of making love to young men.

But let us be grateful for the knowledge that helps level such bumps in the road as hot flushes, flushes, menstrual flooding, night sweats, osteoporosis, emotional uproar and heart palpitations. As you travel this new and somewhat bumpy road you will, cautions Ms. Weed, find it helpful to give up smoking, alcohol, caffeine, white sugar and meat. She also advises exercise, exercise, exercise. Admittedly aerobics and yoga classes are excellent, but I hope Ms. Weed was joking when she recommended that women chop wood and carry water.

You may laugh at the idea of carrying water, but you can hardly overemphasize the importance of water in your menopausal journey. For instance, a bath before bed soothes muscles, increases blood flow and can help get you smoothly through the night. Add valerian to the bath to promote sleep.

Few results of menopause are more irritating than urinary incontinence. It is tempting to stint on drinking water if you find yourself incontinent, but don't. Drink more water, not more tea or coffee or juice or soda ... water.

Bladder infections only make incontinence worse. You can head off bladder infection by drinking a glass of water hourly. Some women report a
daily eye-opener of cranberry juice helps relieve urge incontinence, the need to urinate when the bladder is empty. Drink at least a glass a day for acute infections unless your urine’s pH is already low.

The “water cure” helps to pump energy into the pelvic floor and strengthen the bladder. Set out two shallow basins, one with very hot water and one with icy cold water. Relax for three minutes sitting in the hot one. Then lower yourself up and down and in and out of the icy one for one minute. Repeat three to four times several times a week. Ms. Weed says her mother “would call this the kind of remedy where the cure is worse than the problem.”

Hot flashes are virtually synonymous with menopause. A favorite ally for their relief is motherwort. Vitamin E supplements also have a long-standing reputation as a remedy for hot flashes.

Hops tea is a powerful sleep inducer. Other supplements that may be helpful include St. John’s wort and magnesium.”

Ms. Weed’s articles have been published in magazines ranging from Hustler to Yoga Life. She is a contributing editor to On The Issues.

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learns that one has power, not from admirers or supporters, but from one's opposition. If there is no opposition, something's wrong.

I agree with Wolf that "it is not dissent that is harmful to feminism but consensus." Feminists must be able to disagree in public, take nothing personally, and keep on working together. I think Wolf has given us an opportunity to discuss what feminism is—and what it might be.

I challenge Wolf and others of her generation, and of my own, to use their moment in history to provide sanctuary in their lifetime to the victims of patriarchal violence, and to create a powerful feminist government by all means at their disposal.

The question Wolf asks herself is: will she choose to be a "warrior for justice" or succumb to her need to "connect and be loved"? She experiences the tension between these two desires as a "coat of fire." But women as a group are punished whether, as individuals, we acquiesce or resist. Thus, heroism—not martyrdom—is our only feminist alternative.

Editor-at-large Phyllis Chesler, Ph.D., is the author of six books, including Women and Madness and Mothers on Trial.

The Power Recipe
A radical feminist vision has to be radical. If you're a radical, the things you say and do are bound to threaten those in power, as well as those who are at their mercy. They burned the 19th and 20th century meeting houses down to intimidate abolitionists and suffragists into silence, and they jailed and forced them too.

Fighting fire with fire is brutal, bloody, deadly, dull, terrifying, unsafe and unglamorous. Like birth. And revolution. And creation. Wolf refers briefly, very briefly, to Harriet Tubman's 19th century Underground Railway: "she, (Tubman), took the liberation of African-American slaves into her own hands." However, breaking the law or creating an underground, is not on Wolf's menu of options when she tells readers to exercise their right to vote, run for office, amass capital, tithe themselves, network.

Recently, in Brooklyn, where I live, a twenty-year-old black street-prostituted woman was gang-raped by seven black teenage boys, who afterwards, laughing, doused her genitals and buttocks with gasoline and set her afire. She bolted to the hospital where personnel demeaned her as a "whore". Her mother threw her out of their project apartment for "shaming" her. Now, she walks the streets, still selling, (she has a pimp/manager), getting crazier and crazier, suffering horribly. Where is "North" for this poor wretch? It doesn't exist yet. Real power feminism will be needed to create it.

Does Wolf really believe that her within-the-system recipe, "Add women and stir," amounts to that real power? I agree: by all means, let's get women or feminists, both women and men, elected to government. But whom will we elect—and to do what, and at whose expense? Will our electioneering mainly benefit the wives and daughters of (white) men of wealth, or will it alleviate the suffering of the most vulnerable and endangered amongst us now, not a century from now? Radical thinkers pay a high price. They learn to take themselves seriously: not only because others support their views, but because others oppose them. One learns that one has power, not from one's admirers or supporters, but from one's opposition. If there is no opposition, something's wrong.
FEEDBACK

HISTORICALLY INCORRECT?
Lynn Phillips’ name calling of Elizabeth Cady Stanton, Susan B. Anthony, and other 19th-century feminist leaders in "The Mothers We Never Knew" (Winter 1994), demeans the journal that prints such slurs.

Phillips appears ignorant of the complex issues faced by these (and earlier) eloquent feminist leaders. Has she read the six-volume History of Woman Suffrage, the first three volumes of which were compiled, edited, and published by Stanton, Anthony, and the brilliant Matilda Joslyn Gage? Has she seen Sally Roesch Wagner’s readable look at A Time of Protest, Suffragists Challenge the Republic, 1870-1887 (published in 1988)?

Phillips begins her diatribe by saying “I can’t argue” when someone produces a blatantly silly stereotype of 19th-century feminists. She goes on to call Stanton and Anthony racist for their opposition to the Fourteenth Amendment at a time when Congress, and after the courts, said the amendment provided citizenship rights only for men. The denial of these rights to women meant, as Stanton, Anthony and others pointed out, that when black men were allowed to vote, black women were denied that right. Feminists who worked for suffrage also worked for a wide array of women’s rights.

Black women suffragists in the 1860s and 1870s—including Harriet Tubman, Sojourner Truth, Caroline RemondPutnam, and others—were aware of, and even worked with white women suffragists.

But, for Phillips, it’s easier to call Elizabeth Cady Stanton a bigot than to take the time to learn the facts. Lynn Phillips needs a basic course in U.S. women’s history, and On The Issues needs a workshop on journalists’ ethics to stop this horrible muddling.

Ann Forfreedom
Oakland, CA

Ms. Forfreedom was obviously too put off by my femi-brat tone to catch the gist of my appreciation of Cady Stanton. Although I am made reciprocally queasy by the finger-wagging tone of Ms. Forfreedom’s rejoinder, her otherwise fascinating letter deserves a response.

I agree with Ms. Forfreedom that the issues of the day were “complex.” I hung the label “racist” on Cady Stanton’s door—
as has many a feminist before me—not because she opposed inserting the word “male” into constitutional suffrage law, but because in fighting the Fourteenth Amendment she espoused the doctrine “educated suffrage,” which held that only the educated were fit to vote. Since educating slaves had been illegal, Cady Stanton would have barred from the polls all ex-slaves of both sexes, including her ally and occasional houseguest, the magnificent illiterate, Sojourner Truth.

Writer Eleanor Flexner in Century of Struggle: “Mrs. Stanton made derogatory references to ‘Sambo,’ and the enfranchisement of ‘Africans, Chinese and all the ignorant foreigners’ the moment they touch our shores.”

Repots Cady Stanton biographer Elizabeth Griffith. “Her elitist, racist, nativist appeal appalled even her most stalwart friends.” (In Her Own Right, p. 124)

Cady Stanton and Anthony’s History of Woman Suffrage, which Ms. Forfreedom recommends that I use for my main historical source, is famous in the literature for its whitewash—of certain aspects of its authors’ otherwise glorious careers. For one thing, Cady Stanton and Anthony under-report the contributions of suffragist Lucy Stone, who split with them over the Fourteenth Amendment. Stone and her faction, seeing no realistic possibility of winning female suffrage at that moment, supported the enfranchisement of black men while continuing to fight for their own.

White men have ever sought to fragment black and female constituencies. Ails, too many white women as well as too many black men have been quick to kiss schism’s black spot.

The fact remains that Cady Stanton’s clash with her faction—out of and even worked with white women suffragists but then says more for their largesse than for Cady Stanton’s. (“I will cut off this right arm of mine,” quoth Cady Stanton, “before I will ever demand the ballot for the Negro and not the woman.”)

The fact remains that Cady Stanton’s alliance with George Francis (“Womanfirst and Negro last”) train close her own nascent movement in two.

The thrust of my piece was that Cady Stanton accomplished many stainless marvels despite her one—ideological note irony please—black spot.

Lynn Phillips
New York City

KUDOS
Wow! I can’t believe this magazine. This is exactly what I have been look-
DEPO-PROVERA PAN
I am very disappointed in your magazine. The first issue I received (Spring 1993), has as its first page a letter from the editor opposing all new, effortless technologies in birth control for women, mainly Depo-Provera. I am sick and tired of “feminism” rejecting newer, more effortless technologies and turning towards the limited acceptance of only those methods which require the woman to go to some hassle or bother to make sure she doesn’t get pregnant. Equality means that freedom from pregnancy should be as effortless for women as it is and always will be for men. Women are not completely free from the reproductive process if they have to do something every time they want to have sex.

I am tired of feminism’s obsession with “reversibility,” in the name of “giving the woman control over the method.” The only way to make birth control more effective is to make it more effortless on the woman’s part. Depo-Provera is highly effective, proving that injections are indeed the best, most effective, way to go. We need to be free from even having to think about our fertility; freed from the ability to get pregnant.

Women who want “control over the method” aren’t really serious about never wanting to get pregnant, and will tend not to be attracted to injections or even implants. You seem to think that science and technology, along with medical profession, are “out to get us.”

Meanwhile, although I am not requesting a refund on my subscription, do not even bother to send me a renewal notice. Come time to renew, I will need that money for my next injection.

Lyn Ramsay
Jersey City, NJ

BABY JESSICA
Though I’ve often had the desire, I’ve never actually sat down to respond to an article I’d read. But Lorraine Dusky’s “May the Richer Parents Win” (Winter 1994) inspired me to do so. I admit, I cried at the sight of “Baby Jessica” being torn away from the only parents she’d ever known and cursed the biological parents for being so cruel. I will also admit that after reading how the DeBoers played the media to their advantage, I felt a little less sorry for them. My purpose however, is to answer Dusky’s belief that “it may always be wrong for a woman to relinquish a child for adoption by strangers.”

I was adopted, at birth, by a couple who could not conceive. It was a private adoption, and my parents (the people who adopted me, who are always will be, my parents) were subjected to numerous inspections. They passed all these tests and were rewarded with a baby girl.

I have no idea why my “mother” gave me up. I assume that she was a young woman who didn’t mean to get pregnant. My “father” was, probably, equally young and scared and took off at the first sign of trouble. Though I am vaguely curious about these questions, they are not impairing my life. I have parents whom I love and who love me with all their heart and I wouldn’t give it up for all the biological links in the universe.

I have known all along that I was adopted. Contrary to low self-esteem, this tended to bring out my spoiled brat side. To me, being adopted meant that my parents really wanted me.

My parents are wonderful role models. They love each other and they love me. I am truly sorry that your daughter was not as lucky as I was. I am also sorry that you suffered such pain over your decision. But you will never convince me that adoption is a bad or wrong thing. The thought that my parents might never have had the chance to share themselves with a child is a much more painful thing for me.

Cindy James
Address Withheld

RENO AS RAMBO
The Attorney General asked me to thank you for sending her a copy of your unique and imaginative magazine. All of us enjoyed your inclusion of the Attorney General in the parody cover painting (Winter 1994). At least you didn’t portray her as Rambo!

The Attorney General sends you best wishes for the continued success of On The Issues.

Carl Stern
Office of Public Affairs, Director
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together these counter demonstrations and other actions in the face of widespread opposition by the local Planned Parenthood and the local pro-choice coalition, who seemed content to allow the Lucks' harassment to go unabated.

On one occasion, four Refuse & Resist! members were arrested for standing on the sidewalk in front of Lucks' house. We were held for at least three hours after our bail had been posted and were subjected to strip and body cavity searches. One of our male comrades was badly beaten by our jailers. Since then, we have been brought to court repeatedly and have been stopped and harassed by police as we drove away from court.

Although I recently moved from the area, I have stayed in touch with the Lucks. Louise tells me that anti-choice harassment has decreased markedly as a result of our efforts.

As the deMause article so eloquently states, small communities are the new battlegrounds in the war on women. Attacks on doctors have spread like a cancer across this country. They must be fought aggressively—by women and our male supporters who are not afraid to put their bodies on the line and do whatever it takes to defend providers.

The goal for our movement can no longer be merely keeping abortion legal. We must push for total access to abortion on demand, without apology, for all women. Refuse & Resist! has launched a national effort called the "Strong Link Campaign." This program will bolster existing providers and bring in new providers into the field. Anyone who is interested, contact Refuse & Resist! at 303 Madison Avenue, Suite 1166, New York, NY 10165 or call 212-713-5657.

Michelle F Gross
Reproductive Freedom Counter Offensive, National Chair
A Project of Refuse & Resist!

INFERENCE AND CONSENT

Merle Hoffman's editorial, "Not Just Another Packwood Story" (Winter 1994), is insightful and eye-opening. The message that women should not allow others to determine how they will view themselves inspires hope and encourages self-empowerment.

While Hoffman recognizes sexist behavior and remarks, instead of saying, for example, "He made me feel like an idiot in front of my boss," it is more responsible to say "I allowed him to make me feel that way." One must then ask, "Why did I allow him to make me feel stupid (or inferior) and how can I prevent this from happening again?" One must recognize her responsibility and commit to her reactions to others' behavior and remarks. After all, as Eleanor Roosevelt said, "No one can make you feel inferior without your consent."

Andrea Denise Watson
Former New Directions For Women Subscriber

PUTTING WOMEN DOWN?

I found Merle Hoffman's discussion of her own and other women's reactions to Senator Packwood's unwanted sexual advances surprising and disturbing (Winter 1994), particularly her general tone and lack of empathy for other women.

She tells us that Packwood tried to stick his tongue in her mouth once and yet found that she "still respected the man was just an awkward nerd, so what was wrong with all those other women who seemed to Hoffman more devastated than she was by his violations?"

Hoffman quotes fragments of testimony from a few of Packwood's targets and sets up an image of confused sluicy
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women. In contrast, Hoffman was “secure in her own attractiveness” and felt undiminished when the senator came on to her. Well, good for you Merle, but unless you know the histories of the women you named, you should not judge them by your standards.

Hoffman calls on all women to develop a stronger sense of self, and I couldn’t agree more. I call on Hoffman to try and make her points without putting down other women in the process.

Kate Cloud
Somerville, MA

OVER-THE-COUNTER PROFITS
You neglected to state the reason why birth control pills will soon be offered over-the-counter (“Over the Counter and Into Your Mouth...”, Winter 1994).

Drugs are offered to the public via OTC to increase sales just before a patent for the formula expires. When the patent expires, all the pharmaceutical companies will be in the line for lucrative patent rights. The current patent holder may very well lose it to the next guy. I think women deserve the complete story on drug related topics as well as other topics.

And I hope it was just a coincidence that this issue did not have an article on the topic of anti-vivisection or animals. It would be a great disservice to women and animals not to keep the connection between patriarchal violence towards animals and women foremost in the minds of your readers.

Catherine Colette
Baltimore, MD

The patents for many birth control formulas have already expired. Drugs such as Nordette 21 and 28, Triphasil 21 and 28, and Lo/Oval went off patent back in 1991. A variety of other formulations will remain on patent into the next century.

As mentioned in the article, pharmaceutical companies do stand to gain in profits as a result of potential increased volume of OTC sales, but patent rights do not appear to have a bearing on this.

Maxine Lipner
Bronx, NY

HOFFMAN (continued from page 4)

ing a follow up report to the Remmelink Study by the Hastings Center in September, November/December, 1993, reports on the Dutch experience with physician-assisted suicide, citing information obtained from approximately 10,000 deaths. Under recent rules in the Netherlands, assisted suicide technically remains a crime, but doctors are guaranteed immunity from prosecution if they follow certain procedures. Fifty-four percent of the doctors interviewed said that they performed euthanasia or assisted suicide, while a further 34 percent considered it conceivable that they would do so.

Most Dutch physicians are prepared to perform euthanasia only if certain conditions are met. In the Netherlands, it is not the patient’s request alone that is the basis for the physician’s decision. Physicians rejected two-thirds of all explicit requests for euthanasia or assisted suicide. The reasons were mostly that the physician saw alternatives or had objections in the particular case. “Our conclusion,” van Delden writes, “is that doctors themselves are responsible moral agents, not simply instruments of the patient’s will. Euthanasia, therefore, is always based on both autonomy and beneficence.”

The American medical establishment, represented by the American Medical Association (AMA), has strongly condemned Kevorkian’s idea that doctors should engage in assisting suicides. According to Dr. Lonnie Bristow, chairman of the AMA’s board of trustees, “Putting physicians in a role of dispatching a patient is a conflict of interest that I don’t think anyone in the world could resolve in a rational fashion.”

Meanwhile, a Gallup opinion poll done last year found that 77 percent of Canadians supported euthanasia, if patients put their requests in writing. “It’s a moral dilemma whether to give more weight to individual autonomy or the sanctity of life,” said Dr. Douglas Sawyer, head of the Canadian Medical Association’s ethics committee. “This issue has polarized society.”

The polarization of society that physician-assisted suicide is creating mirrors the abortion rights struggle. Indeed, the pro-choice movement has often been called the “Second Civil War.” Both the “right-to-die” and the pro-
choice movements deal with individual questions of morality and existence, and both are challenged on moral, ethical and religious grounds.

Detroit Archbishop Adam Maida told the National Conference of Catholic Bishops on November 15, 1993, to "aggressively" assert their opposition to assisted suicide. The conference has agreed to draft a message to be released next year on "life and death" issues, including abortion and assisted suicide. Maida said Michigan Catholic leaders already have bought newspaper ads to fight Kevorkian's position and may buy TV ads next year. "This is rooted in our understanding of who we are as human beings," said Maida. "In abortion and in assisted suicide, we've got basic human rights we're trying to address."

A recent ruling on the constitutionality of Michigan's assisted suicide law by Wayne County Circuit Court Judge Richard C. Kaufman raising the abortion issue. Quoting the Supreme Court in the Casey decision, Kaufman wrote that issues "involving the most intimate and personal choices a person may make in a lifetime, choices central to personal dignity and autonomy, are central to the liberty protected by the Fourteenth Amendment."

Kaufman had asked the attorneys, "How can I say that a person's decision to kill themselves is any less central to a person's dignity and autonomy than the decision to abort the fetus?"

Geoffrey Fieger, Kevorkian's chief attorney, said that the "right to die with dignity" is more important than the right to abortion: "There is no third party here, this is even more clearly about an individual's right to decide what he or she wants to do with his or her body."

Lynn Ashby, an Evanston Hospital (IL) resident who treats patients with brain tumors, is concerned that Kevorkian's activities and legal challenges could upset the delicate balance that currently exists among doctors and terminally ill patients. She is particularly concerned that pro-life groups such as Operation Rescue could take their militant activities into intensive care units (ICUs) and chain themselves to hospital beds with patients on respirators, putting their bodies between patients and those who would attempt to relieve their final death agonies by turning off the life support machines. "I don't want to see them in the ICU's surrounding patients on ventilators," says Ashby.

Her fear is not far-fetched. The tactics of Operation Rescue members chaining themselves to operating room tables in abortion clinics and attaching themselves with a neck brace to a "cryptonic" lock in the middle of waiting rooms is not uncommon. Operation Rescue as well as many other anti-abortion groups are well aware of the parallels of the two movements, and as such are ready to oppose both in the same way.

Kevorkian once wrote, "Most physicians would agree that birth and death are the two most important events in the existence of any human being. Not too long ago the important event of birth was not part of an honorable or acceptable medical practice. The 'dehumanizing' activity of obstetrics was left to object midwives and was deemed far beneath the exalted status of physicians. Currently, we blaspheme the process of exiting by not according it even the indignity of comparable midwifery."

Although Kevorkian believes that death and birth are the two most important life events, he does not equate them. "Once being unconstantly experienced, a person's birth is no longer part of his or her life. Therefore, death, which is not yet experienced, becomes paramount because everything in life is terminated by it."

Just so, because for each one of us, our deaths are so intimately our own, so experientially unlike anything else we have known that there must be an avenue to allow individual expression. The desire for individual expression (both in abortion and medicide) is not equated. It is not yet experienced, becomes paramount because everything in life is terminated by it."

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At a chic, trendy, and somewhat naughty Boston boîte, the members of F.I.C.T.I.O.N. (the Feminist Inspired Coalition to Improve Our Nonchalance) announced this year's winners of their Fibbi Awards, bestowed annually on those groups or individuals who have made the most significant contributions to nonchalance.

Their coveted Fibbi statuettes are cast in unalloyed lead and dazzlingly electroplated with 100 percent faux gold. Designed by a genuine artist manqué, the elongated Fibbies are somewhat difficult to describe. Some say they represent an imaginative dildo; some say they commemorate Richard Nixon's nose. The truth may never be known. And that is as it should be, according to a F.I.C.T.I.O.N. cofoundress who explained, "We named the Fibbies after our motto: Fiction Is Better—Believe It."

The first-prize Fibbi was awarded to Feminists for Free Expression, a group that recently filed an amicus brief asking the Supreme Court to overturn the "hostile environment" test of sexual harassment. Feminists for Free Expression was organized to teach people that pornography does no harm to women, that so-called victims of pornography are figments of an antisex imagination and therefore pornography should be protected as "speech," including in the workplace (their side lost, alas). Appropriately enough, Feminists for Free Expression has its New York offices at Penthouse: "We like Feminists for Free Expression's refreshing attitude," said a F.I.C.T.I.O.N. media starlet. "They say you don't have to worry about pornographers because it's really antipornography feminists who do the damage."

Winning a Fibbi in second place was The Institute for Historical Review, which spearheads the movement to proclaim the Holocaust a hoax. In its academic-looking periodical called Journal of Historical Review, this organization publishes articles reporting that Hitler never gassed or tried to exterminate the Jews and other groups in Europe and denouncing what a leader of the organization calls "atrocity propaganda." "These Holocaust-deny denizens certainly deserve a Fibbi," said a F.I.C.T.I.O.N. honchoette. "Saying the Holocaust never happened is the ultimate in nonchalance."

The third-place Fibbi went to the Tobacco Institute for what a F.I.C.T.I.O.N. judgeette called "their brilliant repositioning of the concept of lung cancer as merely a matter of rumor and rhetoric." In diverse public-relations efforts, the Tobacco Institute supports lobbying against local laws designating no-smoking zones in public areas because there's no proof that "second-hand smoke" causes disease; instead, argues the Tobacco Institute, nonsmokers should be "more tolerant" of smokers and "respect their rights and feelings." Said a F.I.C.T.I.O.N. smokesperson: "Do you realize what a drag it is to have to worry about harm when you're blowing smoke in someone's face? Do you realize how much more nonchalant you can be thanks to the Tobacco Institute? What they do is breathtaking."

Honorary mention went to Katie Roiphe and Rush Limbaugh, and Camille Pagliari and Howard Stern. "These fun couples came along just in time to save us from taking women's lives too seriously," said the Fibbi Awards mistress of ceremonies. "And they send a very meaningful message to all our daughters: If you want to be heard, be a boy. Failing that, be a girl who only says what boys want to hear. A real rad girl ignores other women's tacky situations. It makes us feel freer, postmodern, and extremely nonchalant. So we wish Katie and Camille's ideas came in bottles like Prozac. And we sincerely hope that we have abased ourselves enough so that Rush and Howard will finally say something nice about us."

A "Nice Try, You Came Close" citation went to A.C.L.U. president Nadine Strossen and Al Goldstein, publisher of Screw. "Nadine submitted a piglike caricature of bete noire Andrea Dworkin to the December Playboy letters column," explained a Fibbi presentress. "And Al's 1,295th issue was cover-lined 'Dworkin/MacKinnon Nude Lesbo Orgy.'" Admitted a F.I.C.T.I.O.N. dittohead, "Nonchalance makes strange bedfellows."

Special projects editor John Stoltenberg, who says he only "channeled" this press release, is the author of The End of Manhood: A Book for Men of Conscience (Dutton).
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