

BLOOMINGTON WO'S LIBERATION NEWSLETTER

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JULY-AUGUST
1971

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by
Adele Aldridge

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ANNOUNCEMENTS

August Meeting --- at the house, 7 p.m.
Thursday, August 9, 414 N. Park. We
will talk about a program for next
fall for new women. Come around
6 p.m. for the "pot-luck" --- entire
family invited.

PLEASE CALL IN NEW ADDRESSES AND
PHONE NUMBERS OR COME OVER TO THE
HOUSE AND CHANGE THEM YOURSELF.
OTHERWISE, YOU WON'T KNOW ABOUT
ANNOUNCEMENTS LIKE THIS ONE.

ACTION GROUPS

Abortion Law Repeal: Helen 2-8644
Box 1292

Abortion Counseling: Susie 6-0903

Day Care Centers: Jan 2-8216

Support Groups: Heather 6-0760

Newsletter: Judy 6-8691

Freewheeling Women's Press: Susan
9-4916

Literature Collective: Ann 2-5953

NUC Women's Caucus: Cary 2-2479

Women's Studies: Clarine 8762651

Gay Women: Susan 9-4916

Under Indiana law a woman does not
have to take her husband's name when
she marries as long as she consistently
continues to use her maiden name.
Don't disappear! Keep your own name.

We would like to share this letter with
you:

Dear Sisters --

I was just reading the newsletter
& thought I would write you a note.

I liked the newsletter a lot ---
especially the things about the house.
Having lived in a "movement" house for
almost a year, I can really sympathize.

I was one of the people who came to
Bloomington for the abortion conference.
You fed me & my friend Beverly & we
really felt good about you & your house.

We didn't get to see you after that
but I'm sure we will again. Keep
sending the newsletter --- we should be
having one soon ---

Love & sisterhood,
Julia Gibson
Women's Center
2110 W. Wells
Milwaukee
Wisconsin, 53233

THE WORKING MOTHER, a new national
quarterly newsletter is beginning. It
covers day care problems, unfair working
hours for mothers, inequitable salaries,
unfair taxes, news of funds for day care,
job training, and education, and so forth.
Welcomes any local or national items.
(Our broad definition of working mothers
includes those attending school---that's
work---and those who are taking full-time
care of a household---in addition to career
women) Yearly subscription is \$2.50
payable to: Maternal Information Services
Inc., Suite 1E, 46 W. 96 St., New York
City 10025.

The Middle Way House

Brenda Laurien

The Middle Way House is known to most Bloomington people as a counseling center for drug problems. Many know little else about it, due to lack of publicity and image--promotion by members of the program, plus sins of omission and negative implication on the part of the popular press. This article will lay some factual groundwork concerning the founding and purposes of the house.

Bette Huston related how the Middle Way House began. In January, 1970, she and Michael Connelly met several people who needed counseling, education, and simple human contact with regard to drug use. These people ranged from a middle-aged landlady caught in the "uppers-and-downers" cycle, to people needing temporary help on trips, through speed freaks, heroin users, and people just wanting information and advice about drugs. Mike and Bette decided to try to establish a center and a program for drug counseling and education, as the Center for Human Growth had been founded for psychological counseling and referral, and the Christian Center worked to serve the needs of poor people on the West Side.

In March 1970, Mike and Bette presented a tentative program to the I.U. Drug Education Committee, requesting "moral and physical support" for some specifically outlined needs. The committee, however, was still in the talking stage, i.e., "trying to figure out what the problem was." Action was far in the future.

Apparently the program would have to start without outside help, but from April to June little happened in that direction. Then people started inquiring about the proposed project and offered their help. These included Bob Ladner, a graduate student with much knowledge of pharmacology; Richard Sheridan, head of I.U.'s drug education program; Dr. Maickel, a professor of pharmacology; Frederick Coons, head of the psychiatric division of the I.U. Student Health Center; and Farley Snell, head of University Ministries. These people, with Bette and Michael, formed the Bloomington Drug Committee in June 1970. Later a state policeman, a private detective for the city, and Dr. Middleton (an M. D. who administers methadone maintenance programs for Monroe County) joined the committee.

The summer saw much theoretical discussion concerning program direction. Bette grew tired of the talk, since without action it increasingly resembled bullshit, and proceeded to talk to realtors about a low-rent building for the center. Meanwhile Dr. Middleton went to California to tape an eight-show television series on drug education to be shown in Monroe County. Michael and Bette appeared for one interview. Then, on August 6, Ed O'Hara (locally-famous landlord) donated a house at 321 E. Cottage Grove, rent-free, for a year. The only hitch was that the house had no electricity, heat, plumbing, paint or furniture. And plaster was falling from the walls. Still, a building is a building, and toward the end of August many people began to donate their time and skills toward renovating the house. A union plumber installed facilities for a very low fee; someone wired the building; people painted and hammered; someone brought in a giant space-heater for the main room. "All kinds of people--freaks, nonfreaks, old and young, student, non-student, all worked together." (Bette) By September 20, the house was usable and furnished, and Middle Way opened.

The program consists of four phases. First is the 24-hour open line: anyone can telephone or come in to talk to a volunteer counselor. People on trips call in just to talk or to get reassurance if they need it; people can call for general drug information or with specific questions about particular drugs; people with problems of any kind--marital difficulties, problem pregnancies, school problems, or loneliness--are encouraged to call and talk and, if they wish, be referred to others dealing with particular problem areas. The latter function--referral--constitutes the second phase of the Middle Way program. People with long-range psychological problems may be referred to psychiatrists; the Center for Human Growth deals with "outpatient" counselees, marital and drink problems. The Christian Center, Planned Parenthood, Alcoholics Anonymous, University Ministries, and Problem Pregnancy are other referral resources.

The third phase is the drug analysis service. Anyone may bring in a drug sample to be analyzed. It is advisable to transport the substance in a sealed envelope with "To be analyzed" written on the outside. Often substances may be identified by referring to the Physicians' Desk Reference, a book kept at the Middle Way House. Drugs are chemically broken down and analyzed at Myers Hall on campus; results are relayed back to the Middle Way House where they are posted on a bulletin board maintained for that purpose. Drug analysis yields information about what substances make up a pill or capsule. The exact proportions of each substance in a sample cannot be determined rapidly or economically with the methods used here. Lately the analysis service had been slow, but plans for September include stepping us this phase of the program.

The fourth phase, which included all other parts of the program, is education. People need not only factual knowledge about drugs but information about the physiological effects of various chemicals on different biological systems, and, most importantly, encouragement in using such knowledge to form reasonable attitude toward drug use, as well. There is no one policy concerning drugs that is held by all people involved with Middle Way; that is, each new counselor is not informed of a particular ideology to which he/she must subscribe. Most people, however, regard heroin and "speed" (methedrine) as undesirable and to be avoided; there is widespread support for Dr. Middleton's methadone maintenance program. The attitudes toward psychedelic drugs is more variable, but many would agree with Bette: psychedelics are sometimes good for some people; sometimes they are not so good; no blanket approval or condemnation can or should be maintained as policy by individuals or institutions.

A Note About the House:

We are painting, redecorating, reorganizing, and otherwise attempting to make the house brighter and more difficult to clutter (giving everything a place). NOW IS YOUR BIG CHANCE!! Those people who feel that it is difficult to come into the house, to find anything, to feel at home... Call Judy - 68691 - to help or talk about any of the following things:

1. Making the house brighter - we need paintings of and by women.
2. Painting and cleaning the house.
3. Organizing the room with the literature in it to be a library so that it is easy to find things, and the living room is free to be a meeting and discussion room.
4. Cleaning out the garage so that can be a storage place and the things in it can be more easily accesible.

ON FILE AT THE L HOUSE

The following is a list of the files which are in the top drawer of the file cabinet. Some of them are really good, and some of them aren't. I went through and took things out of files that didn't belong in them. That was a really big job and I'm too sick of it to go on and do the rest of the stuff that needs to be done. The next step is to alphabetize what is there. That's pretty easy, but I've really had enough for the time being. Then all the stuff I took out (it's in the front of the second drawer) has to be refilled or thrown out. I didn't know whether to keep the bibliography file separate from the list of literature. The latter seems to be a working folder for ordering lit. and so it seemed like a good idea to keep it. I really think these files are pretty neat and could be very useful. They need to be improved though. I'd like to see a file of all the things that have been written by our group, a file of one copy of all the literature we've ever distributed, a file of one issue of each paper we get for starters. These files could be a real source of information for us. (Typist's note--wouldn't you like to come over and help us alphabetize the filing system???)

Lleni

Ecology
Women's Liberation
Indexing of the radical press (sort of
a reader's guide for us) done by people
at Carleton College
Beauty ads and analysis
Newspaper coverage of Women's Liberation
mostly Bloomington and an article by
Mary Kleinhans on how the media
defines us.
Women: Anti-War and Anti-Imperialism
Speaker's Bureau--L
Bibliography
Contraceptive Birth Control
Black Women
Our Newsletters

Conferences and an analysis of the
Nov. '70 conference at Grinnell
Correspondence
Woman's Culture
Day Care
Discrimination: mostly in jobs
Education: Women in school and
courses on women
Women's Lib in other countries
Family
New York Feminists writings
Gay Literature
Health care
Health Center
Humor
Literature--written and otherwise
that we have or need

"It's All Right Doc, I'm Only Dying" by Susan Bondurant was sent to us by RADICAL WOMEN 2940--36th Avenue South, Seattle, Washington, 98104, and we thought it worth reprinting.

If you're thinking about getting sterilized, think twice about it. I sought such an operation, and I got one - and it damn near killed me.

As an ADC welfare mother seeking sterilization, I was referred to a doctor in the abortion clinic at Harborview - the county butchershop/hospital here in Seattle, administered by the University of Washington School of Medicine. This doctor informed me that a new technique would be used, one that was simple and fast and not considered major surgical procedure. In fact he said, it was done on an outpatient basis. He vaguely described the nature of the operation and assured me of its safety, and I agreed to it.

Two weeks later at 10:30 a.m., the operation was performed. The first clue that something was wrong came at 5 p.m. when the clinic closes. Instead of being up and around as I "should have been", I couldn't even sit up without passing out. The doctors huddled and decided that I was really ok, that my body simply hadn't recovered from the shock of the operation. They couldn't let me stay, they said, because the clinic had no overnight facilities. (Yet the clinic is on the 8th floor of the hospital). They doped me up so that I could get out the door, trembling and supported by a friend.

I woke up the next morning in pain. It got worse and the sisters with whom I was staying called the clinic. The doctor was unavailable and a nurse in the clinic insisted that it was gas pain. She advised exercise and activity, and refused to authorize medication for the pain. But neither walking nor push-ups helped and the pain grew worse. My sisters finally called the hospital again and said they were bringing me in, and the hospital promised to be "ready" to examine me upon arrival.

At the Harborview emergency department, I was laid on a stretcher in the hall. After forty-five minutes and many phone calls to try to locate a doctor, I was placed in a room. A doctor finally sauntered in and when my sisters asked him what had taken him so long, he became furious about their "hostility" and announced that he refused to "work" in "such an atmosphere". As he ranted on and on, my sisters indignantly reminded him about me, the patient, lying there in agony. He reluctantly turned his attentions to me, asked me some questions, gave me an unnecessary and excruciating pelvic exam, and then started haranguing me about my sisters' "hostility".

My original doctor then appeared. He asked me the same questions, poked me and left. He saw my sisters in the hall listening anxiously to my cries of pain, and he presented them with his educated diagnosis.

He smugly announced to them that I was obviously suffering a "psycho-somatic" manifestation of "guilt feelings" about being sterilized. Dr. Freud went on to say that I was imagining this pain to punish myself because I had a "need to suffer". Since there was "no physical basis" for the pain, he said, I was simply "that kind of woman", and nothing could be done for me. I should be taken home.

My sisters flatly refused, luckily for me. They contradicted the "diagnosis" and demanded that the doctors undertake more tests and give me an anesthetic for the pain. So the doctors huddled, and whispered, and finally sent me to X-ray. After another hour of agony and tests in the Emergency Room

they reluctantly decided that something was wrong and they would have to re-operate. Only then was I given an anesthetic.

In the second operation, they discovered that during the sterilization my large intestine had been perforated and for over 18 hours had been emptying into my abdomen. My "psychosomatic, guilt-induced" pain was the product of terminal peritonitis.

Following the second surgery, my care at Harborview was typical, beginning with neglect. Harborview, like most county hospitals, is dangerously understaffed. Other patients in my ward, seriously ill themselves, took care of me the first night, as the few nurses on duty were too rushed to do it. Bound by needles, tubes and apparatus of all kinds, I vomited all night and the next morning.

When my sisters found out about this the next day, they demanded that the hospital provide me with a special night nurse because it was the hospital's fault that I was there in the first place. Then Radical Women began organizing shifts of women from all over the city to sit with me around the clock. Faced with these intimidating volunteers, and furious over the invasion of females, the hospital conceded a special nurse for the night.

Normally, patients with as serious a case of peritonitis as mine, stay in the hospital for a protracted time, and the doctors admitted as much to me. Yet they started trying to force me to leave after only five days. My body functions weren't normal yet, so again my friends refused to have me discharged. In revenge, the staff started delaying my meal deliveries, failing to chart vital signs, not emptying my bedpans, in short, provoking me. It worked, and I insisted on leaving.

In the following weeks and months, I had to return to the clinic frequently because of bowel trouble. They didn't tell me to maintain a restricted diet, limit exercise, or take any precautions, except for no lifting. As a result of this casual and contemptuous treatment, I can look forward to permanent bowel trouble, possible further operations, and periods of disability.

In this country, health care is a commodity, not a right. People are kept ignorant about their bodies and about treatment, and the number of doctors is rigidly limited by the profession itself. But the problem is further complicated by the sinister male ego of doctors, egos inflated to monstrous proportions by intensive medical school steeping in psychoanalysis and the doctrine of women as hysterics, not as people. This prevents serious medical care for women, and encourages doctors to be superficial, careless, and then deceitful about the condition of women patients. Scientific analysis and correction are excluded by male chauvinism; the doctors cannot admit error - it has to be the fault of the woman. If I had been taken to Emergency by the average man, he would have believed that Freudian bullshit and taken me home to die in agony. What women need is good medical care, not absurd psychoanalysis.

I have filed suit against the hospital, and I intend to raise the issues of male chauvinism and medical treatment for poor people in county hospitals. I owe my life to strong, aggressive, united women, who rallied to my support and came to my bedside. We all learned a lesson through the experience, that female solidarity and action are the only effective means to force the male bastions of medical power to start doing their job, to start treating us and stop murdering us.

Martha Vucinus
509 E. University
City