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HEALTH CARE



ITT
Joan Baez
Herbal Cures

Art & Politics

dear Passage staffers,

Apropos of art & politics, the Trident offensive against Bangor, the proposed Ross Dam rip-off, and other violations of nature, here's a poem — "sunset over the bay."

yellow-streaked
slit-bottomed
clouds
birthing light-rays
into a liquid-
gold-blaze
on the blackish bay

a small barge
drifting
into the gleam
and out again
like a painted dream
— or a life

sun-downing
clouds pinked,
the gold dissolving,
reforming
in a strip
by jutting land

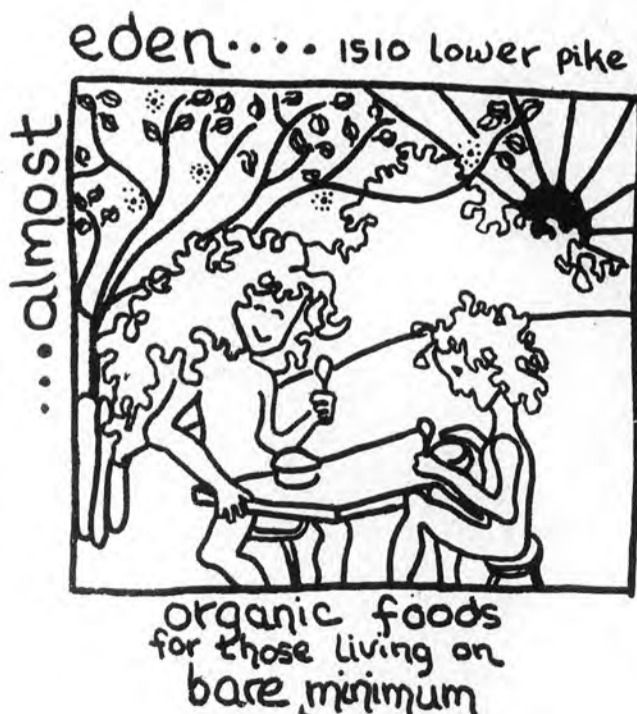
and in the background
bigger ships
overdressed,
with pins sticking out,
bandied about
by remote computer/
men working
for the day
when their inner
oblivion
will be unseen
by all

— Burns Raushenbush

SILENT THE OLD TOWN . . .
THE SCENT OF FLOWERS
FLOATING . . .
AND EVENING BELL

BASHO

OLD DARK SLEEPY POOL . . .
QUICK UNEXPECTED
FROG
GOES PLOP! WATERSPLASH!
BASHO



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dried fruit...
grains...
nuts...
eggs...
herbs...
yogurt...
raw cow's &
goats milk...

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for those living on
bare minimum



Letters

ps. I agree with Brian Rosenblatt's comments about art and capitalism. Much more could be said in this vein. The fact that "starving artist" is such a cliché in our society suggests the extent to which artists & writers are 2nd or 3rd class citizens. If they do niche into the economy it's as corporate niggers, making commercials. The publishing industry — as other aspiring novelists doubtless know or will soon find out — is about as committed to good literature as Nixon is to peace. I.e., beneath the cover of pious rhetoric the precise opposite practice prevails. What's amazing is that novels like "Another Roadside Attraction" sometimes slip through the gold-padded gates with their numerous security guards (readers, editors) hired to screen out "non-saleable" or "undesirable" art.

?

to the passage staff:

The devil is winning. Its goal of the complete destruction of man (sic) and all that lives and grows is nearing. I don't know why I have gone to many of the county hearings concerning the building of two nuclear plants on Bacus Hill. I have been watching my funeral and your funeral being planned. I feel so lonesome I could die. I am sorry to report this but this is the most honest way I can sum up the Skagit Valley Nuclear Hearings.

Larry McKinnon
Big Lake

Prison News

May 7, 1974

Are the Guards that work at W.C.C. Humanitarians? Shelton Pen:

This raises a very important question. Please let me give you a case. An inmate here at W.C.C. was given orders by the Doctor to have three days bed rest for tonsillitis. The same inmate has a bad back, so the Doctor called the laundry service here and ordered the concave mattress to be removed, and replaced with a new one. To receive the ordered mattress however, the bedridden patient had to first off, carry his unuseable mattress on his back across the length of the institution through the cold and raining weather that is so persistent here. He also had to carry the useable mattress back to his room, before being able to follow Doctor's orders. The patient also pleaded with four Wash. Correctional Officers to assist him in obtaining his new mattress with the answer of "If you want it you will have to get it your self." Is this Humane?

Ken Holden

This is all true, even though the fact that this may seem to be very small to you it is very big to the inmate that is getting treated like a dog this very day. Thanks you very much for your thoughts that have gone into reading this. LATER

LET'S GIVE THOSE COWS AND PIGS A BREAK

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cover photo by Stanley Smith

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mary vail	left bank books
monte vitzhtum	suzanne
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janet craswell	lynn
karen kutheriam	tanny
jack burton	tom begnal
cecilia corr	windi begnal
robert pfannenstiel	dave groves
beverly storms	stanley smith
aaron white	elizabeth
robert toy	rod del pozo
lane thomas	jim hansen
mary jane gasdick	clair cuddy
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john brockhaus	john pappas
jeffrey margolis	rod burton
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chuck schultz	peggy blum
steve ex	gail
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jane jennings	larraine
laurie blancher	audrey
amy davis	don alford
mark fernstrom	sharon alford
keron ericson	



PEOPLE AND HEALTH CARE

This country's health care system, comprised of the AMA, pharmaceutical companies, hospitals and doctors is totally inadequate. While spending more money per capita on health care than any other country, America finds itself far from the head of the list when indicators of national health, such as life span and infant mortality are measured. Poor diet, pollution and lack of exercise must certainly be contributing factors, but our medical establishment appears to be more concerned with money and status than with people's health.

The medical industry exploits rich and poor alike. Though the poor get no care, what the rich get is inadequate, crisis oriented, and especially weak in health education. Women and racial minorities, while suffering under economic class neglect from the white frocked healers, suffer a special callousness towards their distinct ailments such as vaginitis and sickle cell anemia.

This system of neglect and bankrupting bills for patients, and riches for doctors and pill pushers is maintained by the mystification of healing. Although the doctors guess much of the time about your ailment and find the cure in a drug company brochure, they carefully cultivate an air of omnipotence. To make sure that their incompetence is not comprehended they dutifully hoard all medical knowledge. Only those initiated into the club through medical school share in the big bundle. The medical profession maintains a strict hierarchy to keep the money, power and prestige in the hands of this white, male elite.

Recognizing this abysmal state of affairs, it behooves us all to work for a people's health care system. Let's tear down the banks of knowledge and liberate the vaults of silver for a decentralized, comprehensive program of health education and care oriented towards skill-sharing experts instead of "professionals".

judy calhoun

laurie blancher

sub scribe! Today!!



Dear Northwest Passage:
I like your rag and want to receive it regularly. My payment is enclosed. Rates: \$6.00 per year; \$11.00 for two years; \$125.00 lifetime; free to prisoners (add \$.75 per year for Canadian address, \$1.50 for foreign). I also promise to mention the Passage when patronizing Passage advertisers.

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If a large fraction of the population in Whatcom and Skagit counties decided to have their yearly check-ups by the existing primary care facilities, including general and family practitioners, general medicine, general surgery, pediatricians, and OB-GYN's, it couldn't be done. Assuming that current population projection on a ratio of primary care physician to patients is 1600 to 1, the average doctor would be working a 100 hour week for 48 weeks out of the year. A normal work load in the medical profession is a five day week, 6 hours a day.

Each citizen is entitled to about three hours of medical services per year. A well adult check-up usually includes about an hour's visit for a thorough examination (20 minutes on history and lab findings, 20 minute screening exam, and 20 minutes on health risk, lifestyle, diet analysis, and medication followup. Thirty minutes is spent on you if you are known to be ailing (10 minutes on history, 10 on the physical, and 10 minutes of therapy). This is in itself, presupposing ideal care.

Most of the country's 100 primary care physicians are urbanly oriented. Fifty per cent of the population do not live within the cities, and must find a way to come to them. The rate of new, young doctors coming into the community is not consistent with the population increase. Of the existing medical community dealing with primary care, 19 are 60 years or older, 31 are in their 50's, 38 in their 40's, 20 in their 30's, and 2 are in their 20's.

Many of the Migrant workers, resident farm workers, Native Americans, low income senior citizens, and counter-culture population seldom can afford the expense of an examination and often lack the means of transportation to and from a doctor, lab, or pharmacist.

This is why WSROC was created, and why it has become an important and unique service to the community.

The Whatcom Skagit Rural Opportunity Council, composed of an all Chicano board, created the Ivit, Vernon and Lynden Health Clinics. Their original focus centered upon the migrant community, but in its two years or so of growth, has expanded to include a larger segment of the population. The combined target population for both the clinics is set at 24,000 and can be broken down into five groups:

1. Migrant farm worker: 1,000 families or 6,000 individuals
2. Resident farm worker families 7,500: 1,000 Chicano families or 6,000 individuals, 500 Anglo families or 1,000 individuals, 100 Native American families or 500 individuals
3. Low income counter-culture: 7,000
4. Low income senior citizens: 1,500
5. Medicaide families: 2,000 individuals

Now that we've jangled your census senses, relax, take off your shoes, go get a beer, and come back and read the rest of the article.

There is a big old house in the middle of the country, not too far from the Meridian highway. Behind the scenic grounds ripples the Nooksack river, and along the water's edge, hidden by the tall grass waddle two resident MD's (mallard ducks). You're tired. You may have come from Everson, Sumas, Custer, Blaine, Ferndale, Lynden, Bellingham or as far away as Canada. Open the door into the large comfortable converted living—waiting room, and grab a cup of coffee (with donation) before you sit down. The receptionist, Phyllis, will ask you to fill out a few forms. In the event you don't speak English, the bi-lingual, tricultural staff is on hand to help you out. You are then escorted up the stairs to either the soothing blue, gynecology room, the yellow pediatric chamber, or the green general exam room. There, one of the five aides will discuss with you your past and present medical history, and take some vital sign readings. She then leaves to find Carver Rutherford or John Roach — the physicians at large, or Corrine Klaimann, Joan Ruoff, or Nancy Duffy, the nurse practitioners. You contemplate the mysterious instruments about you, and prepare for your examination.

Sooner than you had expected, in comes one of the doctors or nurse practitioners, and asks you if you wouldn't mind if they asked you some questions. No, you wouldn't, but could they explain what's going on during the exam so that you don't

Welcome To Whatcom Rural Health Clinic

leave as unenlightened as when you walked in. Yes, and your check-up informs not only the doc about your body, but you also.

Perhaps they ask you to go downstairs and have a blood count or urine sample. The lab technician Dodie Stamper, may have to take your blood, and lucky for you, it's not a full moon.

Behind the lab scenes, Dodie works on throat cultures, screening for VD, Urinalysis, Hematocrits (test for iron in blood), pregnancy tests, monospots (mononucleosis), urine culture, sensitivity tests (finding out which medicines work best for you), wet counts (vaginitis), white and red blood counts, differentials (evaluation of blood condition), and complete cultural screens (sputum and throat cultures or any type for bacterial organisms). All of the above lab tests and results are done in Lynden, and state exams are sent off to the U of W.

The clinic itself takes care of well patient check-ups, initial diagnosis, treatment referral, if necessary, and follow up, nutritional counseling, mental health counseling (doctors and nurses have had both training and experience in psychiatric care), referral to mental health agencies including Parents Anonymous (aid for child abusers and potential child abusers), Gyn examinations (treatment and referral), house-calls (medication delivery and patient transportation) and services 30 different migrant camps with

mobile medical teams. A day care center is projected at the Mennonite Church in Lynden headed by Esmerelda Cisneros.

Because the clinic is aimed at low income families, the examination, medication, and lab costs are based on a sliding wage—pay scale, unless the patient has insurance which covers medical expenses.

Funding for the Lynden Health Care Center is taken care of through a yearly HEW grant (a six year grant is still under review). The five aides — Mary, Rosemary, Cindy, Irma, and Cheri — are paid by the Mainstream program as well as Josie, the assistant office manager, and Phyllis, the afore mentioned receptionist. VISTA takes care of Nancy Duffy, nurse practitioner, Mr. Aleniz and Hannah, community specials, and Barbara Knapp, nutritionist (currently involved in the WICK program that gives supplementation to pregnant or lactating mothers or to children under the age of 4). WSROC keeps the other nurse practitioners, doctors, office manager, Juan Ortiz, and D. Stamper practicing.

Now, go back into the waiting room where Phyllis will make out your bill. Then you can step out down the road for a walk in the park. Come back again. The clinic is open from 9:30 to 6:30 on Mon., Wed., and Fri. and 9:30 to 9:00 on Tues. and Thur. or give us a call. The number is 354-4413.



Women and Medicine

Vocal in feminist outcries is the concern for control of our own health care and sexuality. In a country where the educational systems are supposed to provide opportunities for every person to go as far as their abilities can take them, only 7% of the physicians are women. The bulk of the physicians therefore are men, in addition to almost all the top administrators. They are the decision makers while women are in the role of workers comprising 70% of the health industry. In a society where preventative education and knowledge of our bodies is infrequently made available, dependency is created upon the medical profession. That women comprise the majority of health consumers, their bodies dealing with pregnancy, birth control, abortion, childbirth and many hormonal changes, makes one further question the lack of women's presence as health care providers. Was it always this way?

According to Ehrenreich and English in their short history of "Witches, Midwives and Nurses," "Women have always been healers. They were the unlicensed doctors and anatomists of Western history. . . For centuries women were doctors without degrees, barred from books and lectures, learning from each other, and passing on experience from neighbor to neighbor and mother to daughter." The authors explain the current subservient role which women play in health as resulting from the suppression of witches-women healers in medieval Europe and the rise of the male medical establishment in 19th century America.

Health care in colonial America was almost exclusively female midwifery. According to Joseph Kett, a medical historian, "In New Jersey, medical practice, except in extraordinary cases, was in the hands of women as late as 1818." Women as general practitioners decreased in the 1700s as more apprenticed and schooled trained men appeared. These "formally trained" doctors took great pains to distinguish themselves from the host of lay practitioners. This so called "regular" medical practice was based on "heroics" such as purging and bleeding in contrast to lay practitioners, the "irregulars," who used mild herbs and dietary changes in their treatment.

About the same time the "regular" medical profession in America was trying to set roots, other sects of medicine began to propagate. A "Popular Health Movement" gained strength in the 1830s and 40s representing a reaction against the vigorous bleedings and druggings and the grab for a medical monopoly. The movement, an attack on medical elitism, carried the slogan of "every man his own doctor," and they made it clear they meant women also. As is currently the case, the movement coincided with a rise in feminism. Returning a charge of the ill health and sickness of American women, Harriet Hunt, one of the early women doctors put the guilt of women's ill health on the male professionals: "Man, man alone has had the care of us (women) and I would ask how our health care stands now. Does it do credit to his skill?"

Women were often repelled by the "heroic methods" of the "regulars," especially in their treatment of women. Included in Hunt's explanation of why she chose medicine for a career is her stunned realization of the profound ignorance of the male doctors treating female diseases. Women interested in medicine were often attracted to one of the several sects. The emphasis of the popular health movement was on prevention and "people's" medicine; its schools were opened to women and blacks, people not generally accepted by the few "regular medical schools."

Elizabeth Blackwell was in 1849 accepted to the Geneva Medical School in New York, a "regular school." She was accepted as part of a joke but graduated at the top of her class as the first woman physician in the United States. (Not beginning a general policy however; women were again barred from Geneva until 1860).

Blackwell entered medicine feeling "the thorough education of a class of women in med-

icine will exert an important influence upon the life and interests of women in general." Elizabeth Blackwell's career was dedicated to remove the many obstacles from women entering medicine. Unable to obtain hospital opportunities, Elizabeth, with her sister Dr. Emily Blackwell, opened the New York Infirmary for Women and Children. Established in 1854, the Infirmary was conducted for women and by women. This furnished the first and for a long time only opportunity for clinical instruction available to women students in America.

Women were divided over the issue of separate medical schools for women students. The conflict involved the sympathies many women felt for the "irregulars," who often staffed women's medical schools, and the struggle for respectability of women as medical practitioners at a time when the regulars were beginning to tighten licensing legislation.

The Blackwells were vehement about quality medical education for women. While wanting to integrate women into the established medical schools, all places rejected their demand for taking their students. Elizabeth and Emily Blackwell, therefore, worked for the establishment of a medical school for women in connection with the infirmary.

Elizabeth Blackwell felt the medical profession was too removed from the life of wo-



Gynecological exam.

men. "The application of scientific knowledge to women's necessities in actual life can only be done by women who possess at once the scientific learning of the physician, and as women, a thorough acquaintance with women's requirements—that is by women physicians."

Entering into a profession controlled by men accounted for women's alignment of science to a male genre. There was often a basic mistrust of the male doctors' medical practice. Catherine Esther Beecher, a pioneer in women's education and hygiene in the mid 1800s, after describing the horrors of some treatment practiced upon women asks: "How can a woman ever know to whom she may safely entrust herself. . . in such painful and peculiar circumstances?" Professional exploitation by the doctor of this female patient was a mask, in Harriet Hunt's opinion, for a deeper and more humiliating sexual exploitation.

With this distrust it is easy to understand the abandonment of some accepted medical practices by many of the pioneer women doctors and their subsequent association with the sectarian practitioners. This led them to some sound conclusions about the worthlessness of many drugs and the necessity of sanitation and preventative medicine.

In the late 1800s, drastic gynecological surgery was performed such as clitoridectomies, ovariectomies, and hysterectomies. Clitoridectomies were most heavily performed in the United States from 1867 until 1924. After all, if a woman's character was dominated by her reproductive organs, then gynecological surgery seems the most logical approach to any female

psychological problem. A medical book of this period states: "Unnatural growth of the clitoris. . . is likely to lead to immorality as well as to serious disease. . . amputation might be necessary." Doctors tend to agree that this indeed might be necessary in cases of nymphomania or masturbation.

When the male medical profession was explaining everything possible in such "scientific" terms, the female contingent had reason to be skeptical. Blackwell urged women medical students to revamp the medical profession for "methods and conclusions formed by one half the race only must necessarily require revision as the other half of humanity rises into conscious responsibility."

The AMA with its first annual meeting in 1846 wanted to put all practices and sects under its control. In 1868 the question of admitting women doctors to the AMA came and was postponed indefinitely. Women were finally allowed in 1915.

By the late 19th century, upperclass "regular" physicians allied themselves with the rising industrial fortunes to close the "irregular schools." In 1910 the Carnegie Corporation sponsored the Flexner Report which determined which medical schools would get foundation support and hence which would survive. This meant closure of many of the schools opened to women and to black people.

In 1871, Dr. Alfred Stille, then president of the AMA, said in an address: "Certain women seek to rival men in manly sports. . . and the strongminded ape them in all things, even in dress. In doing so they may command a sort of admiration such as all monstrous productions aspire, especially as they aim towards a higher type than their own." And of course the classes in medical schools held such scientific discussions as the "injurious effect of intellectual activity on the reproductive organs." The medical profession was not accepting women with open arms.

There has not been a significant increase in the numbers of women physicians over the years. After midwifery was outlawed the only role deemed acceptable for women was that of nurse, a role which could exemplify the feminine character as one of nurturing and obedience.

The effects of a male dominated health system are with us today. The stress in our health system today is a major disease for prestige and monetary rewards come from "heroic" and "dramatic" healing. Female physiology ranks lowest on research monies, although little is known about postpartum depression, menstrual irregularities, failures of contraceptive devices and other minor maladies of women.

In a recent issue of New England Journal of Medicine, Drs. Jean and John Lennane suggest that usual attitudes towards and treatment of certain conditions which affect women only are contrary to scientific evidence and may reflect sexual prejudice.

We could go on with the large number of unneeded gyn surgery performed today, uncomfortable and insensitive pelvic exams and the absurd amount of drugs given to women. Women seeking health care are often medically mismanaged and develop a picture of themselves and other women as weak, dependent and neurotic. This concept becomes a self-fulfilling prophecy.

It is not enough to place women in the decision making roles of physician and administrator. (Of further importance is to increase the availability of knowledge about our bodies so that we can better evaluate our own health needs.) There is once again a call to revamp the medical system, allowing it to be concerned with health rather than profit, and with developing personal potential instead of perpetuating sexual myths.

Corporate Health Swindle

Painful Profits

The Doctor Cried All The Way To The Bank



by richard kunnen

The U.S. health delivery system is the natural, logical and inevitable extension of the U.S. capitalistic economic system.

A quick historical overview of our economic system suggests that it has gone from a relatively primitive single ownership, entrepreneurial stage to a multi-level conglomerate complex. The overt style of the economic system has shifted from one of rough and tumble laissez-fairism and social darwinism to the new sophistication of corporate liberalism.

An example in the general economy of the single ownership entrepreneurial stage mentioned above might be the old time general grocery store. The store was owned, controlled and operated by one man or his immediate family. Because of limits of size, manpower and complexity, there were limitations on both profits and service. Since it is an economic imperative of capitalism to maximize profits, it was clear that the general store model was not adequate. To maximize profits, the general store evolved into a large suburban shopping center or chains of supermarkets. This allowed for an expanded range of services and goods. No longer did a single person both own and operate all aspects of the enterprise, but rather specialization and fragmentation of roles and functions increasingly played a greater part.

Capitalism has a tendency towards elimination of competition and thus generates monopolistic systems. The large giant supermarket increasingly replaced a multitude of smaller stores, thereby limiting competition to the one or two large supermarkets in an area.

The most recent level of advance in corporate liberalism is product diversification. If one product isn't selling well, a conglomerate will have control of enough other products so that it can hedge its profit bets. Thus we see tobacco interests, as they face increasing pressure from the FCC and the Public Health Service to limit sales, buying into such enterprises as the dog food industry.

What's crucial to note in the above scheme is that the economy's first priority is always profit maximization, with quantity and quality of goods and services offered and worker benefits always of a secondary nature.

With the above as a simplistic economic outline, let us now see how the health system shows parallels and analogies to the economic system.

Analogous to the old-time general store is the general practitioner or family physician. The G.P. is rapidly becoming less important in the health arena. Recent polls of graduating medical school classes show that less than 5% of the senior class plan to become G.P.'s.

Where have all the G.P.'s gone? Because of rapid advances in technology and information, it became impossible for an isolated G.P. to provide a full range of comprehensive services. The specialist appeared, and he rapidly developed an economic advantage over the G.P. Prestige and profit are more available in the specialties. Specialization is a higher level of monopoly control. It is achieved through a process of education, mystification, professionalization, and monopolization of skills and techniques with its consequent and accompanying prerogatives and privileges. Thus the profit motive helped to further the specialization and fragmentation syndrome.

Simultaneously, the AMA worked to insure a limited supply of total physicians, thus eliminating competition, and allowing individual entrepreneurs to function in a highly profitable manner. How was this monopolistic policy carried out?

1. CONTROL OF MEDICAL STUDENT INPUT. Ever increasing tuition rates at medical schools accompanied by AMA opposition to student financial aid as well as opposition to new schools, has resulted in inadequate numbers of medical students and medical schools. Those that gain admission must be from the upper middle classes, which ensures not only a limited supply of physicians, but also the continual political conservatism of the medical profession. Since the Blacks and Puerto Ricans are the worst off, the economic barriers make medical school admission functionally racist.

2. CONTROL OF LICENSING AND SPECIALTY BOARDS AND MEDICAL AND HOSPITAL ACCREDITATION BOARDS. State medical societies set lenient standards for foreign-trained medical students to serve as interns and residents in municipal charity hospitals. The foreign-trained professionals are a source of cheap imported labor, brought here to do charity work and thus support a multiclass health delivery system. Because the foreign graduates represent a potential source of competition, it is extremely difficult for them to get permanent licenses to go into private practice.

3. CONTROL OF TECHNICAL SKILLS. In spite of the gross shortage of physicians (the medical profession has insisted that the problem is one of maldistribution, in spite of the fact that even in localities of maximum physician-patient ratios there are glaring numerical inadequacies), the medical profession has made no serious attempt to transfer skills to non-physicians. An extreme example of this was the decades-long debate over whether or not nurses should be allowed to take temperatures.

In those areas where manpower shortages have now made it an absolute necessity for nurses and other health professionals to acquire and use more skills, a concomitant shift in authority has not followed. The exploitive economic system has resulted in a male chauvinism, placing tremendous responsibility on nurses, but highly limiting their authority, prestige, and compensation. Male chauvinism has also functioned to limit the number of females entering the medical profession.

4. CONTROL OF DEFINITION OF PROFESSIONAL ROLE. This is really a combination of the first three areas of control already mentioned. The character of training function and practice has been professionally determined to be along lines of illness removal and not health enhancement. Since illness can be used as a marketable commodity and health cannot, there is an investment in illness. Since we live in a class and class-exploitive society, there is a maximal investment in illness in the lowest classes. Thus we see the development of a multi-class system of health care in which the poor are used as training cases by students, interns and residents, in order that they may be competent by the time they go into practice in wealthier neighborhoods. Minority people are not only most excluded from the benefits of the health system, but also are the most exploited by it. Those most exploited, and most deprived of the benefits of the health system, are often the fatal victims of that system, i.e., they die as a result of the system. These deaths are a constant reminder of the violence perpetuated by both the economic and health systems.

The AMA was so successful in limiting the supply of doctors that it has inadvertently brought about the demise of its own entrepreneurial system. Rising demand for the small amount of medical care available produced a chronic inflationary spiral. Finally, during the depression, consumers became unable to afford any medical care at all. To protect themselves, doctors and hospitals formed third party insurance schemes, as Blue Cross, to guarantee payments. Blue Cross became the "financial underpinning of the entire fee-for-service system." It allows hospitals and doctors to charge whatever the traffic will bear, and must "assume responsibility for the deaths of thousands unable to afford the inflated price of health."

As inflation continued, even the insurance com-

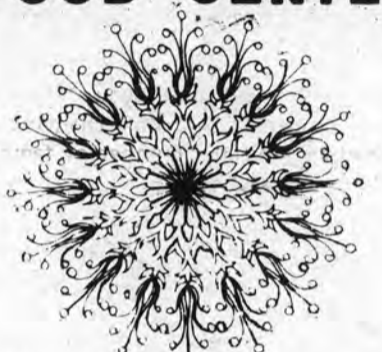


panies became unable to remain solvent. Therefore the government began to intrude itself on the health market place. In its "natural" (i.e. non-governmental intervention) state, there is little profit to be made in the health market place. Only a wealthy market created by government support can ensure a profitable income for physicians and other members of the medical-industrial complex.

Just as there is no real profit in the defense (really war) industry without two basic components, namely war and a federal government to purchase war goods and services, there is no real profit in the health (really illness) industry without two basic components, namely illness and a federal government to purchase illness-related goods and services.

However, even the government is having difficulty paying for the inflated, inefficient system

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of medical care, and is demanding new, cheaper medical care delivery systems. This demand will mark the end of the AMA-backed individual entrepreneurial era, and will give rise to streamlined, monopolistic medical care corporations.

Thus there has evolved a basic split in the medical establishment. The old line entrepreneurial single-man business AMA people are opposed to government intervention, fearing for their individual economic freedom. The corporate liberals of the new medical-industrial complex, on the other hand, require government financing, and desire the efficient conglomerization and monopolization which will result.

Medicine as a sector of the economy has lagged behind in its development (precisely because of the strength of the AMA) and only now are we beginning to see the shift from the individual small entrepreneurs, represented by the AMA, to the monopoly capitalists, based in such institutions as the university medical centers and Blue Cross.

This is an advancement or progression only along the lines of capitalistic economic evolution, and not along the lines of insuring for the people a health system that is publicly accountable and accessible, single and free, comprehensive and consumer-controlled. Liberal corporatism "will no more resolve the contradiction of making profit from people's health needs than will the AMA."

The AMA is still an important reactionary force. But socially responsible people should be aware of allying with the corporate liberals in order to defeat the AMA. Such a danger is real, for example, in the revival of the demand for comprehensive national health insurance, which is now being made by liberal forces. While the passage of this proposal would be a great defeat for the AMA (at least ideologically if not economically, it would be in all probability just a mechanism for keeping money flowing through presently established channels.) It would not rationalize the system in a socially responsive way, shift the emphasis from cure to prevention, or make any of the other badly needed changes in our health system. It would serve to consolidate the power of Blue Cross and the rest of the liberal corporate class.

Even within the AMA itself can be found a split between the entrepreneurial physicians and the corporate-oriented doctors. The House of Delegates tends to vote traditionally: in December, 1969, for instance, it stated that "private practice remains the best method of serving mankind's (sic) medical needs." Dwight Wilbur, on the other hand, recently listed the advantages of community health centers as a way to deliver medical care. More and more we will see doctors banded together to deliver medical care in privately-controlled institutions.

One attempt to rationalize the chaotic health care situation is through government-sponsored planning agencies as Regional Medical Programs and Comprehensive Health Planning. These efforts — based on the spirit of cooperation — will fail in the competitive capitalistic arena, and will be replaced with the expansion of private institutions into regional monopolistic health care deliverers. The AMA initially fought these public planning ventures, but its progressive wing is now urging a different tactic: doctors should control the planning boards. In any case, these federal planning programs are another symptom of the decline of the entrepreneurial forces in medicine,

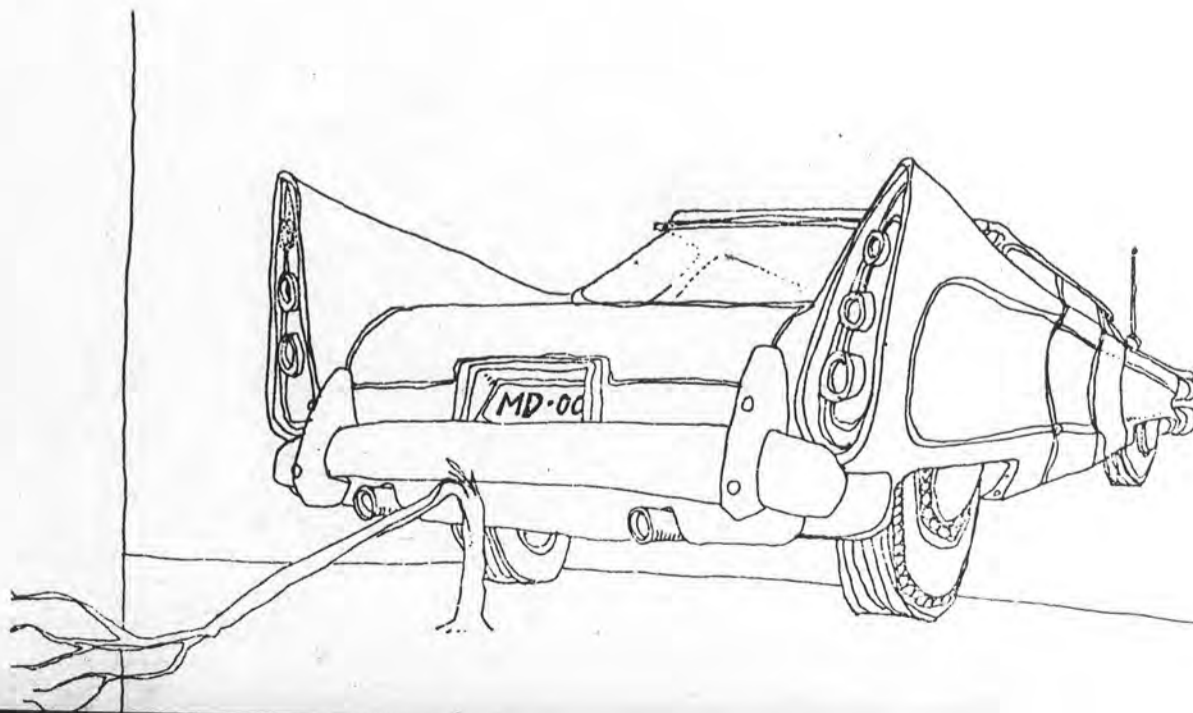
and the rise of the new corporate managers (hospital directors, medical school deans, insurance and drug company executives, etc.). These elites will use health planning as a mask for their actions, shielding real decision-making still further from the public view behind a fog of jargon and professionalism.

Why is the trend toward corporate control of the health system so dangerous? Because it concentrates power in the hands of fewer and fewer people in the private sector, and these people are concerned more with profit and expansion, and less with the health care they provide. The taxpayers supply the money, the government gives the money to private institutions, and the taxpayers and patients thus lose control over what the money is used for. Much of this money leaves the health sector entirely as individual or corporate profit.

Corporate control gives no guarantee of completely free health care supported by a truly progressive tax structure. It supplies no solution to the problem of accessibility of health care; in fact, it will reduce access by centralizing care in large institutions far from people's homes. It fails to promise each patient a physician who will give continuous care over a period of time; on the contrary, it will lead to bureaucratization of health services. And finally, the values of corporate liberals place efficiency and economy over quality.

SUMMARY

The U.S. health delivery system is the natural and inevitable extension of the U.S. capitalistic economic system. An historical overview of both our economic and health systems suggests that both have gone from the relatively primitive single ownership, entrepreneurial stage to a multi-level conglomerate complex. The path both have followed has been along the lines of the evolution to a more advanced stage of capitalism. Because the advance has been along lines of capitalistic evolution, neither the old laissez-faire conservatives nor the new corporate liberals represent an attempt to provide and implement a health system that is publicly accountable and accessible. This can be done only by community control of health institutions. Thus when people disrupt the AMA convention or Blue Cross rate increase hearings or medical school take-overs of community health centers, the disruption stems from deep concern that whoever controls health care in this country literally has the power to determine life and death for millions of people. From that concern and realization comes the demand for wresting control from any and all selfish corporate interests and placing it in the hands of the people.



J. J.

ROACH



No one likes doctors or having to see one, but when vitamin C and all our herbal teas fail, we often find ourselves sitting in some doctor's waiting room, miserable and sick.

I was referred to Dr. Roach by the Lynden Clinic when they were unable to locate my IUD, although x-rays revealed that it was indeed somewhere in my pelvic cavity. Realizing at that time that I had 'bought into western medicine' by having a piece of plastic worming itself through my insides, I decided to try to get to know Dr. Roach and perhaps establish some workable relationship with him. After all, like it or not, a doctor is often the person holding our hand when we pass from this world to that other state of being which nobody knows much about. I'm talking of course about Death, which comes to us all; sometimes fast, sometimes slow, and practically speaking most of us would probably end up at the emergency ward at St. Luke's on the way out, if we ate some poison mushrooms. So let me introduce you to J. J. Roach, local guardian unto death, in hopes that he won't be at your death-bed for a long time; but if he is, you'll smile and wish him well.

Born and raised in a small town in upstate New York which he describes as, "Medina, founded in 1825 by Irish canal diggers, who built the Erie Canal", Dr. Roach is definitely an unassuming personage. (Except perhaps for his bow-tie.) He spent ten years after college getting his medical training; 4 years at Harvard Medical, 2 years at Ohio State Un., and 4 years at Albert Einstein Medical School in N. Y. C., specializing in general surgery. I mention these credentials because I think it is important to remind people of the time and energy doctors put in, and how easy it would be to take yourself pretty seriously after all that schoolin'.

J. J. Roach however seemed more impressed with the conditions in the Black and Puerto Rican ghettos (Harlem) during his four years in N.Y.C., and feels his experiences working the emergency wards there changed his whole way of seeing the world. Police brutality, treatment of heroin-addict prostitutes, and the aftermath of illegal abortions, all became a reality that was a part of his daily

life. "A real eye opener for a country boy."

Perhaps somewhat slow to put two and two together, he realized too late what a mistake he had made getting a doctor friend to reclassify him from 4F to 1A and in 1965 was drafted into the Viet Nam War arena. Stationed in Northern Japan, "things were pretty quiet there, although we had some psychiatric problems with the wives of the 439th photo-reconnaissance division. There were 25 planes (101's) in the division and 24 were shot down."

Back in the U. S. after his two years were up, he dropped up, bumming around the country visiting Nat'l Parks and "doing nothing" for a year. In 1969 he became Medical Director of Harborview Emergency Ward in Seattle and King County Jail Physician. He came to Bellingham the next year to start a private practice. He has been instrumental in starting Planned Parenthood, works as a screener for Social and Health Services, is a doctor for the Rising Sun and consults and does referrals for the Lynden Rural Health Clinic. He also works as a physician at the Lummi Reservation Clinic.

Trying to pin him down concerning his political ideology (I knew you would all want to know), "I voted the Liberal Party ticket for mayor of New York City, and he (Lindsay) won." I had more luck discussing socialized medicine with him. "The way things are set up, it's like jumping out of the frying pan into the fire. Medicare patients are being over-diagnosed and over treated. Doctors don't seem to have much historical perspective. They were adamantly opposed to Medicare and now adamantly opposed to peer Review; though the Medicare bill to the taxpayer rose \$4 billion last year. He emphasized that "the reviewers in a system like this, have to have no conflicts of interest." Once again money seemed to emerge as the source of all evil. Asking Dr. Roach about the big drug companies and if it was true that they invite physicians to plush resorts and outdoor sportspeople's retreats, he said, "yah, the drug companies spend more money advertising in a year than it would cost to send all the med. students in the U.S through one year of Med. school."

Questioning him further about the whole western medicine trip, he seemed to feel that the



SPEAKS

problem lay not in how medicine is taught, but how it is practiced. He spoke of a panel discussion he participated in at WWSC several weeks ago on Medicine: East and West, with Dr. Jernberg from the college and an acupuncturist from S. F. named Bailen. Dr. Roach felt that they all 3 found little to argue about concerning the underlying tenets of good health care, East or West. Nonetheless, he does think that there is a real need for education in preventative medicine for the public so that the lay person will be able to take responsibility for their own health and not be so dependent on 'doctor as god'. His waiting room contains several manuals such as Healing Yourself, published by the Country Doctor Clinic in Seattle.

I asked what he thought of the AMA and he said he belonged to the NMA, founded in 1895 by Black doctors because they were not allowed to join the AMA. They do not however discriminate against Whites, and have some 25,000 members.

He gave me a ride home after the interview and honestly admitted that his politics had made it difficult for him in Bellingham, especially in his specialty, general surgery. Pondering the interview, I decided to go turn the compost pile, weed the peas, re-read Diet for a Small Planet, and be glad that there are still doctors around that have a social conscience.



joan baez live

When Joan Baez is on stage, as she was May 11 at Western Washington State College in Bellingham, one first sees the star, then the political person, the human, and finally the woman. She's obviously a woman who has climbed the male entertainment ladder, is at the top, but still retains some of her integrity by her political concerns, the most recent of which is Amnesty International. She plugged it between songs by Dylan (old favorites), Spanish worker songs (from her most recent album) and those which she made for movies ("Joe Hill" and "Sacco and Vanzetti." Very seldom does she lapse into her personal life or feelings, except in one song I remember. She wrote it in a German hotel under the influence of the "German equivalent of Gallo wine," concluding with the tender remarks "Love is a pain in the ass."

Joan spoke mostly about Amnesty International, an organization she became affiliated with in 1973. It is not only concerned with returning draft resisters to the U.S., but also with political torture the world over, bringing to the audience some political knowledge and enlightenment about torture in Chile after the coup, and in the Soviet countries, as well. But while she may have turned some of the audience off by her fervor for political involvement, she also showed a genuine interest in us, whom she called a beautiful audience. Even before the concert, she was trying to reach us. Escaping her hotel room, she managed to find a congenial bar in which to play and talk to folks. And before singing her encore, she asked the house lights to be turned on so she could "see all of you out there." The audience was a mixed group, not just white middle class college students, but persons of all ages and ethnic groups, in fact the most diverse one seen at Western for some time.

The audience was full of women, too, and many I spoke to afterwards were concerned that with all her political involvements, least of her priorities was fighting for women, or addressing herself to the needs and concerns of the women present and those the world over. In a press conference after the concert, she expressed the belief that amnesty, peace, internationalism, etc. are her first goals. And when those are achieved, "I'll talk about my bisexuality." Nonetheless, she made no attempts to screen her language for sexism, still talking about mankind and (I hope) including women in that definition. As a woman, she remains a symbol of a strong, politically involved woman who somehow (how, I want to ask?) has made it. Again, the star shines through. Although she's not flashy in appearance, there's a flash to her eyes, her style which serves to remind us that she is first, and foremost, a star, and has been for many years — almost 15 now.

Never discussing her stardom on the stage, she finally talked about it afterwards, to the press. Joan claims she tries to go on the road for only a month at a time to keep her ego from swelling cause "everyone's kissing your ass all the time," then retreats to her home and land in California. (A privileged position few women are in.) She even mentioned that she pulled out of the Center for Non-Violent Studies, which she helped organize, because it became inundated with "people looking for joanie" and not dedicated to the cause.

After a tremendous applause, Joan came back for an encore and sang yet another Dylan song, "A Hard Rain's A Gonna Fall," speaking once again from the male hero perspective of seeking truth and justice in the world, and going back out to change it. It was a mixed call to arms. It was Dylan's words she was singing, as she so often does. (But then she



photo by aaron white

sings better than he — her voice sparkling clear and full of resonance — and charges much less for admission.)

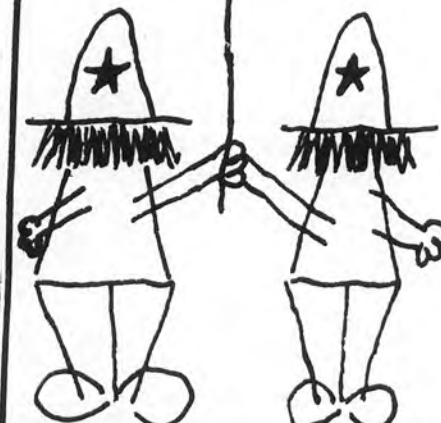
All too soon, for me, the performance was over. Mixed emotions. All of the songs of the past were there, a person from the past was there, in my present, and she was still saying the same things. No more nations, no more war, no more killing. But there was her lack of interest in the women's movement or in the problems of women generally which left me, a woman, feeling somewhat empty. Still, she'd stirred me, reached me, touched me once again with her beautiful incredible voice, her strength and love of humanity, her dedication. She'd also proven once again that a star is on the stage, not a common person, no matter what the stated politics, and that that personage can't possibly meet all your expectations.

michelle celarier

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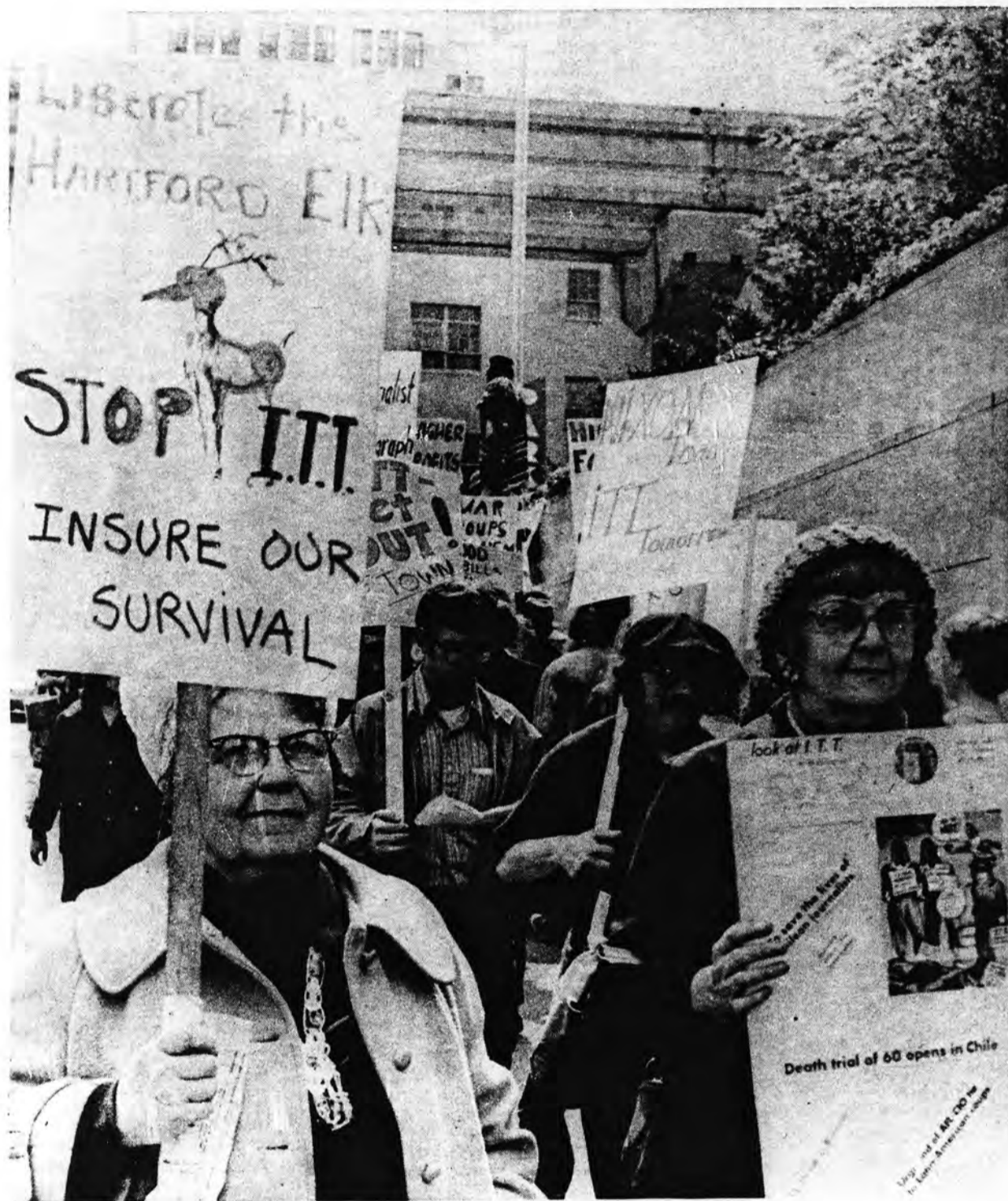
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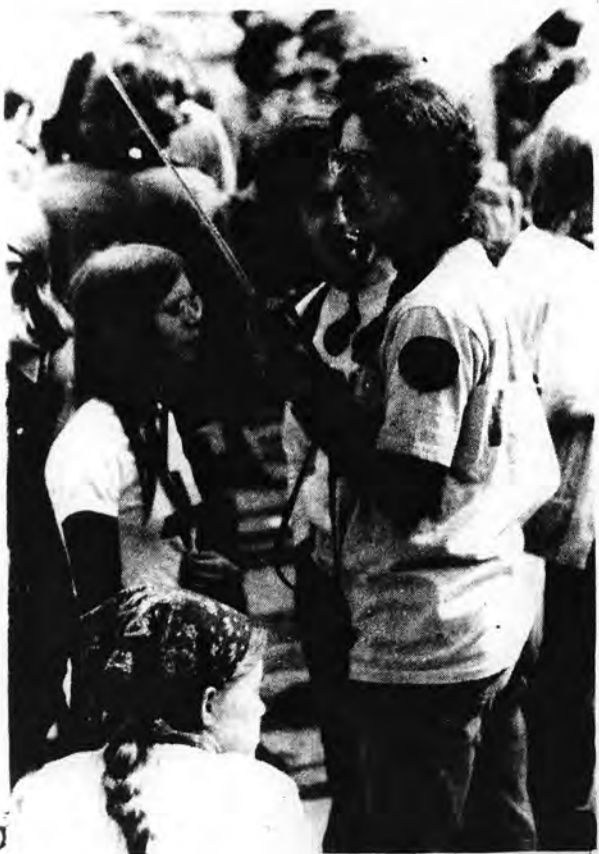


The first I heard about the Coalition to Stop ITT was about two months before the demonstration, when we (Left Bank Books) got invited to a "mass meeting" at El Centro de La Raza. It was not clear exactly who had issued the invitation; but apparently the mass meeting was supposed to be quite selective. We were firmly discouraged from telling people about it in the bookstore ahead of time.

When we got to the mass meeting which was supposed to form the coalition, it became apparent that a great deal of the work, including a statement of unity defining the politics of the politics of the coalition, (a very good statement, by the way, which was reprinted in the UFW issue of the Passage) had been done beforehand. Again, it was never made clear who had done this very fine preliminary work. This aura of mystery and secrecy continued to hover over the work of the coalition throughout, titillating some and irritating others, but resisting all attempts (some of them pretty frantic) to dissipate it.

Looking back on it after the event, I'm pretty much convinced that the mystery-mongering for the most part had no real purpose, whether of realistic security or of sinister machination, but that it was just a part of the acting out of fantasy trips which many groups and people in the movement have gotten into. It was both a consequence of and a heavy contributor to the rampant paranoia that makes all all movement organizing such an agony these days. But that's getting ahead of the story—

There were about 20 groups represented at that first meeting: NICH (Non-intervention in Chile), the Third World Coalition, Seattle Third World Women, and several Chicano groups associated with El Centro; the RU (Revolutionary Union) and four (five?) of its front organizations, two or three CP (Communist Party) fronts, the Black Panthers, some disillusioned ex-RU'ers and friends (collectively known as Are You? Not Me!); and some independent specialized groups like the Lawyers' Guild and ourselves. Later we managed to broaden the coalition considerably beyond the original invitees — most significantly picking up support from feminist groups, adding the IWW (Wobblies), IS (International Socialists), and for a time even the SWP (Socialist Workers' Party, or was it only the YSA?). There was also a Campus Coalition at the U.of W., but that was pretty much of an R.U. (pardon, Attica Brigade) monopoly. This was one of the hassles costing a lot of time and energy and bad vibes in the



photos by steve ex, aaron white, dave groves

STAND....

by paul zisel

coalition — and perhaps also one of the reasons why there was so little participation by UW students in the demonstration.

The major hassles, at least from where I sit, were between the tendency towards secrecy and mystification — so dear to all groups, no matter what their particular ideology, who consider themselves "the vanguard" with the mission to "lead" the rest of us — and the desire for openness and decision making on the basis of equality by all people in the movement. (Of course, that's from where I sit. Some view it as a conflict between the need for security, and the irresponsibility of crazies, blabbermouths, and fuzzy minded liberals). The most absurd expression of this conflict was in the hassle about the "tactical committee," which after heated argument and a close vote was kept secret to allow for secure militant leadership, and then, in effect — did just about nothing. I know, because I was on it.

If I am dwelling on these "negative" things, it is because I think that the coalition has real possibilities. The demonstration, all things considered, was a good one, and the coalition is still together. But I believe that the future of the coalition — and indeed the future of the movement — depends on our resolving the conflict I have been describing. Secrecy, mystification and manipulation cause mistrust, confusion, and paranoia in the movement. They do not really, in the long run, provide security. Historically, the pigs have usually been right in the middle of any secret groups larger than affinity groups of a few close comrades.

Open, militant, democratically chosen and accountable leadership in the mass movement involves risks — to the leaders. It was the style of leadership carried on successfully by the Wobblies for a number of years, and it is the style of leadership the movement needs to become a mass movement in this country again. Organization on the basis of equality and open access to information and decision making is the only way the coalition, in particular, can avoid the fate of earlier groups of this kind: They either degenerated into front groups of one or another of the many aspirants to the vanguard title, or else they fell apart. At this point the organization and the future direction of the coalition is quite open. We may have a chance to help build the anti-authoritarian revolutionary mass movement which is needed to make the revolution in an advanced industrial country. Let's give it a try!



The People Can Stop ITT



children's

view



by Karen Kutnerian

The patients 23rd Psalm

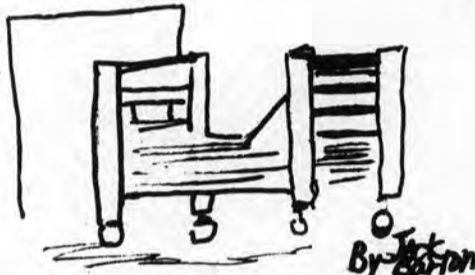
The germs my enemy, I shall not want,
He maketh me lie down in bed,
He destroyeth my health,
He leadeth me to the hospital
for life's sake;
Yea, though I walk through the
corridor of this hospital I
fear great evil, for I face
many shots.

The penicillin, it discomforts me,
Thou preparest the surgery table and
injecteth my anesthesia

My temperature runneth
over 100°

Surely germs and
bacteria shall take
over my body, and I
shall dwell in this
hospital bed,

FOREVER. by KK + MAI



By Jack Barton

Janet Caswell, Karen Kutnerian
Nicole Goldstein, Susan Green
Stacia Snapp, Beverly Storms,
Robert Pfannenstiel, Monte Vighum
Mike Chervonack Lisa Rasch
Jack Barton Mary Vail

Sanity
Calm Peaceful
Living Seeing Knowing
World Life Death Hell
Blinding Killing Amazing
Crazy Helpless
INSANITY Lisa



Smoke. Smoke. Smoke. Smoke.
Mike C.

Cancer
Smoking a
pipe can
be bad for
your lips
because
sometimes
your lips
and tongue
rot.

The Brain

I am the brain. Reserchers
are doing studies on me, but I am
like a galaxy, unexplored and gigantic.
I am the control center, I am the char-
actor of you. I, in fact, am you.

I am surrounded by a special liquid,
so if minor things happen, I am not
affected. I have a blood-brain barrier,
acting as a gatekeeper, in front of me,
while letting in certain vessels carrying
glucose—a type of nourishment for me to
keep me going—, he is denying the admitt-
ance of others.

You must realize that you have two
lungs, two kidneys, which, if one is removed,
the other is there to take over. Not so
with me! You have one brain that can't be
replaced, and to stay healthy, well, let's
go back to the gatekeeper.

The gatekeeper lets certain
things into your brain. Glucose can get in,
no trouble. But, unfortunately, so can things
that will harm you. The ways to prevent
this is to not smoke or take drugs. Also,
large amounts of alcohol can damage
me.

If you take care of me, we'll both
live longer.

By Beverly Storms

Mental Health

Mental health is a very important factor in 6th - 12th graders, because you are changing quite a lot, mentally and physically, and things make deep impressions on you.

School plays a very important part, because there are so many pressures: teachers, children, the general atmosphere, etc.

We are 6th graders and we have noticed, especially among the girls, that the emotions are very strong and in some cases they are mentally mixed up, this happens a lot. We think because there is nobody to talk to, about your problems, you can't really talk to some parents because often times they are the problems.

Sometimes, if you're mad at your parents and they won't let you take it out on them, you come to school in a bad mood and take it out on them, you come to school in a bad mood and take it out, consciously or unconsciously, on your teachers and classmates. And in return the teachers then get in a bad mood and take it out on the kids, which becomes a vicious circle. Also, if a child is not happy at, it is more difficult to be happy at school.

We think that when parents get divorced, especially when the child has brothers and sisters, it can be very difficult for the child whether the parents realize it or not. Brothers and sisters are split up, parents argue and argue about how to divide land who gets what, promises of the past, sometimes children feel like a piece of property and an unwanted, fears of not belonging, bring the one in between hassles feelings of hurt or hurt that can't or isn't allowed to be expressed can affect a person's mental health then, then and in later years. Also having to decide between living with one parent or the other and trying not to hurt either one can be very hard on the child, lots of adults don't realize that children have problems of their own, but we do and it's time they did realize.

Smoke

The flame bursts

the cigarette is lit

The inhaled smoke hangs upon your lungs, and burns them.

As you exhale

the smoke rises and makes pretty patterns in the air;

If the smoke you see now,

is still seen later.

You will be going up with the smoke.

by Beverly Storms



I hate, but I don't
I Love, but I don't
my emotions and
feelings are as mixed
UP as a bird, who flies
North in the winter.

by Nicole Goldstien



by Karen Kuterian

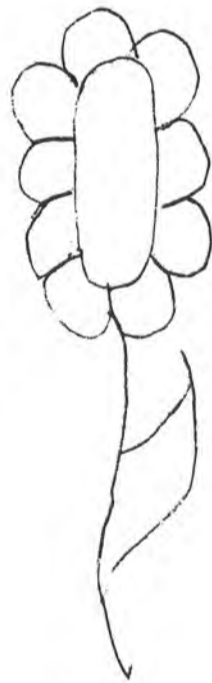
Drugs

Downers speed,
Dizzy ness helpless frightend
Pain crazy distressed poisoning
Death,

Michael Chervonack



Lisa Rosch



Insanity
Crazy Helpless
Life is meaningless
Falling into your own
Pit.
Lisa Rosch

Chewing the Nokanokatuítonga and Other Tales

jeffrey kronenberg

Sa bula--- A magical gem in the Pacific, part of my soul still remains in Cikobia (Thi-combia). About 35 miles northeast of Vana Levu, this small island is the second northernmost situated speckle in the Fiji collection of islands. A two day trip by small 18 foot launch finds one stepping ashore on a dazzling beach of white sand, to be confronted by a large greeting party of Fijian children. "When was the last white person here?," i enquire. The response: "About one year ago a peace corps man..."

Approximately 8 miles long and 1-2 miles wide, Cikobia still remains one of the more "untouched" places in Fiji. It is serviced 2-3times monthly by copra (coconut) freighters, and a little more frequently by the two small power launches owned by the locals. There are no police here, no hospitals, doctors or nurses. One won't find hot running water, either. Many of the old ways still are alive,...

Among these old ways, practices related to herbal medicine are prevalent. The use of roots, barks, seeds, leaves, and stems for the purpose of treating bodily disorders is still strongly practised in Cikobia, where a doctor may only call at the island once a month via the government boat. And it was through one middle-aged man, Paula, that i was given a small, but amazing glimpse of Fijian herbology.

My lesson commenced by the side of a small coconut dryer in the shade of a magnificent orange tree. "How do you treat cuts?," was my first question. Paula took a brief stroll into the bush and came back with three different small low growing plants, two of which could probably be classified as vines. Their names: "bosucu," "yaka," and "sasaqilu".... latin nomenclature not available (although i have reason to believe that "yaka" is *Pueraria thunbergiana*). In each one of these plants, the green leaf is crushed and applied to cuts and wounds to stop bleeding. Apparently quite effective, i even noticed children at times treating their cuts with these herbs.

On our way back to Nautovatu, Paula pointed to an interesting looking tree, perhaps 40 feet tall and possessing a very smooth bark. The puka tree bark, he explained, is very useful in taking care of coughs and sore throats. The bark is scraped off the tree using a machete and collected on a banana leaf. The next process involves infusing the scrapings in a pot of cold water until the medicine is of sufficient strength. Finally, this elixir is drunk regularly until the illness diminishes.

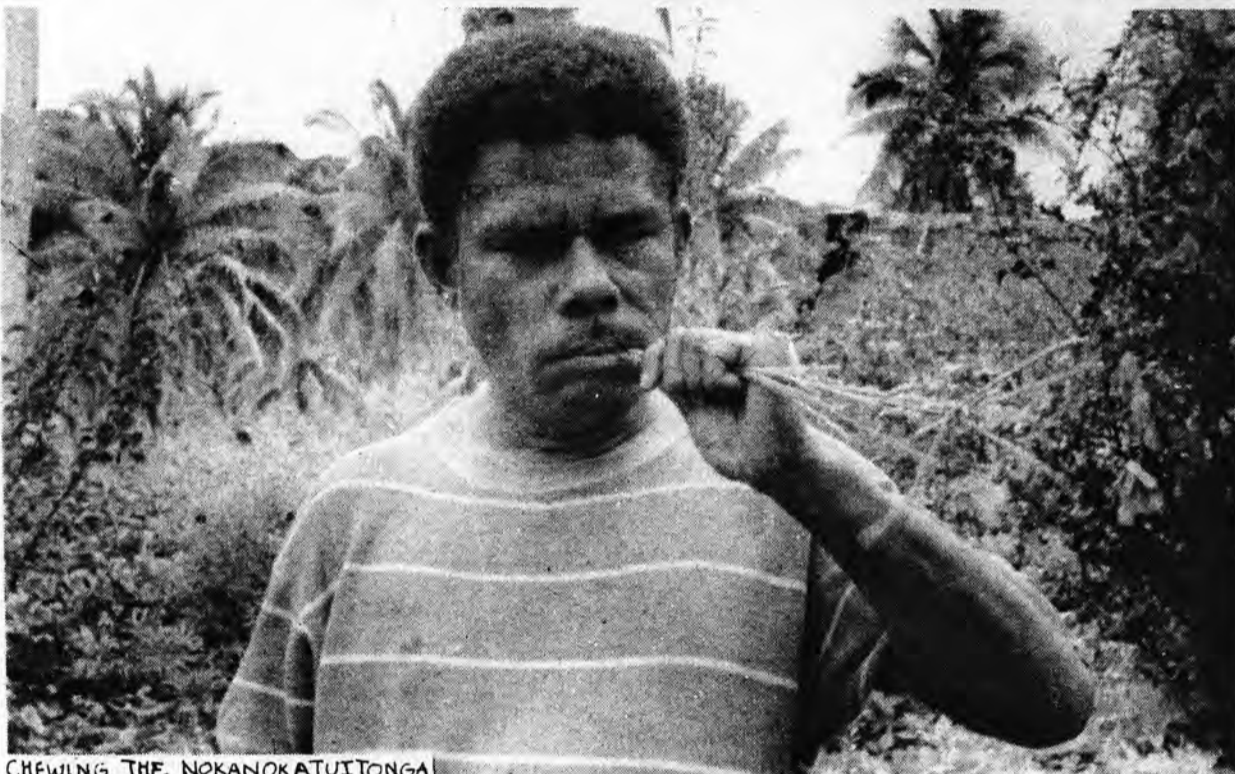
Arriving in the village, Paula and his son sat down next to one of the bures (Fijian home) and pointed out a small grass to me. "This is called nokanokatuítonga," explained Illatia as his father picked a handful of the herb and began chewing it, "It is used in treating wounded or damaged eyes." After this grass was thoroughly chewed and mixed with saliva, the father-son combination proceeded to demonstrate the proper application of the eye drops through the use of a banana leaf dropper. A prescription never to be found in America....

As we walked by one of the many gardens located in the village, the information flow continued. Here i observed "baigan", or eggplant growing, a common vegetable seen in many Fijian gardens. Apparently the leaves are employed for every ill... "vue" for birth troubles, "deniose" for boils, various barks for asthma, etc.

In addition to the use of herbs, folk medicine in Cikobia entails some other interesting beliefs and practices. During my relatively short stay on this island, i was informed of the following: 1) When an individual is sick, it is important not to take a bath until the illness subsides, 2) During sickness, the hair shall not be combed or brushed, 3) Keep the feet warm while ill, and 4) For fever, wrap and tie a wet rag around the forehead. To facilitate curing processes, a special spot is found on Cikobia where some of the sick go to wait out the course



PAULA SCRAPING THE PUKA BARK



CHEWING THE NOKANOKATUITONGA



ILLATIA APPLYING "EYE DROPS"

of an extreme illness. It is a cave type shelter situated next to the beach and the "mana" (power) of the sea.

Yes, the medicinal properties of the plants of the garden and the bush may at times play an important role in the daily life of the Fijians. From the aura i picked up that surrounds these healing practices, it became very evident that there was quite a dichotomy between people back in the States seeking alternative healing through herbal and folk medicine, and the trips going on here on Cikobia. Many folks in the U.S. will use botanicals to treat colds, infections, cuts, parasites, etc, and there is an ever increasing body of knowledge available to the individual regarding the proper use of medicinal plants. However, when the cure fails, or the individual has a very serious illness, there is always a strong back-up system of the American medical profession that most people still rely on (often manifested in a "free clinic", etc.) No problem---the clinic or hospital are just a shout away.

Now looking at this particular native healing sys-

tem one can easily ascertain the difference: the doctor, hospital, and modern drugs are not just around the corner; no, they are on another island and available to these people only once a month if the weather permits the sailing of the government medical launch. Therefore, the people of Cikobia must strongly depend upon the local herbs for healing and have great faith in their power. Although the islanders are in possession of two small launches which are available to take the deathly ill to a hospital, stormy tropical weather from November to April may frequently deem this impossible; seas so rough that at times even the largest of the copra freighters will remain in port until conditions mellow. Islanders here still depend heavily on this "green power", along with so many other so-called "primitive" peoples around the world. This i can say from experience.

After being in Cikobia for over one week, i found myself one fine afternoon feeling suddenly strange all over. I experienced an overall weakness, and the situation intensified to the point where i was forced

to excuse myself from the feast i had been enjoying (a woman's 21st birthday party) and rested in one of the local's bure. It was the night of the full moon.

That night i had awfully strange dreams and visions, and within 24 hours i was experiencing a fever of about 103-107; on my back and not able to do too much moving around. My vision became blurry, and i was delirious, at times hysterical, from the extreme heat in my head. The only drug available was aspirin, and took this with no results. Within four days i was seriously ill.... and it was at this time i was administered the "Fijian medicine".

An old woman brought my first "bilo" of the medicine to the bure where i lay in bed. The medicine was made from the barks of ten trees and tasted sweet. I drank this green infusion perhaps twice a day for about 3 days. My conditioned improved, the fever mellowed out.

Perhaps on the road to recovery from this illness the locals referred to as "pneumonia," it was at this time that i made my big mistake. Against the advice of my Fijian friends (indeed flaunting my Western ego!), i put my aching body on a horse and rode to Natovatu where i had been staying with one Peni Waqalevu. That night the relapse came.

Again herbal medicine; this time a bitter tasting orange fluid brewed by a middle-aged man. No longer able to take food; still three or four times a day the Fijian medicine. The illness peaked; friends sent by radio for the government medical launch. I felt death was near, and continued to freak out from the fever. one day, two days... no government medical boat with doctor. Weather was bad, seas rough, and apparently those aboard the medical launch were afraid to make the 30 mile passage from Vana Levu to Cikobia.

Meanwhile, villagers remained with me, fanning my hot body and administering their cure. I placed my faith in these people and their medicine. The fever lessened and my condition improved slightly.

A few days overdue, a large copra freighter finally arrived at Cikobia and i was taken aboard this vessel, still alive. Peni claimed that the Fijian medicine had saved my life. At that time i surely couldn't argue with this. His brother-in-law accompanied me to the island of Taveuni where i was hospitalized for 3 days and released.

EPILOGUE: This sickness was later recognized and "diagnosed" as dengue fever (pronounced dingy). Also known as breakbone fever, it is an acute viral disease characterized by high fever, rash, transient personality changes, aching, etc (yes, this is coming out of a medical text). It is transmitted by the mosquito, and there is no preventative Western type medicine available. But besides my black discolored toenails and my "transient personality changes", i'm still a happy living creature.



SOME OF THE BEAUTIFUL FOLKS OF CIKOBIA

SUNSEED

with an exceptional short
"AFGHAN WAY"
Words by RUMI
The Persian Poet



Directed by FREDRICK COHN
Produced by RALPH HARPER SILVER
Sound track by THE SUFI CHOR
Cinematography by BARRY SHAWAT and ROBERT FRANK
Color by DELUXE
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Sufi Samuel Lewis
ROSHI SUZUKI
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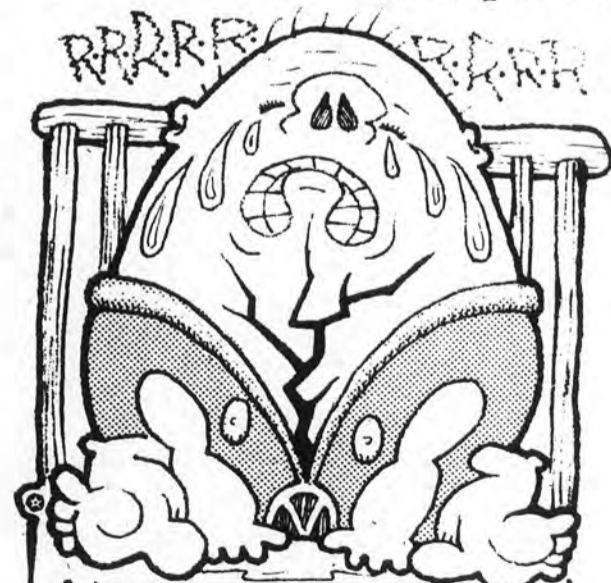
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100% W.W. Bread • w.w. sour dough • various
whole grain breads • bagels • brownies &
other goodies • muffins • fresh gando.

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molasses jug

relaxant teas

chamomile
lobelia
alfalfa leaves
clover
sage
mint
skullcap

coltsfoot cough syrup

boil 2 cups water and add 6 tablespoons coltsfoot leaves. simmer 10 minutes then add 2 cups of honey and bring almost to a boil. Strain, bottle and refrigerate. a favorite of young children.

slippery elm tea for coughs & sore throats

2 tsp. slippery elm bark (powdered or granulated)
2 cups water juice from 1 lemon honey to taste

mix slippery elm with small amount of water, making a paste. gradually add remainder of water. this will prevent it from lumping. simmer for 20 minutes and lemon juice and honey. sip as needed. soothing and pleasant tasting and really helps cut mucous.

beach first-aid

cuts due to barnacles, shells or glass can be healed quickly by applying seaweed directly to the wound. the seaweed is absorbent and soothing. it acts as a disinfectant and due to its high concentration of iodine.

raïne's tisane

1/2 tsp. hibiscus flowers (dried and broken)
1 tsp. lemon grass
1 tsp. fennel seeds
1 tsp. lavender flowers

add to 1 quart boiling water and steep 15 minutes. this tea is exceptionally pleasing and refreshing. it is also good for headaches, menstrual cramps, dyspepsia and low spirits. good anytime - hot or cold.

fever reliever

juniper berries and twigs
water
gin, vodka or tequila (optional)

boil berries and twigs in H₂O and yer choice of distillant (about 2 shots per 2 cups berry and H₂O mixture) Strain and bottle till needed for fever and congestion due to colds and flu. save for the rainy day head blues.

aloe burn ointment

this one's easy, fun and beautiful!! buy an aloe cactus to sit in your kitchen windowsill. love it. when you get a burn, break or snip the end off of a leaf and apply cactus juice to the burn. aloe loves back.

garlic oil for earaches

to 1/2 cup olive oil (olive oil is best because of its purity and richness and can be obtained in small amounts) add 1 large (or 2 small) clove of garlic (crush or chop fine) and heat until garlic starts to brown. strain through a cloth and let cool until warm to the touch. soak cotton with oil and place in ear. can be stored for future use for earaches, as an insect repellent or for cooking and salads.

wart remover

1 cup pure faith
1/2 cup fresh/mullien flowers
1 cup oil (vaseline or vegetable oil)

warm oil and add crushed flowers. let stand for a few hours in hot oil then set in a jar for 2-3 weeks. use salve mixture as a poultice, held in place by gauze and adhesive tape or band-aid.

nausea

drink peppermint, tansy, chamomile or raspberry leaf tea (or any combination of these) boil water and steep 5 minutes. or: add a few drops of peppermint oil to your favorite tea. or: take 1/4 tsp. ground cinnamon with food

athlete's poultice

3/4 cups warm water
1 cup clover blossoms
juice of onion or garlic (optional)

use when athlete's foot sneaks up-- boil blossoms in liquid until thick and apply as a poultice (hold in place with an old pair of sox)

pyorrhea and sore gums

myrrh is excellent for this as it is antiseptic and very healing. brush your teeth with the powder and thoroughly rinse your mouth with the tea, bathing the gums.

auntie-cramp tea

1 quart warm water
1/2 tsp. fennel seeds
1/2 tsp. celery seeds

boil water and pour over seeds in a teapot -- steep 15 minutes -- tasty brew relieves cramps every time! celery seed contains apiol which is a central nervous system depressant and an anti-uterine-spasmodic.

stimulant teas

peppermint
clove
raspberry leaves
nettle
pennyroyal
sassafras

garlic oil for earaches

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most of the herbs and flowers used in these recipes are of local origin (most of which grow wild) - or can be obtained thru various herb and spice shops.

we deem it necessary to mention that these preparations treat symptoms and effects but not the causes. other than inherited or contagious diseases and accidental injuries, most ailments result from a disharmony within one's self, one's body, and one's environment. real healing takes place only through knowledge and self-realization.

color me healthy

since there are many books available of poor quality, we would like to recommend a few of the finer books and catalogs which we are familiar with and find most helpful, especially in plant identification.

Jason Manning, Inwood, Perry, Rohander: some useful wild plants talon books - written by a collective it is loaded with info and drawings of useful local plants. beautifully done!

Art Chipman: wildflower trails of the Pacific Northwest pine cone pub - excellent for plant identification, it has over 230 color photos and information.

Ewell Gibbons: stalking the healthful herbs. mc kay. a well known goodie.

Jethro Kloss: back to eden - a multipurpose guide to healing herbs, home remedies, diet and health.

Caplyons: trees, shrubs and flowers to know in Washington. an illustrated guide to plant identification. very useful.

Portola Institute: last whole earth catalog. random house. we all know this one!

Canadian Whole Earth Research Foundation: Canadian whole earth almanac or healing lists and tells about healing techniques and books.

Shock

As to the horrible American War-Crime of Electroshock treatments against your will, here's what they're like in Montana:

The attendants come to your cell and tell you you don't get no breakfast that morning. Then they rush you and strap your hands to your sides before you can fight back. Then you're led downstairs to the shock table. A rubber toothguard is shoved in your mouth. Two cold steel plates are put to your temples and the doctor, who went to the same school as Adolf Hitler, turns on the juice.

A jolt of power jars you into the darkness of temporary death. It's a darkness you can't see or perceive. It's the equivalent of death, except you wake up again. You wake up upstairs in your cell and they feed you breakfast. It destroys some of the cells in your brain and erases your treasured memory. The war-criminal doctor

gives you not one of these, but 15, and one guy got 100!

It completely shuts off the light in your brain to the temporary to temporary darkness that feels like it lasts one day, but actually lasts about 20 minutes. It's horror!

After my treatment, given to me because I punched an attendant, I couldn't even remember what my mother looked like and one patient couldn't even remember the names of his kids. One patient asked me if he "died" in the shock treatment room. One patient said he got a "little glimpse of eternity and that there's nothing out there". One woman after her treatment said "Where's my brains at, where's my brains at??" Yes, women get shock treatments, too. Once in Montana a patient DIED on the table, and never got up.

I lost my treasured memory, and much of my mental ability. I used to be good at mathematics, now I am just mediocre. I used to be the best bridge player at a hospital, now a re-

tarded patient plays better. I used to be able to memorize all the cards in a Pinochle game, now I just coast through. I used to be good at Art, now I quit because I lost the knack. Now I am always forgetting things and I used to have a good memory. I'm stopped at getting choice jobs and professions. (The treatments give you Epilepsy, too.)

And every doctor applying electricity to the flesh knows it harms. His sins are seen by the Skies, and by himself. He's worse than an Auschwitz fanatic.

AND NO MATTER WHAT HE TELLS YOU AND WHAT PROPAGANDA HE SPREADS, HE WON'T TAKE SHOCK TREATMENTS HIMSELF OR GIVE THEM TO ANY MEMBER OF HIS FAMILY.

These treatments happen today in every state of the union. Can this be America???

Cyril Kolocotronis
Western State Hospital
Ft. Steilacoom, Wash. 98494

mental hospitals:

from the inside

Review of The White Shirts

Leonard Roy Frank

Ellen Field is an angry woman. Her book, The White Shirts, explains why. In it, a poem of the same title reads in part like this:

"Why this is like being back...last century...

We need another new kind of emancipation proclamation!

You know of
The black shirts
The brown shirts
The red shirts
What about the white shirts?...

Who are they?
Not what they pretend to be...
They pretend to know sick from well
But knowing not the impotence of freedom
They show they do not know
The impotence to heal
This one thing will reveal...

Not goose steppers
Just ambulances... stretchers. ♦

The nightmare world presided over the "white shirts" is one Ellen Field knew well. In the early fifties she was taken to Camarillo State Hospital in southern California as an involuntary "mental patient". Three years and about 200 shock treatments later she was released.

In short essays, poems, and commentary on testimony given by a number of psychiatrists at a Senate hearing on "The Rights of the Mentally Ill" in 1961 she tells a tale of the horror of her experience, points out the hypocrisies of the psychiatric profession, and looks into the dismal future which she felt was sure to come if then current trends (around 1960) were not reversed. Much of what she foresaw is happening now.

For Ellen Field "THE DICTATORSHIP OF DOCTORS" is more to be feared than the dictatorship of the proletariat or any other dictatorship for that matter. Paranoia? The psychiatrists would like to think so: indeed, they have to think so, or face the danger of personal self-invalidation. For them, it's a very fearsome thing. They know that when the object of your fear is real, it's not paranoia. If Ellen Field is right, then those psychiatrists who believe she is deluded are themselves deluded.

The White Shirts is an extraordinary book. Read it — then look around you — and decide yourself who's got the delusion.



R.E. Smythe '92



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Men Get Cured—Women Get Drugged

Michael Castleman, Free People's Clinic
Ann Arbor, Michigan

When a woman goes to the doctor, she's likely to be drugged, rather than treated for her illness. A man, on the other hand, is usually treated.

Of the staggering 40% of adult Americans who take mood-altering drugs regularly, women outnumber men two to one.

While women comprise 53% of the adult population, they account for a disproportionately large fraction of frequent or habitual mood-altering drug use: 54% of the barbiturates, 58% of major tranquilizers, 72% of anti-depressants, 76% of controlled narcotics, and 80% of diet pills.

Many women live their daily lives on the treadmill of multiple mood-alteration: ups in the morning, anti-depressants in the afternoon, downs before bed. Of women who habitually use amphetamines: 73% also use barbiturates, 38% take non-controlled narcotics, 22% take anti-depressants, 16% use non-barbiturate sedatives, and 16% take tranquilizers.

According to a recent study by Dr. Linda Fidell, psychologist at California State University at Northridge, physicians tend to take their male patients' symptoms of illness more seriously than those of their female patients. She also found that doctors tend to stereotype women as hypochondriacs.

Drug companies bear a great deal of the responsibility for the sedation of American womanhood. Dr. Fidell found that drug advertisements in such publications as the *Journal of the American Psychiatric Association* usually feature distraught looking women in ads for mood-altering drugs, while men tend to appear in ads for drugs which are prescribed for specific illnesses. This writer found that 75% of the ads for mood-altering drugs in *Modern Medicine* during 1973 depicted women.

Mood-altering drugs are big, BIG business. The market value of legal prescriptions for these drugs for one year tops \$200 million.

Advertising is crucial to sales of mood-altering drugs. As in the case of virtually every other product pushed on the American public, drug companies use sexism very directly to sell their potions.

Women in drug ads are typically frustrated, irritable, anxious, "neurotic," guilty, indecisive, depressed, and disinterested. Some samples:

A photograph of a sullen, prematurely middle-aged woman. "The Collector. At 35, she's collected, among other things, a college degree she's never used, two children under foot most of the day, a husband whose career takes him away most of the time, a folder of unpaid bills, and various symptoms, real or imagined." The cure? The company's tranquilizer.

Even more insidious are the ads that tell doctors to drug their female patients in order to get them out of their hair:

A slightly distorted photograph of various women on the telephone. "If she calls you morning...noon...and night...day after day after day... To allay her chronic neurotic anxiety, try her on Stelazine."

These ads work. Four out of five prescriptions written by family doctors are for mood-altering drugs.

There are also ads which counsel doctors to sedate female patients to make life easier for their husbands!

All these ads have strong Freudian overtones: women are hysterical; it's all in their heads; women can't cope; they don't know what's good for them. Luckily, their god-like male doctors do...

Locally

In communities like Ann Arbor, where it's almost easier to obtain mood-altering drugs without a prescription than with one, women's drug problems increase in magnitude. One national study indicated that 15% of women on diet pills had obtained at least some of their pills illegally.

While no reliable figures are available on the sexual distribution of street mood-altering drugs such as: Quaalude (Sopors, Rorer, AS), Seconal (reds), Nembutal, Valium, Librium, Miltown, Luminal, and Equanil, both of the original "Quaalude addicts," whose dependence on this drug raised the issue of Quaalude addiction nationally in 1972, were women.

A spokesperson for 76-GUIDE, the counseling organization, reports that most female suicide attempts involve drug overdoses.

Ann Wright, a counselor for Drug Help, has counseled 13 people in the past year for problems involving abuse of downs. Eight, or 61% have been women.

Ms. Wright blames doctors for not practicing careful medicine on female patients. "I've had two women in the last year and a half who were given Elavil (an anti-

R.S.V.P.



She just doesn't respond to things. No interest. No energy. Discouraged.

It may be mild depression. She needs help...and she needs it now.

Counsel and reassurance may suffice. But if you decide supportive medication is indicated, Ritalin can offer prompt benefit.

Ritalin usually begins to act

with the very first dose...boosts spirits and brightens mood...helps the patient get moving again. And Ritalin is generally well tolerated, even by older and convalescent patients. However, Ritalin should not be used for severe depression.

When Ritalin works, one prescription may be enough...to help provide an answer to mild depression.

Ritalin[®] (methylphenidate)

helps the patient respond in mild depression*

*This drug has been evaluated as possibly effective for this indication. See brief prescribing information.

depressant) for depression. Actually, it turned out that they had low blood sugar."

Depression is a common side effect of birth control pills. Ms. Wright continued, "I've had many women come in on tranquilizers and anti-depressants who were suffering from improper hormone balances from birth control pills. It happened to me. I was on librium for two years for depression, prescribed by different doctors at University Health Service. They wanted me to see a psychiatrist, too. Finally, a female doctor there realized I had a hormone imbalance from birth control pills. After she switched my prescription, I

was fine."

"Doctors just do not pay enough attention to depression in women caused by hormone imbalances," Ms. Wright concluded.

When asked to what extent doctors prescribe mood-altering drugs for men, Ms. Wright replied, "Of the cases I've come in contact with over the last two years, I don't know of any man who's been prescribed tranquilizers who didn't ask for them. But when a woman comes in, it's a different story."

This article is from the April, 1974 issue of Her-Self Women's News Journal.

Local Disaster

You will all be happy to know that Skagit County held its second kangaroo court to try the existence of TWO nuclear reactors on the Bacus Hill site in Sedro Woolley. As expected the Thermal Power Plant Site Evaluation Council (TPPSEC) quickly rubber stamped the decision of the Skagit County Commissioners.

If that plant makes it to completion you have no one to blame but yourselves. Here is a plant on your own doorstep, the impact of which will make the Viet Nam war seem like child's play. War and devastation come and go but nuclear plants are for keeps.

For all the counter cultural and contemporary rhetoric about collectivism, people's republicanism, not to mention the cries of deprivation of freedom, etc. which is heard from both left and right (where ever they are these days) there has been a dearth of popular concern and participation when it comes to this nuclear business. Most of you seem to have been lulled into senses of futility or complacency. If the United States is truly to be a people's democracy then all of you readers must get off your asses and meet your civic responsibilities. Even if by sheer luck should Governor Dan or the U.S. Congress put a moratorium on nuclear expansion you should be aware that as a result of your popular apathy you perpetuate an elitistic political system which is over populated with aggressive egoistic political trippers. by default. It is axiomatic that unless a concerned public exerts pressure on any issue the politics will not reflect the general will.

In eight months the TPPSEC Council will be holding a final hearing in Sedro Woolley (Puget Power wants to begin construction in mid 1975) Until next January TPPSEC will be holding specific hearings in Olympia on the impact of the nuclear plants on land, air, water, aesthetics, recreation etcetera. By compartmentalizing the "environmental impact" the so called authorities are able to close their view to the overall picture. This nuclear business is so abhorrent that it's mentors refuse to let themselves see the situation en todo. It is an unbelievable case of insanity which is unfortunately de rigor in America these days. We will keep you posted on the upcoming hearing dates. Attend them and speak up.

For those hundreds of you who have thrown up your hands, who feel that the plant is coming keep in mind that you and your species are in the process of being casually annihilated. Let that sink in. You can enter the struggle at least by lending your skill, money and energy to the local anti-nuclear group Skagitonians Against Nuclear Plants (SKAMP) chaired by Ron Carstens of Anacortes. This group needs to raise \$25,000 for the legal battle which is challenging the legitimacy of the TPPSEC Council. It may sound futile but contact your state and national representatives. Write to Senator Mike Gravel in the U.S. Senate and support him in his quest for a nuclear moratorium. "Where there is a will there is a way, where there is no will there is no way."

(Now for some pleasant news,) Everybody's Store in Van Zandt, has joined efforts with the Bellingham Food Coop. As a result of this action the prices of grains, flour, cheeses and other merchandise received from Seattle sources will reflect this association. The Food Coop markup is 30%. The Coop is selling merchandise to Everybody's Store

20

community news



BY WILL DAVIS

at cost plus 3% for handling. Everybody's is marking up the base price by 35%. Commodities in Van Zandt will be no more than 2% higher than in Bellingham. Previously the markup was a one-third or 50% markup or 20% higher.

Alternative Energy Fair

The Outback Bunch up at Fairhaven College are sponsoring a colossal alternative energy fair consisting of exhibits - both working and under construction, slide shows, talks, resource information and experimentors both imported and domestic

The Outback Program, recently begun at Fairhaven, exists to help all the people who are considering building methane generators, energy efficient homes, windmills, planting organic gardens. We can help you locate the information and construct your project. Classes on alternative sources of energy are under consideration for next fall - voice your interest !!!

People Power

The Whatcom Opportunity Council has instituted two new summer programs to hire the chronically unemployed, teach them saleable skills and find them permanent employment.

One program is limited to high school dropouts who don't plan to return to school. The other covers ages 18 to 65.

Each will provide jobs with non-profit organizations. The Opportunity Council will pay wages of \$2 an hour (up to 20 hours for the youth program up to 40 hours for the other).

To see if you qualify contact the People Power office of the Whatcom Opportunity Council 734-5121.

Whatcom Energy Council

Some folks from the Whatcom Energy Council attended the Energy Symposium at the Evergreen College in Olympia. We made tapes and took notes, and will be going over these at the next meeting, Wednesday, May 22, for the benefit of those persons unable to attend. The meeting will begin at 6:30 pm, with discussion of ongoing projects, and presentation of Symposium materials will begin at 7:30 pm, over in time for the late showing of "Night at the Opera"! Our meetings are open to interested persons; and we especially would like to share our "presentation" sessions. These will be held every other Wednesday night, beginning this Wednesday, at 7:30 pm. Future topics will include aspects of nuclear energy [economic consideration health effects, etc. ETC.], as well as pending legislation, and specific Washington State energy needs and possible sources. The alternate Wed. meetings not devoted to these knowledge sessions, will be used for brainstorming, fundraising events, worktimes, or whatever.


Our last meeting was great: an [edible] mushroom patch of new faces and good energy, enabling us to actually realize our hope of participating in the Blossomtime Parade. The Parade was a positive experience, bringing the consideration of various energy types before the public, and publicizing our Council as an information source on them. Also, it was fun!

In case you didn't know, or have forgotten, our office is at 203 W. Holly, on [in] the Clover Bldg, Room M-17. Volunteers have come forward to staff, but there are still some gaps in the continuity, so you might call, 676-0333, before coming over, just to make sure someone is there. Welcome!

Women's Poetry

Contributions are being accepted for an upcoming book of Bellingham Women's Poetry. Any Bellingham woman wishing to submit poetry or graphics should contact Michelle at the N.W. Passage (733-9672), PO Box 105, So. B'ham Sta., or at 611 N. State. Weekly poetry discussions are held at 7:30 pm each Wednesday at 611 N. State.

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Stonewall

Stonewall Treatment Center is initiating an education and training campaign covering chemical abuse prevention and treatment, sexual minority problems, identity problems, and the working process of the Stonewall Therapeutic Community. These seminars are being directed towards consciousness raising and sensitization of professionals and paraprofessionals in other helping agencies, the business community, the criminal justice system, the clergy, and the community at large; to the needs, characteristics, and treatment of sexual minorities and others with alcohol and drug abuse problems. These participation/observation seminars are 2½ days in duration, conducted weekly at Stonewall, with meals and lodging provided.

For further information, please contact Chris Coe at Stonewall, 4121 Dayton Avenue N., Seattle, Wa. 98103.



BY BILLY PATZ

Alternatives to Hunger

"Hunger Exists in Bellingham" is a heading on a pamphlet put out by the Alternative to Hunger Committee. They have organized a Food Bank at 409 Gladstone to offer emergency free food. It is not set up for dependency. Also they have directed the Community Meals that have been happening at the YWCA every Friday since October. I attended the one held May 10 which was sponsored by the Whatcom County Mental Health Clinic.

At 6:00 a nutritious meal with a good protein dish was spread out in the back of the YW's main room. Walking in, I first noticed a little man with a trim beard and tan face beckoning me with a smile and a serving spoon.

A pleasant buzz of conversation drifted from six long banquet tables. I recognized a few friends, but mostly there were new faces. People of all ages.

Orienting myself in the room I again focused on the food at the other end and the little man. The meal included tuna and noodle casserole, fruit and vegetable filled jellos, coffee or milk and three different flavors of cake.

The Alternatives to Hunger Committee tries to find a different community or church group to sponsor each meal. A commitment to sponsor means that that group plans, buys and serves a meal for about 100 people. A main goal is to go beyond just putting on the meal; it is to generate contact between the sponsors and low income people and among low income people themselves. Songs, dancing, recipe sharing, or down-home socializing are liable to be a part of a community meal.

"People who can't afford a night on the town can find a warm, friendly atmosphere at the YWCA on Friday evenings".

May 10 was the last planned meal for this year, though. Alternatives to Hunger folks are taking a break for the summer. They say meals will start for sure again come September.

However, (good news) at last Friday's meal a number of people indicated they would be interested in keeping the Community Meal going thru the summer, possibly utilizing some of Bellingham's fine parks. They plan to organize a few meals and would like help from other people.

If you or your friends or a group that you belong to would like to help in some way, call 734-8947 or 676-0392 between 12 and 3 Monday thru Friday.



BY CHUCK ESPEY

Arts & Crafts Fairs

Craftspeople, artists, musicians !!!
Arts & Crafts festivals are budding as thick as dandelions on an unkempt lawn. Some we have heard of are:

Saturday Market opens June 1 in the Everett Trust parking lot on Whetmore Avenue in Everett. The Saturday Market will be held every Saturday during the summer and will be free to exhibitors and public 10 am to 5 pm.

Women's Art Fair will be held June 8 at Fairhaven Park here in Bellingham from 10 am to 7 pm. May 25 is the closing date for space reservation which costs \$1. Contact Rita at 733-0647. Meetings are being held every Tuesday at 9 am at Millie's, 1016 Jersey St. Come and bring your ideas for the fair.

American Alps Arts & Craft Festival will be held at the Marblemount Community Hall June 23 from 10 am to 8 pm. Admission and live music are free. We have no info on obtaining booth space.

Whatcom County Parks is making plans for a fair at Lighthouse Marine Park in Pt. Roberts, August 17 & 18. The park can house 60 to 70 booths with plenty of wall space to exhibit paintings. 4 booths will be made available to specialty food concessions.

They are particular, however. All work must be reviewed "by an independent jury to insure the highest standard of design, craftsmanship, function and durability". Samples of work should be submitted to the Roeder Home, 2600 Sunset Drive before June 9th. Booth rental will be \$5 for folks, \$10 for "commercial exhibits". Call 733-2900 or 592-4111.

Women's Rights

The ACLU of Washington has created a new division called the Women's Rights Project. It is a cooperative effort with the ACLU Women's Rights Committee. The purpose of this project is to bring lawsuits which will make a significant change in the lives of women.

In the past, ACLU has often brought lawsuits without direct input from the community. We are trying to change this by asking the women's community to tell us where our energies in bringing suits should be directed.

There are many areas now where a lawsuit could make significant changes in women's lives - in the areas of welfare rights, women's athletics, rights of sexual minorities, women in prison and prostitution. We need your help and participation to decide where a suit would be most effective in these or other areas.

Our resources are limited, so we are looking for a few cases which break new ground and advance the women's movement. The case should revolve around some constitutional issue. Further, ACLU generally does not take suits involving money damages.

If you are interested in participating, please contact us and we will send a representative to discuss your need and ours in this project.

Write Laurel Smith, ACLU, 2101 Smith Tower, Seattle, Wa., 98104

Street Academy

Anybody got any Spare Change???
The Street Academy needs money. We got our Law and Justice Grant renewed, but we need around \$4500.00 to keep that together. From here on out we will be having a lot of different money-raising events. We realize everyone gets O Ded on such requests....but that's the way places like the Street Academy and the Rising Sun keep going.

On June 1st and 2nd there will be the First Annual Bellingham Street Academy Underground Fair. It will be an arts and crafts fair, a rummage sale, a bake sale, astrological analysis center, and puppet show. (Did we leave anything out?)

The Affair is being held at the Street Academy in the basement of the the YMCA. We would first of all like donations to be sold and, most importantly, we would like to see you there. It ought to be good times.

Also, we are having a dance at Boogie Mac's, tentatively scheduled for June 3rd. This will be in conjunction with the Rising Sun and will probably be THE SOCIAL GATHERING OF THE CENTURY!!!

21

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childbirth

article & photo by kathy dexter

Would you have your baby in the hospital or at home? If you went to the hospital would you know what to ask for or avoid? If you were having the baby at home, how would you prepare yourself?

There has been a controversy raging for some time in the "counter culture" about the place and style of childbirth. I will attempt to describe three different childbirths in this article; at home with a layperson delivering, at home with a doctor attending, and in a hospital using the Lamaze technique or similar "prepared childbirth" approach.

If you were planning on going to the hospital and using pain killers and anaesthetic and only following the doctors and nurses orders, then maybe we can shed some new light on this experience. Hopefully we can deal here with some of your fears and your lack of information.

It was raining on the Mosquito Lake Road (isn't it always?) as I approached Tanya and Hawkeye's cabin. As I walked up the path I noticed in the window an old suitcase filled with blankets. Laying in the middle was baby Raven who just arrived to this planet a couple months ago. Tanya and Hawkeye both are strong people and relaxed. I think that was the secret to Raven's smooth arrival. Tanya had only gone to the doctor once while she



was pg. She felt she needed a VD test and the other standard pre-natal checks. (She had had 3 other children in hospitals, so she knew what to expect in terms of contractions, etc.) She said the doctors really try to scare you into coming to the hospital. She decided after her previous hospital experiences that it would take an emergency to get her to go to the hospital which was 30 minutes away. She suggested that pg women read the section on childbirth in "Our Bodies - Our Selves".

When I asked her about the risk of her hemorrhaging or the baby's not breathing, she seemed very aware of the chances that they took. Hawkeye delivered the baby and felt that the experience was very meaningful for him. He had been a medic in the service and was confident he could deliver and even stitch if necessary. He said he will no longer have anything to do with hospitals. They also believe that babies should not be taken from the mother after birth. Tanya seemed sure her birth was going to be normal and this is why she was not afraid. As it turned out she was only in labor 4½ hours and Raven weighed 6 lbs, 9 oz, and is as close to perfection as a human can get.

Tanya did say, however, that she missed a

community news cont.

Wither Whatcom?

Few can remain unaware of the powerful economic pressures affecting Whatcom County today. The construction of the trans-Alaska oil pipeline and the land freeze in British Columbia, to name two of the most obvious pressures, have already stimulated investment in Whatcom County and have aroused a good deal of speculation and controversy. Population growth projections and the steadily high unemployment rate are other factors which call for analysis in forecasts of this county's economic future.

A citizens' committee has been formed by the Council of Governments to formulate economic goals and policies in an Overall Economic Development Plan for Whatcom County. This committee has scheduled an all day symposium for May 29 at the Bellingham Public Library.

The schedule is as follows:

- 9:00 to 9:15 - Welcome by Clint McBeath
- 9:15 to 10:30 - Trends in Employment Opportunities - employment experts talking about why people work, what they want from a job, what employers look for and the trends in jobs, laws, attitudes
- 11:00 to 12:00 - The Canadians: Relations & Trade with Canada by Ferd Arndt & Prof. Rutan
- 12:30 to 1:30 - The Future of Recreational Land Subdivisions - by Bill Isenhardt & Dean Brett
- 2:00 to 3:00 - A Convention and Civic Center for Bellingham - Doug Wight
- 3:30 to 4:30 - The Future of Fish & Protein Farming - Wally Heath
- 7:30 - Oil and the Local Economy - Martin Vollandt, ARCO Manager

8:30 - The Pressure to Industrialize Now - Tom Glenn, Mgr. Port of Bellingham

The whole program is being chaired by Mary Kay Becker, a local environmentalist. Each presentation should be interesting and informative and are geared for audience input. Changes are coming. Decisions are being made. There are people in city and county government who are sensitive to your needs and desires but they are far from being a majority. They need your support. Show yourself !!!

Students Writes

Some students come to college to read books. Others realize that any real learning experience must stem from observation of the real world.

Some students write papers for professors to read. Others realize that their observations and opinions have merit as more than grademakers, that their words can influence and enhance the lives of those around them.

For over five years the Northwest Passage, western Washington's leading alternative newspaper, has served as a vehicle of expression for students and nonstudents alike. The Passage, which is run by a totally volunteer staff, needs writers to keep its readership informed of events in such diverse areas as: the imminent threat of the oil and nuclear power industries, the Californication of Whatcom County, minority and individual rights struggles, local arts & entertainment, local recreational opportunities, gardening and animal husbandry, nutrition, etc.

If you would like to do more with your education than read textbooks and please professors, drop in at a Passage meeting - usually held

every Tuesday evening at 7:30 on the second floor of the Good Earth Building, 1000 Harris. Pick up a Passage and check Gimel Beth, the events calendar, for confirmation of meeting times.

Paint Your Wagon

The sideboards on the Co-op truck, Big Yellow, need to be painted. If you bring a can of enamel paint, any color a brush, and your imagination, we'll provide apples, oranges, bananas, and paint thinner. Together we should make Big Yellow something to look at!!! We'll do it at the Co-op picnic at the Co-op garden, Saturday, May 25. Start painting at 11 am.

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home or hospital?

shower tremendously. She stressed that if you had reason to believe your birth wouldn't be normal or if you were scared you'd better go to the hospital. Also she said to remember to get the birth certificate and have a doc check the baby soon after delivery. Stay in bed and rest for three days after. If you'd like to talk to her more, go on out to 4520 Mosquito Lake Rd.

After talking to other women who have had equally positive experiences at home we came up with four rules to follow:

1. Go to the doctor at least every month of pregnancy so that he or she can determine if your birth will be normal. Some of the common complications are — RH factor, weird position of your uterus or baby, twins, VD, abnormally big babies, heart or kidney trouble, toxemia, etc. Pre natal care is offered at the Rural Health Clinic in Lynden and Mt. Vernon. Also there are 5 OB doctors in B'ham and 7 GP's who deliver.

2. Analyze your diet carefully while you're pg. You need extra calcium and lots of complete proteins. "Let's Have Healthy Children" by Adelle Davis. Also you need folic acid to help avoid malformations in your child.

3. Educate yourself and the person who will deliver. "The Experience of Childbirth" by Sheila Kitzinger, "Commonsense Childbirth" by Dr. Bradley, "Our Bodies—Ourselves" and all the Lamaze books are excellent. Maybe if you know of others that specifically deal with how to deliver, you will write me or the Passage. We'd also like to have other birth experiences. Take a Lamaze class and practise breathing and exercises daily. Contact people who have delivered and get as many pictures as possible. "Country Doctor clinic" in Seattle has a delivery team.

4. Be clean. Sterilize everything and keep hands clean.

5. If anything strange happens go immediately to hospital. E.G., if your water breaks and you don't have your baby in less than 12 hours. I, personally, would worry sooner than that. Call the hospital so they'll be ready for you and have a dependable means of transportation.

Winnie is the only doc I could find that still delivers in the home. Winnie Bradford is a middle aged, warm, and very good doctor from Mt. Vernon. She used to deliver in hospitals but got interested in home deliveries when some friends did it that way. She worked in Africa as a missionary and delivered in maternity centers. Her co-worker is Beth Rosentel who is an R.N. and Nurse Practitioner. The main emphasis in her training was in obstetrics and gynecology. Together they consist of the best delivery team you could hope to find and they are also pleasant to be with. They believe in educated births — instead of taking over they really educate you about your body and help you know what to expect. Jan Newton is having them deliver her baby next month but her husband Chris is going to perform the actual delivery. Chris wants to be a vital part of the total experience too. Winnie and Beth are very much in favor of involving the fathers as much as possible but it depends on the man. They have delivered in homes 20 minutes from the hospital with no running water etc. but wouldn't want to do that again. Jan and Chris are going to go to a home in Mt. Vernon when labor begins and deliver there and stay an extra day. Winnie and Beth would rather not drive to Bellingham and women have plenty of time to go to Mt. Vernon where a birth home can be arranged. I asked them about the risks to the baby and mother outside the hospital. They felt that if the women had had thorough pre-natal care and there was no complication, the chance of needing hospital care is rare. Cesarean births can usually be predicted but not always. A prolapsed or a cord around the baby's neck etc. can't be foreseen. In that case they

would rush the mother to the hospital. "The risks are greater in the home, but we feel women should be offered an alternative," says Winnie. Winnie and Beth bring boxes full of stuff in their car as opposed to the old-fashioned doctor bag. They bring oxygen and respirator for the baby and IV's for a hemorrhaging mother, and many other useful items to hold over most emergencies till they could get to the hospital. They also bring along a local anaesthetic for severe pain and demerol for mothers who want help sleeping afterwards. Beth says, "Pregnancy is not a sickness." They have a good relationship with the babies and mothers and fathers and never want to care for so many people that they can't remember everyone's name and situation. What a switch from most docs! They felt that un-prepared births had given a bad name to home births in general and never would encourage such a situation. Having these women deliver would definitely be a positive alternative for people who are scared about home births but nervous about hospitals.

The care doesn't stop with delivery either. They visit the baby daily for 3 days and make sure everything is alright. I would strongly encourage pregnant women to visit them for hospital OB facilities was really educational for me. St. Joseph is the only one with an OB ward. I talked with Tish Heinemann who was until recently an aid in the nursery. "If women go in there knowing what they want and don't want and are fairly pleasant it can be a real good experience for the most part," she says. I will attempt to give you a list of what I would ask for.

1. They have a rooming-in policy. That means you and the baby and the father can have a private room. This way you can all stay together as opposed to the man being asked to only visit. It also means you have your baby constantly. However, you must hire a nurse (not an R.N.) for the first 12 hours. She will observe the baby for any abnormal breathing etc., take care of the baby while you sleep, and teach you and dad how to nurse and care for infant. Otherwise babies are only brought in at regular feeding times. Father can visit you any time the baby is not in your room.

Fathers may attend evening feeding and hold baby etc. I should clear up two things immediately. When either I or the hospital refers to father we don't mean husband. I don't know whether welfare would pay for a rooming-in situation with the father involved or not. Fathers sign a form saying they will cooperate before entering the delivery room. Welfare does not have access to these.

2. Have a friend who will say he is the father, or maybe really is, stay with you for support constantly. He must only leave while you're examined. He stands at your shoulder during delivery so he doesn't get in the way. He would be asked to leave if anything heavy happened like if you needed surgery or the baby was going to be deformed. If your mother, sister, or friend comes with you they could only go to the delivery room in real special cases. Only one person at a time is allowed in the labor room but you can rotate your visitors. A mirror is provided so the woman can watch but it's a real small one.

3. You have the right to refuse all drugs. Mrs. Farmer R.N. assured me that they are never pushed on people. The different terms used are: Saddle block or spinal which numbs waist down to thighs, Trilene you inhale during contractions, a local anaesthetic in case of stitches which numbs perineum only. Pudendal numbs vaginal opening. They will never give you a general anaesthetic, remember your blood also goes to baby.

4. Ask that your hands not be strapped on the delivery table but remember to keep them away from pubic area.

5. Tell doc to not use forceps unless absolutely necessary. Most doctors don't use them anyway.

6. Tell the nurses in nursery not to give sugar water as a supplement for skinny babies.

7. Ask for extra pillows for support and bring pictures to hang on the walls.

8. Do not let them induce labor unless the baby's life is in danger. They wipe off the baby's extra vernix (liquid that it is covered in when born) but do not scrub it off. They don't use Phisohex.

The main advantage you have in going to the hospital is that should any emergency arise you will receive immediate medical attention. All the best equipment and staff are available if needed.

Some of the reasons for not going to the hospital are:

1. Sterile environment. There have been no attempts at a homey atmosphere (white bare walls, white bare floor, white curtains, T.V.'s, etc. all give me a very strange feeling.) Lots of doors to halls with more doors. It would be hard to relax in that atmosphere.

2. Red tape and lots of money. Forms to sign galore and about \$1,000 for a total birth process. That includes doctor, room, linen, drugs (if any), nursery, and nurse.

3. For those of us who associate births with celebration, family, parties, picture-taking and general joyous gatherings to welcome in life and new energy, the hospital is not the place for that.

4. Although they have classes before birth, doctors do not go out of their way to explain what is happening during the actual birth.

5. State law makes it mandatory that children's eyes be washed with silver nitrate even though women have gonorrhea tests before birth.

6. The lower portion of your pubic hair will be shaved.

7. You have to wait 6-12 hours before you can nurse. This is so the babies can be observed for mucous complications.

8. Also another big drawback is that you have to stay 3 and often 4 days in the hospital. Only under special circumstances can you leave early and this would be up to your doctor and pediatrician. They like to observe the baby for 72 hours.

When I asked Mrs. Farmer R.N. if most of the docs and nurses were in favor of Lamaze method she informed me that St. Jo has Lamaze class taught by two registered nurses who both have recently had babies. All the nurses on the OB ward have audited this class and can help women remember their breathing exercises, positions, and relaxation techniques. The ward is rarely full and seems adequately staffed as does the nursery. Nurse Farmer sincerely said "I hope we are dealing with the women in a warm and individual way."

Lamaze educates both mothers and fathers about birth. They teach anatomy, labor stages, breathing and body exercises, comfortable positions and most important relaxation techniques. This method teaches women to have a positive attitude about her contractions and appropriate techniques for the 3 different kinds. Hopefully women using this method can maintain control and retain dignity throughout the entire birth process. The father or friend is very important as a coach and source of real support to the mother. This is especially true in hospitals when the pain is great and the drugs are a temptation. A complete article on Lamaze would be a good idea. Classes are taught at St. Joseph and private lessons are taught by different people trained in Seattle. For these contact Barbara Edwards 733-6806. If anyone has any more information please write to me.

Cathy Dexter.
2460 N. Shore Dr.
Bellingham, Wash.

You have a right to refuse to participate in or be interviewed for research purposes. You have the right to full explanation of purposes and uses of the information if you do participate.

The patient has a right to have all information about him/her held in strict confidence by Health Center staff.

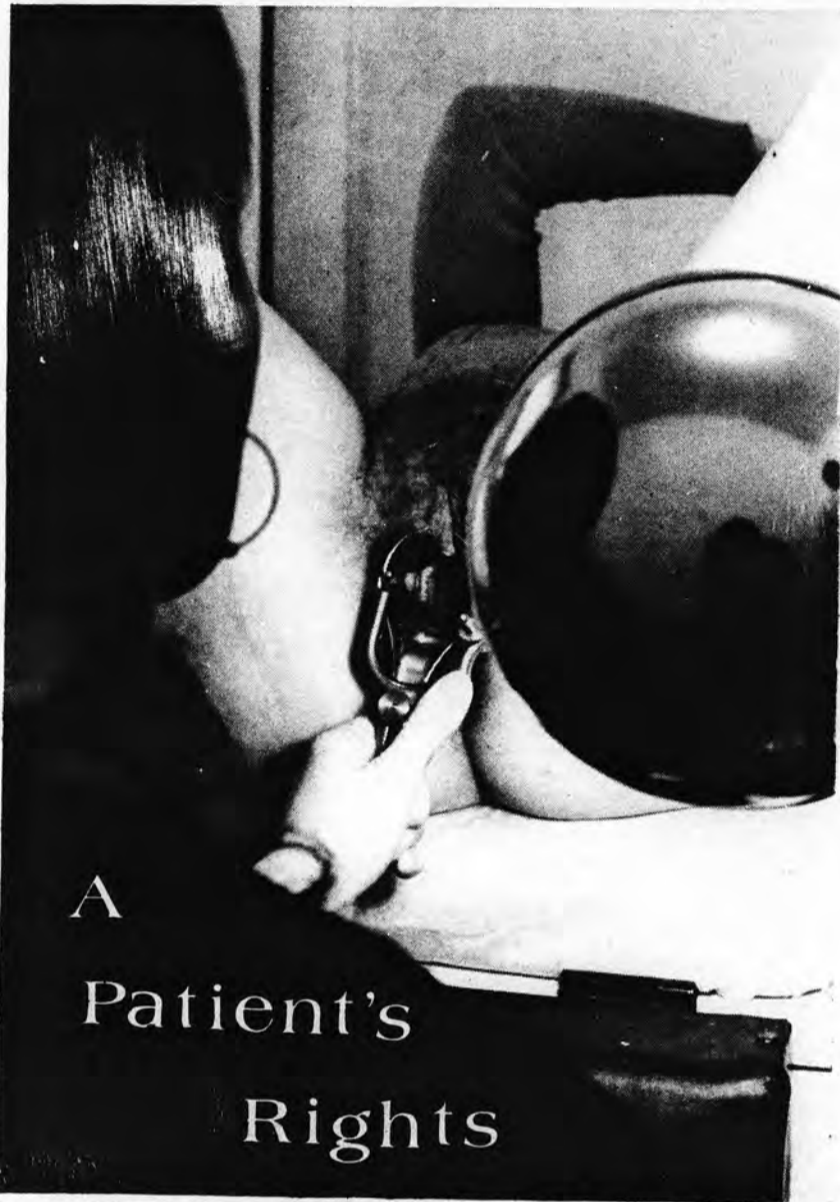
No employee should talk to you about your problems in the waiting room or halls or where others may hear.



The patient has a right to have things explained clearly.

The patient has a right to consent to, or refuse any treatment.

You have the right to be treated with respect.



A Patient's Rights



The patient has the right to refuse treatment by any physician and to request a different doctor.

The patient has a right to see letters, know about conferences about her/him and results of conferences.

You have a right to choose a convenient time for your appointment, if available.



*Text taken from "Patients Rights and Advocacy"
by the Medical Committee for Human Rights*



Derechos Del Paciente

- Ud. tiene derecho de ser tratado con respeto.
- Ud. tiene el derecho de negarse a participar o ser entrevistado para propósitos de estudios.



El paciente tiene el derecho a rehusar tratamiento de parte de cualquier médico y solicitar otro doctor en su lugar. Ningún empleado debe hablarle a Ud. acerca de sus problemas en la sala de espera o pasillos o donde otros puedan oír. El paciente tiene derecho a aceptar o rechazar cualquier tratamiento. Ud. tiene derecho a escoger el día y la hora conveniente para su cita, si ese tiempo lo hay disponibles. El paciente tiene derecho de que le expliquen las cosas claramente.



Photos by Mary Jane Goodie
Calligraphy by Susan Blanche

eco.

ROTTEN NEW OIL BARGES

A new 584 foot barge designed for carrying more than 11 million gallons of petroleum products broke apart and sank this winter at its pier at Port Jefferson, New York. The cargo contained water at the time, so no catastrophe resulted. Investigators found that steel in the barge fractured under normal stress; and that special crack arresters designed to halt the fractures did not work. The National Transportation Safety Board is urging revision of standards for this new class of barge because the barge that sank complied with all existing federally approved construction specifications.

COUGHING FISH

The EPA has learned that fish cough. The coughing, which is actually a normal gill-clearing process to remove debris which has settled on the gills, is a natural action of bluegill, sunfish, fathead minnows, and all species of trout and salmon. And now the EPA is interested in monitoring the quality of lakes and streams by using fish as watchdogs. An apparatus similar to a polygraph has been set up to measure the number of coughs per minute among fish contained in separate aquariums called electrode-chambers and subjected to various pollutants. In tests with copper and mercury, it has been found that concentrations which increase the frequency of coughing significantly are approximately the same levels that have been found in related long-term studies to be damaging to fish growth and reproduction.

"The ultimate use of our findings," said an EPA biologist at Duluth, Minnesota, "could be a system for keeping tabs on concentrations of complex industrial wastes entering lakes and streams from waste treatment plants and industry. A sudden increase in fish coughs within a given body of water could trigger an alarm to warn plant personnel that potentially damaging effluent is leaving the plant."

ENERGY SHLUCK

A New York utility executive claims that nuclear power plants now in operation are much less reliable and efficient than the AEC and the industry claims. Louis Roddis, vice-chairman of Con Ed, calculated that as of October, 1972, nuclear power plants were producing power at 61% of capacity, as compared to oil and coal burning plants which were operating at 75% of possible output. The AEC and industry, which claim "availability" of 85% for nuclear power plants, arrive at that figure only by ignoring reductions in output required for safety reasons and other factors, Roddis said.

Even while the pros and cons of superports, tank farms and more refineries at Cherry Point are debated, up and down Puget Sound, existing tanker traffic and refinery operations hold out the danger of oil polluting. While there is still no way to stave off the catastrophic effects of a major oil spill, this past year has seen a few modest steps towards increasing our knowledge about oil on Puget Sound and our preparedness to deal with its impact.

To begin with, the state legislature in the past year has funded two studies relating to our oil situation. One is a half-a-million dollar baseline study to evaluate marine resources and identify "critical areas" — such as those near aquaculture projects. While not as comprehensive as could be desired, and with no assured funding for future years, this study nevertheless should begin to give the state a better idea than it presently has of the value of resources coast — such as Grays Harbor or near Port Angeles. Much of the hope for avoiding an oil handling complex at Cherry Point rests on the outcome of this study, which is being done by the State Ocean-

graphic Commission.

The land use situation in Whatcom County is which might be damaged by an oil spill. This evidence is important to have for damage cases after a spill. For instance, after the 230,000 gallon spill at Texaco's Anacortes refinery in 1971, the barge owner — United Transportation — did not have to make restitution for all damage that occurred, in spite of the state's "strict liability" law. The reason was that there were no adequate biological baseline studies to show the condition of affected areas prior to the spill. Without baselines, it is impossible to prove in court that the destruction of 10,000 crabs, for example, resulted from oil being in a certain bay at a certain time; and without prior evaluation, it is impossible to say how much those crabs are worth.

The baseline study will be carried out by the Department of Ecology. Their reputation for competence is not exactly stunning, but this is a fairly simple task and maybe they will be able to handle it.

The other study will look into the feasibility of



OIL :

on Puget Sound

monobuoys, or "single point mooring facilities," for receiving oil somewhere on Washington's ocean quite a bit different now, too, than when ARCO came in to build their refinery six years ago, having acquired land through secret negotiations with the Whatcom County Development Council. The refinery was already a fait accompli by the time ARCO secured the last permit necessary for operating it. Now, Whatcom County is still unzoned — but the land use code committee working on the zoning ordinance will reportedly ask that "heavy impact" industries locating in the industrial zone around Cherry Point be subject to conditional use permits, which would involve a public hearing. A public hearing would also almost certainly be called for under the Shoreline Management Act. Another agency act that could be expected to blow the whistle is the Northwest Air Pollution Authority. That agency's director, Glenn Hallman of Bellingham believes that possibly one more refinery could be accommodated at Cherry Point without exceeding the ambient air standards; but that any more would be too many, and even one would have to be carefully evaluated. In short, it is difficult to imagine that any major addition to the oil industry hereabouts could be slipped past the public without extensive debate.

All the protection provided by the existing network of land use controls would be wiped out, of course, if State Representative Perry ever gets his refinery-siting bill passed. This bill would expedite the location of refineries by centralizing the decision in one state agency. While it was withdrawn from the legislature session this year, it is expected to come up again next January. Representative Barney Goltz of Bellingham, an opponent of the Perry bill and of more refineries here generally, emphasizes that the siting of refineries wherever they may be located should be done in such a way as to prevent land speculation.

The Environmental Protection Agency has recently issued more stringent stationary source standards for air and water effluent of refineries, which would apply wherever the refinery is built. But then the refinery itself is not the big issue here. ARCO's refinery, the newest in the U.S., is also the cleanest. Its praises have been sung from Sanford, Maine, to Potomac, Maryland — two places where new refineries are proposed, and whose town officials have been flown on junkets to Cherry Point to see how unobtrusive and odor-free a modern refinery can be. ARCO has not yet been unionized; the pay scale and working conditions leave little to complain about, and its personnel policies are highly professional. The Fisheries Department, which has been testing the water out there continuously since a 1971 study found it to have declined below "AA", now reports "marked improvement," which they attribute to the installation of a new waste disposal system by Intalco. Mobil is in the process of remodeling their waste treatment also.

No, the issue is not so much refineries as oil spills. Against oil spills we are still basically unprotected. It's true there have been a few modest steps taken. The Coast Guard has set up a vessel traffic system, dividing Rosario and Juan de Fuca Straits into an outgoing and incoming lane. Bridge-to-bridge communications for large vessels in Puget Sound is now mandatory. A harbor traffic control system is provided for in legislation sponsored by Senator Warren Magnuson and recently passed. Under this system, shore-based controllers would monitor radar tracking devices for ships and obstructions and use this information to guide tankers into and out of harbors.

Magnuson has been pushing hard for higher standards on construction of tankers entering Puget Sound. He wants to require double bottoms. The industry argues these are unproved and therefore



not worth the cost. In a grounding, a single bottom will release enough oil to allow a tanker to rise off the rocks and thus be salvaged, according to an Exxon report. The idea of a double bottom, of course, is to keep the oil from flowing out over the water, but according to Exxon it would make the ship more difficult to salvage and thus more likely to lose all its cargo. In Puget Sound, however, vessels for off-loading the intact cargo of a grounded tanker could be readily available.

All this discussion is somewhat academic since ARCO's fleet of five tankers to bring Alaskan oil to Puget Sound is already under construction — three 120,000 ton tankers and two 70,000 tonners — and they do not have double bottoms. Nor do they have twin screws (propellers) or bow (lateral) thrusters which experts in vessel design recommend for increased maneuverability at low speeds. Three of these five ships, including the 120,000 ton ARCO Anchorage, already have made one or more calls at Cherry Point, so we are not talking about a distant future threat, either — the potential for a major spill is here and now.

Casualties are only one source of oil spillage, albeit the most dramatic. More significant in terms of long-term degradation of water is spillage from day-to-day routines; tank cleaning, bilge pumping, leaks, and loading operations. (On a world-wide basis, the largest single source of oil pollution in the oceans is used oil from highway motor vehicles — 1.4 million metric tons in 1970, of 29% of the estimated total.)

The "state of the art" of oil spill cleanup is as unpromising as ever. There is no magic chemical which can be dropped upon spreading oil, congealing it instantly into harmless blobs. Booms are ineffective in all but the calmest seas. Dispersants and settling agents are out; they are often more harmful to marine organisms than even the oil itself. For oily beaches, it's still straw and pitchforks.

For those of us on Puget Sound who anxiously scan the skies for omens, it is not yet clear, as pointed out in the previous article, that Alaskan oil is ready for us. What is clear, however, is that we are not ready for it.

BY JERSEY BENZ

(Next issue: the politics of oil on Puget Sound.)

notes

NOXIOUS GAS

Vinyl chloride, a gaseous chemical, is strongly suspected as the cause of a rare form of liver cancer diagnosed in 12 industrial workers. Late last month, the Environmental Protection Agency suspended from further sale all pesticide aerosols containing vinyl chloride for use in the home, food handling establishments, hospitals, or other enclosed areas. Russell Train, EPA administrator, also urged Congressional action on the pending Toxic Substances Control Act. This bill would give the federal government authority to test and regulate the use of chemicals such as vinyl chloride before they are marketed to the general public.

Included among the indoor aerosol pesticides suspended by the EPA are Rexall Ant & Roach Killer; Walgreen Ant & Roach Killer; Chase Flea Killer for Dogs and Cats; Chaparone Flea & Tick Killer; Pyrethrin Insecticide Tick Killer; and Pyrethrin Pressurized Dairy Insecticide. All manufacturers of pesticides containing vinyl chloride have informed the EPA of their immediate intention to substitute other chemicals.

INSULATE THE STATE

Within the next two years, many states are expected to revise their codes to force more efficient energy use in housing and commercial quarters. A few states have already made individual efforts. In February, the California legislature adopted enforcement rules to implement a requirement that all new housing meet thermal protection—or insulation—standards set by the Federal Housing Administration for FHA-financed homes. In New York, the Public Service Commission, which regulates utilities, last month required all new homes to meet new insulation standards before they can be fueled with natural gas.

Currently, a national set of standards is being researched and written by the American Society of Heating, Refrigerating and Air Conditioning Engineers, (ASHRAE), a professional society. In office and other buildings, engineers say, there are hundreds of possible ways to save energy. The location of a building; the number, size, and design of its windows; its heating-system design; its air volume; its lighting—all these things and others influence energy use. Existing building codes largely were written when energy was relatively cheap and abundant. How much saving can be accomplished through revised codes? One expert estimates 10%-20% in the case of New York City office buildings. 27

BABA RAM DASS

One of America's leading guru-flavored acid-inspired visionaries was in Bellingham recently—not long after a new book of his arrived. He is Baba Ram Dass—the former Richard Alpert—who at one time was best known for having been kicked out of Harvard with Tim Leary for conducting LSD experiments with students. Later while touring India he “accidentally” discovered his guru whom he quickly discovered knew everything about him—including everything inside his head. He has since spent a good deal of his time telling others of the possibility of this drugless clarity of mind. The book “Be Here Now” which he more or less authored became a sort of underground runaway best-seller (for which he gets no royalties). The new Ram Dass book, published by Doubleday, grew out of the interaction between him and his listeners at talks at the Menninger Foundation and at Spring Grove Hospital in Maryland. Its title refers to the dance of life: “The Only Dance There Is.”

I think Ram Dass was feeling much better than he was at Skagit Valley College last year. Before the recent evening was over it was obvious he was having a ball—along with the rest of us who were still hanging out at one o'clock in the morning. The setting this time was Carver Gym at Western, the speaker sitting on a low platform and most of his listeners content to sit on the floor in front of him. There was a period of group chanting and a question session near the end, but most of the time he just spoke to us—giving many, many illustrations why he says “Do what you have to do; just don't be attached to it.”

One of the things Ram Dass did all evening was explain—more lucidly than I'd heard before—his orientation of total determinism. A young Bellingham longhair lad I knew sat beside me before the affair started. I hadn't seen him for many months since he worked as a janitor at a radio station. He said to me he didn't think he could ever do that kind of work again—washing coffee cups and so on. I replied I thought it was good to be able to do that



“You make many people laugh in America?”

kind of thing too. He was working now as an apprentice carpenter, helping to build houses, learning to put up frames. A valuable skill, I thought silently. Lots of people on their way to the country and all. But he felt he was doing it “for no particular reason.” And he didn't seem to know why he was there that night. “I've never seen this guy before,” he said. Being a long-time Ram Dass fan, I began to get an inkling of what this young guy might be in for that night. Thinking about it reminds me of what a friend said once about people taking LSD. He allowed as how—if they knew what it would do to them before they took it, they wouldn't take it. But once it has done it to you, it's—there you are: “Waooww!” Ram Dass, must surely have stretched more than a few minds with his continuous laying out of his much larger view than most of us are oriented to. And one of the first things he said was: “There are probably many of you who think that you made a decision to come here this evening.”

He proceeded to tell a story of conducting a busload of 34 of his American followers on a tour of holy places in India and spending a lot of time trying to decide whether they should stop by one very special spot for the sunset on their way home that evening. He finally decided to take the extra time to do it. When they arrived, his guru was there waiting for them and led them to where dinner and lodgings had been prepared for the 34 people. And so Ram Dass had to say to himself, who was it sitting on the bus who thought he was making the decision to go or not to go to this place? (Just now, to check the number of people on the bus so as to keep the story accurate, I picked up my copy of “The Only Dance There Is,” although I wasn't sure where I had seen the story in the book. I opened it up to the exact spot.)

In explaining further this business of determinism versus free will, Ram Dass laid it out this way later in the evening, as well as I can remember: He stated flatly there is another plane of reality where it is totally clear that everything on this plane—even our thoughts, obviously—is totally determined. But it is also clear that as long as our consciousness is centered in this plane, we have no choice but to act as though we are making the choices. “You go on your own trip until you see that we're all on the same trip.”

He said that if you feel getting people to take their clothes off is where it's at, then streak! If you feel working for women's liberation is where it's at, then do that. And so on.

But the implication is also that the more you know you're on a trip, the less uptight you're apt to be about things you encounter on the trip. Like most spiritual teachers, he stressed the value of solitary meditation in getting clear. He asked Huey Newton once, “How'd you get so straght, Huey?” “Solitary,” was the answer.

Baba Ram Dass has the astrological chart of a mystic or psychic with a world connection centered in the throat (speaking), seeking to defining abstract concepts as clearly as possible—with pioneering, revolutionary tendencies emphasizing non-traditional religion and law. There is also an indication of a strong desire for love. The man born Richard Alpert who has become Ram Dass is certainly manifesting that potential.

“My thing is words,” he has said. He doesn't consider his words more important than someone else's guitar playing or dancing. “It's all just stuff.” In fact, for me, going to see Baba Ram Dass has become a lot like going to see the Grateful Dead or whatever your favorite group or performer is that turns you on—making you feel good at the same time as showing you something you might have missed before.

His guru told Ram Dass the last time he saw him, “Don't worry. I won't let you do anything wrong in America.” And since then he says he has done some of the most outrageous things he never would have thought of doing otherwise. In fact, I would describe him as outrageous that night in Bellingham. That old R. Alpert sense of humor was in full swing. He joked of sexual uptightness passing for righteousness, told an anecdote of when one of his holy-ish admirers discovered him standing in line to see the porno movie “Deep Throat” and so on. One of the first things his guru said to him was “You make many people laugh in America?” And he said, “Yes, I like that.” I haven't laughed so much in years. It felt good.

Reading a book isn't the same thing as sharing a bodily presence with your brothers and sisters, but if you groove on it sometimes, there's a good chance you'll enjoy more of the Ram Dass experience in “The Only Dance There Is.”

by Chuck Schultz

KNOW THE ENEMY
and know yourself;
in 100 battles
you will never
be imperiled.

sun tzu

recon

Monthly newsletter on military affairs: Pentagon Planning, Strategy & Tactics, GI Movement, 3rd World Struggles, CBW. \$3/year for movement and GIs, \$10/year for institutions and sustainers to RECON, P.O. Box 14602, Phila., PA 19134.

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Health care, a necessity for everyone, is also a feminist concern. Control of a woman's body and sexuality rightly belong to her. Because a woman has the biological potential to become pregnant during 40 years of her life, this right to control her body is fundamental for determining the course of her life. A woman who does not want to bear any or any more children has various choices, among them, celibacy, women lovers, or if choosing male lovers, the use of contraceptive methods. In the advent of contraceptive failure the option of abortion exists.

Energy directed towards childbearing (in a society where daycare is not provided, where women do not have easy access to positions of political power and economic stability, and where societal norms inhibit sharing of childraising responsibilities) severely limits energy available for other pursuits, be they art, intellectual study, social reform or revolution. Accepting that woman should be free from biological predestination, and realizing that abortion may be the option for some women, the present efforts toward limiting abortion rights in this country are threatening.

In January, 1973, the Supreme Court ruled that the right of privacy encompassed a "woman's decision whether or not to terminate pregnancy." Their ruling removed the abortion issue from

One wonders if a woman would be held for murder in case of miscarriage, if insurance agencies will offer life insurance for the unborn, if funerals will be required for the miscarriages.

Senator James Buckley of New York is also sponsoring constitutional amendment, though a more ambiguous one. His amendment would extend due process guarantees of the constitution to the unborn fetus from the time "a biologically identifiable human being comes into existence." (No one can agree on when exactly during a pregnancy this occurs.) His amendment has a provision that when reasonable medical certainty exists that continuation of the pregnancy will cause the death of the mother, abortion is permitted.

A Constitutional amendment would take several years to enact. Two-thirds of both the House and Senate must approve the amendment, then it is sent to the states for ratification. In the meantime, while the Supreme Court decision still stands, abortion rights are being gradually limited by various legislation. Rep. G. Whitehurst of Virginia has a bill that would return the abortion question to the individual states, thereby erasing the Supreme Court decision. Sen. Buckley has won approval for a rider to a new liberalized Social Security Act which would

doing public education as to the serious implications of the current anti-abortion movement and legislation. Letters need to be written to the following senators and representatives in support of liberal abortion laws and a woman's right to choose.

Thomas S. Foley
U.S. Courthouse Bldg.
Spokane, Wa., 99201

Walther D. Huddleston
1208 N. Mills
Elizabethtown, KY 42701

Warren Magnuson
900 U.S. Courthouse
Seattle, Wa., 98104

William Proxmire
Rm 344 Federal Court House
Milwaukee, Wis. 53202

Henry Jackson
Rm 802 U.S. Courthouse
Seattle, Wa. (98104)

Roman Hruska
8424 Federal Office Bldg.
215 N. 17th St.
Omaha, Nebraska. 68102



A Woman's Right to Choose



the various states jurisdictions. Currently the strongest anti-abortion legislation is being promoted by the well financed Right-to-Life group. Their goal is the reversal of the Supreme Court decision by an amendment to the U.S. Constitution. This amendment, sponsored by Rep. Lawrence Hogan of Maryland, would guarantee the fetus full protection under the law: "...neither the U.S. nor any state shall deprive a human being, from the moment of conception, of life without due process of the law; nor deny to any human being from the moment of its conception, within its jurisdiction, equal protection under the laws." This concept of the fetus as a person would create legal chaos.

prohibit the use of Medicaid Funds for abortion. This restriction would be absolute, with no exceptions such as abortion performed to save the life of the mother.

A rider attached to the domestic health legislation enacted last year permits federally funded private hospitals to refuse to perform abortions. The House has passed a bill that would prevent federally funded Legal Assistance programs from helping any woman obtain an abortion.

In Bellingham, the Abortion Referral Project and a task force from NOW, with the support of Planned Parenthood, are investigating legal procedures to protect the right of abortion, and

Suggestions for points to be made in your letters:

- inalienable right of each individual to exercise control over her own body.
- forbidding abortions does not stop abortions but relegates them to the back alley and results in women being butchered while trying to terminate an unwanted pregnancy.
- since the Supreme Court decision, medical complications, from first trimester abortions are nearly non-existent,

If you are interested in finding out more about the abortion legislation, or in working with us on public education or private abortion counseling, please call the Abortion Referral Project, 733-9211 Mondays from 5 to 8 pm. Thursdays from 2 to 5 pm, and Saturdays from 11 am to 2 pm.

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Health Care Bulletin

Liver Tumors and the Pill

Women have been taking oral contraceptives for well over 20 years. In the last few years scientists have been finding how harmful these synthetic drugs are for women. Dr. Janet K. Baum reported several cases of liver tumors in her study of young women that have been using synthetic hormones, such as those found in oral contraceptives, from six months to five years. No evidence of cirrhosis, hepatitis, or a congenital condition was found, suggesting that the contraceptives might be the cause. Other studies have found that women taking birth control pills have a greater susceptibility to fatal and non-fatal blood clots, suffer from ruptures of blood vessels in the brain, have strokes caused by an artery in the brain being blocked; which can leave the women partially paralyzed or reduce her mental capacity to that of a child. They have found that these women are twice as likely to develop gallbladder disease, and have more chance of getting breast cancer.

The New Progesteron Contraceptive

Syntex Laboratories, one of the largest contraceptive manufacturers, has been feeling the loss of potential customers because of the adverse side effects caused by estrogens in the pill. Now Syntex has developed an estrogen-free pill for these women who suffer serious reactions to the conventional oral contraceptives. NOR-QD is a synthetic progestin pill containing .35 mg of norethindron. Very little is known about progestin-based drugs. It is supposed that the progestin affects the endometrium, the mucous coating of the uterus, in such a way as to inhibit implantation of the egg. Under 3,000 women have been clinically tested and it was found that 1 out of 100 women became pregnant.

Once NOR-QD is distributed on a nationwide basis, the American women will be used as guinea pigs in another medical experiment. The adverse reactions have been found to be: swelling of tissues due to fluid retention, absence or abnormal stoppage of menstruation, change in weight, change in cervical erosion, change in cervical secretions, yellow skin pigmentation due to flow of bile, allergic rash, mental depression, breast changes, skin changes, abnormal growth of body and facial hair, migraine headaches. Progestins have been found in the milk of nursing mothers, it has yet to be established its effects on the nursing infants.

Symptomless Gonorrhea

Doctors have been saying for years that men can always determine whether they have venereal disease because the symptoms are obvious. On the other hand women could not tell whether they carry VD because women either have no symptoms, or are unable to recognize them because their sexual organs are internal. Doctors from the University of Washington found that a high percentage of men are symptomless carriers of gonorrhea than ever expected. This is the first time the Public Health officials have conceded that men, are carriers of symptomless venereal disease and should have routine culture tests for gonorrhea during physical examination.

DDT in breast Milk

The amount of DDT in the breast milk of some mothers tested in the U'S' exceeded the limit set by the Federal Government for DDT in milk for sale. Also the average American is unfit to eat, containing more DDT than the Government allows for meat sale.



Mercury Poisoning and Contraceptives

Mercury can be found in many industrial products; athlete's foot medication, cosmetics, suntan lotion, diaper rinses, interior paints, fungicides, fish, car batteries, and cavity fillings to name just a few. The most well-known effect of mercury poisoning is damage to the nervous system. Methyl mercury, the most dangerous form of mercury is found to cross the placenta from mother to fetus and concentrate in the fetus. It is the most potent agent known for inducing damage to chromosomes and hence cause birth defects.

A well-known brand of spermicide (for use with the diaphragm), "Koromex", contains mercury in the form of phenyl mercuric acetate (PMA). Koromex contains 400 times the F'D' F.D.A's limit on mercury in fish. One 1/2 teaspoon of pure PMA taken orally would be lethal to the average person, so the spermicide is dangerous specially for those who have oral sex. Koromex is considerably cheaper than Ortho-Gynol, which does not contain mercury so many family planning agencies stock the cheaper product.

Depo-Provera tested on women

More than 1,000 Tennessee women, some of them poor clients of family planning centers, others inmates of mental institutions, were being given long-term birth control shots from the drug Depo-Provera, which the government refuses to certify as safe. The use of the drug in Tennessee clinics followed no trial rules, had no controls and no reports were made to the Food and Drug Administration or to Upjohn, the manufacturers. Testimony given by women who were pressured into taking the drug took place in hearings before a Senate Health Subcommittee. This prompted the Subcommittee to obtain Upjohn's promise not to sell the drug for unauthorized purposes, as they did in Tennessee.

Contraceptive Research Bill

Bill HR 11511 authorizing the continuation of a number of health programs including 'family planning services' is being considered by the House Subcommittee on Public Health and Environment. However, the authorization is only for extension of funding, not increase for services now reaching barely half the women in need. Worse, the bill all but abandons funds for contraceptive research legislated in 1970, mentioning only research in delivery of services. To urge higher funding levels for research in delivery

improved methods of contraception, people should write the chairman of subcommittee, Paul E. Rogers (D-Fla.)

Ultrasonic machine and the fetus

The Ultrasonic machine which uses the Doppler principle is a device used to detect heartbeats and check the heart functioning of the fetus in early pregnancy. It operates by bombarding the fetus with high-frequency sounds and measuring the returning echoes. Dr. Teguya Shimizu an obstetrician at Hokkaido University, Sapporo Japan, found recently that the machine can cause birth defects, specifically brain damage, and that it has a disruptive effect on forming bone and tissue. In the U.S. 75% of pregnant women are tested with the Doppler ultrasonic machine. At the University of Southern Calif. Women's Hospital an average of about 50 pregnant women are tested every week.

MAY 20-JUNE 2

(S) Seattle
(WWSC) Western Wash. State College
(B) Bellingham

MONDAY, May 20

(B) C'mon down to the Co-op gardens work party all day.
(B) Blackwell Brigade bake sale, VU plaza. Stuff your face and support your local potential women's clinic.

TUESDAY, May 21

(S) Dr. Gilles Quispel, Jungian psychologist, lectures on 'Gnosis and the Liberated Woman'. 120 Kane Hall, UW, \$1.50
(B) Tuesday Forum on 'Basic Communication Skills' at YWCA, noon-1.
(WWSC) Body Awareness Workshop II, VU 364, 7-10pm.
(B) Women's Fair meeting 9 am, 1016 Jersey.
(B) Food Co-op meeting, 1pm, 1000 Harris.
(B) Bellingham Co-op School bake sale, VU plaza, 9:30-2.
(B) 'History of Women in Medicine--Witches, Midwives and Nurses', by Karin Strand. 10 AM VSC office, F'haven.

WEDNESDAY, May 22

(B) Film 'A Night at the Opera', with Harpo, Groucho and Chico, 7,9,11pm, 50cents, Fairhaven auditorium.
(B) Good Earth building meeting, 4pm, 1000 Harris.
(B) Women's poetry discussion group, 7:30 pm, 611 N. State.

THURSDAY, May 23

(B) Free slide show, B'ham public library, on the Holy Lands, 2:30pm.
(B) Co-op gardens work party all day. Where friends meet friends.
(WWSC) Aikido-T'ai Chi Mini-Workshop, 7-10pm, VU 364, for free.
(WWSC) Film 'Whiskey Galore'-- shown in L-4, 8pm, 75 cents.
(S) French surrealist classic films shown in the Seattle Art Museum auditorium, Seattle Center. 7:30pm, \$1. 447-4729 for information.
(TV) Late movie on KVOS-TV, 11:30 pm, Elizabeth Taylor and Marlon Brando in 'Reflections in a Golden Eye', about decadence on an Army post.
(B) Nat'l. Geographic Society special on Alaska, BCTV, 7pm.
(B) 'Prostitution', talk by Jennifer James. 10 AMVSC office F'haven College.

FRIDAY, May 24

(WWSC) National premiere of 'A Guided Tour of Intellectual Rubbish-The Life and Writings of Lord Bertrand Russell', starring Robert Rounseville. Main auditorium, 8:15pm, 50 cents.
(S) Pacific Northwest Regional Folk Life Festival allday, Seattle Center.
SATURDAY, May 25
(WWSC) 'Intellectual Rubbish', 8:15pm. See Friday.
(S) Pacific North West Regional Folk Life Festival, Seattle Center.
(B) Finally, (hopefully) the Co-op Garden Planting Pic-a-nic, 1100 32nd St. Bring refreshments!
(B) Paint Big Yellow, 11 am, at the Co-op Gardens. (See Community News)
(B) Women's Softball, 2pm, Fairhaven Middle School.

GIMEL BETH

SUNDAY, May 26

(S) Pacific Northwest Regional Folk Life Festival, Seattle Center.
(B) Passage potluck at the Longhouse 507 Willow Rd., 6 PM.
(B) Big Dig at the Good Earth Building, all day work party to dig out a crawl space, starting at 11 AM. Bring your Army shovel.
(B) Community Softball, 2 PM, Fairhaven Middle School.

MONDAY, May 27

(S) Pacific Northwest Regional Folk Life Festival, Seattle Center.
(B) Work and play at the Co-op garden 1100 32nd st., all day.

TUESDAY, May 28

(TV) Find a friend w/cable and watch Marcelle Marceau discuss the nature of mime w/James Day on KCTS-TV, channel 9, 10:30 PM.
(S) Dr. James Smith on "Yoga and Medicine", Rainier Room, Seattle Center, 7-9 PM, Tickets at the door.

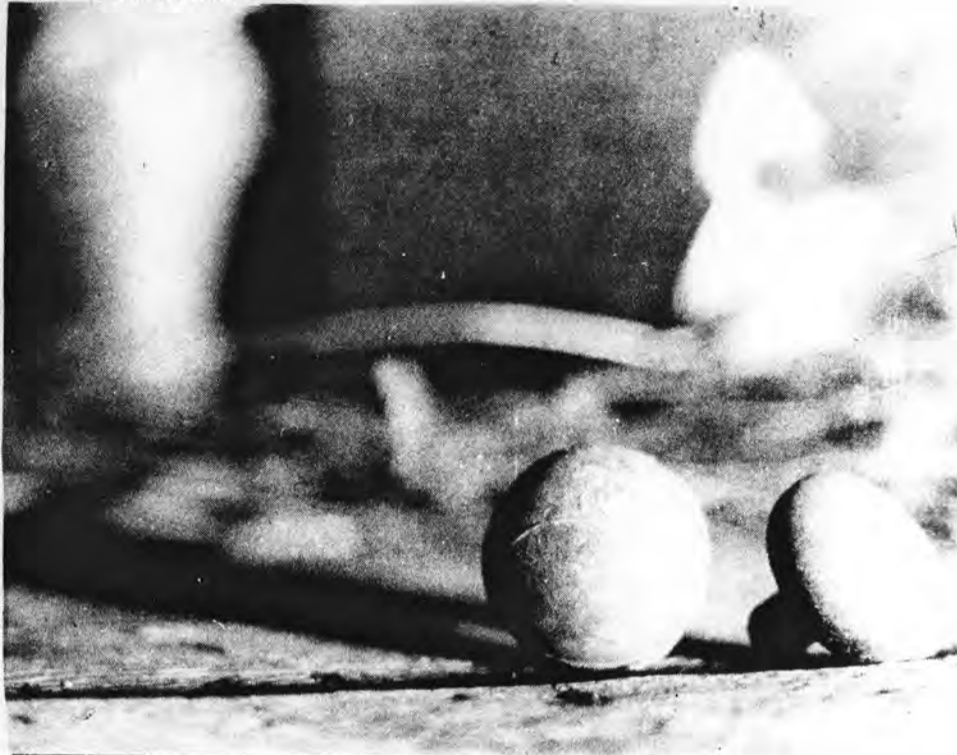
(B) Tuesday Forum on "Psychology: Today's Games", YWCA, Noon-1.

(B) Passage meeting at 8 PM in the office, 1000 Harris.

(B) Women's Fair meeting, 1016 Jersey

(B) Food co-op meeting, 1 PM, 1000 Harris.

Photo by Aaron White



WEDNESDAY, May 29

(B) Overall Economic Development Plan for Whatcom Co. symposium, all day (starting at 9), Bellingham Public Library.
(B) Good Earth Bldg. Meeting, 4 PM 1000 Harris.
(B) Women's poetry study group, 7:30PM 611 N. State.
(B) big dog's third annual birthday. celebrate mahatma today. potluck at 6:30 and sauna at the longhouse.

THURSDAY, May 30

(S) Steve Miller and Boz Scaags at Seattle Center Arena, 8 PM, contact 624-4971 for tickets.
(S) Classic French film- Jean Vigo's "L'Atalante" (1934)- shown in Seattle Art museum auditorium. See 5/23.
(B) B'ham Public Library, 7:30 Audobon Society meeting & film.

FRIDAY, May 31

(B) Speakers, slides, exhibits all day at the Alternate Energy Fair, Fairhaven College, Dorm 8.
(B) Passage benefit dance, 8:30 PM, Welcome Grange.

SATURDAY, June 1

(B) Alternate Energy Fair, see Friday.
(B) First Annual Street Academy Underground Fair, all day, arts & crafts, rummages, puppets and more. YWCA basement.
(B) Women's Softball, 2 PM, F'haven Middle School.

SUNDAY, June 2

(B) Late Movie on KVOS-TV, 11:30 PM "The Fearless Vampire Killers", Roman Polanski, Sharon Tate. It's a comedy.
(B) Blackwell Brigade meeting, 1409 E. Maplewood, 4-6 PM.
(B) Street Academy Fair, see Saturday.
(B) Community Softball, 2 PM, Fairhaven Middle School.


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25



CONNEXIONS

(Formerly known as Northwest Passage)



Vol. 10 no. 12

May 20 - June 3, 1974

Bellingham, Washington

Connexions are free of charge to individuals and to groups offering information for the common good or general enlightenment. Rates to businesses are 12 cents a word. Send ad (and money) to: Connexions, Box 105, South Bellingham Station, Bellingham, Wa. 98225.

ANNOUNCEMENTS

PARENTS - HAVE MORE TIME AWAY from your children. Join a babysitting co-op exchange. Call Maggie at 733-6934.

KEEP STEVE COMPANY.....
Learn about ducks! Hear strange adventures of life in the country! The Food Co-op needs a day manager for Saturdays. It's fun! Drop into the store anytime and ask the day person or collective member for details.

QUALITY CHINESE GINSENG ROOTS' 37 cents/gram. Also other unusual herbs. Primo incense. Sun Meadow Makings, box 281, Roslyn, Wa. 98941.

LOST - MAY 7 - 2 1/2 yards muslin in brown bag between Salvation Army and Public Library. If you found it, please get in touch with Audrey at 1025 21st. St., or leave at the Passage.

FULL OR PART-TIME WORK SOUGHT with alternative easy-going construction or remodeling crew. I am 27 with two years experience as project manager for a large construction company and now I'm anxious to work with my hands and tools. Call 822 - 6386, Kirkland, Wa. Thanks, John.

NEED SOME MONEY? I have an old two-story house that needs re-wiring. If you have experience in this field I'd truly appreciate some help with doing it. Viviana, 1119 19th. St., southside, 734 - 5725.

YOU DON'T HAVE TO BE MARRIED or live in suburbia to be a foster parent. Very together people in relatively stable living situations are needed as short-term and long-term foster parents for people between 12 and 18. Many kids can't relate to straight parents whose growing experiences were much different than theirs. If you have ever considered it, you might be surprised to find out that you qualify. For more information call Mike Fitch or David Richardson at 734 - 8680.

SUPPORT THE PEOPLE'S STRUGGLES in Angola, Mozambique, and Guinea. Rally: African Liberation Day, May 25, 1:00 P.M. Meet at Madison Plaza (23rd. and Madison), march to Garfield. (in Seattle) Music, speakers, Black Arts West, Dumisane Maraire.

EXPERT MATTE CUTTING AT reasonable prices for your pix, prints, and reproductions. David, 676 - 0335, Bell.

DRINK SOME KAVA WITH ME -- Monday night, May 20th. I'll show a few slides of Fiji and Samoa with music accompanied by a kava drinking party. 8 P.M. in the Agony and Ecstasy room, (bottom floor, Fairhaven College). Bring a bowl. Love, Jeffery K.

WHO IS GURU MAHARA JI? Divine Light Center, 1608 McKenzie, Bell., Wa. 734 - 4557.

HOUSING

PLEASE HELP ME FIND A SMALL house in Bellingham. I'll look at anything for sale or rent, vacant or almost. Must be relatively inexpensive. Call 733-9158 and leave a message with my friends. Sincerely, Homeless.

AM MOVING BACK TO BELLINGHAM and am looking for a place to set up a home. Am in need of a dwelling that has life in and around it. Up to \$65 - \$70 a mo. In June. 352 - 2458, 120 E. 24th. St., Olympia.

SCIENCE FICTION WRITER, needs cheap! room in communal house or apt. Prefer quiet and/or vaguely intellectual surroundings in which to complete a novel. Also into jazz. Leave a message for Frank at 734-1755 or fall by 1315 Indian.

I NEED A SMALL HOUSE (1 or 2 bedrooms) to rent on enough land to graze a young goat in the Skagit Valley preferably between Lyman and Marblemount. Contact Anita Rosenberg, 1000 Harris Ave., Bellingham, 98225.

TWO ROOMS FOR RENT ON SOUTH-side. Share food and meals with 3 other folk. Getting a garden going, prefer non-smoking plant-eaters. Stop by or call us at 1301 Taylor, Bell. 676-1518. Steve, Melissa, John. (Rooms available June 1st.)

IS CRAZY RICHARDS UNIONIZED?



Age: 5 Years

CENTERED, HAPPY, and EARTHY person wanted to share house. \$40 mo. Laraine, Karen - 733-1687.

EXPERIENCED IN REAL ESTATE PROPERTY MANAGEMENT. Couple seeking apartment house, farm or country property to manage or caretake. Begin August, September, 1974. Within 15 miles of Everett. Excellent references, bondable. Write or stop by: H. J. Morris, 2121 Colby, Everett, Wa., 98201.

WANTED

COOP GARDENS NEEDS: hoses, bean poles, more people to garden with us and share in the harvest.

WANTED; GOOD HOME FOR MY 10 speed bike. It has served me well and is in good repair. Will fit someone about 5'-4" to 5'-8" (23" frame.) \$50. Laraine, 733-1687.

GOOD EARTH BUILDING NEEDS A metal paint locker, or something along that line. 1000 Harris, Bell.

FOR SALE

BIKE: MEN'S RALIEGH 5 SPEED, 27", \$80. John, 734-8175.

OEDIFUS WRECKS DEPT. Just took apart a house- piece by piece- and we've got lots of lumber for sale- even plywood. 2x4's 2x6's, shiplap, T&G, call 676-1518, ask for John. or stop by 1301 Taylor, Bell.

EXPEDITION MUMMY BAG: Trail-wise Chevron, large, 58 oz. finest down; five pounds of 30 below protection. Excellent condition. \$155 new. \$100. Wayne McLemore, 1111 High St., 734-3970., Bellingham.

RUMMAGE SALE - YARD SALE, Sat., May 25. 10 to 3. 903 Key St. 676-1888. (if it rains, it will be on Sun.)

*Charlie, Ellen, David, Jayne
Always leaving, never gone
Here, there and back again,
Listen, listen to their song.*

DON'T GET STUNG! The Co-op garden needs bees. If you see a swarm of bees, please call: Peter or Richard, 734-7146.

GOING TO ALASKA - MUST SELL ..1945 flat bed truck, good tires, engine and body. Bed is 7' x 11' with removable sides. Asking \$400.

..Laying hens and roosters, white rock, plymouth rock and Rhode Is. Reds. \$3 each.

..Tame Mallard ducks, \$1.50 each.
..Tame Muscovie ducks (one with ducklings) \$2.50 each.

..Two geese (hen type) \$5 each.
..Also banty hens, chicks, and roosters. All prices negotiable.

..Wood cook stove \$20.
..Some furniture.

See on weekends at 1096 West Badger Rd. Take Guide Meridian north one mile past Lynden to West Badger, turn left and go approximately two miles.

GARAGE SALE WED. AND THURS. may 22 and 23. Acme juicer, massager sunfair membership, furniture, books, klunky stereo, more. 1906 J st., Bell. 734-3521.

NOTES TO FOLKS

BARBARA AND JUNE! (June and Barbara?), formerly of Harrison Street, we miss you! We never got your address, so could you please get in touch with us at 921 1st. Ave., W. no. 303, Seattle, 98119. Phone 284 - 7389. Kirie and George.

DEAR SNAKERS: HOW'S THE RANCH? My love to you all. Slow Elk.

TO PONTAROLA AND PEACE. I love you both so dearly. Jensen.

VEGETARIAN NURSING MOTHER needed to nurse Benjamin (2 1/2) and Rachel (16 mo.) once or twice on May 24th. while their mother is in the hospital. Please come or write to 1123 Lenora Ct., Bell., and see Jayne. Thankx.

DAVID - WILL BE IN HOSPITAL ON Thursday. Please come home, now. 1123 Lenora Ct., Bell. Ask for Jayne.

DEBBIE and TOM and HAPPY BABY - Beauty - Welcome. We love you.

I AM INCARCERATED AT CALIF. Men's Colony, Calif. Department of Corrections. Therefore, I would appreciate a pen-pal to write to. Thomas W. Coburn, B-50287, P.O. box A-E, C-6310, San Luis Obispo, Ca. 93401.

RIDES

ANYBODY GOING TOWARDS Oka-nagon area during first half of June who can give 1 or 2 adults and 1 infant a ride or be a hitch-hiking companion? Please write or come to 1123 Lenora Court, Bellingham, 98225.

RIDER WANTED TO PORTLAND, weekend of May 24 - 27. One way or round trip. Call 422 - 6699, Mount Vernon.

WE NEED A RIDE TO ANYWHERE in California; San Diego is our destination. We'll help pay for the gas and share the driving. Scott and Ann. Please call; 733 - 0517.

ANIMALS

WANTED, KITTEN, MALE OR female Mine is lonely and needs a friend. 1025 21st. St., Bell.

I AM MOVING TO NEW MEXICO. I have a neat lady kitty, she needs a new home. 1 year old. See Jen at 611 N. State, Bell., or Pottery booth at Women's Fair, June 8th.

BEAUTIFUL GOATS FOR SALE. Your choice from a healthy mountain grown herd. Four doe kids, one year-old is pregnant. Two kid bucks, good breeders. Registered pure - bred sire. Prices vary from \$15 to \$50 each. Write Rocking Star Ranch, box 32, Stehekin, Wash. 98852 for immediate response.