

Canadian Women's Health Network

One Step Back, Two Steps Forward

by Sari Tudiver

L'auteure examine comment des femmes provenant de divers milieux culturels, religieux, sociaux et ethniques se sont réunies pour militer en faveur de changements dans le système de santé actuel. Tout en retraçant les origines du Réseau canadien pour la santé des femmes, l'auteure explique com-

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ment les femmes peuvent s'impliquer dans l'implantation de ce Réseau à la grandeur du pays.

I'd just like to say that for a couple of months before I came here, I had been lobbying the government and feeling fairly isolated in my work. And feeling that I didn't have the energy to go on and do any more because it was just sapping it from me...But I have a whole network behind me now, so it makes it a lot better to go home and go on.

(Consultation participant, May, 1993).

Women in Canada have a long history as providers of health care for their families and communities, whether as mothers, wives, sisters, daughters, traditional midwives and healers, or as paid health workers. Long neglected and disparaged, the rich and complex contributions that women from different backgrounds have made to the health of their communities is finally being documented and acknowledged.

The social movements to achieve greater equality for women have been closely tied to women's struggles to gain greater control over their bodies and improve their health. In the early 20th century, thousands of women demanded basic information about reproduction and birth control, better housing and public health measures for the poor and immigrant communities, and for greater numbers of women to be trained as doctors. The need for better health care also led many women of different social classes, ethnic backgrounds and religions to join together and advocate for changes, despite their differences.

Throughout the 1970s and 1980s, women in Canada organized many local, provincial, and national groups and organizations to fill critical gaps in health services for women or to lobby for such services. They have developed

creative models of health service delivery in women's health centres, community health and resource centres, immigrant women's centres, transition houses and in some hospital settings. Some are part of strong regional networks, such as the Regroupement des Centres de Santé des Femmes du Québec.

Coalitions are mobilizing to share information and strategies pertaining to the new reproductive, contraceptive and genetic technologies. Despite limited resources, such groups serve an important role as watchdogs over the pharmaceutical industry and government on issues that affect women's health. Health and publishing collectives, such as the Montreal Health Press, the Vancouver Women's Health Collective, and until very recently, *Healthsharing* magazine, provide critical information, encourage action on specific issues, and work for better quality health care for women.

In particular, Aboriginal women, women of colour, immigrant women, women with disabilities, and lesbians have demonstrated how poverty, discrimination, violence against women and poor treatment by the medical system determine ill health. They have challenged mainstream society and predominantly white women's organizations to confront their attitudes of racism, homophobia, and fears of disability, and have also helped sensitize others to holistic approaches to health and healing.

Increasingly, there is a need for women's health groups to communicate effectively across the country, to share information, resources, and insights in various languages, and to mobilize for action when necessary on issues of concern to the health of all women. As well, individual women need to know about resources in their area to seek information, services, and support.

Why a network now?

The 1990s are a time of severe cutbacks in government spending on health and social services and far-reaching attacks on Medicare and medical care as a right in Canada. The cutbacks are targeted to the poor and the poorest of the poor—women on welfare, persons with disabilities requiring homecare services, shelters and other services for abused women and children. Rather than nurtured and expanded, crucial and creative programs on shoestring budgets that make a real difference in people's everyday lives have closed or are in jeopardy.

Governments present a scenario of inevitable belt-tightening; consumers are told that the only way to control deficits is through these types of cutbacks. At the same time, an intense consolidation of wealth is taking place in Canada through changes in taxation and in the policies of international financial institutions. There is a widening

gap between rich and poor and deepening poverty. A future with very high unemployment and vastly reduced social programs has profound implications for our health and well-being.

A network can help us all sharpen our understandings about how the current health care system works and be critical in constructive ways. For example, many provincial governments are promoting "community-based services," but not providing the necessary accessible resources and community supports, such as translation services or homecare.

The language of the women's movement has been taken on by governments and media, but without the deep commitment to empowering women and their organizations and giving us a real voice in health care policy and planning. Many women spend long hours "consulting" with governments, usually for no pay, to try and sensitize them to our models and approaches. A strong network can help women reclaim this language and share strategies for advocacy.

From their experiences, women know what is lacking in mainstream institutions and policies. Through networking, we can build a clearer understanding of alternative policies and choices such as the cost-effective, creative, person-centred, service models developed by community and women's health groups around the country. One of the challenges to a network is to ensure these alternative, women-centred approaches are lobbied for strongly and



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become "mainstream" public policies, rather than "marginal" projects.

A Canadian Women's Health Network is about overcoming isolation in the midst of cutbacks and layoffs, when women and their families feel isolated and fearful and, all too often, sick. But many women also feel angry and we hope to transform that anger into creative action. Networking is a challenging task in Canada, with its vast geographic distances, linguistic, cultural, and regional diversities. But, given the level of poverty and human need as well as the politics of conservatism in Canada and globally, the time for a Canadian Women's Health Network has come.

Origins of the Canadian Women's Health Network Project

Since the 1970s, groups of women across the country have talked about forming a Canadian Women's Health Network. A Committee for a Canadian Women's Health Network came together in 1982, but saw the need to emphasize regional over national work. While they lost some momentum and didn't have the resources to work Canada-wide, the idea for a network remained alive.

The play *Side Effects*, about women and pharmaceuticals, was an important catalyst to help link groups across the country. At a meeting sponsored by the Ottawa-based development agency, Inter Pares, in Aylmer, Quebec in 1983, about 40 people talked about creative ways to develop and share health resources and strategies for education and advocacy on women's health issues. The idea for a play that might go on national tour was suggested and embraced with enthusiasm.

Women in Ottawa worked with the Great Canadian Theatre Company to develop the play based on the personal stories of women who had serious problems with prescription drugs. *Side Effects* toured to national acclaim from Newfoundland to British Columbia, in northern and rural as well as urban centres. Audiences stayed after the shows to talk with the actors and local sponsors; women came forward with their own stories about misuse of drugs and asked about support groups and resources. A number of local women's health groups were started as a result of the tour, including Women's Health Interaction (WHI) in Ottawa and Women's Health Interaction Manitoba (WHIM). Other already established groups such as DES Action and Vancouver Women's Health Collective participated in the process.

Over the next several years, women across the country continued to meet at conferences, and exchange ideas about getting a network started. Two planning meetings, in Toronto and Montreal in 1987 were funded by Secretary of State and provided the opportunity for groups to explore goals and common principles. A proposal was developed detailing the process of building up the regional ties among groups working in women's health as well as cross-Canada links.

It was 1989 before funding was secured from Health and Welfare Canada to develop the network. Members of the original coordinating committee, WHI in Ottawa and WHIM, surveyed women's health groups across Canada to ask their advice on how to proceed. The message was clear: use the money to build a network, which was needed now more than ever. The suggestion was made that *Healthsharing* be the anchor organization for the project, given its central role in providing English language information about women's health in Canada for over a decade.

Healthsharing agreed and the project was revised to include six regional issues of the magazine as a way to

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And the answer there is to look after ourselves.
And women have never learned to look after
themselves. We look after everyone else."*

involve women within each region and to inform others across the country about what was happening in women's health; the development of a database identifying groups across Canada working in the areas of women's health; and a "consultation" meeting with representatives from women's health groups to help establish the network. WHIM and the Women's Health Clinic in Winnipeg agreed to serve as host organizations with *Healthsharing* for this meeting.

The consultation

When I first came here, I had two questions. And both questions have been answered. The first question was: is it possible to even consider unifying so much diversity and so many differences? Can it be done? The answer is: Yes. The second question was: what can I personally get out of this?...And the answer there is to look after ourselves. And women have never learned to look after themselves. We look after everyone else. So there again, we received an answer and I can only tell you: don't forget to look after yourself.

(Consultation participant, May, 1993)

Women came from all the provinces, the Northwest Territories and the Yukon, from small towns, large cities, and rural communities to the meeting held in Winnipeg from May 21-24, 1993. They represented over 70 national and provincial organizations, as well as local collectives involved in various aspects of women's health. Among the participants were First Nations women, women of colour, immigrant women, women with disabilities, and lesbians. Twenty women represented Francophone organizations from Quebec and other provinces. The inclusiveness of the meeting and a comfortable atmosphere were strengths that participants noted and appreci-

ated. This was later reflected when the women addressed what they meant by solidarity within a network: "Unity with diversity and support without interference."

A panel of four women shared their "Agonies and Ecstasies of Working in Women's Health." In small groups, participants drafted a mission statement, discussed common values and principles, models of information exchange, solidarity and action, membership issues, accountability, sharing tasks and responsibilities, and possible sources of funding. The women also spent time renewing old friendships and making new ones. There were energizing exercises, activities to help women get to know one another and have fun, and wonderful songs.

By the final morning, the women had found much common ground, despite their diversities and an intense, sometimes difficult process. The need for networking among women's health groups and organizations was clear, even if the specific ways were not entirely resolved.

Getting organized

Among this committee, I hope that there will not just be university academics, feminists, but also women who work daily with women, not just those who intellectualize women's needs. (Consultation participant)

The women identified basic principles and characteristics that any short term and long term strategy for the network must uphold. Any coordinating body would also reflect these principles in its composition: representation from all regions; inclusive of women's diversity; build on existing expertise and skills; maintain continuity with what has been started in network building; bring in new energy and "new blood."

Participants agreed to establish a Coordinating Committee that included regional representatives and women committed to the interests of specific sectors—women with disabilities, immigrant women, women of colour, Aboriginal women, lesbian women, older women, and young women. The Committee includes Francophone and Anglophone women and will operate bilingually.

The tasks of the Coordinating Committee for a two year period are: to finalize the mission statement; explore sources of funding; develop an action plan and priorities to present back to interested groups and organizations; work on a model for long term structure or networking; link with other groups and regional contacts; monitor health policies so that we know what issues might need to be put forward to the network participants for action.

As well, "focus or working groups" were established to develop specific strategies for communication (including computer linkages); membership; and funding. Contacts organizations were identified in each province to help with networking.

The meeting ended on a high note. Women stood together in a circle, passed sweetgrass from one to the next, and spoke about their experiences with appreciation.

The next step: building the network

There's not going to be this big great communication system just appearing; we're going to have to create it.
(Consultation participant)

The months following the consultation proved difficult. *Healthsharing*, the anchor organization of the network project, was hit by rising costs and had to make the hard decision to stop publishing after 15 years. This, along with some delays in Winnipeg, set back translation and publication of the consultation report and the regional issues that were to deal with women's health in Quebec and the North. However, the consultation report will be available this summer. Agreed to by Health Canada, the Women's Health Clinic in Winnipeg is working with the Coordinating Committee and other interested groups to ensure that information on women's health activities in Quebec and the North are published in 1994-95 and that the process of building the network goes forward.

Women's health groups across the country have been active over the past year. For example, the National Breast Cancer Conference held in Montreal in the Fall of 1993 was a landmark event that changed the landscape of collaboration between health professionals and women clients. Many groups involved in the Canadian Women's Health Network Consultation held follow-up meetings in their provinces. Women across Canada are developing

responses to the Report of the Royal Commission on New Reproductive Technologies released in October 1993. The Vancouver Women's Health Collective has been working on a database on women's health issues. And many of us have been scrambling to become more computer-literate and comfortable with e-mail and Internet, to facilitate our networking.

The Canadian Women's Health Network is not dependent on any one particular organization, but on the strengths of many. The Coordinating Committee will be contacting participants and others who have expressed interest in the network, to move ahead with the mandate and working groups. We encourage women across Canada to become involved.

Contact organizations already part of the network. Groups and individuals interested in being involved in the network should identify the Coordinating Committee members or contacts in their region and get in touch with them for further information about what's happening near them. You can get a list of regional contacts from Women's Health Interaction Manitoba and the Women's Health Clinic at the address below.

Hold local or regional meetings to talk about networking. Use this process as a way to organize on women's health locally. Regional ties are the basis of a Canada-wide network. Discuss some of the questions listed in the report and other topics of importance to you and your group on women's health.

Use the networking process already started. If you have a call to action that others should know about, contact groups through the network list. If you are asking for help, be specific about what you need.

Consider joining a working group. Share your ideas and skills. We are anxious to hear from women interested in joining groups on Communications, Funding, and Membership and will help put people in touch with each other around the country. If someone in your region is already involved, contact them. If not, call the Manitoba contacts.

Give feedback. Once you read the report, and have comments to share about the mission statement, possible network structures, who might be a helpful resource person—creative, random thoughts, jot them down or put them on tape, and send them along. The expertise of women around the country is vast and sharing makes us strong!

Help look for funding. Many women at the consultation noted that if we wanted things to happen, we are the only sources of money right now. Groups that can should think about putting aside maybe \$200 for mail; phone; fax; e-mail if they have it, and seek in-kind resources.

There are no plans for a national meeting in the near future, but conference calls, informal meetings when women are traveling for other purposes, and computer conferencing are ways of keeping in touch. Be creative in finding small amounts of money here and there to get it functioning!

As one of the facilitators noted:



NANCY REID

Nancy Reid

Did you look at other models, like a circle? When we think of national organizations, and alliances or network, we don't always have to have one centre if we have a circle. There is another model that works that way. The work that needs to be done in any network can be shared and given to different groups and can be done in different areas. It costs a lot of money to travel across the country, we don't all have to be in one room at one time to make a decision and the work can be done by different groups who take on different things and use other networks.

The Canadian Women's Health Network project has remained part of a process to strengthen ties among women working in women's health across Canada, and to encourage women in each region to define their needs for sharing information and strategies. The project was rooted in the view that grass roots organizations involved in women's health must be the ones to clarify the vision and determine what a Canada-wide women's health network could be. It's up to all of us to make it happen!

To request a copy of the report and contact list, write to Canadian Women's Health Network c/o Women's Health Clinic, 3rd floor, 419 Graham Ave. Winnipeg, Manitoba R3C 0M3. Phone: 204-947-1517; FAX: 204-943-3844.

Sari Tudiver served as the Coordinator and a member of the Winnipeg organizing committee for the Canadian Women's Health Network Consultation and is on the Network Coordinating Committee. She works as the Resource Coordinator at the Women's Health Clinic in Winnipeg.

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Obituary *Lina Chartrand*

June 10, 1948 – April 2, 1994

Writer, poet, playwright, publisher, director, dramaturge, screenwriter and activist.

Lina was born in the Franco-Ontarian community of Timmins, Ontario, daughter of Leo Chartrand, a diamond driller in the Timmins gold mines, and of the late Leocade Chartrand, homemaker.

Lina contracted polio at the age of 18 months. Corrective surgery to her spine, at the age of ten, required her to travel by train to Toronto for operations, and resulted in her spending a year in a full body cast. In 1980, Lina was chosen "Little Miss Easter Seals." These experiences resulted in the play "La P'tite Miss Easter Seals" which was produced in both English and French in Toronto.

Lina died in April due to complications from liver disease, leaving her lesbian lover, Kye Marshall, and many loving friends and colleagues.



Lina Chartrand, 1989

Photo: Diana Meredith