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Dear Triveneto,

I just put these together in haste as Donatella + Francesca can carry them to you; I don't know what you already have. The health article marked * is a translation of your article, produced for a conference of the 'women's health movement'. Hope everything's going well,

Love,

Ruth

"Trichomonas is very common, especially because of excessive frequency of intercourse and lack of personal cleanliness". Women of Solari watch factory "learned" this from one of the heads of the Udine health service. He was speaking at a meeting which the women had promoted in order to hold the health service to their responsibilities regarding women's health.

The women's struggle for medical examinations, in decent conditions and on company time, had begun in the spring of '74, when they faced the problem of how to have themselves examined for cancer of the breast or uterus without losing two half-days of work (obviously not paid).

When the demand was raised the factory management granted a half-hour meeting at the end of the working day so that the women could get information about this examination and a paid hour to have it done. It was during this half-hour meeting that some of us got a chance to speak directly with all the women workers, and to establish a link that has been growing stronger ever since.

"It was a meeting we are very glad to look back on", write the workers in the document they wrote and distributed everywhere, "because we had a chance to talk, ask questions and discuss." Together, in fact, we discussed everything.

From the problem of cancer to the more general problem of health, and the problem of work which is the cause and origin of all our troubles, was an extraordinarily short step. And it was quick too, because we women had a chance to speak directly amongst ourselves without the mediation of trade unionists or doctors.

All the women, as soon as they saw the chance to speak directly of their troubles and illnesses, brought up not only the problem of cancer, but also those of vaginitis, cystitis, etc, that had never been treated. In short, they all had numerous ailments, but none had ever had the chance to get them treated. The housework which awaited them as soon as they came out the factory gates included the care of other members of the family, but never of themselves.

After this meeting, the women intensified their mobilisation. When the Tumor Centre sent them the results of their cancer test, 25% of the women were asked to have a gynecological examination because the vaginal smear had revealed cervical infections, vaginitis, erosion of the cervix, parasites, inflammations, etc.

That was when the Solari women decided the time had come to begin demanding the right to take care of themselves. But there was no way: the time for this care had to be found outside their hours of work in the factory.

The women write: "Not that we formerly thought we were "well", in perfect health—but (since housework begins as soon as factory work ends) for sheer lack of time each of us had resigned ourselves to ignoring backache and various disorders, exhaustion, vaginal discharges and bleeding, itching, severe period pains, even fever. We had resigned ourselves to not having time even to take care of ourselves;

compared with our everlasting physical and mental tiredness due to the fact that all our life is always working time, one little pain more or less had no importance. What can it mean for a woman to be ill? When can we allow ourselves to be ill? Never; only if we have cancer or T.B. or have to be operated on. Only then "can" we be cared for--but in that case our illness must be really serious. However we decided to accept these "invitations" to have gynecological examinations. We decided to begin caring for even our minor ailments, even those considered chronic which everyone takes for granted that women have to put up with. We discovered quite soon that perhaps we were asking too much!"

"Waiting for hours", they write, "in a doctor's waiting-room until our turn comes, or going to the clinic and standing in queues, always hoping the doctor will be on time--then being examined and treating ourselves--is no amusement, it's work; its housework, since these are hours we spend trying to put in order our bodies which are exploited every day in the factory and at home. Nobody doubts that the doctors are working when they care for the sick. Some people also manage to see that when we care for our loved ones at home, before they go into the hospital or when they come out, we are working, and this is part of our housework! But when we care for ourselves we are also working, even if nobody is willing to see it, still less pay for it."

The Solari workers therefore decided not only to take the time for treatment from their factory working hours (because two jobs--factory work and housework--are too much and we have to start reducing them!) but also to start getting paid for housework, beginning with the demand that the hours we take off for medical care should be paid.

"That was when the Women's Health Committee was organised inside the factory. Its aim was not only to solve this concrete problem--that is, to be examined properly with paid time off work--but also to get together and speak out about all the things we have always thought but never said publicly. And there are many such things".

The mobilisation and the debate over health took on a new impetus as soon as the Women's Health Committee started functioning. Our independence from the union made it possible to define our perspective of struggle. The women immediately pointed out that their health was impaired because their work load was a double load. The more they worked the more their bodies were afflicted and the less they could care for themselves. The conclusion was glaringly obvious: to struggle for health means to struggle against the organisation of work (that is, against the speed, rhythms, quality and quantity of work) in and out of the home. Moreover their independence from the union gave the women a chance to develop a really remarkable organisational imagination and creativity in struggle. In fact,

they brought under attack not only the management but also the directors of the mutua (a worker's) medical insurance scheme and the city and provincial health services. They knocked on all doors. They left no stone unturned, they were soon joined by other women workers in nearby factories and other women in the city, little by little refusing those partial gains they were winning (through their struggle) if those gains divided them from other women.

First of all, for a thorough knowledge of their situation as women, a few women produced and circulated a questionnaire, and "for safety" they photocopied the diagnoses given by doctors to their workmates.

"With regard to the examinations done at Inam, we found the following facts: the pill was prescribed for 2 patients without the test for tolerance which by now everyone knows is necessary; medicines were prescribed that have not been sold for years (and we'd like to know why); one woman with an ovarian cyst was given a 20-day course of vaginal pessaries when what she needed was immediate hospitalisation (as in fact occurred as a result of the doctor's treatment)".

Other facts emerged: "A reality has come out which we want to report: none of the women seen in private by specialists (often the same Inam doctors) ever get a receipt for bills paid (more than 20 women paid from 20,000 to 25,000 lire)—which allows the doctors to avoid reporting their real income. The Inam often denies us the right to have the analyses requested by our own doctor. And Inam is one of the many public bodies whose money comes out of our pockets! They found "Doctors who prescribed outdated and ineffective contraceptives, which shows their vast ignorance. Hasty and inadequate examinations; a patient who is complaining and wants to go into hospital cannot get what she needs unless she has her husband beside her."

The organisational level reached by the Solari women workers had broadened the mobilisation within the factory of the men workers as well. In fact the men began to wonder why they were not paid when they went to have X-rays for ulcers. "This time" the women write, "our struggle has managed to give some political pointers even to them".

The struggle goes on...meanwhile the bosses, not only in Italy but also outside Italy, have finally started to pay us for all the free hours they have extorted from us, for the hours we spend taking care of ourselves!

In conclusion, here is the end of the document written by the Solari women: "We have written this document so that as many women as possible may come to know of our struggle. We have written it for working women like ourselves, of whom more and more are struggling to get their own factory assemblies to discuss their problems as women, to get paid time off for medical treatment, to get one paid day a month for housework, etc.

We have written it for all the women who up to now, during their examinations and analyses, in waiting-rooms and hospitals have not been able to openly express their rebellion against this health system which exploits us, offends us, and

oppresses us—especially us as women, even more heavily than it oppresses men.

Our struggle begins here, but it will not end here. Whether they want to or not the bosses, insurance companies, hospitals, doctors, provincial and local governments, and the State, from today on must reckon with us and with our struggles".


Padua, 1975

This article was written by members of the Wages for Housework Committee, Padua, Italy, and first published in their magazine "Le Operaie della Casa" (The Houseworkers"), Number 0. It is to be published in this country in the next issue of "Power of Women", magazine of the International Wages for Housework Campaign. For further information contact:

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The following document is based on an account by women factory workers in Italy of their struggle to win the time and facilities they needed to look after their own health. Their fight is part of a battle being waged by women on an international level against the work at home and in outside jobs that makes us ill & against the medical industry's universal assumption that we have no power and therefore can suffer in silence.

While some attention is given to the risks involved in waged work the dangers & ill health involved in housework at home are rarely recognised or treated. But more accidents happen at home than anywhere else. The monotony drives us crazy. And for those of us with children, or difficult housing conditions, the work & surroundings themselves make a mess of our health. The workload is unending & the hours are long. We get up every night with the baby. We work all through the night if our children are sick. And we nurse in the worst conditions. The places we live in are often cramped & dark. We worry about the damp and the children catching colds. We worry about the next day, the roof that needs fixing, the endless pile of washing, the gas leak, what we are going to cook. We have little time to relax. The air we breathe & the food we eat make us ill. At the end of the day our bodies ache with fatigue. This overwork is the greatest health hazard. We don't have time to think about our health. Therefore our neglect of our health is part of our housework.

And now with the crisis & cuts in the health service the state is counting on us more than ever to maintain the workforce physically & emotionally & pull us all through the crisis. They are expecting women to grit our teeth as we spend more & more time in doctors' waiting rooms, put up with our aches & pains in silence & place our health last once again. We are expected to look

after people at home more & more as hospital wards close & waiting lists grow longer. We are expected to undergo agonizing & dangerous induced births, be forced to have coils fitted by untrained doctors, & be sterilized when they decide they need us to have less children, especially if we are black or Indian women. When we set up our own health centres & groups, the state hopes to use us once again as free, voluntary labour.

But in rebelling everywhere against our burden of work, we women are making the first step to health. The struggle of women against the state's control over our lives & bodies & against the medical industry, begins with our refusal to do the work which makes us ill.

We have massively rejected the role & work of the housewife in the home. We have used sickness & madness to escape that work. We have fought for social security to avoid taking on a second job outside our homes.

As hospital workers we have confronted the state & refused to be blackmailed & to do extra work for free. We have refused to be used against patients - to cut pubic hair, to administer shock treatments.

As lesbian women we have fought the medical profession's definition of us as unnatural & sick, of heterosexuality as women's biological destiny, & thus we have refused what is considered to be women's' nature. Many lesbian women, who go into the health service wanting to work with women & learn to take care of our own medical needs, have had to fight to make lesbianism accepted on the job.

In the self-help movement we have challenged the medical profession's attitude to our bodies. We

have taken knowledge back & armed ourselves with technology about our bodies to confront the state's control of our bodies & to set the terms of the care we receive. We have forced the state to provide essential services for us. And we have won grants for women's clinics where we can begin to discover the kind of care we need. By getting together in groups we have broken the isolation & imprisonment in the name which the state has tried to impose on us.

The scope of the self help movement has been limited by the fact that most women have little time to spend on our health. The story of the Italian factory gives an indication of how women are fighting for that time, & the facilities we need, so that what we have gained & learned already can be massively expanded, & so every woman will be in a position to make it her own.

Ruth Chimowitz CHIMOWITZ
September 1976

Draft

We will be changing this & using it in another way also.
WHY I LEFT MIDWIFERY

I resigned from midwifery at Plaistow Maternity Hospital because I could no longer put up with the conditions I had to work and train under. It was a difficult decision to make. I had gone into midwifery with a vague idea that it would somehow be an independent, interesting and different sort of job and I had wanted to be with women. I believed that I would have the power to change the bad experiences of childbirth which my friends had told me about. And what could be more satisfying and exciting I thought than being with women in that great moment in their lives when they gave birth.

Well, my illusions were soon dispelled during the first weeks when I was literally thrown onto the labour wards. I was untrained and nervous. The only previous training they had given us was six weeks of general nursing in the classroom which had little to do with midwifery. Yet on the wards nobody showed me anything. Nobody had the time. There was always an acute shortage of staff on the wards partly due to the cuts and partly due to the fact that the hospital had had the same budget since 1947. Sometimes I would work on the labour and antenatal wards where there were two wards with eight women in labour and six other patients. We literally had to run up and down those corridors. The work was killing and there were always pressures on us to work harder. We often had to sacrifice our lunchbreaks and dinners because we knew that if we went the women who were in labour would be left alone to cope. And if we were off sick or couldn't or didn't want to come to work, they never got anyone to replace us. This meant that the other nurses had to work twice as hard and it created a lot of bad feeling among us.

Yet we were supposed to grit our teeth and carry on in these gruelling conditions without complaining, always smiling, calm, "professional", and subservient. We were supposed to be only too willing to do all this extra work, give all this extra time to do the job with no extra pay. It was expected of us as part of our "feminine nature". All women are expected to be able to put up with endless hours of looking after and caring, of gritting their teeth in the most difficult conditions and coping without a thought for themselves. We do it every day in the home without being paid, so it's expected of us on the second job as well.

In fact most of us hated the work and we were always talking about leaving but we had no choice but to go on. We came from the West Indies, Malaysia, Ireland, Africa and India and we had little money. They had us trapped.

But in spite of this blackmail nurses are not taking all this lying down. They are taking more time off for themselves when they don't feel like working. They answer back and refuse to be ordered around. They are refusing to work extra for free. Things have never been the same after the nurses strike in 1974 when nurses said we can't put dedication in our banks.

Now I always knew that research in maternity lagged years behind research in other fields, but I never imagined such pain and suffering and misery could be the daily experience of women. The assembly line antenatal clinic horrified me. Here women waited hours for a five-minute monthly appointment, were rushed into cubicles when the consultant decided to appear, and were talked down to when they had questions to ask. And because of the cuts, the only other maternity hospital in the area was being closed so that the clinic had to serve an ever increasing number of women. And we were supposed to "learn" in these conditions.

On the maternity wards we saw the use of speed-up devices, labour saving devices, all geared to save time - and time is money. So as a student midwife I had to take part in an ever increasing number of induced births. This is when labour is switched on and the contractions speeded up by pumping chemicals into our veins. Doctors made the decision to "start the patient off" and sometimes they told them. But they never told the women what they would have to go through or the effect on the baby. Sometimes they didn't even tell the patients they were going to be induced. And most women who went through this said at the end

of it that it was the most painful, exhausting and traumatic experience and that they would never go through that again. And by the way, the majority of babies who were induced had breathing and sucking difficulties and had to go into special care. The conditions in the special care unit were so scandalous (dangerous overcrowding, shortage of staff) that they came out in the local press and reached the national press (Guardian 23.4.76). ~~In the case of Ruth L. Chinitz, Secretary of the~~

Women came into hospital because they couldn't get pregnant. The doctors found that they had IUD's inside them. The women didn't know they were there. Other doctors had put them in and never told them. In my experience they were all Indian women. They are sterilizing women in India, but they are preventing Indian women from getting pregnant here.

As a nurse in this hospital I felt I didn't want to be used against women in this way, taking part in the government's plans against us and their control over our lives and our bodies. The working conditions were making me sick. So I decided to quit. I am pregnant now myself and am facing the same kind of treatment they made me give to other women as a midwife. We nurses and midwives are also mothers or future mothers. That is why we are beginning to organise together - against the cuts which increase our work as patients or hospital workers, and which increase the conditions of terror of the labour ward, and against the control of our bodies wherever we are in "labour pains" - from whatever kind of work.

We are expected as women always to do more work, under any conditions, and never to demand anything for ourselves - especially not money or time. Our strength is that we are already demanding changes in our conditions as workers in the hospital and as workers in the home who come into the hospital as patients. The government has been able to treat us like slaves because it has been hard to refuse our work: we are threatened that if we don't work so hard at home, our families will suffer, and in hospital our patients will suffer. But they are suffering ^{where we are} now because we are overworked, and underpaid in the hospital and unpaid at home. The more we demand a decent wage in both jobs, at home and in the hospital, looking after others and putting ourselves last, the more power we will have to say no to the way they use our bodies and our time everywhere.

May, 1976.

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