

Second Annual Conference of the

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APR 14 1994

Women's Network on Health and the Environment

March 26th and 27th, 1994
Toronto, Ontario

*Just yesterday morning
I felt all alone
but the path led to friends
though the heart tugged for home.*

*A seed has been planted
and with sweetness of rain
and the strength of the sun
it will grow from our pain.*

*For now starts the journey
with new strength in hand
we'll take up our courage
with our banner we'll stand.*

*We know the right way
we'll speak loud and clear
of respect of the earth
our words
'they' must hear.*

- Georgina MacDonald -

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1. Introduction and Overview

This conference on women's health and the environment was planned as a follow-up to a women's consultation meeting that was co-sponsored by the Great Lakes Health Effects Program (GLHEP) and the Ontario Farm Women's Network (OFWN) on May 28-29, 1993 in Guelph, Ontario.

Two participants from the meeting, Betty Auslander and Linda Norheim, organized this follow-up conference, in consultation with the Great Lakes Health Effects Program, which sponsored the event.

In attendance were 40 participants representing a variety of environmental organizations, women's interest groups, community and health action groups and other interest groups (see List of Participants in Appendix A).

The objectives of this conference were:

- to clarify the mission and structure of the group (now called the Women's Network on Health and the Environment);
- to identify ways to educate and empower women and the general public on environment and health issues;
- to identify ways the Women's Network on Health and the Environment could respond to environmental health problems using the epidemic of breast cancer as a case study; and
- to explore the participants' perspectives on health and the environment as well as women's role in environmental change.

Toxic pollutants in the Great Lakes basin have had an impact upon our health and communities. It is time for women to be empowered and mobilize around sustainable and equitable environment strategies. This meeting was organized in recognition that women, with a tradition of cooperation and community involvement, can be a powerful force for change. Women are increasingly involved in communication and education activities that create awareness and promote action on various health and environment issues, and women can provide the organizing skills and leadership necessary to accomplish concrete environmental and health objectives.

This report presents the highlights of the meeting.

2. Mission and Structure

2.1 Name of the Organization:

After a review of the some decision making styles (see Appendix D) the participants decided upon the *Women's Network on Health and the Environment* as the official name of the organization.

A **network** provides a picture of who and what an organization is, rather than providing a central voice for it on issues. Networks facilitate communications and cooperation among the organizations within the network and between the network and the public and private sector. While most networks do not take positions either on their own or on behalf of their member groups, sometimes their caucuses do.

2.2 Mandate:

The network decided to develop a mission statement to promote strength and unity of pupose. The mandate of the Women's Network on Health and the Environment is as follows:

We, the Women's Network on Health and the Environment, recognize the link between health and the environment and believe it is our fundamental right to have clean (that is, toxic-free), food, air, land, and water. The Network is dedicated to education and action to forward these rights.

2.3 Annual Meeting:

The Women's Network on Health and the Environment unanimously agreed to meet annually. It was also suggested that subgroups interested in a particular issue could organize meetings more frequently. Some women were concerned that they would not be able to participate in subgroups because of distance. However, most agreed that meetings take a great deal of time and preferred the idea of relying more, if not entirely, on conference calls.

2.3 Organizational and Planning Committee:

Liz Armstrong of the WEED Foundation volunteered to take a lead role in organizing the next annual meeting of the Women's Network on Health and the Environment. Liz will be supported in this endeavor by the NAC environment committee and WEN Ottawa.

In addition, Liz volunteered to co-ordinate the information exchange between member groups. Fact sheets from the various member organizations would be sent to the central location of the WEED Foundation.

2.4 Newsletter:

Members agreed to circulate a Women's Network on Health and the Environment newsletter. The first newsletter will consist of a description of all the member groups of the network. Follow-up newsletters will be produced every 2-3 months and list contacts for up-to-date information about women, health and environment issues. Liz Armstrong and the organizing committee will be coordinating these efforts.

2.6 Endorsements

Many were opposed to the formal process of passing resolutions. It was decided that endorsements would be passed on the basis of a simple majority vote. Endorsements will give the Network focus and help generate action. As a group, we can support each others' activities.

2.7 Endorsement of the Women Cancer and the Environment: Action for Prevention Campaign's "Planning Meeting Statement"

The network endorsed the "Planning Meeting Statement" of the Women, Cancer and Environment: Action for Prevention Campaign, which was presented by Joan D'Argo. The statement was approved by 34 women's organizations across the U.S. at a meeting that took place in Austin, Texas on February 20-21, 1994. The statement recognizes the connection between health and the environment and expresses the belief that people have the right to live in a poison-free environment. The statement is also a rallying cry for women to join forces in the campaign for the prevention of cancer and other diseases through an immediate phase-out of persistent toxic substances (including radioactive substances and organochlorines).

Breast cancer is being used as an entry point into the broader area of women's health and the environment.

2.8 Letters:

A letter to the National Cancer Society re: research priorities around breast cancer was drafted. This will be sent to cancer societies, breast cancer action groups, the Ministers of Health and the Prime Minister of Canada.

The network also sent a letter to the Federal Government in support of the International Joint Commission's recommendation for zero discharge of persistent toxic substances and the gradual phase-out of chlorine-based chemicals. This letter will also be sent to the network's member groups to encourage them to also express their support of the IJC's recommendations.

In addition, Yolanda Henry of WEN will draft letter on behalf of the network regarding BST in food products. This letter will be circulated to the members for comments/endorsement before it is mailed.

2.9 Suggestions for Future Activities:

Many ideas regarding the network's future activities for the future were generated. The ideas included:

- writing factsheets about certain women, health and environment issues,
- generating neighbourhood involvement,
- lobbying and political activism within the community,
- fundraising,
- gathering information,
- producing an official logo and letterhead for the network,
- reaching out to other groups who might be interested joining in the network,
- sending a letter to Health Canada and Environment Canada regarding breast cancer research,
- making a list of good and bad researchers, and
- influencing decisions about cancer research priorities.

It was suggested that breast cancer be kept as a key issue, but it was also clear that the network was very interested in other issues such as food safety and nuclear radiation.

Group Topic: Lobbying and Political Activism Within the Community

Analysis:

- difficult to know when one knows the system well enough to take action
- need to create a toxic free community

Recommendations:

- pressure federal bodies (extremely important)
- empower communities to take a leadership role
- complete a Community Report Card (available from the Women's Environment and Development Organization in New York), which examines every segment of community (politics, social support etc.)
- determine starting points in the community - such as local public schools

Group Topic: Food Safety

Analysis:

- 'organic' is a problem word as many people link it with the word 'expensive'
- buying local food supports local farmers
- we need to know the food we buy is safe to eat
- society is preoccupied with the search for perfection in its food in terms of appearance
- a USA group called 'Mothers and Others' promotes food safety in the United States

Recommendations:

- advise store managers to have suggestion boxes - give the customer what they want
- support family farms
- move towards organic farming
- tax on chemicals

Group Topic: Strategies to Generate Neighbourhood Involvement

Analysis:

- problem of diverse communities
- school boards should have close links in the local community
- important to evaluate the community needs
- importance of media

Recommendations:

- improve dissemination of info by presenting written materials of various reading levels of comprehension and using other media e.g. video
- request school boards take action
- link up with existing community organizations
- seek volunteers
- make use of public service announcements
- send press releases to community newspapers
- encourage community to write letters to the editor
- make use of bulletin boards in churches and grocery stores

2.10 Relationship with Great Lakes Health Effects Program (GLHEP)

Lynn Andrews and now Mary Hegan from GLHEP are excited to be involved in the formation of the Women's Network on Health and the Environment. The linking of such a diversity of groups around the Great Lakes Basin creates the momentum to push issues of concern to the forefront, to the politicians, and to take action. Mary Hegan commented that the weekend's meeting was timely as GLHEP is currently deciding on program priorities for the next six years. GLHEP is interested in what kind of research we would like to see being done.

GLHEP has a vacancy on their Public Advisory Committee (PAC) and it was suggested someone from the Network apply. Anyone interested should send a formal request to GLHEP.

GLHEP is currently working towards the State of the Lakes Ecosystem Conference (SOLEC) on October 26th-28th, 1994 in Deerborne, Michigan by preparing human health and contaminants papers. This conference is intended for managers (of both non-government organizations and government organizations) who are running programs and who are involved in leadership roles. GLHEP informed the group that some of the network's member organizations (e.g. WEED) were put on the invitee list of the SOLEC conference. Attendance at the conference is by invitation only.

In order to consult with a Women's Network, GLHEP has contributed funds to the two conferences of the Women's Network on Health and the Environment. GLHEP would like to continue to act as a resource to the women's network and may provide some funding in the future.

3. Women and Environmental Health

Dr. Rosalie Bertell, International Institute of Concern for Public Health

The keynote address was given by Dr. Rosalie Bertell who has a Ph.D. in mathematics. She has been called as an expert witness before the U.S. congress and in licencing hearings for nuclear power plants before U.S. Nuclear Regulatory Commissions. She campaigns internationally against the dangers of nuclear technology and was recently awarded the United Nations Global 500 Award.

Women at the grassroots level are upset about the environment and its effect on health. The strength of the women's spirit was apparent in 1992, when over 1500 women gathered from around the world to discuss the state of the environment and prepare the Women's Action Agenda 21 for the United Nations Conference on Environment and Development (UNCED).

As a backdrop, consider the human population today which lives under great stress and are suffering from "modern" illnesses. The generation who grew up between 1951 - 1963 is the only generation who currently has a U-shape mortality curve (going up). During these years, there was above-ground nuclear testing in the United States. Radioactive Cobalt-60 found its way into the bodies of cows. From cow's milk, it got into humans. In humans it is stored in bones and teeth.

Scientists did not anticipate this pathway for Cobalt-60, and this resulted in human doses of radioactivity 2000 times greater than expected. Radioactivity has long-term effects and this Cobalt-60 effect happened on a large scale. Cobalt-60 remains in children's bones and affects the production of white blood cells (monocytes) in the bone marrow. This is significant since monocytes perform a number of important functions. For one, monocytes "recycle" 37% of the iron in the human body. This function is especially important for women, who lose iron from their bodies with every period. Also, monocytes release a substance that triggers the lymph system. If this system is not turned on, there will be problems such as the impairment of bone and the weakening of the immune system. A weak immune system means the body can't attack viruses and foreign (cancerous) cells. AIDS is a sophisticated retrovirus that has been around for a long time, but it is now affecting young people.

The body's ability to function normally has also been affected by persistent toxic chemicals in the environment. For example, the human body requires estrogen to maintain homeostasis. The body's ability to "stabilize" is being affected by organochlorines which have the ability to mimic hormones.

Today, the general attitude towards health is that we need to find cures for illnesses. Rather, we should be thinking about strengthening our immune systems.

People do not question the causes of the sudden escalation of cancers and diseases within the last fifty years.

Within the last fifty years, the chlorine industry has mushroomed (this happened after World War I). The discovery of chlorine gas as a chemical weapon led to its use in pesticides and herbicides. Also within the last fifty years, the nuclear industry has developed. Nuclear energy was discovered because of the Manhattan Project intended for "mega-death." Our present uses for nuclear energy and chlorine were thought up after we had already "invented" it. Despite the harm we know we are doing by using these substances, society is enjoying the "perks" they use. For example, we like the "perk" of not having any bugs on our lawns. Society is addicted to these "perks". Like addicts, we are in a state of denial.

A very powerful part of our society is the military, which few people spend time thinking about. But we should. Each time the shuttle goes up, it releases 17 tons of chlorine into the atmosphere (which does a lot more damage than coolant from a refrigerator!). We must pull the military out of the shadows so people can see the effect it has. The planet will not heal unless this becomes visible.

It will be women who will decide to heal the planet.

The study of epidemiology is problematic in itself. It is designed to examine the effect of a single hazardous substance along a single pathway to a single endpoint. When a health problem is occurring, it is usually first noticed in a small town (a regional and spatial concentration). However, these towns rarely have a large enough population to produce enough statistics for an epidemiological study.

Another way of looking at health issues is by looking at the host response, rather than at the hazard. For example, if someone is unhealthy because the water s/he is drinking is thought to be radioactive, the water can be identified as the problem, if the individual becomes healthier after drinking distilled water.

When there is perceived sickness in a community, the community needs to be able to go somewhere for help. We can think of the community as a patient. We don't have to answer all of the questions before taking action. You can take action by going through this process: 1)writing a self description of the problem; 2) researching the background of the community; 3) contrasting the results to other communities with differing characteristics [local people know they have a problem]; 4) deciding whether self-reporting is sufficient or if you need clinical testing [some things need to be verified]; 5) bringing together people of various expertise 6)going back to the community with the results. Community participation and input is important. It is empowering when you get quick responses.

Discussion following Dr.Bertell's presentation:

Participants asked Rosalie various questions about radioactivity and low-level radiation. Rosalie also explained the difference between taking in radioactivity and exposure to it when having a mammography. Further discussion followed about "alternative" treatments to radioactivity (sea weed, calf thymus and distilled water)

4. BREAST CANCER CASE STUDY

Breast cancer was chosen as a case study for analysis and discussion to give participants a chance to experience how the Women's Network on Health and the Environment could share knowledge, experience and expectations about a woman's issue that seemed to be related to environmental pollution/ degradation.

4.1 The Breast Cancer Research and Education Fund

Speaker Merle Berge

The Breast Cancer Research and Education Fund is a non-profit, independent, charitable organization dedicated to promoting the advancement of breast cancer research and to providing breast cancer education and support services

Breast Cancer Statistics are alarming:

- in Canada, breast cancer is the leading cause of death in women 35-55 years of age
- over 70% of women who develop breast cancer in Canada and the United States do not have any identifiable risk factors
- by the year 2000, it is estimated that over one million women will die annually as a result of breast cancer
- 1 in 8 women are diagnosed with breast cancer
- particularly disconcerting is the fact that younger & younger women are being diagnosed
- breast cancer rates are rising especially in industrialized countries

Merle Berge felt that the best action people can take is to express support for the recommendation of the International Joint Commission to phase out chlorine as an industrial feedstock. This is because the worldwide increase in breast cancer coincides with the use of chlorine-based chemicals. The chemical industry is distancing itself from health effects linked to chlorine pollution in the same way that the tobacco industry is distancing itself from lung cancer.

Merle requested the participants to write to the environment minister, health minister and MP's about breast cancer and support for the I.J.C.

The discussion that followed centred around the IJC and the Greenpeace Report. It was noted that chlorine is now used in the manufacture of a range of products including P.V.C. plastic, pulp and paper products and perchloroethylene which is used in the dry cleaning industry.

4.2 Health Care & Services

Much discussion was centred around the reception of women's concerns regarding breast cancer by the medical establishment. In particular, the participants noted that:

- the impact of pollutants on women's bodies is not well-recognized, nor well-understood, by the medical profession
- often when women question the link between environment and cancer, they are not taken seriously. Women's knowledge is silenced
- the traditional patriarchal nature of the medical establishment has contributed to the denial of the connection between environment and cancer
- breast screening and the qualifications of technicians who perform mammograms is questionable
- women would like more knowledge about the link between diet and breast cancer
- health care services are inadequate
- plastic breasts which are used to teach women what lumps in the breast feel like should be made more available and accessible (e.g in doctor's offices)
- the incidence of breast cancer in young women is rising - these women are anxious about breast self-examinations
- breast screening programs need to address the needs of younger women
- breast screening programs should be made available in hospitals, not in clinics
- the issue between real prevention vs. detection must be addressed - people talk about early detection as real prevention; however, we need to go to the root of problem of environmental contaminants - we must focus on this type of prevention and ask the question "how do we prevent cancers" rather than focusing all of our energies on finding a cure.

4.3 Breast Cancer Research

Seemingly millions of dollars are being spent on research, but there is a lack of research being done on (a) the connection between breast cancer and environmental contaminants and (b) what chemicals are in malignant tissues.

Some participants felt that we could get too "hung up" on research to the point of inaction. Research will never be definitive.

It is difficult for women to know if the research was well or poorly done.

It was agreed that the burden of proof should be reversed so that industries must prove they are not contributing to cancer.

There was a suggestion that the network make a list of good researchers and bad researchers.

4.4 Scientific Knowledge

Participants were sent articles to read on breast cancer prior to the conference.(see appendix C.) Using information from these readings, the generally agreed upon risk factors were listed on a flip chart.

4.5 The Knowledge of the Lay Person about Breast Cancer

Small groups were formed to share knowledge and experiences with breast cancer issues. Discussions were centred around the following themes:

- What Do We Know About Breast Cancer?
- How Do We Know What We Know?
- How Do We Ensure Our Knowledge is Valued?
- What Indicators Would Tell Us That Our Knowledge is Valued?
- What Strategies Can Get Us There?

Question: What Do We Know About Breast Cancer?

Analysis:

- lack of emphasis on benign tumours in young women
- many women of this generation are already downloaded with toxins from their mother
- people are too accepting of getting breast cancer; fatalistic
- lack of emphasis on alternative treatment
- alternative medicine is expensive
- wellness is a holistic concept

Recommendations:

- educate women about technology
- minimize other stressors
- empower women

Question: How Do We Know What We Know?

When participants discussed where they had acquired their knowledge on issues surrounding breast cancer, responses included:

From others:

- breast cancer support groups
- networking e.g. people that we work with, who you talk to
- someone they trust
- breast cancer survivors
- women in other areas of expertise
- families, especially from mothers and sisters who have coped with illness
- environmental groups such as Greenpeace
- community radio

From personal experience:

- through activism in community- many women with breast cancer become activists
- the alternative health care system
- from reading critically, asking questions, and synthesizing information
- from observing incidences of new illnesses
- from trusting our own knowledge, intuition, and instincts
- from diets
- from personal health experiences
- from watching others who were sick and coping with the disease
- from being women - the way women look at the women - holistic views -GAIA hypothesis
- from common sense - women's perceptions of reality
- from knowledge of women and other economic issues

From Research

- from reading Rachel Carson's *Silent Spring*
- from local public and reference libraries - Dr. Susan Love's *Breast Book* was mentioned

How Do We Ensure Our Knowledge is Valued? What Indicators Would Tell Us That Our Knowledge is Valued?

Participants were asked to imagine a 'perfect world' in which all their present concerns surrounding women's health and environment issues would be addressed.

The participants were sure of one thing. This 'perfect world' would not be like the world we live in today: there would be no pesticides, no chlorine industry, no nuclear industry, no multinational agribusinesses and no food additives. This world would have hardly any garbage and substantially less synthetic chemical production. Information would be culturally appropriate and there would definitely be gender balance.

This world would be run on new, renewable energy resources and it would have bike paths, adequate day care facilities, hospices for the dying and "alternative" treatment and prevention centres (walk-in wellness centres).

The people in this world would be conscious of their individual spirit and power. They would acknowledge the "common-sense" signs of health and in general, have healthy lifestyles. The people would live close to work (so they could walk), rely less on technology and practice the 3R's. Overall, the people would be joyful, rather than fearful.

The government of the "perfect world" would be more accountable to the public. They would include the community in decision making and give money to community groups. Schools would have health programs.

Businesses in the "perfect world" would use clean production technologies. Businesses would have to prove that products are safe before making them. Hemp would be manufactured for use, rather than paper. Businesses would not be involved in schools and there would be truth in advertising.

Scientists in the "perfect world" would use the "weight of evidence" approach and be doing something about electromagnetic energy. They would also be researching appropriate environmental technologies and products. Scientific health treatments would be "married to" alternative treatments. In medical school students would take courses in alternative treatments. Medical professionals would possess more human skills. Women's coalitions would be consulted about research proposals. Women's natural process would be left alone.

What are the Strategies That Will Get Us There?

What Work Needs to Be Done Collectively and Individually?

Political Strategies

- keep breast cancer high on the agenda
- tap into women's consumer power
- bring community with government - working together for healthy communities
- put pressure on public authorities
- pressure groups such as National Cancer Society
- Take action now rather than waiting for definitive research
- infiltrate decision-making bodies - reach people on the inside
- know your allies
- be active - contact your political representatives
- target sources of contamination
- identify activities that can be done on a regular basis to maintain a rhythm of action
- take initiative
- lobby governments to change laws - support green laws
- form international coalitions
- more women on boards of organizations
- restructure society
- support corporate citizens
- laws that protect species - animals
- be stewards of earth
- support and learn from organizing efforts in USA
- look at issue from all directions
- support IJC's recommendation to phase out chlorine
- write to politicians
- encourage media coverage
- implement Water Quality Agreement and zero discharge
- get women to mobilize around food issues

Collective Strategies

- form coalitions
- mobilize clients of community health centres
- increase networking
- support community health care
- get government support for alternative health care
- support collaborative research
- support job sharing

Research Strategies

- lobby for more research
- autopsies done routinely to gather data
- research new technologies
- research into contraception
- audit your community
- determine what is getting in the news

Educational Strategies

- define education as teaching life responsibilities (should be anti-sexist, anti-racist)
- get younger generation involved
- create programs that don't create fear " solution messaging"
- reach the public by using pamphlets
- inform people about "evil of cars"
- use contemporary marketing strategies
- shock people
- educate each and every other
- reach next generation
- create bc resource libraries
- send information out to other women
- teach people about green technologies
- make information accessible to other women
- offer alternatives

Individual Strategies

- use environmentally friendly products
- make changes that make a difference
- eat organic food that is grown locally

4.6 The Politics of Cancer

In a large group discussion, the following political issues surrounding breast cancer emerged.

- In the United States there are obvious connections between polluters and cancer associations who do the research
- To decrease cancer rates, we may well have to cut back petrochemical production drastically. Industry has a vested interest in maximizing the sales of chemicals.
- Profit takes precedence over health.
- How do women confront multinationals who throw back issue of potential job losses?
- Cancer is an issue of survival, not of profit
- Women need to take on the pharmaceutical and scientific industries

4.7 Women and Political Action

A discussion took place about the need for women to become more politically active. Various suggestions for change were raised.

- Women must overcome their fear of political action because change needs to be made through political action
- In the political arena, women need to identify possible partners and allies to help push research - scientists and the National Cancer Society would be good allies
- Women, especially through the strength of coalitions, need to pressure the scientific community and national organizations to push for research - scientists fear backlash from women
- Need to change paradigms - e.g. drinking and driving (MAD) - need to change public perception that public can and should get involved - why not prove chemicals are safe before released on the public?
- Need to be thinking of four generations ahead.
- Need to focus on the community-wide stresses causing disease that are not typically considered since society typically focuses on the individualization of health problems
- Women lead busy lives and therefore face the problem of having very little time to devote to political action
- Need for organization in getting the messages out
- The education system has to be looked at - industries brainwash young and developing children in the schools
- One focus may be to have mass breastmilk testing - all women in Ontario should get milk tested and find out what chemicals are in their bodies - should start mental pictures in people's heads to get them ANGRY and move them to ACTION

5. Evaluation and General Comments

The fifteen women who filled in evaluation forms are all looking forward to coming to another conference. What they liked most about this conference was the great networking and information sharing that happened. They were impressed with the wide scope of knowledge available from the participants and Dr. Bertell's excellent speech. Also mentioned were the feeling and positive energy at the conference; getting information on breast cancer; the Sunday strategy sessions; Granny songs; the billeting; the number of groups represented; and the organization of the conference.

Recommendations on what could have been done differently included making the groups more representative of different races, classes and ages; having the keynote speaker address the group during the first morning; providing a microphone for speakers; getting pre-conference material out earlier; providing childcare and only vegetarian meals; including a spiritual element; learning more about participants' organizations during introductions; more time on campaign strategies and for networking.

APPENDIX A

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AGENDA
Women's Coalition on Health and the Environment
SATURDAY
 Friend's House (Quakers)
 60 Lowther Avenue, Toronto

MUFFINS AND COFFEE	8:30 - 8:45
GENERAL WELCOME	8:45 - 8:50
INTRODUCTIONS	8:50 - 9:45
<u>WOMEN AND THE ENVIRONMENT</u> (Groups of 6 - 10)	9:45 - 11:00
1) What is it like to be a woman doing environment/health related work?	
2) What connections do you see between women, health and the environment?	
3) What kind of support would you like during this conference?	
BREAK	11:00 - 11:15
<u>BREAST CANCER CASE STUDY</u>	
Introduction	11:15 - 11:25
Hard Facts of mainstream science:	11:25 - 12:00
-Identify generally agreed upon risk factors and other potential risk factors that are beginning to be researched (flip chart)	
-Limitations of epidemiology and toxicology	
LUNCH	12:00 - 1:00
<u>BREAST CANCER CASE STUDY</u>	
Introduction - Merle Berge, Breast Cancer Research and Education Fund	1:00 - 1:10
The knowledge of the lay person:	1:10 - 2:30
-What do we know?	
-How do we know it?	
-How do we ensure it is valued?	
-What indicators would tell you your knowledge is valued?	
-How do we get there?	
BREAK	2:30 - 3:00
<u>USING BREAST CANCER AS A MODEL, IDENTIFY STEPS OUR GROUP COULD TAKE</u>	3:00 - 4:30
-What are the forces for/against achieving this goal?	
-Who needs to be influenced? How can we reach them?	
- How does this model of analysis and problem solving relate to our issues?	4:30 - 5:00
DINNER	5:00 - 6:00
BREAK	6:00 - 6:30
<u>KEY ADDRESS</u>	
DR. ROSALIE BERTELL - Women and Environmental Health	6:30 - 7:30
QUESTIONS	7:30 - 8:00

AGENDA
Women's Coalition on Health and the Environment
SUNDAY

The Ontario Institute for Studies in Education (OISE)
252 Bloor Street West, Room 3-313

MUFFINS AND COFFEE	9:00 - 9:15
SHORT INTRODUCTION	9:15 - 9:20
SMALL GROUP SESSIONS	
What are your thoughts on the work we did yesterday?	9:20 - 9:30
What kind of support do you need to do your work on women, health and the environment?	9:30 - 10:30
What kind of structures would we like to create support our goals?	10:30 - 11:00
BREAK	11:00 - 11:15
PLANNING TO MEET OUR NEEDS	11:15 - 12:15
LUNCH	12:15 - 1:00
NEXT STEPS	1:00 - 3:00
Left overs? Thoughts? Comments?	
What issues would we like to look at next / in the future?	
Set date of next meeting	
EVALUATION	3:00 - 3:30

Suggested Readings for March 26-27 meeting of the Women's Coalition on Health and the Environment

CASE STUDY: BREAST CANCER

1) Scientific Facts:

- a) Canadian Cancer Statistics 1993 pp 55-57
- b) Canadian Cancer Society - Breast Self Examination
- c) Canadian Cancer Society - Facts on Breast Cancer
- d) letter from the Ontario Cancer Treatment and Research Foundation

2) Generally Agreed Upon Risk Factors:

- a) Kelsey & Gammon (June 1991) "The Epidemiology of Breast Cancer"

3) Other Risk Factors:

- a) Globe & Mail (April 21, 1993) "Study cites DDT in breast cancer"
- b) Wolff et al. (April 1993) "Blood Levels of Organochlorine residues"
- c) Greenpeace, Chlorine, Human Health and the Environment (1993) pp.6-12,16-19,37-43.
- d) Chemical & Engineering News, "Concerns Broaden..."
- e) Davis et al. "Medical Hypothesis..." [cover, abstract and chart on last page]

4) Limitations of epidemiology, toxicology and risk assessment:

- a) Greenpeace, Chlorine, Human Health and the Environment (1993) pp. 50-52
- b) Canada's Response to the Recommendations in the Sixth Biennial Report of the International Joint Commission
- c) "Great Lakes Pollution and your Health" pp. 20-27

5) Views from Breast Cancer Survivors:

- a) Globe & Mail articles Nov. 15, 16, 17, 1993
- b) Breast Cancer Research and Education Fund Fact sheets

6) Other ways of knowing:

- a) "Popular Epidemiology and Toxic Waste Contamination: Lay and Professional Ways of Knowing"
- b) Rennie, "Breast Cancer Prevention" and "Inside the Cancer Establishment" from Ms. magazine issue on the Politics of Breast Cancer
- c) Women's Environment Network (Ottawa) newsletter "Breast Cancer and the Environment"

Women's Meeting on Health and the Environment Sunday March 27, 1994 Ideas about pulling it together...

BACKGROUND

(ideas from the 'Great Lakes Leadership Network' pamphlet)

In the Great Lakes basin and elsewhere, toxic pollution has had an impact on both our health and communities. Unfortunately, decision-makers have typically isolated environmental problems from other issues. More serious attention must be given to the connections between the environment and community health, education, public safety and economics.

Recent research has substantiated concerns about health and the environment, in particular. Women have a one in eight lifetime incidence of breast cancer and recently it has been found that DDE levels in breast tissue are correlated to breast cancer. Other studies indicate that toxic contamination influences children's development and restricts their ability to learn at normal rates.

Historically the decisions about community development have been based on narrow economic grounds laid out by male dominated committees. The exclusion of women from effective participation in policy-making forums has two consequences: it prevents the full range of women's concerns from being adequately understood and addressed; and it ignores the considerable skills which women can bring to shaping a sustainable society.

Now, the needs of women and children are more urgent than ever. It is time for women to be empowered and mobilize around sustainable and equitable environment strategies. With a tradition of cooperation and community involvement, women can be a powerful force for change. Women can provide the organizing skills and leadership necessary to accomplish concrete environment, health and development objectives.

DECISION-MAKING STYLES

As we decide what kind of organization or network we will form to suit our needs, we may wish to consider different decision-making styles. An overview of three decision-making styles for network caucuses (that take positions on issues) follows below. These ideas are from Kathy Cooper's discussion paper "What's in a Name?" that was prepared for the Canadian Environmental Network.

Some Definitions:

A **coalition** is an organization that has a particular set of positions to which all members have contributed and/or agreed upon. When the coordinator or chair speaks for the members, he/she is speaking on behalf of signed on members.

A **network** on the other hand, provides a picture of who and what an organization is, rather than providing a central voice for it on issues. Networks facilitate communication and cooperation among the organizations within the network and between the network and the public and private sector. While most networks do not take positions either on their own or on behalf of their member groups, sometimes their caucuses do.

Caucuses are established through networks. They are vehicles through which member groups can be more active. When members join a caucus, it is usually with the understanding that they are joining a subset of the larger network that focuses on a particular issue area. It is like joining a "structure" that provides information and organizational support rather than a more formal process of forming a coalition around certain issues or position statements.

Some caucuses do not take positions. They freely use the network name. When caucuses do not take positions, the structure exists to keep members informed about the activities around the particular issue area of that caucus.

Other caucuses do take positions. Some of these caucuses are similar to coalitions. However, since they take positions on issues, they are careful about their use of the network name. This is to prevent others from mistaking the caucus' position as that of the entire network.

Processes for Taking Positions in Caucuses

Once a caucus has been formed, the caucus can take positions in the name of the caucus and by implication, all of the caucus members. Two options for doing so exist: either all groups agree to the position taken or all groups agree, as a matter of membership in the caucus, that an executive will take positions on behalf of the membership. The two approaches could be called the "sign-on" style and the "executive" style. Another option is a variation on both of these styles which accommodates situations where all members cannot agree.

1) "Sign-on" Style

If a caucus decides to operate with the "sign-on" style, processes and resources are needed to ensure that 'signing-on' can occur. All members would have to have input to the development of positions and be able to vet final statements and say they agree or not. If they do not agree, when the position is taken there must be a statement to the effect that the position represents the consensus of a majority of the caucus but not necessarily the views of each and every member group. When the caucus speaks on behalf of the caucus, a process exists to ensure that, on a case-by-case basis, members jointly develop and/or explicitly have stated their agreement with the positions taken. This approach is the most inclusive and democratic but it is also the most time consuming and expensive.

2) "Executive" Style

If the second, executive-style approach is chosen for a caucus, a process is also needed but it likely requires less resources. This approach is more efficient but less democratic. It can also cause problems when the issues are controversial and when individual member groups disagree on what public position is appropriate. It also presents problems for member groups who want to be members of a caucus (for all of the good reasons that caucuses are set up) but who do not want to be identified with positions taken because they either do not agree with the position taken or they do not have the time or expertise to vet the positions as being representative of the views of their organization.

If all members do not agree with the position to be taken, and the executive is aware of the disagreement, a qualifying statement accompanying the position is necessary. An indication of the decision-making method should accompany the position (such as a statement that the position is consensus-based or a majority opinion, or some similar qualifying language) which illustrates that this is not necessarily representative of the views of the entire caucus. It is more difficult to know if disagreement exists using this executive-style approach since there is not a guaranteed process to ensure the circulation of draft positions for comment and discussion.

For example, the British Columbia Forest Caucus of the BC Environment Network operates with an executive style. Caucus member groups jointly developed an issue-based caucus policy which they (and prospective new members) sign(ed) on to as a condition of membership in the caucus. The Steering Committee and/or Coordinator of the Caucus represents the member groups

(in person, correspondence or written briefs) on the basis of the agreement among members with the caucus policy. However, with this mode of operation, a group potentially could be denied membership in the caucus if it does not agree with the caucus policy. Some would argue that this is not the caucus of a network but a coalition. When the coordinator or chair speaks for the members, he/she is only speaking on behalf of signed on members.

3) "Sign-on" Style without the caucus name and Other Combinations

There is a third approach for taking positions in which the name of the caucus is not used. The caucus serves only to facilitate the process of taking positions and the final public step of actually taking the position is done by listing the member groups that explicitly decide to sign on.

Many caucuses have Steering Committees that can make a variety of decisions short of taking positions on issues "on behalf" of a caucus. These include the many administrative decisions surrounding planning of activities, participation in funding negotiations, advising staff (if any) on responding to delegate selection requests, etc.

The need for flexibility and quick response when taking positions might be met through a combination of the first two styles. That is, a caucus could develop a comprehensive analysis and position(s) and the caucus Steering Committee or a small group of delegates could then represent the views of all of the groups who choose to sign on to the positions developed. Such a model would still allow for a much larger "list" of groups to be members of the caucus for the purposes of networking, information exchange, etc. but the caucus and the network would be much clearer about who is being represented when positions are taken publicly.

A final note

The merits of each style (particularly the first two) are debated frequently and many organizations spend a lot of time revisiting the questions of "what is a caucus?" and "what is the process for taking positions?" Also, the membership of caucuses, by their very nature, shifts. At every meeting, there may be new people to bring into the process.

Continuity and history (of caucus policy and process and even the issues the caucuses address) are easily lost. The time spent revisiting process questions may be time well spent. However, it often just leads to frustration for several reasons: those in attendance are often unaware of or not clear on relevant policies and process; the policies and process themselves are unclear or unevenly applied; and everyone is there to focus precious time to the caucus issue area not details of process. The lack of continuity can create many problems including leaving the entire group open to abuse by a few, strong personalities.

HOW OTHER GROUPS PASS RESOLUTIONS

a) The National Action Committee for the Status of Women (NAC)

1. NAC has approximately 500 member groups. They each send 1-2 representatives to the Annual General Meeting (AGM).
2. NAC has various committees such as the health committee and reproductive technology committee.
3. NAC has a constitution and national policy statements.

4. Groups can develop policy, constitutional or action recommendations that would be put forward at the AGM. These recommendations must be submitted some months before the AGM.

5. The NAC executive then sends these to the members, together with their own proposal in advance of the meeting.

6. The proposals are then amended, accepted or rejected at the AGM.

7. At the AGM, no policy or constitutional resolution can be put forward from the floor. The only exception may be an emergency recommendation.

8. NAC does not see itself as a coalition; rather it views itself as an umbrella organization.

9. Resolutions must conform to NAC's policy in order for them to be accepted for discussion. For instance, NAC has a pro-choice policy. They only accept member groups that hold that philosophy and would not discuss any pro-life resolutions.

b) The Federated Women's Institutes of Ontario

i) SUGGESTED FORMAT FOR RESOLUTIONS:

The Preamble:

- establishes the need

"WHEREAS" Statement(s):

- no more than 3 statements per resolution
- brief and to the point
- avoid(s) sweeping statements
- avoid(s) emotional expressions of opinion

The Request:

"Be it resolved that... "

- makes one main request
- should be clear and well worded
- must be directed properly

Supporting Information

- any material which helps prove the need for the requested change (such as newspaper clippings, magazine articles, excerpts from letters)

ii) THE PRESENTATION OF RESOLUTIONS

- Resolutions must be given to the Resolutions Committee a stipulated time period before a meeting.
- These resolutions must bear the signatures of both the mover and seconder.
- The Resolutions Committee then introduces these at the meeting.
- No other resolutions are allowed at the meeting.

iii) APPROVING RESOLUTIONS

- The resolution is moved, seconded, discussed and voted on by the Branch members.
- It is then forwarded to the District Convener of Resolutions for approval at the District Meeting.
- It is then forwarded to the Provincial Resolutions Convener.

iv) GUIDE TO RESOLUTIONS, MOTIONS AND BRIEFS (FWIO 1992)

The FWIO has a guide that contains ideas on how to write the briefs and get media coverage.