

# CASSANDRA

## radical feminist nurses newsjournal

Volume 6:1      January 1988

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When women actively struggle in a truly supportive way to understand our differences, to change misguided, distorted perspectives, we lay the foundation for the experience of political solidarity. Solidarity is not the same as support. To experience solidarity, we must have a community of interest, shared beliefs and goals around which to unite, to build Sisterhood. Support can be occasional. It can be given and just as easily withdrawn. Solidarity requires sustained, ongoing commitment. In feminist movement, there is need for diversity, disagreement, and difference if we are to grow.

- Bell Hooks, *Feminist Theory: From Margin to Center*

CASSANDRA: RADICAL FEMINIST  
NURSES NEWSJOURNAL

A publication of Cassandra: Radical  
Feminist Nurses Network  
P.O. Box 341 Williamsville, NY 14221  
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Published 3 times each year at the time of the full moon in  
January, May and September. Available to Websters, Friends,  
and institutions. Limited numbers of back issues are  
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#### BACKGROUND

The name CASSANDRA is a tribute to Florence  
Nightingale who wrote an essay titled Cassandra two years  
before her service in the Crimean War. In it she states:  
"Why have women passion, intellect, moral activity - these  
three - and a place in society where no one of the three  
can be exercised?" Like the mythical Cassandra,  
Nightingale possessed the gift of prophesy and despaired at  
not being heard. CASSANDRA: RADICAL FEMINIST  
NURSES NEWSJOURNAL is dedicated to re-creating the  
Cassandra myth by providing a place where the passion,  
intellect and moral activity of women who are nurses can  
be voiced and heard. The Newsjournal is a means for  
actively preserving and passing on written materials coming  
from a woman-defined perspective. Our hearing one another  
is critical to establishing a network among feminist nurses  
who need to be heard in nursing practice, education,  
research, administration and health care.

#### NEWSJOURNAL PHILOSOPHY

The Newsjournal is produced by Websters in Buffalo,  
NY. We are committed to a feminist approach to media,  
which includes sharing and nurturing of skills, non-  
hierarchical relationships, and valuing of diversity. There  
are no editors or review board members; the material for  
each issue is reviewed, selected and prepared by local  
Websters whose names appear in the "Thrums" section of  
each Newsjournal.

We publish original work developed from a feminist  
perspective. We encourage exploration of issues that  
radically effect nurses and women. While opinions  
expressed are those of the author and not necessarily those  
of CASSANDRA as a whole, we do accept responsibility for  
what we print. We will not intentionally print material  
that is harmful to women because of color, sexuality,  
religious or cultural background, physical ability or economic  
situation. We reserve the right to edit with the intent of  
remaining true to the author's own message. Insofar as  
possible, edited material will be available to the author  
prior to publication.

#### MAILING LIST

CASSANDRA's mailing list is confidential and will not be  
sold or given to any other group. Names and addresses of  
women who join CASSANDRA are provided to Contact  
Women in their geographic area; only the names and  
addresses of Contact Women and Coordinating Crones  
(women responsible for specific tasks) are published in the  
Newsjournal. The Newsjournal is distributed to members and  
friends of CASSANDRA, and to institutions or groups that  
subscribe to the Newsjournal.

#### ADVERTISING

Display ads will be published for businesses offering  
products that are consistent with CASSANDRA'S philosophy  
and purposes. Write to CASSANDRA for rates. Judgments  
about the suitability of ads for the Newsjournal will be  
made by the Web responsible for producing the Newsjournal.

#### CONTRIBUTION GUIDELINES

We welcome the contribution of articles, information,  
and letters that are of interest to women who are feminist  
nurses. Our regular features include nursing history,  
feminist research, myths influencing women's lives, reviews  
of books and journal articles, resource information, and  
notes that promote networking.

Articles should be original work that has not been  
previously published; preference is given to articles written  
by women who are members of CASSANDRA. The suggested  
length of articles, commentaries and reviews is 2-4 pages,  
typed double-spaced. Manuscripts of articles and book  
reviews are reviewed and selected by members of the Web  
that produces the Newsjournal. Manuscripts are reviewed in  
relation to consistency with CASSANDRA's purposes and  
philosophy, conciseness, readability, and strength of  
presentation.

We welcome letters, notes and resource information from  
ANYONE interested in sharing information with members of  
CASSANDRA. Letters should be no longer than one page in  
length, typed double-spaced. Notes and resource  
information need to be very brief, approximately 12 double-  
spaced typed lines.

All material must be accompanied by the author's name  
and address in order to be published. We prefer to publish  
names and addresses, but we will withhold your name and/or  
address if requested.

Please mail your contribution so that it reaches us by  
the following lifeline dates:

January issue: November 15

May issue: March 15

September issue: July 15

#### OUR PURPOSES . . .

CASSANDRA: RADICAL FEMINIST NURSES NETWORK is  
a gathering of women in nursing practice, education,  
research and administration. Our primary commitment is to  
end the oppression of women in all aspects of nursing and  
health care. We believe that oppression of women is  
fundamental to all oppressions and affects all women.

Our primary purposes are to:

- Develop and communicate radical feminist, woman-  
centered analyses of issues in nursing and health care.
- Nurture local, regional, and national networks of  
women in nursing who are committed to a radical-feminist  
perspective.
- Provide an environment for communication, support and  
safety among nurses regardless of race, class, creed, ability,  
or sexual preference.
- Share and pass on skills of leadership, analysis and  
communication.
- Take strong public actions on nursing and health care  
issues.
- Preserve and publish past and present significant works  
of nurses.
- Publish writings on women's health that are rooted in  
feminist analysis.
- Support nursing research using a feminist approach.
- Develop feminist educational material for nursing  
programs.
- Establish a feminist nursing journal.

# **Baccalaureate Entry Level and Obstacles to Black, Working Class/Poor Entry into the Nursing Profession**

**by Mary Vrtis**

Associate degree programs have been important in providing access to registered professional nursing for black and working class/poor students of other races. During the late 1960's and 1970's, the percentage of black nursing student admissions and graduations increased along with the number of ADN programs. In the 1980'S, as movement toward a mandatory baccalaureate education for entry into professional nursing practice has gained broader acceptance, trends toward increasing diversity in the nursing population have rapidly reversed. Upgraded educational requirements are inevitable in the post-industrial stage of American society, and appear to be necessary if registered professional nurses are to gain the political and economic power required to effectively advocate for clients. However, access limitations which bar entry of poor and working class people - disproportionately affecting minority group members - will ultimately result in an almost exclusively white, middle class profession

that is not representative of the clients we serve.

## **The Professionalization Movement of the Early 20th Century**

Throughout the history of nursing, there have been numerous attempts on the part of nurses and nursing educators to upgrade the educational requirements for entry into nursing practice. The most successful moves toward professionalization of nursing began with efforts to secure licensing legislation at the turn of the century. By 1912, laws regulating the practice of nursing existed in thirty three states. Efforts to regulate nursing through legislation focused on preliminary education, regulation of professional education, and licensing examinations (1)

At the turn of the century, medicine was also progressing through a professionalization stage which focused on preliminary education, professional education and licensing examinations. In 1910, the

Carnegie Corporation provided funding and a staff member, Abraham Flexner, to generate a report that compared all existing medical schools to the "ideal" Johns Hopkins Hospital model. Through corporate support, the American Medical Association was able to eliminate virtually all medical schools that accepted women, and minority and lower class white men by the early 1920's. The medical profession was almost exclusively white, male, and middle to upper middle class, a pattern that is only recently changing (2)

Although nursing was a group oppressed by the medical profession at the turn of the century, nursing leaders were (and still are) using medicine as a model. The nursing movement toward professionalization was largely white, well educated, and middle class, and directed at eliminating inferior nursing schools. Those schools that provided access to black students were almost always classed as inferior. As with the Flexner/Carnegie/AMA campaign, the manifest function of the American Society for Superintendents of Training Schools for Nurses/American Nurses' Association campaign was to regulate training and eliminate "quack" practitioners. The latent function, however, was to create an almost exclusively white nursing profession. Unlike the medical profession, working and lower class women continued to have access to nursing through diploma programs where students worked while learning.

By 1922, although the National Association for Colored Graduate Nurses existed, only 3.4% of the 1,700 accredited nursing schools admitted "colored" students. Twenty five of the 58 accredited schools that admitted black students were in municipal hospitals "for the colored," and 19 were in hospitals with less than fifty beds. Twenty-eight states had no nursing schools that would admit black students (3) For most of nursing's history, black access into registered nursing has been severely restricted, and black women

have entered the nursing field as low status, low paid practical nurses (once called "subnurses") or nursing assistants.

### Professionalization in the Post-Industrial Medical Institution

The post-industrial medical institution began in the years following the Vietnam War, when the findings of research conducted on the large experimental population provided by the war began to change the nature of American medical care. The medical institution began changing from one dominated and largely controlled by physicians with corporate support, to one where corporate interests and a new middle class of technical experts began the challenge the traditional power-over of physicians. Nursing, as the largest group of medical/health care workers, with the most diverse "job description" made great strides toward professionalization during this period of evolution of the medical institution. Nursing controls a large body of nursing information and knowledge, which is, according to Bell's theory (4), the most important commodity produced in the post-industrial stage of society.

In the post-industrial stage, the economic and political power necessary to create meaningful change within the medical institution, as well as personal status and power for nurses are related to educational levels. As a result, it is inevitable that bachelor's degree entry level in registered professional nursing, as advocated by the American Nursing Association, will necessarily occur at some time in the near future. Proposals to change licensure requirements so that a bachelors' degree in nursing is required to sit for the state registered professional nursing examinations have been routinely submitted, discussed, and lobbied for, since the 1970's. When such proposals are generally accepted, graduate nurses that would have become RNs will be divided into "technical"

(ADN/diploma) and "professional" (BSN) nurse categories. Between 1970 and 1985, the number of BSN programs has increased by 40.1%, and the number of annual BSN graduates has increased by 202.5%. However, in this same time period the number of associate degree programs has increased by 47.1% and the number of annual ADN graduates has increased by 380.6%. During this same period, diploma programs have decreased by 61.8%, and the number of annual diploma graduates have decreased by 51.0%. For graduations in 1985, the ADN:BSN ratio was 1.7:1. Between 1969 and 1985, 72% of graduates were from ADN or diploma programs. (5,6,7)

Despite reassurances of "grandfathering" (whereas "grandmothering" would be more appropriate) of all currently registered nurses into the new category of professional nurse, the American Nurses' Association has yet to obtain strong enough support for these proposals from the nursing masses. This is the same phenomena that occurred with turn of the century movements toward professionalization of nursing. As with the early movement, the contemporary professionalization movement is not representative of U.S. Similar to the earlier professionalization movements, today's efforts toward bachelor level entry in nursing are advocated by a mostly white, well educated (masters, PhD, EdD) nurses. The profile of this group stands in stark contrast to that of the program graduates. In 1983, only 0.3% of all U.S. registered nurses had doctoral degrees (8,9) In 1983, 89.4% of nurses with doctoral degrees were white, and in 1985 94.5% of baccalaureate and higher degree program full-time nursing faculty were white. (8,10)

The manifest functions of increasing professional education requirements are to:

- upgrade nursing by requiring an entry level BSN,
- gain more political and economic power for the profession,
- gain more personal political and

economic power for individual nurses, and  
- be able to advocate more effectively through education, for clients.

Still, the latent function is to exclude blacks and poor/working class people of other races from the registered professional nurse category.

#### **Obstacles to Access for Blacks, Working Class/Poor People**

Attempting to quantify the effect of increased educational requirements on access to nursing for working class and poor people is difficult, as socioeconomic status information on aspirants to the nursing profession is virtually non-existent. A 1974 survey of college freshmen aspiring to be nurses indicated that median parental income for white, asian, and american indian students was near the median family income. For hispanic students, parental income was only 80% of the median family income; for black students, median parental income was at the poverty level. Whereas only half of white and less than half of asian students came from working class/blue collar families, the majority of black, american indian and hispanic students had a working class family of origin. Low tuition was a factor influencing the choice of which college for 43% of hispanic students, 42% of american indian students, 31% of black students, 29% of white students and 18% of asian students (11).

For the academic year 1978 to 1979, the average full program costs of a publicly supported BSN program was 3.2 times the cost of a publicly supported ADN program. The full program cost of a private BSN program was 2.7 times a private ADN, and 11.7 times a public ADN program. For the academic year 1985 to 1986, the average full program costs for a publicly supported BSN program was \$5,044, 2.9 times the cost of a public ADN program. For a private BSN program, full costs were \$19,520; this was

2.4 times a private ADN, and 11.3 times a public ADN program (8). For the working class or poor student, a full program costs of \$1,720 with employment potential after two years of full time education is a possible goal. On the other hand, a cost of \$5,044, with employment potential delayed for four years, may seem an impossible goal. For the working class woman making \$5.00 per hour, the BSN annual tuition and fee of \$1,261 represents approximately 15% of her annual, full time salary after taxes. She must then cover all other expenses with approximately \$600 per month. It is unreasonable to assume that a bachelor entry level requirement will NOT affect access to nursing for poor and working class women.

Since social class inequality is not equitably distributed, minority people aspiring to a career in nursing will be disproportionately affected by a mandatory BSN requirement. Although most minority aspirants to nursing are/will be affected by the move toward an entry level BSN requirement, this discussion is limited to blacks because consistently reported information regarding the numbers of other minority group nurses and student nurses was not located. Prior to the rapid rise in ADN programs during the mid-1960's (from 57 in 1960 to 437 in 1970), the majority of black students graduated from diploma programs (54.6%). In the early 1970's to 1985, over half of all black graduate nurses had completed ADN programs (61.3% in 1972, 56.6% in 1985). Between 1963 and 1985, the number of black student admissions to BSN programs increased by 464.4%, whereas the number of black student admissions to ADN programs increased by 2,638.7%. During this same time period (1963-1985) the number of black graduates of BSN programs increased by 174.3%, whereas the number of black graduates from ADN programs increased by 2,432% (5,6,10, 12) Clearly, ADN programs have been extremely important in providing access to

black nursing aspirants.

In 1970, there were 437 ADN programs in the U.S., and by 1980, the number had risen to 697, a 59.5% increase. During this time, the number of black RNs rose from 7.8% of all RNs to 11.4%. The number of black RNs rose from 54,600 in 1970 to 148,428 in 1980, a 171.8% increase. In the 1980's, the percentage of black RNs began to drop rapidly, from 12.3% in 1981 to 6.8% in 1985, with the number of black RNs dropping to 98,396 in 1985. The number of black LPNs increased between 1980 and 1985 from 72,000 to 788,792, a 9.4% increase; and the number of black nursing assistants rose from 314,784 in 1980 to 362,664 in 1985, a 15.2% increase. Whereas the percentage of blacks in nursing with as RN increased from 18.9% in 1970 to 27.7% in 1980, by 1985, only 18.2% of blacks in nursing had an RN (9).

There are many reasons that nursing is losing black nurses. In the U.S., racism is institutionalized, and racist practices in nursing school and nursing practice abound. Although 12.1% of the U.S. population in 1985 was black, only 8.1% of managers in medicine and health, and only 5.5% of nursing school, full time faculty members were black in 1985 (9,10) Blatant and subtle forms of race discrimination in the medical institution are numerous (13).

It appears that professional nursing is not attracting as many black students as baccalaureate entry level proposals gain greater acceptance. This variable may be extremely important in creating greater racial and class inequality within nursing. The number of black student admissions to nursing school dropped from 8,531 in 1981 to 8,096 in 1985, a 5.1% decrease. The number of black graduates from nursing schools also decreased, from 3,566 in 1981 to 3,491 in 1985, a 2.1% decrease (9).

Black subcultural emphasis on education as a means of upward mobility is clearly evident in the great strides made by blacks since affirmative action legislation of the late 1960's. In 1970, 10.7% of the U.S.

population had completed four or more years of college, but only 4.4% of blacks had four or more years of college. By 1985, 19.4% of the general population was college educated, and 11.1% of blacks had four or more years of college. However, black median family income in 1985 was only 59.5% of white median family income (9). Although black aspirants to nursing may desire advanced levels of nursing education, as with working class and poor women of other races, economic realities often make the achievement of such a goal impossible until after earning potential has increased through an ADN.

### Summary

Obviously, access limitations resulting from the trend toward an entry level baccalaureate is an obstacle for most poor and working class women. In that social inequality by race and class are linked, people of color are disproportionately affected by social class barriers to entry into nursing practice. For blacks aspiring to nursing, elimination of ADN programs, from which over half of black students graduate, will restrict the number of blacks entering nursing. This factor, combined with the degree to which racial discrimination is institutionalized in the U.S. medical system, serves to decrease the percentage of black professional nurses. When ADN programs become "technical" programs, blacks will once again be concentrated in nursing's lower classes: the technical nurse, LPN, and nursing assistant categories. A mandatory entry level BSN requirement clearly has racist and classist implications.

The current move toward further professionalization of nursing is inevitable in the post-industrial stage of the U.S. medical institution. This desire for further professionalization will benefit segments of the nursing profession, but may not be in the best interests of most

nurses, the vast majority of whom are ADN or diploma graduates. If a baccalaureate entry level for nursing results in the virtual elimination of blacks, and working class/poor women from access to nursing practice, then such a move is not in the best interests of nursing's clients - who are not all white, middle and upper middle class, and well educated. The purpose of this paper is not to debate the value of educational preparation in nursing, but rather to point out the latent function of race and class inequality that will result from such an action.

If nursing is to require increased education for entry into practice, then nursing must also find ways in which to eliminate the race/class obstacles to baccalaureate level education that exist for most minority people and poor/working class whites. One possible solution to this dilemma could include formation of ANA sponsored and university sponsored scholarships for disadvantaged students. A second alternative is to focus on the development of programs that will bridge "technical" and "professional" nursing programs in order to facilitate entry of students for whom access to professional nursing will necessarily remain the ADN program. Economic incentives for development of bridge programs that will attract more university students already exist. The failure to adequately address these issues will clearly decrease nursing's ability to advocate for a subculturally diverse client population -in spite of the political and economic power gains that will inevitably result from increased educational standards.

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## Related Reading

"Gaining Turf But Losing Ground: A Critique of Southern Nursing," *Frontiers: A Journal of Women Studies*. Vol. IX, #3, 1987, pp.64-70.

Sylvia Kenig, a Cassandra Friend, has recently had an article published which provides supplementary reading to the article by Mary Vritis. Sylvia discusses the southern women as a population at risk, medical hegemony and corporate medicine in the south, southern nursing and the corporate medical industry and nursing's role in redefining "turf." Sylvia is not a nurse, but specializes in the Sociology of Nursing and is a feminist. She has worked both in the private sector as an evaluation researcher and in academe as a feminist applied sociologist. Most recently she has established an independent research agency specializing in evaluations of health and welfare services, and in the evaluation of nursing programs. Her recent publications include work on sexual harassment, community mental health, and innovations in nursing.



## **Promotion:**

### **Is it a Nursing/Feminist Issue in Higher Education**

**by Mary Hettinger**

I am having conflicting thoughts about writing this article even as I begin to do so. Will I only be adding to my image as a rabble-rouser if it is published? Will it have adverse effects on my position as an instructor at the college? I like what I am doing at this point in my life and I don't want to jeopardize it. However, on the positive side, I have grown by this experience and perhaps writing about it will give some inspiration to a female faculty member who may find herself in such a position. (Perhaps also, it will put an end to it in my mind so that I can put it behind me.)

This all began in the summer of 1985. I was completing the thesis for my masters in nursing and was wondering what I was going to do for a job in the fall. I wasn't sure I wanted to teach, so I was thinking that I would look for a position in one of the two hospitals in the city. As it happened, a teaching position was advertised in the local newspaper. I applied for it and was offered the position of instructor at a local private college in the department of nursing education. It was a non-tenured position and initially it was to be only a one year (1985-86) position. That suited me fine as it would give me an opportunity to see if teaching would be an agreeable way to earn a living.

The first year was difficult. Writing lectures, becoming acclimated to the college setting, working with students in a rigorous program of nursing education and getting used to being on the "other side of the podium" was exhausting. Many times I told my husband that I was glad that this was only a one year job as I didn't think I could handle it any longer than that. But there were positives, too. The respect from many of the students, the collegiality of the faculty, the clinical settings where I really enjoyed the patient contact, and the sense of autonomy were wonderful. I survived the first year intact. Because the person whom I had originally replaced was continuing in her current position as acting chair of the department, I signed a contract for another school year.

The second year began and I was feeling in control. I felt as if I knew what I was doing. It was to be a good year. In October, my department chair said she wanted to recommend me for a promotion to assistant professor. It would mean more money and she was appreciating the innovations I had made in the courses I taught. She had been more than encouraging in the first year and appeared to want me to stay at the college.

She saw that I could handle the work, she

liked the relationships I had with the students and faculty, and she appreciated the professionalism I brought to the job. Her own evaluation of my work was glowing, even as she acknowledged the difficulties of the first year on the job.

She forwarded my name to the academic dean of the college who agreed with her assessment and the recommendation was sent on the college Rank, Promotion and Tenure Committee. The chair of the committee also agreed to the recommendation. In January of 1987, 3 members of the nursing department faculty and 6 senior students were asked by the committee to evaluate my teaching.

Identical evaluation forms are sent to everyone, ie, the forms sent to the students to evaluate the faculty person are the same as those sent to faculty members for that purpose. Criteria for promotion include (in order of priority):

1. fulfillment of teaching responsibility at a high level,
2. maintenance of professional relationships with students,
3. continuing development of professional capabilities,
4. fulfillment of obligations to the faculty and to the college as a whole, and
5. participation in community service.

The committee meets in February and March to make their decisions. The committee is made up of 6 tenured faculty from across the campus. I was feeling confident that I would be given the promotion; after all, I had never not received a promotion when I was recommended for one.

Things were going so well during that second year (1986-87) that I felt on top of the world. I was ready to stay in teaching forever. The classes were great, the students receptive and eager to work, and the clinicals were interesting. I could see that the students were learning, and I was getting good feedback from the other faculty that they could see it too. The foundation for nursing that I developed

with the first semester sophomores was seen by other faculty as being very strong.

In late March, I had an appointment with the academic dean and assumed that he was going to tell me that I had received my promotion from instructor to assistant professor. Instead, he told me that the committee had denied my promotion. He stated that he was surprised by their decision and that when he had spoken with my department chair, she had also expressed her surprise.

My evaluation from my chair had been glowing. I had seen it before she submitted it to the committee. The faculty evaluations written by 3 of my peers were also favorable. The dean explained that 6 of the 12 seniors had returned evaluations of my teaching and that the committee, based on 4 of the 30 statements to which each student could reply, felt that the evaluations were too negative for a promotion.

My immediate reaction was surprise and anger. I had worked very hard to do the very best job of teaching that I could. There were students who found my standards of nursing not to their liking, and who didn't always take responsibility for their work, but I didn't think that they would be so negative on the evaluations. I felt that they could see that they had learned, and that there are positives to offset the negative things about any situation. I must add that the students who evaluated me were basing their evaluations on their contact with me during my first year of teaching.

I didn't have the opportunity that day to see the compilation of scores of the evaluations. I talked at length with the dean. He encouraged me to think about it and to come back to see him if I wanted to appeal the decision. He explained the process. I really was too angry for much discussion that day but assured him that I would be back. My thoughts were recorded in a log I began that evening:

After some deliberation today, both internal and with friends, I have decided

that I will appeal the decision of the promotion committee. I feel strongly that they are discriminating against me, though I'm not sure that they realize it. In my mind, there are three reasons that the promotion was not allowed.

There are six men on the committee. All are tenured. An educator in this system cannot be moved onto the tenure track unless he/she is an assistant professor. Of the 17 women who teach here, 2 (11.7%) are tenured. Of the 55 men, 36 (65%) are tenured.

I've heard (but do not know as fact) that nursing faculty are paid more as beginning faculty at the college because of the unavailability of nurse educators. It is very difficult for the local colleges to attract faculty from outside the community and there are very few nurses with a Masters degree who are in the "pool" of qualified persons. But if we are given few promotions and insignificant raises, we can be kept towards the bottom of the pay scale.

The total faculty are all very aware of the budget crunch at the college. Many faculty also realize that it takes many more nursing faculty for fewer students because of the clinicals required of the students. So to other faculty, it looks like we get paid more, do less work and have fewer students to worry about. And it is well known that they aren't happy about it. None of the other departments prepare health professionals.

And so, after talking to my department chair tomorrow, I will probably tell the dean that I have decided to appeal. I'm not sure whether it will be good for me in the long run. I have been assured of a contract this year, but they could pull it next year or make life so difficult that it wouldn't be fun anymore. And it is fun to teach. I get a real charge out of seeing the growth in the students as they learn.

I will probably get a lawyer, a woman who can help me make some sense out of this

mess.

In true nursing fashion, I began the assessment phase of this process.

On April 1, I wrote:

Have an appointment to see the Dean tomorrow at 3. I plan to ask him to show me my file and to review the student evaluations with me. I really need to tally the student remarks to see if the negatives outweigh the positives. If so, I will probably drop this thing. If there are more positives, I will begin the appeal (grievance) process.

On April 2, I wrote at length:

I got up this morning and asked myself why I am going to the trouble to buck the system. Hope my resolve holds out.

My appointment with the dean went very well today. We talked for an hour. He told me that I cannot see the evaluations because they are in a special file held by the promotion committee and they are confidential. He has called for the file himself however, and plans to review it. He said again that he was surprised by the denial of the promotion and wants to find out what happened. After looking at the evaluations himself he will send them to the president for review. The dean said that he had spoken to the president 'at some length' this morning about this situation. All of this would seem to be positive, but I'm not going to get excited about it yet.

I discussed my plan to file a grievance on the basis of sexual discrimination if the evaluations were more positive than negative. I told him that it is possible that the committee is discriminating without even knowing it. He agreed and said that sometimes people need to take a look at their values and their reasons for doing things. He said that 'there is nothing wrong with ruffling a few feathers sometimes'.

All of the vibrations I got from him were positive. One of the things we discussed was my concern that the student evaluations

were based only on my first year of teaching. He agreed that students are much harder on first year teachers than they are on those who have been in the system awhile.

Now all I can do is wait. The dean should read the evaluations on Friday; the president will see them on Monday. How he will decide or what he will do only Heaven knows.

And so I waited. I knew that there was nothing more I could do at that point. All sorts of things went through my mind. One of them was that no one should be denied promotion on the basis of what 4 students had to say on 7.5% of their evaluations. I can't fail a student on that percentage. It seemed that the committee had denied my promotion after reading what were glowing faculty and department chair evaluations and student evaluations in which 4 items were "more negative than positive" (according to the dean). Was it really possible that students have that much power? He had shared the report of the student evaluations with me. The 4 items which received a "fair" or "poor" ranking from 4 of the 6 students were:

1. Fairness in evaluation of student work,
2. Consideration and courtesy
3. Tolerance of differing viewpoints
4. Avoidance of relationships which impair impartiality.

Because I am not writing this article to defend specifics, I will not address each of these items. I felt that I worked very hard to do well in these areas.

The day of the decision was to be April 14th. I wrote that night:

I met with the dean today at two. He said that after many meetings with the promotion committee, the president and my department chair, the president had decided to uphold the decisions of the promotions committee. I guess I wasn't too surprised; I had been told that the president rarely overturns a promotion committee decision.

The dean shared some of his thoughts on the whole thing. Again I was impressed by his willingness to spend as much time as I needed to deal with this. He said that he had talked with the chair of the committee, and it was their feeling that they had reviewed this carefully and they felt that there had been no discrimination. However, he also mentioned that most new teachers had to be in the system for two years before being considered for a promotion. But that was an "after the fact" remark. It wasn't a part of their deliberation.

My department chair was encouraged to recommend me for a promotion again next year and I'm sure she will. Meanwhile, I will have to ponder all this. I'm not sure what I want to do.

Originally, I had a lot of energy to give to this and had thoughts of hiring a lawyer and filing a suit on the basis of sexual discrimination. Did I back down? I guess I did and I'm not sure how I feel about that.

Maybe it was presumptuous to think that I would get a promotion based on only one year of teaching. In other positions I had held however, promotions were only offered when the person was qualified. I once even turned down an offer to be promoted to assistant head nurse from staff nurse because I didn't feel I was ready for that position. I felt I was ready to be an assistant professor at the college. I was on a college committee, I was working hard with the students, and my professional development as an educator and a nurse was moving forward strongly.

The anger I felt toward the college and the all male committee for their secrecy and rules was really devastating for awhile. The fact that they have so much power that they will not allow me to 'tap' into because I am a woman and a nurse is frustrating. Their demeanor towards me as I try to take my place on this campus as a credible person with a field of expertise is one of hypocrisy.

I want at some time to examine the

attitude of the faculty towards nurse educators and nurses. There have been women who have been promoted after teaching one year or even hired as assistant professors right out of their masters programs; they have not been in nursing education but in more male oriented disciplines. Does the academic community look upon nurses as less credible or "not really teachers"? Are we still up against the old stereotypes of nurses as handmaidens and all those other horrible images?

There are a number of things that I can do other than filing a lawsuit or carrying a grudge.

Originally, my anger was directed towards the students who wrote the evaluations. After thinking about it for some time, I was able to see that the students were my scapegoats; it was easy to blame them. After all, even the dean wanted me to do that! It wasn't as easy to point a finger at the elusive male-dominated committee and the hierarchy of the college because I was not allowed to speak with them.

I have, however, developed a session on evaluations for the incoming students this fall. They will also be required to do a self-evaluation each time they are in the clinical setting. This should help to give them a sense of the usefulness of evaluations and the need to be objective when writing them. This is an area that we need to develop and this incident has given me the impetus to do so.

Additionally, I have been instrumental in developing an informal group for the women on the faculty. The group will focus on some of the problems that women faculty face on the campus. We had one meeting in the spring and there was a good deal of excitement about forming such a group. Since that first meeting, two more women have been hired to replace men who retired, one in the English department and one in biology. Nursing has seven women faculty and the rest are spread out over the campus. There are 19 women invited each

month and about ten are able to come to the meetings on a regular basis. I plan to talk with the other women on faculty about the importance of finding out who is making the decisions on the campus. I'm sure we can do this in our women's group meetings.

The promotions committee has asked one of the two tenured women to be on the committee. Whether or not that was the result of my "ruffling feathers" I will never know, nor do I care. But I am pleased. It is important that they recognized that a woman belongs on the committee.

The whole process has made me acutely aware of male chauvinism on the campus. I always knew of course that with a predominance of males there was bound to be some minor problems. I have worked hard to present myself as a professional and an educator and hoped that just that would be enough to gain the respect of the faculty. I can see now how simplistic those thoughts were. The saying goes: "Whatever women do they must work twice as hard as men to be thought half as good. Luckily that is not difficult". I'm not so sure about that in the academic setting; I think it is very difficult to convince the men that we are even "half as good."

I've certainly given some thought to leaving the position after the 87-88 school year. The hassles take the enjoyment out of teaching some days. But then again, by staying on, I would have a greater opportunity to influence women in the classes to be more in control of their professional nursing careers. In turn, they will be able to have an effect on the institutions in which they will work.

I didn't ever think I would get so involved in bringing about some changes on this campus. It will be interesting to see what happens next year.

## Some Thoughts on Incorporation

by Maeona Kramer

In June 1982, the vision of Cassandra was named and formed as a network of women nurses who shared a fundamental commitment to examine and live radical feminist principles in nursing. I am sharing these thoughts with the hope that we will continue to examine how we are reaching toward our purposes. They are offered as an individual Webster, out of both my wisdom and ignorance. By sharing my thoughts, I hope to stimulate an exchange of information through the Newsjournal and perhaps some discussion at the next gathering.

The issue I want to address is our status as a non-profit corporation and suggest it is time to thoughtfully reconsider our decision to be incorporated. Please notice the emphasis on "reconsider", for it is that process which I would like to highlight. Reconsidering that decision will hopefully enlighten our awareness about the costs and value of incorporation to our radical feminist purposes.

I am aware of some of the emotions that even this suggestion will evoke, for many women have worked long hours to effect incorporation. It has been a significant expense; and not just in dollars. I am also aware that our decision to become incorporated was questioned at the Ann Arbor gathering, and we agreed not to reconsider incorporation at that time. Today, however, is a different place in our journey and I believe we ought to ponder the wisdom of the incorporation decision and reflect on whether or not the costs and benefits of being incorporated are something we wish to continue.

Personally, I feel some discomfort around being incorporated which is becoming more acute. This discomfort has arisen as a result of attending to the business of incorporation at each of the Continental Gatherings since the decision was made, and keeping financial records as the Finance Coordinator Crone. At the recent Continental Gathering in Salt Lake City, a

major portion of time was given to formulating policies and procedures to accompany our bylaws. Our lawyer had advised us that policies needed to be "in place" in order to have a proactive stance in the case of intra-network conflict or challenge of our membership practices. The group struggled with how to make these "policies" consistent with our feminist decision making process, and what finally emerged were something akin to process policies - statements that represented how we would go about reaching consensus in the case of conflict or challenge to membership guidelines.

During our discussion around the formulation of policies, the Cassandrans present openly acknowledged that much of our precious gathering time since the incorporation decision was made had been spent working on tasks of incorporation. As we "finished" with the task of formulating these policies we had been advised to write, one Webster expressed considerable relief that we had finally dispensed with the legalisms and could be about our business. At that moment a horrible thought swept through my mind - we would never be finished; that as long as we retained an official designation of "non-profit corporation" within a legalistic, hierarchical system - we would always experience the conflict accruing from trying to mesh our values and loyalties as Cassandrans with the requirements of a legalistic suprasystem. Because those values and loyalties can't smoothly coexist with the suprasystem, the discomfort is always going to be there. More importantly, this ever present conflict would keep us from experiencing networking freed from it.

Speaking personally, as Finance Coordinator I do not like to answer to the IRS or the states of California, New York and Utah. This involves, in part, trying to find out what the various forms mean, or getting some error straightened out only to have it reappear, frustrations we are all

familiar with I'm sure. But, in other ways this service puts me in personal conflict, for example, being perceived as questioning a Webster's credibility because of a felt obligation to carefully account for our funds. Our official status requires all of us to do things we do not value and which distract us from doing those things we say we value. For me also, it is difficult to "sort out" which of the enforced requirements are important and which are not, so I have a tendency to "do it right" rather than risk leaving something undone or unaccounted for.

As a result of my questioning around the issue of incorporation, I began to ask the question I now ask each of you to consider. To what extent is this status interfering with and enhancing our goals and purposes as Cassandrans? Should we dissolve or retain the corporation?

As I reviewed the Newsjournals, I found the herstory of our incorporation to be quite well documented and I would recommend that each of you review it. The very first issue of our Newsjournal reflects the concern the first Websters had over how to nontraditionally organize our selves. The decision to incorporate as a non-profit educational benefit organization was "appropriately" made; that is, it was considered within the context of a Continental Gathering. The decision was probably driven by one major consideration: money. We realized our purposes would take financial resources and sought ways to minimize loss of monies. At the time of the decision, we acknowledged that incorporation would be uncomfortable given our processes and purposes. My recollection is that Cassandrans were optimistic that we could "beat the system;" that is, retain our nontraditional nature and still incorporate. Not surprisingly, we decided to incorporate in the state of California. Incorporation, as contrasted to a non-incorporated "organization", also was viewed as important because of the legal

protection it offered to individual Websters. The effect of incorporation on liability is simply unclear to me, however, it was a factor that figured in our decision.

Frankly, the financial advantages to our Network as a result of being non-profit seem minimal. The network has remained relatively small and stable in numbers, with a core of long-term Websters who continue to support Cassandra. The amount of monies we have been able to generate is not great. The likelihood that we will ever generate great sums of money seems remote and the generation of money had not been an ongoing focus of Cassandrans. Currently, our total assets are less than \$10,000. The operating fund has remained fairly stable with income basically offset by expenses. In short, we do not have much money to manage. If our goal is to grow as a network, and we begin to work at generating income, then incorporation has some advantages. If the network by design or destiny remains a small core of women, then the financial advantages of incorporation may be less important.

Although incorporation does offer some financial advantages to the entire network and to individual women who pay income taxes, and provides a measure of legal protection to individual Websters (which I do not fully understand); at the same time it is interfering with our purposes and goals as Cassandrans. It is around this issue that I would like all interested Cassandrans to respond. The requirements of affirmative action; non-discrimination; financial record keeping, avoiding conflict of interest all require we compromise some of our values. For example, can we value women when our hiring and membership policies must be "non-discriminatory?" Should we even bother being part of a system which requires us to spend time meeting its requirements, and wondering and worrying whether or not we have?

As Websters consider whether or not the

benefits of incorporation are worth the price, another question emerges: should we dissolve the corporation? Change the type of corporation, for example "for-profit" rather than "non-profit"? If we lean toward dissolution, what are the alternatives? If we remain incorporated, are we doing so with full awareness (insofar as that is possible!) of its cost to our network?

As I was preparing this letter and thinking about some of my particular "tasks" as finance coordinator which relate to being incorporated, I considered our "Principles of Unity" as listed in the September, 1985 Newsjournal. These declare that as Cassandrans we: value nursing; are a non-hierarchical group; function as a whole; trust each other; balance self care needs with external demands; with self care being a high priority; value a radical feminist perspective and analyses; recognize and value the diversity of nurses; are committed to ending oppression of women; are committed to creating a safe space for each other; share a commitment to discuss and exchange ideas; share a commitment to internalize feminist process; provide Websters with an opportunity to be heard; communicate directly; establish accessibility and nurture and trust each other.

Personally, I could do better at living these principles of unity. As I review them, I can see clearly how the demands of being incorporated directly interfere with our individual and collective "living by" our principles. I am not sure what the "organizational" alternatives are; and perhaps if I did I wouldn't be so disenchanted with the demands of incorporation. However, right now I am disenchanted and feel a responsibility to suggest that we network and share our ideas and feelings. What about incorporation? If we believe that our purposes are being significantly frustrated because of our incorporation then we need to do something.



## Women's Health Column

by Ann Yoda

Certainly the women's movement has had a profound effect upon the lives of women. But it is only one of many forces that have created change in women's lives over the past decade. Women's health issues have been outlined in the 1985 Report of the Public Health Task Force on Women's Health Issues, Vol 1, (Public Health Reports). The report summarizes other social changes affecting women's health. Women are marrying later and the prediction is that 50% of women married in 1983 will be divorced. More women than ever before are in the paid work force. Some of these women have assumed multiple roles. In fact, some women insist on doing it all - not giving up the traditional roles while assuming outside roles. The health implications are only beginning to be systematically studied. Some researchers suggest that women can do it all if they have support in the face of changing birthing and motherhood patterns. With changing lifestyle, education and work options available, women are postponing pregnancy. Older primips (35 and up) are said to be at greater risk for healthy maternal and/or fetal outcome. There are few studies available to support this claim. If all critical variables were controlled for, in terms of the health of the mother, could we not see fetal and maternal outcomes similar to that or even better than that for a young primip? Could

this information be data that has been used against women? I have to keep reminding myself when I read studies or hear information that has the potential to transform women back into the traditional role of young mother, housewife, etc. - to ask: what was the number of women studied? who did the study? why was it done? how were the findings of the data (assuming that the design and methods of procedure were not flawed) interpreted and presented to the scientific or lay community?

On a recent visit to a health care center in Wisconsin I was queried about the safety, efficacy, ethics and plain good sense of sending women home same day who have had a modified radical mastectomy - home with tubes, dressings, etc. I learned later that the precedent had been established in California, based on good (??) research (sample size?, who sponsored?). At present, I do not have data on the prevalence of this particular same day post surgery discharge for women. I have started searching for the California reports and will include information in the next issue of the *Newsjournal*. I can report that the nurses who were delegated the responsibility of working with these women post-operatively were shocked. They know from past professional (and some personal) experience how traumatic it was to experience mastectomy. Now the trauma could be

compounded by sending the woman home the same day with drainage apparatus, pain, pain medication, and little opportunity to discuss what had happened and/or what to expect with a trained professional. At one level it is not surprising that this is happening to women. The question is: will the practice become widespread and what will be the price to women in terms of future health and quality of life. Shortly after I heard about same-day discharge following mastectomy, Nancy Reagan entered the hospital to undergo a modified radical mastectomy for breast cancer. Her stay in hospital was expected to be 5-7 days. The point to be made here is that Nancy Reagan's doctors did not discharge her the day surgery was performed. I truly hope that the mastectomy issue will be an isolated one and not a prelude of health care options: that is, safe, professional care for those who "have" and goddess only knows what will happen to most of us, (the have-nots'), especially as we grow older and health care costs continue to escalate.

Progress has been made with respect to some health care issues. Women are insisting that they be treated with respect - not as complaining, half crazed individuals. Some are requesting second opinions on invasive and/or painfully mutilating surgeries. Even so, hysterectomy continues to be the most frequently performed surgical procedure. By the time U.S. women are 60, one-half will have had a hysterectomy. And, even though the medical community is not in agreement regarding removal of ovaries when the uterus is removed, there are some in the medical community who believe that the chance of women developing ovarian cancer becomes greater in women without a uterus (a belief unsubstantiated through research). So, women are counselled, why take the chance? Remove the ovaries, induce menopause precipitously (after all you'll have to go through it anyhow at some time in your life), and besides estrogen and/or hormone

replacement is available. In fact, estrogen is now available in a skin patch called 'estraderm,' a transdermal application proclaimed to be safer than the pill method, the latter proclamation founded on data from drug company funded studies.

At the present time, practitioners are far from agreement about which method of hormone replacement is the best. No absolutely risk-free method is available. With the addition of a progesterone to estrogen, "hormone replacement" for menopausal women has been reported to be safer than ever. Because the risk factors associated with the uterus have been reduced significantly with the addition of progesterone, widespread hormone replacement is now being advocated for menopausal women to prevent osteoporosis rather than the initiation of screening programs to detect women at high risk for the disease. Additional support for hormone replacement in post-menopausal women is the decreased risk it endows relative to heart attack. Epidemiological evidence supports that women estrogen users have fewer heart attacks postmenopause than non-estrogen users. Proponents of hormone replacement therapy feel secure in the addition of a progesterone to estrogen replacement. With such a regimen of hormone therapy, uterine cells will not be transformed into a hyperplastic and thus precancerous state. The addition of progesterone causes the uterine lining to slough - more commonly referred to as menstruation. However, menstruation in post menopausal women is a very undesirable side effect. In fact, it is the most common reason that women discontinue hormone therapy.

A more serious concern for women's health with the addition of progesterone was raised as an issue by Dr. Elizabeth Barrett-Connor at a special topic conference on Osteoporosis, October 30, 1987 at NIH. The concern raised by Dr. Barrett-Connor is that it is not known

whether the addition of progesterone to the hormone replacement regimen will diminish the protection mediated by estrogens alone. Also, it is a well known fact that sex steroids have the potential to interact with all body cells, including breast tissue. Thus, there are risks to other organs and tissues of women hormone users other than that associated with the uterus! Concern about the effects of hormone replacement therapy (HRT) on breast tissue was also an issue raised by Dr. Barrett-Connor. According to her, the data available on estrogen/hormone replacement as a risk for breast cancer covers a span of only 10 years or less. Based upon analysis of the data plots of risk of developing breast cancer in exposed versus unexposed women, the risk of breast cancer from HRT appears to be almost negligible. However, drawing upon data from the DES experience, Dr. Barrett-Conner said it took 20 years of data plots before one could see separation of the curves which delineated a DES effect on women exposed to the drug. In other words, the time frame to determine that DES was causally related to morbidity in women was 20 years! The proceedings of this conference should be published soon.

Of late, a variety of cartoons have become visible regarding women's reproductive function. On the one hand, this is encouraging. We have gotten PMS, menopause, hot flashes, dysmenorrhea, medicalization of birthing, etc, out of the closet. On the other hand, I recently had a cartoon forwarded to me that depicted a young woman wearing a button that said: "Beware I have PMS - I am armed and dangerous." Conclusion: The myths are alive and well. Personally, I liked best the cartoon that depicted a woman driving down the street, smile on her face, with a bumper sticker on her car that read "Smile if you too have hot flashes!"

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At the 1987 Continental Cassandra Gathering I posed the question to Cassandrans about a column in the Newsjournal, the focus being on women's health. Over the past decade many gains have been made relative to women's health issues, in larger part due to health profession organizations and politically active groups. Therefore, is there really a need for another women's health column? I think there is! However, I would like to hear your opinion. If you think a **Women's Health Column** would be an interesting as well as useful addition to the Newsjournal, let me know your thoughts. If you think we do not need such a column, I'd like to know that too! If the column becomes a reality, material could be solicited from Cassandrans related to women's health issues, emerging health issues or issues that have had a successful resolution.

What are the real women's health issues from the woman's perspective? From a Cassandran's perspective? Let the Cassandra Newsjournal hear from you. Or write to me at 3685 Palisade Dr., Salt Lake City, UT 84109.

## Announcement

The National Association of Women's Centers 1988 Conference will be held July 16-19 at Alverno College, Milwaukee, Wisconsin. The theme of the conference will be: Women at the Center. The program will include workshops which are focused on center management as well as special topics such as economic justice, domestic violence, child care issues, racism, homophobia, ageism, and political trends.

For more information call Joan Tucker at 206/259-7151. Or write for a Conference brochure and packet to: Joan Tucker, Everett Community College, 801 Wetmore, Everett, WA 98201

## Letters



Dear Sister Cassandrans,

I enjoyed the May 1987 issue more than ever! Particularly important to me are the articles "Feminist Thoughts on Nursing Uniforms" by Mary C. Vrtis and Barbara J. Metzinger and "Come Unity" by Adrienne Roy. "Come Unity" has helped me to understand the oppression of women like never before. Adrienne turned on a light for me, and I feel like the oppressor has less power over me now by simple virtue of the fact that I can now see clearly how the system works.

Thank you, Mary, Barbara, Adrienne and the Newsjournal Staff Nurses!

Sincerely,  
Sue Gibson

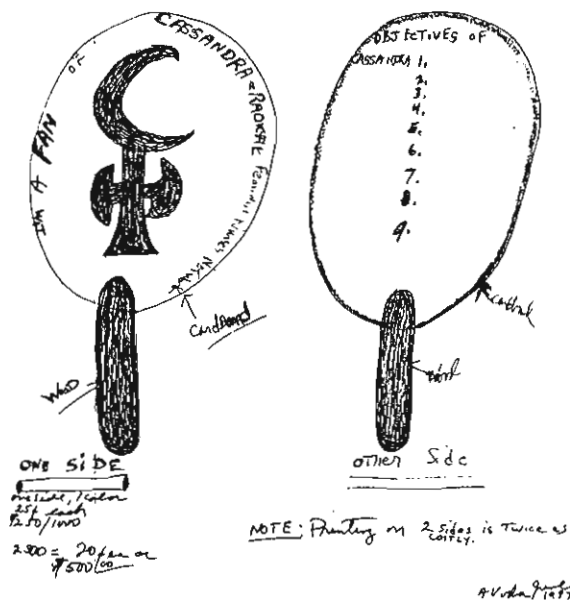
## Fans for Ana?

by Ann Voda

Dear Websters,

As the PR Crone it was my job to follow through on the idea of a Fan, the kind you hold in your hand and cool yourself with - as an advertising, give-away gimmick for ANA, June 1988. Well, I have finally tracked down a place that will do what we want. A one-piece, firm piece, but not heavy or bulky piece of firm paper (like cardboard) with printing on one side - as much as we want - with logo and one color would cost \$250.00 per thousand (.25 each). If we order 2500, the price is \$500.00 (.20 each). I've attached a rough prototype that was created at the gathering.

If Websters are in agreement, we do need to let the advertising outlet know a minimum of 8 weeks in advance (orders for fans are hard to come by as summer approaches). Also, I have no idea how many fans we might want to order. Your thoughts will be important. Write to me at 3685 Palisade Dr., Salt Lake City, UT 84109



## Recommended Reading

*Websters' First New Intergalactic Wickedary of the English Language.* Conjured by Mary Daly in cahoots with Jane Caputi. Original illustrations by Sudie Rakusin. Beacon Press, 1987. Cloth \$35.00, Paper \$14.95.

(Press release provided by Beacon Press)

The latest in the long series of attacks on feminism is the claim that feminism has served its purpose and is no longer necessary or interesting. No one is more talented at proving the poverty of such a viewpoint than Mary Daly, "the first and still the most challenging of contemporary feminist philosophers" according to Robin Morgan of *Ms. Magazine*.

Mary Daly has consistently been at the intellectual forefront of feminism. Her highly influential books, among them *Beyond God the Father* and *Gyn/Ecology*, have exposed misogyny in theology, medicine, mythology, philosophy and history. Now, in the *Wickedary*, a culmination of work she began developing in her previous books, she continues her assault on the thought barriers of language. Mary has shown in her previous works that our language is a product of patriarchy, and the *Wickedary* is her daring corrective.

This wild and humor-filled new dictionary is a compilation of the words and concepts she has created over the years as well as "standard" English words that she liberates from patriarchal usage by uncovering and restoring their archaic meanings. In addition to its radical words and definitions, the *Wickedary* offers new insights into nonpatriarchal spelling, grammar, pronunciation, capitalization, and Sin-tactics.

The *Wickedary* moves through three Phases, each of which is divided into sections

called Webs. The First Phase contains five Preliminary Webs or essays "weirdly" corresponding to the front matter found in standard dictionaries. The essay on "Spelling," for example, discusses the casting of spells. The second Phase, the Core of the *Wickedary*, contains the actual definitions. The first section, or Word-Web, explains aspects of Daly's *Elemental Philosophy*, with concepts such as "Originally Sinful Acts" and "Nag-Gnosticism". The second Word-Web defines words from the Background (the realm outside patriarchal control) such as "Abecedarian", one who hears New Words into Be-ing. The third Word-Web exposes the boredom of the patriarchal Foreground, defining words such as "academentia" and "snool" (old English for cowardly bullies). The entries are generously peppered with startling etymologies, quotations, and outrageous historical examples from patriarchal spokesmen which illustrate her meanings.

Mary Daly teaches feminist ethics in the Department of Theology at Boston College. Jane Caputi teaches in the American Studies Department to the University of New Mexico, and is the author of *The Age of Sex Crime*. Illustrated with original pen-and-ink drawings by Sudie Rakusin, *Websters' First New Intergalactic Wickedary of the English Language* is a challenging and exciting new work that offers new life for language and the women who use it.



WEBSTER: Unwinding the bindings of nummed/numbified words

**Visit Your Local Women's Bookstore!**

## Contact Women

Names and addresses of all Cassandrans are forwarded to their contact woman; otherwise the mailing list is not distributed. The women listed here have agreed to have their names published in the newsjournal, and to help other women in their area connect through local gatherings, sharing of information, and other ways of networking.

To begin networking in your area, find the location nearest you to connect with the nearest contact woman. If there is no contact woman in your area and you would like to be one, please let us know. If you are a contact woman and you are not listed, or if the information given here is incorrect, please notify us.

### Arizona:

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Irmo 29063

Sheila Truby  
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Greenville 29615

### Texas:

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1110 West Saner Ave.  
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### THRUMS

Any loose end, fringe, or tuft of thread; the fringe of warp threads left on a loom after the cloth has been cut off.

This Newsjournal was produced by:  
The Buffalo Web. The Newsjournal Staff Nurses who were responsible for production of this issue were Adrienne Roy, Peggy Chinn and Charlene Eldridge Wheeler.

(1978), Treasury of Flower Designs by Susan Gaber (1981), Banners, Ribbons and Scrolls ed. by Carol Belanger Grafton (1983), Treasury of Art Nouveau Design and Ornament by Carol Belanger Grafton (1980), and Art Nouveau by E.V. Gillon (1969).

#### Illustrations:

Unless otherwise specified, the graphic/clip are illustrations are from:  
Jewels Graphics' Feminist Clip Art, P.O. Box 29303, Oakland, CA 94604  
Dover publications: Women: A Pictorial Archive From Nineteenth Century Sources

#### Quote:

The quote on the front cover of this issue is by Bell Hooks, Feminist Theory: From Margin to Center (1984), Boston, MA. South End Press, p.64.

#### Budget Report August 1, 1986 - September 30, 1987 Draft Account: Available for Operations

Balance Fwd:		\$5554.76	
<b><u>INCOME</u></b>			
Membership:			
Websters: New	\$165.00		
Websters: ReNew	\$400.00		
Friends: New	-0-		
Friends: ReNew	-0-		
Subscribers: New	-0-		
Subscribers: ReNew	-0-		
Newsjournal/Ad Sales	\$117		
Interest Income Checking Acct.	\$63.72		
Total	\$745.72	\$745.72	
<b><u>Total Income</u></b>			<b>\$6300.48</b>

<b><u>EXPENSES</u></b>			
Transfer Wilma Scott Heide Fund	\$73.45		
Membership	\$208.11		
Newsjournal	\$1661.04		
Finance	-0-		
Coordination	-0-		
Check Charges	-0-		
CAN	-0-		
Gatherings	-0-		
Public Relations	-0-		
Total	\$1942.60	-\$1942.60	
<b><u>CLOSING BALANCE</u></b>			<b>\$4357.88</b>

#### Wilma Scott Heide Research Fund Not Available for Operations

Balance Fwd:		\$4631.30	
13% Webster Dues:	\$73.45		
Interest Dividends	\$54.10		
	\$127.55	+127.55	
Closing Balance:		\$4758.85	

#### ANNUAL REPORT October 1, 1986 - September 30, 1987 Draft Account: Available for Operations

Balance Fwd:		\$4034.31	
<b><u>INCOME</u></b>			
Membership:			
Websters: New	\$2030.00		
Websters: ReNew	\$4630.00		
Friends: New	\$175.00		
Friends: ReNew	\$50.00		
Subscribers: New	\$35.00		
Subscribers: ReNew	\$198.34		
Newsjournal Sales	\$138.00		
Interest Income Checking Acct.	\$249.58		
<b><u>Total Income</u></b>	<b>\$7505.92</b>		<b>+ \$7505.92</b>
			<b>\$11540.23</b>

<b><u>EXPENSES</u></b>			
Transfer Wilma Scott Heide Fund	\$925.48		
Membership	\$845.56		
Newsjournal	\$4702.66		
Finance	\$17.44		
Coordination	\$245.41		
Check Charges	\$10.00		
CAN	\$135.80		
Gatherings	\$300.00		
Public Relations	-0-		
<b><u>Total Expenses</u></b>	<b>\$7182.35</b>	-\$7182.35	
<b><u>CLOSING BALANCE</u></b>			<b>\$4357.88</b>

#### Wilma Scott Heide Research Fund Not Available for Operations

Balance Fwd:		\$3609.81	
13% Webster Dues:	\$925.48		
Interest Dividends	\$223.56		
	\$1149.04	+1149.04	
Closing Balance:		\$4758.85	

Isn't the January newsjournal late?

Yep, but I got a post card that said it would be here soon.

Oops, I wonder if I sent in my renewal!



IF YOUR MAILING LABEL HAS THE RENEWAL DATE  
CIRCLED IN RED, THEN YOUR RENEWAL IS DUE  
BEFORE THE MAILING OF THE NEXT NEWSJOURNAL.