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The Politics of Childbirth at Home

By Raven Lang

Five years ago I gave birth at Stanford Hospital, Palo Alto, California. I had never witnessed human birth except in third rate movies.

But I was as prepared in the techniques of childbirth as any woman could be who was about to deliver her first child. As it turned out my birth was what one would call a natural birth, that is, I was not drugged but instead fully conscious and participating for the birth of my baby.

My mate accompanied me through my hours of labor at the hospital, and though he had to fight to stay with me for the actual birth, we were together. So things seemed nice, but my inner self remained bewildered when I tried to understand the whole experience — trying each day to understand it better.

Several months following the birth of my son I moved to Santa Cruz county, California. Santa Cruz is a semi-rural town with a population of around 35,000. Shortly after my move I tried to get in touch with the various childbirth education groups so that I might do some work with them, and to my sorrow I found there was no such consciousness in the childbirth area at all.

There were no childbirth preparation classes, no groups centered on breast feeding; there was nothing. I couldn't believe a university town such as Santa Cruz would have nothing to offer to the childbearing community. I decided to begin some classes. I would offer the reading I had done in preparation for myself giving birth, the LaMaze techniques I had learned, and my own experience as the bulk for my class. Plus I had a profound desire to better understand what had happened at the birth of my son.

My first experience at teaching childbirth began with one single woman. During the months of her pregnancy we both met a woman called Diana who lived in the Santa Cruz mountains and who had given birth to a child in the familiar surroundings of her own home, supported by her mate and close friends. She had had a most beautiful experience which she seemed to understand more fully than I did mine. When the time came for a friend of Diana's to deliver her baby, Diana stayed with her and together they made it possible for another home birth.

Then things began to mushroom. Friends would hear about Diana and she would help them deliver their baby at home. When I met this woman, her son was seven months old and she had already participated and aided in 16 births, all in the Santa Cruz mountains. When she told me of these experiences I could hardly believe it was really happening.

"What do you do when the woman tears?" I asked, remembering the horrible pain from the "necessary" cut and stitches I had received. She told me that none of the women had had any tears, so the problem had not yet come up. As it turned out, that very day the pregnant woman whom I was teaching plus myself were to attend a home birth with Diana as midwife.

When we arrived I met Nancy, who was just beginning to get into her labor for real. I recognized exactly the whereabouts of her space from the memory of my labor, so close to me in time. I quietly managed to get near the woman and ask her if I might attend the birth. She smiled and said I could, then got back into her labor.

It was beautiful. Nancy was quiet, taking a bit of hash and drinking fresh fruit juices when she wanted. She could move and stand and conduct herself in any manner she chose. The secrets of my own labor began to unfold before me. When Nancy drew nearer the climax of her birth the two midwives were summoned and soon the room began to fill with people and the baby was born.

The whole experience was so incredibly beautiful that I was as high from it as I was from my own. I couldn't sleep for the following two nights. I pieced things together and found myself more determined than ever to continue the teaching of childbirth.

Soon after the experience above, my friend with whom I had been working had her baby. I attended the birth. And then I gave another class with four couples. Three of these people were hospital deliveries and one was home. I attended some of these births. My next class was with five couples, and I again attended some of these births. Each time I would attend a labor I would write it up as it was happening so that I would have a record of my observations and thoughts.

When I would do this writing at the hospital, the staff would be uptight about it. They didn't like me recording the dosages of downers and/or uppers that were being shot up in these women. They didn't like my questions, and my face began to be a little too familiar for comfort. Soon two public health nurses came to my home to pay me a visit. They told me that I could not teach childbirth because I was not properly certified.

"What do you mean I can't teach? Don't you see that I *am* teaching? Can't you see the contradiction? And who gives one the right to certify another?" I told them that I certified myself based on my experiences. They left my house telling me I couldn't continue teaching, and me telling them I couldn't stop.

In the next year I worked at teaching and labor-sitting so much that it became almost a full-time job. I began to gather information, and I was becoming absolutely convinced of the superior value of home birth each time I saw one. Soon people came by asking if I would come help them for their birth. Diana the midwife had long since gone, and a young doctor had done a few births and since stopped. The people asking me would always say that if I didn't help they would do it in the hospital, and I didn't feel good about taking on that responsibility, so I would decline, and their babies would be born in a hospital.

Meanwhile I began to see more clearly the differences between home vs. hospital births.

Home births were faster recoveries — or rather there wasn't recovery at home, just a sensible rest.

Women at home rarely were stitched, whereas 100% of hospital delivered women whose births I followed ended up with stitches. The use of forceps and Caesarian section was extremely high in the hospital.

Home delivered women rarely experienced depression and bewilderment after birth, while it was almost inevitable with hospital delivered women.

Home delivered women suffered no separation from their baby or mate. Hospital delivered women had to fight not to be separated, and they often lost the fight.

Home delivered women injected juices, vitamins, ice water or popsicles, herb teas, miso soup, and sometimes smoked. Hospital women were lucky to get ice-chips or water, and when and if they did, it was restricted to them in quantity. Instead they were given demerol, nicotol, pitocin, shots in the spine, uterus, or vagina.

One day an 18-year-old single woman came to my class. She was super healthy with good spirits and a quiet and strong personality. She was undecided as to whether or not her child would be born at home or in the hospital. Toward the end of her pregnancy she asked me if I would help her at home, but I declined, so she made arrangements to have her baby at County Hospital in town. One morning around 4 a.m. she called telling me that she was in labor. We met at an appointed place and went to the hospital. When I first saw Kathy, the laboring woman, she was so relaxed and happy that I thought her to be in the very early stages of labor and almost felt she should return home till labor got a bit stronger. Within minutes, though, it became apparent that she was already well into labor and handling it with great relaxation.

When Kathy was first admitted to the hospital she was examined by my friend who was a general practitioner. He told her that her baby would probably be born by noon that day and that she was moving fast and well. We were excited. She was then taken to the labor room where she continued to labor peacefully, happily and strongly for a few hours. Around 9 a.m. the nurse telephoned Kathy's doctor who specialized in obstetrics and gynecology, to tell him that things were moving fast and that Kathy was nearing the end of the first stage of labor — which meant her delivery to be sometime before noon.

The doctor had a luncheon meeting which he very much wanted to keep, so over the telephone he ordered a heavy dosage of demerol to slow things down. I followed the nurse to her telephone calls and listened to her repeat the instructions. The nurse never protested about the doctor's orders even though it was bad medical practice. I pleaded with the nurse to leave Kathy alone, but orders were orders, and the nurse was of no mind to question or break them, even for the sake of Kathy and her baby. She told me that I had better change my attitude or I could be told to leave: I was getting to be too nosy.

So Kathy who was then in good strong labor and hearing the end of it was given against her will a large dose of demerol. Within minutes her labor began to slow down and within 20 minutes she was nearly asleep with not much labor happening at all. The shot was given at approximately 9:30 a.m.

At 12:45 the doctor called again to say he still couldn't make it to the hospital and to give Kathy another shot of demerol. She was almost sleeping *without* the second shot. Her labor had made no progress since the initial shot, and with this second shot of demerol Kathy truly fell asleep, her labor coming to a halt.

Hours wore on. At 3:30 p.m. the doctor called for the last time to tell the nurse he was coming in and that she should get things ready for him. The nurse brought a table and put it right outside of Kathy's room and began to fill it with needles, tubing, bottles which are the kind that contain fluids to be dripped into veins, gloves and other very surgical-looking paraphernalia. I asked the nurse why all of these things were being put there and she said that this doctor's procedures usually included these materials and that he had just ordered the table and the contents.

At 4 p.m. the doctor arrived. With a big smile, taking off his coat and then proceeding to roll up his sleeves, he said, "We're going to get this show on the road, now." He ordered me out of Kathy's labor room and for 20 minutes or so she was alone with him and the nurse. I listened for what I could hear but there was silence. After the door opened and I was admitted back to the labor room the doctor said to me, "Well, this baby should be born within the next hour."

Then I saw Kathy. The last I had seen her she was on her side completely sleeping with labor at a half. Now she was alertly sitting up, actively breathing with what looked like a good contraction and a bottle of something being slowly dripped into her vein.

"What did you do to her?" I asked.

"Oh, nothing," he said.

"What do you call that I.V. drip?" I asked.

"Oh, that — that's just sugar water, it'll give her some energy and get things going for us," he said.

I had known about sugar giving energy, but this I thought was a bit extreme. Then I asked him if he had broken the bag of waters. (This is a common and fairly harmless interference that most doctors use traditionally to get things going.) "Yes," the doctor said, leaving the room with a smile.

Kathy and I were finally alone again, and I must say that I felt happy to see her back into active labor. She looked about the same stage she had left off at before the initial shot. Her contractions came about every three minutes apart for about ten minutes and then they seemed to stop. Four minutes passed and then five and then six and then seven and I asked Kathy what had happened to those nice contractions she was just having? She said that they had just stopped and she didn't know what happened.

I put my hand on her uterus (a procedure for telling whether or not a woman was having contractions) and sure enough, Kathy was having an A-I contraction that very minute. I asked Kathy what else the doctor had done and she said he had given her a shot somewhere in her cunt and it looked awful but hadn't hurt too much when she got it. You can imagine how I felt toward that smiling/lying doctor at that moment. Kathy had been given a shot to dull her uterine and vaginal sensations, so that she could no longer feel anything, and as a result no longer needed to participate in her labor, not to mention how and if it was affecting her baby.

Meanwhile every ten minutes or less a nurse or aide would consistently come in and check out Kathy's blood pressure and the baby's heart beat. The whole morning and early afternoon we had been left virtually alone, and now we were being plagued with visits. The third time someone came in to get the vital statistics, I told the aide what the statistics were and that there was no need to keep interrupting us like that, and why did they persist so? She answered saying that when a woman is given a drug like that, pointing to the harmless sugar water, that a consistent check must be made. I said to her that what was in the bottle was only sugar, and she corrected me by turning the bottle around and showing me the prescription. It read, PIT I AMP.

I flashed: Kathy had been given a powerful hormone called pitocin which is usually excreted in just the right amounts by the body during labor, as long as you don't fuck with the body. This I.V. pit drip is what had in actuality been the bomb in speeding up her labor. I wondered how many other things the doctor had done to Kathy while she lay sleepily in her bed.

The nurses continued their frequent vigil on Kathy's vital signs until one of them, while monitoring the baby's heart beat, made a furrow on her brow, listened to the baby's heart beat more closely, and quickly walked out of the room without writing down the results of what she had found. She ignored all my questions.

Then came in Doctor Truthful himself and listened for a long time to the baby's heart beat. He then kicked me out of Kathy's room again and shut the door. My adrenalin was running through

my body; Kathy looked scared. The doctor had originally given her some heavy downers to slow things down for him, then he had given her some heavy uppers to get "the show on the road." Things seemed to be going bad.

A few minutes later the doctor came out of the room and told me that Kathy's baby was in severe distress and that he had about an hour to save it.

I tried and struggled to get back to Kathy, but I was kept away from her. The hospital staff became like soldiers, and the ward was our battlefield. Soon I saw them wheel Kathy out of labor and into the delivery section. On her way into the delivery she shouted to me with great giant tears all over her face. "Oh God, this is so fucked!" And she went into delivery along with just about the whole labor staff.

With everyone gone from the halls I was free to sneak past the barriers set up for me and into a little space which had a large window viewing the delivery room. Kathy was being strapped down to the table, that is, each leg and arm was strapped down, and a big green mask covered her face. The aids tried to kick me out of the area, but I told them to fuck off, and they didn't seem to want to get into it. I watched. Seeing Kathy there like that after having worked with her and knowing her expectations and dreams for herself made my heart scream, and I came just inches away from smashing the whole window in front of me.

The baby was born vaginally with the use of forceps and much pulling. He was then hit hard and often on the butt and then given to the staff who awaited the newborn. Kathy was unable to hold or touch her baby at all. The only time she got to see him was when the baby was being hit. From that moment till I left the hospital two hours later, there was no reunion of Kathy and her baby.

When the doctor finished stitching her up and came out of the delivery room, I asked him why she couldn't at least hold her baby. He replied, "Don't you think that the best thing to do would be to give the baby to the mother?"

I said, "Yes, absolutely."

His answer was — and this is a quote — "Well, it's not. Motherly love kills more babies than bullets."

I called him a motherfucker, unable at that moment to find any ability in myself to reason, understand or talk with this man. I was allowed to see Kathy only for a few minutes and then told to leave.

Kathy had felt the violation they had done to her, but mostly at that moment she wanted her baby. As it turned out, her baby had a concussion on his head with a large swelling about the size of a tennis ball. There was no decision as to whether or not there would be any permanent damage and/or what extent it might be.

Forty-eight hours or so after the birth Kathy took her baby from the hospital and flew home to L.A. where her family lived. I got a sad note from her a few days later and have never heard from her since. That experience cost Kathy approximately \$700, the going rate for a "normal" birth. The story is a nightmare, and although the baby's concussion is fairly uncommon, the treatment of Kathy during labor and delivery was unbearably common.

"According to the National Association for Retarded Children there are now 6,000,000 retarded children and adults in the U.S. with a predicted annual increase of over 100,000 a year. The number of children and adults with behavioral difficulties or perceptual disfunction resulting from minimal brain damage is an ever growing challenge to society and to the economy. While it may be easier on the conscience to blame such numbing facts solely on socioeconomic factors and birth defects, recent research makes it evident that obstetrical medication must play a role in our staggering incidence of neurological impairment. It may be convenient to blame our relatively poor infant outcome on a lack of facilities or inadequate government funding, but it is obvious from the research being carried out that we could effect an immediate improvement in infant outcome by changing the pattern of obstetrical care in the United States."

—Doris Haire, Past President
International Childbirth Education Association

I felt the day of Kathy's experience that the next time a woman asked me for my help she would get it, for although I did not know much about obstetrics, I could do less harm in almost all the cases I had personally followed than what was being done by doctors. I decided to fight the system from this point on regardless of the consequences.

A few days after Kathy's birth, a woman named Doris came to my home and asked me to help her have her baby. She was going to have the birth in her own surroundings so that she would be in control. This she was going to do with or without my help, now she was looking for one other person who would work with her. I told her that I would help. We went over step by step what we would do in case of . . . hemorrhage, prolapse of cord, resuscitation of newborn, and all emergency procedures. We met many times and rehearsed the birth and all the possibilities. We became partners.

Months later Doris gave birth at home. It was a very beautiful and uninterrupted birth — met with strength instead of fear. Two weeks later both Doris and I attended another home birth, and in the following months we were busy every week.

It was time for the public health nurses to pay me another visit. They didn't seem to care much anymore about the educational trip that I was doing, but they were more concerned about the home births: "Are these children being registered?" "Do these women know the risks they are taking at a home birth?"

I told them that many babies are not being registered because their parents don't want a number saying that the state owns their child, and I asked them if they realized the risks that people take at hospital births.

"Do you know that practicing medicine without a license is illegal?" they asked.

"But I am not practicing medicine, I am merely helping a woman who has made an alternate choice from the one given to her by the system. I will be there to do simple first aid measurements if the case needs it. Surely it is not illegal to know how to properly transport to the hospital someone who is bleeding too much."

And we went round and round.

Within a few weeks, the obstetricians in our town had a meeting. They talked about whether or not Doris or myself should be allowed to follow a hospital birth anymore. They also decided that they would give no prenatal care to women who planned to deliver at home. And if an R-H negative woman needed a special shot (Rhogam) to prevent a future blood difficulty in the subsequent birth, the doctors would not give it to her — sort of as a punishment for not going along with them.

They would say, "If you don't want to use the hospital facilities for your birth, then don't come to us for your medication." They couldn't see that the warped and inhuman experience that this country gives to women, newborns, and the family unit was not the same as scientific technology. In other words, they were unable to separate themselves and their practice from a Rhogam shot. This was 1971.

During all this time, from 1968 to 1971, there grew to be an active and energetic group of women dedicated to teaching the joys of childbirth. There were about eight of these women. Three were nurses. One day I called everybody that I knew of who was doing this work and asked them to come to my home for an afternoon. Everybody came. We talked until everyone had to get back home and we scheduled a meeting for the following week. We had not yet begun to cover all that we needed to cover in the one afternoon.

That day was the birth of the organized childbirth movement in Santa Cruz.

We began to put our strength and knowledge and experience together. Soon we realized that the only answer for us was to collectively start our own childbirth education center, a place where people could come and talk about birth — every aspect of

it. For the women who were not going to get pre-natal care from the pig doctors in town, we would give our own.

Study groups began. We had to start learning all about the importance of prenatal care and what it was all about. So we did it. There was nothing to prevent any one of us from studying obstetrics, even though the medical profession would like us to think that only they were the privileged few. And we learned so well that we were able to detect twins before any doctor in town. We were the first to detect toxemia in women (an all too common disease in pregnancy). And we were delivering babies like mad.

Our birth center grew, and so did our strength and sisterhood. As we began to find that we had covered certain aspects of obstetrics in our study group, we then studied the teachings of Mao and others, specifically on theory and practice, on criticism and self-criticism, and on combatting liberalism.

We also studied the importance of human behavior and began to record the emotional and behavioral responses of the mother/child relationship at birth. We noticed how the family grew in a more natural and close manner in home births, and we noticed the lessening of sibling rivalry, the rise of male participation, and all sorts of beautiful and meaningful things. We talked a lot about the psychology of the pregnant woman and her mate, and we spent many hours on sensitivity among ourselves.

Threats from the medical community were coming in like crazy. Doctors were giving prenatal care to a few women who were also coming to the center. Their doctors discouraged these women from coming to the center, even though they were planning to have their babies in the hospital. Doris and I were labeled "dangerous women."

We decided to stay completely above ground, that is, we were open and honest to everyone we talked to and we worked openly, inviting the public health nurses to come see for themselves what indeed was going on. We worked with the pregnant community because we wanted to communicate something special and because from our experience of pregnancy, birth, and motherhood, we had a lot of love to give.

We worked without a material exchange. The experience itself was the exchange. It was purely a giving situation, and in return we gathered experience and knowledge and friends. Occasionally someone would be moved to make a gift to one of us, but that was certainly the exception. Those were the times of free childbirth education and care and delivery for women because we felt they shouldn't have to pay for it.

But as the center grew, there were certain expenses that we incurred such as piss-sticks for testing urine, paper, staples, toilet paper, stamps, a huge seminar we called in March of '72, and so forth. We had tried donations but it wasn't working. So after one year's work and 55 deliveries we decided to ask for a fee of \$1 per visit and \$35 per delivery from the people we served, if they could afford it.

With the development of fees, which was an inevitable growth because we live in a system in which it is the easiest token of exchange, we turned from a free birth center to one which was asking and hoping that there would be an exchange for the service. Gradual changes took place at the same time as the money development took place, and one of those changes was in the attitude of the people who came to us for education and care. They had suddenly placed great expectations on us.

People now wanted for their delivery the women from the center who had the most experience under their belt, so to speak, because if they were paying a \$35 fee they wanted the best, and in their eyes the best meant the most experience. It was a hard and sad time. Some of our earlier strengths and ideals that had developed as a result of the early births began to disappear. We now felt an overwhelming and new responsibility to the people.

We ceased to be sisters to the community, instead we were midwives.

We ceased to go to a birth with a feeling of equality such as I did with Doris, for instance, but instead we were going to births with an overwhelming sense of responsibility. The center grew to be more of a clinical situation than a place where the language and feelings of childbirth were expressed.

With the accumulation of experience and knowledge, the development of becoming technicians and diagnosticians was inevitable. But pregnant people already had technicians and diagnosticians, if they wanted them. It may have meant going outside the county to get that kind of service, but many of our people did that anyway.

I don't mean to bad-mouth the development toward a clinic. I saw that the clinical aspect was a valid and meaningful growth in the center, but in the transition something else was lost which I believe to have been our greatest strength. And with this change from non-money to money, there grew a monetary competition among the staff itself. Each delivery brought \$35, and women began to see deliveries as a way to supplement the economic crisis in their lives. It was a creation of a job on the job market, and we all know that jobs are scarce now, especially for women.

With the growth of money exchanges, other changes took place in the pregnant community. It used to be that the responsibility of the decision to have a home birth was a conscious and complete one on the part of the people we served. It wasn't ever up to us. Sometimes we felt skeptical about the advisability of a home birth for one person or another, and of course we spoke of our feelings openly and honestly, always keeping in mind their wishes, feelings, and especially the space they were in as expectant parents. But it was always their decision.

We could relate this way because we had a frame of reference which was our personal understanding of birth, pregnancy, and parenthood. Certainly no childless person could ever fully understand the responsibilities of motherhood because they had not experienced it. Even a pregnant woman or her mate cannot understand it before they experience it. That is why we were different, that is what was unique to us. But with the development of fees, many of the people began to perceive us as a doctor substitute — looking for us to "take charge." They themselves would miss the point of individual responsibility over their own lives and deaths, and thus also miss the growth potential for themselves.

Another aspect of the Birth Center was — and is — that we served only the white middle class hip woman. Most are well educated. And in the grand total of people they number only a few. We were an elitist group, only serving the needs of a special class. We discriminated by our design. It was not intentional, overt, or conscious. It was a subtle form of exclusion. We only served the people who came to us, and that was not the Mexican-American sister living in a town only 20 minutes away. Nor was it the straight pregnant housewife. These people never heard of us.

We truly wanted to educate people, hundreds and thousands of people, but instead we found that much of our time was spent in the long hours of labor upon labor. Time was the limiting factor in how many people we served. So I, along with others, put together a beautiful book about birth, thinking it might reach the mass of childbearing-age people. That is what education is about to me: reaching the masses with the intent of furthering their well-being.

Labor sitting and delivering babies was a more demanding one-to-one relationship. The Birth Center's power was that it was primarily an educational center.

We always tried to study our problems through analytical thinking and see the contradictions. We didn't want to muddle along, but we wanted to move well and as quickly as possible. We constantly studied, criticized and evaluated. We tried to find out the mistakes we were making so that we could discuss how we could best correct them. Those times were hard work but we struggled, and it was exciting. Some of us really began to see how we were fitting into the revolution and what in fact it was really about.

My book has been out since December 1972, but I am still unsure of how to distribute it. Just today I got a letter from a distributor in New York who would like to buy the rights. I have not wanted the profits from the book to contribute to capitalism in any way, but I understand that to get the book widely circulated it must go to a monopolistic distribution system.

"To talk of true freedom of the press, we must talk of the availability of the channels of communication that are designed to reach the entire population, or at least that segment of the population that might participate in such a dialogue. Freedom of the press belongs to those that own the distribution system. Perhaps that has always been the case, but in a mass society where nearly everyone is instantaneously plugged into a variety of national communications systems, widespread dissemination of the information is the crux of the matter. To make the claim that the right to print your own book means freedom of the press is to completely misunderstand the nature of a mass society. It is like making the claim that anyone with a pushcart can challenge Safeway supermarkets, or that any child can grow up to be president."

—Abbie Hoffman

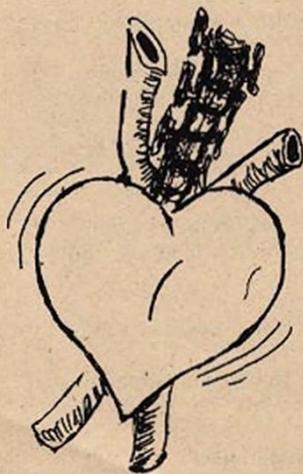
There are midwives throughout all of California. In the Bay Area alone I have made the acquaintance of at least 45 other practicing lay midwives. Some of these people, the great majority of them women, have organized themselves and meet once a month for an all-day workshop. It has been and is an attempt to share our knowledge, experiences, and thoughts.

The group may call someone in as a guest lecturer for a specific workshop and that person will spend the day exchanging ideas and usually do a lot of teaching. We invite those we want to listen and talk to. It is the beginning of a school for midwives, the self-controlled type. The group is still young, and my being out of the country for the past few months has taken me away from its direction.

To date, the Birth Center is still working hard. The public health nurses now invite the staff to come and talk to the graduate nursing students about who and why we are. Just months ago a patient was released from a hospital on provision that one member from the Center give a 24-hour observation on this particular circumstance. Grants have been applied for, but the only response has been one in Canada.

New birth centers have sprung up as a result of our initial one, and I am sure they will continue to grow throughout the nation. This will be done because as women we know this to be a necessary and vital step in the liberation of ourselves.

The people have the power, and they can do it if they want.



The Feminish Dictionary

by Deanne Stillwopone, formerly Deanne Stillman

While women are busy trying to rewrite history, and to write and create our own herstory, the language we speak still largely reflects today's male-dominated culture whose hirsute antecedents made up this one-sided lexicon way back when they could get away with it.

Except for the minor concessions of bodies of conferences, assemblies and too few influential newspapers to the use of such now-proper qualifiers as "spokeswoman" or "chairperson" instead of the archaic "spokesman" or "chairman," there has been virtually no mass acknowledgement of our language's gender problems.

There has been no comprehensive reform within new editions of dictionaries. And worst of all, there has been no reform even among the speakers ourselves.

As attempts to define anything must make use of the language and speech that we already know, then the definitions themselves often assume an inadvertent bias. If we as women are to define ourselves meaningfully, then the language itself must be able to accommodate these new definitions; otherwise the attempt is undermined at the very beginning.

In order to facilitate such sorely-needed self-definition, I propose a new women's language, based of course on the vocabulary which we already use, but always reflecting in every aspect the female object of a particular reference. This new language will be called Feminish.

In it all references to men will be deleted and replaced with references to either women or all sexes in general when necessary, unless the object of a certain remark is a *self-defined* male, like Norman Mailer.

If gender is unknown, the unisex rule shall apply. This means that all syllables like *he, male, males, man, men, son* and other more obscure though equally sexist usages of exclusively male references will be wiped entirely from the English language.

We begin at the most obvious point. The very word that man long ago decided to call his counterpart was "woman." Why *woman*? Because it was merely an extension of the word *man*. We have no moniker that is truly our own! Therefore we must take the next logical step on the road to real self-definition, delete the second syllable "man" and insert temporarily the allegedly non-sexist and currently preferred label "person," so that "woman" becomes "woperson" (pronounced wo' - person).

The word "person" however has for its second syllable the exclusively male noun "son" and is therefore unsuitable, so "son" must be replaced by the truly non-discriminatory noun "one" so that "person" becomes "perone" (pronounced per-own).

Thus, "woman" becomes "woperone" (pronounced wo' - per - own). This new label will be hard to get used to, but after several months' usage, I am quite comfortable with it, and even my friends are beginning to address me correctly.

When alone, I practice: I am a woperone, you are a woperone, she is a woperone, and we "women" are all *wopeople*. ("Women" with the second syllable "men" is unacceptable).

This change also applies to such nouns as *spokesperson, seams-person, deportpersonship, layperson, journeyperson, yeoperson, ombudsperson, etc.*, and even the word "female" must be altered to the more fair and meaningful term "feperone" which rhymes with *pepperone, the pizza*.

The transformation of the plural, "females", would naturally be "fepeople."

These changes however, although most basic, are just the tip of the clitoris. We mustn't forget that *every single noun* applying exclusively to males should and will accommodate the hitherto unacknowledged existence of fepeople, and, more urgently, we must pay attention to our own speech so that corrections begin to come automatically.

While comprehensively studying the language, I have discovered that wopeople are inadvertently discriminated against in thousands and thousands of words. To list each and every offender and its new incarnation would consume an entire lifetime, but once you understand the rules, creation of Feminish is as easy as the ABC's. Following are just a few examples of our new vocabulary, with a possible manner of usage included with each.

Amanda . . . Aperonedá

"Her name is Aperonedá and she comes from Alabama."

amen . . . apeople

"Apeople!"

bedfellows . . . bedsisters, bedbuddies

"Politics makes strange bedsisters."

cock a doodle do . . . cunt a doodle do, genital a doodle do
"Cunt a doodle do!" cried the rooster in drag.

cockatoo . . . cuntatoo

"Feperone Cockatoos are cuntatoos."

cockney . . . cuntney

"Cuntneys talk funny."

cockpit . . . cuntpit, genital pit

"The stewardess and the pilot are getting it on in the genital-pit."

cocksmanship . . . cuntswoperoneship

"That's cuntswoperoneship!"

cocktail . . . cunttail, genitaltail

"I'll have a genitaltail, please, straight up."

cocky . . . cunty

"You don't have to be so cunty!"

Crawdaddy . . . Crawparent

"Crawparent has a new art director."

Adam's Apple . . . Eve's Apple

"She should have that Eve's Apple taken care of."

Frosty the Snowman . . . Frosty the Snowperone

"Frosty the Snowperone was a very funny perone."

Fu Manchu . . . Fu Peronechu

"Don't mess with Fu Peronechu."

Girl Friday . . . One Friday

"Wanted: Versatile and Groovy One Friday!"

human . . . huperone (pronounced hup' - er - own)

"The huperone race is near extinction."

hymen . . . hything

"She popped her hything while riding a bike."

I a Woman . . . I a Woperone

"Have you seen I a Woperone?"

Isle of Man . . . Isle of Perone

"Several years ago, there was a rock festival on the Isle of Perone."

Katmandu . . . Katperonedu

"Many hippies live in Katperonedu."

landlord, landlady . . . landperone

"Hey, Phyllis, should I answer the door?
It's the landperone!"

manage . . . peroneage

"My hair is hard to peroneage."

Managua . . . Peroneagua

"Peroneagua Nicaragua is a wonderful place . . ."

mañana . . . peroneana

"The Spanish people never do anything until peroneana."

Henry Mancini . . . Henry Peronecini

"Henry Peronecini used to be named Henry Mancini."

German . . . Gerperone

"The Gerperone people are a clean people."

mandate . . . peronedate

"The people's peronedate."

mandolin . . . peronedolin

"Someone ripped off my peronedolin."

mandrake . . . peronedrake

"In certain cultures, peronedrake root is a cure for lumbago."

Manhattan . . . Peronehattan

"I'll take Peronehattan, and Staten Island too . . ."

Man-of-War . . . Perone-of-War

"Perone-of-War won the Kentucky Derby."

manipulate . . . peroneipulate

"You're just trying to peroneipulate me."

maniac . . . woperoneiac

"Was Lizzie Borden a woperoneiac?"

midwife . . . midhusband, midspouse

"The opposite of midwife is midhusband."

Alfred E. Newman . . . Alfred E. Newperone

"What, me worry?"

menstruation . . . wopeoplestruation

"Wopeoplestruation is a feperone bodily function."

omen . . . opeople

"A full moon is not considered a good opeople."

shuttlecock . . . shuttlecunt, shuttlegenital

"Badminton is played with a shuttlegenital."

Rumania . . . Ruperoneia

"The national bird of Ruperoneia is the fly."

Memoirs of an Infertility Goddess

By Stephanie Mills

The day I graduated from college, I became instantly famous. I had given a commencement speech about the population explosion. In it, I said that overpopulation was so serious, I probably shouldn't have any kids.

Before graduation, I'd intended to become a wino. This seemed to be the only feasible alternative for the lazy shiftless liberal arts major devoid of clerical skills or an engagement ring. The prospect of being expelled from the sweet womb of academe into the cold cruel world was frankly chilling. I had encouraged one beau to marry me (at that time I envisioned marriage as a solution to aimless penury), but he knotted the bed sheets together and shinned away to freedom. My father had been showing my picture to promising young executives but none of them were interested no matter how good my teeth were.

What happened instead of domestic or alcoholic bliss was my sudden elevation to the calendar of Eco Saints. This, and fame, while preferable to a doorway and a bottle of sauterne on Market Street, were not without their drawbacks.

For a few weeks after the big flash I had immediate news value — not unlike a two-headed calf. I was photographed, interviewed and videotaped (once picturesquely atop a stump in the middle of a briar patch; they threw me in) by newspapers, magazines and TV stations. My days were full of simple questions and the nervous flutterings of the college PR lady. It turned out she was a devout Catholic, in thorough disagreement with this thing I'd said which was now generating more publicity than Mills College ever had.

In my innocence, I found the media people to be intelligent, charming, and confiding. It took a while for me to come out of my fog and read the finished stories which hacked up my carefully phrased arguments and dwelled on what I was wearing or the fact that I smoked or my answer to the perennial question, "Are you really not going to have children?"

Over and over I said no, hedging a little more each time because a nightmare was emerging. It was Stephanie Mills and her vociferously never to be had kid in *Newsweek's* "Where are they now?" box with appropriate sniggering comments on the fragility of youthful female idealism. My answer became, "No. But if I do, I'll grow a beard, change my name and move to a cave in Crete."

There is a breed of sterile hybrids in media, who describe themselves as liberals, and yearn to beef up the content of the shows they work on, but like mules, delivereth not the goods. One such who worked for Art Linkletter invited me to appear on his program for a brief spot. I showed up at the studio hours before the taping, as requested. For ten minutes this assistant producer and I blocked out the interview. Then I was taken to hairdressing, where I spent an hour being teased, ratted and sprayed. My coiffure complete, I was seated backstage to await my introduction to Linkletter's *pere et fils*.

To kill time, I read *The Electric Kool-Aid Acid Test* and chatted amiably with Carlotta Monti, who was W.C. Fields' mistress. Art Linkletter euphemistically introduced her as Fields' secretary. We listened to him condescend to the kids, who were still saying the darndest things to him. Like "My mommy teaches at the free school and daddy works in the peace movement." At which Art chuckled, bemused.

Son Jack did the interview, and it was standard. Four or five predictable questions delivered and answers received with a plea-

sant tapioca blandness. Then he slipped in the ringer. After I'd run down as much of the over-population business as possible, he concluded the interview by polling the audience (one hundred or so) to see how many of them had been convinced by me to limit their family size. Two or three raised their hands, and he turned to me with a patronizing grin to say the broadcastable equivalent of "Tough shit, honey." So. Kids may say the darndest things, but we *haff vays* . . .

It began to dawn on me that a unilateral decision not to have children amounted to a kick in the collective gonads. "What if you married a man who *wanted* you to have kids?" I doubted I'd marry such a man any more than I'd marry a racist or a general or a heroin dealer. Intending to be so choosy made me even more irresistible to challenge. One columnist predicted I'd be the mother of a baseball team, and another hoped I'd bear a future astronaut, a president, and a football star. Well-meaning ladies wrote, urging me to pass on my spectacular genes for posterity's sake.

The thing I'd neglected to mention in my efforts not to tarnish the cause of population control was that I never liked kids that much in the first place. Not that I actively *dislike* them, mind you. I just don't seek them out. Women are still not supposed to feel, much less say, these things, and the response to such an anti-social attitude can be violent.

About 10% of my mail was hate mail. The weirdness of receiving a nasty letter from a total stranger is on a par with having your house hit by a meteorite. Snarly communiques out of the ozone called me godless communist, selfish bitch, and queer. Well-meaning friends (most of them male) wore me down with their lamenting my accidental hysterectomy.

I went to work for Planned Parenthood as a speaker, and began what I hope will be a life long association with family planning because the people are wonderful to work with. As a rule, whether or not they admit it, they see nothing wrong with enjoying sex. This modest wisdom seems to make for rounder character somehow. Furthermore, most of them see nothing wrong with having babies; they just want the kids to have the advantage of being desired.

One joy of the birth control movement is its picturesque euphemisms, which I learned and began to use with pseudo-professional glee. My favorite — "sexually active" — means that the individual being discussed does *it*, but it always conjures images of someone who is wildly, athletically horny.

"Hi there," he said twitchingly, "I'm sexually active."

"That's nice," she said. "I play tennis."

If I were black, I could have been the most serviceable token in town. I still managed to get around on the strength of filling three trendy human categories: young, female, ecologist. At a day-long program to celebrate a museum's opening, I was the only woman among a dozen men. The man who introduced the man doing the introducing referred to me as *something* nice to look at. The second man reiterated that, cutely.

I shredded my ecology notes and talked about women's status instead, stressing the importance of expanding women's roles to include more than babymaking, the need to decriminalize abortion, and so on. I was furious and a lot more exciting than the preceding panel on persistent pesticides. When I finished, there was a standing ovation. After which the MC said, "She's a real doll, isn't she, folks?" A lady in the back of the hall hooted, "The doll has a brain, you idiot!"

Notables and quotables made passes at me. Most, but not all of these were unsolicited, and most, but not all were refused. Woe

betide the woman who kisses and tells; or doesn't kiss and tell. I offer the following because it's loving all round:

Arthur Godfrey was a Famous Person who plunged into the environment movement enthusiastically till he wearied of taking flak for selling soap and cars. In his heyday, he was a great friend to environmental youth. Knowing this, and having met him a few times before, a friend and I went to him to seek help for our failing ecology magazine, *Earth Times*. We entered his trophy-filled office and greeted us warmly, shaking Bob's hand and hugging me. I patted him on the back. He looked over my shoulder and said to Bob, "When they pat you on the back like that, it means you ain't gettin' any."

If I had had any libido left after all the speechmaking, I could have been the Candy of the environment movement, the sugar-coated Pill as it were, but privacy was a scarce commodity at that time and I was reluctant to share it. Furthermore, I was trying not to sully my idealistic self-image.

During my talking year, I estimate I made about 80 speeches on campuses and to various women's groups. At one college, a banner flapping over the podium proclaimed "ANTI-BIRTH TO SPEAK HERE TODAY!" I'd like to take this opportunity to make one thing perfectly clear: birth *per se* is not what I'm anti. Too many births or giving birth for the wrong reason constitutes a hell of a problem for humanity, especially the kids.

I'm convinced that we must figure out a way to limit births, preferably one which doesn't lock us into a nuclear-family-with-one-or-two-kids mode. There are people in this world with a rare talent for child rearing, and these should have the broods they want. My hope is that as childfree living becomes more socially acceptable, and its joys more widely known, many people may decide they don't want children at all.

Natural childbirth is undergoing reverential rediscovery and renaissance. Perhaps that's fine. The propaganda for natural childbirth and breastfeeding is deliciously seductive — it all sounds so organic and transcendent. But how many people really connect experiencing birth with the assumption of a 20-year responsibility?

As a teenager, I fantasized marriage ceremonies and receptions, designed my own gown and was generally obsessed with being a bride. At no point in this reverie did the practice of monogamy occur to me because I was not so much interested in *marriage* as a wedding, being a party girl at heart.

Likewise I spent long afternoon playing what to name the baby (I favored the names of Dostoevsky's heroes), imagining genetic collages of me and my current beau (they usually had big feet), and reading about the Lamaze method. None of these fantasies ever included the ceaseless din of children because I was more interested in giving birth than acquiring two decades of everlasting companionship.

Margaret Sanger said, "No woman can call herself free . . . until she can choose whether or not to be a mother." This was a doubly visionary statement, considering that her activism began at a time when women weren't supposed to be free or make choices. Once a woman's chosen to mother, there's no sense crying over spilt progeny. What's important then is making the world a fit place for the living. In the adolescence of my activism, however, I did sink to condemning mothers of huge families.

Women who see motherhood as a complete *raison d'être* and take to the hustings to advocate volume childbearing do tend to be harridans. I had a peak experience with one of these at a high school in San Leandro. A student had invited me, months in advance, to speak to her parent-kid rap group. The day before the event was to take place, she called to advise me of a slight change in format. The talk had become a debate; the adversary was to be a mother of 13, the founder and president of United Parents Under God, editor and publisher of *Catholic Checkmate*. For a moment, I contemplated breaking a leg to provide an excuse for not

attending, then thought the debate must surely be easier. If I had it to do over again, I'd break the leg.

Mrs. Bunny (her name is mercifully blocked) was fairly well-preserved for all her exertions. Her numerous opinions were pristine of any blemishing facts. She stood foursquare against sex education, contraception, abortion and population control; and believed that woman's place, when not in the delivery room, was in the home. Needless to say, we found very little common ground in the course of the debate. When I threatened famines, she reassured us that mankind's inventiveness had always saved him from hunger in the past — as when white settlers came to America with the high tech of guns and showed the starving Indians how to hunt.

Fortunately the generation gap is alive and well in San Leandro. The kids, in contrast to the abysmal ignorance of their parents, were well-informed and bailed me out with facts as I steadily lost my grip in the question and answer session.

A fellow in the back of the room stood to ask me if I knew what methods the ChiComs had used to control population in Tibet. I didn't.

"They castrated all the men!"

As I hastily exited, a squat lady completed this increasingly Gothic soirée by informing me that I couldn't have children anyway, since I didn't have the body for it. The ride home was plumb hysterical.

Being a known do-gooder is a way of buying off your private conscience. For me at least, professional idealism involved a certain incompleteness. I spent my days doing good in the world. Pouring out all my energy exhorting people to join the righteous cause, I'd come home hollow to my lover needing him to restore me with infinite devotion. One could say I needed a wife. This he wasn't willing to be, so I moved out instead.

People who worry publicly about overpopulation are invariably asked for a scenario of the apocalypse. Thus they wind up devoting their imagination to picturing an accurate doom. Naturally this leads to a peculiar cast of mind, tending to disabuse one's thinking of long-range notions. At the heart of the apocalypse throbs *Anything Goes!* — which may be realistic, but makes a lousy motto for living.

Now when your life becomes absorbed by apocalyptic abstractions, you get a little . . . lost. There are true saints who manage both to *be* good and *do* good. I wasn't one and, in the interest of my sanity and a better next incarnation, withdrew from Eco-Sainthood to become a freelance writer. The initial phase of the population/environment whizbang had been a good one for wordmongers; at one time exciting rhetoric was important and even useful. That phase of the movement couldn't last indefinitely. Neither did I.

People out there who got acquainted with the public me as a dynamic young idealist, now encounter a shy, misanthropic writer, and are perhaps as disillusioned by the change as I am embarrassed by the meeting.

Recently, I wove through the local supermarket, coming down from some flirtation with a nice dangerous drug, giggling and noticing how peculiarly green all the people were. No matter, I trotted up to the checkstand with my banana chips, kumquats and Perrier water. The giddy cashier recognized me and hollered, "O, wow! Are you *the* Stephanie Mills!?"

"Yes I am, as a matter of fact, that's just who I am." I jibbered nonplussed.

He continued to be excited and the people behind me in line became increasingly weird. He called over the guy from the next checkstand.

"Hey, Bob! C'mere. Guess who this is!"

"Who?"

"Stephanie Mills!"

"Who?"

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—Penelope Rogers

What It's Like to Have a Baby in Prison

by Lia Stahlrite

To begin to tell you what it was like is hard. Where do I start? I am an inmate. We are called residents here at CIW, the California Institute for Women. This is where I had my baby.

I was arrested during my third month of pregnancy. I never suspected it would lead to this prison sentence. At the time I thought somehow it would all turn out right. However, I am writing this from prison now.

I spent three months in County Jail going through hell before I came here. I didn't know what was going on. Slowly, it began to dawn on me I was really a prisoner and wouldn't be free again, at least not in time for my baby's arrival.

I'll back up some. I was busted for welfare fraud and taken to Marin County Jail. Those first days were heavy for me because I had never been busted before. The only way to describe the jail is horrible.

I was in a room with five other women. We ate together, slept together and in some aspects showered together too; there was no shower curtain or door for privacy. Together for 24 hours a day.

I was there from October until the end of March. The only fresh air we had was when we were allowed in the yard. We were allowed in the yard once weekly for an hour.

The yard was like a concrete box; four concrete walls with a net on top. Even the sky was kept from us. During the winter months we weren't allowed even that (the county wouldn't provide coats).

The cells we lived in were something else too. There were six bunks in each one, four on one wall and two on the other. The beds were attached to the walls which were concrete. The ceiling and floor was too.

One wall was just bars; when I slept at night the shadows fell across my face. I really hated it there. One inmate wouldn't take a bath, so even the air we breathed was foul.

All my thoughts and feelings were so confused. There was no place to go to find peace. There were all sorts of confrontations with the jailors to go through daily. The rules were petty, seemingly designed with no purpose other than to hassle you.

I got along fine with the inmates but I couldn't understand the police. I had imagined jail to be all sorts of things like on TV. It wasn't like that at all, though being there was worse.

For me personally this all happened at a bad time in my life; my husband and I were going through changes and we were trying to work them out then. But I was busted and he was drafted.

I will never forget the bust — my baby standing at the window watching them take me. She started crying when my husband got out of the car; he looked bewildered and disheveled.

The pig had awakened him to tell him they were taking me. I've not seen my children from that day until this. I still didn't know it was to be as serious as it turned out.

All through this time I was carrying my child; not knowing what I was coming to or how it would end. Because of the situation I considered abortion. I didn't know if I'd be convicted or, even if I weren't, I knew there'd be problems with my husband.

My first daughter was 17 months when this went down. If the family was to be separated, I would have to deal with making it alone. But I had no vocation or school training to help me, and how would I provide for them without these things? I wanted to go to school. Who would watch them? Who would pay a babysitter? How would I pay for these things?

I felt I would have a better chance if I had only one child. I couldn't consider welfare because I was *here* on a welfare bust. So many things that I thought about, but none of them seemed to be the answer.

This wasn't meant to happen, though. In order to have an abortion I had to see a psychiatrist. The matrons didn't approve of abortion because of whatever reasons they had. So, considering how far along I was, I was surprised that I had to go through so much red tape.

The first appointment was set up almost a month and a half after I asked about the abortion. Another was required two weeks after that. By that time I was 4 months pregnant.

When the abortion finally was okayed, it was too late. I could still be aborted but it would take more than a simple D&C (Dilatation and Curettage). If I wanted to abort now I would have to go through a labor. To induce that labor, a needle (containing some drug) would be inserted into the womb through my stomach!

Then I would go into labor and pass the fetus. A painful experience, to say the least. However, I had changed my mind while waiting for a decision anyway. I got the impression that this was the idea, that's why all the red tape.

I love children by nature and during this pregnancy I found myself loving this child I carried, more every day. When I got the okay to abort, I remember it was just about that time I could feel the child begin to move. Mother Nature took over and I could no more abort my baby than I could kill myself.

Feeling the life inside, knowing all the time passed carrying it, I could only love the baby and wonder at its future. I could finally understand why a doctor doesn't want to do an abortion after the third month. You feel the baby about the middle of the fourth month, then you can't deny that it's alive.

Now there were new things to deal with. I was going to have the baby, but that was all that had changed. The rest of the problem remained the same. I would still have to deal with two children and this bust. I was still going through survival changes and now the police were talking about adoption. That was out!

After carrying this child 9 months, all the changes I went through and the love I was feeling, do they really think I did this for someone else? Who would love my baby better than me? I tried to argue with myself, about the hardships I would have to endure. I tried to say that all a baby needs is anyone to cuddle her, keep her warm, and well fed. But I knew better than that.

Besides, there was no guarantee that she would even be adopted. And I would never forgive myself for putting my flesh and blood in an institution to grow in. It would have been better to abort first.

Some of you may wonder why I haven't considered my family as a help. Some women are fortunate enough to have parents who are concerned with their lives. I never knew my mother and believe her to be dead. My father allowed me to run away when I was 13, and hasn't done a thing for me since. I finally realized I hadn't run away. I had just inconvenienced my father. He hasn't even written me here and he knows where I am.

I have a cousin whom I grew up with; she loves me dearly. But it would hurt to ask her because she had my daughter and has three sons of her own. How could I add another mouth to feed, and I wouldn't be able to help? Besides, she was in New York and I had no way to provide transportation. I felt really lost.

My husband wrote me, to tell me about an affair he was having. I was bitter as I felt my world crumbling around me. I was no protection for my children and he was no protection for me. I couldn't understand my karma.

There were other more immediate problems to deal with at Marin Jail. On the streets I had been somewhat of a health nut, not in terms of wheat-germ-soy-bean sort of thing, just that I had a healthy respect for nutrition. I was very food-conscious. Jail food

was incredibly starchy. There were little or no fresh vegetables.

For breakfast we had cereal, toast, coffee and fruit juice, daily. Occasionally we had fresh fruit. Lunch was usually something like ravioli or cold-cut sandwiches; maybe a salad once weekly. Dinner was usually noodles or rice and toast, with coffee.

There was rarely any real meat, the meat was usually manmade: chicken loaf, canned chow-mein and ravioli, cold-cuts, anything that was primarily a starch filler.

The conditions were so bad that I was getting green circles under my eyes even though I had a vitamin daily. All the inmates who had been there for any period of time had the same problem, but they didn't have the vitamin.

The matrons were a trip, their big thing was that they had the best jail in the state. I even got into an argument about the conditions with the head matron. I didn't care if it was the best, it still was lousy!

That was some gall talking about a jail as if it was something I was privileged to be in. How funny people are!

This "better jail" I was in was threatening my health, and that of my unborn babe. Needless to say, I was uptight about the food situation. There was little or no fresh vegetables. The cooked vegetables couldn't possibly have any food value, they were cooked until they were limp. Even the peas and carrots were limp.

I finally raised Cain with the doctor to provide me with a fresh salad daily. That made me the only one who had fresh vegetables daily. I tried to get the other inmates to demand some also but they were afraid to lose their "good time."

I had a public defender for my lawyer. He helped me as much as was possible but I went to prison anyway. Before I could leave for CIW though, I was made to answer to two other counties for welfare fraud. When I left, it was to go to another county jail — Santa Rita — in Alameda county. If I thought Marin was bad, Santa Rita was worse. I cried all the way there.

Three hours before I would've left for CIW, Alameda deputies came to pick me up. I had heard ugly things about Santa Rita so I was expecting the worst. I was like a leaf in the wind, helpless in the wake of mightier powers, tossed about without will. When I arrived I had to go through another degrading body search, another fingerprinting and another "mug-shot."

Afterwards I was put in what was called "lock-up." There were more women here than in Marin; they weren't cared for well at all. There were two women with serious medical problems, one woman was "kicking" cold-turkey, the other had migraine headaches which were known to make her violent.

The medical attention that was available consisted of a morning visit from male nurses. These men would hand out medication in the morning to last all day. There was no further supervision, and in some cases the women had their medication stolen by other inmates. This medication was never replaced.

If there were complaints from inmates at the time when the nurses were there, they were ignored or laughed at. When I left, the girl who was kicking still hadn't seen a doctor, or been given medication.

The woman with the migraines almost went "off" on the first evening I was there. She started complaining about the pain so we (the other inmates) started banging on the door to get attention. When the matron finally came she threatened to punish us for disturbing her. She turned and left, saying the doctor was "unavailable."

The inmate was pacing all night long. Every 15 minutes or so the matrons would come through to count. Still nothing was done for this woman until the next watch sergeant came through. She realized the seriousness of the situation and went for the doctor. He never did come to examine this woman but he sent some medication over which seemed to help.

I found out later that this same woman was to go into surgery for a brain tumor after her release. She was required to finish her

time before she was allowed to go into surgery. Her operation was held up a month to accommodate her jail sentence, and she wasn't given proper care while being held.

The next day we spent playing Monopoly or cards or whatever. Sometimes we slept.

The next day at the courthouse, I stayed in a holding cell to wait until my case was called. It's like a public bathroom with a bench and a waterfountain in it. I was left alone there from 7 that morning until 5:30 that afternoon. I slept on the floor most of the day, on my coat.

I was constantly under surveillance; there was a camera in the corner. When I was finally called, all they did was re-schedule my appearance for two months later. I went back to Santa Rita and the next day was taken to Marin jail.

I stayed in Marin for two weeks before I was supposed to leave for CIW. On the morning I was to leave, I had an argument with the matron who was on duty. I had given my breakfast to one of the other inmates and wanted to go back to sleep. The matron wouldn't let her have it if I didn't get up to get it for her. I was tired and half-asleep so I refused. The matron smirked and said, "You can go hungry then," and she took the tray.

I got really pissed off; so when she came back I knocked tray off the slit in the bars toward her. She flew out to get the male deputies from up front. To get them to respond, she told them I was inciting a riot!

By the time they got back to get me, I was half-asleep. The other inmates were too. There was obviously no riot. But she came in bellowing and snatched off my covers. The men came in and dragged me out of bed. I said I would sue if they injured me, or the baby. The matron laughed and said, "Try and sue from prison."

Before I was out the door, I had wrapped myself between the bars and they were playing tug-o-war with my body. The matron was laughing. That made the other inmates mad and they started cussing and threatening her.

I was dragged to the padded cell where I stayed until the head deputy came on. I tried to explain what happened but she wouldn't listen, naturally. She took that lying deputy's word first. Then she smiled as she informed me that this was my day to leave for CIW.

We went to Corona by plane. It wouldn't have been a nice trip if I wasn't going to prison. I was at the intake unit of CIW about six-weeks before I was returned to court in Alameda. When I went back to Santa Rita I was to stay for over a month.

The next day after my return to Santa Rita I went to court. I spent another day in the holding cell. Once again when I finally was called, my case was rescheduled. I was very upset because I had been brought back to that cesspool for nothing; the date could've been changed without my being there.

The judge was pretty nice, though, and said that I should be taken to CIW to wait until my next appearance. This wasn't quite what happened.

I was very tired when I got back to Santa Rita so I didn't check on my case status. I expected to be taken back automatically but after five days I got curious about when I was supposed to leave. That's when I got into trouble, I was told that I wasn't going back until my case was completed.

The judge at court had said that if I had any difficulty, someone should contact her and she would straighten it out. So I asked the deputy to call the judge so I wouldn't have to stay. She wouldn't do it, she said the judge wasn't to be "bothered," that lots of inmates say that and the judges would be angry if they were disturbed.

I was hysterical. I couldn't stand two months there!

On this trip there was a girl who had fallen down a flight of stairs while being arrested. She was also kicked in the back by the arresting officer before she could get up. She couldn't move without pain. She had trouble getting medical attention while I was

there also. To try a simple thing like getting into her pajamas brought tears to her eyes for the effort.

Those so-called nurses said she couldn't have anything for the pain stronger than aspirin, which didn't help. Then it took over two weeks to get her to a doctor. The doctor took x-rays and found three dislocated discs in her spine. This was only one of the many incidents, too heavy to mention. There were others.

A week passed and I was called to court unexpectedly. My case was finished and I thought I was through. When I got back I asked the deputy on duty if I would be leaving soon since my case was complete. The deputy thought I answered another case because the "code" was different. I told her the code was changed because my felony was dropped to a misdemeanor.

She checked it and found out I was right, so I thought there would be no more problems. I waited a few days before I asked about leaving. To my surprise I still didn't have a time listed to go. I asked the sergeant the next morning why wasn't I scheduled? She said that my case wasn't finished, so I explained again that it was the same case only that the charge was dropped. I also told her about the deputy who checked it, asking her to re-check for me. The sergeant wouldn't.

I started to cry but decided that I would get the deputy to tell her. But she was off for the next few days. It seemed that I would have to wait until it was time for me to go to court before they would realize their mistake. That was the last straw! My nerves were shot!

I asked the nurse for a tranquilizer to help me over this period, but he just smirked and said I didn't need it. I was very distraught. When he left I blanked out; when I came to, I had destroyed the "dorm." People were all around me, staring. I quieted down and was taken to a cell.

In the cell. I started having pains that felt like contractions. I called for help but no one came. The contractions stopped — fortunately, because there was no doctor. No one had come to see if I was okay. The deputy I had talked to when I'd returned from court was there the next morning, so I told her what happened and asked why she didn't tell anyone about the mistake in my case. She was amazed that no one had gotten the message she'd left concerning my case.

She checked again but before it was straightened out she had to carry a message personally through the various channels. Later on the sergeant came to apologize to me, but I was beyond apologies. I had come close to losing my baby because of her indifference.

I went back to CIW within a week of that incident. I was at the intake unit for another two weeks before I went on "campus" (that's what the compound is called). I was still a little nervous about being here but I could cope; anyway, there were doctors and nurses here to help, I thought.

I had a counselor. For some odd reason I figured that when I was told I had a counselor, he would be available for counsel. That was in no way true as I was soon to find out.

The penitentiary took some getting used to because it was quite different from county jail. It took the form of a college facade, but the true conditioning was psychological. However, the environment provided small comfort from the reality of prison life. My first day was an experience. It took no time at all to pop what remained of my security bubble.

I met my counselor. I went to the counselor's office immediately when I arrived at my cottage, to introduce myself and discuss my case. I expected to go to the board (Board of Terms and Parole) the upcoming week. We started to talk but there was an interruption, and the counselor said we could continue at one o'clock.

At one sharp I was waiting at the office; he wasn't there so I started playing cards with some of the house-mates. He finally returned at 3:30. One of the women I was playing with was called to his office. When the counselor had finished talking with her, he started to leave.

I stopped him to remind him about our appointment. He went into his act (he was well known for it); when I told him that I waited for him since one he started getting hostile. He said that he didn't have time for me and didn't care if I had waited. He asked me if what I wanted to talk about was an emergency. I said no, but it was important to my future.

We began to argue somehow and I wasn't ready for it. He was yelling about "who did I think I was, and threatening me by saying he intended to "get" me some time and he was going to rehabilitate me and "I'll make you wish you'd never been to this cottage" and some more things.

I never expected to be yelled at by someone who was supposed to help me, so I didn't know what to think. That's how I met my counselor. All my hope disappeared then, and my feelings were hurt.

I kept to myself mostly because I was going through changes trying to adjust. I met a few of the women but I felt so uncomfortable I couldn't really relate. I tried to approach the counselor several times after but he refused to help me. Time flew by and before I realized it was time to go to the board. I was very nervous, naturally, because this board was to determine how long I would have to stay.

I'd been thinking about what I'd say, as honestly as I possibly could. I intended to explain my plans to continue my education in the hope they wouldn't demand more than another six months from me. I was looking for a parole consideration date. I was worried about the threats my counselor made but I still thought because this was my first offense that I would have it together enough to make it okay. No way!

The board laid me down with a seven-month review. That means my time wasn't even set, they could give me another one after this if they felt like, up to ten years.

I was in sort of a shock when I left, but even more was to come. The following Monday my cottage had mandatory group. So, not suspecting anything, I sat near the front not thinking about much. Group dragged on as we talked about keeping our curtains closed and other "critical" subjects, I was about ready to go to sleep when the counselor turned the focus on me.

The counselor told those women that I had talked about them like dogs at the board and said I felt I was superior to them. The women took that and ran with it! The counselor made me quite a few enemies that day. What I had actually said was that I didn't relate to being in prison, and that I had a hard time making friends. So thanks to him, minding my own business wasn't enough.

They continued to group on me and didn't let up until I cried. But as I was to find out in the future, that was the way the counselor always conducted the groups; he feeds off of the inmates' distress. Only on rare occasion have I seen him try to help someone that he has torn down. I say he did it because he incites and irritates the group to get his reactions. I had seen him hurt others, and I felt badly about it. I never expected to need my sympathy for myself.

Time didn't stop because of that incident and the days went on as usual. The months passed quickly too, because the baby was due any day. I'd been going into false labor quite a lot so I knew my time was near. On May 13, I started labor at 2 o'clock in the morning. Surveillance took me to the "hospital."

The hospital is still in the prison compound. (except for a few professional staff, it is run by training inmates). I was prepped and then left alone while I labored. I would be checked on every now and again.

I had decided to have the baby with natural childbirth, like I did for my first child. But unlike the first birth I knew I was in for a hard time; my muscles and body weren't together because of the long incarceration period. I labored 18 hours before Alexii was born.

By the time her head was delivered I was too weak and exhaus-

ted to speak. But when she didn't cry after being delivered I sat straight up. The doctor tapped her feet to start her breathing but she wouldn't.

Everybody was talking to the baby "asking" her to cry. Well, Alexii turned over and said "no." She really did. I was so glad she was alive! She weighed 10½ pounds. Alexii Eleandra is my second daughter.

My joy wasn't long-lived. I knew I would only have the baby for a short time. I had to face the reality of losing this child too, even though it was to be only for a time. I wasn't really prepared for the shock that comes with being separated from your newborn child. Especially in that situation.

I was very lucky, as it turned out. Officially the institution is supposed to transport the children to whoever custody is given to. They didn't transport my baby, though, because my people were in New York. But luck was with me; on the day they were going to make foster-home arrangements, I received money from the Army. My husband had finally cleared channels for the family allotment. It took him over six months to do it.

Don't think that means he tried for six months; it was only three months ago he decided to help us. That was only after I contacted his post commander. After he was sent to Germany I never got a letter or postcard from him. He is not even aware of the birth of his child.

So I tried to contact my friend from the M-2 program (M-2 job therapy program) so I could make arrangements for a place for my cousin to stay when she came to get Alexii. I called one of the cottage staff to get the phone number. Instead she decided that I couldn't take care of it. I was told that was my counselor's job.

To make a long story short, more ugliness was happening. The institution sent my cousin a telegram (which was charged to me) about the baby. The arrangements that were made for me went like this: My cousin was to fly 3,000 miles, pick up the child, visit me for an hour, then catch a plane back.

But once again things turned out better. When my cousin who had never been on a plane or in California in her life) arrived,

there was no one to meet her. She waited 2½ hours. When I sent her the plane fare, in the letter I included my M-2 friend's telephone number. So after the long wait she called my friend, Leslie, who was home, luckily, and went to get her.

Leslie had offered to house my cousin for her stay in California. We had talked about it before the baby was born. Leslie knew my cousin was coming and had telephoned the institution to find out when. She'd spoken to my counselor, also stating her willingness to help. Leslie was surprised when my cousin called from the airport, because she'd called CIW to find out about her arrival the previous day and was given no information.

Now the counselor had said there would be a state car to meet my cousin, yet when she arrived there was none. It turned out to be in my favor, because since CIW didn't meet her, how long she stayed was out of their hands.

So I visited for 45 minutes the day of her arrival and three hours the next day. Leslie took my cousin on a mini-tour of California and they went shopping together. Leslie was wonderful. She housed, fed and pampered my cousin, making her visit as pleasant as possible under the circumstances. And so my baby stepped out of my life until my release.

These were the politics of pregnancy in prison. Throughout all my misadventures I would remember that I was lucky. But others aren't quite so lucky and their story ends tragically.

Epilogue:

There's nothing strange or unfamiliar about a man deserting his family, but I save this space to mention my own situation. Because of our financial situation, primarily, my family was disintegrated. The system didn't try to find out why it happened.

The system has simply penalized me, allowing my husband to go practically free; I say practically because he was convicted on the same charge. He will, on his leave of absence, spend 10 days in County Jail and pay some restitution.

We were equally guilty but he got the Army and I got State Penitentiary. In short, we went from one government check to another. So goes the story. I hope it never happens to you.

... and her mug shot is taken before she has breathed

by Norma Stafford

Sweet sweet woman soldier
swift sure female warrior
gentle hands warm eyes tending your child
determined hands deadly eyes aiming your weapon
soft lips smooth skin beauty
long lashes veiling the knowledge pride
and self worth blazing in your eyes of all colors
laughter at party time dancing with your lover
death at battle time for your unbelieving enemy.

Entering into battle heavy with child
expensive coiffure wearing levis Arpege
laces boots sneakers barefoot with uncombed hair
giving off the healthy body odor
of determined female sweat.

Comrade in arms my sister
battling daily we were like two bees
stinging the Power in many places
dodging his armies we were alert and cunning
he was confused swatting wildly
slapping places he could not see
looking everywhere trying to pin down
to eliminate the source of his discomfort
a false god perched on his tower
we made him turn move run
screaming curses at his soldiers
ordering them to "seek out and destroy."

You and I my comrade beloved friend soldier woman
survived many years in this battle
before our instinct tuned to his danger
became clouded with fatigue and slept
letting us wake up here
among the other prisoners of war.
I see you smile in here
when that same confused angry Power
curses and swears at our resistance
we still cause him pain
never allowing his overstuffed body
to know the luxury of total relaxation.

Lying in your captive labor bed
womb straining sweat pouring
you deliver your child
within concrete walls and steel bars
because your infant is born of you in here
she is labeled numbered and her mug shot is taken
before she has breathed before the cord is cut
she has a number and she is called criminal
but you and I know you have delivered to us
another awesome female warrior.

I hear your deep woman's laughter
ring out through every cell block
and my heart is strengthened
my courage renewed because you are here
just as you are everywhere noble warrior
goddess of Death to the Power
giver of life sweet sweet woman soldier.

This Is Not The End

Defying the Laws of Form at the AUM Conference

by Carole Levine

March 18

It is a god-kissed Sunday and I'm driving south on Highway One, from San Francisco to Big Sur, to the South Coast Center of Esalen Institute, the matriarch of the Human Potential Movement, the spawning ground of gurus.

Alan Watts, the leading popularizer of Zen Buddhism in this country, and John Lilly, a leading proponent of interspecies communication, have invited 24 people to a meeting of the American University of Masters, or, as it shall be known hence, the AUM conference. I have *not* been invited, as I am in no way a Master, but curiosity, a long-standing if aloof love affair with John Lilly, and the coattails of one of the confreres propel me down the highway.

I know that the original idea of the conference, as conceived by Lilly and Watts, was to provide an opportunity for some of the top minds in the country to meet and share their top minds. Since its inception, however, John has become quite keen on the works of G. Spencer Brown alias James Keys. (He has published one book under each name.)

Brown is an English philosopher/logician. He has written a fascinating and difficult book, *Laws of Form*, which I have twice tried to wade through. The book has been described as the discovery of the form of laws. The closest I come to an understanding of the theories it sets forth, is through Heinz Von Foerster's review in *The Last Whole Earth Catalog*.

Von Foerster writes: "... the first constructive proposition in this book is the injunction: 'Draw a distinction,' and exhortation to perform the primordial act. After this, practically everything else follows smoothly; a rigorous foundation of arithmetic, of algebra, of logic, of a calculus of indications, intentions and desires; a rigorous development of laws of form, may they be of logical relations, of descriptions of the universe by physicists and cosmologists, or of functions of the nervous system which generates descriptions of the universe of which it is itself a part."

That, as I have said, is the closest I come to understanding *Laws of Form*.

I know, too, that John has persuaded a reluctant James to come from England to the United States in order to teach *Laws of Form* to the American University of Masters. It is his first trip to this country and from the original month that he had planned to spend here, James' assured presence has dwindled to two days. I speculate that he is terrified by the rumors of nude bathing in the sulphur baths at Esalen, and intimidated by the attending gaggle of gurus which reads like a *Who's Who* of the Human Potential Movement.

I dawdle down the California coast, enjoying the sun, the water, the sun on the water, a peanut butter & jelly ice cream cone in Santa Cruz, my favorite Standard station in Monterey, and, by the setting sun, Big Sur itself.

I arrive at Esalen in time for dinner. The redwood lodge is glowing with candlelight and crowded with people. In addition to the AUM conference, there are about thirty others who have just arrived to attend the week-long workshops offered by the Institute. Everyone looks a bit apprehensive and in their nervousness, the AUMies can't be differentiated from the workshopers. Only the Esalen staff, easy and graceful amongst themselves, are distinguishable from all the others.

I sit at a table with Stewart Brand, founder of *The Whole Earth Catalog* and a participant in the conference. There are two others

at the far end of the table, who, after a few polite jabs at conversation ("Is this your first time here?") turn out to be Les and Sally Marks from Massapequa, Long Island, about to embark on a week of encounter and gestalt.

Heinz Von Foerster, another participant, recognizes Stewart and sits down with us. I watch Alan Watts scanning the lodge and, with a look of relief he recognizes Heinz. He, too, sits down with us. Gregory Bateson, anthropologist and invitee, sees Alan, and with him, our table is full.

The conversation quickly becomes loud and esoteric and I sneak a glimpse at the Marks who look as if they are about to flee back to Massapequa. With a second's flashback, I remember my first time at Esalen, and in a small burst of compassion, I tell them who the others are and all, or as much, as I know about the AUM conference.

We all gorge, out of total nervousness, on chicken screaming in sour cream sauce, rice, salad and chocolate pudding. Stewart Brand, who says he rarely drinks coffee, downs three cups.

Eight-thirty: the AUM group assembles in a meeting room at South Coast Center. The room is cozy, a fire struggles in the fireplace. There is a small kitchen off the meeting room and I hear a 38-cup coffee percolator doing a samba, a sound that comes back like a *leitmotif* through the entire conference.

I look around. There are fifteen of us. Most everyone is sitting on the floor, leaning and lounging around big stuffed pillows. Two women are sitting in the corner near the only available light in the room. They are doing patchwork.

I note in red magic marker on my brain that of the four women who have been invited to *participate*, three are Mrs. Watts, Mrs. Taupin and the future Mrs. Lilly. The other three women who have been invited to *attend* are, like myself, shabby hangers-on, or worse still, wives and the conference secretary.

There are fifteen of us. Not everyone is here. Alan does a quick count, steps outside the door and produces an admirable vocal imitation of blowing through his conch shell, the conch shell gismo being his usual method of announcing the beginning of a meeting. The sound actually takes me back twenty years: camp bugle call to evening activity.

The meeting finally starts at 9:00. Alan, in his own inimitable, eloquent and ceremonious style (I'm convinced he makes a profoundly religious rite out of swatting mosquitoes) welcomes us, modestly remarks on the quantity of wisdom collected in the room, and tells us a bit about James Keys and *Laws of Form*.

"It is an investigation of the logical unconscious."
Stewart, boggled by the phrase, asks, "Do we have a blackboard?"

Alan answers, "Oh, we will have to have one," and dismisses him as if he were a heckler. But Alan's train of thought has been sufficiently derailed and he calls the meeting to an uneventful end with the suggestion that we mingle and get to know one another, other.

I get to know Karl Pribram, a neurophysiologist from Stanford, and ten minutes later I get a stunning and inadvertent smack in the face by Bruce Badenoch who is making large, grandiloquent gestures while getting to know Baba Ram Dass. I leave the room and walk the mile to Esalen, right down the middle of the white line on Highway One. I climb into a hot sulphur bath and try to wash off all the words.

March 19

G. Spencer Brown has arrived. He looks as if he died yesterday. He is drawn, tired and obviously terrified. He looks no one in the

eye, and at breakfast I know that he is answering my questions because the top of his head is pointed squarely in my direction.

I imagine two eyes, a nose and a mouth sketched on his pate and the effect of this face to "face" conversation is peculiarly pleasant. In fact, with very little effort, I can even get his "mouth" to "smile" at me, and every once in a while I effect a knowing "wink."

Ten a.m. — I listen attentively to Brown's lecture, determined to be as smart as everyone else, but the only things I can make sense of are the following disjointed fragments:

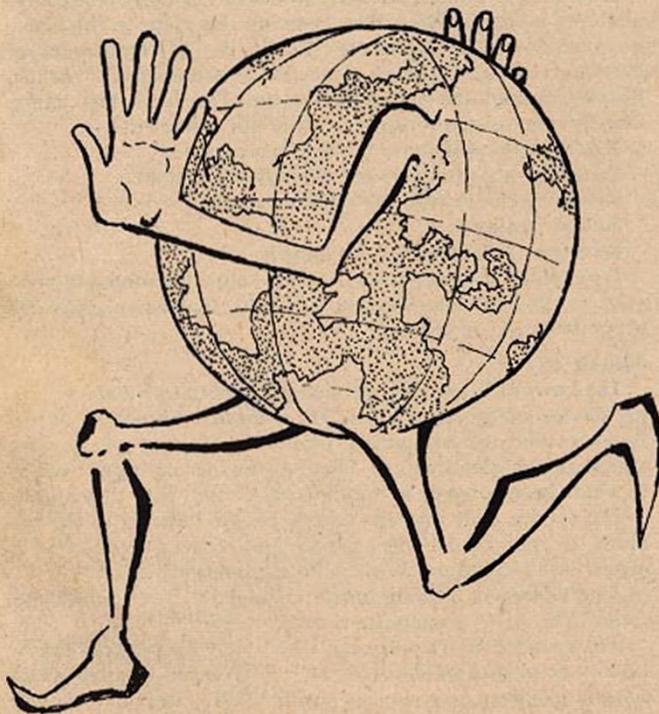
1. *Laws of Form* is the algebra of logic.
2. Logic is an interpretation of mathematics.
3. A number is a measure of space and relationships.
4. A distinction is defined by one state as opposed to another.
5. States of the first distinction have no shape. They are merely being states.
6. Time is what there would be if there could be oscillation between states.
7. The measure of time is change.
8. A ruler defines space and a clock defines time.
9. Mathematics are an illustration of what cannot be said.
10. When one starts at the beginning there is nothing to learn. Only to unlearn.

G. Spencer Brown stands in front of a blackboard addressing a room crowded with people from either the top of his head or the underside of his jaw. He is obviously a brilliant and self-conscious mystic. He has written a treatise on the hidden assumptions between math and logic extended into the universe.

I begin to wonder about the hidden assumptions between math and logic extended into the universe. I begin to wonder about the hidden assumptions behind G. Spencer Brown extending into the world. He appears to be talking about "oneness" and "unity" from behind a locked door. I feel a strong urge to hug him. I control the urge.

March 20

Ten a.m. — Brown gives his final lecture. He asks if there are any questions. I hesitantly raise my hand and ask him if he will talk about the application of *Laws of Form* to human relationships. He says he doesn't have time, thanks us all, and leaves.



The Realist

The door closes and a heated discussion erupts. Charlie Tart, who has conducted extensive research into ESP, presents the issue: Shall we continue to allow smoking in the room, and if so, what adequate measures can be taken for better ventilation?

It is finally decided by the smokers (led by Alan Watts, who is continually puffing on his pipe like the Little Train Who Could) that they will definitely not yield to the "new puritanism" of the non-smokers, but will agree to sit on one side of the room and try to aim their smoke through the front door while the back door is to remain open not less, but no more than 4 to 7 inches, thus providing the necessary ventilation without chilling everyone in the room.

Passion dissipated, the group goes on to discuss exactly how the rest of the conference should shape itself now that Spencer Brown has left. It is decided that each participating Master will chair a half-day session and discuss what *Laws of Form* means to him in terms of his own work.

There's a lot of giggling and chatter going on. A tension valve has been eased. The teacher has gone home early. Class is free to romp and play and write dirty words on the blackboard. The first piece of graffiti to appear:

I have thunk
Therefore
I cannot am.

— Brendan O'Regan, Stanford Research Institute

Eight-thirty — John Lilly, the Master of Meta-Programs, takes over the evening session. He says he is mainly interested in what others are thinking, and turns the meeting back to the group. Like a linguistic ping-pong match, the verbal ball bounces around the room until Alan Watts picks it up and begins to volley with himself.

He gives an excellent, simplified monologue on *Laws of Form*, punctuated with many "so; however; therefore" and a shower of quotes from the Bible, the Koran and Tao Teh Ching, and then quickly lobs the ball to Doug Kelley, a mathematician from the National Safety Council in Chicago.

Doug stands in front of the blackboard, the Book in one hand, chalk in the other and demonstrates how equations work, and the difference between mathematical and algebraic equations, a difference which still escapes me.

Desperation creeps through my chest. Everyone else in the room appears to be following but me. One refrain revolves in my brain in time to the samba coming from the kitchen: "What the hell am I doing in this room."

March 21

Ten a.m. — Gregory Bateson, a six-foot-five sun-flower of a man, originator of the Double-Bind theory, leads the morning meeting. He relates the Brownian system to Batesonian life, and the morning takes off into a fascinating and confusing discussion of the differences between tautologies, contradictions and paradoxes.

A tautology, we agree, under all circumstances is true and literally says nothing. A contradiction, on the other hand, is always false. A paradox, according to Bateson, is a "contradiction in which you take sides."

The tautological aspects of the conference are beginning to overwhelm me, so I go back to my room, get stoned and pass an hour or so goggling at John Lilly's enormous motorhome (license plate DOLFIN) complete with radar range and quadraphonic sound.

I come back to the room as Heinz Von Foerster from the University of Illinois undertakes his chairmanship of the meeting. He begins his address by complimenting the "brilliant men and charming ladies. Brown made monologic a complete and closed system in a world used to dialogic. If you like complete and closed systems, you're comfortable with Brown. Most of us aren't."

My inner voices screech in dismay. Oh, no, Heinz. That is not

the source of my discomfort. I'm itchy with the rash of words that keep breaking out like a bad case of hives. Words being used, mis-used and abused. There appear to be as many dialects as people in the room and I'm as frustrated with the many motives with which words are being spoken.

Although everyone is speaking English, I'm in a foreign land. I decide that words are meaningless. What is truly important is context, and there is no common context at this conference.

Two p.m. — Richard Alpert, Baba Ram Dass, sits in front of the room, eyes closed, legs in a first-rate lotus position. He meditates to clear himself. The room is hushed. Even the ladies doing patchwork in the far corner still their fingers and all eyes are riveted on Ram Dass.

I try to stifle a sneeze and it comes forth with all the desperation and noise of a stifled sneeze. All eyes swing as one in my direction. I feel guilty. I even look guilty. All eyes, satisfied, swing back to Ram Dass.

The gist of Ram Dass, a gist I've heard a hundred times before and will lovingly hear a hundred times more: Intellectuals have a hard time surrendering. They must give up seeing "it" to being "it." A mild censure. "Intellectuals get caught in astral exquisites. They get blissed out on ideas and words."

Echoes of G. Spencer Brown: "It is the intellectual block which most of us come up against at the points where, to experience the world clearly, we must abandon existence to truth, truth to indication, indication to form, and form to void . . ."

March 22

Ten a.m. — Will Schutz, author of *Joy*, the man who introduced the word "encounter" to the culture, the social arbiter of Big Sur, comes to the morning meeting ablaze in a yellow jogging suit. He announces that he is having a cocktail party and all are welcome. He just wants to know who drinks and who smokes and what do we smoke and what do we drink.

The meeting begins. Words are banded about again. Everything seems to reduce itself to a language problem, even *Laws of Form*. The group begins to argue: Can *Laws of Form* and its abstract concepts be translated into the representations we call words? When we talk about the universe beyond distinctions, don't we need distinctions to talk about it?

Everyone is beginning to feel gluey and irritable. Besides, the sun is shining after three days of rain. Kurt Von Meier interrupts all the conversations that are running concurrently. Kurt is an expert on the *amanita muscaria*, the magic mushroom. His baby daughter is named Amanita, a measure of his regard for both.

In gentle muscaria-loaded tones, he reminds us that we have travelled far from the original course set down "for us by the Master" (in this case Master G. Spencer Brown) and requests that we return to the book and go through it page by page for a literal rendering.

Several people in the room remind him that the present debate is concerned with the impossibility of his request. To emphasize the difficulty, Alan Watts, in a spout of spontaneity, says: "It's like trying to fuck a plastic woman." Mrs. Watts says: "Oh, Alan! You always say that!"

Another voice: "It's like trying to know how an entree will taste by merely reading the recipe!" Someone else goes one step further and compares *Laws of Form* to a musical composition which defies a literal rendering.

Heinz stills the mounting tension by suggesting that we treat *Laws of Form* as exactly that — a musical composition. He bursts forth in mellow tones and sings the first two axioms, the Law of Calling and the Law of Crossing. His rendition is met with loud applause and a suggestion for the formation of the Laws of Form Chorale. After all, a solo is all right for simple arithmetic, but a chorale is needed for algebra. And we break for lunch.

Two-thirty p.m. — I convince my friend to take the afternoon off and we go up into the mountains which are gloriously quiet. We lay out in a field of purple and yellow wildflowers. The con-

ference, with all its abstract loftiness, is making me damned uncomfortable, so I talk a lot about personal things, using my experience as a reference point, trying to ground and quiet myself. We make love in the flowers.

March 23

Another ghastly perfect sunshine day. It seems a heresy to sit indoors listening to attempts to describe exactly what is happening with vividness out-doors.

I remember a footnote on the invitation to the Conference: "Do not search for the truth; only cease to cherish opinions."

I decide, for the time being, to give up all my opinions and after ten minutes, I tiptoe to the door and play hookey for the rest of the day.

March 24

Ten a.m. — Refreshed and revitalized from a day in the sun, I return to the meeting room. Stewart Brand, dressed in black monk's robes, leads us through the morning maze. He talks about new games and game theory which is his present interest.

At one point, Heinz attacks him with a styrofoam sword-shaped weapon called a "boffer." Stewart picks up another "boffer" and they have a bloodless duel. A new game called "boffing." The energy and interest level in the room suddenly soars. Stewart finished, John Lilly steps to the blackboard.

John has to his credits, membership in the Arica Training, a school of the sufi tradition. Arica claims to have developed a structure which produces as an end-goal, "total integration of mind, body and spirit." The yardstick of success appears to be attainment of various levels of satori numbered 48, 24, 12, 6, 3, and — the numbers stop there.

John takes us through the various states describing the territory as well as the map, corresponding each level to the levels of Brownian distinction.

Kurt Von Meier never speaks of Saturday. This being Saturday he writes his presentation on the blackboard in a random manner until the blackboard is completely covered. Looking at the presentation, I see a patchwork of words like peace, one, love etc.

The morning goes quickly.

Eight p.m. — John Brockman, author of *The Late John Brockman* and editor of *Real Time* sums up. He steps to the blackboard and writes across the top: "Reality is . . ." He then invites everyone to fill in the blank. There have been dozens of realities floating through the smoke-filled room. This is the big chance. One by one we step forward to write our statements:

Reality is the difference between a crocodile

Reality is what lies between me and my woman

Reality is unawkward self-consciousness

At least reality is

Reality is Ytilaer spelled backwards

We explode with laughter as, the day before the conference is to end, we all make manifest the difficulty that has plagued the group from the beginning.

March 25

The Laws of Form Chorale makes its debut at a Sunday morning service led by Alan Watts. The Chorale is composed of two flutes, a violin and one human voice. Most of the people who live and work at Esalen are there. They've been speculating all week as to what's been going on at South Coast Center. Now they know.

The service ends and the Esalen people disperse to the hot baths, to soak their bodies and lay out in the sun. The AUM people mill around on the deck taking snapshots of each other, trading addresses, making tentative dates for lunch "sometime soon." The AUM conference is over.

P.S. I missed Will's party but I hear it was a perfect success. Lots to drink and smoke. Lots of pretty Big Sur masseuses and worldly intellectuals eyeing each other with mutual interest and disdain. As one woman put it, "We each thought we knew where it was at, and neither of us was sure."

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Allen Ginsberg on the Arrest of Abbie Hoffman

Memo from the Abbie Hoffman & Friends Defense Committee:

The attached letter was written by Allen Ginsberg on behalf of Abbie Hoffman and the three persons recently arrested with him on charges of selling cocaine to undercover cops. Carol Ramer, Michael Drosnin and Diane Peterson. Allen has given his permission for us to circulate the letter, and you are free to use it any way you see fit, either in its present form or as an article. We believe it suggests the truth behind the bust so superbly that there is little we can add. Certainly, there is nothing more we could say about the country's vicious drug laws.

As we write this, Abbie, Carol and Diane were just released from jail. Michael was able to post bond and is free. Thanks in part to an outpouring of letters protesting both the original \$200,000 bail and the prosecutor's office attempt to portray the four defendants as murderous criminals on a par with the Mafia, bail has now been reduced to \$10,000 cash each for Abbie and Carol and \$7,500 each for Diane and Michael.

We also have the problem of raising a \$100,000 defense fund. We badly need the money to hire professional investigators and researchers and to pay the costs for the many motions the attorneys plan to file, some of which will challenge the law classifying cocaine with heroin. The attorneys tell us that the case against the four is not what the cops and prosecutors have alleged in their prejudicial press conferences (two in two weeks) and public announcements, but it will take much professional leg work to prove it, and that is expensive. The defendants insist they are innocent.

The prosecutor's office has already given ample evidence that it plans a political trial to make an example of Abbie, especially now that New York State's new drug law, the toughest in the nation, is in effect. The case is being prosecuted by a special office created about a year ago by the district attorneys of the five boroughs to handle all their narcotics cases. The office is filled with politically ambitious lawyers and is clearly looking to make a name for itself after a year of being ignored by the press while prosecuting heroin smugglers.

With Abbie's presence drawing the media, the assistant district attorney asked during the arraignment for \$500,000 bail, then equated cocaine dealing with murder, then implied that the lives of the narcs might be in danger if the defendants were out of jail, then said the case was considered so significant that plea bargaining was being ruled out, even though none of the defendants had expressed any such interest.

These were unprecedented statements for four people with no previous drug arrests (only Abbie has other arrests, all political), and they suggest the problem we are facing — an attempt to punish Abbie for his past political activities in the hope that it will win the approval of voters here.

The sentence on a Class A cocaine conviction is mandatory life. If the judge is feeling merciful on the day of sentencing, he can set parole eligibility after 15 years. If not, parole doesn't become available to a convicted defendant for 25 years. Should Abbie be

convicted, he would be 62 years old before he was eligible for parole; so would Diane.

Obviously we need help of any kind, especially money. We can be contacted c/o Lefcourt at 640 Broadway, New York, N.Y. 10012.

Four lives are at stake.

To Whom It May Concern:

On behalf of political poet Abbie Hoffman reported arrested with friends and a group of Government men over three pounds of cocaine, I wish to share my thoughts:

First I bear witness to his special experience in the honorable cause of Peace Protest in the face of violent denial of human civil rights to citizens in America and out of it, especially during course of Indochinese War activity foisted on this nation by Government. Abbie Hoffman has already been jailed many times for seeking, with peaceful fire and good humored street theater and astonishing public drama, redress of grievances for the bad luck of the Vietnam War.

Reviled and insulted at first for articulating a now commonly held opinion of that war, he defended himself and others against defeated Government accusations of conspiracy, illegal speech, gesture and public assembly in urging the War end. In this situation he became a hero in a nation engulfed with moral catastrophe, and no human of any generation in right mind can be but grateful for Abbie Hoffman's inventive national communication of the War's madness and folly. I remain grateful for his righteous indignation over the Vietnam War, the moral power of his deeply-felt resistance to the injustice of it, and his demonstration of free Imagination against mass complacency at the mass murder in which we were all involved.

Abbie Hoffman was one of the first souls in the nation to make consciousness sensitive to the Eichmann-like nature of our public War-guilt. Thus any legal case in which he is involved is a matter of deep political consideration, requiring special attention, straight heart judgment and exquisite moral care — that public resentment against him as god-fool of Conscience not crush him in present legal difficulty.

We are now in midst of national scandal of Government misbehavior called Watergate. High politicians preaching law and order were themselves habitually breaking Bill-of-Rights laws in the interests of the creation of some sort of police state. Patriotism was as usual the refuge of these scoundrels, who wrapped themselves in the language of the flag, in order to trash the Constitution. This is an age-old pattern. Unauthorized wiretapping, spying, use of agents-provocateurs and double agents, spoofs, burglaries, police set-ups, official perjury, in-government conspiracy to deprive citizens of protection against excess government snooping and illegal infra-war activity, domestic surveillance of political enemies — this pattern of Watergate crooked-heartedness was precisely the government pattern denounced prophetically by Abbie Hoffman.

Some of these same Watergate actors defamed and prosecuted Abbie Hoffman precisely for his vocal and theatrical resistance to their war machine. He too wrapped himself in the flag, threw free money off the balconies of the stock market, wrote forbidden words on his brow, woke the young to national disaster, and practiced exorcism of a black magic operating in the highest reaches of respectable government — illusory statistics, lying, public deception, conspiracy mania even mass assassination in Vietnam, Operation Phoenix confessed in public before Congress. Construction by Government on his own liberty, such as wiretapping, has I believe been proven in court in the course of numerous trials by which the government tried to knock Abbie Hoffman and his peace friends out of action against War and growth of police state.

So I bear witness that Abbie Hoffman is not an ordinary citizen, member of a silent majority of Citizens compliant with 1984-style Bureaucracy and acquiescent to remote-control war. Hoffman is a patriot who had fought the Good Fight to waken his fellow Americans to the corruption of their own traditional ideals. Like Tom Paine, he is a classic example of philosophic and poetic dramatist of public Ideals, a pamphleteer and book man, seeking liberty for his country and sanity on its government. His just causes were questioning illegal war and police state, not touched deeply by the courts, till late — they were touched deeply by Abbie Hoffman.

Thus his social position as a leader or theorist of new survival society credits him with deliberation and reason. His present involvement with agents of Drug Bureaucracy over cocaine sale may be questionable, but so may be their involvement with Abbie Hoffman.

In time of communal Apathy synchronous with Abbie Hoffman's recent disillusioned withdrawal to private life (after crises of his public efforts to confound Government police bureaucracy and war led him to be attacked left and right), Mr. Hoffman is now to be congratulated on an arrest which by its very surprise, its simultaneous whimsicality and seriousness, re-unites many of his fellow workers once again to resist the steamroller of police state Power crushing another live citizen's body.

Mr. Hoffman's arrest for cocaine dealing does not bear toward resolution of the real "hard drug" problem in America, in any way shape or form.

Government's visioned sentence of life for Abbie Hoffman resolves no whit the real tormenting drug problem in America, but only adds more pain and hysteria to the scene.

What is the actual "hard drug" mess in America? Politicians, police, drug bureaucrats, and criminal syndicates run wild over the public, and over sick junkies, against professional medical-scientific advisement — greed and money is their addiction, and violence and hypocrisy their works.

The real drug problem in America is that government narcotics bureaucracies and organized crime have had a status quo working relationship for decades. This arrangement denies legitimate opiate addicts reasonable access to their specific medicines. The black market for opiates consequently created serves to increase the number of addicts, not decrease it, serves only to increase the social disorientation of addiction, not cure it, serves to discredit helpless sick citizens, not minister to them.

This arrangement increases the pain of addiction.

This arrangement profits only Narcotics Control Agencies and Organized Crime Networks. Both depend on continued criminalization of addicts to maintain their complementary parasitic existences. Both groups have grown with the growth of the black market they have created. In this situation the medically sick junkie is a victim, treated like a Jew under Hitler, driven mad in the streets to seek relief from unendurable pain and social degradation imposed on him by police bureaucracy and organized crime.

This moral and political running sore, uncured by self-righteous anger at heroin addicts, further infected with hysteria by current draconian law, is opened afresh in an operation in which agents of the drug bureaucracy reveal themselves drama-

tically buying pounds of old Bohemian cocaine from Abbie Hoffman and friends. Cocaine in my experience is a drug neither hard nor soft, offering too short a flash for common use, too expensive for psychological habit generally, traditionally the sport of self indulgent millionaires more recently gaga rock stars.

The seriousness of punishment promised by vengeful prosecutors — one of whom characterized Abbie Hoffman's alleged hapless dabbling in cocaine as "insidious and treacherous as homicide" — opens up the great Drug Question — not so much of Hoffman's legal or moral guilt, which notion is considerable whimsical in fact. His arrest raises the publically suppressed Drug Question: How can we endure longer the total insanity sadism incoherence and incomprehensibility of past and fresh present narcotics law politics?

Mr. Hoffman's arrest, by its own built-in heaviness of consequence, raises challenge to the entire fabric of law that confuses foolish sensational cocaine or serious philosophic psychedelics as "hard drugs" with the strong-habit-forming opiates and overplentiful brain-cooking amphetamines. How dare Government bureaucracy impose penalties on use and sale of hard drugs for the last halfcentury without providing (as do other countries successfully) reasonably satisfactory easily accessible medical services for the majority of addicts who now outnumber and for 150,000 reasons don't fit into recent but limited scope of New York monolithic police-bureaucracy-supervised methadone maintenance services?

Beyond this colossal infliction of pain on heroin addicted citizens, present law perpetuates discomfiting sanctions against marijuana use, contrary to the best counsel of reason and science codified into innumerable public reperts, and contrary to vast community experience. By what unconstitutional proscription of liberty and pursuit of happiness must the Drug Bureaucracy maintain its heavy criminal penalties for securing gardening and distributing sociable noncommercial quantities of hemp weed? What state violence is used to suppress herbal cigarette smokes? The soft drug situation remains undefined, except by official presumption and violence, confused and complicated by law and crime where it might be simply free of law and crime but regulated as in other societies by common sense of situation.

This ken on Abbie Hoffman's arrest doesn't propose encouragement of cocaine spread — it does propose shock dismay and mental rejection of the idea that life imprisonment for cocaine sale to police (with no eligibility for parole for 15 to 25 years, depending on pronouncement of the judge), is a sane response to the fact of cocaine and its elitist use in USA. Mandatory life for cocaine is neurotic, irrational, a hysterical swipe at people's souls, a Polyphemous body crusher punishment, a killer idea — it is not sober social response to cocaine usage and special problems, it is no help to old ladies in the street mugged by ignorant junkies conditioned to deprivation violence and pain with police bureaucracy and Mafia fattening on the illegality of addiction.

Life in Jail for anti-War Hero Abbie Hoffman and friends is National Folly. Threat of life behind bars for Hoffman over cocaine sale is not an image of Law and Order, it is an image of bureaucratic dictatorship and confusion, it is misrule and chaos, National Folly.

\$100.00 contribution is enclosed for Abbie Hoffman Bail Fund, whatever it be set, and I pray with body speech and mind OM AH HUM for courts and government and public to recognize the strange delicacy and historical charm of the situation in which they are placed together with peace poet Abbie Hoffman,

and myself sincerely yours
recommending Hare Krishna to one and all
[signed] Allen Ginsberg
Guggenheim Fellow in Poetry 1962
King of May Prague 1965
P.E.N. Club Censorship Committeeman
Member National Institute of Arts and Letters
The Realist

Cancer of the Cervix

by Laurie Garrett

For the past three years, a strong self-help movement has been blossoming within the women's movement. With the theme "Happiness is knowing your own cervix," women have taught each other how to use a speculum, a hand mirror and a flashlight to view what up until then had been the darkest mystery of their bodies.¹

Seeing and beginning to understand our cervixes is only a beginning. Out of the self-help concept is growing a whole new orientation towards medicine.

Medical practice, which prior to the 20th century was the realm of such marvelous female characters as witches and midwives,² is now controlled by men throughout the Western world. Even more specifically, medical practice is controlled by male interests whose primary motive is profit, not "humanitarianism" as Marcus Welby would have us believe.

The concept of self-help stands to challenge that male profit industry. Today we speak of a new "feminist medicine", but it is perhaps not too bold to look towards a new "people's medicine." American doctors may have the strongest union in the world, the A.M.A., but they are still dependent upon their patients just as any manufacturer is dependent upon their consumers.

I feel it is time that the self-help movement took its scope beyond self-examination and abortion and began viewing women's health on a more general level. On a theoretical basis there has always been a sense of alliance between self-help and such organizations as the Medical Committee for Human Rights³ and Science for the People,⁴ but the practical applications have not yet been adequately explored.

Presently, the crux of the self-help movement is self-education. Physicians look upon both men and women with an arrogant superior air, but with women they are especially contemptuous. Even "liberal" doctors consciously or subtly consider the female mind to be non-scientific, humanities-oriented, possibly inferior, and certainly incapable of understanding the finer points of their own bodies. As patients, our questions are left unanswered or vaguely alluded to, our doubts put down with fatherly advice or insistence, and our worries cast aside as female "maladjustment."

This situation has been perpetuated by our ignorance. Because we know very little about our bodies, we are forced to trust the practitioner. Unfortunately, they all too often do not deserve our trust.

It is therefore essential that women begin to educate themselves concerning their bodies. Science, which has been built up to be a mystifying monolith in our society, must be brought down to size and grasped by all of us. It is redundant by now to point out the ways in which women are socialized away from mathematics and the sciences, often left cowering from scientific knowledge.⁵ Self-help means recognizing that fear and dealing with it.

In this article I hope to provide a glimpse of one aspect of women's health, and to approach scientifically the problems now encountered in American cure and treatment of it. I am not a doctor and I do not yet hold any degrees in the sciences. I am, like most women, just beginning to get a feel for the dynamics of my own body. My desire is to communicate that feeling to you and show you how logical and understandable self-help can be.

The Disease

In the U.S. today, one of the most disastrous women's diseases is cervical cancer. Since the institution of the Pap smear (named after its discoverer, George Papanicolaou) the incidence of cervi-

cal cancer has declined. At the present time, breast cancer is the number one cancer killer amongst American women, but cervical cancer remains a strong second. Most women are totally unaware of the warning signs of cervical carcinoma, have no understanding of the function of the Pap smear, and are, as stated before, in a position of having to trust their doctor in all aspects of the disease. The tragedy is that carcinoma means cancer, and cancer is a very serious condition.

Despite millions of dollars worth of research, the care and treatment of cervical cancer, as with most cancers, remains a huge puzzle to the American medical profession. Ignorance, reluctance to question our physicians, susceptibility to quacks and health schemes, and most importantly failure to observe self-care and preventative medicine often cost some of us our lives. When discussing cervical carcinoma we are not alluding to a mild discomfort or a rarity, but a serious disease that affects all women either directly, or through their friends and relatives.

Throughout the course of this article I have attempted to use and explain biological and medical terminology associated with this disease. Having an understanding of these terms should help in both reading and studying further on the subject, and in discussing medical problems with medical staff.

What Is Cancer?

The term "cancer" is a misnomer, for it implies that cancer is a single disease. Actually, "cancer" is a collection of hundreds of different diseases whose rates of growth, possibilities of treatment, causes, and many other factors differ considerably. What is common about these diseases has to be examined from a cellular level.

All living things are composed of building blocks, or cells. Different types of cells gather together to form tissues, such as skin or muscle. Most cells reproduce by dividing in half to form two cells. Within each cell is a nucleus which contains DNA (deoxyribonucleic acid) and RNA (ribonucleic acid). DNA and RNA can be seen as codes, passed on from generation to generation, which contain descriptions of everything the cell is to be, and how it is to function.

Every normal cell contains a constant amount of DNA and RNA, which changes in number only when the cell is dividing. When the cell reproduces, the DNA, which is located in chromosomes, duplicates and divides. Thus, when the cell splits into two cells, the DNA, or the "code for life," is passed on.⁶

Cancer can be seen as a condition which alters that normal process. In what way each individual form of cancer deviates from the process may vary, but a few things are common. Through the use of an electron microscope we can see that cancer cells reproduce erratically, often dividing into three or four cells instead of two. This causes rapid cell growth, possibly leading eventually to a tumor.

Cells which had for generations had a consistent number of chromosomes and DNA suddenly change. The number of chromosomes usually increases, changing the "code for life" for the cell. The cells begin to look and behave differently from normal cells. The cells have been transformed, and the condition is called neoplasia, carcinoma, or cancer. (These terms are basically synonymous.)

The real question today is: What starts the process? Things which are thought to be possible causes of cancer (cigarette smoking, coal dust, talcum, some viruses, etc.) are called carcinogens. At the present time, the search for positive proof that a given suspected carcinogen is actually the cause of one form of cancer or another is a major focus in cancer research.

Many biologists and chemists argue that this approach is not basic enough. They feel that the real key is to examine cells in very minute detail, particularly during cell division. Because cell division is the main point at which there is a clear difference between cancer cells and normal cells, they feel that no "cure" for any form

of cancer will be found until we have a cogent understanding of the workings of normal cells.

Another major approach, and the one which seems to be in vogue right now, comes from the treatment point of view. Millions of dollars have been poured into finding new ways to attack cells during division and halt their reproduction, killing the cells. As pointed out above, cancer cells usually divide at a greater rate than normal cells, so an attack upon cellular reproduction would have a stronger effect upon cancer cells than upon normal cells.

Currently, radiotherapy, or the use of X-ray irradiation, and chemotherapy, or the use of chemical drug treatment, are being used. The degree of success of these various methods varies from cancer to cancer. As long as the neoplasia is confined to a specific area, its tumor site, it is fairly easy to remove by surgery. If it has spread (or metastasized), in most cases the treatment is experimental and difficult.⁷ In the U.S. today, all three of the above methods are commonly used in the treatment of cervical carcinoma.

The Cervix

Many women who observe their cervix for the first time in self-examination find it absolutely incredible. For every woman the cervix is as unique as a fingerprint, no two cervixes looking quite alike.

Most normal cervixes appear visibly as a pinkish organ at the upper end of the vagina. The cervix is moist, surrounded by incredibly strong muscle, and is subject to a monthly metamorphosis (the menstrual cycle). Somewhere near the center of the cervix, an opening, called the os, provides the only passageway between the vagina and the uterus.

Because the cervix is our bodies' last defense against infection of the uterus, fallopian tubes, ovaries, and (during pregnancy) the foetus, it possesses some rather unique features. Its tissues are constantly being replaced, the old cells sloughing off regularly. This tissue is called epithelial tissue. Throughout the epithelial tissue is a lush network of capillaries and blood vessels, which provide nutrients and oxygen to the entire area. This makes the cervix as perfect environment for cell growth.

What is more, the cervix is one of the only areas of the body which is capable of carrying out its own immune response.⁸ Thus, infections, diseases, and even spermatozoa can be prevented from entering the uterus and spreading. All told, the cervix can be looked upon as a woman's best natural defense.

Unfortunately, the very things which make the cervix such a good defense also make it an excellent site for cancer growth. In a woman who is sexually active with men, the cervix is probably exposed to more infections, diseases, and certainly spermatozoa than any other organ in her body.

Epidemiology

One very valuable way of finding clues as to the origin of a disease is to study the people who have had the disease. Viewed from an almost sociological angle, the people are seen as a mass instead of individuals. The epidemiologist searches for common factors among the patients to see what may be causing or perpetuating the disease. This method of study is called epidemiology, and a tremendous amount of effort has gone into studying the epidemiology of cervical carcinoma.

One aspect of epidemiology is that is usually is presented as a series of seemingly disconnected facts. The approach is to absorb as many facts as possible and then try to analyze their meaning. This can sometimes become a fairly subjective process, and we, as women, should be willing to reevaluate epidemiological interpretations which have been made previously by others.

In 1842 Rigoni-Stern noted a striking rarity of cases of cervical carcinoma among the medical records of Roman nuns.⁹ His findings went relatively unnoticed until the 1950s when Gagnon did a twenty-year study of 13,000 Canadian nuns and found *no cases of the disease*.¹⁰ Schomig followed with a study of German

celibates which gave similar results.¹¹ More studies followed, all pointing to a sexual factor in the disease process.

Another element which entered the picture was the curious finding that Jewish women had far less cervical cancer than Gentiles. (The incidence of cervical carcinoma in Jewish women is about half that of Gentiles.) The reason for this is still unclear, although many doctors hold to the belief that it has to do with the rite of circumcision. All Jewish men are circumcised, whereas the ratio in Gentile men is far lower. The smegma, or material contained beneath the foreskin which is removed during circumcision, may be a carcinogen or may hold carcinogenic material trapped within it.¹²

Some epidemiologists are beginning to question this premise, however, pointing instead to the religious doctrines concerning sexual intercourse during and after pregnancy. Both the Moslem and Orthodox Jewish religions call for little coitus during pregnancy, and a lengthy abstinence period following pregnancy. Both Moslem and Jewish women have far less cervical cancer, and it is also noted that in areas where the religious dedication of the people and the adherence to these rules has decayed there is an increased occurrence of the disease despite the fact that circumcision is still practiced.¹³

Other factors which seem to predispose women to cervical carcinoma include infertility, the age of first coitus, the age of first marriage and pregnancy, the number of marriages, general sexual promiscuity with men, and prostitution. Women who experience infertility which cannot be explained physiologically tend to have more cancer than normal women. There is a dramatic increase among women whose sexual activities with men began in their teen years. Likewise, early marriage and pregnancies seem to play a part. And finally, the highest incidence of cervical cancer can be seen among prostitutes.

Much controversy surrounds the various contraceptives used today, especially since the pill has been strongly implicated in breast cancer. There is no evidence that the pill or diaphragm play any role in cervical cancer, and the use of condoms may in fact prevent it. The I.U.D. (intrauterine device) might be involved, but further research is necessary in order to confirm or deny this theory.¹⁴

Hormones may be implicated in the phenomenon of maintaining cervical cancer, but it is not believed that they actually cause it. The evidence for breast cancer is very strong, enough so that in severe cases of breast cancer an hysterectomy is performed to rid the body of hormonal influences. The effect does not seem to be nearly as pronounced in the cervix, however.¹⁵

Finally, there are marked findings concerning economic class differences. In the U.S. there are far more cases of the disease among the poor, predominately among poor Black, White, and Puerto Rican woman.

The real problem in epidemiology is interpreting the results. Do poor women get more cervical cancer because they are more sexually promiscuous or because they can't afford medical care? Does the I.U.D. cause or merely perpetuate cancer? Are Jewish women less sexually promiscuous? As you can see, one answer prompts a hundred questions. One thing is clear from the evidence, however, and that is that sexual activity with men seems to be the key.

Diagnosis

Today most cases of the disease are discovered during the course of a routine Pap test. A sample of the mucous and portions of the epithelial tissue from the cervix are smeared upon a microscope slide and examined. In this way, a good lab technician can detect even minute amounts of abnormal growth (dysplasia) which has not yet developed into cancer. Because of this, fewer cases of spreading malignant (or metastasizing) cancer are seen, and more cancer is now being caught in the early stages when it is easy to cure.

There is no other cancer test used in the U.S. today which is as simple and distinct as the Pap test. Since its institutionalization as a standard medical procedure in the late 1950s, it has caused the cervical cancer death rate to plunge.

The Pap test is not perfect, however. Because it is associated with routine gynecological examinations, Post-menopausal women do not take the test very often. The tragedy is that they represent the highest cancer risk group.

Even more seriously, the test is not infallible. It can miss cancer cells due either to human error or to the fact that the cancer has developed deeper into the cervical tissues and cannot be found in the surface epithelial layer or mucous. For this reason, it is recommended that every woman's *first two Pap smears be performed within six months of each other, and that the rest be taken once a year.*

The European gynecologists have found a small way around this problem. In 1925 a German scientist named Hinselmann invented a method of observing the cervix painlessly and microscopically. The tool, called a colposcope, is inserted into the vagina, and through it the doctor observes the cells on a cervix at any magnification she/he chooses. With this they are able to detect neoplastic cells which the Pap smear may have missed. What is more, they can pinpoint the area of the disease, which is crucial for treatment. For some unknown reason, the American medical profession has ignored colposcopy, being satisfied to play hit and miss with the Pap smear alone!¹⁶ As one American doctor put it:

"The current status of colposcopic examination of the cervix may be described quite fairly by stating that the majority of gynecologists are unfamiliar with the method, have never seen a colposcope in use and have displayed very little desire to learn anything further about it."¹⁷

A final problem in the Papsmeas, which would apply to the colposcope as well, is that few mothers encourage their young daughters to be examined. Cervical cancer has struck teenagers, however, and Pap smears should probably begin with puberty.¹⁸

If the cancer has gone beyond the dysplasia stage, it then progresses to carcinoma in situ. This still is not malignant (invasive) cancer, and it has only been in fairly recent Western medical history that in situ has been proven to be a stage in cancer development. Carcinoma in situ rarely gives observable symptoms, and is usually found through the Pap test or colposcopy.

Occasionally there is a reddening of the cervix which can be viewed in a gynecological or self-help examination. Advance carcinoma in situ is termed Stage 0 or Stage IA cancer. It is still confined to a very minute location on the cervix, but the danger of progression to invasive cancer is great.

Beyond Stage IA invasive cancer develops. Symptoms become more obvious, and the need for medical treatment becomes urgent. It should be mentioned that usually the sooner treatment is sought out, the better the chances of cure. (This holds true for most any disease condition. Unfortunately, even a two-minute examination can be expensive, so many women ignore slight symptoms of discomfort. What is more, some doctors harp on hypochondria and look down upon women who complain but have nothing wrong with them.)

Under self-examination, invasive carcinoma might be seen as a swelling of the cervix, a crusty flaky white patch on the epithelial tissue, a black sore on the cervix, a thick mucous covering, or a vein-like appearance of the cervical surface. Other symptoms include irregular vaginal bleeding, abnormal weight gain, cramping, discomfort during coitus, a thick discharge, or a combination of any of the above.

It should be made clear that *every one of the symptoms mentioned, even the laboratory findings, could be caused by other disease besides cancer.* As a potential patient, you have a right to be worried if you notice any of these problems. On the other hand, you should be aware that very few in situ cases ever progress to invasive carcinoma. Careful conservative reaction is definitely warranted when dysplasia or in situ are found.

Treatment

If American diagnostic methods deserve criticism, the treatment methods warrant an onslaught of attack. Even the more staunch supporters of the profession admit that cancer treatments, and particularly cervical cancer therapy, leave something to be desired. Not only is the cure rate of advanced carcinoma very low, but the surgical techniques used commonly in this country resemble butcher shop procedures.

— "What is referred to as in situ carcinoma by different laboratories may vary tremendously."¹⁹

— "When the histological (laboratory) report decides the fate of the patient, the pathologist (laboratory technician) may be inclined to diagnose carcinoma in situ because he is unable to be sure that the lesion is not carcinoma in situ."²⁰

— "It is easy to construct a theoretical situation in which the decision to remove a woman's uterus in one case while conserving it in another is based on a difference in the histological appearance of five or six surface cells."²¹

— "There is no doubt that cases of carcinoma in situ were diagnosed that were not in fact biologically cancer."²²

— "We believe these results indicate we are not justified in doing a more radical procedure than total hysterectomy. Indeed, the query continues to arise: Is this operation itself more radical than necessary?"²³

Today several things remain standard practice in the U.S. that scientists and physicians all over Europe and in the Eastern world are firmly questioning. It is very possible that American doctors will not begin questioning them until we, their patients, tell them to.

Even a brief look at the medical journals will show that nobody agrees as to how to define the various forms of cancer, much less how to treat them. It's an old saying that there are as many definitions for the various forms of cervical cancer as there are journal articles on the subject. In the case of dysplasia, it may be that nearly all women experience it at some time in their lives, but it regresses by itself. The fact that it ever progresses to cancer points out the need for treatment, but the care should be as rational, painless and inexpensive as possible.

By far the best treatment seems to be that advocated by Copleston and Reid of Australia.²⁴ It is their view that Pap smears should be done, and if the smear indicates any signs of abnormality, colposcopic examination should be performed to find out exactly what the extent and appearance of the disease is. Because the colposcope would have pinpointed the diseased area, the neoplastic cells could be removed painlessly and quickly with little chance of error. The removal could be done either through biopsy or cauterization (which is similar to the freezing or burning removal of warts).

But since American doctors have chosen not to use colposcopy, this is impossible. Standard practice is to remove biopsy samples from the cervix, determine in the laboratory what the probable extent of the disease is, and perform a punch biopsy or conization, cutting deep into the cervix. The procedure has no built-in way of detecting whether more or less tissue than necessary was removed. Pap smears are done to determine whether the procedure was successful or not, but we have already mentioned the problems with that.

For carcinoma in situ treatment is fairly similar to that of dysplasia except that there is a greater tendency towards conization. Conization involves the removal of a cone-shaped sample cut from deep in the cervical tissue. The procedure is costly, often painful, and requires hospitalization. Many doctors of the European school claim it is an absurd procedure, pointing out again that were colposcopy used, conization would be unnecessary.²⁵ Alternative treatments include punch biopsy and cauterization.

It is when invasive carcinoma is present that a physician's true colors come out. The treatment of invasive carcinoma, regardless of what stage it is in, is hysterectomy. The vaginal cuff, cervix, uterus, fallopian tubes and ovaries may all be removed. If conditions seem to be somewhat more advanced, the lymph nodes, rectal tube, vagina, and part of the pelvic bone may be removed. Finally, portions of the abdominal tissues may be extracted. The policy seems to be, "When in doubt, cut it all out". Some doctors even advocate radical hysterectomy for carcinoma in situ.²⁶

There are many reasons to question this practice. First of all, a hysterectomy is not a minor operational procedure which can easily be shrugged off. There are many complications involved with the surgery itself. Removal of anything but the cervix and uterus is a very difficult procedure, and the more removal, the greater the chance of complication.²⁷ One group of doctors, after sighting error after error in operational technique commented: "In essence, then, *properly* (my emphasis) performed radical hysterectomy and pelvic lymphadenectomy may be fraught with operational complications."²⁸

Viewing the problem beyond the operating table, further complications can be seen. Most doctors say that they will put off a hysterectomy if a patient is young and wishes to have children. What criterion they use for this judgement is totally arbitrary. There is no doubt, however, that hysterectomy has a profound effect upon most women. On the one hand we are socialized to believe that nothing is more important to us than our ability to have children, and on the other hand we are asked to accept on faith that our genitals must be removed whenever carcinoma in situ is present.

It is worth noting that well over 85 percent of the gynecologists and obstetricians in the U.S. are men. I do not believe that I would be too bold to speculate that this accounts for their willingness to spring to the knife at the first signs of cervical cancer. Female sexuality is looked down upon in our society, and I'm sure that most doctors do not see the removal of female genitals as presenting half the problem that removal of male genitals does. Medical literature is full of alternatives to male castration in cases of testicular and penile cancer. Castration is referred to as a medieval practice.²⁹ Some doctors have devoted whole books to the subject. But no such fervor exists in the quest for an alternative for cervical carcinoma.

Do alternatives exist? Yes, there are alternatives which are about as satisfactory in the early treatment of cervical carcinoma as radical surgery. As previously stated, early cases which have not metastasized can be pinpointed and removed through the use of colposcopy. This, too, could lead to surgery, but it would be directed specific operation, not a random removal of a genitals.³⁰

Some progress is being made in the field of irradiation treatment. In metastasized cases, radiation is the only thing that can possibly be effective. There are reports of good results being made in chemotherapy, but they are mostly confined to other cancer forms. In the treatment of cervical cancer, several drugs are being used experimentally right now, including methotrexate, chlorambucil, cyclophosphamide, Thiotepe, and melphalan.³¹ One of the major problems of chemotherapy, aside from the fact that its effectiveness is still a matter of experimentation, is that it is fairly expensive. Some medications average around \$20 per dose, and there are others that go much higher.

The point is that there are definite problems in the treatment of cervical cancer, and these difficulties vary greatly from doctor to doctor and hospital to hospital. It is essential that any woman who has cancer, or any woman who has a friend with cancer, educate herself and discuss every step of the treatment received openly and aggressively with the physician. Cancer is a fast-moving field, with new discoveries and treatments being found every day. Many doctors do not keep up on new information from the medical world, and it may be up to us, the potential patients, to point these things out to them.

What Causes Cervical Cancer?

The cause of cancer — any form of cancer — has not yet been resolved. For cervical cancer there are several unique theories. Pending further research, none of them are absolutes, but some of them seem to hold more water than others.

Since epidemiologists have pointed out irrefutably that there is a sexual factor involved in cervical cancer, all theories derived from some other origin have been discarded. The search now is for some venereal factor transmitted during coitus which is a carcinogen. In searches concerning other forms of cancer, carcinogens have been found to be chemical, viral, bacteriological, and biological.

The possibility that some chemical factor is involved has been researched fully with negative results. Cervical cancer is an historical problem dating back to the beginnings of medical history, and whatever primary factors cause it would have to have been present throughout that time. There is no douche, soap, perfume or other element which women have used for some time which can be linked to cervical cancer. What is more, there is no environmental factor which can be considered a strong possibility.

Several forms of cancer, particularly leukemia and Hodgkins disease, have been linked to a viral origin. As was pointed out above, the crux of the cancer problem lies in the individual cells, and most importantly in their chromosome make-up. Viruses also contain RNA and, in some cases, DNA. In the laboratory, viruses have been seen to attack cells and inject their RNA or DNA into these cells. The viral chromosome then duplicates with the normal chromosomes in the cell and an abnormal cell is formed.

This process, known as lysogeny, has been seen to progress to neoplasia and cancer, and is therefore thought to be the cause of at least some forms of cancer.³² In order to determine if a particular virus causes a particular type of cancer, epidemiologists check to see how many cancer patients have had that virus. If the majority of the patients show a case history of that virus, there are strong indications that it may be a carcinogen.

In the case of cervical carcinoma, Herpes Simplex Virus type 2 has been implicated. Herpes Simplex is seen in two forms, and its Type 1 form is found in oral cold sores. Type 2, or Herpes Vaginalis, is a fairly common disease which attacks the female genitals. It is transmitted venereally and is therefore more common among promiscuous women. The problem is that it is very difficult to say whether this factor is a causative agent, or is merely present in cancer patients because the same conditions which breed it, namely sex, breed cervical cancer.

Tests with chick embryos show that Herpes virus is able to transform cells, but there is still no definite evidence that it does so in the epithelial tissue of the human cervix.³³ What is more, no adequate testing has been done with lesbian women to ascertain whether or not the virus can be transmitted without coitus.

No other virus commonly found in the female genitals has been shown to have any involvement in the cancer process.

Most bacteria are found in women regardless of the frequency of coitus. Their method of transmission is in the air and on clothing, not through coitus. Therefore most bacterial infections are found with equal frequency among nuns and prostitutes. Because of this, bacteria have been ruled out as a possibility.

One possible biological factor is Trichomonas Vaginalis. Trichomonas is very common among women, can be transmitted venereally, and often confuses Pap smears because it looks very much like dysplasia. Tests with mice have shown that Trichomonas can cause cells transformation, but at the present time the evidence, both epidemiological and experimental, is scant and somewhat contradictory.³⁴

Finally we reach a factor which the American male medical profession cringes at, but which nevertheless seems the most logical: spermatozoa itself. Interestingly enough, research on the concept of spermatozoa's role in cervical cancer has been carried out

primarily in Europe, and the American medical world seems to have resigned itself to the "fact" that cervical carcinoma is caused by Herpes virus.

Thinking along this line was initiated by Kohlbrugge's findings that sperm could penetrate the cells of many animals, promote local cell division, and lead to a neoplastic state.³⁵ Later Austin showed that spermatozoa had in fact penetrated the cells in the epithelial lining of rat uteri, and hypothesized that similar mechanisms could be operating in the human uterus.³⁶

Sperm is the one factor that epidemiologists can point to as being positively related to the incidence of cervical cancer. Sperm heads have been found among cancer cells. It neatly explains why nuns (and probably lesbians) do not get cervical cancer, and why prostitutes do. The question now is how sperm causes cell transformation.

There are several theories on this point, all of which deserve further research. One idea concerns a chemical group called histones. Histones are present in most living cells and have a very strong attraction for DNA. When histones bind to DNA they block portions of the code. If the DNA were in the process of reproduction at the time the histone bound to it, it could cause an incorrect reading, leading to an abnormal cell. It has been seen that when sperm is absorbed into a cell, it promotes the release of histone.³⁷

Another theory is that sperm acts like a virus injecting its DNA into a cell and causing lysogeny. It is known that sperm acts in a manner somewhat similar to this in its behavior with the egg, promoting cell division and embryo formation. Looking at this in two ways, it is possible to theorize that cancer could be formed either by sperm lysogeny upon epithelial cells, or by faulty embryonic development.³⁸ The later theory is presently held as a very possible cause of testicular cancer,³⁹ but the evidence for its involvement in cervical cancer is scant.

The theories which currently make the most sense concern sperm-antibody-cervix interactions. One of the real beauties of the cervix is that it is capable of carrying out its own localized immune response. Experimental vaccinations and immunizations have been successfully carried out upon the human cervix.⁴⁰ (This is unusual because in most parts of the body the immune response is more generalized, not local. There is no direct parallel for this phenomenon in the male system.)

Even more fascinating, it has been found that *nearly all women, even virgins, are to some degree immune to spermatozoa.* Many women who are infertile but have no obvious reason for their infertility have a very high level of immunity to sperm and are in fact killing the sperm off before it can reach and fertilize the eggs. (Note that this same group of women have a very high incidence

of cervical cancer.)

One aspect of immunity is that most defenses can be maintained only if there is a consistent exposure to that which we are immune to. (Viruses, bacteria, sperm, and other things which we are immune to are called antigens.) Thus, polio vaccines have to be repeated. The presence of an antigen in your body causes the release of antibodies to wipe it out. If the antibodies are not accustomed to viewing a certain antigen, they may not recognize it as an enemy and will tolerate it.⁴¹

In order to be immune to spermatozoa, we would normally have to be exposed to it quite often. Thus, prostitutes have a high level of anti-sperm antibody and are often infertile as a result. The immunity levels found in women correspond fairly well with the incidence of cervical cancer among these women.

One part of the immune system is a group of cells called macrophages, which act by kind of "eating up" antigens. When a macrophage recognizes an enemy, it swallows it. In the case of sperm, it is thought that the macrophages swallow sperm — DNA, RNA and all. The macrophage then have an abnormal cells, leading to meoplasia. This process has been observed experimentally.⁴²

One more general explanation of why sperm infiltration is generally restricted to the uterus is that were a woman immune to spermatozoa, her cervix would prevent it from going through the os. The spermatozoa would be restricted to the upper end of the vagina and the cervix, and might then try to penetrate cells present there.

CONCLUSION

There is no doubt in my mind that all the theories above need further research. If in fact the use of a condom will make a difference in a woman's chance of contracting cervical cancer, it should be investigated. No doubt there is an overemphasis in our society upon a woman's role as a sex object. This disease may lie at the very core of this sexism if requiring coitus from a woman could indeed increase her chances of getting cancer.

Female sexuality has long been misinterpreted to be concerned solely with the act of sexual intercourse, but sisters throughout the women's movement today are discovering that it is their clitoris, not their vagina, which turns them on. Now, however, the discussion of a reorientation towards sex becomes important not only for the sake of personal pleasure, but for the sake of personal health.

All this presents too direct a challenge to male sexuality to expect an honest shake from the male medical world. It may just be that definitive work on cervical carcinoma awaits the arrival of feminist scientists. And that's where you and I come in . . .

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Abbie Up Against It Again

BY REGINALD DUNSANY

I'm sure almost everyone has read about it. Several weeks ago the New York Police Department busted Abbie Hoffman for selling cocaine. An undercover cop allegedly bought the stuff.

It's a matter for the courts now, but I can't help musing about the possibilities. The most likely seems that Hoffman will claim the cops framed him because he's roasted their pork so often. (Translation: burnt their asses.)

Another possibility is that a Hoffman confederate issued a phony press release — the whole thing was a Yippie hoax. When the cops and politicians realize they've been yipped again they'll let forth with a flurry of idiotic new laws and misapplication of the old, thereby looking even sillier. (Felonious High Jinks, one-to-five years; Conspiracy to Flummox, two-to-ten.)

In another scenario I can see the N.Y.P.D. expanding on the cocaine charge. They'll claim that Hoffman was the one who stole the French Connection heroin from their evidence locker. (Thus killing two birds with one stoned.)

Four policemen will swear they'd seen him do it disguised in an ill-fitting red wig and a grass skirt. They didn't nab him at the time, despite the crime and Hoffman's resemblance to himself, because they believed only G. Gordon Liddy, on a National Security assignment, would think of pulling such a stunt.

They'll haul him up before Julius Hoffman (his surrogate god-



mother) who'll convict him several times over. By eight-to-one (William O. Douglas dissenting) the Supreme Court will overturn the convictions. By Executive Order Mr. President will vacate the high court ruling for not being definitive.

A year hence Abbie will die in Danbury Prison. Officials there will claim he died of a self-inflicted enema.

Joseph E. Levine, capitalizing on Hoffman's recent sainthood, will produce *The Abbie Hoffman Story*, starring Richard Benjamin.

Jerry Rubin will commemorate Hoffman's passing with an article in the *Reader's Digest* — "The Most Unforgettable Character I Ever Met."

The possibility I like best is that the arrestee is actually Hoffman's twin sister, posing as the dreaded Abbie. If the cops weren't so anxious to get him they'd have consulted their Dick Tracy *Crimestopper's Notebooks*, learning therefrom one of Hoffman's kinky, commie-fag trats: he shaves his legs. The person they arrested had hairy knees — I read it in *The National Enquirer*. Also larger biceps. The real Abbie remains free to terrorize us.

I know there are actually people who could read all this and say, "Preposterous! None of it could happen. The guy who dreamed it up needs a shrink — maybe a couple of shrinks."

Well, they just don't read the newspapers. Goodnight, sweet Prince. Wherever.

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"And a special prize to Norma Burnhill for her marvelous Cannabis!"