

to the HERLAND VOICE

JUNE 1991

BREAK-IN AT HERLAND

Sometime during the night of May 10, 1991, Herland was broken into and seriously trashed.

Herland volunteers arriving to open the book store the following morning found the front door open and a back window broken. They took a few cautious steps inside but retreated in a hurry when they realized that the intruder was still in the building.

The police were summoned and removed a young man who had broken in the night before. While extremely passive and submissive when arrested, he had evidently at some point the night before been in a rage, and the building was a real mess. He had a nasty cut on his hand (most likely sustained while coming through the broken window), and he had bled on the floor and on some of the furniture. There was blood on the walls and the doors and door frames. It did not appear that there was any personal animus toward Herland; the damage seemed incidental to a (probably) drug-induced frenzy. We do not believe that this was a homophobic action.

The response from Herland's friends and Board was wonderful. More than a dozen women turned out and by the end of the day the only clue that anything out of the ordinary had happened was that everything looked just a little cleaner than usual.

As this is written we do not know what has happened to the intruder. As stated earlier, we believe that this was a random break-in by a vagrant, hungry and high on something, and looking for shelter.

One day we hope to put a state-of-the-art alarm system on the building. Before then, we will be happy and satisfied to have bars on the windows. These would have averted the entire event. Unfortunately, bars are still on our wish list; we just cannot afford them yet. If anyone would like to contribute bars, or dollars to a "security fund" to help us buy them, we would be most appreciative. We had a wonderful community reaction and display of sisterhood and solidarity and heartfelt thanks to all who showed up and worked so hard. It was warming and sisterly and wonderful; but really, we would just as soon not have the need for another such display anytime too soon! ■

AIRLINE FIRES WOMAN

Continental Airlines has fired a female ticket counter agent because she refuses to wear makeup. Teresa Fischette intends to fight to retain her job, and has contacted the Civil Liberties Union to assist her. "I'm prepared to go to court, but that's not going to change their outdated sex-biased attitudes," Fischette said. Sarah Wunsch, a Civil Liberties Union staff attorney, said that Fischette's colleagues had considered her a highly professional and personable worker.

Hmmm. Time was when women were arrested, fined, banned and even burned for wearing cosmetics; now we're losing our jobs for not wearing them?

Hmmm, again. Dyes used in lipsticks have been found to cause cancer in mice; yet not only are women not supposed to worry about this, here we have a woman being required by her job to paint this poisonous stuff on her face.

All together now: Hmmm. Give us a break! Is no detail of women's lives so small or so large, so basic or so insignificant, that men and their minions will not try to control it? How does anyone dare tell another adult that she needs to enhance her looks—that, in effect, her plain face is offensive and displeasing compared to that of the (male) humans working next to her?

Or—hmmm—is the purpose of makeup not to make women more attractive but merely to further objectify us; making us all, like painted clowns or the 'fembots' in the Robert Plant video, look just alike. Really, the makeup so many of us wear is not all that different from the veil of purdah. Veil: Disguise, facade, mask; conceal, cover, hide, screen. Wasn't Continental saying to Fischette: mask, conceal, and cover yourself—and submit to our control?

Kudos and sincere thanks to Fischette for not submitting, and for fighting this edict.

Facts of this report from Associated Press via the Daily Oklahoman, 5-13-91; riled commentary by St. Sybil. Editor's note: On May 15, as the case was ready for Court, Continental had a refreshing change of mind and backed down. The makeup "requirement" is now a "guideline", and Fischette has been rehired with full back pay. Way to go, Fischette! ■

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CDC DEFINITION OF AIDS DISCRIMINATES AGAINST WOMEN

AIDS activists are calling for a nationwide protest to the Centers for Disease Control (CDC) about their refusal to expand the AIDS definition, redefine surveillance techniques according to routes of transmission and to vigorously support anonymous testing.

The CDC establishes the official definition of AIDS. They have refused to include the gynecological symptoms and diseases of women with HIV in the AIDS case definition. Their own study reports that 65% of HIV positive women die without an AIDS diagnosis. Women's bodies are different from men and susceptible to different diseases including cervical cancer, pelvic inflammatory disease (PID) and vaginal thrush. Without an AIDS diagnosis women cannot qualify for benefits reserved for people with AIDS (including disability and Medicaid). Access to treatment clinical trials is also limited. Without adequate diagnoses, the quality of treatment for women is compromised. The failure of the CDC to expand its definition to include women's disease is clear sexism.

Currently, the CDC tracks the number of AIDS cases by "risk groups" such as "gay/bisexual man" or "IV drug user". Nowhere does the CDC attempt to explain specific sexual and social activities which carry the risk of HIV transmission. Gay men are not routes of transmission—unprotected anal intercourse and cunnilingus are. The risk of sexual transmission of HIV is directly related to exchange of specific bodily fluids and therefore specific sexual acts. Lesbians engage in sexual activities that put them in contact with bodily fluids that contain HIV (i.e. vaginal secretions, blood, and semen) and are at risk for HIV infection. The way in which the CDC categorizes people in risk groups presents a confusing and life-threatening message to many women who see themselves as not at risk.

The CDC has historically supported routine testing and contact tracing even though it has proven unsuccessful. Coerced testing and mandatory contact tracing drive those desperately in need of life-threatening safer sex information and possible treatment away from available health care.

The CDC can take action. They must expand the AIDS definition to include opportunistic infections that affect women; collect data according to routes of transmission, not "risk groups"; and ensure the availability of anonymous testing instead of mandatory or "routine" testing.

You can express your opinion to the CDC by writing James Curran, Centers for Disease Control, 1600 Clifton Road N.E. 26 Executive Park, Atlanta, GA 30333. ■

A CALL FOR THE IMMEDIATE REVISION OF THE CENTERS FOR DISEASE CONTROL SURVEILLANCE DEFINITION OF AIDS

And changes in CDC AIDS epidemiology, education and testing policies

The Definition:

The CDC defines a case of AIDS as an illness characterized by one or more of a list of "indicator" diseases, depending on the status of the laboratory evidence of HIV infection. That list of indicator diseases must be expanded to include all of the following with laboratory evidence of HIV:

1. Neurosyphilis, or definitively diagnosed reactivation of syphilis
2. Renal failure (with the exclusion of other causes)
3. Pulmonary tuberculosis

And all of the following diseases when they fail to respond to conventional therapies:

4. Chronic pelvic inflammatory disease, including endometritis, salpingitis, tubovarian abscesses leading to multiple pelvic adhesions, and chronic pelvic pain
5. Chronic refractory vaginal thrush (candidiasis)
6. Chancroid
7. Anal, vulvar or vaginal condylomas (caused by human papilloma virus)
8. Genital ulcers of undetermined etiology lasting more than 4 weeks
9. Vulvar, vaginal, cervical and anal squamous cell neoplasias including disseminated or rapidly progressing squamous cell neoplasias of the lower genital tract
10. Chronic refractory urinary tract infections
11. Endocarditis
12. Bacterial and atypical pneumonias
13. Chronic or fulminant hepatitis
14. Thrombocytopenia
15. Neutropenia (non-AZT related)

These diseases are occurring routinely in patients with seriously compromised immune systems. Most are particular to women and intravenous drug users (IVDUs). The first definition, in 1982, was based on a small number of gay men. Subsequent revisions, in 1985 and 1987, failed to include any diseases specific to women.

This list of diseases has been compiled from the considerable literature on the developing presentation of AIDS published in medical journals, and on discussions with doctors who treat HIV-positive women and IVDUs. *This list should not be considered complete.*

The presentation of AIDS changes as it affects different groups of people. New treatments for some opportunistic infections (OIs) allow patients to live to be affected by newly discovered or developing OIs. Because of this evolving nature of AIDS, *the CDC must institute a regular quarterly review and revision process of its surveillance definition.* Representatives from all affected communities must be included in this process.

(continued on page 3)

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PUBLISHED BY: Herland Sister Resources, Inc. 2312 NW 39th,
Oklahoma City, OK 73112

NEWSLETTER COMMITTEE:
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CIRCULATION: 750

GENERAL INFO: (405) 521-9696 (leave message)

SUBSCRIPTIONS to the *Herland Voice* are free upon request.

AIDS DEFINITION

(continued from page 2)

Epidemiology:

The CDC must research and collect statistics on the various OIs occurring through the course of an AIDS case. This must include the specific cause of death. This should be done in a manner which protects anonymity.

The CDC must collect and publish statistics on transmission according to explicit *modes of transmission* instead of its current method of listing "risk groups". CDC categories such as "heterosexual partner of IVDU" do not show whether the transmission was anal, oral or vaginal. Further, the CDC must recognize that women do not only have sex with men.

Some examples of listings of modes of transmission:

- Anal intercourse — no condom use — male-male
- Anal intercourse — no condom use — male-female
- Cunnilingus — no latex barrier — female-female
- Cunnilingus — no latex barrier — male-female
- Dirty needle use — intravenous drug use
- Dirty needle use — tattooing

Education:

The CDC must develop and widely distribute education materials with complete descriptions of possible OIs and their symptoms for all people. Their prevention effort must include explicit explanations of possible transmission routes.

The CDC must stop their policy of counseling HIV-positive women to delay pregnancy. They must instruct counselors and health care providers to provide complete and accurate information on HIV infection and pregnancy.

CDC grants to state and local governments for education must be audited to insure they are being used in a timely and appropriate manner. The CDC should publicly report governments which leave funds unspent and reallocate them to agencies who will use them appropriately.

The CDC must publish on a timely basis standards of care for the prevention and treatment of all indicator diseases and OIs.

The CDC must provide free up-to-date immune system monitoring together with appropriate counseling and referral services at all HIV testing sites.

Testing:

The CDC must publicly support voluntary and anonymous HIV testing. It must expand its financial support of anonymous testing sites.

The CDC must abandon their strategies for partner notification, contact tracing and "routine" and mandatory HIV-testing, including their efforts toward mandatory testing of infants, pregnant women and health care workers. ■

Kay Killgore, M.Ed.

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ENCODINGS

Volume 1, No. 2

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OKLAHOMA NOW MEETING

Oklahoma Now met Saturday, May 11, 1991, at the State Capitol in Oklahoma City. New officers were elected, including Phyllis Hearn of Chouteau as State Coordinator, Judy Blair of Tulsa as Vice Coordinator, Jill Holmes of Stillwater as Treasurer, and Rhonda Ferguson of Tulsa as Secretary. Margaret Cox of OKC will continue as newsletter editor.

State Representatives Linda Larason and Angela Monson, both of Oklahoma City and both staunch allies of women and children and the needs of all disadvantaged people, joined the meeting for a round table discussion of issues of particular concern to women in Oklahoma, and of ways in which NOW could help them be addressed. It was an informative and challenging discussion, and NOW extends sincere thanks to Reps. Monson and Larason; for their time Saturday and for all the time and effort they expend daily to make Oklahoma better for us all.

As the only thing feminists love as much as talk and controversy is good food, at noon the meeting moved to the Sala Thai restaurant on 23rd Street. There, two general goals were chosen for the coming year for Oklahoma NOW: 1) To establish an efficient and practical phonetree/information network to notify NOW members and friends of necessary action, be it to join a demonstration for better health care or to write letters to key legislators, or what have you; and 2) to articulate and vocalize the more extremist views which are, at least in Oklahoma, expected of us; allowing the more mainstream, larger organizations (League of Women Voters, NAACP, etc.) to maintain their mantle of respectability and moderation while urging their goals. ■

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Chatterbox

DON'T MISS ERICA WHEELER ON JUNE 8th at 9:00. See front page for article.....

P-FLAG is a non-profit organization to help families and their lesbian and gay members learn to understand, accept, and love one another. P-FLAG is the only group of non-gay people working exclusively for gay and lesbian rights and welfare. Families and friends of lesbians and gay men can find a confidential, warm and supporting setting in P-FLAG meetings. Oklahoma City's chapter of P-Flag may be contacted by writing P-FLAG, P.O. Box 22182, OKC, OK 74122 or calling 789-4056.....

CHARLOTTE DE CLUE, OSAGE POET, will speak on issues of racism and give a reading of her poetry on June 18, 1991 at 8 o'clock p.m. at OSU, 123 College of Business Administration Building, Stillwater.....

OFFICE OF CHILD CARE? A new law establishing an Office of Child Care for Oklahoma requires it to "advise parents that no outside child care can ever be as effective and beneficial as devoted loving care within the home, and encourage parents to care for their children themselves, in their own home, whenever possible." Unfortunately, the legislators didn't make any provisions for how children would be fed, clothed and sheltered if mothers (or fathers) didn't work outside the home. They also didn't change the requirement that mothers on welfare register for employment.....

JOBS GENERATED BY SPENDING \$1 BILLION: Military: 76,000 jobs; Transport: 92,000 jobs; Construction: 100,000 jobs; Health: 139,000 jobs; Education: 187,000 jobs. That's interesting math.....

AFTER THE PARADE come to the Coyote Club to hear Peggy Johnson. June 23rd, 7-11 p.m.....

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Oklahoma's Victim Protection Order is available to persons who are threatened or abused by family or household members. "Family or household members" is defined by law to include spouses, ex-spouses, present spouses of ex-spouses, parents, children, persons otherwise related by blood or marriage, persons living in the same household, or persons who are the biological parents of the same child. This definition does include same-sex partners or roommates and unmarried heterosexual partners.

Through the Victim Protection Order, the abuser may be ordered not to abuse, threaten, visit or harass the victim. If the parties live in the same household, the abuser may be ordered to move out of the residence.

Any person who is being abused or threatened by a family or household member may file a petition for a Victim Protection Order through the Court Clerk of the county in which she lives or the Court Clerk of the county in which the abuser lives. ■

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JOBS WITH JUSTICE HEALTH CARE ACTION WEEK

Jobs with Justice Health Care Action Week is planned for June 3 through 9. A focal point of the week is the national day of action — when all participating cities will state a simultaneous event — on Thursday, June 6.

Oklahoma's Jobs with Justice Coalition will rally at the Oklahoma headquarters of Blue Cross/Blue Shield to call for replacement of the insurance industry with a national health care plan. Participants in the rally will gather at Tinsley Park, N.W. 66 and Independence at 4:45 on Thursday, June 6.

Other activities planned for the week include wearing "Health Care for All" stickers to show support for national health care reform and signing of postcard ballots to be sent to congresspersons.

The failure of insurance companies nationwide to assure access to health care for all is the nationwide focus of Health Care Action Week. In most industrialized nations of the world which guarantee health care as a right, the standard business practices of the U.S. health insurance industry would be outlawed as gross abuses. Insurance companies keep premiums down by denying coverage to individuals or groups who are considered high risk. A significant portion of money spent on health care goes to administration costs associated with the insurance industry — the insurance overhead and the administrative costs to doctors and hospitals of handling insurance claims.

Jobs with Justice organizers say this "bloated bureaucratic jumble, bound together with miles of administrative red tape, contributes nothing to the health of our citizenry, yet robs us of the financial capability to assure health care for all. Jobs with Justice calls for a national health care program to solve the barriers to universal health care. ■



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CANADIAN VS. U.S. HEALTHCARE

The United States spends more on health care per person than any country in the world: 38% more than Canada, 124% more than Japan, and 171% more than Great Britain. Meanwhile, health indicators of Americans rank among the lowest in the industrialized world.

In Canada, Medicare is a universal and comprehensive plan for all citizens, of all ages. It covers the majority of medical services, including office visits to the doctor, drugs for people over sixty-five, treatments, tests, lab fees, x-rays, surgery and hospitalization. Depending on the province (state), Medicare may also cover non-physician services, such as physical therapy, chiropractic treatment, drugs, and children's dental care.

Private insurance is outlawed except for services not covered by Medicare, such as travel insurance outside of Canada, semiprivate or private rooms in hospitals, and home nursing care.

An important aspect of the Canadian Medicare system is that it provides for standardized billing for practitioners. There is no coinsurance, no deductibles, no use fees, and no extra billing by physicians. Whether for an office visit, an appendectomy, or open-heart surgery, the doctor bills the government on a standardized form, and gets paid, usually within thirty days.

This single billing cuts down the administrative cost of medical care to a level far lower than in the United States, freeing health care dollars for use for actual health care services. A study by the *Cleveland Plain Dealer* found that Mutual of Omaha, Aetna, and Golden Rule insurance companies spent an average of 27% of every health-care dollar on administration in 1989. In the same year, Ontario's government health-insurance plan spent just 1.8% of every dollar on administration.

A real life example is a Canadian man who had a heart attack in Canada. His treatment included several days in the hospital,

monitoring in the cardiac care unit, bloodwork, electrocardiogram, x-ray, ultrasound, angiogram, various medicines, exercise stress tests. The charge to the patient: \$0.00.

A few months later this same man, while vacationing in California, again suffered chest pains and was hospitalized. After virtually the same tests and procedures, he was released. The bill? \$12,590.34.

Following are a few statistics comparing U.S. and Canadian health delivery. Information from *Mother Jones Magazine*. Dollar amounts will be given in U.S. dollars.

	CANADA	USA
• Per capita expenditure for physicians' services:	\$202	\$347
• Number of patients per physician:	463	488
• Percentage of physicians who are general practitioners:	50%	10%
• Availability of short-term hospital beds, per 1000 patients:	4.4	4.1
• Deaths from heart disease per 100,000 people:	348	434
• Percentage of U.S. population covered by health insurance: White: 76% Black: 12% Hispanic: 9%		
• Physicians' fees are approximately 234% higher in the United States than in Canada.		
• 94% of the United State's top 100 executives are opposed to national health insurance.		
• 75% of all Americans favor some sort of national health insurance.		
• If the U.S. could hold health-care spending at a level equal to Canada's, the savings would equal almost \$100 billion a year—enough to immunize the 1.3 million children not covered by health insurance or government immunization programs; for 870 years.		

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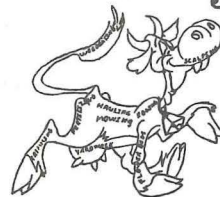
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IMPROMPTU—A REVIEW

by Rhonda Smith

Just a quick note about a delightful film. This is a somewhat fictionalized account of the relationship between author George Sand and composer Frederik Chopin. The story itself is sweet and believable, but the most captivating aspect is the character of George Sand. A woman who wore men's clothing and smoked at a time when such ideas were preposterous, she was strong, forceful, full of life, and impatient with "proper" behavior. A must see!

RACISM — I DON'T GET IT!

By Renea L. Butler-King

As I settle with my cup of coffee, pens, pencils, paper and several notes jotted to myself (my ritual for writing), I attempt to script an essay or an article about my frustrations with the Women's Resource Center (WRC) in Norman, Oklahoma — a feminist organization that is practicing serious racism, the worst kind. The Director, JoAnn Smith, will tell you "she wishes to integrate her Lily White office, although the rest of the WRC staff has no intentions of hiring women of color". The reality is, she and her staff fire, belittle, and segregate any of the black staff that doesn't agree with her practices.

This article has a difficult subject, racism amongst a sisterhood within a domestic violence organization. Serious! this kind of racism. It's hard to digest. You tell me, I work for an organization that allows me freedom of speech and none of the white-male hierarchy bullshit. A JOKE! As soon as I ask for some clarity of issues or display any kind of intellect, you feel threatened and I've got to be suppressed and dislodged. I DON'T GET IT!

I call this serious racism, the worst kind, because the Director of Women's Resource Center, the former Director of the Norman Shelter, would lead you to believe that in the midst of our difference in color, there is a commonality in our struggle. The commonality was when she was lobbying for the director's position of the Women's Resource Center and needed the support of the Norman Shelter staff. After receiving such position, the commonality STOPPED; and she showed a definite difference in color. Confused? So, am I. I DON'T GET IT!

Even more frustrating is a call I made to a sister (blackwoman) who is still employed there, I asked if she thought what was going on at WRC was justified and her answer to me was, "Renea, some black people will always holler racism no matter what." Sad as it sounds, she believes this. My first reaction to this statement was, "well it is!" If it happens 100 times or 1 time, PLEASE, let's call it what it is. It is racism. Some people do not want to see it like it is. They'd call this denial in my psychology class. I'm not going to participate in practicing denial of racism of any kind, any longer.

The phone rang, it's Connie, Lina and Colletta. Last month WRC fired two of these women on the same day; Lina was fired because she didn't fit in and Colletta was fired during a grievance process, one day before her hearing. Women's Resource Center, didn't give Colletta due process before firing her. In fact, WRC has consistently harassed Connie, Lina and Colletta. Is firing and harassing black women a practice of sisterhood? Is it a practice of commonality? Is it a practice of communication? Is firing and harassing black women a practice of equality? Of course not, it's racism and to give it any other name would be confusing the issues. Racism is alive and well at Women's Resource Center (WRC). They only employ white women to work in the administrative offices (The Big House), even though many qualified black women have applied for some of these positions. They employ black women to work at the Norman Shelter (The Back House). I DON'T GET IT!

Women's Resource Center reorganized approximately six/seven months ago, and with this reorganization it was plainly stated by the current Director "the new positions were to be hand picked staff (white women) and filled with people she chose." When this happened it occurred to me that there was no room for self-development or self-improvement as far as black women were concerned. Not one of the black women was ever considered or encouraged to apply for any of the renewed positions. In fact, we were discouraged from doing so by the current Director with statements like "I'm appointing Kristy and Jamie to that position and there will be no more conversation about it." Racism, white-male hierarchy is alive and well within the Women's Resource Center.

TRUST ME — I DON'T GET IT!

This article is difficult, I must say very sad and difficult for me because some of my best friends are white (I love this phrase; white women use it alot). Thanks, but no thanks, I'll not participate in the oppression and depression of my sisters. So, as difficult as this article was to write, it had to be said. To preserve our commonality in the struggle, it had to be said.

REALLY — I DON'T GET IT! ■

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WHAT IS A COMMUNITY?

by Michelle Klukas

In today's society people live within a few feet of each other and may not even know the other's name or recognize their face in a crowd. But sometimes people form a group. These groups of people, with one or two things in common, band together to form a community.

These communities work as a whole for the good of the community and sometimes for those outside the community. They voice their opinions and work diligently to bring about necessary changes in the neighborhood, community or even the city or state, that will benefit everyone involved. As expected, not everyone in a community will agree, but the people of a good community can air their differences, debate the issues and get things resolved without hurt feelings or violence, and everyone is still as friendly as before the disagreement.

This close-knit community can function just as blood relatives. In many cases, especially if there is no family near, the community serves as a family for many of its members. Acting as the family a community will help person who is ill or in the hospital, or provide a free meal or the loan of a car or money, without the expectation of immediate financial reimbursement.

Most communities aren't just there for the problems of an individual or the world. They are also around to provide a networking system and entertainment. In the community there are always many individuals whose talents can be combined with others or used individually. A diverse community can include doctors, mechanics, accountants, and entertainers such as singers, poets, and other artists.

Belonging to a community is a very beneficial experience to both the individual and the community. There is always a give and take, and it's nice to know there is someone out there who is willing to help just because you belong to the same community. ■

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THE KEY TO THE FUTURE — OUT OF THE PAST

By Deborah Fox

Women's heritage, like that of the Native Americans, Africans, et al, has been dismissed as insignificant by the dominant culture. We are being bleached of our colorful cultures and theologies. What is lost is our identity and strength. Acculturation, impoverization, enforced education, missionization, and colonization are the forces that whitewash us into conforming with the dominant culture. What's worse is that many of us have come to believe in the presumed authority of our oppressors. We needn't cloak our intelligence and spirituality in male ideology and theology any longer.

Women have been reduced in and omitted from History, Literature, Theology, and the Sciences in the past few thousand years of male domination. By studying only men and the history of Patriarchy we have a lopsided account of human evolution, and neglect what is likely the key to a sustainable future. Women are bringing to light the vestiges of female heritage and pioneering the study of Woman. His-story would likely repeat itself if women didn't set the record straight.

The ancient female images that have been disparaged by generations of male scholars are profoundly important for women today because they represent the legacy of female power and woman-centered cultures. Whether a woman is gnostic, agnostic, atheist, or pagan the Goddess remains a powerful, empowering and validating symbol of the benevolence and wisdom of female power. She affirms the value inherent in female being.

Some feminists are skeptical claiming there is no real proof of the Goddess, and fear Goddess will merely replace God and that Matriarchy may be the same as Patriarchy. Archaeological evidence, however, shows us that Goddess worship is ancient and enduring and that these matriarchal cultures were peaceful and egalitarian. Noted archaeologist Marija Gimbutas states: the matriarchal cultures of the Goddess "contrasted sharply with the ensuing proto-Indo-Europeans which were patriarchal, stratified, pastoral, mobile, and war oriented . . ."; that "the Goddess Creatrix in her many aspects, were largely replaced by predominantly male divinities of the Indo-Europeans." Quoted from her book: *The Goddesses And Gods of Old Europe*. That the matriarchal cultures contrast sharply with the patriarchal is exactly what warrants our attention and further examination.

Some feminists also fear that an alliance with the Goddess Gaia/Mother Earth will result in our being relegated to the roles of caretakers and nurturers again, and fear that feminists combining spirituality with politics will hinder the critical thinking they

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believe is necessary for effective political change. But is it not this fragmented, strictly "mind" approach that has led the world to near extinction?

In Western dualistic thinking, women have been associated with the body and nature while men have been associated with the mind and spirit. Dualistic thinking fragments, separating mind from body, spirit from matter. It is this frame of mind that views human lives as expendable and justifies war, that can murder millions of buffalo, destroy rain forests, and blow up the earth with nuclear bombs. We must address this. We must cultivate the frame of mind that blends mind and heart, body and spirit, intuition and rational thought. This is the kind of spirituality politics needs, not an organized religion that believes the murders of war and the destruction of the earth is God's will.

The fear that recognizing a special relationship of women with the earth will project onto us the responsibility of saving the earth, is justified. This scenario is typical of dualistic thinking and the dominator model of structuring the world. We all have a special relationship with the earth, *survival*, for one! And we are all responsible for cleaning up after ourselves and taking care of the planet earth. President Bush has gone so far as to label Mars our new home! As if that were a plausible solution to the mounting destruction of the earth. Talk about out of touch! Riane Eisler, in her brilliant book: *The Chalice and The Blade*, has developed a new model for structuring the world based upon her studies, especially those of the early matriarchal cultures. She calls this model the Partnership Model, whose tenets are equality, quality of life for all, and the ecowisdom necessary for a sustainable future.

The philosophy of Goddess spirituality posits that She is imminent in all of creation; plant, animal, human, earth, moon, stars, and galaxies — that all life is sacred. Hers is the earliest and oldest religion known to date. Later came the religion of transcendental God. The eradication of the Goddess, Goddess religion, and women from positions of prominence was a political act. True religious freedom acknowledges all religions as valid. As Carol P. Christ reminds us in her book: *The Laughter of Aphrodite*, "there are many names for the powers we call divine. These may be male, female, or not genderized. The problem comes when we do not recognize power within ourselves as well as within others and when we do not recognize our connection to all beings within this circle of life."

The evidence of the Goddess and Her peace-loving, egalitarian cultures is ample, and can teach us another way of being in the world. What's more, reclaiming our rich heritage is an empowering process. It lifts the veils of deceit and tumbles the patriarchal foundations upon which we have built our lives thus far, clearing the way so we can rebuild a better foundation for our future. The journey to our true identity and power may be arduous, but we are worth it. ■

 usie

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1991 Oklahoma Gay and Lesbian PRIDE PARADE

Saturday, June 22:

- 7 p.m. Concert Under the Stars and G.A.L.A. presentations
Habana Inn west parking lot
2200 N.W. 39th Expressway 1½ blocks west of Penn

Sunday, June 23:

- 11 a.m. Ecumenical worship service
Memorial Park, Classen between N.W. 35th and 36th
- 12 noon Rally, with special guests
Memorial Park
- 1 p.m. Parade, with floats, marching band, organizations, and proud gays
and lesbians and supportive friends and family.
From Memorial Park, along N.W. 39th to Pennsylvania, to 39th at
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