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Fall 2006

Kate 2006 Fall

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f the responsibility for the deep feelings of pills, or the bottle. ~Marya Mannes, *But Will It*

ted group in history to have been

Jong * **We need a new kind of feminism, one that**

d sex in all their dark, unconscious mysteries. The

e, and on-the-spot confrontation, is the prankish

ork is never done and is underpaid or

re the first to get fired and what we

do and if we get raped it's our fault

ed it and if we raise our voices we're

e nymphos and if we don't we're frigid

n't get a "real" man and if we ask our

and/or pushy and if

we stand up for our

" and if we don't we're typical weak

e're out to trap a man and if we don't

n't get an adequate safe contraceptive

can't cope or don't want a pregnancy

and...for lots of other reasons **we are**

~Author unknown, quoted in *The Torch*,

ology or breast cancer and reproductive concerns. There are essential

unately, when I speak about this at symposia, half of the male doctors

lth, and neither do the drug companies or academic medical centers.

health. It is going to take the voices of women, powerful women like

MD, FACP * The emotional, sexual, and psychological

l." ~Shirley Chisholm * You don't have to be

vin Lewis * **Women are not inherently**

anything but human. ~Robin Morgan

KATE

Otterbein's FIRST Zine
Vol II, Issue 1—Fall 2006

Welcome to KATE!

KATE is Otterbein's first ever Zine. Even more so, it is Otterbein's first feminist zine.

We have chosen to name this groundbreaking publication in honor of Kate Hanby, Otterbein's first female graduate, graduating in the year 1858. We also recognize Otterbein's importance in the role of "firsts:"

Otterbein was the first college to admit women to all levels of study; first in hiring women faculty; and one of the first to admit students of color.

Throughout every issue we will continue to honor Otterbein, Kate, and other great women who have accomplished "firsts," thus paving the way for us all.

The Origin of Zine (zēēn)

Zines, do-it-yourself alternative publications, began as self-published fan magazines. Since the 70's, feminists have used the zine outlet to explore women's issues, and to challenge mainstream magazine's misrepresentations of women and their experiences.

"Women use zines as a forum for interacting with, reacting to, hacking up and re-assembling pop culture. Zines by women often focus on the amazing aspects of the female experience that are, for the most part, invisible in the mainstream press. Zines are a place where individual women stake out ideological territory and debate issues. Zines bring a sort of freedom other publications can't afford their writers" (Angela Richardson).

Here at Otterbein, KATE will forge the path for many voices to be heard.

Mea Culpa: In this issue we are reprinting Ruth Garrett's poem "Life Waltz" as we inadvertently cut it off in our first issue. Likewise, in our upcoming spring issue, we will reprint a poem by Sarah Jacobson. Our apologies to the authors and our readers.

To **SUBMIT to Kate**,
send inquiries to:

kate@otterbein.edu

Look for our next issue in spring

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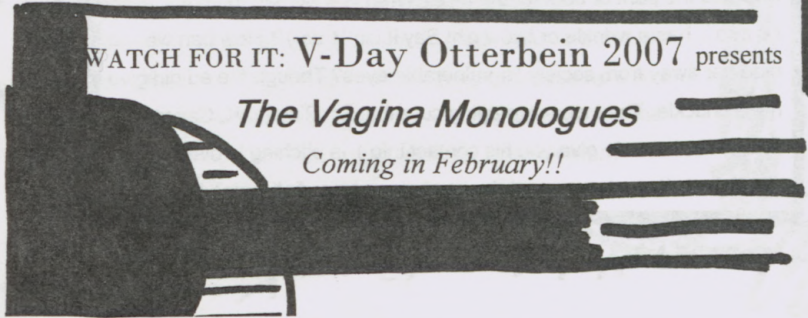
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Be a Vagina Warrior! => Join Us Nov. 10, 2007

WATCH FOR IT: V-Day Otterbein 2007 presents

The Vagina Monologues

Coming in February!!



Open with
Care

editorial

Rant:

Just What Kind of Women?

By Jennifer Roberts

I knew I was in trouble when the magazine listed "fitness tips" above "upcoming business events," but still, I picked up the latest issue of *Just Women*. I was at Stauf's on Grandview, my usual Saturday writing haven, and decided to take a break from writing a sociology paper on female androgyny and cross-dressing in films when I spotted the small, digest size magazine. Intrigued, and rightly cautious, I flipped through a few pages, hopeful that the section titled "Health, Beauty, and Wellness" would actually be more health than beauty; I was disappointed. Coupons for facials with peptides to "rejuvenate the skin," (a.k.a. "don't look old") were followed by an ad for "unsightly vein removal." You know, from behind that crook in your knees from the "sit like a lady" leg crossing you are taught to do. I was drawn to the toned, tanned, and crossed legs that made up three fourths of the ad. One pair of legs was covered by boots and pants... acting like a fashion fix for the unsightly skin beneath. Apparently, boots and pants are not the desired look for a true woman, and only if you have not achieved appropriately attractive leg beauty should you wear them. After all, it is not acceptable to expose the world to a woman's imperfection. A woman, the ad implies, should be leggy and exposed. Then, I read how "affordable, beautiful legs" could be only a call away. Whatever.

I kept flipping. Surely *wellness* would touch on a few legitimate health concerns, right? Wrong, but you knew that, trusty reader. The wellness portion of the magazine was titled *Forever Young*, and hocked Anti-Aging Medicine. So the implication is that aging is the opposite of wellness. Aging is thus a sickness, a disease that women should prevent as it will lower their value as women. Has anyone invented the pant or boot for the face? What is a woman to do if she (gasp) has a wrinkle or two (oh! Say it isn't so)? How can we hide her away from society's vulnerable eyes? Though the ad did give me a chuckle. The innovative aging cure that Dr. Richard K. Cavender (and, no, I won't give you his contact info) is pitching is over shadowed (insert sarcasm) by its glossy name: Anti-Aging Medicine.

The surface area of a human lung is equal to that of a tennis court.

This Side
up ↑

Soap Box

You should know



the bitch

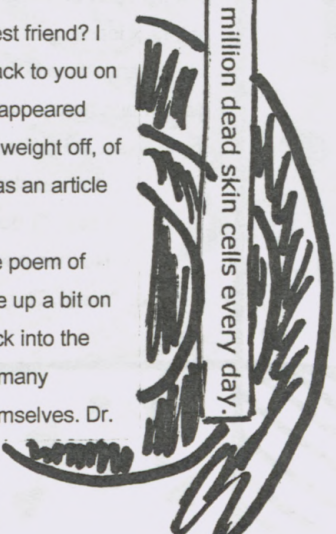
Apparently as one moves into her late twenties and thirties, she loses the ability to remember complicated cosmetic names and must be given the simplest cues. I envision the ad on television. An attractive (insert your own ideal) middle-aged woman (twenties?) is gazing in a mirror. The lilting music being played over the ad suddenly hits a wrong chord as the blond, leggy (no boots here) peers deeper into her reflection.

"Oh, dear, a wrinkle! I must get some of that...that, oh what is that anti-aging medicine called?" Then the voice over: "Never let memory lapse or stupidity interfere with your ability to stay young. Dr. Cavender has the solution. Get that Anti-Aging Medicine today."


Simple for the simpletons.

Doctor—and I hesitate to use the moniker—Cavender pitches a high tech preventative medicine which focuses on regaining and maintaining optimal health and vigor" (16). *Optimal health. Health.* Let me illuminate you further by telling you that part of Cavender's healthy hormone treatment is complimented by a "full range of cosmetic procedures." Moving on...

The ad for diamonds was interesting. Still our best friend? I like the emerald cut, or maybe the princess cut. I'll get back to you on that. I flipped and *flipped*. Wait! An ad for N.O.W. (which appeared next to fitness tips—mini-meals are the key to keeping the weight off, of course). Maybe there was hope for *Just Women*. Next was an article on Kelly Borth, an entrepreneur and all-around successful businesswoman. I was encouraged. Next I found a favorite poem of mine: Mary Oliver's *The Journey*. I was beginning to ease up a bit on the magazine, but just when I thought it was safe to go back into the water...duhdun, duhdun, duhdun...I was struck at just how many professionals were running ads on how women can fix themselves. Dr.



A whole lot of shedding--A person sheds about 50 million dead skin cells every day.



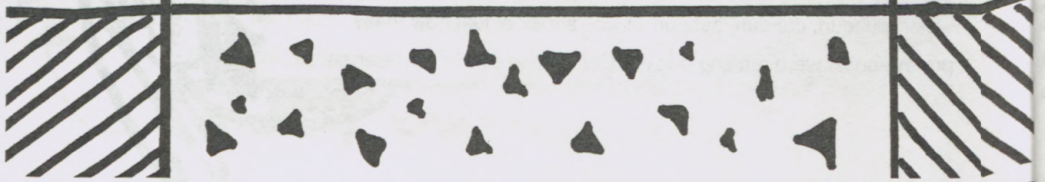
Strausser had a deck of cards, 55 pieces of advice that will “stack the deck in your favor” in any relationship. Ah, yes, the woman as witch scenario. We must do that voodoo that we do so well to snare us a good man; *Lifestyles* fitness centers told me that if I hadn’t shown up in a couple weeks for a workout, they would call me. Don’t bother. I’m at Dr. Cavender’s; *On Fashion* said, “The jeans that you have been waiting to squeeze into, may be a long shot. But, if you are motivated to shed the few extra pounds, then reward yourself with a new-trendy pair of jeans.” Pay close attention to the words “motivated,” and “reward.” What this ad is telling me it that if I have a few extra pounds—and according to who?—and I don’t lose them, I am unmotivated, i.e. *lazy*. So women that are not ultra thin are fat and lazy. And, if I do lose the pounds, I get a reward. If I don’t lose the flab, I do not deserve to be rewarded. I am a bad, bad woman. Finally, and I save the best for last, Mary at *Absolute Perfection* was offering permanent make-up...along with *areola regimentation!* I am not sure if the one exclamation point really gets across the fact that I am screaming right now. At the top of my lungs, screaming!

Let’s put all of this perspective; let’s put this into a scenario. First, my legs look horrible and I should hide them away. Then, the unsightly wrinkle needs to be removed as it is unhealthy, a symptom of the age disease. Once my legs and face take proper form, I then have to get off my fat ass so I can reap society’s reward of a tight pair of jeans. Next, I take my tight face and toned ass in my hot, new jeans (rolled up to show off my shiny, tan legs) and put a hex on an innocent, unsuspecting man. He is thus snagged. Things get hot and heavy. I undress and there, staring him in the face are my areolas. I am proud of them. The look on his face says he is not.

“What shade are those?” He points.

I say, “I don’t know.”

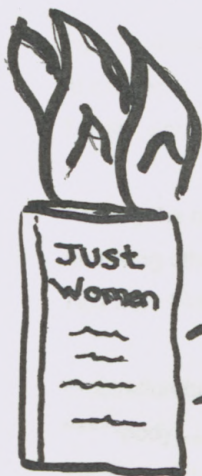
He then pulls out a card for *Absolute Perfection* and hands it to me. “Here. They have a wide array of great shades. I like pale pink.”



I know that a few people may label my rant as over the top. Some of you may think I have nothing better to do than to see conspiracy on every page; to you I say, "go buy Cosmo, but keep your hands off Kate." Don't be blind to the fact that all of these ads work together to promote the same message: women need to be fixed, they must fit an impossible ideal or she is valueless as a woman. If your jeans don't fit, *Lifestyles* is there to help you get into them. If you are aging, *Absolute Perfection*, and *Anti-Aging Medicine* (how droll), and *Artemis Laser and Vein Center* are there to help you fix these horrific, unsightly problems. (Speaking of Artemis, she was (is?) the goddess of the wilderness, the hunt and wild animals, and fertility. What does that have to do with spider-veins?) If your nipples aren't the right color, well just head over to Mary and pick the perfect shade for you and your partner. (The "right" shade opens up a whole other discussion, doesn't it?).

I had my fill of *Just Women*. I closed the magazine only to notice the twelve helpful coupons on the back: Permanent make-up, nails, Age Management, lingerie for romance, clothing, hair, speed dating, and more. Oh! And a lawyer, window designer, and paint store to boot. You know, in case you want to put in safe windows, paint your kitchen pink and then sue your homebuilder for placing the vanity mirror in your bathroom a few inches too high that you can't see your nipples. Before leaving though, I ripped out the coupon for a full body massage. I needed it.

What's YOUR shade?



Women ARE STILL NOT MAKING
WHAT MEN MAKE; THEY'RE STILL
HITTING THE GLASS CEILING!

FAT

By Mollie Fingerman

Fully loaded with cellulite
Abnormally LARGE for my size
Tolerating all the teasing

even though it hurts inside

Feeling

left out

Always on the

outside

Ten sizes BIGGER than everyone else

Forgetting to just be me

Anyway to shovel more in

Tensing when someone gets close

Falling so deep i can't rebound

Analyzing when people are nice

Tantalizing over anything edible

Floundering to get a foothold on life

Anticipating mealtime

Trusting only in food

Filling out before everyone else

Ass bigger than Texas

Trauma when i go - a size

Fatal wounds to help with the pain

Adoration for the skinny blondes

Tender touch, i slink

From the flirting boys

Awesome outfits in a O
Terrible to feel this way

Fabulous shoes offset the boobs
Another day goes by, and no difference--
To them, to me, to the scales

The thought of more

Fun waiting to be had (but not willing to take the chance)
Airways clogged, eating too fast
Tasty sweets

Functional ears to take it all in
Always listening to tart words
Thanking God for making me the way i am?

Finding there's no way out
Announcing to the world, i can't do it
Throwing myself to the ground and sobbing

Free to scream
At cravings . . . but which ones?
Terrific, another beautiful day not to be enjoyed

Fearing the next level
Annoying others around me
Tips from friends on how to make it work

Frustration building up
Adjoining ^{body} _{parts}, no ^{separation}
Terrified of looking in the mirror

FAT

**FLATTEN
YOUR
ABS**

**CHEAT ON
YOUR DIET**

**& still lose
weight!**

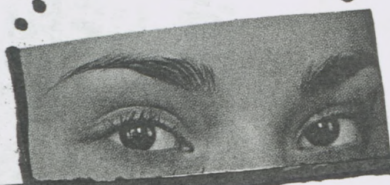
**TIGHT
BUTT &
THIGHS**

Healing:

An orange a day
keeps the doctor away.

choice

health



Freedom of

Smile

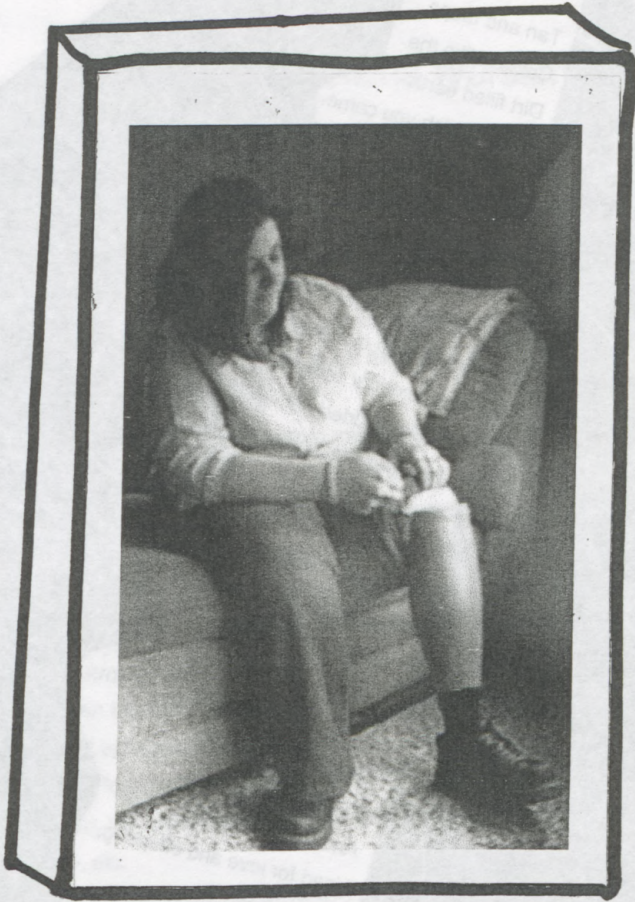
Truth

Self

happiness



[It Takes 17 Muscles to smile ☺ And 43 to frown ☹]



"a minor adjustment"
photo by amber robertson

Shelled

By Laura Naso

Tan and taupe,
Colored like the
Dirt filled earth
From which you came.
Still dusty with
Ashes of ancient
Ages long since past.

Feminine you are
Indeed Ms. Peanut,
Round with curves,
Hard exterior with
Identity gridded out
By ridges that rise,
Then fall back
Into subtle submission.
Your salty body,
More fragile than expected,
Houses two nuggets,
Precious gifts,

Tender heart and sweet unborn,
There for the taking
By whoever chooses.
And taken they are.
Used for love and offspring,
Broken open by
Oblivious men

In this blind society.
Thrown down once
All deemed valuable
Has been used.
Ground to dust,
Back to the soil
You return again,
Stronger now as

You have become the earth,
Waiting to swallow those
Pious men who thought they
Broke you, the simple fools.

Feminist Profile: Aisha Warsame

Aisha, can you tell us a little bit about yourself?

-I don't know, I guess you could say I'm a traditional Somali female but I have an English accent and I'm a bit of a radical feminist. so that makes me not so traditional anymore. I'm a junior chemistry (pre-med) major and a women's studies minor. My main goal in life is to help women through medicine. I want to become a gynecologist and hopefully a sex therapist too.

What are your plans after Otterbein?

-My plan after Otterbein is straight to med school! I have no other plans really, which scares me a little but you don't know how bad I want this!!!!

When did you come to feminism? What is your definition of feminism?

-I think I was born a feminist. I was always questioning my role as a girl and never understood why my four brothers were allowed to do things I wasn't. I think my mother had a huge role on me "officially" become a feminist though. She raised seven children on her own, while speaking very little English in London. Even though my mother chooses the traditional female role, she taught me the exact opposite. It's funny because we argue about feminism and what it means. to her feminism=lesbians but to me it's every women's fight against what we believe in, it's a fight for human right, reproductive rights, against domination and sexism, etc.

You mentioned that you from Somalia by way of England. What, if anything, can you tell us about your experiences as "woman," and "Somalian woman" in the United States?

-Being a woman in the U.S is very different than being a Somali woman. I was born in Somali but was raised in England, so I never really experienced the whole "Somali woman" thing as much as my mother did. Growing up in the western world is difficult if you're trying to keep your traditional and religious values. Everything I was taught and everything I believe in conflicts with the western way of life. I struggle with myself sometimes because you come across really ignorant people. I get asked a lot of questions and I don't mind answering them but not everyone is going to agree or understand why you dress a certain

way or why you think a certain way. You really can't please everyone and I don't want to please everyone.

In your opinion, how important is feminism in the 21st century and why?

-I think that the 21st century feminism is very important because it includes anyone (female or male) who are rejected gender privileges and demand real equality lawfully and rightfully. Feminism isn't just a fight for women anymore.

How do you see feminism directly relating to your work and ambitions outside of Otterbein?

-It's hard to be taken seriously at times when I mention to people that I'm pursuing a medical degree. They take one good look at me and don't understand why a young woman like me should waste her life doing something her husband can easily do. I'm constantly reminded that med school is long and requires hard work and that I won't have time for a family or a future. Also a husband won't stick around much longer because I could potentially be making more money than he does.

What do you see as the major issues of feminism this century?

-Not to say that other issues aren't important but my main concern is the ongoing battle with banning FGM. FGM is an issue that hits close to home. It's well known in the Middle East and sub-Saharan Africa. Most people ignore this issue but its violence being committed against women and that shouldn't be something that people ignore. I'm a firm believer in that "One woman's struggle is everyone's *struggle*".

If you had the ear of every woman on campus, what would you say to them?

-Well, I think it's important that every woman on campus should know how lucky they are. Women in most countries aren't allowed to vote, drive a car, get an education, leave the house without her husband or a male individual, look into another person's eyes, etc. Look how far feminism has come?! Take advantage of it!

GODDESSES

"A Generation of Exams"
By Sarah Pyles

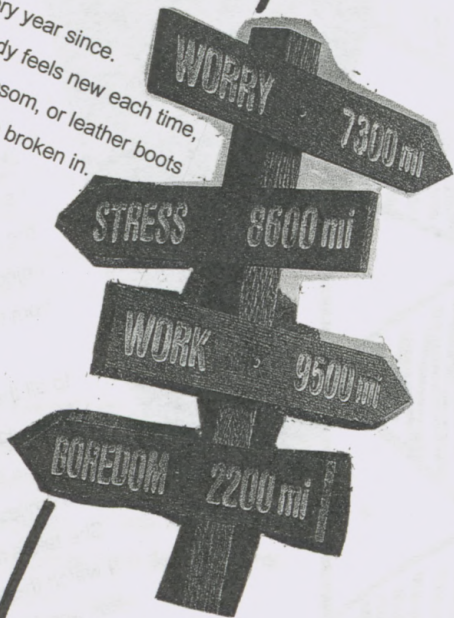
As a chill seeps through
the latex gloves
like sap breaking through
an oak's bark,
I watch the clock
perched on the pale,
blue wall of the exam room.

This isn't my first time,
I've been doing this since
I turned eighteen
and once every year since.
But still, my body feels new each time,
like a spring blossom, or leather boots
that have yet to be broken in.

My back flat, stiff,
a tied hospital gown
the only barrier I have.
Arms up, bent elbows
and entangled fingers
cradling my head
just as a Mother
would hold her infant.

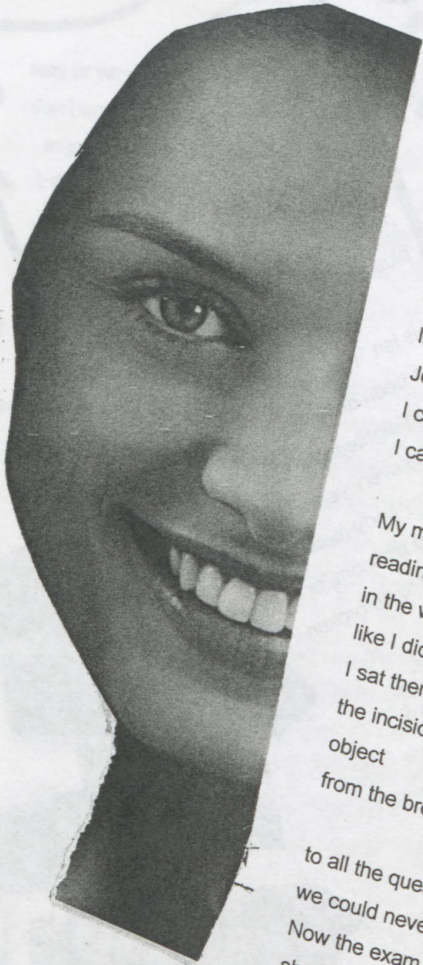
A woman,
a familiar stranger,
rotates her hand
clockwise around
my exposed breasts
open to the stale, stinky air
placing pressure at each hour.
12 o'clock, tick
I think of my Mother

cont'd



More than 50% of the

population has curly or wavy hair



3 o'clock, tick
I look at the clock.
6 o'clock, tick
I think of the lump.
9 o'clock, tick
I wonder if she cried.

I re-dress myself,
panties, bra, socks
the garments cool
like I never had them on at all.
Jeans, shirt, shoes,
I can feel my skin again.
I can breathe again.

My mom waits for me,
reading "TIME" and worrying
in the waiting room
like I did for her during the biopsy.
I sat there that day imagining
the incision, the extraction of a foreign
object
from the breast she raised me on.

to all the questions
we could never know.
Now the exam over,
she smiles, our brown eyes soften.
She takes me home.
I watch the tides of her chest
rise and fall, rise and fall.

TIME

Living through Technology

By Bonita fee

I'd like to take this opportunity to describe a situation that highlights the importance of annual mammograms for women over age forty. My story is about what we find is important to us when life's "big decisions" confront us, and how easy it is to choose cancer-free over symmetrical breasts. Most of Otterbein's traditional students are too young to be scheduling base-line mammograms, but all students should know their family history when it comes to breast cancer. Students may also want to check with their mothers and sisters to be certain they are getting annual mammograms. Staff and professors over forty may be most impacted with what I have to share.

Over the past six years, I've had seven lumps and/or calcification clusters removed from my breasts - six extractions have come from the same problem area of one breast, one from the other breast. Most of the lumps I detected myself through self-examination, but calcification clusters can only be seen on film. They're as small as grains of sand, and not detectable to the touch. Everyone has a few specks of calcification in their breast tissue, but when individual pieces begin to cluster as though some intelligence is pulling them into a circle, it can be an indication of a future problem. A biopsy for calcification requires the placement of a guide-wire into the breast tissue to mark the location of the cluster, and it is a far more painful procedure than a simple mammogram.

Any lump or extraction is a huge scare, but I believe I am cancer-free today because I have been proactive in my breast health by using the tools and services readily available to me. Many times I have reminded my surgeon that I don't care about scars and lack of symmetry - I only care that the surgeries have freed me of atypical masses that may have developed into breast cancer if we had not extracted the tissue for biopsy.

A base-line mammogram is recommended for all women at age forty unless cancer has occurred in a relative such as a mother or sister, at which time thirty is recommended for a first mammogram. I encourage every female student, staff member and professor at Otterbein to research their family history regarding breast cancer and be strict in scheduling annual

mammograms accordingly. Do not let the equipment or procedure scare you away because mammography is an excellent early detection tool. Not all problems are detected through mammograms, but many are – and many lives have been saved by early detection of cancerous cells.

Ladies – get your annual mammogram scheduled today. Mt. Carmel / St. Ann 's Hospital, which is very close to Otterbein, has a wonderful new state-of-the-art Women 's Health Center staffed by the friendliest and most caring women you could imagine. Don 't let fear of a simple, non-invasive procedure keep you from protecting your own good health. Here 's the information you need to schedule a mammogram:

The Mt. Carmel / St. Ann 's Women 's Health Center

477 Cooper Rd, Suite 100

Westerville, OH 43081

Central Scheduling: 614-898-8378 (specify the location that 's best for you)

This is all the information you need – no more excuses. Make an appointment today - it 's time and money well spent.



Take steps to ensure early detection

Just BEING a WOMAN
is a person's greatest **RISK**
for getting **BREAST CANCER**

What you know about breast cancer could save your life.



VOX

Voices For Planned Parenthood
Otterbein Chapter

Help Support:
Women's right to choose
Birth Control
Sexual Health Education
Safe Sex
STD Awareness

*Students coming together to aid in the pro-choice
debate and to help spread understanding.*

Contact abigail.guard@otterbein.edu

HPV in WOMEN

HPV in Women

HPV (human papillomavirus) is an infection that can occur in the genital or anal area of women or men exposed to the virus. There are more than 30 strains of this virus which may be sexually transmitted and result in genital warts. It is estimated that 80% of all sexually active women can expect to be infected with the virus at some point in their lifetime.

Although there is no cure, for many women, the virus will disappear on its own. However, for those women infected with the persistent high risk viruses strains (6, 11, 16 & 18), cell mutation can occur and result in cervical cancer. Over 1000 women a year die from undiagnosed, and untreated cervical cancer.

Symptoms of infection from this virus can vary. In some cases, genital warts may appear on the genitalia. Abnormal cell changes may occur on the cervix and only be diagnosed through the PAP smear and examination. These pre-cancerous changes can be treated with a variety of methods, including chemical cryotherapy (burning) or other medications.

In August 2006, the Centers for Disease Control (CDC) began recommending prophylactic immunizations for the HPV virus in women prior to the initiation

80% of all sexually active women can expect to be infected at some point in their lifetime.

of sexual activity. This immunization, known as Gardasil is given in a series of 3 injections over a period of 6 months and protects against the most virulent strains of HPV. It is recommended that women as young as 9 receive the immunization prior to sexual activity.

There are other ways to avoid HPV. A monogamous sexual relationship, consistent use of condoms, and no smoking have all been found to be helpful to prevent the virus. A yearly or biannual PAP smear with HPV testing is recommended for all women of child-bearing age or who are sexually active in order to diagnose and treat the virus in its early stages.

At this point, the immunization is not targeted towards males, although research is ongoing in this area. Males can help prevent the virus transmission in their partners through consistent condom use.

By

Alicia Ribar, MS, CNP (Certified Nurse Practitioner) and
Instructor, Department of Nursing

Marjorie Vogt, PhD, CNP

Associate Professor, Department of Nursing

**DO YOU NEED THE CERVICAL
CANCER VACCINE?**

Yes. Even if a woman has had sex, she may not have been exposed to the virus. If she has been exposed, it may not be to the strain that the vaccine protects against.

**CAN GARDASIL HELP EVEN AFTER AN ABNORMAL
PAP SMEAR?**

It could. You still may not have been exposed to the strain of HPV the vaccine protects against.

WILL IT EVER BE AVAILABLE FOR WOMEN OLDER THAN 26?

Possibly. "Researchers are testing it in older women, and there's a lot of talk about giving it to all women," says Dr. Hutcherson. Since there are no known side effects, there's no downside to getting it at any age.

**SHOULD SEXUALLY ACTIVE WOMEN BOTHER
GETTING THE VACCINE?**

The new HPV [human papilloma virus] vaccine, Gardasil, is a huge breakthrough for women's health: It inoculates against two HPV strains that account for 70 percent of cervical cancer—but it's recommended only for girls and women ages 9 to 26, and it's considered most effective in those who haven't been sexually active. Can it help even if you don't meet these criteria? To find out, FITNESS asked Hilda Hutcherson, M.D., an ob/gyn and codirector of the New York Center for Women's Sexual Health at Columbia Presbyterian Medical Center in New York City.

Why Women Need To Yell Twice As Loud

By Jennifer Knox

14682, 770 affected!

I remember a time when I missed at least one, maybe two days of my life each month, finding myself instead curled in the fetal position on the floor by the TV, surrounded by a bucket, a towel, and a very confused roommate. Meanwhile, the world outside was moving around gloriously and it seemed indifferent to my pain. Quite frankly, I was too—as soon as it was over. I would eventually rise, dust myself off, and trivialize my own pain until it arrived again, a month or so later.



F A C T S

I spoke to my gynecologist but found myself getting embarrassed and cutting my own dialogue short. As a result, I never really knew that my pain was anything more than normal. A few times I stated that my periods were very painful, but for some reason I never could quite get any doctor to fully grasp what I was going through. They seemed to think it was just bad "cramps." I was prescribed birth control and reacted badly. And, eventually, it took a 7cm tumor on my ovary to get my doctor's attention for good. After surgery and two months recovery, I was finally diagnosed with Endometriosis.

10-2090 childbearing women get it.

Endometriosis is an immunological disease that affects many women; however, it often is misdiagnosed. It is a tricky disease because to be officially diagnosed surgery is the only option. For some women, however, if a doctor suspects Endometriosis, she can prevent the spread of endometrial tissues with hormone treatments and diet. Unfortunately, however, many more need surgery to remove the excess tissue, and in some cases multiple surgeries are required. Meanwhile, in some cases, a hysterectomy is the only way to completely wipe out the chance of recurrence. Dealing with this disease has been difficult because it is not an easy one to talk about. Where I work, for instance, I have three male bosses, all

three of whom showed an obvious discomfort-and sometimes admitting to the desire to run out of the room-when I was explaining to them my condition or requesting time off of work. This lack of communication is a society-induced uneasiness that I found to be associated with any part of the female anatomy. When I even say the words "ovary," "uterus," or "fallopian tube," even some of my most evolved male friends cringe. This may have been part of the reason I was unable to communicate the full pain of my condition early on.

What a woman needs to know about this condition and others that involve female reproduction is that there is no safe vocabulary, but you must speak. There is no reason to feel that pain and discomfort are a normal and accepted part of being a woman. And, if a doctor or boss trivializes you, just persevere; yell if you have to, but get them to listen! You must stand up for yourself and tell a medical professional exactly what you feel, despite embarrassment or the desire to believe that it is normal for a woman to suffer so much. I had one doctor tell me to go see a therapist because I had a lack of energy, when in reality Endometriosis creates this side effect.

Endometriosis is a condition in which period blood is shed, and then instead of being released by the body, it gets stuck (this is a very non-medical description) in the female reproductive organs where it then settles and then, if the body still does not dispose of it, it hardens. It can affect the uterus, ovaries, fallopian tubes, and abdomen. It can cause depression, hormonal imbalances, indigestion, infertility, severe pain, cysts, and can exist for some women without any symptoms at all. It is important to diagnose Endometriosis, however, because the endometrial cells are more likely to turn cancerous. This is a very real disease and should be one that we are all familiar with.

There are treatment options, and many doctors believe that with proper diet and hormonal therapy it can be managed and reduced naturally. I am currently preparing for my second surgery and I have found the most important resource for my condition has been information. Since my first surgery I have researched the disease and been able to

Understand Your Risk.

Women's Health



discuss my options more confidently and insistently with my doctor.

Bottom line is, if something is wrong with you, your body knows it. Scream it at the top of your lungs if you have to until someone listens. This is a silent disease but one that millions of women worldwide suffer from. Be in the know.

International Pelvic Pain Society:

<http://www.pelvicpain.org>

The Endometriosis Quilt:

<http://www.endozone.org/quilt/endo.cfm>

The Endometriosis Forum:

<http://forums.obgyn.net/endo>

ERC Girl Talk: <http://health.groups.yahoo.com/group/ERCGirlTalk>

National Women's Health Resource Center:

<http://healthywomen.org/content.cfm?L1=3&L2=24>

MENDO-Men and the women in their lives who suffer from endometriosis:

<http://health.groups.yahoo.com/group/mendomen>

American Pain Foundation

<http://www.painfoundation.org>

"When T. Sighs."

When darkness calls and
Cars roll by,
T. walks the streets and sighs.

When car horns honk and
Christian women gawk
T. works the streets and sighs.

In daylight no one looks into her eyes.
No surprise, T. rubs her thighs
Sold like a prize, and then she sighs,

"Tonight, I'll tell the stars my name."

By: Marsha
Robinson



!! FDA approves OTC morning-after pill !!

The CVS Drugstore on the corner of
Walnut & State Street is NOW CARRYING
PLAN B!!!

New South Dakota Poll Shows Opposition to Abortion Ban in Majority -

A new poll shows that opposition to the abortion ban ballot initiative in South Dakota is leading, with 52 percent of registered voters saying they will vote 'no' on the initiative

Know Your Numbers – Health Screenings for Women

HEALTHY LIFE

There is a saying..... "Good health is wealth" (unknown). It is one of the most precious gifts you can give yourself and your family! Many illnesses and chronic health problems can be prevented or successfully managed through early detection and screenings. New screening guidelines and immunizations are now being recommended for women of all ages.

In order to determine the necessary screening, an evaluation of risk factors must be undertaken. Risk factors include: family history, ethnicity, environmental exposures to toxins, such as smoking, age, gender and other chronic health conditions. Many chronic illnesses such as hypertension and diabetes can be successfully managed through healthy lifestyles.

Smoking is the number 1 risk factor! Smoking and exposure to other harmful substances such as lead, illicit recreational drugs and excess alcohol should also be avoided.

Try to get an adequate amount of daily exercise (at least 30-60 minutes a day), most days of the week. Keep that heart muscle strong so it can meet all the demands you place on it.

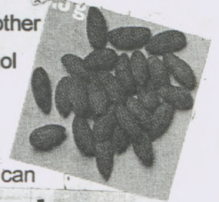
Eat your roughage

A diet high in fruits, vegetables, fiber and calcium is a healthy diet.

Use the words, BRIGHT/ BROWN/ CRUNCH to guide your food choices....BRIGHT colored fruits and vegetables (high in antioxidants), BROWN foods like whole wheat, whole grains, brown rice, ¼ cup of almonds or walnuts instead of refined sugars or starches, white rice, and CRUNCH which describes food choices that are usually fresh, whole grains and have lots of fiber. (Yes potato chips have crunch...but not talking about those!) Limit your intake of such things as soda pop; and try to avoid trans fats. Starting in 2006, TRANS FATS are listed on nutrition labels. Your body cannot digest these and they build up in your arteries.

Depending on the woman's risk factors, screenings may begin as young as 10 years of age. If there is a strong family history of diabetes, hypertension or high cholesterol, it is recommended that the child be screened at age 10 and then every 1-2 years. If there is no strong family history, then screening for cardiovascular disease (including hypertension, diabetes and hyperlipidemia (cholesterol)) should begin by age 20 and continue annually or biannually. So, know your numbers and get your blood pressure checked. Know your cholesterol level and blood glucose level.

Vision and hearing screening should also be done on an annual or biannual basis, especially if changes have occurred or in the later years. A



ADD MORE FIBER
LOOK FOR WHOLE GRAINS

thyroid screen should be done by age 35, and every subsequent 5 years.

For the woman who is sexually active, a PAP and pelvic exam should be done annually until age 65-70, then biennially. Screenings for sexually transmitted diseases should be done annually, with a new partner, or if pregnant. Mammograms should begin by age 40-45 years and continue annually after age 50 years. If there is any breast cancer risk in your family, screenings may start earlier. After age 50, women are encouraged to annually be screened for rectal or colon cancer through a yearly fecal sample and a colonoscopy (every 5-10 years). A bone density should also be done by age 50 years.

Immunizations are not just for children anymore. Adolescents require a meningococcal immunization, a tetanus-diphtheria immunization (every 10 years) and, if they have risk factors, an annual influenza injection. Women with chronic illnesses such as hypertension and diabetes should have an annual influenza vaccine and a pneumococcal immunization by age 65 years. In some cases where a community outbreak has occurred, a pertussis (whooping cough) is recommended. The newest vaccine for sexually active women, Gardasil, helps to prevent virulent HPV strains that may lead to cervical cancer.

Good health is up to you. A healthy lifestyle will go a long way in preventing most chronic illnesses and health concerns.

Choose to live a long and healthy life!

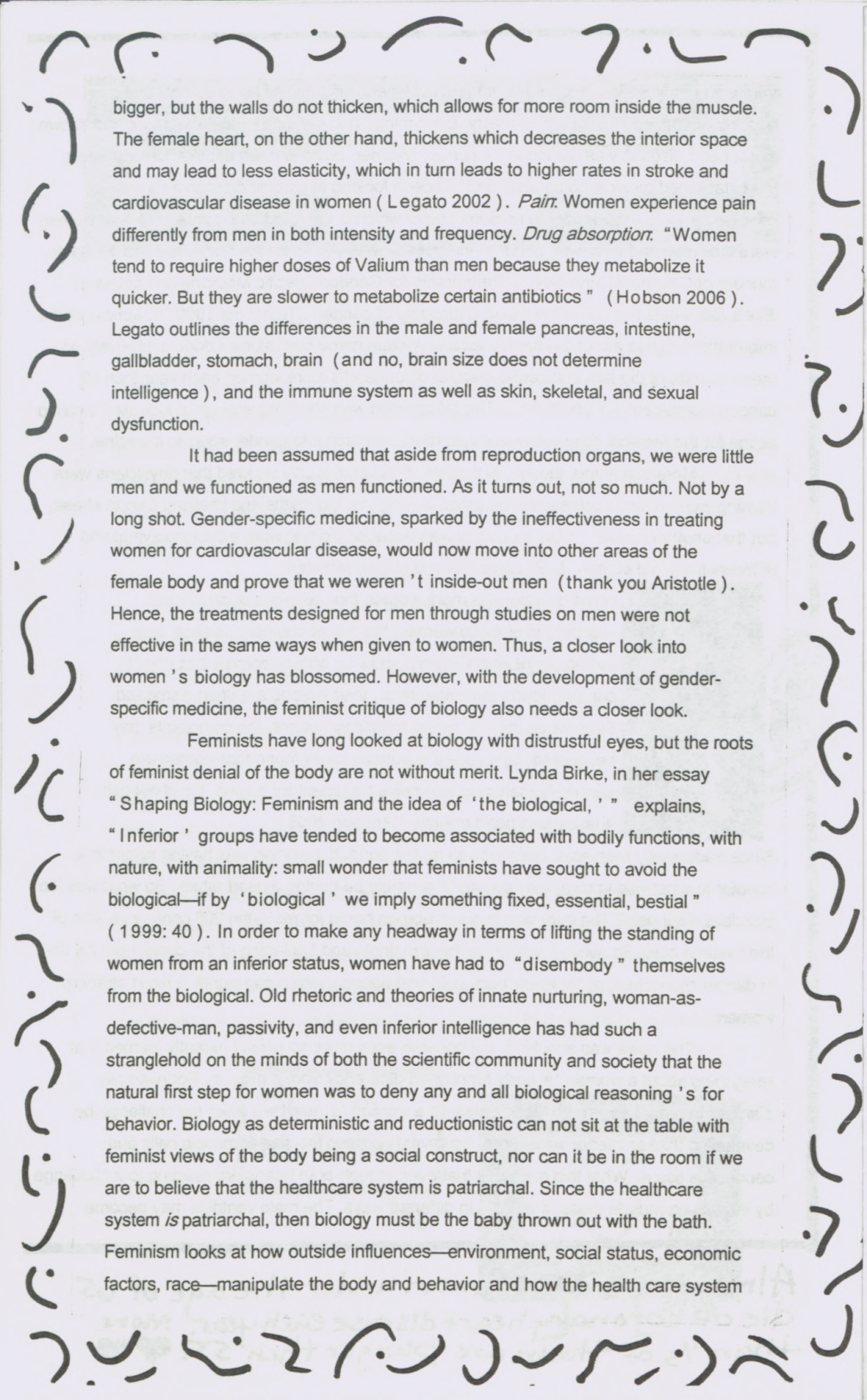
Sue Butz, MSN, RN, CCRN



Un protected Sex puts
You at high risk for:

- gonorrhea • chancroid
- chlamydia • pubic lice
- syphilis • scabies
- Hepatitis B virus (HBV)
- Human papilloma virus
HPV can cause genital
warts and sometimes
Cervical cancer
- Herpes simplex virus (HSV)
can cause oral and
genital herpes

- Human immunodeficiency virus
HIV can cause AIDS



bigger, but the walls do not thicken, which allows for more room inside the muscle. The female heart, on the other hand, thickens which decreases the interior space and may lead to less elasticity, which in turn leads to higher rates in stroke and cardiovascular disease in women (Legato 2002). *Pain.* Women experience pain differently from men in both intensity and frequency. *Drug absorption.* "Women tend to require higher doses of Valium than men because they metabolize it quicker. But they are slower to metabolize certain antibiotics " (Hobson 2006). Legato outlines the differences in the male and female pancreas, intestine, gallbladder, stomach, brain (and no, brain size does not determine intelligence), and the immune system as well as skin, skeletal, and sexual dysfunction.

It had been assumed that aside from reproduction organs, we were little men and we functioned as men functioned. As it turns out, not so much. Not by a long shot. Gender-specific medicine, sparked by the ineffectiveness in treating women for cardiovascular disease, would now move into other areas of the female body and prove that we weren 't inside-out men (thank you Aristotle). Hence, the treatments designed for men through studies on men were not effective in the same ways when given to women. Thus, a closer look into women 's biology has blossomed. However, with the development of gender-specific medicine, the feminist critique of biology also needs a closer look.

Feminists have long looked at biology with distrustful eyes, but the roots of feminist denial of the body are not without merit. Lynda Birke, in her essay " Shaping Biology: Feminism and the idea of 'the biological,' " explains, " Inferior ' groups have tended to become associated with bodily functions, with nature, with animality: small wonder that feminists have sought to avoid the biological—if by 'biological ' we imply something fixed, essential, bestial " (1999: 40). In order to make any headway in terms of lifting the standing of women from an inferior status, women have had to "disembody " themselves from the biological. Old rhetoric and theories of innate nurturing, woman-as-defective-man, passivity, and even inferior intelligence has had such a stranglehold on the minds of both the scientific community and society that the natural first step for women was to deny any and all biological reasoning 's for behavior. Biology as deterministic and reductionistic can not sit at the table with feminist views of the body being a social construct, nor can it be in the room if we are to believe that the healthcare system is patriarchal. Since the healthcare system *is* patriarchal, then biology must be the baby thrown out with the bath. Feminism looks at how outside influences—environment, social status, economic factors, race—manipulate the body and behavior and how the health care system

“operates to reinforce and sustain power hierarchies within a given class, race, age, and gender structure” (Hunter College Women’s Studies Collective 2005). And biologists insist that if we ignore the inner and claim the outer body is an inscribable surface, then it “marginalizes experience, particularly how the body is lived—and particularly in illness” (Birke 2003). Hence, the old tug of war between biological—innate behavioral traits of each sex—and societal construct—the birth of gender.

The 1990’s were a hotbed of change for women’s health. The establishment of the Office of Research on Women’s Health (ORWH) and the Women’s Health Initiative (WHI), 1990 and 1991, sought to bring change to the medical community by giving the power to women. With its origins in the second wave of feminism, the women’s health movement critiqued biomedicine and encouraged women to exercise control in their own health care decisions. Women were asked to arm themselves with knowledge and to ask questions, to be active and vocal about their health. They also trained their eye on the medical community and asked for reforms from within, for better understanding that women’s biological processes are different than men’s. Women were also encouraged to become part of the medical community, become doctors and scientists, even out the playing field. Important strides in both the women’s health movement and the development of gender-specific medicine have thus opened up new dialogue about biology and its role on the body. The question is whether feminists can begin to let biology in the door and can biologists work with feminists in rounding out a comprehensive feminist critique of the female body and its functions? Until now, the possibility of such a relationship seemed inconceivable.

Biology is changing?

MORE TO EXPLORE

What has changed? Well for one thing, gender-specific medicine demands that feminists look at biology. With the realization that women’s bodies function almost entirely differently than men’s bodies—from how we digest and absorb various prescriptions to how we experience pain—we need to further examine the biological underpinnings of these functions. However, some feminists would argue that labeling female biology as different we would be allowing for *different* to be interpreted as *inferior*. It is not an invalid concern. One solution to the catch-22 is to do what feminists have been asking for years: vary the voices within the sciences. By having more women enter the sciences, we would theoretically be able to raise a collective voice to be heard over old assumptions held by society. Different would then merely mean different and we could then move on to bettering women’s health. Through a feminist embracing of the female biological body, can we topple the patriarchal health care system. We can then get a clearer picture of how women’s bodies work outside of its relation to the male body and therefore open up

Heart disease in women

YOU DON'T KNOW

more inclusive research on women and develop more effective medical treatments. But just as we ask feminists to look toward biology, we also must ask biologists to look toward feminist theories of how systems affect bodies:

We need to find ways of acknowledging that internal biology is a factor in our becoming, while at the same time recognizing that there are many factors too, that influence our becoming who we are ... [i]t 's not biology that we need to reject wholesale; rather, [i]t 's simplistic assumptions that certain biological process are primary, and that it 's the biology of the isolated individual that matters (Birke 2003).

Feminists have long argued that biology is not fixed and that societal influences and environment create gender. Feminists are demanding that reductionism theories as the heart in understanding the human body, be opened up to include questions to the broader spectrum of environment. And biologists are listening. Taking a page from feminists, ecologists and other groups that understand the influence of systems, biologists are now asking questions that encompass the whole of the environment. Ellen Annandale has declared a new era of "open" biology, in which biologists have begun to recognize the role of the environment on biology. Where once biologists started their search for answers by isolating an organism from its environment, "open" biology allows for the questions of external factors to come into play much earlier, recognizing that organisms are entrenched in multiple environments. By incorporating overarching themes into their research biologists are able to obtain enough information to formulate better hypothesis about human biology. In this way, feminism and biology are working along complimentary lines.

Still, the opening of biology does not answer all the questions. Even though Legato points to hormones, genetics, and environment as possible factors in the biological sex differences, she

These studies deny the fact that gender-related differences affect the effectiveness of medications, the speed of treatment and the symptoms of diseases.

YOU DON'T KNOW

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Still, the opening of biology does not answer all the questions. Even though Legato points to hormones, genetics, and environment as possible factors in the biological sex differences, she

also recognizes that there is still a long way to go between understanding nature and nurture's relationship: "Health is affected as much by the environment as by genes and hormones, and it can be virtually impossible to determine whether biology or the way people live in their particular communities is responsible for their health (Legato 2002). Annandale concurs by saying, "[T]o date, we know very little empirically about how social engagement impacts on the body" (2003: 86). However, with the advances in gender-specific medicine, we may be able to reconcile environmental and genetic influences. Not in the least, we will certainly be able to increase the effectiveness of health care for women and transform the way biomedicine looks at the female body as its own entity. For this to be done, it is my conclusion that feminism and biology must work together, not against each other. I also believe that biologists and feminists have the same goal: understanding what it means to be female. To answer that question, one must look to the biological body, add in the environmental affects on the body and its functions, analyze how those functions are thus interpreted, and understand how those interpretations come back around to affect biology.

As a woman, I am concerned with how little we know about the female body; my health is at stake. As a feminist, I am concerned with how female biological data is often interpreted as marking the female body as inferior. But, as a whole person, unlabeled and unrestrained, operating within and affected by the systems of environment, society, biology, etc., I understand that without a bringing back the biology, feminism cannot move forward in terms of women's health. We are different. Different does not equal flawed or inferior. The way to get the message across is not to deny biology wholesale, but to incorporate biology into the feminist critique of medicine. And just as I would ask feminists to allow room for biology, I would ask biologists to continue the opening up of biology, to continue to show that biology is far from deterministic.

Jane Hodgson, MD, a longtime crusader for abortion rights, died last week at the age of 91. Dr. Hodgson was the first doctor convicted for performing an illegal abortion in 1970, a conviction that was overturned in 1973 with the US Supreme Court decision legalizing abortion in *Roe v. Wade*. She was motivated to break the law by performing an abortion after treating countless women injured and suffering from unsafe, back-alley abortions.

"Petal Skin"

By Jackie Smith

My mother is in a leotard
 Second skin
 Like she wore when she
 Was a flower petal
 Her eyes begin to drip
 Blue and gold down her face
 How did it feel when his second chance
 Hands were closing on your neck
 How did it feel first love ringing clear
 Falling through clouded glass doors
 She still carries the scars
 Second skin
 A child held loosely in broken arms
 How did it feel when you failed
 To protect flesh of your flesh
 Blood of your blood
 Tied to her by a satin
 Ribbon electric tight
 I wear my own scars
 Second skin
 Sticks and stones shattering bones
 Crash landings and detonations
 I'm tied to her always always
 Broken smiles, off chord laughter
 It's her
 Wilted flower petal dancing

PROTECT

Rise

UP

Your

Defenses

More **RAPE** & domestic **ABUSE** cases *have occurred* than people *have eaten at* **MacDonald's**. *Maybe what we need is* **a billboard.**

T
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V-Day Otterbein 2007

a benefit production
of Eve Ensler's

The Vagina Monologues

coming February, 2007

***Join us November 10th,
4pm in Roush 114 for an
open read!***

**There are many ways to
Be a Vagina Warrior!!**

*Read a monologue
Help spread the word
Help behind the scenes*

**Until the Violence
Stops**

No Pressure

By Kimberly Brazwell

She shakes when she gets nervous.
Cries herself through the day,

Especially in the winter when sunlight is sparse.
But she fakes it so everyone around her is comfortable.

Dunbar must have had a mask like hers.
3 times institutionalized.

I stopped her closest suicide attempt.
Prescription pills and whiskey.

Ever seen in somebody's eyes that they want to die?
It's frightening for both of us.

You can't really do anything to stop that.
This is where witness is useless.

...vain enough to think if I remain pleasant,
I can keep her from swallowing

all her medicine on a bad day
and make the pain end with a good night's sleep.
Maybe it's because I feel partially responsible.

The gene pool is preset for disaster.
Just needs a push to get going.

Triggered by post-partum depression.
Amazing how the misplacement

of one chromosome can set the party off.
Her emotions go both ways.

She's clinical. Manic depressive. Bipolar. Crazy.
It goes in cycles.

There's depression.
Then normality which is relative.

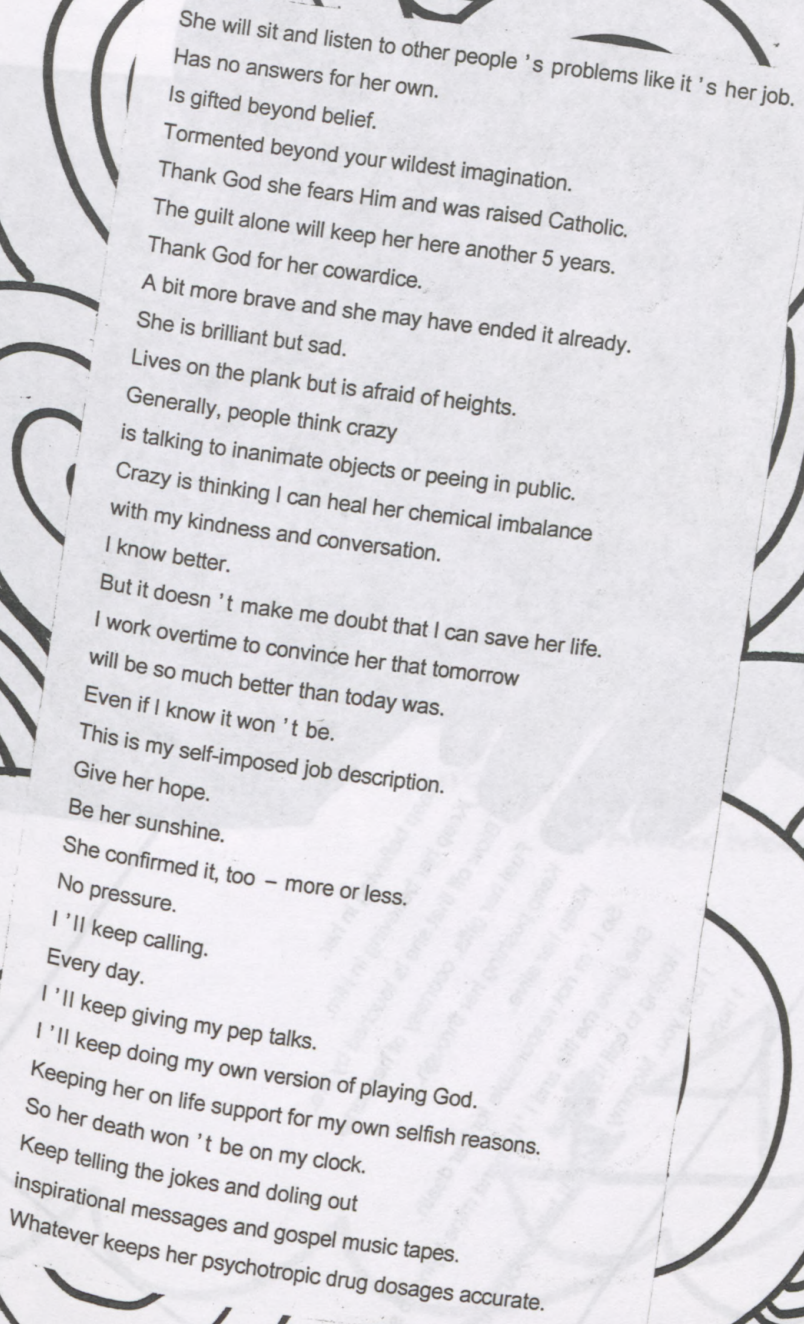
Then panic turns to hyperactivity turns to mania.
Then there's a crash and burn.

And the cycle repeats itself.
But you won't see that.

You would never know it.
I'm not ashamed.

But I don't want people treating her
like she's wild-eyed, either.

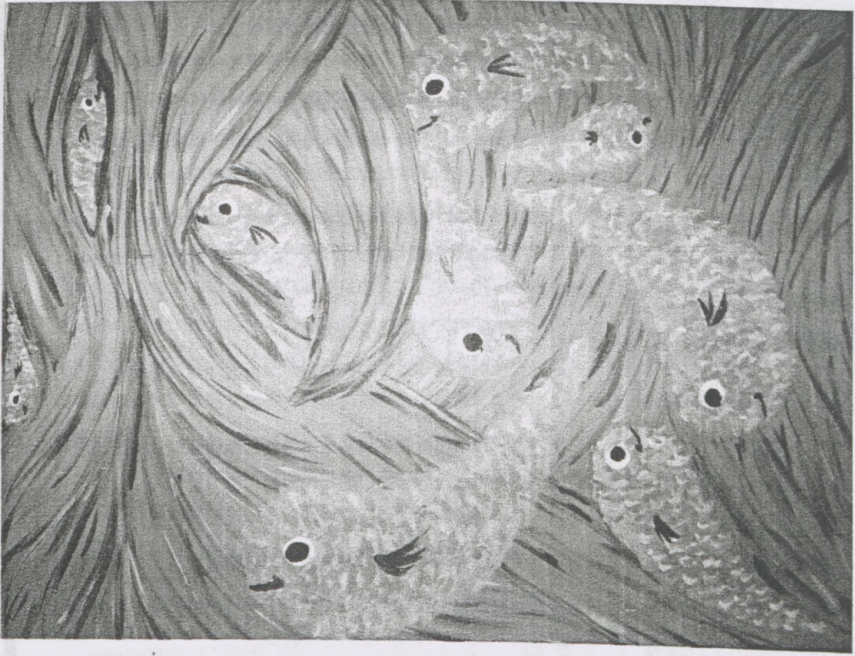
Knowing she's mentally ill don't mean you're gonna catch it.
Manic depression ain't like the freakin chicken pox.



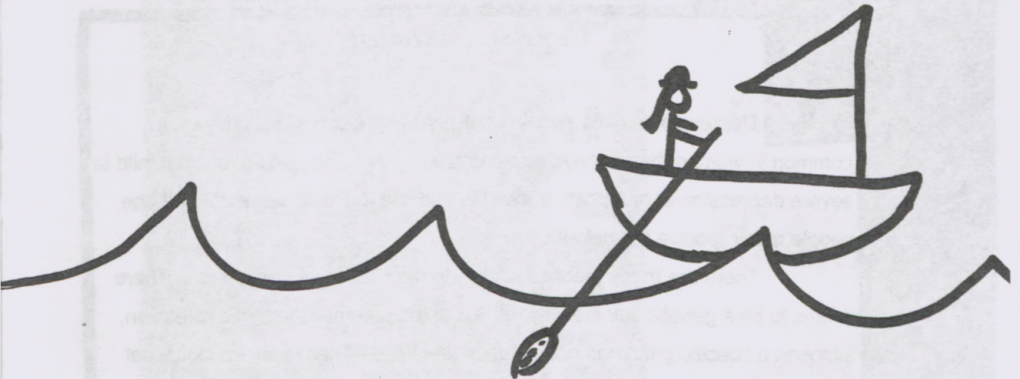
She will sit and listen to other people 's problems like it 's her job.
Has no answers for her own.
Is gifted beyond belief.
Tormented beyond your wildest imagination.
Thank God she fears Him and was raised Catholic.
The guilt alone will keep her here another 5 years.
Thank God for her cowardice.
A bit more brave and she may have ended it already.
She is brilliant but sad.
Lives on the plank but is afraid of heights.
Generally, people think crazy
is talking to inanimate objects or peeing in public.
Crazy is thinking I can heal her chemical imbalance
with my kindness and conversation.
I know better.
But it doesn 't make me doubt that I can save her life.
I work overtime to convince her that tomorrow
will be so much better than today was.
Even if I know it won 't be.
This is my self-imposed job description.
Give her hope.
Be her sunshine.
She confirmed it, too – more or less.
No pressure.
I 'll keep calling.
Every day.
I 'll keep giving my pep talks.
I 'll keep doing my own version of playing God.
Keeping her on life support for my own selfish reasons.
So her death won 't be on my clock.
Keep telling the jokes and doling out
inspirational messages and gospel music tapes.
Whatever keeps her psychotropic drug dosages accurate.



Keep believing in her.
Keep her believing in Him.
Blow off that she is touched by fire.
Keep her gifts, courtesy of her curse.
Fuel her gifts, courtesy of her death.
Keep pushing her through.
Keep her alive.
So I 'm not responsible for her death.
Keep her alive.
She gave me life and I 'll spend mine trying to save hers.
Hoping to call it even.
I love you, Mommy and I 'll talk to you in the morning.
I hope.



"Smiling Fish"
by Amber Robertson



More than winter blues

The Pain

It came drifting in on grey cat 's paws
Through the tendrils of cobwebs

Hazy, smoky, hard to see
When will it be clear – when will I feel like me?

I wake at night, my cheeks wet and I don 't know why
The sadness hurts my heart, clogs my brainflow

Til I get MAD, MAD, MAD
Burning through the fog of clouds and seeing.....

I hit the wall, the fog clears but soon it creeps
Back into my soul, my heart

I try to write, but it makes no sense
The pen stabbing, stabbing, stabbing into my thigh

The blood drips yellow-red down my leg letting
The pain flow the fog clear
I can see again.

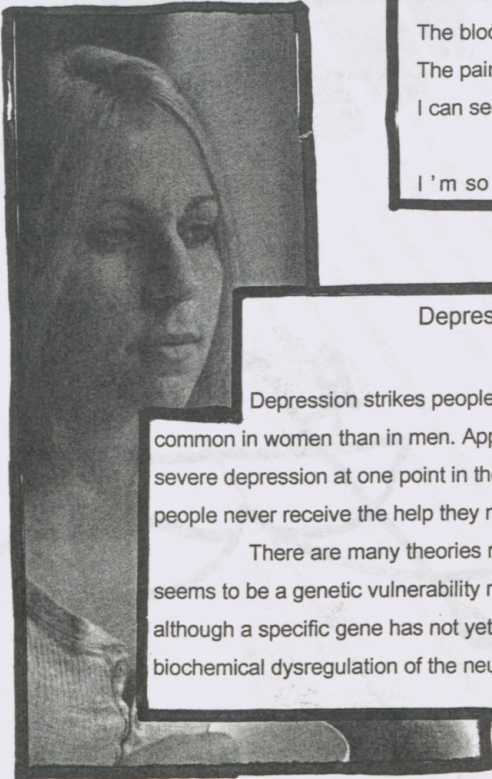
I 'm so ashamed

Annie McGuirk

Depression in Women

Depression strikes people of all ages, although it is slightly more common in women than in men. Approximately 1 in 10 people suffer from mild to severe depression at one point in their life and it is estimated that 2/3 of those people never receive the help they need.

There are many theories related to the causes of depression. There seems to be a genetic vulnerability related to the predisposition of depression, although a specific gene has not yet been identified. There may be individual biochemical dysregulation of the neurotransmitters, which include serotonin,



norepinephrine and dopamine that may lead to alterations of the sleep pattern and mood variability. Some women experience a mild dysphoric disorder from the time of ovulation until the time of menses, which may indicate an influence by the sex hormones of estrogen and testosterone. Certain environmental factors, such as a significant or minor loss, a difficult relationship, a change in the life pattern and daily routine or financial problems can all influence the onset of depression.

A great deal of research is examining the effect of the personality on the advent of depression. Women who perceive themselves as more optimistic or have a high self esteem tend to be less depressed. A sense of control over life 's events can also be a moderating effect on depressive episodes.

Signs of depression can include periods of sadness, tearfulness, alterations in sleep or eating patterns, lack of energy and fatigue. In some people, anger and frustration can be signs of depression. It is normal to experience feelings of sadness or the "blues" during periods of transition, loss, or change but if those feelings persist for extended periods of time, it may be appropriate to seek treatment.

Treatment is available for depression, both through medications and lifestyle management. Coping strategies, such as the use of relaxation therapy, biofeedback and meditation have found to be as effective in cases of mild



Meltdown

The next step.

time for me

MIND

BODY

SPIRIT

discover

a new you

depression as medication. A strong, consistent support system of family and friends has also been found to be a mediating factor of depression. Counseling has also been very effective.

Medications are available to help depression and restore the biochemical imbalance that may occur. There are several categories of medications, but the most common ones currently used for mild to moderate depression, include the Serotonin Re-uptake Inhibitors (SSRIs) and the dopamine antagonists. Examples of the SSRIs include: Lexapro, Effexor and Paxil. Wellbutrin is an example of a medication that works on the dopamine hormone.

IS THAT THE

Each medication has its own uses, side effects and adverse reactions. It is not unusual to gain a small amount of weight on the SSRIs, or to experience nausea at times. Although there is some effect noted when first initiating treatment, the maximum effect is usually not seen for 4 weeks. Most medications should not be stopped abruptly due to increased side effects or "rebound" depression.

RIGHT MEDICINE

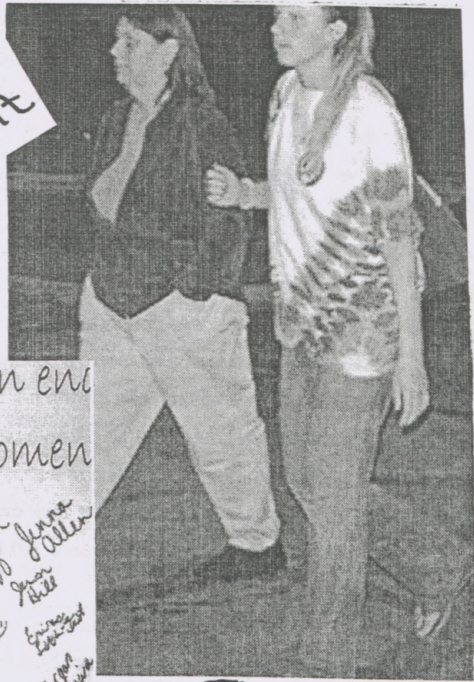
Some herbal therapies have been used for mild depression with mixed results. St. John's Wort has been used successfully for mild depression but has been found to be no more effective than a placebo in severe depression. It can also contribute to severe drug interactions that can cause significant side effects in some people.

FOR YOU?

Although depression can significantly affect women, there are excellent treatments available, both medication and lifestyle changes. Don't delay - seek help today if the symptoms of depression are present!

Marjorie Vogt, PhD, CNP (Certified Nurse Practitioner)
Associate Professor, Nursing
Otterbein College

Otterbein's Take Back The Night



The march

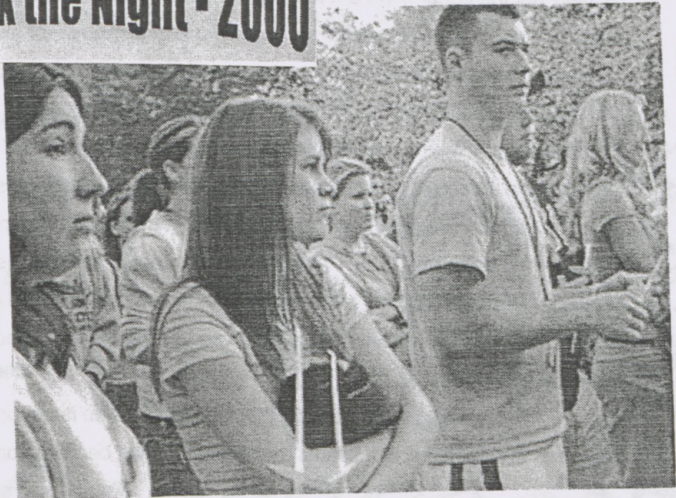
April 2006

commit to help put an end
to violence against women

Lisa Krasnicki
 Megan Witt
 Shannon Zurcher
 Rachel Haberland
 Vanessa Sporn
 Kelly Gray
 Amanda Bailey
 Britchen Struff
 Janna Galloway
 Andrea Tar
 Emily Strain
 Melissa O'Leary
 Gabrielle Casper
 Nicole Steffen
 Brendo Pérez

← our
commitment

Take Back the Night - 2006



candle lighting

Claim Your Education

By: Colleen Deel

Deciding to study abroad (or to study ALMOST abroad, in my case) was not a decision I made lightly. I never thought of myself as someone who would go outside of the Otterbein community for any of my education after I came here 4 years ago. I was pretty set in my ways at Otterbein. I had made a core group of friends and I had gotten accustomed to the professors and the level of intellectual expectation these professors had for me. In a word, I was comfortable. Then I read a commencement speech Adrienne Rich gave at a women's college in 1977 titled *Claiming Your Education*. In her speech she inserts her own beliefs of how people, and women especially, must not be passive passenger seat riders in their educational experience. Instead she insists that women must take the wheel, they must *claim* their education as their own. If they do not do this their education could very well be a waste (at least in Otterbein's case) of \$120,000.

Rich taught me to never be comfortable. Instead of staying in that groove I had dug for myself and not becoming truly active in some the most important years in my life I decided to, as Rich puts it, take "responsibility" for myself. Taking responsibility, for Rich, is a matter of life and death. In education, "responsibility to yourself means that you don't fall for shallow and easy solutions—predigested books and ideas...taking "gut" courses instead of ones you know will challenge you, (or) bluffing at school and life instead of doing solid work." In short, Rich believes we should, as women, work for a true educational equality, if we learn along the way we might actually get the equality we are looking for. After I read these words I realized that I was not treating myself as someone important enough for an upper level education. I knew that the only way to get enough out of my education now, as I was approaching my senior year, was to go completely out of my comfort zone into something new and challenging. Going to University of Hawai'i (UH) for a semester has proved, thus far, as being a great first step in the direction of really grasping on to my education. When I was accepted into the study abroad program at UH, I forced myself to sign up for courses that I knew I could not find at Otterbein, I decided to immerse myself in a new and diverse culture, and finally I promised myself to do something I was intellectually scared of every day.

In American society today, the capitalist system is not only governing our economics, it seems that education has become commodified

in Last 5 years:
1. 1st woman appointed U.S. Secretary of Interior
2. 1st woman appointed U.S. Secretary of Agriculture
3. 1st African American woman Secretary of State
4. 1st Asian American woman named to Cabinet
Seen

In 2004 Smith College graduated the first American
ALL WOMEN engineering Class.

[your future.]

too. Many students go into their college years seeing it as a means to an end. They pay their \$120,000 along with four years and in turn they get the most marketable piece of paper available, a college degree. This is now seen as not only acceptable, but also the norm of how one treats a college education. But this is not the way that people, especially women, should approach their education. Women already have their set-backs socially and economically, they do not need to add education to the list. It might be comfortable, and a whole lot easier to treat your degree as a commodity, but ask yourself if that is the best way to treat your life. Rich does not think so. Actually claiming an education gives women the right (and ability) to fight for themselves. Whether a woman wants to be career oriented or wants to raise a family, having a well-rounded interactive education is the best way to take on these challenges.

Although I still have a way to go, I already feel better about my future now that I have started to claim my education. Studying abroad is a wonderful way to be exposed to new cultures, ideas and people, but is certainly not the only way to take responsibility of oneself. Anything outside of the regular drudge of college life should never be written out of your undergraduate experience. Consider studying at another school, doing an internship, starting a club or group, taking an independent study on something you are passionate about or anything else that excites and challenges you. I promise, if the experience is anything like mine, you won 't regret it.

Read Adrienne Rich 's speech in its entirety at
http://quartz.rocky.edu/~ogradys/text/rich_claiming_an_education.html

[PASSION]

[exciting]

[FIGHT FOR YOURSELF!]

[CHALLENGES]

CLAIM IT!

Retrieval
By Julie Eaton

I take back me.

The person destroyed, the one
who yearned to live, to take
flight and be free.

I take back my sanctum.

Accused of being selfish
with my time, all I
needed was a minute to repair.

I take back my self-esteem,

Lost among the duties of a wife,
Mother and the "what are you going
to do with that" attitude.

I take back my confidence.

You never had faith in my plans,
you clothes-lined me
at every turn.

I take back my beauty.

I craved the glances,
the stares from strangers,
the ones I never got from you.

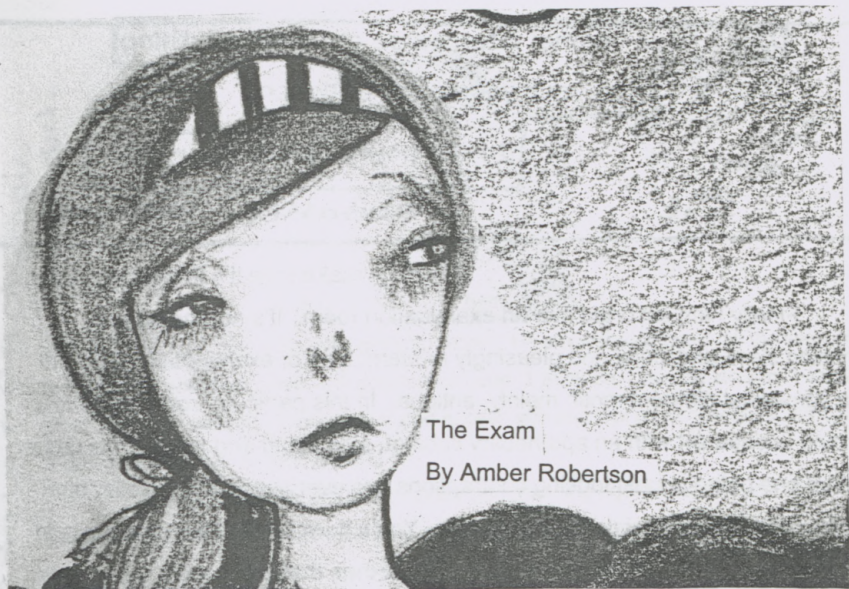
I take back my courage.

Proudly exhibited, you
ripped it from my chest,
said it was never earned.

Finally, I take back my heart.

Discarded as an unwanted gift,
you never fully grasped
what it was for.





The Exam

By Amber Robertson

Ugh, I think to myself, as I sit in the sterile smelling waiting room of my doctor's office. I dread this day. Sitting opposite me, there are only three other people waiting. One is a runny-nosed child who sucks her thumb and twirls the end of her pigtail with a sticky finger. She, of course, is accompanied by a chaperone, most likely her mother, who sits absorbed in the latest issue of *Good Housekeeping*. Lastly, an old man with wild gray hairs in his ears and up his nose, who's probably got some strange growth that needs to be checked out. Yeah, that's nice.

Rather than focusing on my fellow patients' maladies, I choose instead, to ponder my own situation. Here I am, perusing a copy of *Highlights*, waiting for my annual gynecological exam. It is an appointment that I scheduled specifically on a day on which I also have a dentist appointment and an eyebrow waxing, ensuring that I'd only have to make this one trip back to my hometown. I find it somewhat odd that I haven't sought out any health professionals in the Westerville area, in case I am need of some such service, but it's just one of those hometown things. I guess my logic is that I don't know where I'll be headed after graduation, so why not wait to make the big changes (i.e. physician, optometrist, dentist, hairdresser) until I have become a full grown up person and am in a more permanent spot. So in my tiny hometown, you go to the family doctor to get your gynecological exam. The same doctor who looks out for the ear, nose, and throat, also checks out the vagina. And, because not much changes in this quaint country hometown of mine, these private family practices seem to span the generations. Yes, that's right, the same man who coaxed me out of my mother's hooaha is now about to take a peek at mine, just to

Don't have vaginal intercourse or insert anything

into your vagina for between

24-48 hours before your visit.

Just
don't
do
it!!

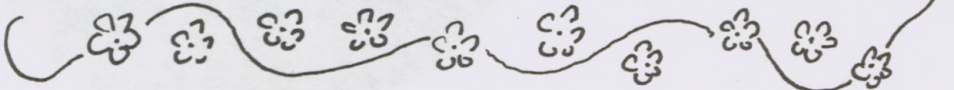
↳ but after... party on ☺

make sure it's in working order.

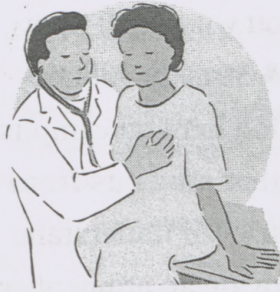
Finally I am escorted into an examination room. It's not the typical, everything sleek and shiny and pleasingly modern, type of examination room. It has a somewhat different motif; mainly, antique. In this particular room there is a matching antique set with an apothecary cabinet, side stand and table. The table could be one of the oddest looking contraptions I've ever seen. It is a solid, dark wood box with little porcelain knobs all over. You'd think all the little knobs would lead to drawers, but no, it's much more eccentric than that. One pulls out a table extension, so you can lie comfortably back. Another one pulls out a little step, to help you get up onto the table. In the blink of an eye, the nurse pulls two or three knobs and out of nowhere appears the stirrups. She hands me a gown and sheet that have also mysteriously appeared from somewhere in the depths of the antique table and tells me the doctor will be in soon.

So now I'm sitting on the table which is covered in that crunchy doctor's office paper, wearing one of those thin white gowns with blue dots. (Why blue dots, I wonder. Maybe something with a vertical stripe would make me feel more comfortable. Probably not.) The sheet is draped across my lap and I am debating if it is more appropriate to leave your socks on or to take them off when I am greeted by the doctor. We say our hellos and proceed with the small talk while he checks my reflexes, looks in my mouth and shines a light in my ears. Then he tells me to lie back and put my arm behind my head. I comply, fully aware of what's to come.

The doctor opens my gown for the breast exam and asks me how my sister likes her new job. Oh fine, I say, as the doctor does that thing that we're all suppose to do in the shower once a month; pressing circles around my boob, checking each node and gland for any humps, bumps or lumps. She likes her job alright, I tell him, but she's not so keen on moving home. He tells me to switch arms and moves to my left boob. And what about your dad, he asks me, is he ever going to retire? He smooshes around, all the way out to my armpit and then



in 1901 - Charlotte Cooper was 1st woman to win an Olympic medal.



- It's ok. He's a doctor!

1st female Nobel Prize winners: Marie Curie; Baroness Betha Von Sother

your dad, he asks me, is he ever going to retire? He smooches around, all the way out to my armpit and then closes my gown. No, I don't think so, I say, he wouldn't know what to do with himself. I realize that part is over with and marvel at how quick the time is going. Boobs are a-okay; moving on.

During the breast exam the doctor was standing right above me so I could see everything he was doing. But now, as he sits at the end of the table and I lay flat on my back, I see nothing but tan speckled ceiling tile. Everything from this point on comes as a surprise. The nurse who's standing beside the doctor tells me to let my legs fall open. Whew, I feel a draft. Do you still work for Ohio Nurserygrowers, the doctor continues the conversation. Yes, I tell him as I stare at the ceiling, the office is quite busy... Holy mother! The jaws of life are in my vagina. I did not see that coming. I can think of nothing other than the complete and utter uncomfortableness that I am, at this moment, experiencing. What's that? Is the doctor speaking to me? Words are coming out his mouth but I have lost all ability to communicate. What's he saying? Trees? Ash trees? Something about his diseased ash tree? I am lying here on this table with a speculum, the tool of pain and torture, inside a most sensitive area, and my doctor is asking me about his arbor needs. Unbelievable.

In a moment the device is removed and I am relieved. Having regained my ability to speak I say to the doctor, yes, the Emerald Ash Borer is quite destructive. They have to slash and burn all the way up through Michigan. He continues with the examination, pressing on the outside of my abdomen and the inside of, well whatever part of me he's checking at the moment. It's a shame, he says, I really do like the look of my ash trees. He takes my feet out of the stirrups and has me sit up. That's it, we're done? I think it over in my head. Breast exam, check. Pap smear, check. Pelvic exam, check. Rectal exam, (Hello! I was not expecting that, but it's good to know that's everything is as it should be, down there) check.

The doctor finishes scribbling in my file and tells me everything looks good. That's good to know. He stands to leave and tells me to have a good school year. Thank you, I say, I'm sure I will. He taps my shoulder with the file folder, as he always does when he's about to leave. See you next time, he says. (See you next time? Isn't that the way LeVar Burton closed each episode of Reading Rainbow?) See you next time, I say.

1st police woman - 1910 - Alice Wells - book 'em!

FREEZONE:

FreeZone, for those of you who don't know, is Otterbein College's Gay & Straight Alliance- which means it's the organization here on campus which purpose is to bring together students from different sexual orientations so they can understand one another, as well as to provide an atmosphere of respect and understanding. But, for most of us in the group, it's so much more than that!

FreeZone is the place where the mask can come off, so please join us!

-Sarah Jacobson, FREEZONE Co -President

Contact: www.theocfreezone@yahoo.com

Let There Be Light



Women's Issue Committee.

The Women's Issue's Committee was re-established in 2006 as an ad hoc Student Affairs committee for women on campus interested in getting together to talk about the Otterbein experience from a women's perspective. Out of those discussion have come a number of programming initiatives such as the Real Women poster campaign, body image/eating disorders panel and Take Back the Night March. As an ever-change group depending on the interests of those involved, the committee welcomes new members to join the discussion and help shape current and future programs. We just like getting together! For more information contact Julie Saker at jsaker@otterbein.edu.

Plan-it Earth:

How do you

Plan-it Earth, Otterbein's new Environmental Community Service group. You can sign up for all the action at the Winter Community Service Fair; or by contacting Whitney L. Prose whitney.prose@otterbein.edu; and you may also find us on Facebook. Our current focus is recycling, but we have many other plans too. Hippie status not required! So join in today!

Connect

Your worries could affect your physical health

Breathe

By Chris Kirk

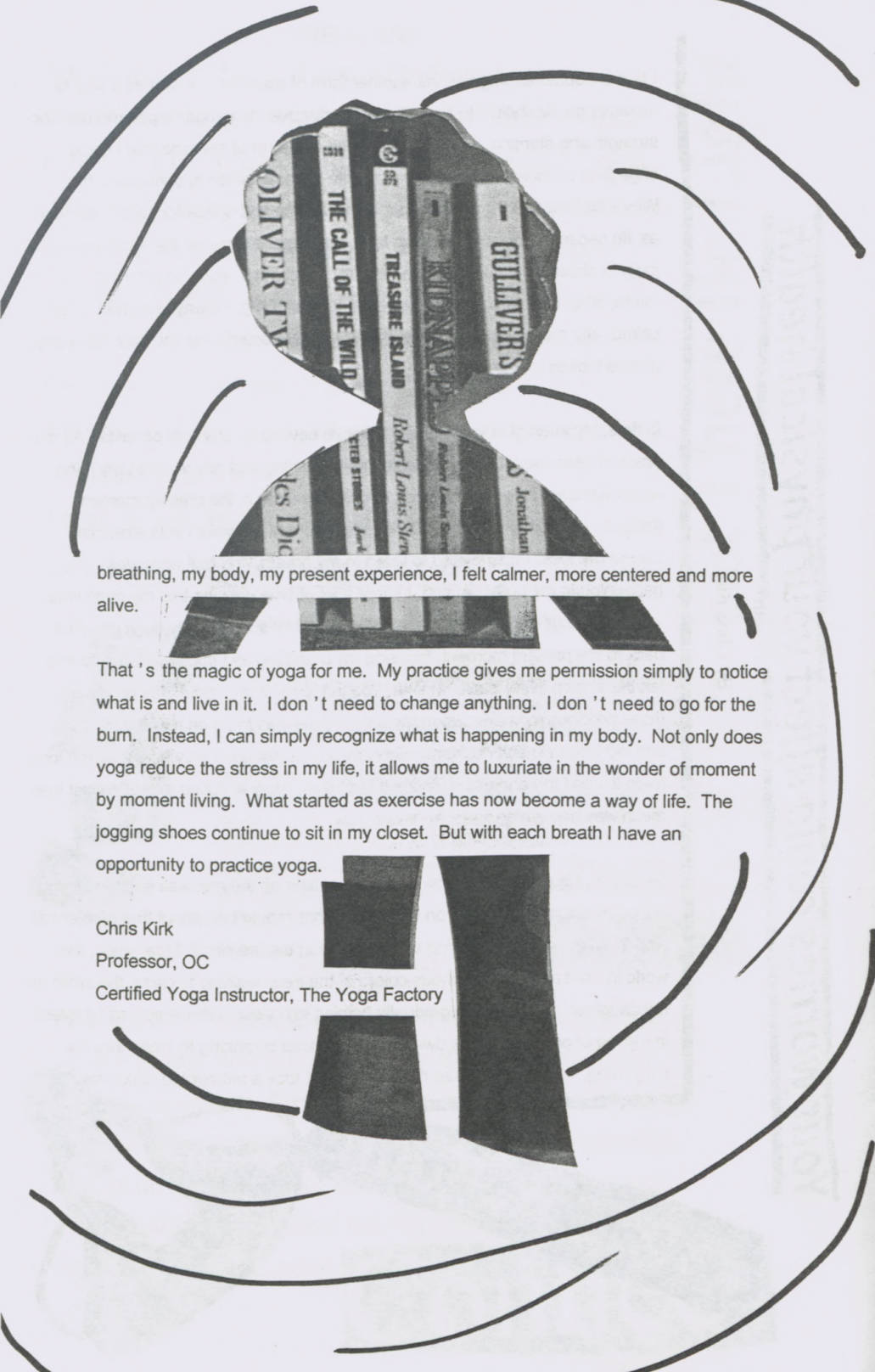
I first encountered yoga as yet another form of exercise. I saw it as a way to increase my flexibility. In time I began to discover that yoga helped me develop strength and stamina. I found it to be the one form of exercise that I could engage in consistently, even when my life became hectic and intensely busy. Why was it that I always managed to create time and space for yoga? As soon as life became busy, the aerobics tape would gather dust on the shelf and the jogging shoes would sit idle in the closet. What made yoga so different? No matter what form of yoga I happened to be practicing, I always seemed to feel calmer and more centered afterward. It quickly became the one part of my day I always looked forward to.

In time, my interest in yoga began to move beyond its physical benefits. As my practice deepened, I began to watch my breathing and notice when my mind would wander. I was encouraged to keep my mind in the present moment. Instead of planning the day or making my grocery list while I was stretching toward my toes, I was invited to listen to my breath, and feel what was happening in my body. At first, I spent a lot of time noticing that my mind was wandering, but with each of these discoveries, I would dutifully draw my mind back to the present moment, focusing my breathing as I tipped to the side and felt the stretch in my back. In time, I began to relish that brief time on the mat, those precious moments when my entire focus was to be on me and my body and my breath in that moment. How delicious to let go, if only briefly, of the long to-do list and the endless unfinished business. How amazing to realize just how much was happening in the here and now.

Gradually, I began to note how much of my time off the mat was spent worrying about the future or dwelling on the past: What should I do about that problem at work? Why did I have to bring up that issue at the meeting? Meanwhile, the world in front of me, the glorious colors of the trees walking to class, the smile on my daughter's face, were gradually coming into view. What else had I missed in my fog of past and future dwelling? Yoga was beginning to creep into my daily living. I began to realize that each time I took a moment to notice my

Better breathing



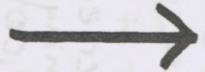
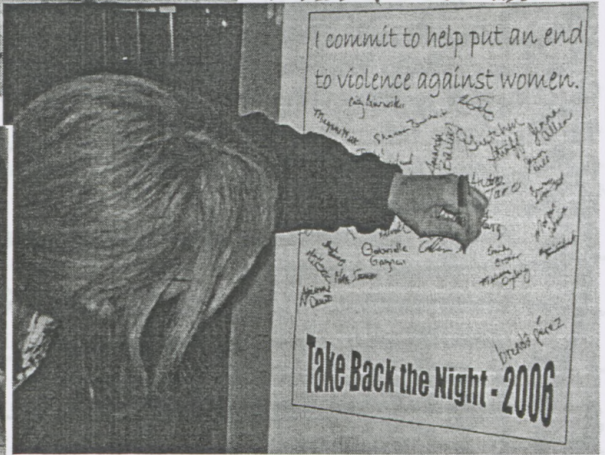
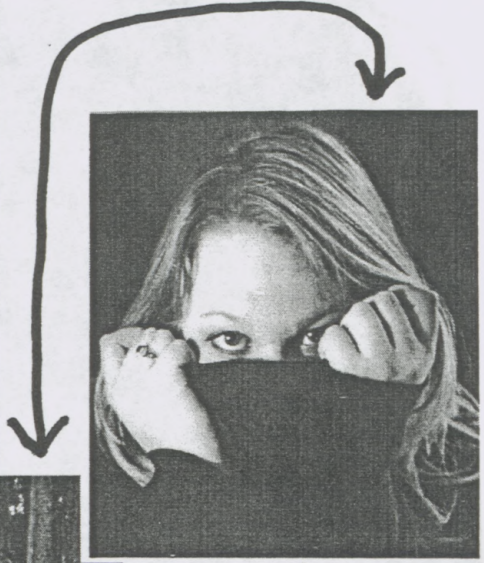


breathing, my body, my present experience, I felt calmer, more centered and more alive.

That 's the magic of yoga for me. My practice gives me permission simply to notice what is and live in it. I don 't need to change anything. I don 't need to go for the burn. Instead, I can simply recognize what is happening in my body. Not only does yoga reduce the stress in my life, it allows me to luxuriate in the wonder of moment by moment living. What started as exercise has now become a way of life. The jogging shoes continue to sit in my closet. But with each breath I have an opportunity to practice yoga.

Chris Kirk
Professor, OC
Certified Yoga Instructor, The Yoga Factory

This Is What A Feminist Looks Like





GET

Checked

out

A woman's chance of being infected by a man with HIV is twice as great as a man's chance of being infected by a woman with HIV.

About 10,000 women in the U.S. are diagnosed with cervical cancer every year.

Coronary heart disease is the #1 killer of American women each year, claiming more than 500,000 lives.

More than 260,000 women in the U.S. are diagnosed with breast cancer every year.

DIVE INTO WOMEN'S STUDIES!!

Look for these exciting experimental course offerings.

Spring 2007: HIST 391 African Women and the Family

Patriarchy really is not universal! There are other ways of woman-ing on the planet. In this course, we will examine the evolving role of women and the family in African history and in contemporary society since 1800. This course focuses on social history and will compare women's experience by race, class, religion and region. We will study women as empowered agents navigating the major political changes over these two centuries. To do this, we will use a variety of primary and secondary sources, including literature, film political position papers. Students will address the historiography influencing policy around contemporary issues.

Spring 2007: WOST 291 Bad Girls: Gender, Sexuality, and Deviance

Sex workers, sirens, sluts, serial killers, black widows, the angry, the unstable, and the genderqueer: girls interrupted and constructed. The "bad girl" tells a truth that can cost her—and her cultural moment—a great deal. When she "speaks"—through her body, through psychic dis-ease, through refusal, resistance, and rebellion—we're often forced to confront gendered constraints and silences. That said, our bad girls can teach us about empowerment, about the relationship between transgression and transformation. This class will explore bad girl truths in all their checkered glory. It's an invitation into literary and theoretical texts that lay bare the bad girl archetypes and her subversive maneuvers. Together, we'll engage the rigorous and rowdy work of Andrea Dworkin, Judith Halberstam, Riki Wilkins, Emily White, Juliet Mitchell, and a host of artists (poets, painters, screenwriters, performance artists, novelists) that give creative voice to this much-maligned version of femininity.

altering people's perceptions

First impressions can be totally off base.

COGITO ERGO SUM

(CO-gee-toe ER-go SOME): "I think, therefore I am"



Trend Alert:

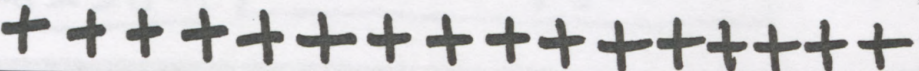
In the Name of Fashion

By Julie Eaton

Just when you thought it was safe to go shopping among the steel-armed racks, the fashion industry throws you a curve ball and insists you conform to the laws of the cloth. My sentiments exactly. I went shopping for a new pair of jeans to replace the ones I had worn for almost ten years and found not only a pair of jeans, but also, a few months later, a reason to stop wearing them.

Shopping has always been one of my favorite pastimes but when it came to jeans, I soon realized I was out of my expertise. Entering the department store, I glanced around for the jeans section. My word, I could see it from the front door. Navigating my way through the forest of T-shirts and sweaters, I walked until I was face to face with a sea of denim. Just the sight was intimidating. When did jeans become so popular to demand a whole department of their own? After a few minutes in awe, I regained my composure and moved toward the 'wall-o-jeans' along the back. I decided to start there. Dutifully, I picked through styles consisting of the classic, low-rise, boot cut, tapered leg, relaxed-fit, carpenter, combinations replacing the good old fashioned choices of color, blue and black, and wash, like stone or acid. Not that choosing a color was any different but at least back then you had smaller tags to browse through to find a pair that fit your needs and you did not feel like there would be a test later on the specifications of your jeans. The possibilities were endless and my head was starting to spin just rummaging through the endless rows and columns of meticulously placed, twice folded jeans. As I tried each pair on, I became more and more discouraged. Would I find a pair that would fit? Would I make the right choice? Drowning knee deep in a sea of discarded jeans, I began to debate the necessity of being in style, which happened to be one of my goals for the shopping trip. I adversely did not want to be known as an 'old lady' with her jeans up to here (I am pointing to just under my breasts). So I decided on a pair that touted the relaxed, low-rise, boot cut tag proudly on the back pocket. They were a bit tight but I decided they would do.

A few months passed and as I was scanning the web for current women's health issues, I came across a headline that made me look twice, "Hiphuggers' tingly thighs." Hmmmm, this sounded like something I needed to know about so I double-clicked the title and found a piece of correspondence sent to the Canadian Medical Association Journal by Malvinder Parmar, a Medical Director in Ontario, Canada. This medical professional wrote how he had recently seen three female patients for 'tingly thighs.' Parmar noted that all three girls, who were slightly overweight, wore tight hiphugger jeans, (aka. low-rise) often. As I looked down at my recent jeans purchase and bulging roll of fat, I started to wonder if I could be plagued with this condition in the



smart girls

Comfort

future. My jeans hit me right on my hipbones and when I sat for a long period, they seemed to be cutting me in half.

The symptoms, Parmar cited, resembled carpal tunnel, a disease found mainly in the wrist and hands producing a tingling sensation and numbness. Hip-huggers place pressure on a sensory nerve or the lateral femoral cutaneous nerve, which delivers pain and paresthesia in the lateral portion of the thigh. In layman's terms, the tight, low-rise waistband cinches a nerve, which in turn causes pain, numbness and possible paralysis in the upper part of your leg.

This condition known as meralgia paresthetica has been linked to various garments and accessories causing compression to a nerve. Wow. I had no idea that wearing jeans, especially hip-huggers could cause damage to your nerves.

Confirming what Parmar stated in his letter, Charlene E. Hafer-Macko, assistant professor of neurology at the University of Maryland School of Medicine, finds this to be a real threat to women who regularly wear tight pants. She also discovered women who suffered from diseases such as diabetes are more prone to suffer the symptoms. Though this is a non life-threatening condition, both medical professionals caution that if left untreated, permanent numbness could set in.

I have studied women's issues in numerous classes at Otterbein College and I am very aware of the lengths women will go to in order to be in fashion but why have we not learned from the mistakes of the past? As example, Chinese women are documented as binding their feet for centuries, not only to be in fashion but also to be better dancers and to appear to walk on air. However, a practice given up in the 1950's, there are still women who find it necessary to continue the tradition. American women almost 200 years ago yearned to have the smallest waist and endured broken ribs or damage to internal organs just so they could have that hourglass figure. From this, American women moved from corsets to tight elastic undergarments with the same shaping to hourglass in mind. In the 1980's, skin-tight jeans were the entire rave and now we have come full circle with the 1970's hip-huggers. Knowing these details and numerous other fads women have gone through in the name of fashion, how is it women are unable to rebel the need for

beautiful

bum



prepare
New 9
view

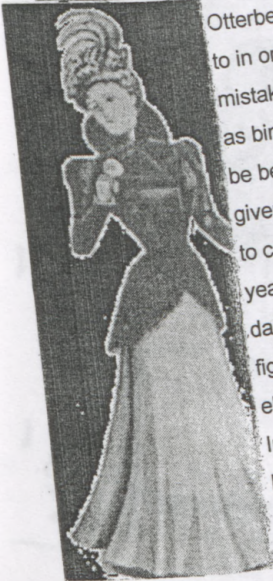


fight

FRIGHTFUL

Clothes

shove it



WHY BUY

Favorite Things For Green and Feminist Living

Food! :

*Find a local organic farmer at the Ohio Ecological Food and Farm Association - Find out about activism, organic products and local farmers:

<http://www.oeffa.org/index.php>

*The Raisin Rack: 618 W. Shrock Rd. Westerville
www.raisinrack.net

*Trader Joes: Sawmill Rd, Dublin www.traderjoes.com

*Whole Foods (carries produce and products from local growers!): 3670 W. Dublin-Granville Road
www.wholefoods.com

*Dragonfly Organic NeoV Cuisine 247 King Avenue 614-298-9986

www.dragonflyneov.com

*North Market: 59 Spruce Street 614-463-9664
www.northmarket.com

The North Market has operated in Columbus since 1876. It is the last market of its type in the Central Ohio area. During the summer growing season, they have a number of Saturday morning Farmer's Market events. To become a "Friend" of the North Market, see their website. If you have not visited the North Market, treat yourself to an eclectic shopping experience!

Environment! :

*Ohio Watershed Network: Learn more about Ohio's Watersheds: <http://ohiowatersheds.osu.edu/vtour/>

*What impact on you having on our Earth? Test your Ecological Footprint!

<http://www.earthday.net/footprint/index.asp>

Motherhood IS THE UNFINISHED

BUSINESS OF THE women's movement.

*Center For the New American Dream: Ten things you can do to have a positive impact on the environment:

[http://www.newdream.org/cnad/user/turn the tide.php](http://www.newdream.org/cnad/user/turn%20the%20tide.php)

Clothes! :

*Blackspot Sneakers - Fight the corporations and support fair trade:

<http://adbusters.org/metasp/corpo/blackspotsneaker/>

*Otterbein Women's Club Thrift Store

*EcoMall: www.ecomall.com Everything from clothing to travel Eco-style!

Information! :

*National Center for Research on Women:
<http://www.center4research.org/>

* Feminist.com: www.feminist.com

* Healthy Living: www.drweil.com Tips for organic living, aging, vitamins. One of my favs!

Did you know

If you're playing a Concerto, it's called a Violin. If you're at a hoedown, it's called a fiddle.

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Amira Shouman



* Advertisers in general bear a large part of the inadequacy that drive women to psychiatrists, Sell?, 1964 * Women are the only exploited idealized into powerlessness. ~ Erica
stresses personal responsibility and is open to art and a feminist of the fin de siècle will be bawdy, streetwise Sixties way. Camille Paglia * Because women's work is unpaid or boring or repetitious and we look like is more important than what we do and if we get beaten we must have provoked **nagging bitches** and if we enjoy sex we're **loving** and if **we love women** it's because we can't ask a doctor too many questions **we're neurotic** if we expect childcare we're selfish and if we demand rights **we're aggressive and "unfeminine"** if we're females and if we want to get married **we're unnatural** and because we still can't have sex but men can walk on the moon and if we're made to feel guilty about abortion **part of the women's liberation movement**
14 September 1987 * *Women's health is not just breast physical important differences between men's and women's body systems. Unfortunately, they leave the room. They don't want to deal with the issue of women's health. Women's health is important and can have tremendous value to men's health. You, to drive this change in healthcare forward.* Marianne J. Legato
stereotyping of females begins when the doctor says, "It's a girl." ~ anti-man to be pro-woman. ~ Jane Gallop
passive or peaceful. We're not inherently angry