

ON OUR WAY

THE CAMBRIDGE WOMEN'S CENTER NEWSLETTER: MAY-JUNE 1978

This is the May-June issue of ON OUR

In this issue we continue to bring you reports on the ongoing projects of the Women's Center, as well as articles on the content and process of women's struggles both in and outside of the Center.

Our commitment to developing more bilingual content continues, though this may be a slow process and reflect the resources and connections between Hispanic and non-Hispanic women in the area. We welcome women who wish to support this process, both in terms of content for ON OUR WAY and bilingual skills.

Our financial situation continues to be of concern to us. We want to repeat our decision of last month: we soon will only send ON OUR WAY to subscribers and sister organizations and papers.

WE ABSOLUTELY NEED WOMEN TO SUBSCRIBE. (\$1.25 for 6 months, \$2.50 for one year; make checks and money orders payable to the Women's Educational Center, Inc., 46 Pleasant Street, Cambridge, Mass, 02139.)

We now know that in order to continue to publish in our present form we must build a subscription list of at least 500. With this list we could:

- cover the cost of printing for close to one year
- charge much less (or possibly nothing) than the current .25¢ per issue at our distribution points
- have a good indication of our regular and committed readership
- and perhaps most importantly, distribute issues free at such places as local high schools so that young women unacquainted with the Center, and perhaps feminism, could have their first exposure to us.

PLEASE SISTERS TAKE THIS REQUEST SERIOUSLY:::::HOW ABOUT FILLING OUT A CHECK, GETTING A MONEY ORDER, DROPPING OFF THE MONEY AT THE CENTER RIGHT NOW!!!

We have been getting subscriptions and letters of support, but we need lots more. Tell your friends...help us grow.

Our distribution points for ON OUR WAY currently are: Cambridge Women's Center, Somerville Women's Center, Harriet Tubman House, New Words, Redbook, Women's Exchange, Women's Community Health Center.



Kathy Newmann

El Centro Para Mujeres de Cambridge fue inaugurado en enero de 1972. Este servicio se estableció cuando un grupo de mujeres norteamericanas de la vecindad de la area de Cambridge y Boston buscaron un sitio para trabajar. El grupo de mujeres desde el comienzo tuvieron muchos obstáculos para fundar el Centro. Un factor sea económico. Hasta el presente ha operado mediante donaciones de individuos que apoyan al grupo, los mas de feministas.

El Centro se abrió para dar ayuda en todos los niveles del desarrollo de la mujer, y así fue creciendo ya resistido por 7 años. Las mujeres han cooperado con proyectos y servicios para mujeres de distintos lugares del país entre la unión y la lucha feminista y así fueron comprendiendo la necesidad del control de sí misma, y así haciendo un análisis del proceso de la mujer para conseguir la liberación por medio de la educación y otros factores que se han formado con el trabajo continuo de varios grupos organizados.

LA REVISTA

Es un medio de comunicación. Se puede realizar una nueva revista informada a cerca de la mujer con noticias, artículos, entrevistas, arte, poemas y recetas. Si alguna de ustedes las interesa hacer un trabajo voluntario y dedicarse algunas horas de su tiempo, puede ayudar en cualquier forma. Llame al Centro sobre información de la revista.



Gabhart

PERSONAS DE LA OFICINA

Toman las llamadas del centro y organizan las informaciones pedidas y utiles para el trabajo del Centro. El Centro necesita mujeres para hacer este trabajo. Si alguna de ustedes les interesa hacer trabajo voluntario y pueden venir algunas horas al Centro, por favor llame al Centro. Cada temporada se hace un inventario claro para renovar revistas y artículos para si mantener el centro de información al día.

CORE

Es un grupo de la colectiva de mujeres que se encargan de las finanzas, y reglas las cuales el Centro de mujeres se rige, y así tomar decisiones en la función del centro en todos aspectos. Está abierto a toda mujer que tiene interes en la responsabilidad de cooperar por lo menos un año de involucrimiento.

LA CASA TRANSITORIA

Es para las mujeres que tienen problemas en sus hogares con sus esposos o sus amantes que las golpean brutalmente y la mujer necesita tomar una decisión como irse de la casa con sus hijos si tiene hijos. Puede contar con esta casa transitoria como ayuda y refugio. Allí encontrará asistencia social, emocional, médica, guardería infantil, servicio legales, y consejería. Puede llamar al teléfono que está 24 horas al servicio de la mujer en caso de emergencia: 661-7203.

LLAMA AL CENTRO DE MUJERES. DEJE SU NOMBRE Y UNA PERSONA QUE TRABAJA EN EL CENTRO QUE HABLE ESPAÑOL LE DARÁ MÁS INFORMACIÓN Y AYUDA

*-Translated by Juanita Rieloff
& Jennifer Snyder-*

On various Core meetings during the past month, we've discussed issues concerning staffing at the Center. Out of these discussions has come a plan to meet with current staff members to discuss closer Core-Staff coordination and we plan to work together on ideas that will increase the interest and diversity of staff work.

The Center will be taking part in local summer youth employment programs again this summer, and we will be employing young women 15 to 21 years of age who will be paid through city funds. These women will be helping with special projects such as helping complete the landscaping project, assisting with childcare at the Center, and helping to finish the library project. Any young women who are interest-



CORE

CORE meets every Monday night at 6PM. We are concerned with keeping the Center open and financially solvent. CORE also discusses and formulates policies on specific issues which affect the Center as a whole. The membership of CORE is fixed. It is open to women willing to assume certain responsibilities and make a commitment to participate for one year.

ed in taking part in this program should contact Libby or Jean at the Center (354-8807), or leave a message with your name, address and phone number.

This Spring, the students of landscaping design at Radcliffe Institute agreed to work out a plan for the Center's grounds as their semester project. At no

cost to the Center, three beautiful, very detailed plans were developed. Core and Staff/Projects have reviewed these plans and have selected elements of each to combine into an over-all grounds plan for the Center. The object of this landscaping will be: 1) to convert our muddy backyard into a usable area for meetings 2) to solve various drainage problems which now cause water to seep into our basement 3) to give some order to the planting started in Spring and Fall of 1977, using nursery stock donated by local residents and the County Bank of Cambridge. Jean Rioux, our Fundraiser and Gardener, will coordinate the landscaping project and will need the following materials, either free or at low cost, in order to keep expenditures for this project to a minimum:

- landscaping timbers (railroad ties)
6 eight foot long timbers
- brick : 2,200 (used)
- sand : 6 tons
- gravel : 6 tons



**I AM A WOMAN
GIVING BIRTH
TO MYSELF.**

cpf

Marcia Salo Rizzi,

-cement blocks : 50

-plastic pipe with drainage holes
48 feet

If anyone knows where any of these materials can be obtained, please call Jean or Lauren at the Center.

A childcare collective is being formed by the Center to offer childcare to women who want to come to the Center for meetings, counseling, referrals, etc., and who cannot arrange for babysitters. If anyone would like to be part of the childcare collective, please contact Bunny at the Center between 10 and 5 daily.



Valentine

Juanita, a Women's Center staff member who is working as an outreach worker and Hispanic translator, is now helping to organize Hispanic participation in the Cambridge Arts Festival to be held the week of May 14-20. She is also working hard with the Luisa Capetillo Collective, a collective of Hispanic women in the Boston area. Juanita is a member of Luisa Capetillo and they are working currently to open a new center for Hispanic women in Cambridge this Spring. Juanita would like volunteers to help her in the work of opening the new center. It is not necessary that you speak Spanish. Anyone wishing to donate time and energy please call Juanita at 354-8807 or 547-9075.

Our basement building project, begun in Fall, 1976, is now completed, turning our once-dingy basement into a cheerful office and two meeting rooms; a display area for the posters and books sold by the Center; and storage areas for office

and maintenance supplies. This project was completed entirely through the labors of women work crews coordinated by Judy Norris. We want to thank everyone for their efforts, compliment them on their fine work and invite all of our readers to come see the results of this all-women construction project!

Core is still in need of new members. There is a lot of work to be done and, as we've said before, too few of us to do it. Anyone interested in joining should contact the Core Committee by leaving your name and phone number at the Center. We ask that new members have a working knowledge of the Center and make a commitment to participate in weekly meetings (Monday, 6-8, P.M.) for a period of one year. We have recently welcomed a new member: Barbara Beltrand of the Rape Crisis Center. Another member, Meg Driscoll, has gone on leave of absence until mid-summer. We are looking for women with time and energy, so let's hear from you.

LESBIAN LIBERATION

This is an open, relaxed discussion group for lesbian women and women going through the process of coming out. New women are always welcome. We meet Thursday evenings from 8:00-10:00 P.M. in the living room of the Women's Center.

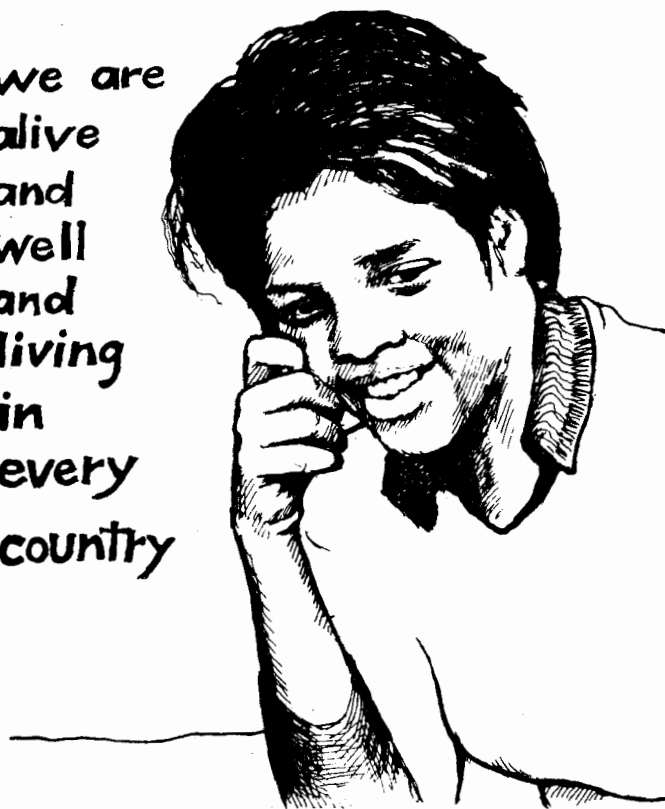
Every Thursday night at 8:00 P.M. there is an open rap group of Lesbian women who meet on the first floor of the Women's Center. All Lesbians, whether you've been out for three days or thirty years, are welcome to attend. Every second Thursday of every month we offer poetry reading or music sharing or any type of art you may wish to share. Lately we've been trying to get the meetings slightly more meaningful, as opposed to simply a place to rendezvous before going to the Saints.

We would welcome new faces at these meetings and hope you feel free enough to come and share with us some of your life as a Lesbian. We try to operate as a lead-

erless group, and try to give everyone room to say her own piece or just sit back and listen if that's what feels comfortable. Some of our more recent topics have been: "butch-femme" and the omnipresent "coming out", and there's always an interjection of story telling.

So this Thursday night, why not join us at eight and maybe make a new friend?

**we are
alive
and
well
and
living
in
every
country**



cpf

The Women's Community health Center, Inc. is not a project of the Women's Center. It is an independent, woman-controlled and run health facility, offering quality health care based on the principle of self help.

Dear Friends:

WE HAVE WON! WE ARE JUBILANT!

After three years of intense harassment and obstructionism on the part of city and state agencies, as well as direct attacks by compulsory pregnancy activists, Women's Community Health Center has won our clinic license!

On April 25, 1978, the Public Health Council approved our application for a free-standing clinic license, ending a struggle which has cost enormous amounts of time, energy and money. The Health Center is licensed only because of enormous public pressure exerted by WCHC and by our community supporters on the Massachusetts legislature, the Department of Public Health, and the state Attorney General.

As you know, in order to be licensed WCHC needed to move. We are now settling in our new location. About \$20,000 of the \$30,000 needed to rebuild and renovate the new space has been raised through contributions from supporters. Our new building, and the clinic license are only possible because of years of community support, both financial and political. We are grateful for this kind of recognition for and participation in the work that we are doing.

It is clear to all of us that our struggle is no where near through. We will soon enter another bureaucratic process: the application for a Medicaid provider number. We remain in need of continuing support in order to meet the challenges ahead. The Massachusetts legislature is again considering numerous bills designed to limit women's access to safe abortion. Reproductive control for poor, black and third world women are especially threatened.

Victory in the fight for a clinic license demonstrates the power we women have in aggressively demanding our right to control our lives. Now that time, money and energy no longer need go into becoming licensed, WCHC can apply more of

its resources in additional ways to the struggles of women to control our own bodies.

The following is a list of upcoming events and groups at WCHC. Most groups run for four weeks. Fees mentioned are our suggested rate. For more information on groups and fees, to register for groups, and for general information on Women's Community Health Center, call us at 547-2302. Our new address is 639 Mass Ave., Rm. 210, Central Square, Cambridge.

- Open House at WCHC every Wednesday in June.
5:30 P.M.
- Self Help slide presentation, June 8.
suggested fee \$5. 1:30 P.M.
- Sexuality Self Help Group
Begins May 31 for four weeks.
7-10 P.M. Suggested fee, \$25.
- Introductory Self Help Group
Begins June 7 for four weeks.
General issues in women's health care.
Suggested fee, \$25.
- Menopause Self Help Group
Begins June 7 for four weeks.
For women of all ages to discuss issues around menopause.
Suggested fee, \$25.
- Women Controlled Natural Birth Control
Begins July 12 for five weeks, plus follow up.
Suggested fee, \$25.

****ANNOUNCEMENTS****

WOMEN UNITE : TAKE BACK THE NIGHT !!!

A group of women are meeting to plan a demonstration of women to "take back the night". We are responding to the fact that women have to choose between living in fear of walking down the street alone or remaining in their homes afraid.

Similar demonstrations have happened in England, Germany and various cities in the U.S. The Boston demonstra-

tion is planned for August, though the date and time are not yet set.

If you are interested in more information or getting involved, call 492-0120 and leave message.

looking in



The Coalition To Stop Institutional Violence is an all-women organization made up of feminists who have come together to fight the opening of the so-called Unit for Violent Women. The Coalition is co-sponsored by the Cambridge Women's Center.

The Unit for Violent Women (now going under the sanitized name "Special Consultation and Treatment Program for Women") is the creation of the Departments of Mental Health and Corrections (Corrections is the name used for Prisons nowadays. Also the Departments are often referred to by their initials: DMH and DOC). The Unit is in fact designed to be a maximum security, behavior modification prison ward...its danger to women is doubled by the attempt of the Departments to sell it as a "treatment center" where women who they define as violent will be redirected into less "anti-social, inappropriate behavior".

Recently the Coalition and other opponents of the Unit filed a law suit against the Departments. The law suit attacked the Departments on the basis of their failure to follow state law by going through the "determination of need" procedure of the Department of Public Health. This procedure requires that any new health facility, or a facility that creates a major change in service, must apply for a "certificate of need". One requirement of this procedure is that a public hearing be held at which opponents and proponents get to present their statements. Recently this hearing was held (it took two nights to complete the hearing). Opposition to the Unit was tremendous both nights of the hearing...we were well organized and effective in our statements.

The Coalition feels that the more women who get to hear the testimony that was presented the better. In

coming months we will be printing more testimony from the hearings in as many local feminist papers as possible. (The June issue of Sister Courage is carrying the testimony of Judi Chamberlain, a member of the Coalition and an ex-mental institution inmate.)

The testimony you are about to read are the statements of Lillian Clark and Barbara Burkhart.

For more information on the Coalition and the Unit, the Coalition can be reached by calling 491-1575 (Lee, Alane) or 354-8807 (Susan, Cristy).

--Cristy Barsky



Lillian Clark

My name is Lillian Clark. I am part of the Catholic Worker community in Worcester. Being an ex-patient of Worcester State Hospital and an ex-inmate at Framingham Prison, I am against the Unit for Violent Women.

For seven years I went back and forth from the prison to the mental hospital. While I was in Framingham I had a short haircut which was masculine looking. I was told to grow my hair. When I didn't let it grow out I was sent to a maximum security cell. The reason they gave me was that I was "dangerous to innocent young girls" and that I was "unfit for the prison population". But the rule I had broken was that I didn't let my hair grow.

While I was in maximum security I was forced to get a hair permanent. I was angry about this and cut the permanent off immediately, using some childrens scissors I had.'

I was only allowed out of my cell for one hour a day. I became so desperate to get out that I tried to hang myself. Because of this the prison officials sent me to a maximum security cell in the prison hospital. I sat on the floor reading poetry. The matron said I must be crazy for doing this so they called a psychiatrist. He talked with me and asked me if I wanted to go to Worcester State Hospital. I said alright and was transferred.

At the state hospital the doctor asked me if I was a lesbian. I said yes. The doctor asked if I wanted help. I said, "No, I'm perfectly normal". The doctor said, "Do you want to change?". I said, "No, I'm perfectly happy the way I am". He said, "You're sick, but if you don't want to change there's nothing we can do to help you". And so, I was sent back to the prison to the maximum security section, where there were now two other inmates with very short haircuts.

I say all this because I fear for all women in prisons and other institutions who stand up for their rights as human beings and for their rights as individuals. I fear they may find themselves locked away and pushed around and labeled mentally disturbed and dangerous. I can easily say it would be a crime to put a violent ward for women at Worcester State Hospital. Beside all that, if eight to twelve women are put somewhere they know they do not belong, you will have eight to twelve quite angry women and to me, all that anger spells violence.

I feel like the creators of the Unit will have created their own violent women.

What is needed instead of this proposed new ward? In my own case I never found the help I needed until I got out of institutions and arrived at Chalwood House in Providence, Rhode Island in 1975. There I found a home in the community. The residents lived like a family and counseled each other. There were a lot of rules. I think money should be spent on community houses where there is a family atmosphere, where everyone shares in the work and counseling is available.

The Unit at Worcester State Hospital must never be opened. It must be denied a "certificate of need".



Barbara Burkhardt

I am an attorney in private practice in Boston. I am also the chairperson of the taxpayers' group known for purposes of these proceedings as the Prisoners' Rights 10 Taxpayers' Group B.

I would like to be recorded as OPPOSED to the issuance of a certificate of need for the Special Consultation and Treatment Program for Women.*



The DMH-DOC grant proposal has completely failed to demonstrate that a need exists in our Commonwealth, or anywhere else for that matter, for a locked ward which would ostensibly treat troubled women.

As part of the determination of need procedure, the applicant is required to show how its program fulfills a demonstrated need. In response, the Departments application states that if the state funded this program, it would be the first time that Massachusetts has provided a secure treatment facility for "violent" women. The conclusion was then offered that women have up to now been deprived treatment because of the absence of a locked ward facility.

Must the fact that no locked ward facility exists necessarily lead one to conclude that women are deprived by its absence? Who are these deprived women? What can this facility provide in the way treatment that existing facilities cannot? In fact, where in this proposal does the applicant define the concept of violent behavior? No where.

The proposal as written implies that women are inherently violent. If this were the case, perhaps the creation of a locked ward would serve to protect society, though certainly not to treat the troubled patients. However, I believe it is much closer to the truth to acknowledge that violent or disruptive behavior occurs in a context. For a troubled person to be labelled as violent or untreatable is bound to severely exacerbate the initial emotional instabilities and insecurities. The Departments have testified in writing

and at the hearing that present and existing facilities are inadequate. If they have failed to administer workable programs, is the answer to provide funding to start a new program? Where is the track record for the DMH and DOC to point to and say that they should be trusted with overseeing a new program? Why not force them to beef up their presently inadequate staffing patterns to increase the therapist/patient ratio in the patient's favor?

We were also informed in the proposal that violent women have "great and specific" needs which "cannot be met effectively in the conventional state hospital setting." If these needs are so great and specific, why aren't we told what they are?

Also totally lacking in the proposal is the REQUIRED description of how the treatment services this unit would provide are qualitatively different from presently offered modalities. What other than a locked door is being offered? How will this program serve these women's needs?

We also question whether locking women up in a secure ward is any less controlling than using drugs or seclusion. The application implied that its program would offer an alternative to the use of drugs and seclusion in working with patients. The applicant implicitly denounced the use of such mechanisms - but offered no alternatives. Certainly we are not proclaiming the use of such mechanisms - quite to the contrary. We are simply stating, however, that DMH and DOC are seeking to start up a costly new program which has offered not one concrete alternative. We pose one more question - if the applicant is suggesting that drugs and seclusion are means of controlling patients and therefore means which the applicant would avoid using, we would like it explained how a secure locked ward would not have the same effect.

We note, again, that in spite of a specific requirement, the proposal

completely fails to discuss alternative treatment models. The only alternative discussed was the location of the ward (i.e. is Worcester State Hospital better than Bridgewater?). This circular reasoning is a poor excuse for an alternative, as it PRESUMES that secure facilities are a reasonable alternative, a necessity, in fact. We never hear how this underlying assumption is supported in fact, nor do we learn why alternatives either would not or have not worked. In fact, the proposal does not even acknowledge that alternatives exist! This directly and presumptively ignores the grant proposal requirements.

The applicant is also required to discuss in detail the financial implications of the project it proposes. In response, the application makes the dangerous and inflammatory suggestion that the state loses large sums of money when state employees are injured by violent women. The statistics to support this are totally lacking. In fact, there is not one shred of evidence offered to support this - are we supposed to accept without questioning? Furthermore, this suggestion assumes that state employees are the innocent victims of these "crazy" women. The application neglects to comment on the violence which occurs in self-defense, such as in response to an assault or other provocative behavior by a state employee.

How can an application base its financial implications completely on unsupported allegations that violent women cost the state money in lost salaries? Where are the more appropriate financial analyses - comparative costs of alternative treatment models, etc? This is patently absurd.

Finally, the proposal also fails to even minimally protect those who would be committed to its facilities. There are absolutely NO written standards offered which would bind the program director and staff to a standardized schedule for review of a patient's status. Time for release to a "less restrictive alternative" is to be determined solely by the program director, with no minimum nor maximum. This

"standard" of review is totally undefined- and therefore allows for arbitrary and selective treatment among women confined to this institution.

In summary, it is my contention that this proposal has made a mockery of the certificate of need procedure by failing to provide even minimal information. Given that a locked ward is the most disruptive intrusive program scheme possible, the serious gaps and defects present here make it mandatory that this project be refused a certificate of need.



looking out

(1)

HOSPITAL WORKERS ON STRIKE IN CAMBRIDGE

by Elizabeth Erickson

This month we offer two separate articles in Looking Out. The first is a report on the Otis Hospital Workers strike, written by a woman who worked actively in support of the strike.

The second article, a first hand account of a woman coming to the aid of another, we first saw in the newsletter of the New Haven Women's Center. However, Joan Lester, the author of the article, is currently a guest commentator on the staff of the Collegian, a student paper of the University of Massachusetts, Amherst. It was in the Collegian that this article first appeared.

As we put this issue together, we discovered an article in the Globe which concerns the Collegian, and since we are printing an article from that paper, we thought it particularly important that we share that information with you.

The Collegian is the largest college daily in New England with a circulation of 25,000. Julie Melrose, women's editor, and fifty feminist supporters, occupied the offices of the Collegian in early May. They charged that the paper had been unfair in its treatment of women's news. The demands of the occupiers included a page a day devoted to women's news, under the control of the women's editor, with additional space on the first three pages for woman's news of national importance.

Although Collegian staff agree they "shorted coverage of women's news", they ironically enough, can't see the need for separate women's news under the control of women. As of this writing, the occupation is still going on.

--Candace O'Brien and
Cristy Barsky

What happens when hospital workers are negotiating for a union contract and their boss won't make any reasonable offers? So often the possibility of striking to show their boss they are serious isn't even considered, because hospital workers themselves take on the responsibility of good patient care. But workers at Otis Hospital were so furious at the insults of offers made to them by their employers, they began to see clearly who is really responsible for the quality and continuity of patient care at Otis Hospital.

On April 26th at 6AM, one hour before the end of a shift, the Otis Hospital Workers' Strike began: nurses, LPN's, aides, housekeepers and dietary workers got up and walked out, saying "No contract, no work!" The picket line was big, about a 100 people on the line. More than 60 of them were Otis workers, mostly women, many Portuguese, and the group was spirited and militant. Most crucial of all, the usual division among dissenting employees was not present; both professional and non-professional workers were united in their decision to strike.

Otis Hospital is a 100-bed, chronic care facility owned by a man named Sam Perlman (also a Somerville slumlord and owner of Central Hospital). About three years ago, RN's and LPN's voted to unionize with SEIU, Massachusetts Hospital Workers Local 880. After threats from the National Labor Relations Board, Sam Perlman agreed to negotiate a contract. After several attempts and many unfair labor practices on the part of the hospital administration, service workers also voted themselves members of SEIU Local 880 last summer. Contract negotiations for all workers began finally last August. But no progress has been made.

Contract negotiations were slow since Otis consistently took a very hard line. They refused to negotiate a shift differential, starting pay greater than \$2.80/hour for service workers, staffing, seniority based wage increases, vacation time, family insurance, and most importantly, a closed shop or some variation on an open shop. The union proposed federal arbitration on these outstanding issues, but Otis refused, knowing that even the worst arbitrator would force them to concede on many of these points.

The solidarity among the women workers was always apparent; no one dreamed of returning to work without a contract. Women were out on the picket lines faithfully, chanting energetically in English and Portuguese together. Black, White, and Portuguese Americans, women and men, all worked hard together and gave each other tremendous support through a very hard strike.

The strike was a difficult one. There were three shift changes to cover with picket lines, including a very ear-



Kitchen workers at the Senior Citizens Center

Credit: Hazel Hankin/LNS

Then after seven months of no progress, the workers began to talk of striking. Forty-five people came to the strike vote meeting, and decided unanimously to strike. The union gave the hospital the legally required 40 and 30 days notice of intent to strike. But the hospital did nothing to prepare. The union, on the other hand, contacted the Public Health Department so that hospitals would not make plans to send patients to Otis during the strike. The union also notified families of the patients affected, explained the situation, and even got some positive responses and support.

ly morning, and a late night shift. Most workers had families that got neglected for union strike work. Hardest of all was watching the hospital truck in temporary agency workers, and employees from Central Hospital every day. Nevertheless, the strikers stayed stro

Around the city, other hospital workers saw the need that Otis workers had for support. A strike support committee was formed; it went about getting the support of other unions and organizations in the city. Picket lines were planned at the temporary agency, Staffbuilders, that

had sent in so many scabs! Neighbors were contacted about the strike. A large sector of Cambridge and Somerville rallied together for Otis workers.

Finally, on May 8th, the hospital made some concessions, and a contract was accepted by the strikers. The contract includes good money (40¢ to 80¢/hour raises), but also keeps the open shop clause that the Otis administration insisted on.

The strike was important because it comes at a time when hospital workers throughout the city have been trying to unionize. Otis is one of the few inner-city hospitals to have won union elections so far. And a success for Otis workers is a step ahead for unionizing one of Boston's largest, and poorest paid industries, hospitals. Otis workers have steadfastly insisted on and won more control in their work lives. Congratulate them!

(ii)

HOW TO FACE AN ATTACKER

by Joan Lester
(reprinted from the Collegian)

On Thursday, November 10, I was walking by the subway station at Grand Army Plaza in Brooklyn at 10PM. I saw a man and a woman coming out of the subway; the woman looked as if she was struggling against the man, who had his arm around her. I asked, "Is everything all right?" He answered, "This is my woman." I was uneasy. They were going in the direction opposite from me, so I reversed direction and began to follow them. The man kept looking back at me.

Motive/cpf



After a third of a block, I said to the woman, "Are you OK?" She grimaced and shook her head no. The man was holding her tightly. He looked at me and said, "If you say anything, I'll kill you." I saw three men approaching about a block away or a little closer. I yelled, quite loudly, "This woman needs help. Help this woman." They began to run towards us, the attacker released the woman who ran over in my direction, and suddenly one of the running men pulled out a gun, aimed it at the attacker and said, "I'm a policeman." A second man pulled out a walkie-talkie, they had the attacker against the wall, and in a minute or two one or more police cars were on the scene, and the attacker was hustled into the police car.

Meanwhile the woman had run to me, shaking and sobbing, saying "Thank you, thank you." I held her and I said (which I find one of the most amazing parts of the whole drama, in retrospect), "You are my sister."

In a few minutes the plainclothesmen came over and took her name, of which I have no memory, her age (27) and her address (somewhere in the Village). Before they took her with them I asked them to show us their ID to prove they were cops, and asked for a woman counselor for the woman who had just been attacked. She said that she had come off the subway and the man had grabbed her from behind. He had a knife and had cut her ear and was forcing her to go with him.

(Where? We were one block from Prospect Park, so perhaps that was where he was going.) The first thing the police said when they came over to us was, "We are pretty sure this is the guy who did one hundred rapes in Brooklyn."

Among the many amazing things that occurred during that 20 or 25 minute episode was the fact that the cops spoke not one word directly to me. They didn't thank me for intervening, they didn't take my name as a witness, they did not acknowledge me, although I had my arms around the woman as they were asking her to tell them what had happened, and they did respond by showing their police badges when I asked them to. The whole thing was suddenly over when they took her away to their car, and I was left alone on the street, my heart pounding violently.

I want to make this event public for several reasons: first, people should know about a case where intervention DID WORK. The woman was probably saved from rape, other physical injury, or murder. I was not hurt, and the attacker was captured. Although it was pure luck that two plainclothesmen were walking by at the exact instant that I yelled, I think the attacker was preparing to run anyway, as soon as I yelled. I am pretty sure he released the woman as soon as I yelled, and he did not move toward me. Also the third man who was approaching told me that as soon as he heard me yelling he had pointed his umbrella so the metal tip was directly out, indicating he was prepared to act.

Perhaps the attacker would not have been caught if the plainclothesmen were not there, but probably the woman would have been released, and I would not have been hurt. I would definitely act the same way again in a similar situation, although I have had moments of terror simply thinking about the experience in the two days since it had happened.

Second, the woman involved played a great part in saving herself by struggling continuously against her attacker. If she had not been struggling so evidently, I would not have had the clue as to what was going on. Resistance was effective.

Third, women should know this happened since it occurred at a place and a time that most of us would have considered relatively 'safe': a busy, well-lit subway station and intersection at 10PM.

Fourth, it should be publicly stated that although the police were technically efficient, i.e., they accomplished their task of responding quickly and well and capturing someone who was in the midst of a violent crime, they were completely unsympathetic and unresponsive to the emotion of the woman involved. She was crying and shaking as they asked her to relate the events which had just taken place; they did not utter one personal word to her, such as "I know you must be feeling..." They were completely impersonal. And they did not acknowledge the fact that a citizen had jeopardized herself to intervene in the crime, nor did they know that a crime had been committed against me (a direct threat against my life), since they didn't ask me anything.

I hope that I can trace the woman. We shared a profound moment. Her face, with her mouth stretched wide, exposing her teeth, her eyes enormous with fright, and her courage in continuing to struggle and to act on her own behalf by shaking her head when I asked her if she was alright, although he must have had the knife against her—all these images of her going through my mind, and it would be good if could connect again, and perhaps put closure on the event.

There are other reasons too for wishing to reconnect. Perhaps she needs emotional or legal support to prosecute, and together we could search out women's groups which could give that support. Perhaps we could share that experience with other women and give them a feeling of strength, for after all, we, two women, did act in concert in a violent confrontation with a street attacker, both of us struggling (she physically and me verbally), and we were victorious. Acting together again, we might be able to turn that terribly frightening experience into a source of strength for ourselves and other women.



ON OUR WAY



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