

Suburban Life

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NOW leader shatters stereotypes

By Louise Okrutsky
staff writer

Marian McCracken entered her adult life looking for her own Cinderella story. Instead of a life cushioned against discomfort and disaster, McCracken was forced to shoulder the task of supporting herself, her ill husband and their two children.

"I bought into the whole notion

of a knight in shining armour," she said. And she did her best to make her dream come true.

She married a modern day knight, a war veteran. They settled down in a rambling ranch home in Farmington to raise two children, a son and a daughter. Then in 1957, their life took on an unexpected twist. Her husband was diagnosed as having multiple sclerosis.

"It was obvious that I wasn't

going to live the life of a housewife," she said. "I got my teaching certificate."

With that decision, she embarked on the road that led from her roles as mother and wife to those of breadwinner, teacher and feminist.

It's a road she continues to travel. This month she was elected president of the Michigan National Organization for Women.

Looking back she says "I really had it all. Only I had different parts of it at different times."

From the beginning, her feminism was born of practicality. "I guess nobody gets hit by lightning unless you get affected economically."

She became active in the Farmington Education Association. When contract time came around, she noticed that the administrators were referred to in the document as "he," the teachers were uniformly called "she." It's a situation, she notes, that has changed on paper and in practice.

Until four years ago, she continued to teach in the district. She taught in Bond and Eagle elementary schools.

At the beginning of her teaching career she found that gender stereotyping not only affected the equality of opportunity in sports programs for girls, it also took its toll on some students' attitudes.

"I had girl students who were convinced they were going to marry a rich man and not go on to college," she said.

Times have changed. Title IX funding mandated better sports opportunities for girls. "I see a lot of hope in the schools," she said.

SITTING AT her kitchen table on a unseasonably dark and cloudy

day, she smiles wryly as she talks about another set of stereotypes she's fighting.

The new state NOW president is a 65-year-old retired suburban schoolteacher with salt and pepper hair. "It's a totally new image. Someone over 50. The image out there is not that of a Helen Milliken, who is a NOW member, but that of a young lesbian hair burner."

The organization's main thrust is aimed at women in the mainstream of life. It's concerned with women who must work and raise families.

"Day care is a major concern. The number of mothers in the work force who have children under 5 years old is rising," she said. While more mothers of young children continue to work, the family structure hasn't changed with that situation. "Mom has to worry about child care. That hasn't changed much."

The availability of affordable quality child care remains an issue not only for middle class working women but especially for poor women with children.

"The bottom line is that women are working for money. Our government doesn't want to get involved in child care. We're the only country in the Western world without subsidized child care."

"Child care is really cost effective. With more working women, the more income tax will be paid, the more consumer goods will be purchased. Fewer people will be on welfare."

WITH MORE women in the work force, pay equity remains an issue.

"It affects women in many ways. If a working woman is earning 60 percent of what a man earns, there is less money in that woman's pen-

'The bottom line is that women are working for money. Our government doesn't want to get involved in child care. We're the only country in the Western world without subsidized child care.'

— Marian McCracken
state NOW president

sion, in that woman's Social Security account. The cost over the years to women is fantastic."

Although the inequities persist, McCracken said she's seen Michigan make progress toward achieving pay equity. "I never thought we'd come as far as we have when we started five years ago."

That doesn't mean that women have acquired equal status in the workplace. Women are able to obtain nontraditional jobs, but their progress within those fields remains stymied.

Often frustration and stagnation begin to appear in the fifth year of a career. "The number of women who are law partners is abysmal. If you think it's bad that women earn 61 cents for every \$1 a man earns, consider women lawyers, they earn 59 cents for every dollar a man earns," McCracken said.

WHILE OLDER feminists may criticize younger women for acting unaware of the struggle it took to be hired into a nontraditional job, McCracken sees this forgetfulness as natural. "I never said thank you to Susan B. Anthony for going to jail so I could vote."

Exercising that right to vote is another matter to McCracken. One of her top three priorities for the state's NOW organization involves the continuation of political action committees to carry through on the group's objectives and the endorsement of candidates in statewide elections.

Other immediate goals of the state group include continuing the battle against facilities which advertise themselves as women's health clinics, but which McCracken says are used instead to convince women to change their minds and reject the abortion they planned to have.

"The women are bombarded with anti abortion literature" in these places that masquerade as women's health centers. You can imagine the affect it has on desperate women."

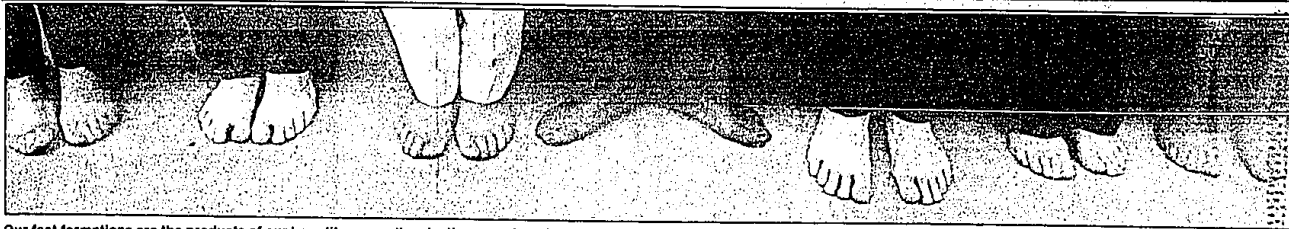
In the past NOW has posted informational pickets outside of some of these facilities "just to let people know what they are."

The state NOW group is joining in with the national organization in legal action against these facilities. "These are bogus clinics which are misleading the consumer," McCracken said.



RANDY BORST/staff photographer

New state NOW President Marian McCracken thought her adult life would center upon her family and her home. When her husband's illness forced her to support her family, she became involved in fighting inequities in the way women are treated in the workplace.



Our feet formations are the products of our heredity, according to the experts, who caution that bunions, blisters, callouses and other malformations can lead to problems in later life.

'Oh, my aching feet!'

Comfort eludes majority of foot sufferers

By Jeanne Whittaker
staff writer

This little piggy went to market, this little piggy stayed home... and this little piggy cried all the way home.

The only difference between the current and the traditional interpretation of this age-old nursery rhyme is that instead of crying over pancakes today's "little piggies" (toes) are crying out in pain.

Jerry D. Brant, a podiatric specialist from Jacksonville, Ill., has just concluded a year as president of the Podiatric Medical Association.

While settling back into a full-time practice he is also traveling across the country to talk about a newly published public service guide, "Healthy Feet," produced by the Kinney Shoe Co.

During his tour he is also sharing information about facts and myths associated with foot care, and why most people aren't getting all the pleasure and benefits they should from the 1,018,000,000 pairs of shoes they buy each year.

The simple fact, says Brant, is that despite the \$23.1 billion dollars Americans spend each year on shoes, they really don't have a very good understanding about what constitutes healthy feet.

The medical profession traditionally has ignored the subject of feet and foot problems despite the fact that a vast majority of Americans complain that their feet hurt, he said.

He has not seen an increase in foot ailments during more than two decades of practice, but he suspects that people's interest in health and physical fitness has tended to help them

verbalize their concern and frustration with foot problems as never before.

"I think people within the media are becoming more aware of foot problems," he explains. "A lot of people don't know where to go to get care, but there is a greater awareness than ever before."

He says that he sees more attention being paid to proper foot care and treatment, because, "The younger generation is so much more conscious of health than my generation was at that age."

OLDER GENERATIONS, who grow up believing that the sturdy brown oxford in the formative years is all that is needed to shape healthy feet, are in error, according to Brant. So are people who think that flat feet are a calamity.

"It's a myth that tennis shoes are bad for your feet," he says. "The all-purpose tennis shoe is good for feet." The height of the arch is not an appropriate criteria for good feet, he adds.

It is a fact, though, that 60-70 percent of foot problems are the result of heredity. Genes pass along a characteristic foot shape, with women developing more blisters, corns, painful bunions, calluses, ingrown toenails and cold feet than men. Men, he said, are more prone to athlete's foot, foot injuries and malodorous feet than women.

"If your mother had bunions," he says, "there's a pretty good chance you will have them, too."

A graduate of four years of undergraduate work and four years of specialized training in the lower extremities, Brant says the ideal situation is one in which the patient is

Despite the fact that Americans buy 1,018,000,000 pairs of shoes each year at a cost of \$23.1 billion, most have little understanding of what makes healthy, comfortable feet, says podiatrist Jerry D. Brant, former president of the American Podiatric Association.



cared for by a podiatrist working as a team with other health specialists.

For instance, a competent podiatrist can often determine the presence of an underlying illness by examining a patient's feet, which he can then pass on to an internist, rheumatologist, dermatologist, vascular surgeon, neurologist, orthopedist or other specialized professional.

Some of the more obvious illnesses he has discovered include diabetes, which can manifest itself through a corn that doesn't heal or a burning sensation in the feet.

"Studies have shown that there is a

substantial reduction in the need for amputation among people with diabetes with good podiatric care," he says.

PODIATRIC SURGERY, he explains, can alleviate a great many painful foot conditions, including hammer toe deformities and bunions but patients should work with a podiatrist to educate themselves before resorting to remedial steps.

"You have to remember that you are never going to repair a toe better than it was originally, even though it (surgery) may relieve the pain."

During his 22-year practice, Brant says he has seen many improvements in foot treatment and procedures. But the patient has to understand that some procedures will always remain essentially the same, he said.

Advertising promises should be reviewed with the podiatrist before a procedure is elected. Such things as the removal of a bunion have to be done in a traditional manner, not as some claim by the use of laser surgery.

"Laser is only good for soft tissue surgery," he explains. While laser is effective during treatment of such things as warts or similar skin conditions and some nail work, it should never be used for bunion surgery, which is the repair of a deformity in the joint.

Brant says he sees three or four times as many female patients as male patients in his practice, due mainly to the fact that women wear multiple shoe styles, have weight problems and pregnancies. He cautions that what may constitute an elegant shoe style may not be the best shape for the foot.

Women, he said, too often fail to recognize that a 20-40-pound weight gain during pregnancy can lead to foot problems in their older years.

"They gained the weight, didn't recognize that the foot got fatter and didn't change their shoe size," he explains. "That precipitates earlier incidences of foot conditions, so it's not uncommon for us to see women in their 30s and 40s having problems because of this."

Other culprits, he adds, are panty hose and occupations that keep women on their feet as much as eight hours per day.

Another concern for the podiatrist, he says, is the failure of most people to recognize the seriousness of the common sprain, which is anything but a simple injury.

"I see a lot of sprains and overuse problems," he says. Sprains require as many as four different types of treatment that can be as simple as mild taping and rest or as complicated as surgery. He has also had to educate some patients in how much stress and exercise is good for them.

Brant said that some of his most difficult patients are athletes, who are apprehensive that they might have to give up their new found religion.

"Exercising is good for you," he says, but sometimes he is forced to tell a runner to slow down. "Sports-minded people are the most difficult to treat, because they are afraid I will make them give up something they like doing."

Brant says that his nationwide tour is giving him an opportunity to spread knowledge to a concerned public.

"I don't want to say ignorant, but I would say that the vast majority of people are unappreciative of what it takes to correct a foot problem. They don't know what to do, and they don't want to ask the shoe salesman, who is most often an unknowledgeable as they are. And they don't want to go to the family physician. When they come to the podiatrist, they are asking, can you give me something that will make me feel better tomorrow?"

Brant says that he cannot promise an overnight remedy, but he is able to start his patients on the right path for finding the answers they need.