



WHAT'S HAPPENING IN

AMWA

Volume XVII, Number 3/June 1992



These Romanian children enjoying new clothes and their first experience with balloons are served by Child Care Romania, a project of American Women's Hospitals Service.

AWHS Celebrates 75 Years

1917 - 1992

This year marks the 75th anniversary of AMWA's American Women's Hospitals Service (AWHS), which provides medical care in poor regions of the world. In honor of the occasion, AMWA will recognize the distinguished leaders of AWHS and issue a specially-designed commemorative pin for AWHS supporters.

AWHS began its long and fascinating history of medical care for the poor in June 1917. Three hundred women physicians gathered in New York City for the second anniversary meeting of the Medical Women's National Association (now AMWA). Lantern slides showed the work of women physicians in the European war. Following this presentation, Dr. Bertha Van Hoosen appointed a War Service Committee (to be named AWH and later, AWHS) to register female medical workers, raise funds and develop plans for service in Europe. In 1918, the first AWH medical unit sailed to Europe. Thus did AWHS begin its two-fold mission — the relief of suffering through medical care, and the advancement of the position of women in the medical profession.

Now a project of the AMWA Foundation, AWHS today supports three U.S. clinics — Mountain Maternal Health League in Berea, Kentucky; Lend-a-Hand Clinic

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Physicians Push Congress on NIH, Gag Rule

Physicians and scientists exerted their influence on Congress this spring, urging legislators to pass by wide margins two key pieces of legislation — the NIH Reauthorization Act, which funds women's health research and lifts the fetal tissue research ban, and the Title X Reauthorization bill, which rescinds the "Gag Rule" and increases spending for federal family planning programs.

In both cases, however, the margin of victory was still a few votes short of the two-thirds majority needed to override an expected Presidential veto. As a result, major women's health legislation may fall victim to the hard-ball partisan politics of this election year.

For both the NIH and the Title X bills, supporters fell just 12 votes short of winning a veto-proof majority of those present and voting in the the House of Representatives. (The NIH bill cleared the Senate by 87-10 on April 2 and the House by 260-148 on May 28; the Title X bill passed the House by 268-150 on April 30). Despite this strong showing, the likelihood of persuading 12 more legislators to support the bills by the time of a veto-override vote is diminishing with each passing week.

President Bush, pressured by his antiabortion constituency, vigorously lobbied all Republican members to oppose the two health bills, calling for an election year "show of strength" among Republicans. In the face of such pressure, the NIH and Title X supporters will be hard-pressed to convert the handful of Republican legislators who are otherwise sympathetic to the bills, but reluctant to vote against their president.

Given the current partisan climate on Capitol Hill, the margin of passage for both health bills was still impressive — as was the show of influence by the medical community.

NIH Bill : A Strong Biomedical Campaign

The Coalition for Research Freedom (CRF), a group of 33 scientific and medical organizations including AMWA, provided a text-book example of how to mount a successful legislative campaign with the NIH bill, H.R. 2507. Debate on the bill centered on provisions that would repeal a 1988 administrative ban on federal funding of fetal tissue transplantation research. CRF made fetal tissue research a

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Meet the AMWA Staff

AMWA has grown in size and influence since it moved its headquarters from New York City to the Washington area in 1988. Today, a growing professional staff works to meet the needs of AMWA members, and to implement programs in conjunction with AMWA board committees. Here we present the names and faces of the AMWA staff members who can assist you when you contact the national headquarters in Alexandria, VA. (tel. 703-838-0500).

Leadership is provided by Executive Director **Eileen McGrath, JD**, who has overseen the growth of AMWA's staff to 18 employees over the last four years, and has helped make AMWA a visible presence in the medical association network of Washington. Assisting her in office services and board liaison is Office Manager **Jacqueline DeSarno**.

Deputy Executive Director **Lois Schoenbrun**, who oversees the day-to-day management of AMWA, has also developed the Government Affairs program, increasing AMWA's influence in health policy. Assisting her in legislative work is Administrative/Legislative Assistant **Gillian Thomas**.

The extensive operations of the Membership Department are coordinated by **Regina Sanborn**, Director of Membership and Services, with support from **Liz Woods**, Administrative Assistant for Membership. The Department has increased AMWA's membership to 12,000 women physicians and medical students, and oversees recruitment, member services, regional/branch activities and the product acceptance program.

The substantial preparation required for AMWA meetings and conferences is capably coordinated by **Lisa McLendon**, AMWA's new but experienced Director of Meetings. Helping her to keep things running smoothly is Administrative Assistant **Debra Whitmer**.



(Left to right) Gillian Thomas, Marcia Saumweber, Patricia Adams, Nzinga Khafra, Ruby Bailey-Edmondson, Marie Glanz, Elizabeth Woods, and Regina Sanborn. Not pictured: Phyllis Tritsch and Jane Williamson.



(Left to right) Debra Whitmer, Francina Roberts, Eileen McGrath, Usha Gupta, Lisa McLendon, Jacqueline DeSarno, Alice Kirkman, and Erma Logan. Not pictured: Lois Schoenbrun.

Public Affairs Director **Alice Kirkman, JD**, serves as the advocacy voice for AMWA, by handling media and public relations, writing policy statements for Government Affairs, and serving as Managing Editor of the newsletter.

Special Programs Coordinator **Marie Glanz** oversees a number of AMWA projects. She coordinates services of AMWA Foundation projects like the Student Loan Program and the American Women's Hospitals Service, as well as activities like the Bed and Breakfast Program and AMWA's numerous awards programs.

Working closely with Marie and Eileen McGrath is **Phyllis Tritsch**, the Director of Development for Foundation, who brings years of fund-raising expertise to help increase contributions to AMWA and its programs.

Assisting both Phyllis and Marie is Administrative Assistant **Marcia Saumweber**.

The burgeoning AMWA membership rolls require sophisticated financial and computer services. Overseeing financial operations is Controller **Usha Gupta**, with the expertise of Bookkeeper **Erma Logan** and the assistance of Accounting Clerk **Francina Roberts**.

Computer Systems Manager **Patricia Adams** has brought AMWA into the computer age, directing new computer systems for AMWA's expanding financial and membership records. Helping her in this process that expedites membership services is Data Entry Clerk **Nzinga Khafra**.

As receptionist, **Ruby Bailey-Edmondson** has the voice most familiar to AMWA members. Ruby, who cheerfully greets all callers and visitors, recently returned to the office after giving birth to a baby girl, Jenée Sophia, in March.

In addition to these headquarter staffers, AMWA relies on **Jane Williamson**, the long-time Editor of JAMWA who resides in Vermont, to bring you that publication six times a year.

LEGISLATIVE UPDATE

NIH, Gag Rule, continued

health issue, not an abortion issue, by holding briefings on the important breakthroughs such research is providing in the treatment of Parkinson's disease and diabetes.

Trying to defuse the situation, President Bush announced that, while he opposed research using fetal tissue from elective abortions, he would establish a national research "tissue bank," using only tissue from miscarriages and ectopic pregnancies. Coalition scientists noted that such material is only minimally useful for transplantation purposes. However, NIH Director Bernadine Healy, MD, in a May 20 letter to Health and Human Services Secretary Louis Sullivan, said the bank "is feasible and should be given a chance to prove its efficacy."

AMWA pointed out that the NIH bill also involved millions of dollars for women's health research. AMWA President Lillian Gonzalez-Pardo, MD, in a letter published in the May 26 *Washington Post*, said that if the President vetoed the NIH bill, "he would also deny Americans possible advances in breast cancer, reproductive cancers, osteoporosis and infertility as well as prostate cancer."

H.R. 2507 would authorize \$300 million for research on the causes and prevention of breast cancer; \$25 million for clinical research centers on breast and prostate cancer; \$75 million for research on other reproductive cancers; \$20 million for contraceptive and infertility research centers; and \$40 million for osteoporosis research. The bill would also permanently establish the Office of Research on Women's Health at NIH and codify a requirement for the inclusion of women in clinical trials.

As AMWA went to press, the President had not yet vetoed the NIH bill. As Dr. Pardo said in the *Post*, "What a shame the president plans to compromise women's health to appease a small segment of his constituency."

Lifting the Gag Rule: So Close and Yet So Far

The vote to repeal the "Gag Rule" (regulations that restrict health professionals at Title X family planning clinics from counseling pregnant patients about abortion) followed the same heart-breaking pattern as the NIH vote: medical groups succeeded in getting a majority of legislators to vote to repeal the rule, but intensive lobbying and a last-minute public relations ploy by the White House held off a veto-proof majority.

Dr. Marjorie Braude, Chair of AMWA's Governmental Affairs Committee, notes that the April 30 House

What You Can Do

Just a few votes can block the passage of women's health bills. Your representative may be one of the 12 "swing votes" who needs to hear from medical constituents. Add your name to our Legislative Network. AMWA will alert you when a call to your legislator is needed. Call 703-838-0500.

vote on this Title X bill (H.R. 3090) — which also increases funding for the federal family planning program by \$40 million a year — was still a watershed vote for reproductive health. For the first time in 8 years, Congress was finally reauthorizing and increasing the funding for the family planning program that serves 4 million low-income women a year.

Although the 268-150 vote showed strong support for family planning, the lack of a veto-proof majority reflected hard-line divisions over abortion (despite the attempt to focus this as a medical censorship issue). Antiabortion groups lobbied intensively, and the Administration confused many legislators by deceptively claiming that its March 20 "guidelines" memo had now lifted the Gag Rule for physicians at Title X clinics. [For details, see the April issue of

What's Happening in AMWA.]

Sometimes the votes went against expectations. Antiabortion congressmen Richard Durbin (D-IL) was a strong supporter of Title X and repealing the Gag Rule. He drafted a "conscience clause" amendment to the bill that convinced many antiabortion legislators to support the bill: it provides that Title X facilities or providers may opt out of abortion counseling for reasons of moral conscience, so long as they refer patients to other Title X facilities that provide such counseling. During House debate, Rep. Durbin cited AMWA on the House floor as one of the distinguished medical organizations supporting the bill.

After the House vote, H.R. 3090 went to a conference committee of the House and Senate, which will draft a final version of the bill. As AMWA went to press, it was unclear when the conference report, final vote, or expected presidential veto would occur.

What's Next? One Reprieve

After this bruising battle, medical groups may be in for a long struggle to convince legislators to revisit, and repeal, the Gag Rule.

What does this mean for clinics? The regulations were scheduled to go into effect at Title X facilities on June 3. However, on May 28, a federal judge in Washington, D.C. issued a preliminary injunction against enforcement of the HHS Gag Rule "guidelines." This appeared to offer at least a temporary reprieve for many Title X grantees. It remains to be seen whether and when the government will eventually enforce the medical censorship that, in AMWA's words, "begins with women's reproductive health."

Our Thanks

AMWA wishes to thank the many AMWA members who contacted their legislators on both of these bills. A special thanks to those who contacted "swing vote" legislators from Ohio, New York, Pennsylvania, and New Jersey, and to those who made district and Capitol Hill visits.

STUDENT SENATE

SAFETY

As women, the threat of sexual assault and violence is our reality. The reasons are multifactorial and beyond the limitations of our column. However, we feel compelled to discuss several ways of asserting your right for personal safety. There are no guarantees of effectiveness for whatever methods are chosen, but you can greatly enhance your chances of avoiding or surviving an assault by empowering yourself with the knowledge of self-defense.

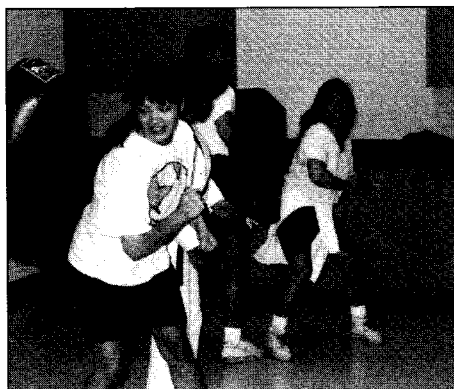
Research conducted by the Oregon Crime Reduction Program demonstrated that women who were assaulted and resisted forcibly and strenuously were less likely to be raped or seriously injured. In 80% of the rape attempts, strong resistance and multiple strategies were effective in repelling the rapist and thwarting his intentions. The Department of Health, Education and Welfare also agreed with the finding of this report that a woman who was able to fight, scream and attempt to flee was more likely to escape being raped.

Devices

Entrepreneurs have reacted to the increase of sexual violence toward women by marketing products such as "Dyewitness" and "Cap-stun." Dyewitness is a high-pressured (70 pounds of pressure) canister that delivers a

seven-second blast of green dye from up to 7 feet away. When properly aimed at the assailant's eyes, the attacker is not only stunned, but also dyed green for up to a week. It costs \$29.95, and has a shelf life of two years and a free replacement guarantee with a police report. Also, Cap-stun is a high-pressured canister that delivers a mixture of Cajun peppers from up to 6 feet away and sprays out like a cone covering an area of 2 feet by 2 feet.

The inflammatory effects may last up to 20 minutes without causing any permanent damage. Each canister con-



Flora Danque (center, head turned) gives self-defense tips to osteopath students Anita Wu (left) and Laurie Nakahira (far right). Greg Albaugh assists.

tains 30 one-second bursts, has an indefinite shelf life and costs \$19.95.

Mace is another alternative to the high-pressurized canisters, but requires a training program and certification to use and carry it. In order for any of these canisters to be effective, the carrier must have it in hand, ready to use, and possess the determination to use it. Also, the carrier must be aware of the weather conditions, especially wind, in order not to contaminate oneself. However, one fact remains the same for all these weapons: they can be taken away and used against the carrier.

Self-Defense Classes

Another alternative to carrying a weapon is to train yourself to be a weapon. This doesn't mean you need a

black belt to defend yourself, but possessing the determination not to be raped and attending self-defense workshops are a step in that direction.

Impact Self Defense (formerly known as Impact Model Mugging), headquartered in Van Nuys, California, offers women a 20-hour self-defense training workshop in full-contact fighting skills. This unique program allows participants to apply their acquired skills in repetitive assault situations. Students learn to overcome their "startle" response and channel their energies into effective counterattacks. Also, attending self-defense workshops developed by local college campuses is helpful. In both cases, practicing and executing the techniques with full force, striking multiple times at a target, and mentally preparing yourself to fight back are key to developing spontaneity and muscle memory when assaulted.

Travel Tips

Marilyn Arnold, Upjohn's Medical Sciences Liaison to AMWA, has a few tips for a woman traveling alone to a conference or interview. Ms. Arnold suggests that while staying in a hotel, insist on a room next to the elevator, and never get into an elevator with a male stranger. While entering any parking structure, always scan the premises for any suspicious-looking activity, and always look underneath your car. While driving your car, keep your purse on the floor and out of sight, not on the car seat. She also recommends always locking your car doors while driving.

We must break the traditional socialization patterns that have taught us not to express our own wishes forcefully, not to hurt other people's feelings or reject them, or to be quiet, polite and never make a scene. Speaking out aggressively and/or assertively to a potential attacker instead of communicating a message which may be interpreted as token resistance, can prevent a dangerous situation from becoming worse. Above all, listen to your inner voice warning you of potentially harmful or dangerous

New Residents

We know that you have many other things on your minds right now, but please take a minute to send your new address to the AMWA national office. We don't want to lose touch with AMWA student members once they become residents. As you start the challenge of residency, let AMWA help. Keep in touch with other women residents through AMWA!

Message from the Director of Students



By now, you are looking back at a year of AMWA activities. You had some wonderful successes and some that left you wishing you had ... This is a good time to jot down some of those thoughts for the new officers. Student branches need to "pass the baton" before the end of the academic year. Plans for getting the branch off to a running start in the early fall are critical. It is good to have a planning meeting before everyone scatters. Typically, third year is very demanding and there is less time available for AMWA activities. First and second year students need to

know what are the best ways to make the branch successful. Who can you ask to speak? How is it best to circulate the notices? How far ahead can you and should you put up posters? What about time for meetings? When are exams scheduled? Could you have some meetings in places where third year students could "drop in"? (Maybe they would even share some of the clinical experiences?)

I have been fortunate to visit a number of your student branches this spring. You all amaze me in your ability to organize your branch and continue to study. My experience speaking at your school is usually very good. You contact me well ahead of time. We agree on a topic. I send you a handout to reproduce and a brief CV. You arrange for a room and a projector, screen, pointer and microphone. You plan food (it seems to always work!). You get help from pharmaceutical companies and departments. You send me a map or you arrange to meet me. I am delighted to visit with you, as are most active AMWA physicians. It is important to plan ahead. Now is not too soon to talk to that interesting woman doctor. You want to know, "How do you do what you do?"

I have moved to Malden, Massachusetts as the Director of the Malden Hospital Family Practice Residency. New address: 15 Mitchell Avenue, Medford, MA 02155-1728. Telephone: 617-395-8660 (h). See you in San Francisco on November 11-15, 1992.

— Jeanne Arnold, MD

STUDENT LOANS

The following is a brief summary of what happened with legislation regarding the Higher Education Act.

Senate

Date: Feb. 1992

Bill: S. 1150

Vote: 93-1 approved.

House of Representatives

Date: March 1992

Bill: H.R. 3553

Vote: 365-3 approved

Similarities between S. 1150 and H.R. 3553:

(1) Both bills repealed the specific 2-year deferment for residency and internship;

(2) Both consolidated the terms under which a borrower may have her or his loan deferred;

(3) Both retain a requirement in current law that lenders grant forbearance for loan repayment for medical residents and interns during the entire period of their training programs.

Differences between S. 1150 and H.R. 3553:

S. 1150:

(1) Does allow for deferment based on economic hardship which is defined by income alone;

(2) Increased annual limit for the Stafford loans to \$9,000.00.

H.R. 3553:

(1) Allows for deferment for residency and internship based on economic hardship as defined by a borrower's level of debt as well as income.

As We Go to Press

A joint conference committee composed of Senators and Representatives is negotiating the differences between the two companion bills. As we went to press, it was uncertain when the conference work would be completed and another vote would take place.

— Flora Danque and Jennifer Tuteur
National Student Coordinators

situations. If you have been raped or assaulted, please understand it wasn't your fault. Sexual violence is a crime.

Please contact the following for more information:

Dyewitness
2831 Flower Street
Garden Grove, CA 92640
714-636-8255

Cap-Stun Weapon System
ZARC International
1111 Broad Street, Suite 2B
Camden, SC 29020
900-882-7011

Impact Self-Defense
13550 Roscoe Blvd., #7
Van Nuys, CA 91402
800-345-KICK

SEXUAL HARASSMENT

Just a reminder, the AMWA Sexual Harassment and Gender Discrimination Resource and Information Line is a hotline for AMWA student and physician members.

If you've experienced sexual harassment or discrimination, you can call Lisa McLendon at the national AMWA office at 703-838-0500. Shortly after AMWA takes your call, a volunteer physician will be in contact with you to provide resources and advice.

The Gender Equity Committee has compiled an informative packet on dealing with sexual harassment. For more information, contact the national AMWA office.

RESIDENT ROUNDS

A Doctor By Any Other Name

During third and fourth years of medical school, while doing clinical rotations, I would always introduce myself as a medical student. Invariably, however, the patients would more often than not call me doctor. I would correct them, stating I was actually a medical student, but to no avail; to them I was a doctor. This always struck me as odd, considering the fact that I would present myself as a student and always wore my badge identifying me as "Mary E. Bongiovi, Medical Student." I would often feel fraudulent, as if I were misrepresenting myself in a devious sort of way. With time, however, I realized that no matter how many times I introduced myself as a student, the patients wanted — or perhaps needed — to see me as their doctor, and persisted in giving me a title I had not yet earned.

When I finally became a doctor, I did not feel remarkably different from being a medical student. The only thing that had changed was the fact that I could now introduce myself as Dr. Bongiovi. I was panic-stricken the night before beginning my internship, because I realized that just one little piece of paper, my diploma, separated me from the medical students I would soon be supervising!

After some time, being on an exponential learning curve, I did begin to appreciate the ever-growing gap that separated me from my students. Knowing what I did then, it made it ever more surprising to me that my patients ever thought I was a doctor just a year earlier.

During my internship, I noticed that I was mistaken for something other than a doctor more often than when I was a medical student. I think this occurred because I was in the hospital many hours, leading to more opportunity for a "mistaken identity." Some of the misidentifications were not surprising; I was often called nurse. Once, however, I was asked if I was the dietician and even transport

(wearing a stethoscope?). Needless to say, I suffered a few narcissistic injuries during this time.

On only a few occasions could I laugh at the whole situation. I remember once caring for an elderly gentleman who was disoriented in the setting of pneumonia. Every day I would have to reintroduce myself. Once the male nurse and I were in the room at the same time and we kept on repeating, "No, he's the nurse and I'm the doctor." "Yeah, she's the doctor and I'm the nurse." It felt like the medical equivalent of Abbot and Costello's famous "Who's on first?"

Presently, I have a young woman with schizophrenia who daily calls me Miss Bongiovi. Whenever she has a guest, however, she does not hesitate to introduce me to them as her doctor. I was struck by the fact that less than a year ago being called Miss or Nurse or Transport would have caused me great distress. I first thought it must be the fact that I am now 10 months into the second year of my residency and too burnt out to care. After some time, I realized that I just feel more comfortable about what I am doing. My identity as a doctor comes from within me now and I no longer need external reinforcement of the fact that I am a physician. So call me what you may... just don't call me late for dinner.

*—Mary E. Bongiovi, MD, PhD
Resident Representative*

AWHS, *continued*

in Walker, Kentucky; and Clear Fork Clinic in Clairfield, Tennessee — and the clinics of Dr. Ruth Tichauer in La Paz, Bolivia, and the Hopital le Bon Samaritain in Limbe, Haiti. In addition, AWHS assists special projects like Dr. Mary Zalar's "Child Care Romania," which helps the orphans of that country, and Interplast in Guayaquil, Ecuador, where burn victims receive rehabilitative and surgical care.

AMWA wishes to recognize the dedication of all members of the AWHS Committee throughout the years, and especially the untiring efforts of its most distinguished and dedicated leaders: Rosalie Slaughter Morton, MD (President, 1917-1919); Esther Pohl Lovejoy, MD (1919-1967); Alma Dea Morani, MD (1967-1984); and Anne L. Barlow, MD (1984 to the present).

All 1992 AWHS supporters will receive a newly-designed commemorative pin. Please make this milestone an important one in the history of AWHS. Help those who look to AWHS-supported clinics and projects for their medical care. Mail your tax-deductible gift today to: AWHS, 801 N. Fairfax, Ste. 400, Alexandria, VA, 22314.

AMWA On the Road

On behalf of AMWA, President Lillian Gonzalez-Pardo, MD, is traveling far and wide to spread the word about women in medicine and women's health care.

Dr. Pardo will join women's rights activists, including Irish President Mary Robinson, at the 1992 Global Forum of Women in Dublin, Ireland, on July 9-12. The conference on "New Visions of Leadership" will examine issues confronting women worldwide.

On May 21, Dr. Pardo was a special guest panelist at a meeting of the Society for the Advancement of Women's Health Research in Washington, DC. This multi-disciplinary gathering of women's medical groups addressed strategy for increasing the status of women in medicine. Dr. Pardo discussed similar issues on June 11-12 at a special NIH workshop on Women in Biomedicine.

Health care delivery and the patient-provider relationship were the subjects of a Washington Business Group on Health discussion in Baltimore, MD on May 28. Dr. Pardo presented the woman physician's perspective on how to empower the patient-provider relationship.

BULLETIN BOARD

Friends, Family, FAMWA

For friends and family of AMWA members — or for anyone who wishes to support AMWA but is ineligible to become a member, consider membership in the Friends of the American Medical Women's Association (FAMWA). The official auxiliary of AMWA supports the aims and goals of AMWA, through volunteer action and support.

Barbara A. Caldwell, J.D., FAMWA President (and daughter of Anne Barlow, MD, an AMWA Past President), notes that FAMWA is dedicated to furthering the role of women in medicine and to helping extend AMWA's sphere of influence.

For an annual fee of \$40, members become a booster of women in medicine, join ranks with health activists, and receive a subscription to the Journal of the American Medical Women's Association.

For further information or to become a FAMWA member, contact the AMWA Membership Department at 703-838-0500.

Recruitment Thanks

AMWA wishes to thank the following members who, as part of the 1991-1992 Lillian Gonzalez-Pardo, MD Recruitment Campaign, recruited 51 new members into AMWA during the period February 1 - March 31, 1992:

Betty Barker-Smith, MD; Jennifer Baxter; Carol Bowman, MD; Nyda Brown, MD; Flora I. Danque; Sondra Dantzig; Leah J. Dickstein, MD; Elaine Feldman, MD; Jean L. Fourcroy, MD; Janet Freedman, MD;

Lillian Gonzalez-Pardo, MD; Susan Gerber; Sheryl Heron; Kim Hissong, MD; Sonja Kim; Sharyn Lenhart, MD; Frances McGill, MD; Debbie Newman, MD; Naomi Parry, MD; Janice Petersen, MD;

Patrice Richardson, MD; Margaret Ryan, MD; Jane Stafford, MD; Kara Stuart; Elaine Uninsky, MD; Suzanne A. Widrow, MD; Vivian W. Pinn, MD; Judith Wolf, MD; and Diane Wolfe, MD.

Meeting Highlights

As you read this, over 100 AMWA members will be heading to Washington, DC for the AMWA Interim Meeting on June 26-29. Highlights include two special speakers: U.S. Delegate Eleanor Holmes Norton (D-DC) and U.S. Representative Marge Roukema (R-NJ). Check the August newsletter for a full report.

At AMWA's Annual Meeting in San Francisco on November 11-15, our speakers include ABC "Good Morning America" medical correspondent, Nancy Snyderman, MD, and Vivian Pinn, MD, Director of the NIH Office of Research on Women's Health. Also featured: nationally-known Stanford surgery professor, Frances Conley, MD, and reproductive rights advocate Jane Hodgson, MD, of Minnesota. Look for upcoming coverage here and in JAMWA.

Portrayal Award

The Publication Committee is seeking submissions for its annual "Award for the Positive Portrayal of Women Physicians." The award-winner will be announced at the AMWA Annual Meeting in San Francisco.

Send copies of any advertisements, brochures, posters, or other publications that picture a woman physician in a positive manner to:

Mary Guinan, MD, Centers for Disease Control, M.S.D.-21, Atlanta, GA 30333. The deadline for submission of entries is **July 15, 1992**.

Osteo Kits

The National Osteoporosis Foundation (NOF) is offering an educational kit and attractive poster as part of its campaign on "Changing the Shape of Your Future." The educational materials can be used for discussing osteoporosis in a variety of settings. To order, call NOF at 202-223-2237.

New! AMWA Posters

Hot off the press is a striking, full-color poster publicizing the benefits of membership in AMWA. Highlighting AMWA's "Critical Difference," the poster proclaims: "Other medical associations have committees on women. We are women. And that makes all the difference."

The purpose of the attractive, 12 x 17 inch wall posters: to recruit new AMWA members, and to educate patients on AMWA's existence. Posters were mailed in May to all AMWA leaders, HMOs, and hospitals with women's centers.

If any AMWA member would like a poster, please contact the Membership Department at 703-838-0500.



MARK YOUR CALENDAR

June 27-29 AMWA Interim Meeting
Washington, D.C.

August 15-23 President's Trip
Spain

September 18-20 Region VII Conference
Kansas City, Missouri

November 11-15 AMWA Annual Meeting
San Francisco, California

June 25-27, 1993 AMWA Interim Meeting
Washington, D.C.

November 3-7, 1993 AMWA Annual Meeting
New York City

AMWA MEMBERSHIP APPLICATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (H) _____ (W) _____

MEDICAL SCHOOL _____ GRAD YEAR _____

SPECIALTY(S) _____

LICENSE(S) _____

SPECIALTY BOARD CERTIFICATE(S) _____

MAIL TO: AMERICAN MEDICAL
WOMEN'S ASSOCIATION
801 NORTH FAIRFAX STREET
ALEXANDRIA, VA 22314

- Regular Member \$175
- Resident \$60
- Student Member \$40
four years including
subscription to Journal
- Check Enclosed
VISA / MC # _____

(\$40 minimum charge)

Signature _____

Exp. Date _____

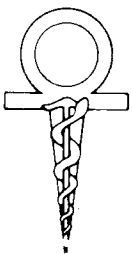
AMWA gratefully acknowledges the support of Marion Merrell Dow, Inc. and Schering-Plough Health Care Products.

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WHAT'S
HAPPENING
IN

AMWA



AMWA

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Alexandria, VA 22314

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