



WHAT'S HAPPENING IN AMWA

Volume XVII, Number 3/Fall 1991

Annual Conference Confronts Health Care and Workplace Issues

Over 500 AMWA members participated in an ambitious 1991 Annual Meeting which took on the problems of the US health care system and important workplace issues.

The 76th Annual Meeting, "Women Taking Care: Health for the Nation," was held in Dallas, Texas, November 13-17, and tackled topics ranging from alternatives in health care delivery to coping with gender discrimination.

"This is a critical time for many Americans who are not receiving health care," said outgoing AMWA President Roselyn Payne Epps, MD. "Clearly, this has to change. Women physicians must work to see that every American gets adequate health care."

Leading authorities in medicine and health care briefed conference participants on the latest developments in

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Discrimination Report Gets Media Attention

The report, "Empowering Women in Medicine," co-sponsored by AMWA and the Feminist Majority Foundation and released on September 9, received national

media coverage in print, television and radio programs. The report showed that female physicians still have not broken into the world of the high powered, high paid medical elite.

The study's findings were reported by CNN, the Home Show, USA Today, The New York Times, The Washington Post, Associated Press and other media outlets.

"This is the kind of publicity AMWA needs to enlighten the public on discrimination against women in medicine," says Sharyn A. Lenhart, MD, clinical instructor of psychiatry at Harvard University Medical School and

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Regional Conference Roundup

Region III

Participants in AMWA's Region III conference held at the George Washington University on April 7, heard some long suspected news about men and women. Conference speaker Dana Weaver, MD, Associate Professor of Urology at the University of Missouri, told conferees she believes men and women are members of entirely different cultural groups. Speaking on the topic, "Communication Techniques for the 90's," Dr. Weaver said men and women have different perspectives and languages and therefore need special skills to communicate effectively with each other.

Another Region III conference was held on October 5th in Allentown, Pennsylvania, where AMWA President, Roselyn Payne Epps, MD, outlined AMWA's national goals.

Conferees were also treated to a preview of a seminar on "Wilderness Medicine" presented by Tamar Earnest, MD, State Director for Pennsylvania.

Region VI

"Women's Health in the 90's, Our Patients, Our Selves," was the topic of AMWA's Region VI conference, held April 13 in Chicago, Illinois. Conference topics addressed issues pertinent to AMWA members as both patients and providers. AMWA President, Dr. Roselyn Payne Epps, gave the opening address outlining

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Region VI Student Co-Coordinator, Sharon Berkowitz and MIT Representative, Nancy R. G. Church, MD, enjoy a successful conference

Historic NIH Look at Women's Health Research

The National Institutes of Health, under the Office of Research on Women's Health, is conducting the most comprehensive study ever on women's health research — looking at national priorities and re-thinking basic research approaches to reflect gender and cultural diversity.

"This is a tremendous opportunity to elevate and influence women's health research by setting an historic agenda that should improve the quality of women's health for years to come," says AMWA President Dr. Roselyn Payne Epps who participated in a two-phased process to set priorities for women's health research for the next decade.

Dr. Epps testified at an NIH public hearing on June 12 where health advocacy groups, women's groups, associations, educators and individuals presented recommendations for women's health research. 90 different organizations and individuals were represented.

A scientific planning conference, "Opportunities for Research in Women's Health," attracted over 275 health professionals. The conference, held September 4-6 in Hunt Valley, Maryland, addressed women's health priorities from birth to geriatrics. Dr. Epps co-chaired a working group with Alain Jofee, MD, of Johns Hopkins University Medical School.

"I'm especially pleased that the research priorities AMWA developed will be included in the final report," says Dr. Epps. "These include cardiovascular disease, breast cancer screening, osteoporosis prevention, smoking prevention and cessation, domestic violence and a commitment to programs for dependant care." A final report with recommendations is expected in the next few months.



Roselyn Payne Epps, MD, co-chairs NIH working group on women's health issues.

Regional Conference Update, *continued*

AMWA's priorities.

Finding time for sexual relations was the well received keynote address given by Domeena Renshaw, MD, Director of the Sexual Dysfunction Program at Loyola University.

Business consultant Nancy Dodd McCann presented tips on balancing personal and professional lives. Laurel Rosing, MS, RD, University of Chicago, spoke on the ever popular subject, "Nutrition and the Busy Woman." On the medical front, Lila Wallis, MD, past AMWA president, discussed hormone replacement therapy.

Region X

"Women Physicians on the Frontier" was the focus of AMWA's Region X Conference which took place in Washington State, August 23-25. AMWA President Dr. Roselyn Payne Epps gave the keynote address, "AMWA - Still on the Frontier."

On the "Frontiers of Female Reproduction," Suzanne T. Poppema, MD, who spent the last year in France, gave conferees a first hand update on RU 486. Attorney Lisa Stone and Washington State Director Kaaren Nichols, MD, lead a timely discussion of reproductive choice, focusing on medical and legal issues.

"Underwater Frontiers: An Introduction To Diving Medicine," was presented by University of Washington medical student Shawna Larson and diver extraordinaire, Karen Anderson, MD!

Region XII

Modern women's health issues were the focus of AMWA's Region XII conference, "Current Issues in Women's Health Care: Advances and Treatment Strategies," held at the University of California, San Francisco, April 6.

A superb talk on "Early Warning Signs of Drug Addiction in Young Women" was given by David E. Smith, MD. Susan Mirow, PhD, MD, discussed premenstrual syndrome and treatment based on the biopsy. And Dr. Debra Judelson spoke about advances in hypertension and coronary artery disease in women.

New techniques in reproductive medicine and the ethical issues involved were presented by Maida Taylor, MD, MPH. Laurens White, MD, discussed mammography and it's pitfalls.



University of Washington medical student Shawna Larson demonstrates scuba equipment for presentation on diving medicine

RESIDENT ROUNDS

"Sharing The Experience"

I had just finished devouring the most recent issue of JAMWA, and feeling satisfied, I laid it face down on the table. My eyes fell on the back cover where I read, "EXPERIENCE. AMWA has it... and we'll share." As I perused the list of offerings that followed, a single word took shape in my mind: mentoring. It was immediately apparent to me why such an advertisement should appeal to women physicians. This currently popular verbification of an ancient noun, mentor, summarizes for me a critical male/female difference in residency training.

Webster's New World Dictionary defines a mentor as a wise, loyal advisor. This was originally taken from Mentor, the loyal friend and wise advisor of Odysseus, and teacher and guardian of Odysseus' son Telemachus. Mentor, however, gets credit that was not his due. Pallas Athene, the goddess of wisdom, assumed his form when she served as guide to Telemachus.

The term mentor has the implication of more than just a teacher and more than just a friend, it is a combination of both. Historical examples include Gertrude Stein acting a literary mentor to Ernest Hemingway, and Sigmund Freud acting as a psychiatric mentor to Karl Jung. In the current medical/scientific environment, postgraduate doctoral students often refer to their advisors as mentors since they work together for several years, laboring to produce a coherent line of intellectual and scientific development. In the early history of medicine, a student was required to apprentice himself (or rarely, herself) to a practicing physician in order to acquire a medical education.

Most medical students in current training are assigned an advisor who remains simply an advisor. The distance in the advisor/advisee association prevents the development of a

mentoring relationship. It isn't until residency training, when new physicians have selected a direction for their subsequent careers, that the opportunity for a mentoring relationship becomes available. Those who avail themselves of this type of relationship find themselves being guided to take the right steps to advance their careers quickly and efficiently.

Professional women do not have a long history of mentoring relationships. (Professional women do not have a very long history!) Therefore, it might come as no surprise that mentoring relationships do not appear to come easily to them. In an extensive survey of the women's movement reported in Ms. magazine a few years ago (How Far Have We Come?), it was reported that the worst enemies for professional women were other professional women. Aside from failing to provide mentoring, women in power reported going out of their way to undermine their female colleagues. In other words, Snow White was able to work with the seven dwarves, but she represented a threat to her step-mother.

While women have made great strides into positions of professional leadership during the last two decades, this progress may prove to be self limiting without the adoption of an effective mentoring model. One does not have to look far within the field of medicine to find women who are unsupportive and demoralizing to other women in their environment. Instead of bringing the positive aspects of femininity to medicine, many women have chosen to use negative and socially destructive behaviors in order to achieve their career goals.

For those included in the mentoring process, the social significance has been more than training alone; it has also included role modeling, networking, and direction. Within the medical environment, mentors provide positive guidance, definition of

vital issues, career connections, and training for leadership. This translates into fewer mistakes, fewer dead ends, and less wasted energy. "Good-old-boys" have known this for a long time and many women have decried their exclusion from the GOB system. Excluded or not, what is apparent is that mentoring works well for those included in the process.

AMWA has been catalytic in the mentoring process for female physicians. Although originally established in part as a social organization, AMWA has evolved into an important forum for discussion of professional issues facing women in medicine. Those in leadership provide many of the essential aspects of a mentoring relationship for AMWA members. Perhaps more importantly, AMWA encourages women to seek out and enter into mentoring relationships. This is a wonderful opportunity for those who can avail themselves of it.

In order to expand your resources for mentoring relationships, increase your involvement in AMWA. It also helps to expand other types of professional involvement on the local and regional levels. The ability to network widens your circle of potential contacts and increases the chances that you may meet the right mentor for you.

Not every woman's daily needs for a close mentoring relationship may be met within AMWA. With the diversity of current medical training, it may be efficacious to have multiple mentors. The mentoring process begins with the realization that mentoring relationships are desirable. Many times this realization takes place in the mind of the teacher/mentor, but it also may occur to the junior member of the relationship. It may be advantageous to seek out such a mentoring relationship, especially for women residents.

The process begins by watching how others do it. The next step is to

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STUDENT SENATE

The Changing of the Guard

By the printing of this newsletter, we will have finished our tenure as National Student Coordinators. It has been a GREAT YEAR!! But we certainly can't take all the credit. As it has been said in the past, "behind every good National Student Coordinator, there are twelve superb Regional Student Coordinators." This year was definitely no exception. In our case, however, due to two coordinators, we had seventeen regionals. To give you an idea of how hard these seventeen women worked, let us quote some figures:

From the period of November 1990 to August 1991:

- 39 student branches were activated bringing the total number of student branches to 109. An impressive 87% of medical schools now have an active AMWA branch.

- 813 new student members joined AMWA. That is a 31.5% increase in student membership over last year.

What more can be said. The 1990-1991 regional representatives took their new responsibilities to heart and did a wonderful job.

Now the two of us didn't just sit around either! We started a new program to try and retain students as members once they become residents. We also initiated relationships with three pharmaceutical companies to help finance medical student attendance at national meetings. And, we continue our membership in the Consortium of Medical Student Organizations. We were one of the organizers of the first Consortium forum on Affirmative Action which was held at the AMA meeting in June.

As you can now see, this indeed has been a GREAT YEAR. We want to congratulate the new National and Regional Student Coordinators. Our challenge to you is to make the 1990-1991 year look insignificant in com-

parison to what all of you will do during the 1991-1992 year!

— Frieda and Julie

Just What Is The "Glass Ceiling?"

An article in the October 10, 1990 issue of the Journal of the American Medical Association discussed the status of women academicians at one medical center. This article referred to the "glass ceiling" and the authors' conclusion that women are succeeding at gaining promotions in academic medicine. AMWA passed a resolution at the 1990 Annual Meeting applauding the authors' efforts. In addition, AMWA recently published a press release regarding this issue. These actions have led some to ask "just what is a 'glass ceiling'?"

Over the past several years, the term "glass ceiling" has been used to refer to the failure of women to advance to positions of leadership in their profession. It was initially utilized in the corporate world. However, as more women physicians enter academic medicine, they too hold limited positions in the senior leadership arena.

In 1989, the Association of American Medical Colleges Faculty Roster System issued a report on women and minorities stating that women made up 20% of full time faculty. But the report revealed that the majority of women continue to hold junior faculty rankings.

It is important as a woman medical student to be enlightened about the ongoing controversy regarding the quantity and stature of women academicians. Be aware of the perceived glass ceiling. Continue to be an informed member of your chosen profession!!

— Frieda and Julie

AMWA Student Loan Deadline

Applications for AMWA's low interest student loans will be sent out starting January 2nd, 1992. AMWA offers \$1,000 or \$2,000 loans at 10% interest rates to its student members in their 1st, 2nd or 3rd year of medical school.

For an application contact: Marie Glanz, 703-838-0500, or write her at AMWA, 801 North Fairfax St., Suite 400, Alexandria, VA 22314. Completed applications must be received no later than April 15, 1992.

Annual Conference, *continued*

women's health issues. Equally important, AMWA members were trained in invaluable workplace skills such as negotiating salaries, coping with gender discrimination, securing pregnancy and maternity leave and child care.

Lillian Gonzalez-Pardo, MD, was sworn in as AMWA's new President. Dr. Gonzalez-Pardo is a pediatric neurologist at The University of Kansas Medical Center. In her inaugural address Dr. Gonzalez-Pardo told conferees, "AMWA is an organization of diversity where generations, geography and specialties mix. But in this diversity is an opportunity for growth and progress to make a difference in women's health and our own lives." Dr. Gonzalez-Pardo was recently named Most Distinguished Filipino in Greater Kansas City by the Filipino Association of Greater Kansas City.

A full report on the Annual Meeting will appear in the January/February issue of the Journal of the American Medical Women's Association.

Message From the Director of Students



Congratulations Students!

Students have reactivated or developed new branches at schools across the country. Students came to the annual meeting in Dallas with enthusiasm and a spirit of inquiry. The programming gave them direction and much to ponder. AMWA, through its student and physician branches, is meeting a need. The future is secure, right?

There have been strides, but much remains to be done. It is true that medicine has made wonderful progress in combating many illnesses. Women physicians have been part of important steps toward progress. Yet, women and children are especially vulnerable and many still do not even have basic health care. We women must be part of the solution!

The stress in medical education, part of a rite of passage, is being addressed. Training programs have incentives to more humane hours. Yet, abuse of medical students continues and there is resistance to change. We must speak up and stand up for what is right. Women physicians and women medical students are more visible than ever. But discrimination and harassment continues. Women must learn the strategies necessary for success.

Ask *your* student delegates to report from the meeting. A lot happened. All of the topics discussed are potential programs for branch meetings. Through discussion and action, we can make a difference. Have a good year.

—Jeanne F. Arnold, MD

chair of AMWA's Subcommittee on Gender Equity.

Debra R. Judelson, MD, told the nationally televised Home Show, that one of the problems women physicians face in private practice is getting accepted by patients who want women doctors in the office "who will listen, spend time with them and give a lot of feedback," but who want a man in the operating room.

Appearing with Dr. Judelson, Phylis Agran, MD, Associate Professor at UC Irvine, pointed out that only 10% of the tenured faculty at Irvine are women. The "Empowering Women" study shows that while 36% of medical students nationwide are women, only 21% of faculty are women and 2% of department heads are women. Women doctors are also paid only 63% of what male doctors are paid.

UC Irvine medical student Flora Danque told the Home Show she joined AMWA to learn the leadership skills necessary to break wage and career barriers. Our thanks to Dr. Judelson, Dr. Agran and Ms. Danque for such fine representation!

Resident Rounds, *continued*

make positive connections with those above you and those whose skills you admire. Don't be shy about seeking help; be open to being helped. When you find strong role models, let them know what their example means to you. This type of behavior engenders reciprocal feelings and lays the foundation for strong bonding. In order to build mentoring relationships, don't be afraid to reach out and touch someone.

Another aspect of the mentoring system is to become a mentor to those who follow in your footsteps. Showing this type of interest has two benefits. Your interest in helping others will gain the positive attention

of people who can also help you, and acting as a mentor increases your own understanding of many of the processes of such a relationship. However, when entering into a teaching relationship as a mentor, beware of some of the prevailing teaching models based on humiliation and defeatism. Watch how others mentor successfully in order to find a good model for positive interaction with those below you. Seek out those who need mentoring and offer positive guidance. Help them to define the important issues and provide networking help. Don't forget to pass along good mentoring habits to the next "generation."

The history and success of the women's movement has been characterized by successful mentoring rela-

tionships. This stands in contrast to the socialization of women in general. Our future successes as residents and women physicians may well depend upon the institution of the mentoring process amongst women in medicine.

Nancy R. G. Church, MD
MIT Board Representative

LEGISLATIVE UPDATE

RU486 Developments

RU486, the first antiprogesterone drug, is a major medical breakthrough. Its unavailability in the United States, both as a medical approach to early termination of pregnancy, and as a drug with many potentials and possible important benefits to women's health, has been a major frustration.

In September I had the opportunity to meet with Dr. Etienne-Emile Baulieu, its discoverer in France, as well as representatives of Roussel-Uclaf, the manufacturer, and Hoechst AG in Frankfurt, Germany, the fifty billion dollar per year chemical giant that owns 54% of Roussel-Uclaf stock and has a controlling voice in its policies. Dr. Baulieu spoke hopefully of negotiations to bring RU486 into the United States. He also showed me his paper on misoprostol (eytotec), an oral synthetic prostaglandin available on prescription in the United States. Misoprostol worked slightly better than the prostaglandins used in conjunction with RU486 for pregnancy termination in France, thereby solving the major technical problem related to introduction into the United States.

Dr. Louise Sylvestre, Roussel-Uclaf Research Director, and Ariel Moutot, marketing director, briefed me on the research studies that are going forward in the United States. These studies include meningioma, endometriosis, uterine fibroid tumors, and its contraceptive potential. They have had good cooperation with our FDA.

Dr. Robert Guerson, Director of Health Policy for Hoechst in Frankfurt, spoke to me about the company's policies concerning the introduction of RU486 into a new country. The policies require that abortion be legal, that there be a medical infrastructure that can provide the clinical services in an appropriate and controlled way as is done in France, and that responsible parties must request the drug. Roussel-Uclaf recently dispensed RU 486 to clinics

in Great Britain after receiving invitations from the Health minister and the Royal College of Gynecologists. Officials at Hoechst want to hear from reasonable and responsible people in the United States, rather than extremists making threats of boycott of their other products.

They were all impressed with our initiatives in California which recently passed a resolution in the legislature supporting the testing and use of RU486 in that state. California has a supportive governor and a state health department which is equivalent to the FDA in licensing powers within California.

Since my return, however, there has been bad news. Contracts between Roussel-Uclaf and the Population Council to develop and test RU486 in this country using Planned Parenthood clinics as the sites, are not being honored and carried forward by Roussel-Uclaf.

There has been major opposition from Mr. Ernest Drew, the president of Hoechst Celanese, the Hoechst subsidiary in the United States which produces Trevira nylon, hard plastics, and pharmaceuticals. Drew fears boycotts of the company's other products. This fear caused Hoechst Celanese to withdraw their support of breast cancer and AIDS research projects in the United States.

Mr. Drew needs to hear from us and others. Please write him.

Mr. Ernest Drew, President
Hoechst Celanese
Route 202-206
P.O. Box 2500
Somerville, NJ 08876.

AMWA hopes to organize a delegation to visit him.

- Marjorie Braude, MD
Legislative Committee Chair

NIH Reauthorization Bill

The NIH Reauthorization bill (HR 2507) contains many of the important bills AMWA has followed this year such as:

- Authorization for fetal tissue research - the bill would lift the current ban on fetal research by prohibiting the Secretary of Health and Human Services from withholding funds for fetal research that has been approved under normal HHS procedures. It would also set guidelines for the use of fetal tissue.
- Requirements to insure the appropriate inclusion of women and minorities in NIH funding research.
- Creation of an Office of Research on Women's Health with an advisory committee.

HR 2507 passed the House on July 25 by a vote of 273-144, not enough to override a Presidential veto. The bill was referred to the Senate Labor committee, where it has not been acted upon.

The Family and Medical Leave Act

This bill is also threatened with a Presidential veto. The Family Medical Leave Act, S 5 and HR 2, provides unpaid leave and maintains seniority and benefits for workers in large businesses for up to twelve weeks in the case of serious illness, birth, or illness of a family member. It has undergone some compromises and clarifications to conform to existing labor law but still deserves and needs our support.

BULLETIN BOARD

Nominees Needed for 1992 AMWA Awards

The deadline is fast approaching for nominees for AMWA's awards program. If you know an AMWA member who should be recognized for her outstanding contributions to women in medicine, exceptional leadership and service to AMWA, or public education on calcium nutrition for prevention of osteoporosis, send your recommendation to the Awards Committee, c/o Marie Glanz, at the national office *no later than January 6th, 1992*.

A brief description of each award is listed below:

Elizabeth Blackwell Medal

Awarded to the AMWA physician who has made the most outstanding contribution to the cause of women in medicine and service to the Association.

Bertha Van Hoosen Award - Named for the co-founder and first president of AMWA, this award honors a woman physician who, as an active member of the Association for at least five years, has demonstrated exceptional leadership and service to AMWA.

Camille Mermod Award - Given to a non physician who has rendered exceptional service to the Association.

Calcium Nutrition Education Award - This \$5,000 award, supported by Procter and Gamble, recognizes the AMWA member who has done the most to educate the public about the need for calcium nutrition to help reduce the risk of osteoporosis.

Please enclose personal letters supporting your nominee along with CVs or other relevant materials. The name of the top candidate for each award will be submitted to the Board of Directors for approval at their January meeting.

AMWA Salutes

Board members Roberta Rubin, MD, and Suzanne Allen Widrow, MD, for arranging funding for \$6,000 for a much needed colposcope for the Mountain Maternal Health League of Berea, Kentucky. Mountain Maternal is supported by AMWA through the

American Women's Hospitals Service. We salute Drs. Rubin and Widrow for recognizing and responding to the needs of the rural Appalachian women served by the clinic.

AMWA Active In Sexual Harassment Debate

Seeking to provide "much needed public education on the issue of sexual harassment," AMWA issued a news release during the Clarence Thomas Supreme Court confirmation hearings pointing out that Anita Hill's behavior was characteristic of victims of sexual harassment.

"Professor Hill's reports of her own experiences and her reactions are consistent with what we have seen in treating and studying incidents of sexual harassment," quoted Sharyn A. Lenhart, MD, the chair of AMWA's Subcommittee on Gender Equity and a clinical instructor of psychiatry at Harvard University Medical School.

As a result, Dr. Lenhart was quoted extensively in an October 15 Los Angeles Times article on patterns of sexual harassment cases. The news release was distributed to over 400 media outlets nationwide and was hand delivered to key Senators on the morning of the Thomas confirmation vote.

AMWA did not take a position on the Thomas nomination. A copy of the statement is available from the AMWA national office.

Foundation Membership Campaign

The AMWA Foundation is undertaking a major effort to expand its goals to provide much needed, innovative programs such as: a Women's Health Curriculum, a pilot project on smoking cessation, a "How To" manual for providing child care at teaching hospitals and medical centers and an AMWA endowment fund. We

need your help to make this happen. Please send your contributions to: AMWA Foundation, 801 N. Fairfax St., Suite 400, Alexandria, Virginia, 22314.

Self-Care Revolution

The "Self-Care Revolution" and the need to educate women on proper medication for themselves and their families was the focus of a Health Forum in Washington, D.C. on October 8, and a media luncheon in New York City on October 10.

The 1991 National Women's Consumer Health Forum was sponsored by AMWA and Schering-Plough HealthCare Products.



Patricia Schroeder, (D-CO), calls for more women's health care forums.

Schering-Plough manufactures Gyne-Lotrimin, the first vaginal antifungal to receive FDA approval to move from prescription to over-the-counter (OTC) status.

Dr. Roselyn Payne Epps presided over the Washington Health Forum and spoke at the New York media luncheon with editors and writers of national consumer and women's magazines.

Congresswoman Patricia Schroeder, (D-CO), urged Washington participants to get their Senators and Congressmen to sponsor more forums on health care for women. "We're going to get action; We're going to get treatment," Schroeder concluded.

Dr. Epps appeared on "CBS This Morning" on Tuesday, November 12, to discuss the proper use of OTC drugs. USA Today published a lengthy interview with Dr. Epps on the day of the Washington conference.

AMWA MEMBERSHIP APPLICATION

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