AMWA Connections

Newsletter of the
American Medical Women's
Association
Volume XXIII, No. 2
August/September 2001

Advanced Curriculum Draws Praise

AMWA's fourth Advanced Curriculum on Women's Health was held in Cleveland, OH earlier this month with the support of the AMWA Foundation, and co-sponsored by The Cleveland Clinic. The Advanced Curriculum on Women's Health drew more than 295 health care providers, including specialists from across the globe.

"Women, who represent more than half the world and national population, have different medical needs than men. There are diseases that are more common

Continued on page 3

Cathy Henry, MD with Lila Wallis, MD, founder of AMWA's Advanced Curriculum

Action Urgently Needed!

Send President Bush a Message—Don't Pardon Big Tobacco

Your help is urgently needed to convince the Bush Administration to fully fund and vigorously pursue the federal government's lawsuit against the tobacco industry. This lawsuit, filed in September 1999 under the Clinton Administration, seeks to recover the federal health costs of treating sick smokers. The suit is a critical mechanism to hold the tobacco industry accountable for decades of actions that have harmed the public health - and most important, to force the tobacco industry to change its harmful practices. The lawsuit has enormous potential to improve public health, yet the tobacco industry has made the destruction of this suit one of its top priorities. The Bush administration has demonstrated hostility to the lawsuit through refusing to provide adequate funds and, most recently, by beginning settlement talks with the tobacco industry, after stating that the case was "weak." Please take a moment to send an electronic letter to President Bush and to learn more about this important health priority by going to www.tobaccofreekids.org. You can read AMWA's letter to President Bush by going to our website at www.amwa-doc.org. ♦

September is Women in Medicine Month

Did you know that as of 1998, 22.8% of US physicians were female? In that same year 2.9% of women physicians were in administration or research and women represented 27.6% of all medical school faculty.

The good news is that the numbers of women in medicine continue to grow. The proportion of women medical residents has grown from 28% in 1989 to 38% in 1999. This year, in some medical schools, the numbers of women in medical school has reached 50%!

AMWA was founded at a time when women physicians were an even more under-represented. Today AMWA continues our mission to advance women in medicine and improve women's health, and we want to congratulate all the women who continue to move the field of medicine forward.

New Annual Meeting Dates! January 31–February 3, 2002

In this issue

Fifty Years as a Women Doctor 2
Annual Meeting—New Dates 2
Message from the President: Trip to Cuba 3
AMWA Online 3
Bread for the City 5

American Medical Women's Association, Inc.

Looking Back:

Fifty Years as a Woman Doctor

Renate G. Justin, MD, AMWA member since 1975

In the second part of this series, Dr. Renate Justin, a retired family practice physician from Colorado, shares her experiences as a female medical student in the late 1940s.

After I was accepted into medical school, I moved to Philadelphia to attend the Women's Medical College of Pennsylvania. I lived on the third floor of an old house. It resembled the cell of a novitiate, sparsely furnished with a cot, a small table and a creaky wooden chair; cold in the winter, hot in the summer. My goal was not to take vows, but the Hippocratic oath! A few days before the start of school, I bought a second hand copy of Gray's Anatomy and sat in front of the human skeleton in an empty classroom. As I tried to identify the bones, with all their bumps and hollows, I become aware of the huge task ahead of me. Once school started, I felt completely overwhelmed and behind in my studies from day one. At the time I did not realized that these feelings have been and are shared by medical students the world over.

The teachers at this all women's school felt, that as a woman you needed to excel in order to succeed. Tremendous pressure was put on us to outperform other medical schools on National Board and State Board License examinations. As a result, many of my classmates dropped out of medical school during the required four years. The women who taught us had experienced great difficulty obtaining their education and assumed the obstacles in our path would be similar to those they had encountered.

Once clinical classes were introduced, medicine seemed to be in my grasp. I can still smell the old genitourinary ward today, with the wooden floorboards that had been soaked in urine for decades. I remember the neurology ward where the patients, who had lived there for years, would teach us about their diseases before rounds, and tell us the answers to the questions the instructor always asked. In surgery we still witnessed the throwing of instruments and inappropriate sexual gestures from male doctors toward female medical students and nurses. The surgeons never bothered to learn my name, I was always 'honey,' 'sweetheart,' 'darling.'

During my senior year, I attended a dying patient, a young man with myocarditis. He died fully alert, his pregnant wife and parents at his bedside. He spoke of his unborn child's future and tried to comfort his wife, the mother-to-be. I was the lone non-family member of this little group, isolated from the rest of the world by heavy white curtains that surrounded the bed. There was no machinery, no central line, not even and intravenous. My patient was able to hold hands, be embraced, to talk, to acknowledge the presence of death. Deaths I have witnessed since then have been bereft of the love present in that cubicle many years ago. Once intensive care units were created, families were frequently excluded from the bedside of the dying patient. The patient's family was therefore deprived of expressing both by physical gestures and words the love and grief they felt.

The series will be continued in the October/November issue of AMWA Connections, as Dr. Justin relates her experiences early in her practice.

AMWA's 86th Annual Meeting – New Dates!

Make plans now to join your colleagues at AMWA's 86th Annual Meeting, January 31-February 3, 2002 at the Adams Mark San Antonio Riverwalk, San Antonio, Texas. The theme of the 2002 Annual Meeting is "Women's Health, Women Doctors and the Politics of Universal Healthcare."

Saturday's Plenary Session will feature leading advocates for universal healthcare policy at both the national and state level:

- Vinnie De Marco, JD, Executive Director of the Maryland Citizens Health Initiative, a state-wide effort to ensure health care for all citizens of Maryland;
- Alfredo Vigil, MD, MPH, Chief of Clinical Affairs, Presbyterian Medical Services in Santa Fe, New Mexico. Presbyterian Medical Services designs and delivers quality, accessible, integrated health, education, and human services in response to identified community needs of the multicultural people of the Southwest.
- Quentin Young, MD, Past President of Physicians for a National Health Plan, a single issue organization advocating a universal, comprehensive single-payer national health care program.
- Joyce Mills, RN, PHN, Consultant for the California Nurses Association. The California Nurses Association has joined other unions and community organizations nationally, to develop a "Committee of a Million" for the Just Health Care Campaign. Just Health Care is the Labor Party's campaign for a health care system that guarantees lifetime coverage regardless of employment status; eliminates co-payments and out-of-pocket expenses; and guarantees freedom to choose doctors, other health care professionals, facilities and services.

Dr. Silva looks forward to seeing AMWA members in Texas

Photo credit: Harold Bryant Webb, photographer

Contined on page 4

Message from the President

The President's trip this past June was an enormous success. Forty-two AMWA members accompanied me to Cuba to learn more about universal healthcare and traditional healthcare in Cuba. One of the participants on the trip was AMWA student member, Kathy Shaio, who was participating in an elective. In lieu of my usual message to our members here are excerpts from Kathy's report on the trip.

Omega C. Logan Silva, MD, FACP

While this was my third trip to Cuba, it was the first as part of an organized group. In a country with over 11 million people, arguably the most impressive aspect of Cuba's healthcare system is its implementation of Universal Health, an idea that coincided with Castro's ascension to power.

Prior to the 1959 revolution, the number of doctors practicing in Cuba was rapidly declining, and healthcare was limited to the few big city hospitals. After 1959, the government extended care to all and reallocated doctors accordingly, subsequently establishing polyclinics. Internists, pediatricians, surgeons, social workers, nurses, and a host of other specialists now work as a team to ensure coverage of all aspects of healthcare. We visited a polyclinic in La Plaza de la Revolucion in Havana. Behind every door down the narrow hallway was a different specialty, including orthopedics, dermatology, and general practice. Like all polyclinics, the immediate surrounding populations received free healthcare from doctors who worked within the establishment.

In 1983 Act 41 of the Public Health National Assembly recognized the right of the population to receive healthcare nationally. This concept was an extension of the 1976 Constitution, which stated that every sick person would be granted medical attention and that discrimination based on race, color, sex, or nationality was prohibited. The government recognized that, in order for national healthcare to work, it must emphasize the social character of health and encourage greater public awareness of health issues. Consequently, 1984 saw the implementation of the 'Family Doctor,' guardian of the family unit, who worked closely in disease prevention and public health awareness. Preventative measures centered on infectious disease; a subsequent nationwide vaccination program eradicated most of the 13 leading infectious agents.

The focus of the family doctor has now evolved to include other aspects of prevention and public health, illustrated by our visit to a small family practice clinic. We found two rooms with hand-written posters and cartoon descriptions of such things as breast feeding and cardiac disease prevention. As a consequence of these preventative efforts, infant mortality has decreased from 48.1 per 1,000 in the 1970s to 7.2 per 1,000 in the year 2000, the lowest figure in the Western Hemisphere. Additionally, maternal mortality has decreased from 12.1 per 10,000 to 3.4 in the same period of time.

With the establishment of these polyclinics, the family doctor, and the apparent success of preventative medicine, many of us were curious about the financing of these governmental programs and how Cuba's relative lack of funds affects the practice of healthcare. As

Continued on page 4

AMWA Unveils New Communication Tool for Members

As a founding member of the Medical Society eCooperative, AMWA is now providing all physician, resident and student members a new service called AMWA Online. Our goal is to strengthen our physician members professionally using the latest in information technology and the Internet. Although several societies are cooperating, they are building, managing and controlling independent Internet sites, which they will own separately. This is an unparalleled venture that is changing the way organized medicine interacts. AMWA is sharing best practices with the other eCooperative members in order to create physician-patient web sites for each AMWA member.

An unprecedented initiative, the eCooperative enables the societies to access advanced technology and provide enhanced services without paying a fee or relinquishing their unique brand identities and the deep trust their members have placed in them.

For more information about AMWA Online or to register for your website, go to AMWA's website at www.amwa-doc.org and click on AMWA Online or call Meghan Kissell, AMWA Communications Manager at (703) 838-0500.

Advanced Curriculum
Continued from page 1

in women or that manifest differently in women than in men," said Catherine A. Henry, MD, Immediate Past President of AMWA. "This conference was designed to help health care providers increase awareness of gender and cultural factors and medical management issues that affect women's health."

"We are entering into an exciting time in medicine as both gender and ethnic differences are increasingly appreciated, and as women's health emerges as a new interdisciplinary field of collaborative research, education and practice," said Holly Thacker, MD, head of the Section of Women's Health in the Departments of General Internal Medicine and Obstetrics and Gynecology at The Cleveland Clinic and AMWA member since 1983.

In addition to the innovative presentations on a variety of women's health topics, Lila Wallis, MD, was presented with an award as founder of the Advanced Curriculum. The Advanced Curriculum represents AMWA's commitment to empowering women physicians to take the lead in improving health for all.

Message from the President
Continued from page 3

part of an informative lecture series, speakers explained that health has always remained a priority of the revolution and that the state government guarantees financing of healthcare with tax revenues. More specifically, the financing of healthcare is decentralized in the 14 provinces and 169 municipalities. In the year 2000, for example, the central government was responsible for only 7.3% of healthcare expenditures, while the local government was responsible for 92.7%. Despite healthcare's priority status, Cubans do acknowledge that the effects of the US embargo and fall of the Soviet Union have hindered the government's ability to advance technology and healthcare. Thus, much of Cuba's medical success can be traced to efficiency gains from reorienting care to family doctors and polyclinics within communities.

While these statistics are convincing, several aspects of our trip indicated that significant problems exist within Cuba's healthcare system. Despite healthcare's priority status, Cubans cannot help but acknowledge the effects of the US embargo and the fall of the Soviet Union on the government's ability to further advancements in technology and healthcare. Cubans and Americans agree that depite the existence of US programs to send medications to Cuban organizations, Cuba still lacks adequate numbers and types of medications. To overcome these deficiencies, Cubans have placed great importance on the use of complementary medicine. Floral teas and tree roots have improved conditions from stomach pains to psychiatric disorders. The country has labeled 140 plants as medicinal and has created a UNESCO bio-reserve, which we visited on our way to the city of Matanzas, Northeast of Havana. While we received an interesting lecture on the various plants used to improve diseases, just like in the US, there was little understanding either of the adverse effects of these plants, or the reasons behind their efficacy.

While the polyclinic we visited was wonderful, we did not visit the neighboring hospital as previously planned. We were sheltered from Cuban life and the Cuban people by our air-conditioned bus, but a few conversations with Cubans on the street revealed deficiencies in Cuba's universal health system. According to Cubans with whom I spoke, preventative health standards are well below US norms. I highlight these issues not to diminish Cuba's accomplishments in the realm of healthcare, but to share a more complete picture of our stay. Through this trip, we saw some of Cuba's dramatic advancements in healthcare. Hopefully in the future, we will all be able to learn more about this country—so fraught with mystery and isolation. ♦

Kathy Shaio (center) and fellow medical students enjoy the Cuban culture.

Kathy Shaio, AMWA Medical Student Member

Annual Meeting
Continued from page 2

At the Opening Ceremony, Keynote Speaker, Pamela Peeke, MD, physician, scholar, and author of "Fighting Fat After Forty", will address personal health and well-being. Dr. Peeke is an internationally recognized expert and speaker in the fields of nutrition, stress and integrative medicine. As a Pew Foundation Scholar in Nutrition and Metabolism, she was a senior research fellow and scientist at the National Institutes of Health (NIH). Dr. Peeke currently holds the position of Assistant Clinical Professor of Medicine at the University of Maryland School of Medicine. She is devoted to the education of medical professionals in nutrition and fitness, and is presently teaching and devising new medical curricula in nutrition.

The Annual Meeting will also include clinical updates on hormone replacement therapy, arthritis, coronary heart disease, diabetes, Irritable Bowel Syndrome, medical abortion, ovarian cancer and vulvar disorders and career development sessions on leadership skills, research opportunities, mentoring issues, and balancing your personal and professional life. Registrants will have the opportunity to network with women physicians and medical students from across the country.

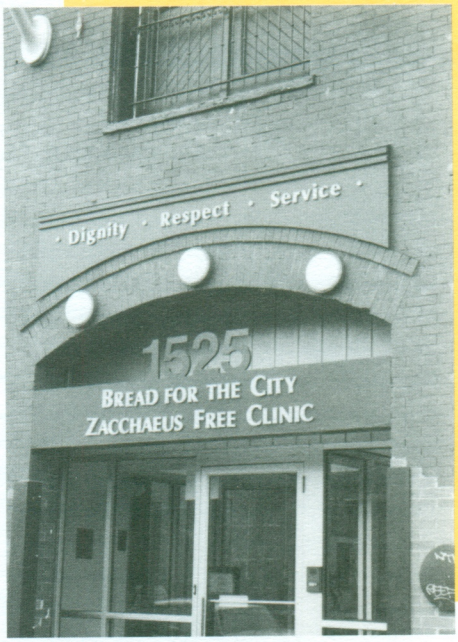
All members are invited to become more active in AMWA's projects and activities and to share their ideas for the organization by attending the House of Delegates, Board of Directors, and Committee meetings.

For a detailed preliminary program and registration material, please contact Jannine Jordan, Director of Meetings at jjordan@amwa-doc.org or call 703-838-0500, or check online at www.amwa-doc.org under Meetings. ♦

Help Shape AMWA Policy

Resolutions written by members are crucial to AMWA's advocacy and legislative work. They communicate AMWA's official organizational position to AMWA members, national legislators, the public, and other organizations. Resolutions help us further AMWA's mission and vision, as they guide our advocacy and education efforts. All AMWA members are invited to help shape AMWA policy by proposing new resolutions for the House of Delegates to consider at the Annual Meeting. If you would like to submit a resolution, or have any questions, please call our Government Affairs Department at (703) 838-0500.

Bread for the City: *AWHS Assistance in Action*



This summer, two interns at AMWA's national office had the opportunity to tour Bread for the City, one of nine clinics supported by the American Women's Hospitals Service (AWHS), a project of the AMWA Foundation. Located near Howard University in Washington, DC, Bread for the City is a unique clinic for low-income residents of the District, a city with over 50,000 people with no health insurance at all. Last year, its medical clinic served more than 2,100 uninsured clients and provided 5,805 medical visits.

In addition to its fully functional medical clinic serving over 600 patients a month, Bread for the City offers food and clothing programs, social work and legal services. "Although the medical clinic is strictly for residents that are uninsured, most of the other clinics are available to anyone as long as they are a DC resident," says Lisa Johnson, Bread for the City's Medical Clinic Coordinator. She added, "Our goal is to help create a greater self-sufficiency for our clients. The first thing that happens when they walk into the clinic is a needs assessment. Clients then may schedule an appointment at our medical clinic, browse in the clothing room, talk to the social worker, or sign up for food services." All services are completely free of charge. The clinic serves a large population of adults and children from immigrant families who are not eligible for government sponsored programs.

The clinic, supported quarterly by AWHS with funding and medical equipment and supplies, offers adult general medicine, ob/gyn, and prenatal care, pediatric services, lab tests and referrals. Bread for the City is the only free clinic to offer job physicals in DC, one of the most frequently requested services. While only one full-time physician is on staff, Dr. Randi Abramson, there are over 40 physician volunteers including residents and medical students, nurse practitioners and physician assistants. Although the medical clinic requires patients to make an appointment (usually available the next day) they will not turn away a person in need.

The medical clinic has six examination rooms, each provided with equipment through various donations. Johnson pointed out several medical equipment donations received from AWHS including a Handheld Fetal Heart Doppler and HemoCue Hb Analyzer. The clinic stocks medications on site for its patients through support from private donations such as pharmaceutical representatives, local physicians or by direct clinic purchase. It writes prescriptions for its patients only if medications are not available directly from the clinic.

AWHS, founded in 1917, provides support to seven US clinics and one in Haiti and India. For more information about the work of AMWA's American Women's Hospitals Service, contact Marie Glanz, Director of Special Projects, at our national office. For additional information about Bread for the City, contact Lisa Johnson at 202-745-1081 or visit Bread for the City's website at www.breadforthecity.org.

Make Your Voice Heard: Take Action on the Web

Do you know who represents you in Congress? Does your Representative know what issues are important to you? Would you like to tell them?

AMWA has added a new service to our Web site that gives you the latest information on our issues, locates your Senators and Member of Congress, and helps you draft an e-mail or letter that lets them benefit from your expertise. Just click on the "Legislative Action Center" link on our site to see this exciting new feature.

Once there, just enter your zip code in the box next to "Elected Officials," press "Go", and you will see your representatives in Washington, DC. Get more detailed information by clicking on their pictures; including their voting records, stance on bills we are tracking, and how they can be contacted. AMWA will even post its Action Alerts in this section when events warrant your immediate action.

"The decisions made by our elected officials are incredibly important to our association," said Doris Browne, MD, Chair of AMWA's Governmental Affairs Committee. "Keeping our members informed and enabling them to take action is a very important part of our work." Member involvement is key to helping us achieve our goals in this legislative session and beyond. "This new technology will make our advocacy work easier and more effective," Dr. Browne said.

Calendar

September 28, 2001
Community Service Award Nomination Due

September 28, 2001
Carroll L. Birch (student research paper) Award Entrees Due

October 19, 2001
AMWA Foundation Board Meeting, Alexandria, VA

November 1, 2001
Proposed Position Papers Due (New Deadline)

November 30, 2001
Proposed Resolutions Due (New Deadline)

November 30, 2001
Committee Reports Due

January 31 – February 3, 2002
AMWA 86th Annual Meeting, San Antonio, Texas — New Date!

Newsletter Committee and Staff

AMWA Connections is published six times per year by the American Medical Women's Association (AMWA). All editorial material becomes the property of AMWA. AMWA reserves the right to edit all materials. For a copy of an article or an issue of the newsletter, contact AMWA, 801 N. Fairfax St., Ste. 400, Alexandria, VA 22314.
Phone: 703-8338-0500;
Fax: 703-549-3864;
E-mail: info@amwa-doc.org.

AMWA Connections
American Medical Women's Association
801 North Fairfax Street, Suite 400
Alexandria, VA 22314

RENATE G. JUSTIN MD
900 WILD CHERRY LN
FORT COLLINS CO 80521-1365

AMWA Connections

Newsletter of the American Medical Women's Association ✖ Volume XXIII, No. 2 ✖ August/September 2001