

American Medical Women's Association

Message from the President: Countdown to a Century of Service, Support, and Success

Claudia S. Morrissey, MD, MPH



Dear AMWA Members,
We have just witnessed an extraordinary political event: the largest percentage of eligible voters in US history went to the polls to ensure that their voices be heard. Regardless of whom you supported for president, this unprecedented level of participation should be instructive to us as women health-care providers. The issue of healthcare reform promises to figure prominently on the national agenda over the next several years and it is imperative that we, both as women providers and as AMWA members, be actively involved in supporting and shaping this transformation. We should neither assume that our opinions are unimportant nor that others will act in our and our patients' best interest.

AMWA has supported fundamental healthcare reform for decades and in 1990 became one of the first medical associations to produce a position paper on universal access. Results from a recently fielded AMWA member survey confirm that members continue to see access to care as a key women's health issue. A whopping 98% want AMWA to take a leadership role in improving access to care in the US. Over 90% believes that access should be universal. And, joining with other physician groups such as the American College of Physicians, the majority of responders supported the "single-payer financing, publically funded, and privately delivered with choice of provider" option for achieving universal access. Members agree that services must be evidence-based, patient-centered, high quality, and cover preventive as well as curative services.

To build on this robust member consensus, AMWA will be organizing "Conversations on the Hill" in 2009. Members will have an opportunity to participate in a one-day training on how to engage the media and our elected representatives in discussions on healthcare reform, or, as the Quakers would say, how to "speak truth to power." The following day, we'll go to the Hill and share our recommendations for expanding access to care, improving health outcomes, and increasing provider and patient satisfaction while controlling costs. Together we can provide the visibility and support for meaningful change; we must never underestimate the power of our voices.

Now, from the sublime to the equally important routine. AMWA just concluded a very productive Interim meeting in Philadelphia where the board took stock of the state of the association and planned for its future. Over the last two years, AMWA has achieved financial stability and is meeting its membership targets. Operating procedures continue to be standardized and streamlined making for a more efficient and transparent organization.

AMWA is gaining visibility. We recently invited 250,000 US women physicians to join forces with AMWA to promote our agenda of advocacy, support and service; initial response has been positive. Our logo has been flashed across the US in the tag line of a nationally-televised ad--featuring actors such as Katey Sagal, Lauren Bacall, Mary-Louise Parker, and Phylicia Rashad --urging consumers to press their chosen presidential candidate to promote preventive care as integral to any health care reform.

AMWA has been extended an unprecedented opportunity to showcase our legacy: permanent exhibit space in the lobby of Drexel University's new home for the Institute of Women's Health and Leadership and its archives and special collections on women in medicine. This archive is the world's largest collection of material pertaining to women in medicine and already houses AMWA's historical documents, photos, and memorabilia. Please read more about this partnership and how you can secure your place in history (and on the donor plaque) in the article by our official AMWA historian, Eliza Lo Chin, MD.

AMWA students have kept up their dizzying pace over the last several months, raising funds for hurricane survivors, organizing regional conferences, designing an awesome t-shirt, and chipping away at the two-tiered membership system they inherited. By next year, all AMWA student members will also be national members--a longstanding goal we would like to achieve for our physician branches as well.

And last but not least, you will enjoy reading about our very own Anne Barlow Ramsay, MD, Chair of the American Women's Hospitals Services, in the AMWA Member Cameo. I have encouraged Anne to write the rest of her memoirs and dedicate the royalties from this sure-to-be best seller to AWHS!

Yours in women's health,

Executive Director's Report

Executive Director's Report

Lindsay Groff, MBA



The AMWA Board of Directors met at Fernley & Fernley Headquarters (AMWA's Association Management Company) on September 26 and 27, 2008. Friday consisted of a very productive operational strategy session lead by Sue Pine, Fernley & Fernley's Executive Vice President. The Board of Directors discussed the many accomplishments of 2008, and looked ahead to several main objectives.

The session drew focus on the following areas: membership, management, strategic partnerships and alliances, service, education, advocacy, recognition and support, and local branches. AMWA's Board of Directors also narrowed down its focus on quite a few initiatives: students, networking, mentoring, work/life balance, and the AMWA website.

Saturday, AMWA's current President, Claudia Morrissey, MD, conducted a meeting of the Board of Directors to discuss the many ideas formed from the strategy session the day before, review operational reports, and to be updated on the various activities of AMWA's committees. One of the exciting new initiatives that the board voted on was pledging to support the new home of the Drexel Archives that will include a showcase to display the history of AMWA. The Board encourages members to contribute to this thrilling opportunity to spread the awareness of AMWA and its history. For more information, please visit www.amwa-doc.org.

The Board was also able to tour AMWA's new Headquarters, and meet key executives within the organization. A dinner at the Moshulu, a docked ship turned restaurant with a fantastic view of both the Philadelphia and New Jersey skylines, served as the setting for great discussion and a chance for the Board and Headquarters Team to catch up since their last meeting in Anaheim, California for the 2008 Annual Meeting.

All in all, the meeting was a tremendous success and a testament to the partnership between AMWA and Headquarters. Attendees left feeling accomplished and secure with this first annual Interim Meeting in Philadelphia under their belt.

In This Issue

<i>Message from the President</i>	page 1
<i>Executive Director's Report</i>	page 2
<i>Featured Physician</i>	pages 3-4
<i>News About Colorectal Cancer</i>	page 5
<i>Headquarters Team Updates</i>	page 6
<i>Inspiration in the Skies</i>	page 6
<i>AMWA Events</i>	page 6
<i>AMWA Legacy Fund</i>	page 7
<i>Wyeth Association Summit Recap</i>	page 7
<i>Advocacy Report</i>	page 7
<i>Committee Updates</i>	pages 8-10
<i>Member Benefits</i>	page 11
<i>New Members</i>	page 12-15
<i>Corporate Partners</i>	page 15

Connections is a publication of the American Medical Women's Association

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Featured Physician

Anne Louise Barlow-Ramsay M.B.,B.S. (London), D.C.H., M.P.H.



I was born in Yorkshire England in 1925 of Scottish parents, both physicians, who always said that they had moved south to take the money from the unsuspecting English. It apparently was a difficult delivery and I ended up with an Erbs-Duchenne palsy (tearing of C6 and C7). I think this colored much of my academic life. Not being

good at games, a requisite for popularity in English schools, I made up for this by excelling at school work which probably did not make me popular either. With a scholarship I went to a fine boarding school, Headington, in Oxford, from 1937-42. After a stint at war work, I went to the Royal Free Hospital, London School of Medicine for Women, founded by Sophia Jex-Blake, Elizabeth Garrett Anderson and Elizabeth Blackwell. There was no difficulty in being accepted as the Dean of that school was sister to the headmistress of Headington. This was 1942 and the students of the first year were evacuated to Exeter, very near my parent's home in Somerset. It was a good year and I made lifelong friends. For voluntary work, I fire-watched at Exeter Cathedral on Saturday nights. My assigned spot was on the East Tower, as I always was there in the dark, I did not know until a later visit, in daytime that the ladder I climbed to the tower was placed over a yawning abyss to the floor many feet below.

In Britain, the first year is Biology, Chemistry and Physics. Second year is Anatomy and Physiology. Usually clinical took three years but because of the war we could graduate, as I did, after two and a half. We were back in London for the second year, which went smoothly except that the school was hit by a V2 rocket which destroyed the rear of the building. As this occurred at 4:00 pm in the afternoon, all students and staff were in the cafeteria in the front of the building, having tea. The professor of physiology was unfortunately in her office, the only casualty at the school, and was slightly hurt. The rescue people soothingly told her she would be taken to a local hospital and she furiously told them that she had to be taken only to the Royal Free. She was. While there in 1943, we endured what were known as the February blitzes. I was an air raid warden in the West of London and remember walking the streets to make shelter checks with shrapnel pattering off the roof. My tin helmet did not feel to be very adequate. I saw the

first unmanned planes, "doodle bugs", land in London as I was on duty that night. I was also on duty the morning of June 6, 1944 and saw the D-day planes going overhead. The sky seemed literally black with planes with the signature white wing stripes used on that day. Taking exams (2nd MB) was somewhat scary. The exam hall had a glass roof and we could hear the rockets (V2s) falling at intervals, fortunately some distance away.

The clinical years went fairly smoothly. Most of the students were sent to a satellite hospital in a mental hospital in the country, a few miles outside London. As the American Air Forces were stationed close by, there were lots of dances and parties. We did however, learn some surgery there. By 1945 the whole school was back in London. I did Gynecology at the South London Hospital for Women, medicine and casualty (emergency) at the Royal Free Hospital and midwifery (obstetrics) at the Elizabeth Garrett Anderson Hospital.

Newly minted and thinking I knew everything, I did three house jobs (interns) of 6 months and then worked as a junior medical officer (resident) at an infectious disease hospital, all in Glasgow. I very quickly learned that I knew nothing. I saw polio for which we could do nothing. Nobody knows about Koplick's spots any more, for measles. We had a small epidemic of smallpox and I became familiar with the prodrome of that disease. In those days the treatment of coronary heart failure was morphine and atropine. I also saw Type3 pneumococcal pneumonia treated successfully with 50,000 units of oral penicillin daily. Things have certainly changed.

In 1951 I had a Rotary International fellowship and went to Toronto to study diseases of the chest, hoping to return to Glasgow to work in children with tuberculosis. The advent of isoniazid pretty well demolished this as a career. However I married an American physician and went to Yale where I obtained a Master in Public Health. My thesis was on Home Accidents, very relevant today.

I spent a few years doing part time work. Moving to Illinois my options were limited because I had no license to practice there. As a foreign graduate I had already leapt through enough hoops to have licenses in Michigan and Pennsylvania, where I had a small pediatric practice. Serendipitously in Illinois I applied as a physician medical writer to a large pharmaceutical company thinking I could do this while I worked to get a license. I found it fascinating and although I did get a license in Illinois I never went back into clinical medicine. During my years there I learned about manufacturing, marketing and advertising, the basics of clinical research, regulations (FDA) and

Featured Physician

all sorts of business skills, including strategic planning, budgeting, succession plans, personnel procedures and others.

I was never discriminated against as a physician but certainly as a woman in industry. I had several battles with the hierarchy, obviously all male. Told I could never be a manager, the wind was taken out of their sails when they sent me for intelligence testing and I scored higher than anyone in the plant had ever done. So I got to be a manager, although some were afraid that parking in the manager's lot I would surely damage their cars. Blocked for promotion, I moved into another division. When the Medical Director left I took the personnel director off site for lunch and stated that I had already been passed over several times by physicians with less experience or training and that I had retained counsel. I was told that I did not have an executive image. However, some weeks later the head of research, who was not a physician, called me into his office. "I cannot find anybody, will you be my Medical Director". It worked out all right and eventually I made vice-president, the first line female vice-president in the industry, as far as I know. Now it is fairly common, but not then.

I took early retirement in 1983 (husband moving to Philadelphia) and started my own consulting business. I wrote protocols, made study plans, monitored research and had a great time. I began to specialize in advice to lawyers in personal injury cases, working both for patients and the drug companies. When I got to be 80 I began to close up shop and my last client was in 2005.

What did I get from AMWA? I got friends. I was also able to hone my administrative skills. I joined AMWA in 1956 or 7 and began to take an active role in the national organization in about 1960. I started as a committee member, became the last nominated President in 1983. My greatest accomplishment was to start the association on strategic planning, heretofore quite a foreign concept. I inherited AWHs from Alma dea Morani, one of the founding members and have been associated with the group

since they became part of AMWA, at my instigation, during my term as President. I also have been Vice-President for North American for MWIA, another great source of friends, President of PAMWA, of my local Medical Society and of various Boards in community health. I have received the Elizabeth Blackwell Medal, the AME Jack McConnel Award for Excellence in Medicine and various plaques for service of one kind or another. When the AMA absorbed the American Association of Senior Physicians I became chair of that group and remained so for about 14 years, (nobody else wanted to do it). A really good group and interesting to be with.



I have had a most interesting life. Now I devote myself to my other love - horses. I did not ride from beginning college until I was over 40, when my teen-age daughter fell in love with horses. We got interested in dressage and now breed German warm bloods for dressage and jumping and three day evening, all Olympic sports. This has led me to new friends and new ideas and has been rewarding in many ways. My daughter and I have 400 acres or so in Northern Wisconsin and I own ten horses up there which my daughter, a lawyer, cares for in her copious spare time. I have three other horses in competition. It is a great thrill when they do well and if they do not, there is always another day. We do not make money but we do sell some good horses that are successful in the sport. I have no grandchildren so the horses make a good substitute.

AMWA greatly appreciates Anne for her continued service!

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News about colorectal cancer screening from the American Cancer Society and the National Colorectal Cancer Roundtable (NCCRT)

Susan C. Stewart, MD, FACP, AMWA representative to the NCCRT, Copyright Susan C. Stewart, MD

Screening for Colorectal Cancer

What is the best screening test for Colorectal Cancer? The American Cancer Society maintains that the best test is the one you get that is done well. Everyone in this country is at risk for this third most common (almost 150,000 predicted for 2008) and second deadliest cancer (almost 50,000 for 2008). Only 40% of colorectal cancers are diagnosed at the early stage, when the cure rate is 90%. Fewer than half of Americans over the age of 50 report having had a recent screening test. The American Cancer Society (ACS) and the NCCRT think that we doctors can do better. New guidelines on screening have just been published and a special evidence-based Toolbox and Guide for Primary Care Clinicians has been developed.

The 2008 Consensus CRC Screening Guidelines

This Guideline updates the 2003 Guideline and was a collaborative project of the ACS, the U.S. Multi-Society Task Force on Colorectal Cancer (USMSTF), which consists of the American Gastroenterological Association, the American College of Gastroenterology, and the American Society of Gastrointestinal Endoscopists, and the American College of Radiology (ACR). This Guideline is focused on the average risk patient—anyone over 50 years old. A summary of the previously established guidelines for increased risk and high risk patients is also included.

Key Points in the 2008 Guidelines

This document makes the distinction between tests that detect adenomatous polyps and cancer (the tests that visualize the colon), and tests that primarily detect cancer (the stool tests that screen for occult blood or abnormal DNA). Although tests that detect both polyps and cancer are ideally preferable, because detection of a significant polyp will actually prevent a cancer from developing, these tests are not always feasible or desired by the patient. We know from past studies that fecal occult blood tests (FOBTs) do detect cancer at earlier stages and save lives.

A second point is that a sensitivity threshold was established for including a test. Only screening tests that show evidence in the medical literature of detecting the majority (>50%) of cancers present are included in the Guideline.

The tests and their recommended screening intervals are:

Tests that Detect Adenomatous Polyps and Cancer

- Flexible sigmoidoscopy (FSIG) every 5 years, or
- Colonoscopy (CSPY) every 10 years, or
- Double contrast barium enema (DCBE) every 5 years
- CT colonography (CTC,) every 5 years.

Tests that Primarily Detect Cancer

- Annual guaiac-based fecal occult blood test (gFOBT) with high test sensitivity for cancer, or
- Annual fecal immunochemical test (FIT) with high test sensitivity for cancer, or
- Stool DNA test (sDNA) with high sensitivity for cancer, interval uncertain

These Guidelines add two new tests for CRC screening, the stool DNA test (sDNA) and the CT colonography CTC, also known as “virtual colonoscopy.” While the sDNA at the time of this writing may not be widely available, it does meet the criteria and is included. There is not yet enough data to recommend a screening interval. CTC has been under intensive study in recent years, and studies are showing a high detection rate, well above the inclusion criterion. FOBTs: The reason that the guideline requires products with demonstrated high test sensitivity for both gFOBT and FIT is that some of the earlier products have not met the inclusion criteria. Finally, the Guidelines have dropped their previous recommendation that FSIG every 5 years be combined with a yearly FOBT and now say that either the FSIG Q 5 or the annual FOBT will constitute a screening test.

How to Increase Colorectal Cancer Screening Rates in Practice: The Primary Care Clinician's Evidence-Based Toolbox and Guide, 2008

This Toolbox and Guide was developed through a special project initiated by the NCCRT. Its goal is to help clinicians in both private offices and institutions increase their success rates in seeing that their patients are screened for CRC. It emphasizes that every eligible patient should be evaluated for risk and advised to get appropriate screening when seen in the office setting. It teaches how to develop an office policy and a reminder system appropriate to your setting. Finally it gives information on learning effective communication techniques that will maximize patient participation.

The new Guidelines can be found on the ACS website www.cancer.org, and the Toolbox can be obtained through the NCCRT website www.nccrt.org as well as the ACS website www.cancer.org/colonmd.

Headquarters Team Updates

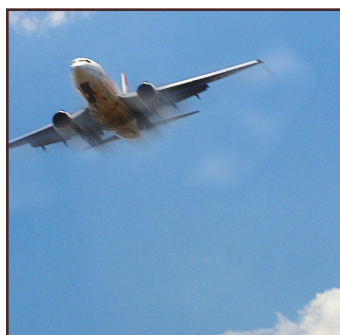
AMWA's Meeting Planner, Monica Mobley, welcomed a new addition to her family! Sophia Grace joins her sisters Penelope and Erin and husband, Eric.



Kimberly Sneed, former AMWA Director of Operations, recently married Maurice Matthews on September 21, 2008 at the couple's home in Washington, DC. The happy couple is expecting their first child in January of 2009.

Inspiration in the Skies

Elinor Christiansen, M.D.



When I boarded the airplane to travel to the AMWA Interim meeting in Philadelphia in September, an attractive young woman sat down in the row where I was seated. Before take-off she said to me, "You look familiar to me. Is your last name Christiansen?" I replied "Yes." Then she proceeded to ask, "Are you a physician?" I replied, "Yes." Then she said, "You interviewed me when I applied to medical school for the third time and was accepted." I asked whether she was glad she went to medical school. She replied, "Oh yes, I am now in my third year of surgery residency and am on my way to Allentown, PA to interview for fellowship training in colorectal surgery." She obviously is enjoying her career choice and is doing very well in her chosen field. I was pleased that my volunteer time interviewing applicants for the Admissions Committee (which I have been doing since 1992) had helped this young woman to achieve her dreams.

EVENTS

2009 AMWA Annual Meeting

**Women's Health 2009:
The 17th Annual Congress
and the Annual Meeting of AMWA**

March 27-29, 2009

The Williamsburg Lodge
Williamsburg, VA

Presented by Journal of Women's Health
and VCU Institute for Women's Health
In collaboration with AMWA

Congress Chair

Wendy S. Klein, MD

Senior Deputy Director Emeritus,

VCU Institute for Women's Health

Deputy Editor, Journal of Women's Health

Congress Co-Chair

Susan G. Kornstein, MD

Executive Director

VCU Institute for Women's Health

Editor-in-Chief, Journal of Women's Health

AMWA Co-Chair

Eliza Lo Chin, MD, MPH

Laurel A. Waters, MD, FCAP, FASCP

To view the PROGRAM, please click [here](#)

To view our distinguished FACULTY,
please click [here](#)

To REGISTER for the Women's Health 2009,
please click [here](#)

CALL FOR ABSTRACTS—for more information,
please click [here](#)

To view what PAST ATTENDEES SAID,
please click [here](#)

AMWA Student Track

Friday, March 27

5:30–7:30 pm Poster Reception

6:30–8:00 pm Mentoring Reception

Saturday, March 28

8:30–9:30 am Boards and Wards

9:30–10:30 am Applying, Interviewing &
The Match

2:00–4:30 pm Elections / General Meeting

AMWA Legacy Fund

Help preserve AMWA's legacy for future generations. Funds are needed to support AMWA's permanent exhibit in the lobby of Drexel University's new building for the Institute for Women's Health and Leadership (Philadelphia, PA). The institute is also the home for the Archives & Special Collections on Women in Medicine, the largest collection of material pertaining to the history of women in medicine, including AMWA's historical documents and photos from the founding meeting in 1915 to the present day. Donations of \$2,500 and above will be individually recognized in the lobby's "Wall of Fame" display. Click here to donate now! <https://amwa.amwa-doc.org/donations/index.cfm>



Wyeth Association Summit Recap

Lindsay Groff, MBA

Wyeth held its sixth annual association summit at the Wyeth Conference Center in Collegeville, Pennsylvania on Wednesday, October 1 and Thursday, October 2, 2008. Over 50 associations, including AMWA, were in attendance. As such, the environment was ripe with opportunity for potential collaboration.

Wyeth

Wednesday kicked off with a networking lunch and executive address from Geno Gernman, President of US and Pharmaceuticals Business Units, followed by a presentation of what Wyeth has in its pipeline. Later that afternoon, guests listened to the latest on grant disclosure and transparency from several Wyeth experts.

Participants had the option to attend two special topics sessions. I selected "Coalition Building" and "Issues Management and the Media" both of which were engaging and informative.

That evening, groups were assigned for a "dine around" and many of the women's health groups were selected to dine together. I had the opportunity to speak personally with several potential sister groups. What an amazing group of women!

The meeting came to an end with a keynote address on "Health Care in an Age of Polarization" by Ronald Brownstein, Political Director at Atlantic Media Company. All in all, the meeting was a great success. If you are interested in seeing the attendee listing, please contact me at AMWA Headquarters.

Advocacy Report (Activity to date)

As of September 16, 2008

Submitted by Dr. Omega Silva, Chair

January 13, 2008—Susan Ivey wrote a letter to the Oregonian protesting the use of the term suicide to describe aid in dying.

January 17, 2008—President-Elect (Claudia Morrissey) and the Past President (Susan Ivey) signed on to the Citizens' Petition to President Bush to provide support to the UN peacekeeping force in Darfur through our partner, Save Darfur Coalition.

January 18, 2008—AMWA signed onto the Amicus Brief of the National Advocates for Pregnant Women in the case of Amber Lovill who in the process of drug recovery became pregnant was serving a criminal sentence under a term of community service was ordered to serve time in jail and prison to protect her unborn child after the state of Texas learned of her pregnancy. This brief was filed in conjunction with the ACLU.

January 29, 2008—Dr. Omega Silva and Dr. Eliza Taylor attended the Hollywood on the Hill premiere of the showing of a film depicting cervical cancer survivors and how advancements in screening and prevention made a difference. It was sponsored by the National Council of Women's Organizations Health Task force at the American Federation of Teachers building.

January 30, 2008—AMWA signed onto the second letter opposing the nomination of Richard Honaker to the U. S. District Court of Appeals because of his anti-choice stand and his application of his religious views to the interpretation of the law. See June 11, 2007. His hearing is set to occur on February 12, 2008 in the Senate.

January 30, 2008—Drs. Galindo and Ivey sent a letter to the Director, Regulations and Rulings Division of the Alcohol and Tobacco Tax and Trade Bureau on its proposed labeling and advertising of wines, distilled spirits and malt beverages. They suggested labeling similar to serving facts on most foods.

(continued on page 8)

(Advocacy Report continued)

January 30, 2008—Dr. Omega Silva reviewed the revised Educational Tool Kit on Beverage Alcohol Consumption of The Distilled Spirits Council. AMWA endorsed the previous version and its logo appears on the cover. Dr. Silva is on the Advisory Panel representing AMWA.

February 7, 2008—Dr. Susan Ivey wrote a letter to her Senators in support of the Health Care Improvement Act which will improve the care of Native Americans.

February 22, 2008—AMWA endorsed the position of the International Myeloma Foundation that generic Thalio-mide should not be released by the FDA to treat the cutaneous lesions of leprosy without the usual instructions contained for myeloma regarding the teratogenic effects.

March 3 2008—AMWA signed on to S. 2510 which is the Senate version of the Clinical Laboratory Improvement Amendments, HR. 1237, which AMWA endorsed May 8, 2007. This bill seeks to improve the diagnosis of cervical cancer.

March 5, 2008—AMWA signed onto the Senate version of HR4206, The Medicare Fracture Prevention and Osteoporosis Testing Act of 2007, sponsored by Senators Salazar and Snowe.

March 17, 2008—AMWA signed onto the Women and Health Care Coalition, a project of the National Family Planning and Reproduction Health Association. The mandate lists several congressional budget areas for women's health.

March 18, 2008—AMWA signed on to the letter of support and thank you to Senators Salazar and Snowe for introducing the Medicare Fracture Prevention Osteoporosis Testing Act (S. 2702) / (HR4206).

March 23, 2008—AMWA endorsed the Washington State Initiative 1-1000 on Aid in Dying.

April 13, 2008—AMWA endorsed the letter to Members of Congress expressing support for the position of the FDA on its warning letters to the compounding companies making "Bio-identical" Hormone Replacement Therapy spear headed by the National Partnership for Women and Families. These compounds have not been approved by the FDA.

April 22, 2008—Dr. Omega Silva representing AMWA on the panel at the press conference of the National Consumers League and Shape Up America on The Need for Useful Labeling on Beer, Wine and Distilled Spirits held at the National Press Building.

April 22, 2008—AMWA endorsed the North American Menopause Society's 2008 statement on the Hormone Position Statement which will be published in the July-August issue of the journal, Menopause.

May 8, 2008—AMWA signed on to the First Focus sign-on letter to President Bush and Secretary Leavitt regarding the August 17, 2007 SCHIP directive to request support and not a veto. AMWA is working with the National Association of Community Health Centers on this effort.

May 16, 2008—AMWA became a founding member of NWHAT, the National Women's Health Agenda Task Force.

May 18, 2008—AMWA signed on to a letter to Senators Reid, McConnell, Grassley, and Baucus to support the inclusion of preventive benefits in S2115 which would extend the period of time for the Welcome to Medicare physical examination to one year instead of six months.

May 19, 2008—AMWA signed onto a letter to President Bush initiated by Planned Parenthood of America to request preservation of Title X family planning programs as a federally funded program.

September 8, 2008—AMWA signed onto a letter to congress regarding Medical and Health Groups Urge Members of Congress Not to Cosponsor H. Con. Res. 342/S. Con. Res. 88 re: Compounded BHRT Medications, proposed by the FDA

AWHS Committee Report

*Anne Barlow, MD & Eliza Lo Chin, MD, MPH
Co-chairs*

AWHS has been experiencing a disappointing lack of donations this year. It seems certain that our reduced membership cannot maintain our previous levels of support. We have not sent out a letter to members since 2006. We are currently in the design stage for a new appeal in a fold-over pattern. The committee is being urged to find non-medical donors for this very personal charity. Widening our donor base is essential for our continued health.

We have, rather reluctantly, given two small emergency grants on a one-time basis. This was in response to urgent requests from student members. This is, however, outside our purview of long-term grants for specified and limited purposes going through individuals that we know or our friends and members have known or visited personally. One of our long term grantees, Mountain Maternal Clinic has apparently gone out of business. Although we do not want to take on new projects in these very uncertain financial times, we could consider the next project

(continued on page 9)

Committee Updates

(continued from page 8)

in line as a replacement. This is to provide some kind of medical care to a village in Ethiopia which has none of any kind. Our contact there has just left for a visit with other helpers who plan to re-roof the school and have taken all kinds of school supplies and fun things like basket balls (deflated). We will have more information and a definite proposal for Ethiopia when they return.

Communications Committee Report

Gayatri Devi, MD

Chair

We are excited to be collaborating with the Journal of Women's Health and are using this medium to spread the word about AMWA's positions on various issues crucial to the health of girls and women. In the upcoming issue of the Journal, for example, we discuss the importance of the need for wide availability of the new human papilloma virus (HPV) vaccine. The vaccine will prevent the majority of cases of cervical cancer and we discuss limiting factors preventing its use, including cost and community attitudes towards such interventions. In the next issue, we will address AMWA's position on another matter of great relevance to the lives of women, the right to choose. AMWA treasures this opportunity to reach a broader audience and educate readers on our views with regard to matters of health, promoting wellness centered on evidence-based data rather than political or religious beliefs.

Global Outreach Committee Report

Dr Satty Gill Keswani

Chair

The committee has had one conference call, and will be focusing on the following areas: having a closer liaison with MWIA so that the global outreach efforts are more concentrated and result in more concrete outcomes, discussing how to raise funds for future global outreach activities, and what the AMWA delegation would be contributing at the upcoming MWIA congress in Germany 2010.

Program Committee Report

Eliza Lo Chin, MD, MPH

Co-Chair

The Program Committee has been working hard to plan the upcoming AMWA Annual Meeting which will be held in historic Williamsburg, Virginia, in conjunction with the 17th Annual Women's Health Congress. The CME agenda is packed with excellent speakers on a wide-range of topics pertaining to women's health, and we are honored to have Dr. Joia Mukherjee as our featured banquet speaker. Physician, public health activist, and Medical Director of Partners in Health, Dr. Mukherjee has worked tirelessly to help improve health conditions in impoverished third world countries. This 94th AMWA Annual Meeting is well

worth attending and as always provides a great forum to re-connect with old friends and meet new colleagues. The meeting will be held in the center of historic Williamsburg at the Williamsburg Lodge. You'll want to book early for the conference discount.

Nominations Committee Report

Nancy Church, MD

Chair

Members, please look for an email from headquarters in late November that will give you voting instructions for the upcoming election of officers. Below is the slate chosen by the Nominations Committee.

2009 Slate of Officers

President Elect: Dr. Eliza Chin

Secretary: Dr. Janice Werbinski

Board of Directors (3 to be elected):

Dr. Elinor Christiansen

Dr. Katherine Neely

Dr. Marlene Cutitar

Dr. Roberta Gebhard

Senior Physician Committee Report

Elinor Christiansen, MD

Chair

The Senior Physicians Committee will be helping with the Legacy Fund which was established by AMWA following the AMWA Board of Director decision on Saturday, Sept. 27, 2008 to raise \$100,000 toward the new building on the Queen Lane campus of Drexel College of Medicine (formerly WMC and next MCP) to house the Archives and History of Women in Medicine. The goal is to raise this money within the next six to eight months. A special alcove area near the entrance to the Reading Room will be designated for the display of AMWA and AWHS pictures and memorabilia.

Student Affairs Report

Neeta Varshney

AMWA National Student President

The Student Division of AMWA has many exciting new developments we are eager to share with you! With three new medical school branches in the past few months and enthusiastic young women joining our organization every day, AMWA medical students are more active than ever! In addition to the scholarships, grants, monthly student newsletter, networking opportunities, online subscription to Women's Health Journal, and other stellar benefits to joining National AMWA, we are also happy to announce a new incentive offer. All students who sign up for a 4-year National AMWA membership will also receive

(continued on page 10)

Committee Updates

(continued from page 9)

a free AMWA t-shirt, which will also be available for current members to purchase. The t-shirt is printed on high-quality American Apparel tees and has a unique light pink screen on chocolate brown fabric. With this t-shirt offer, we hope to increase national membership and aid our student chapters in recruiting new members on the local level, as well. Wear the t-shirt loud and proud with fellow AMWA members across the country, and show your support for women in medicine!

We are also working hard to create a Resident Division of AMWA to encourage resident participation and regain this "lost generation" of physicians. We believe a Resident Division will help young leaders gain experience in organized medicine and improve residents' awareness of the role of AMWA. Evolution of women in medicine, protection of women's rights, access to child care services, and gender equality in academic medicine are just some of the many important issues residents face that we believe a Resident Division of AMWA can address. We are excited about the opportunities this new path will bring and hope you are, too!

Another area the students of AMWA are addressing is the decreasing retention rates of women in academic medicine and MD/PhD programs. We believe AMWA can help to nurture women who are interested in pursuing these areas and provide a forum for all women interested in learning more about the opportunities within academic medicine. To this end, we will be initiating a formal mentoring program for AMWA students which will pair them with interested physician members of AMWA. We will also be utilizing our new partnership with the American Physician Scientist Organization to hold joint conferences and provide access to a plethora of resources, including tips on writing scientific papers and presenting posters, as well as a list of student-friendly journals and conferences.

These are just some of the recent developments in the Student Division of AMWA. Please let us know if you have any questions or suggestions regarding the above or if you have any ideas you would like to help us pursue! Thanks as always for your support!

Women's Health Working Group Report

Janice Werbinski, MD, FACOG

Chair

The Women's Health Working Group has continued to meet to work on the agenda items we agreed to develop at our March 2008 Brainstorming Session. Our biggest accomplishment to date has been the creation of a Proposed Strategic Plan to allow us to create a web-based

Get Involved! Working Group/Committee Members Needed

Interested in getting more involved with your AMWA membership? Join one of the 14 Committees and Working Groups, and donate your time and enthusiasm to grow AMWA as an association. Email your interest in a committee or questions to associatedirector@amwa-doc.org. Here is a listing of all Committees and Work Groups: American Women's Hospital Service, Awards and Nominations, Annual Meeting/Program, Communications, Fundraising, Global Outreach, Membership, Physician Branch Affairs, Policy and Advocacy, Resolutions/Position Papers, Senior Physicians, Student Affairs, Women's Health, and Career Development.

sex and gender specific women's health curriculum to be used at all US medical schools. Our strategic plan and proposed budget were unanimously approved by the AMWA board at the Interim meeting in Philadelphia in September. We will be meeting next week to begin to discuss funding possibilities and next steps to accomplish this ambitious goal.

Other accomplishments:

1. We created an AMWA Position Paper on Sex and Gender Specific Medicine, which was approved by the board and added to the AMWA Library.
2. Ashby Wolfe presented the AMWA Position Paper to the Healthy People 2020 planning group in Washington DC, and they are considering our position paper as they craft the 2020 plan for the nation.
3. We are proposing to the AMWA Program committee that, where appropriate, sex and gender specific data content be required in all continuing education venues at AMWA supported programs.
4. Committee members have contributed ideas to the on-line "Concept Map" being crafted by the Department of Health and Human Services Office of Women's Health to develop a Women's Health Agenda for 2010 and beyond. www.conceptsystemsglobal.com/DHHSOWH/brainstorm.

Journal of Women's Health

AMWA has named the Journal of Woman's Health as its official publication. This important resource is published 10 a year and as a member of AMWA you will receive FREE online access to the Journal for 2008. This online

(continued on page 11)

Member Benefits

subscription allows access to all the back issues of JWH publishes since 1999! A deeply discounted 2008 print subscription option of \$85 US and \$115 outside US is also available to members. These subscription options to Journal of Women's Health will further enhance your benefits as a member of AMWA. To learn how to receive this great benefit, please email associatedirector@amwa-doc.org with "JWH Subscription" as the subject line.

AMWA's President, Claudia Morrissey, MD was recently published in the Journal. Read the abstract of her article below.

Journal of Women's Health is an essential reference providing a multidisciplinary approach, and complete coverage of all the latest advancements in the full purview of women's healthcare issues. The Journal has been cited by: *The New York Times*, *Wall Street Journal*, *US News and World Report*, and *MSN-BC.com*.



Model of Excellence in Leadership Development

Fixing the System, Not the Women:

An Innovative Approach to Faculty Advancement

Claudia S. Morrissey, M.D., M.P.H., and Mary Lou Schmidt, M.D.

Women in academic medicine are approaching parity without power. Although the number of women choosing careers in medicine has grown substantially over the last 35 years, there has not been a commensurate increase in the percentage of women in senior leadership positions. To redress this situation at the University Of Illinois College Of Medicine (UICM), the Faculty Academic Advancement Committee (FAAC) was established in January 2003. FAAC's long-term goals are to create an institution whose faculty, department leaders, and deans reflect the gender and ethnic profile of the college's student body and to enable excellence in research, teaching, and patient care while promoting work/life balance. Commissioned as a Dean's Committee, FAAC brings together a diverse group of faculty and academic professionals from inside and outside the college to learn, reflect, and act. FAAC has committed to increasing the percentage of tenured women faculty and advancing women into leadership po-

sitions by carrying out an ambitious evidence-based institutional transformation effort. FAAC's initiatives—data gathering, constituency building, department transformation, policy reform, and advocacy—have helped to create an enabling environment for change at UICM. This case study outlines the history, conceptual approach, structure, initiatives, and initial outcomes of FAAC's efforts.

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MWIA

The Medical Women's International Association (MWIA) wants to remind AMWA members that by virtue of their membership in AMWA that they are automatically members of MWIA. MWIA is divided into eight regions—Northern, Central and Southern Europe, North and Latin America, Central Asia, Near East and Africa and Western Pacific. Each region is represented by a Vice President and Dr. Shirley Hovan from Red Deer, Alberta, is the current Vice President for North America.

The executive of MWIA is elected for a three year period and this took place at the International Congress in Accra, Ghana, in August, 2007. Dr. Atsuko Heshiki from Japan is the current President, Dr. Afua Hesse from Ghana is the President-elect, Dr. Gabrielle Casper from Australia is the Past President, Dr. Shelley Ross of Canada is the Secretary-General (secretariat@mwia.net) and Dr. Gail Beck from Canada is the Treasurer.

Each triennium, each region has a regional meeting. In the past few months, Latin America's meeting was held in Puerto Rico and Northern Europe's meeting in Malmo, Sweden. The Western Pacific Region's meeting will be in Melbourne October 17-19, 2008. In 2009, MWIA looks forward to three regional meetings: Central Europe in Vienna in May, Near East and Africa in Dar-Es-Salaam, Tanzania, in July and our very own North American meeting on board ship sailing from Boston through the Canadian Maritimes and Quebec City to Montreal from September 19-26, 2009.

AMWA colleagues are invited to attend the North American meeting. Let us make it truly international as both Canadians and Americans meet to discuss the theme of Taking Care of the Caregiver, aimed at the health and well-being of physicians. For further information and booking before the early bird deadline of November 30, 2008, please e-mail cruises@seacourses.com. All bookings must be made through this agency.

Member Benefits and New Members

AMWA and CARE

CARE is a leading humanitarian organization that fights global poverty by empowering marginalized women and girls to bring lasting change to their communities.

CARE is partnering with national organizations, including AMWA, to raise awareness about global poverty and the vital role that women in the US play in improving the lives of women in developing countries. CARE's partner organizations help empower women around the world to find victories over poverty by spreading the word about CARE's work, including efforts to reduce maternal mortality and prevent the spread of HIV in the world's poorest countries.

Through our partnership, CARE will be sharing regular updates with AMWA members about opportunities to engage in CARE's work and advocacy actions that you can take to improve women's health around the world. To learn more visit www.care.org.

Featured Membership Benefit

The STAR Doctor Medical Professional Liability Insurance Program for Women in Medicine

The Star Doctor Insurance Program provides Preferred Medical Professional Liability Insurance for Women Physicians. Coverage is available for most specialties except OB, surgery, and anesthesia. Our program is supported by the American Medical Women's Association.

Our product is backed by an insurer who has provided Medical Professional Liability Insurance for over 35 years and is rated "A" (Excellent) by A.M. Best Company.

Our program for Women in Medicine combines the value of competitive premiums with preferred and specialized features for Women Physicians who need to balance their personal and professional lives.

STAR Doctor Medical Professional Liability Insurance Highlights

- "Nose" coverage (prior acts) is available
- Affordable part-time rates
- Free, automatic coverage for your locum tenens physician for up to 45 days
- Free, Unlimited Tail protection in the event of death, disability, or retirement (certain conditions may apply)
- Unlimited Tail available
- Legal Defense protection
- No deductible
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- Outstanding claim services

For more information, please contact:

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Welcome to the following New Members *that have joined from 5/1/08 to 10/15/08*

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