

AMWA Connections

VOLUME XXVII, NUMBER 2
MARCH, 2005

Happy 90th birthday AMWA!

AMWA

The Vision and Voice of Women in Medicine



*Excerpts from an address delivered by
Hon. Neil Abercrombie of Hawaii before the
House of Representatives on February 1,
2005.*

Mr. Speaker, I rise today to extend my deepest congratulations to the American Medical Women's Association, AMWA, on the occasion of its 90th birthday year celebration.

Throughout this century, AMWA has been indefatigable in its efforts to advance women in medicine and to promote women's health. As the leading multidisciplinary association of women in medicine in our country, AMWA has encouraged and honored excellence in the fields of medicine, health care and science through a wide array of scholarships, grants, and awards, as well as diverse educational programs for physicians, medical students and the general public.

AMWA has distinguished itself through support of numerous charitable programs, particularly focusing on the needs of disproportionately disadvantaged women and their families. For 75 years, AMWA's American Women's Hospitals Service, AWHS, clinics in the U.S. and abroad have provided desperately needed care to the medically underserved. In addition, hundreds of medical students and residents have received remarkable health care training in these and other remote clinics worldwide through AMWA's AWHS travel stipends.

AMWA's advocacy on behalf of women's health and research, especially bringing under addressed concerns to the national agenda, has made AMWA a leading voice for the care of women and their children. Again, I wish to commend and congratulate AMWA for making a positive and enduring contribution to the health care of our communities and our country.

[Photos of AMWA's 90th anniversary celebration at the Annual Meeting in Washington, DC, January 27-30, 2005, are on pages 4 and 5.]

IN MEMORIAM Marjorie Braude, MD 1924 - 2005

A 1950 graduate of the University of Chicago Medical School, Dr. Marjorie Braude still practiced psychiatry. Active in women's medical politics, she was a passionate and generous supporter of universal health care, reproductive rights, and liberal Democratic candidates in California and around the country.

As Chair of the American Medical Women's Association Domestic Violence Committee and member of the Advisory Committee on Teaching Manuals for Hospital Staffs for the Domestic Violence Prevention Fund, Dr. Braude designed an innovative AMWA-sponsored Web site to educate police officers, physicians, and others on domestic violence intervention.

During Dr. Braude's extraordinary 50-year career, she served as former president of the medical staff of Westwood Psychiatric Hospital; editor of the book, *Women, Power, and Therapy*; advocate for women's health issues in the American Psychiatric Society, American Medical Women's Association, and California Medical Association, L.A. County Narcotics and Dangerous Drugs Commissioner; founder and chair of the board of "New Start" community drug abuse program; and board member of the San Fernando Valley Project Heavy and West Los Angeles Project Heavy Consortiums of Juvenile Diversion Programs.

A great lover of beauty, art, and the outdoors, she made the high Sierra back country her spiritual home.

She is survived by her devoted husband of 55 years, her sister, two daughters, a son-in-law, and two grandchildren.

Marjorie Braude, MD, died Monday, February 7, 2005, from an abdominal infection following a laminectomy. The family requests that donations in her memory be made to the International Medical Corporation (800-481-4462) or the American Medical Women's Association (703-838-0500).



Marjorie Braude, MD - a pioneering physician, who spearheaded programs to curb abuse of women and children.

"Marjorie and the other like-minded women physicians of her day paved the way for those of my generation and beyond, and we owe her a great debt. AMWA has lost an outspoken leader, a visionary and a role model, and each one of us individually has lost a colleague, a dear friend, and a brave soul."

— Violet Boodaghians, MD, AMWA colleague and friend

What is MWIA?

Jean Fourcroy, MD, MWIA Regional Vice President, North America MWIA Executive and Regional Vice Presidents

The Medical Women's International Association (MWIA) assembles women physicians from more than five continents who promote cooperation, friendship, and understanding in an effort to solve global health issues and alleviate gender inequalities. As a member of AMWA, you are a member of MWIA.

Historically, the first international congress of women doctors was held for seven weeks in New York in 1919. The American Women's Hospitals Service Committee (a committee of the American Medical Women's Association) took this opportunity to organize a dinner in honor of distinguished medical women from different countries who had recently returned from medical relief work in France. One hundred and forty guests from sixteen nations attended. A group of medical women decided to form an international association of women physicians. Within a few days, a committee of twelve was chosen by ballot and empowered to organize the Medical Women's International Association. Ever since, congresses are organized regularly on topics of interest.

The XV Northern European Regional Congress of MWIA is scheduled to meet at the Grand Hotel Reykjavik in Iceland September 28 through October 1, 2005. Your AMWA National Coordinator, Elinor Christiansen, MD, and your North American Representative to the Executive Committee, Jean Fourcroy, MD, are pleased to provide information. Or, visit the Web site at <http://stigur.vortex.is/fkli/congress/congress.htm>.

The next worldwide MWIA meeting will be in Ghana in 2007. Stay tuned for more information (www.mwia.net). In the meantime, we hope to see you in Iceland.



MWIA Executive and Regional Vice Presidents, 2004 AMWA Presidents's Trip/MWIA's 26th International Congress, Tokyo, Japan. Jean Fourcroy, third from left. (Photo by Helentjaris)

Because you asked...

Adjusting security settings should allow you to read most incoming e-mails

Pam Johnson, NEWSFlash editor (pjohnson@amwa-doc.org)

In order to ensure that all of our members are given the opportunity to read and enjoy the *NEWSFlash*, it is sent out in three versions: 1) **HTML**, which retains the page formatting, allows readers to view images, and keeps the hyperlinks active; 2) **AOL**, which retains some of the formatting and also keeps the hyperlinks active; and 3) **Text-only**, which loses most of the formatting and deactivates the hyperlinks. Members should automatically receive the version that is appropriate to their email provider and mailbox settings. However, some of our members have reported problems receiving and/or opening the *NEWSFlash* when it comes in.

Most of the problems experienced in receiving the *NEWSFlash* are either related to security settings or are specific to AOL. If you are using Windows 98 or XP, you need to check your Internet Zone security level to see if it is set on "High." A High setting will block or disable many types of incoming emails. To change the settings, follow these steps:

1. On the Windows Explorer Tools drop-down menu, click Internet Options, and then click the Security tab.
2. Click Default Level. If it is set on High, change it to Medium.
3. Click OK.

It is important that you update your operating system with any new security updates that become available. If you are using Windows 98, you may go to <http://www.microsoft.com/windows98/downloads/default.asp> for updates. If you are using Windows XP, go to <http://www.microsoft.com/security/bulletins/automaticupdates.msp> to learn how you can receive automatic security updates.

AMWA NEWSFlash

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If you are an AOL user, you have the capability of creating a Custom Sender List to specify who is allowed to or blocked from sending you mail. To create a Custom Sender List, follow these steps:

1. Click on Settings on the AOL toolbar, click on the Index tab, then click on Spam Controls.
2. From the drop-down list, select the screen name that you wish to create a Custom Sender List.
3. Under the Additional Spam Filters, click Edit next to Sender Filter.
4. In the Sender Filter window, select the Use a Custom Sender List option, then click on the Custom Sender List hyperlink.
5. In the Sender List, choose Allow only the senders and domains listed below, and add the senders you want.

AOL's Manual Spam Filtering also allows you to control who may send you mail by linking to your Buddy List or Address Book. Using the Sender Filter, select Allow Mail Only From People I Know. If you use either of these AOL features, you must make sure you have included info@amwa-doc.org as a Custom Sender and/or in your Address Book. For more detailed information on AOL settings, go to:

<http://help.channels.aol.com/article.adp?catId=1&scId=102&ssCId=1021&articleId=217148>.

March madness

Trimble Bailey Spitzer,
MSIV, Eastern Virginia Medical School

As a fourth-year medical student, March Madness takes on new meaning. On March 17th, "Match Day," medical students learn our fate as future residents.

Throughout the winter months, students spent numerous days and thousands of dollars interviewing at programs scattered about the country. We put on our best suits (the only one we own), carried our leather binders, and smiled each time we were asked, "So, tell me why you want to be an OB/BYN." Many applicants interviewed with more than a dozen programs. Soon, exhaustion set in; hospital tours became a blur; residents' lounges looked identical; wearing pumps grew old; and the weight of the decision grew heavier.

Finally, time arrived to submit that official residency rank list. For women, this involves the balance of work and family, and for some, the couple's match. Women comprise almost half of graduating medical school classes; we are wives, mothers, caregivers, and professionals. We have focused personal and career goals. As students, we agonize over our decision, debating endless lists of pro's and con's. As wives and mothers, we weigh the communities, jobs, and school systems, all in search of the "ideal match."

As I reflect on the past few months, I indeed think I have found my perfect match. So, with fate in hand, I said my final prayer and submitted my rank list; I hold onto the hope that I am their ideal match, too. Now, I wait.

CLASSIFIED ADVERTISING

University of Iowa

Department of Obstetrics and Gynecology

The General Obstetrics and Gynecology Division is seeking a highly qualified person to join our tenure track or non-tenure clinical track. Applicants must be active candidates or board certified in obstetrics and gynecology and committed to resident and medical student teaching and patient care. Clinical or laboratory research is required for the tenure track. Academic rank is dependent on experience.

Applicants should possess contemporary surgical skills. Experience or interest in medical student curriculum and/or family planning is desirable. Opportunities exist for developing a specialized niche.

Send CV to:

Marygrace Elson, MD, Director, General Obstetrics and Gynecology Division, Department of Obstetrics and Gynecology, University of Iowa Hospitals and Clinics, 200 Hawkins Drive, Iowa City, IA 52242-1080 or margrace-elson@uiowa.edu

The University of Iowa is an affirmative action, equal opportunity employer. Women and minorities are strongly encouraged to apply.

AMWA's 2005 theme is "prevention."

Let's promote health maintenance and disease prevention for our patients and our communities!

Obesity is an increasingly pervasive and powerful risk factor for a variety of conditions including diabetes, cardiovascular disease, and many cancers. The striking epidemic of obesity and associated diabetes - and even metabolic syndrome in children and adolescents - is startling. Obesity is a tough problem. We don't entirely understand its causes. Surgery has produced dramatic results for the morbidly obese, and developments in pharmacology may offer promise for the future; but for sure, proper nutrition and increased activity levels are likely determinants of whatever weight results from the combined effects of predisposition and environmental factors.

As practitioners, we must do all we can to tackle this major health issue. For example, we can work locally to assure that school meals are healthy and that proper nutrition is taught early on along with the three R's. Children's families need information and attention, too, perhaps through schools' parent organizations. We can speak at meetings where parents and teachers assemble.

Our patients and communities need continually updated information about proper nutrition and the possible risks lurking on supermarket shelves. The February 13th New York Times ran a front page article describing the food processing industry's contributions to risks in the form of trans fatty acids. Described were ways to figure the amount in an item until proper labeling of foods is required next year by our government. We need to translate information for patients and communities and ignite proper reactions and actions. We must be informed to do so.



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PREVENTION THE SMART FUTURE STRATEGY

February 16-19, 2006 Tucson, AZ

novative in the promotion of exercise. Are safe playgrounds available, for example? So much has been and can be done by physicians and communities working to assure access to safe playgrounds. Encouraging involvement in sports or a personal plan to jog or walk should be part of our advice to patients. Walking is a wonderful form of exercise anyone can do anywhere. At the worksite or in multiple dwelling buildings, regularly taking the stairs offers significant exercise. Suggestions can aid our patients. If we use our imagination to find creative ways to exercise and exercise ourselves, we are role models, and our patients will follow our examples and be active, as well.

As an organization, AMWA will continue to improve our nation's health - the first step is to promote healthy lifestyles in ourselves and our communities. I want to hear from you; what are your experiences, comments, and suggestions? Together let's work for an active and healthier tomorrow!

President's perspective

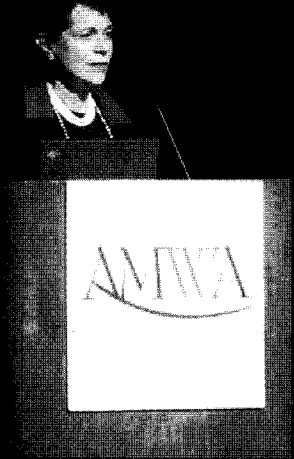


Carolyn Webber, MD
AMWA President

We know how important exercise and simple activity are for children and adults. More and more we learn of the correlation of obesity with inactivity and recognize the dangers for inactive children and adults transfixed on couches by television while feeding sugar and fat hungers - a clear prescription for obesity, and worse.

How important it is to exercise in some way. You may be surprised to learn how little gym time and exercise are programmed into children's school curricula. We can help patients and communities to be imaginative and innovative in the promotion of exercise.

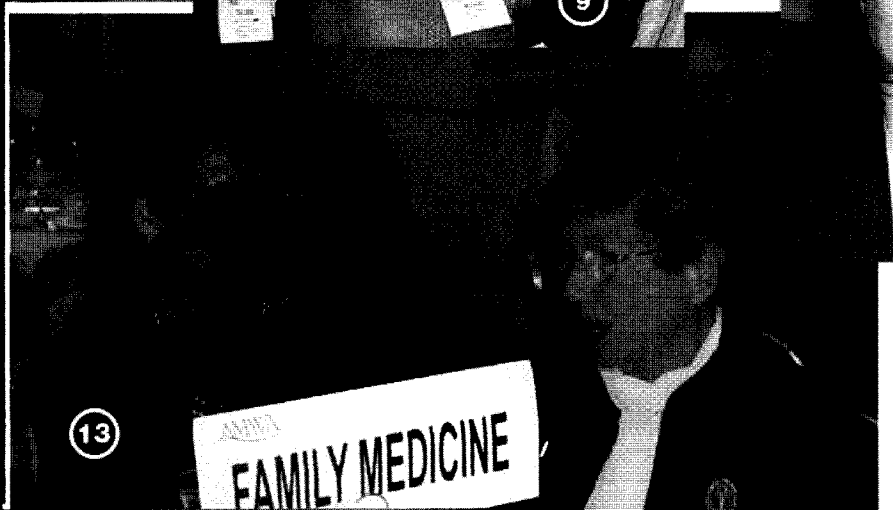
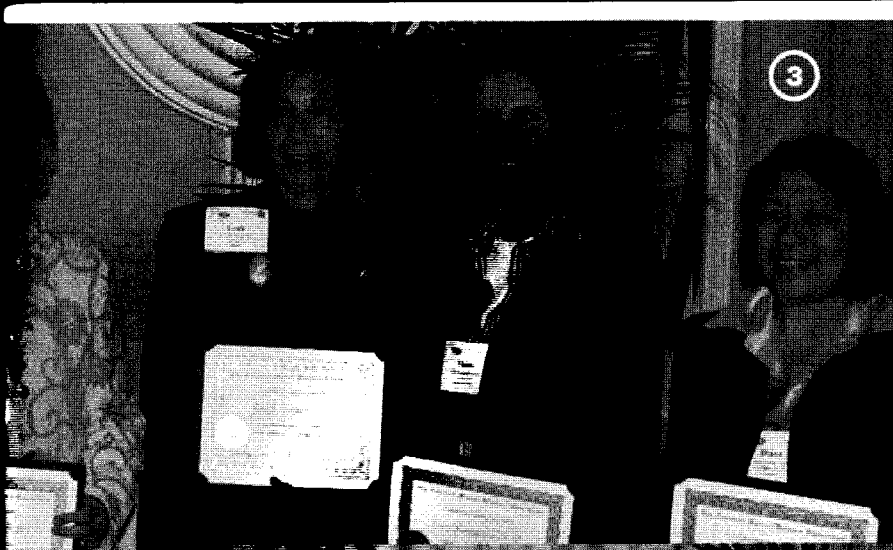
AMWA¹



Women Work *at*

The Xtra X Factor

January 27-30, 2005
Washington, DC



1. Plenary speaker Devra Lee Davis, PhD, MPH, addressing how the environment shapes life, death, and sex.
2. 2004 AMWA President Diane Helentjaris, MD.
3. Winners of Community Service Awards: Rachel Wheeler, MD; Anne Barlow, MD; Leah Dickstein, MD; Violet Boodaghians, MD; Joy Bruce, MD; (Lynn Epstein, MD, not in attendance).
4. Corporate sponsors from the Consolidated Resource Center, Shavonne Copeland and Phyllis Dunn.
5. Student Service Award recipient Mylaina Gordon.
6. Leslie Mega, MD, recipient of the Bertha Van Hoosen Award, and her mother, Pauline Tamarin.
7. Sarah Donaldson, MD, recipient of the Elizabeth Blackwell Award.
8. Diane Helentjaris, MD, 2004 AMWA President; Susan Ivey, MD, 2006 President-elect; and Carolyn Webber, MD, 2005 President.
9. Sarah Friedman, AMWA National Student Coordinator; Kristi Tough, AMWA Student Coordinator, Region 5; and Natalie Gallant, AMWA National Student Coordinator.
10. Roberta Rubin, MD, at the book signing of speaker Davis' book, *When Smoke Ran Like Water: Tales of Environmental Deception*
11. Corporate sponsor, Carol Jane, Senior Director, Global Medical Information and Advocacy Development, Women's Health, Wyeth Pharmaceuticals; and Etta Pisano, MD, recipient of the Women in Science Award.
12. Elizabeth Salisbury, recipient of the Wilhelm-Frankowski Community Service Award.
13. Elinor Christiansen, MD, talks with students at the mentoring breakfast
14. Debra Judelson, MD, at the scientific poster presentations.
15. Residents Allison Dean, MD; Jennie Leslie, MD; Kelly Health, MD.
16. Medical students: Clair Cascella, Susan Shin, Anjali Grover, Kimberly Krantz.

AMWA

The Vision and Voice of Women in Medicine

Have a hitch in your get-along?

Patricia L. Raymond MD FACP FACG, Rx For Sanity

His eyes squinted meanly into mine, and his lip curled in a sneer that revealed stained brown teeth. I didn't think we should be bothering him right then.

"Walk up to him like you mean business," the instructor insisted. "Put out your hand, grab the front of his foreleg, and lift. If you show him that you're in charge, he'll lift for you. If he doesn't see you as the alpha, he won't..."

I marched up, posture erect, with the mien of a leader. I reached forward and ... thanks be ... up the leg came. Not wanting to look a gift horse in the mouth, I quickly used the pick to clean the debris from around his 'frog.' Carefully lowering the hoof, I brushed off my hands, and scuttled back.

"Again," commanded the wrangler.

I circled the stallion cautiously, and dove for the other front hoof. This time, I didn't pull any wool over his eyes. He knew he didn't need to take orders from me. He ignored my tugs, keeping all feet firmly planted on the ground.

"Don't keep trying! Back off and start again."

I stopped tugging, patted the nice, big horsie on his neck and shoulder while murmuring soothingly, and retreated. Then I girded my loins to try again.

"Hold up... Did you notice what you just did?"

I was attending a leadership skill workshop featuring horses. As horses are herd animals with a strong instinct of self-preservation, all horses sense the leader to follow, are alert to predators, but ignore lesser species from which they feel no threat or dominance.

Our horseplay had revealed one of my leadership issues: praise when not deserved due to a need to be liked, even if my orders weren't carried out. A hitch in my get-along.

Horsing around spotlighted other leadership challenges. As the day long class progressed, we ran the horses in a ring, guiding them from behind with the tassel and the crack of a whip. We stood in the center of it all, pivoting while the horses did the work. Whoa! Another get-along moment.

Do you lead from the front, pulling and tugging your staff and colleagues along in your wake? I did and occasionally still do waste energy this way. Could you learn to lead from behind, coaxing them to run as you pivot lazily? I'm practicing this one. You see, until this recent workshop, I was never taught how to lead.

On the physician side of medicine we have what I consider "Trojan Horse" leadership. The selection of leader by outward display of her progressively longer white coat and more post-name letters reinforces expectations that leadership is acquired by seniority rather than by skill. We docs often don't possess the skills we need to lead.

Many of us IQ-rich folk are lacking in EQ, a concept popularized by Goleman's work on emotional intelligence in leadership. EQ is about self-governance and control, about correctly reading others' subtext, and about encouraging growth in your subordinates and building a strong team. Unfortunately EQ is often inversely related to IQ, and many book smart docs seem to lack this horse sense. As high EQ is more strongly correlated with success than IQ, it is fortunate that EQ may be enhanced with effort.

Perhaps lacking the EQ of self-awareness, docs may not perceive their EQ deficiency; and you can't beat a dead horse, nor make a live one take a drink. And if you're supposing that women are a horse of a different color with our extra X, stop horsing around. EQ is not gender specific, although the genders tend to be stronger in specific aspects. I'm wearing blinders for some parts of EQ and am working on removing them.

Hold your horses...do I attribute the leadership challenges in medicine compared to business to poorly trained, emotionally stunted leaders? Horse feathers. Medicine also differs from general business because we are so estrogen-rich. Presently, 42% of our graduating physicians and 94% of our nurses are women, and it is tough for women to lead or to accept being led by women.

Communications expert Tannen writes of the confused adult interactions of men and women, and its origins in our childhood recreation, as boys tend to "game" while girls 'play.' Boy's games feature leaders, aggressive competition among friends, winners and losers, and no hard feelings. The play of girls requires that all be on an equal footing; any young girl attempting to take over the play may be ostracized.

Heim and Murphy explored the dynamics of groups of women led by women, and our sociologic expectation that women colleagues will remain "dead-even" just as we were taught as young girls. Frankly, trying to attain a "dead-even" play while leading and giving orders is tough and requires delicacy. Having stayed far from the Barbie herd while growing up, the Heim and Murphy work deciphered the expectations of my female staff and associates missed due to EQ impairment. And to become a leader in medicine, we will need to communicate effectively with the majority to lead.

Women medical leaders need to improve deficiencies in our emotional intelligence, and encourage our newer members to embrace trial leadership positions to practice their skills. We must give a nod to our sociological expectations of our largely female nursing staffs and play by women's rules when leading women and not mimic the male leadership style.

We need to fix the hitch in our get-alongs. Women in all aspects of medicine need to read, practice, and experiment in being leaders, so that we may step forward and attain the respect and the salaries that we deserve for our work.

And that's straight from the horse's mouth.

Dr. Patricia Raymond of *Rx For Sanity*, who has never really gotten over the trauma of a hellish pony ride at her ninth birthday party, recently presented *Liked or In Charge: Seven Tips for Women Leaders Who Want Both* at the 2005 American Medical Women's Association, and will speak on leadership and staff engagement in *Nursing: Cure Your Retention Deficit Disorder* at the upcoming 2005 SGNA Annual Meeting in Minneapolis. Many of her musings and her unique medical humor may be enjoyed via a free subscription to her twice monthly e-zine *Passionate HealthCare*, which teaches us to "Love Caregiving, Just For the Health of It." Sign up today at www.RxForSanity.com.

Suggested Readings:

Working with Emotional Intelligence. Goleman D. © 1998 Bantam Books;

Talking from 9 to 5: Women and Men at Work. Tannen D ©1995 Reed Business Information, Inc.;

In the Company of Women: Indirect Aggression Among Women, Why We Hurt Each Other and How to Stop. Heim P, Murphy S, Golant SK. ©2003 Jeremy P. Tarcher; Reprint edition.



Advocacy

News from Capitol Hill

News from Capitol Hill, an update on health and medical issues before the U.S. Senate and House of Representatives.

Teresa Dyer, Legislative Specialist
Brownstein Hyatt & Farber, PC

Medical Malpractice - White House Meeting

On January 26, 2005, the leadership of AMWA attended a meeting at the White House with Cindi Williams, Special Assistant to the Office of Public Liaison. The meeting focused on medical malpractice. AMWA members briefed Ms. Williams on AMWA and relayed personal stories regarding problems related to the malpractice insurance crisis. Ms. Williams stated that this issue is one of the President's top priorities and that he hopes Congress will pass legislation that he can sign.

Recently, Senator John Ensign (R-NV) introduced S.354, the Help Efficient, Accessible, Low-Cost, Timely Healthcare (Health) Act, which places a \$250,000 cap on damages awarded for pain and suffering to those injured by medical malpractice. Senator Judd Gregg (R-NH) introduced S.366 that calls for specific liability revisions regarding obstetric and gynecologic coverage.

Medical Malpractice - State Legislation

Several state legislatures are addressing the medical malpractice issue. In Georgia, legislation passed in the House; the Senate is voting on the bill at press time. This legislation, if passed, would cap medical malpractice pain and suffering awards at \$350,000 per defendant or \$1.05 million if more than one health care facility is liable.

The Wyoming House of Representatives recently passed a bill to re-establish a state medical review panel to hear malpractice claims and offer non-binding opinions to both parties, which could at the trial judge's discretion be admissible in court. The measure now goes to the Senate.

Medicaid

President Bush recently released his FY2006 Budget that included a strategy to slow the growth of Medicaid costs by \$60 billion during the next 10 years. This budget would require changes in the law designed to reduce overpayments for prescription drugs, end overpayments in state reimbursements, and tighten the rules on beneficiaries who transfer their assets to qualify for Medicaid. These cuts would generate a net savings of \$45 billion, because the plan calls for putting \$15 billion back into Medicaid and children's health programs.

Senators Jeff Bingaman (D-NM) and Gordon Smith (R-OR) have introduced legislation to create a commission to study long-term solutions for Medicaid's problems (S.338). Congresswoman Heather Wilson (R-NM) plans to introduce the same bill in the House.

Genetic Information Discrimination Act

In February, the U.S. Senate passed S. 306, the Genetic Nondiscrimination Act, sponsored by Senator Olympia Snowe (R-ME) by a vote of 98-0. AMWA worked for the passage of this bill.

This legislation would prohibit employers and insurance companies from using genetic test results to raise insurance premiums, to deny coverage, or to make hiring decisions. The bill also would prohibit insurance companies and employers from requesting genetic testing. Opposition to the bill comes from business groups including the National Restaurant Association, the U.S. Chamber of Commerce, and the National Association of Manufacturers. They argue that federal legislation would cause confusion with genetic discrimination laws that already have been passed in about 30 states and could increase lawsuits because it allows for jury trials. Congresswoman Louise Slaughter (D-NY) plans to introduce a similar bill in the House, where the legislation did not pass last Congress.

Other News

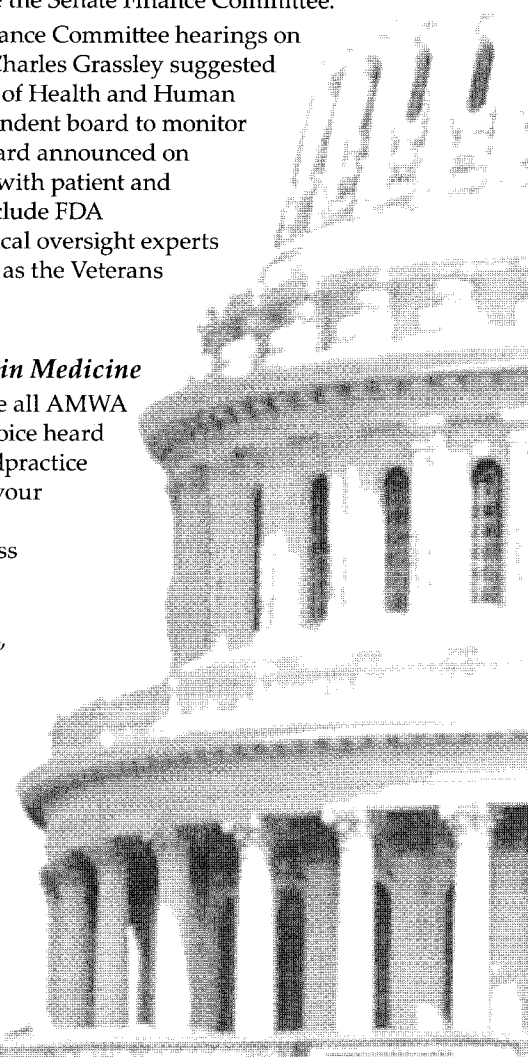
The Senate Health, Education, Labor, and Pensions Committee, has a new Chairman, Senator Mike Enzi (R-WY), and three new Republican members: Senator Richard Burr of South Carolina, Senator Johnny Isakson of Georgia, and Senator Lamar Alexander of Tennessee. Democrats have one less seat on the committee, but they did not unseat any current members, because Senator John Edwards of North Carolina did not return to Congress.

President Bush has nominated Lester M. Crawford as commissioner of the Food and Drug Administration (FDA). Mr. Crawford has been acting commissioner since March 2004. He will face confirmation hearings before the Senate Finance Committee.

During the Senate Finance Committee hearings on Vioxx last year, Senator Charles Grassley suggested that the U.S. Department of Health and Human Services create an independent board to monitor drug safety. This new board announced on February 15 will consult with patient and consumer groups and include FDA representatives and medical oversight experts from other agencies such as the Veterans Affairs Department.

Be a Voice for Women in Medicine

We strongly encourage all AMWA members to make your voice heard on the impact of high malpractice insurance rates. Contact your local elected officials and your members of Congress via phone calls, personal meetings, or letters; write editorials for local papers, and join groups and coalitions in support of issues. AMWA is a strong, well-respected voice in the medical community, and it is important that legislators hear from you regarding the passage of effective legislation.



AMWA Calendar

April 15-16, 2005

1st Annual Women's Health Summit – Cleveland, Ohio

For information: www.clevelandclinicmeded.com/women.htm

April 30, 2005

Deadline for AMWA Foundation Medical Education Loans and Scholarships (\$2,500 or \$5,000 to medical students) – application under Loans and Scholarships at www.amwa-doc.org

April 30, 2005

Deadline for Bemmann New Investigator Grant on Violence Against Women

Application at: www.amwa-doc.org

June 24-26, 2005

AMWA Interim Business Meeting (Board of Directors and designated committees)
Sheraton Gateway Suites, Chicago O'Hare Airport

August 13-14, 2005

Federation of Medical Women of Canada – "Optimizing Women's Health at Midlife and Beyond"
Edmonton, Alberta, Canada For information: www.fmw.ca/

September 28 - October 2, 2005

MWIA, Grand Hotel, Reykjavik, Iceland

For information: <http://stigur.vortex.is/fkli/congress/congress.htm>

AMWA branches are encouraged to submit activities and meeting dates for the AMWA Calendar.

AMWA Connections

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INSIDE AMWA CONNECTIONS

AMWA Connections

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