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## III ANNOUNCEMENTS

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MEDICAL WOMEN’S INTERNATIONAL ASSOCIATION
I. MEDICAL WOMEN’S INTERNATIONAL ASSOCIATION

1. PRESIDENT’S MESSAGE

Dr. Atsuko Heshiki, Japan

“Leadership, Achievement and Accomplishment”

The final year of my presidency started with our annual executive meeting held by Skype conference.

I continue to promote my main theme of “participation, communication and visibility” in the changing medical world.

Despite the increasing number of medical students throughout the world, there are many reasons why women physicians do not reach their full potential in the workforce.

You have all received the Grand Questionnaire about the Status of Women Physicians in which we are looking for the main reasons that stop women physicians from working as they wish to work and hinder their career advancement and satisfaction with their work. The results will be presented at the MWIA International Congress in Munster next July 29-31, 2010.

There is still time to participate in other projects to enhance the visibility of MWIA.

2. REQUESTS FROM THE SECRETARY- GENERAL

Dr. Shelley Ross, Canada

It is less than a year until the MWIA 28th International Congress in Munster, Germany. Please mark your calendars and visit the website at www.mwia2010.net. The organizing committee has a good program, both scientific and social organized. It is a wonderful time to network with old colleagues and make new friends.

There have been two regional meetings since the last Update – the Near East and Africa Region in Dar Es Salaam, Tanzania, and the North American Region cruising from Boston to Montreal. Two regional meetings remain before the Munster congress – the Central Asia Region in Mumbai, India, January, 30-31, 2010 and the Southern European Region in Paris France, May 2010.

The Department of Public Information (DPINGO) held its annual congress in Mexico City in September. Dr. Sorosh Roshan and Dr. Cathey Falvo represented MWIA.

Please keep the Secretariat informed of changes in your national officers and of upcoming meetings and activities in your organizations.
For those who have not paid their **annual dues**, the Secretariat would like to remind you that dues were due July 1st.

Nominations are still being received for the **venue for the 2013 congress**.

Any members wishing to be registered for the **Commission on the Status of Women** at the UN in New York the first week of March, 2010, or the **World Health Assembly** in Geneva from May 16-21, 2010 should let the Secretariat know.

The contact information for the Secretariat is:

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FAX +1 604 439-8994
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3. NEWS FROM THE VPs AND THEIR REGIONS

**Northern Europe**
Denmark, Finland, Iceland, Norway, Sweden, The Netherlands, United Kingdom

**Dr. Olof Sigurdardottir, Vice President for Northern Europe, Iceland**

**Finland**
The Annual General Meetings were held the 5th of March and the 1st of June. On the March 5th meeting, we visited The Parliament, invited by doctor Päivi Räsänen, the Member of the Parliament, who told about her career path from physician to Member of Parliament. The meeting was conducted in one of the rooms of Parliament, followed by a tour of Parliament House. At this meeting, the Finnish MWA decided to comment on the legislation allowing nurses to write prescriptions. The statement was delivered on the 1st of April to the Members of the Parliament. On June 1st, the annual meeting was combined with a lecture on human nature: a psychotherapist and business trainer, Raija Salmimies, made a presentation, entitled “How People Differ- our ways of action and decision.” In addition, we discussed the nomination of the Vice President for Northern Europe. A former Northern European Vice President in the 1990’s, Dr. Anna-Maija Seppäläinen, told about her activities at that time.
The organizing meeting of the new Executive Committee was held March 31st. The new national coordinator is Dr. Tuula Virrankari. The members were invited to attend the MWIA World Congress in Germany in 2010 and the Northern Europe Congress in The Netherlands in 2011.
Iceland
The chair of MWAI, Dr. Lilja Sigrun Jonsdottir, prepared meetings with three other university women’s groups in Reykjavik. There was one meeting about economics and another reviewing gender equality issues among the staff of the largest university in Iceland. The new Prime Minister of Iceland, Johanna Sigurdardottir and other members of parliament in Iceland were encouraged to preserve support for children and deprived women despite our current economic situation. The financial crises that hit Iceland very hard last autumn has had a significant effect on the ability of Icelandic doctors to travel to meetings abroad.

United Kingdom
The autumn meeting is being held November 13th with the topic of Women as Leaders. The Medical Women’s Federation is starting a mentoring group. MWF is making its presence known at career fairs held by the British Medical Association. The BMA has developed a support package with advice on balancing working life and raising a family at www.bma.org.uk/maternity. The British government has formed a new taskforce that aims to identify the role and the response of health services in preventing, identifying and supporting women and girls who are victims of violence or abuse. It will also make recommendations on what more could be done to meet their needs. Input is welcome. Dr. Dorothy Ward has written a comprehensive History of MWIA, which will be available for purchase at the MWIA Congress in Munster.

Central Europe
Austria, Bulgaria, Czech Republic, Georgia, Germany, Hungary, Poland, Romania, Switzerland

Dr. Waltraud Diekhaus, Vice President Central Europe, Germany

Germany
Congratulations to the German Medical Women’s Association which celebrated its 85th anniversary at the annual meeting in September. Dr. Astrid Buhren was thanked for her many years of service as President and the Presidency was passed to Dr. Regine Rapps-Engels, who is also the Chair of the Organizing Committee of the MWIA Munster Congress.

Hungary
Dr. Agnes Fenyi of Hungary wrote that the Hungarian medical system has serious difficulties. The reform of the medical sector to create regional health insurance was stopped by referendum, leaving the country with an antiquated medical system that cannot be financed. In years gone by, many hospitals were built, which are now too costly to run. This lack of funding along with lack of specialists has resulted in closure of hospital departments. The newly graduated doctors go abroad in enormous numbers to such countries as England, Scotland and other countries of Northern Europe. Without political will and consensus, the necessary health reform will not happen.
The Medical Women’s Association of Hungary has continued to collaborate with other civil society organizations to develop programs for the primary prevention of such diseases as breast cancer. A walk for breast cancer is scheduled for October 4th in Budapest across the luminous pink Chain Bridge. The Hungarian Medical Women are planning to participate in the MWIA Congress in Munster next year and would like to present a paper on The Role of Civil Organizations as the Leading Catalyst in the Fight Against Breast Cancer in Hungary.

**Southern Europe**
Belgium, France, Greece, Israel, Italy

**Dr. Gwenaëlle M Vidal-Trécan, Vice President Southern Europe, France**

**France**
Save the Date: May 14-15, 2010 for the MWIA Southern European Regional Meeting at the Faculte de Medecine Paris Descartes at 15 Rue de l’Ecole de Medecine, Paris VI (Odeon-Saint Michel).

**North America**
Canada, United States of America

**Dr. Shirley Hovan, Vice President North America, Canada**

**North American Regional Meeting**

Participants from nine different countries boarded the Massdam of the Holland America Line to sail from Boston through the Maritimes to Montreal from September 19-26, 2009, to help celebrate the 90th anniversary of the Medical Women’s International Association.

Ottawa’s Dr. Mamta Gautam was the keynote speaker in the theme of *Taking Care of the Caregiver*, speaking specifically on resilience and a fine balance to life. Dr. Claudia Morrissey, Immediate Past President of the American Medical Women’s Association, spoke on Gender Based Violence from her experience working at the Headquarters of the World Health Organization. Dr. Carole Williams of Victoria showed participants the world of aesthetic medicine, while Dr. Gail Beck spoke on developing an exercise program and Dr. Shelley Ross spoke on Traveling Well.

The cruise allowed time for informal networking, renewing of old friendships and meeting new people. A favourite activity was a tour of the ship’s infirmary to see the set-up and hear a few stories from the ship’s doctor.

No cruise would be complete without a misadventure and the prize for this trip went to Dr. Karen Poirier of the USA, who saw her suitcase floating between the dock and the ship. Alerting crew members, she managed to get it on board and the crew was gracious enough to wash all the water-logged clothes for her. The dockhands thought it was a left
over suitcase from the previous week’s sailing, so losing suitcases into the ocean must be a common occurrence.

A raffle was held during the meeting to collect money for the Mission Hospital run by the Association of Medical Women of India in Calcutta.

Everyone had a very enjoyable time and is looking forward to the MWIA International Congress in Munster.

**Canada**

The Federation of Medical Women of Canada organized their annual meeting in Montreal to greet those disembarking from the North American Regional Meeting cruise. A very successful meeting was held at the Intercontinental Hotel, with the theme being Beyond Balance: Achieving Professional and Personal Harmony. Topics such as abuse of doctors in the workplace and HPV vaccines were discussed.

Dr. Andrea Canty of Saint John, New Brunswick, is the new President for 2009-2010.

Once again, the Federation of Medical Women of Canada is having a **smear campaign against cervical cancer**, which will be October 26-30, 2009. This is the second year of the event, with 500 women receiving a Pap smear during last year’s campaign.

**Dr. May Cohen**, who was so involved with the production of MWIA’s Gender Mainstreaming Manual, spoke at the Federation Meeting. Following is an excerpt from her speech, inspiring us all to the meaning of our organizations.

I first joined the Federation of Medical Women of Canada as a medical student. At that time, the enrolment of women medical students was restricted by quota to 10% of the class. There were few, if any, role models of women doctors and certainly none as leaders in medicine. The Federation provided fellowship and support.

Currently, the number of women in medicine exceeds 50% in most first year medical classes and women constitute 33% of physicians in our country—50% if you look at physicians under the age of 35. So many are asking, “do we still need a Federation of Medical Women?” My answer is an unequivocal “YES.” Let me tell you why.

In its mission statement, the Federation states that it is committed to the development of women physicians and to the promotion of the well-being of all women. I wish to take a moment to look at each of these two parts of the mission.

Although there are no longer overt barriers to the admission of women to medical school, women in medicine still face significant barriers in career development and in the achievement of leadership positions. This is not to say that more and more women are now playing leadership roles in our profession, both in academia and in medical politics.
The current president of the Canadian Medical Association is a woman. It is noteworthy that the previous three women presidents of the CMA were all Federation members.

However, women physicians still face barriers with respect to work-life balance, adequate maternity leave in some jurisdictions, the paucity of role models in leadership positions and representation in some specialties.

Women also face issues which may be different from those of their male colleagues in the transition phases of their careers – from student to resident, resident to practice and/or an academic career, reaching leadership positions and into retirement. And now, women are being blamed for the physician shortage in Canada—presumably because they don’t work hard enough. To me, the Federation is crucial in dealing with these issues. As one example, it recently published, under the leadership of Janet Dollin, a workbook called, “The Top Ten Skills I Need to Save the World,” whose objectives are to understand how gender influences career choice and leadership, and the barriers, both individual and systemic, that physicians may encounter and to help women effect necessary changes so that they may achieve their goals.

Let me now look at one aspect of the second part of our mission. Last year, the World Health Organization Commission on the Social Determinants of Health released their report—the product of three years of meetings and consultations. Their conclusion was that the marked differences in health and life expectancy between and within countries result not from biology but from the social environment where people live. Unfortunately, our government and political leaders have said little, if anything about this report. How can this be justified?

The Federation can play an important role in advocating for the dissemination of the report’s findings and recommendations and in the elimination of the social inequities which have such a devastating effect on the health and lives of people. And as we are all aware, such inequities are not limited to the developing world but also exist in our own country. And here as elsewhere, women are disproportionately disadvantage by these inequities, solely because they are women.

As an organization whose mission includes promoting the health and well-being of women, we can and must play a leading role in pressing for the adoption of the Report’s recommendations, both through our own activities and also through our affiliations with other organizations such as the CMA, SOGC and MWIA.

This then is my vision of the Federation –a sprightly 85 year old that can and must play an ongoing role I promoting equitable health and health care for all, provided by a work force free of all traces of gender bias.

**United States**

AMWA is planning an Advocacy Day March 25, 2010, to visit Capitol Hill. This will be
AMWA is developing a **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. AMWA’s Board of Directors traveled to Philadelphia for their Annual Interim Board Meeting, September 12-13, 2009. During their stay, some Board Members were able to visit the Drexel Archives building.

Next year’s meeting will be March 26-28, 2010, in Washington, DC.

**Latin America**  
Argentina, Bolivia, Brazil, Colombia, Ecuador, Mexico, Nicaragua, Panama, Peru

**Dr. Ruth Guillen de Maldonado, Vice President Latin America, Bolivia**

**Bolivia**  
In Bolivia this year the situation of the medical women is very worrisome due to discrimination in the health sector that has gone beyond gender into politics. Professional ability is no longer important, being replaced by the importance of membership in the government’s political party. Consequently, there is labour insecurity among the doctors. The Alliance of Medical Women in Bolivia has spoken out about the rights of women doctors. The committee on adolescent health continues to provide training activities to hospital personnel and adolescent health centers.  
In September there will be a Congress of Alliance of Medical Women in which there will be change of Directors. In October there will be the Congress of Adolescence in Montevideo (Uruguay), to which ten Bolivian doctors will attend with presentations.

**Brazil**  
Dra. Francy Patricio wrote that the Section from Paraná is very active and develops many initiatives. One of these is the Program to Encourage Breast Feeding named “Mommy I Like to Take the Breast,” which has been underway for over ten years with very good results. The Section of São Paulo held an event entitled, “The Medicine and the Female Condition”: “The Siege and the Meaning of Authority in Moderns Times”  
For a bit of history, Carlota Pereira de Queiroz, MD, was the first woman elected member of the House of Federal Deputies of Brazil, elected in 1933. She was too, the second President Elected of Medical Women’s Brazilian Association.
There is a campaign about “Medical Woman’s Health” in collaboration with the Regional Council of Medicine from São Paulo: “Doctor taking care of Doctor.”

**Near East and Africa**  
Cameroon, Egypt, Ghana, Kenya, Mali, Nigeria, Sierra Leone, South Africa, Tanzania, Uganda, Zambia

**Dr. Frida Kazembe, Vice President Near East and Africa, Zambia**
Kenya
The Kenyan Medical Women represented MWIA at the WHO meeting in Nairobi on Female Genital Mutilation, led by Dr. Heli Bathija of WHO Headquarters in Geneva. Dr. Praxedes Okutoyi, an executive member of the KMWA, was our representative.

Nigeria
MWAN now has branches in 23 out of 36 States of Nigeria situated in all geographical zones across the country. Activities are too numerous to mention in detail, but address advocacy, health promotion, and capacity building. Quarterly national scientific conferences are held around the country. The 16th biennial conference of Medical Women’s Association of Nigeria was held in Abuja, Nigeria, from September 22-26, 2009. The wife of the President of Nigeria, First Lady Alhaja Turai Yar’ Adua, was made Grand Patron of Medical Women Association of Nigeria at Abuja in recognition of her contributions to the promotion of Reproductive Health Programs in Nigeria.

Tanzania
Thank you to the Medical Women’s Association of Tanzania for hosting the Near East and Africa Regional Meeting in Dar Es Salaam, Tanzania, discussing, “Developing World Towards Achieving Health Related MDG in 2025.”

Zambia
The Association of Medical Women in Zambia had Dr. Kazembe gave a well-received presentation on gender and diabetes. Dr. Kazembe will be representing MWIA at the WHO meeting in Lusaka in October on cervical cancer. This is a topic well-known to her as she has been giving talks on cervical cancer, followed by the health outreach team conducting visual inspection of cervix with acetic acid. She also spoke to church women on cervical cancer. The Zambian Medical Women contributed to a bill to have stiffer penalties for perpetrators of sexual violence of minors as well as laws to deal with gender based violence.

Central Asia
India, Thailand

Dr. Manju Mataliya, Vice President Central Asia, India

Please mark your calendars for the Central Asia Regional meeting being held at the Mayfair Hall, Worli in Mumbai January 30-31, 2010.

India
The Central Asia Regional Meeting will be held on 30th & 31st January, 2010, at the Hotel Mayfairs, Worli, Mumbai, India. All Ex-Co members are cordially invited. For registration, please contact Dr. Geetha Balsarkar at gdbalsarkar@yahoo.com.
The Association of Medical Women in India (AMWI) central office offers Golden Jubilee scholarships to junior members. The Mumbai Branch held a CME program on July 2, 2009, discussing Health Beyond 40. Also scheduled are cytology screening camps and a cytology-colposcopy training program in September, 2009. The Dr. Shirin Mehtaji Competition for junior members will be held in Nov-Dec 09.

The Calcutta Branch, known as The West Bengal Branch of the Association of Medical Women in India (AMWI), runs AMWI MISSION Hospital, which has different departments and is fully equipped. The hospital is staffed by members of the branch who continue to give free services. Projects include workshops and seminars and cancer detection camps. The AMWI Journal is published in Calcutta. There was a special issue on the Centenary Congress published in 2008.

There is also a branch in Nagpur, with projects including various seminars and workshops, cancer detection camps, and school health programs including an Immunization program.

**Western Pacific**

Australia, Hong Kong, Japan, Korea, Mongolia, New Zealand, Philippines, Taiwan (ROC)

**Dr. Winnie Yang, Vice President Western Pacific, Taiwan (ROC)**

**Australia**

The Australian Federation of Medical Women has developed a fantastic website with links to articles about women in medicine and women’s health. Visit it at www.

The Australian Federation of Medical Women is a member of the Australian Women’s Coalition and Dr. Gabrielle Casper is the President. It consists of 19 non-governmental women’s organizations and more information can be found at [http://www.awcaus.org.au](http://www.awcaus.org.au). Dr. Casper would be interested if any other countries have a similar coalition.

Dr. Casper is organizing ten one-day leadership workshops to train women in advocacy work in Melbourne, Canberra, Sydney, and Brisbane. Modules include lobbying skills, negotiation skills and media skills.

**Japan**

The Japanese Medical Women’s Association is making preparations for the next Western Pacific Regional Meeting, which will be held in the Keio Plaza Hotel in Tokyo, the site of the international congress. The dates will be May 26-29, 2011.
7. CALENDAR OF FORTHCOMING EVENTS

MWIA AND INTERNATIONAL ORGANIZATIONS - CONGRESSES AND MEETINGS

2009

1. **October 14-17, 2009** New Delhi, India
   World Medical Association Meeting
   Hotel The LaLiT

2. **October 15-17, 2009** McMaster University, Hamilton, Canada
   The Impact of Gender on Health
   www.fhs.mcmaster.ca/gender

3. **October 16, 2009** Berlin, Germany
   International Osteoporosis Day Celebration
   Dr. Waltraud Diekhaus representing MWIA

4. **October 20-22, 2009** Lusaka, Zambia
   Strengthening Cervical Cancer Prevention
   World Health Organization
   www.who.int

5. **October 21-25, 2009** Washington, DC, USA
   Annual Global Meeting of the Bone and Joint Decade.
   Visit www.usbjd.org

6. **November 4-6, 2009**, Ottawa, Ontario, Canada
   Bias Free Framework Workshop
   Visit biasfreeinc@biasfree.org

7. **November 6-8, 2009** Berlin, Germany
   4th Congress of the International Society of Gender Medicine
   The Charite
   www.charite.de/gender

8. **November 13, 2009** London, UK
   Autumn Meeting of the Medical Women’s Federation
   Women As Leaders
   The New Connaught Rooms, 61-65 Great Queen Street, Covent Garden
   www.medicalwomensfederation.org.uk
9. **November 14, 2009** Brussels, Belgium
   Does Medicine Treat Men and Women the Same?
   Parliament Congress Hall, Chaussee de Louvain 21, Brussels

10. **November 15-18, 2009** Kampala, Uganda
    International Conference on Family Planning
    www.fpconference2009.org/2252html

2010

1. **January 30-31, 2010** – India
   Central Asia Regional Meeting
   Mayfair Rooms Worli in Mumbai
   gdbalsarkar@yahoo.com

2. **March 26-28, 2010** Crystal City, Virginia, USA
    American Medical Women’s Association Annual Meeting
    The Crystal Gateway Marriott
    www.amwa-doc.org

3. **May 14, 15, 16, 2010** – Paris, France
   Southern European Regional Meeting
   http://affm.affinitesante.com

4. **May 16-21, 2010** Geneva, Switzerland
   World Health Assembly
   World Health Organization
   www.who.int

5. **May 19-22, 2010** – The Hague, The Netherlands
   11th Congress of the European Society of Contraception and Reproductive Health
   www.contraception-esc.com

6. **May 23-29, 2010** Sophia, Bulgaria
   Sophia Women’s World Conference
   MDG#3 Gender Equality and Empowerment
   www.sophia2010.org

7. **July 28-31, 2010** The Residence in Munster, Germany
   28th International Congress of MWIA
   Globalization in Medicine: Challenges and Opportunities
   www.mwia2010.net

8. **October, 2010** Vancouver, Canada
2011

1. **May 26-29, 2011** Tokyo, Japan
   Western Pacific Regional Meeting
   Keio Plaza Hotel, Tokyo, Japan

5. NATIONAL ASSOCIATIONS AND INDIVIDUAL MEMBERS

With the relocation of the Secretariat, this is an excellent time for all the national associations and individual members to update their contact information. Please send to the Secretariat at secretariat@mwia.net the following:

1. The name of your President and National Coordinator with mailing and email addresses, phone and fax numbers

2. The website of your national association. You will find below a list of websites for the national associations. Please update the information.

Websites of National Associations

- Austria: [www.aerztinnenbund.at](http://www.aerztinnenbund.at)
- Australia: [http://www.afmw.org.au](http://www.afmw.org.au)
- Belgium: [http://www.mwab.be](http://www.mwab.be)
- Canada: [http://www.fmwc.ca](http://www.fmwc.ca)
- Denmark: [http://www.quindoc.dk](http://www.quindoc.dk)
- Finland: [http://www.suomennaislaakaryhdistys.com](http://www.suomennaislaakaryhdistys.com)
- France: [http://affm.affinitesante.com](http://affm.affinitesante.com)
- Georgia: [http://www.gmwa.org.ge](http://www.gmwa.org.ge)
- Germany: [http://www.gmwa.org.de](http://www.gmwa.org.de)
- Hong Kong: [www.hkwda.com](http://www.hkwda.com)
- Iceland: [http://www.flki.is](http://www.flki.is)
- Italy: [http://www.donnemedico.org](http://www.donnemedico.org)
- Japan: [http://www.jade.dti.ne.jp/jmwa](http://www.jade.dti.ne.jp/jmwa)
- Kenya: [kenyamewa@yahoo.com](mailto:kenyamewa@yahoo.com)
- Korea: [http://www.kmwa.or.kr](http://www.kmwa.or.kr) or [www.kmwa.org](http://www.kmwa.org)
- Mongolia: [gerontocenter@mongol.net](mailto:gerontocenter@mongol.net)
- Nigeria: [www.mwannational.org](http://www.mwannational.org)
- Sweden: [www.kvinnligalakare.se](http://www.kvinnligalakare.se)
- Switzerland: [http://www.medicalwomen.ch](http://www.medicalwomen.ch)
- Tanzania: [www.mewata.org](http://www.mewata.org)
- The Netherlands: [vnvamail@vnva.nl](mailto:vnvamail@vnva.nl)
6. Formation of the Special Interest Group for Young Doctors and Medical Students

Please remember that MWIA has a Special Interest Group for Young Doctors and Medical Students. Please nominate a young woman under the age of 40 to represent your country.

The committee contacts are through the Secretariat and are:

Chairperson: Dr. Inke Doench, Germany
Vice Chair: Dr. Adjoa Duker, USA
Secretary: Dr. Jane Mba, Nigeria.

A special committee dedicated to young doctors and medical students has just started to plan various exciting activities for the world congress 2010 and will organize a special plenary session for young doctors and medical students, a special guided poster tour, as well as an informal get-together in a typical student pub. In the organizing team are a medical student, Katharina- Schütte-Nüttgen and three young medical doctors themselves, namely Anne Grund M.D., Heike Beckmann M.D., and Inke Dönc M.D., and for the LOC, Bettina Pfeiderer (chairwomen of the International scientific committee). They are looking forward to seeing you in Münster!

The members in Nigeria attended a female medical doctors group in Ota-Ogun State to train participants on the principles and styles of leadership, ethics and professionalism, workings of a democratic government, lobbying and advocacy, while also assisting in identifying innate leadership traits in participants through simulation exercises and role playing.

Dr. Uzoma Agwu was elected chairperson for the Near East and Africa Region of the Special Interest Group.
Claire Wilson is the representative for the UK.

7. Donations and Bequests

In addition to paying your dues on time and in full, please consider MWIA at the time of year when you make charitable donations and when you are updating your will. We have had a number of such donations over the years and are happy to publicly acknowledge your contribution if you wish to make a bequest or donation.
8. 28th MWIA Congress in Munster, Germany
July 28 to 31, 2010. Theme is Networking in Changing Times/World


The theme is Globalization in Medicine: Challenges and Opportunities.
The sub themes are:
nutrition (lifestyle diseases, over- and under- and mal-nutrition)
adiction (drugs, alcohol, etc., internet and gambling addiction, etc.)
epidemic plagues (both communicable eg. AIDS, Malaria, TB, HPV and non-communicable eg diabetes, heart disease)
gender strategies (leadership, gender mainstreaming, empowerment, gender based violence, adolescent sexuality)
primary health care

The Housing Committee, chaired by Ingrid Wolf, MD., has just launched a wonderful project to provide free lodging in Münster for those in financial need. We are grateful for the hospitality of many people who offered to provide lodging & breakfast for the period of the congress. To apply, all you need to do is tick the appropriate box on the registration form when you register for the congress. We will try to find accommodation for you.

Plans for guided tours through a different kind of hospital
It is 9 o’clock in the morning and eleven patients are already sitting in the waiting room. In real life they are all healthy, but not in the “hospital for simulators”. They have for example chronic enteritis, cirrhosis of the liver or angina pectoris. It’s their job acting being sick, because they are all actors.

Opened in 2007 the “student teaching hospital” of the medical faculty in Muenster with its ambulance, six patient, three observation and eight examination rooms offers a great opportunity for medical students to prepare for their future real working life. Students can transfer their theoretical knowledge into practice and learn more effectively in a typical hospital atmosphere. Hiding in the observation room behind mirror glass not only their mentors but also a psychologist and fellow students can give them feedback to improve their skills.

In this tour you can also see “SimuScape”, a worldwide unique environment simulator. A 360 degree panorama is created by seven beamers projecting moving pictures on the wall and gives the impression of a real surrounding like a bicycle in front of the railway station in Muenster. In the so-called “Phantom-Room”, Harvey is welcoming the prospective doctors, an auscultation puppet making real lung and heart sounds. And if you always wanted to know what it feels like being really old, you can visit a course in geriatrics and put on an age simulation set, an uncomfortable suit which makes walking and seeing difficult.
Join one of two English guided tours through this extraordinary hospital as a part of the 28th MWIA congress program 2010 at the university hospital Münster. Tours are free of charge.

9. Names in the News

Dr. Nwadiuto Akani of Nigeria is the first coordinator for the West African Network of Tertiary Institutions of the Association of African Universities HIV Program

Dr. Vivien Brown of Canada was awarded the Enid Johnson MacLeod Award for the promotion of women’s health research from the Federation of Medical Women of Canada.

Dr. Precious Gbeneol of Nigeria is the Honourable Secretary for Health in the Federal Capital Territory in Abuja, Nigeria.

Dr. Amanda Howe of the United Kingdom was elected Assistant Honorary Secretary of the Royal College of General Practitioners of the United Kingdom.

Professor Olasurubomi Ogedemgbe was elected President-elect for the West African College of Surgeons. She is the first Nigerian female and second female in fifty years to hold this position.

Professor Yasue Omori of Japan was awarded the Sansum Diabetes Institute Award for Science.

Dr. Masami Ono of Japan was awarded the American Endocrine Society International Award for the most excellent clinical studies.

Dr. Jane Philpott of Canada received the Honorary Member Award from the Federation of Medical Women of Canada for founding a movement called “Give a Day to World AIDS.”

Dr. Charmaine Roye of Canada was awarded the Dr. May Cohen Award from the Federation of Medical Women of Canada. This prestigious award goes to the member who best personifies May Cohen’s ability to put the vision statement into living action in support of women physicians and women’s health.

10. Obituaries

Dr. Dina Patel, a former Vice President of MWIA for Central Asia passed away on July 16th, 2009. She was a very senior member of the Association of Medical Women of India. She was on the Board of Trustees for several years and was Chairman for three years. She had also served in the Central AMWI office as Secretary, VP & President for three years. She had also served for MWIA as National Coordinator for three years and
then as Vice President for Central Asia for three years. She had attended several International Conferences. She was one of our most dedicated and committed members. AMWI members will miss her and wish to put on record her valuable services for the Association.

11. Books


Dr. Dorothy Ward, former President of MWIA from Scotland has written a book, entitled “History of MWIA.” This long-awaited book will be available for sale at the MWIA Conference in Munster.

Following is an excerpt from the book:

**MEDICAL WOMEN’S INTERNATIONAL ASSOCIATION**

The Medical Women’s International Association was organised on October 25, 1919 in New York City. Representatives from fifteen different countries were present and the purpose of the organization was stated in the following preamble to the constitution accepted at that time:

*Copy of Preamble*

We, women physicians of fifteen countries, having participated in the International Conference of Women Physicians, held in New York City during the months of September and October, 1919, and believing that an International Association of Medical Women will best conserve the high ideals actuating women physicians in their efforts to help raise the standards of life in different parts of the world, have met together at the Waldorf Hotel in New York City on October 25, 1919 for the purpose of forming such an association.

Members of the association were described as active, contributing and honorary:

An active member was a woman graduate of a recognised medical school, in good standing and qualified to practice in the country in which she lived. She paid an annual membership fee of $10. With the approval of the Executive Board and the payment of a minimum of $100 she would become a life member.

A contributing member paid an annual fee of $10. She was not eligible for office and had no vote in the affairs of the association but required to be proposed and approved by the Executive Board. There was no other description of this membership.

An honorary member was any women who had rendered to the profession such signal service as to merit this recognition may, upon the recommendation and favourable action of the
Executive Board, be made an honorary member of the Association. She could take part in the proceedings of the Association and was entitled to its privileges but was not allowed to vote.

The headquarters of the Medical Women’s International Association was situated at No 637, Madison Avenue, New York City, the residence of Esther Lovejoy(2)

References
(1) Lovejoy, E. P & Reid, A. C. Historical Sketch of the Medical Women’s International Association, 1919 -50.
(2) Antoine,Loir, Medical Women’s International Association- Its History, 1919-1970.- unpublished manuscript – Library of Women’s Medical College of Pennsylvania
II. ORGANIZATIONS

1. WORLD HEALTH ORGANIZATION (WHO)

1. The World Health Organization holds its Regional Committee Meetings each fall. Thank you to Dr. Shafika Nasser, Professor Ratna Sanyal, Dr. Cissy Yu, Dr. Lowrina Hei Yee Tse, Dr. Callie Ko Ka Li, and Dr. Bonny Wong for representing MWIA.

2. Drs. Praxidis Okutoyi and Carol Odula-Obonyo from the Kenyan Medical Women’s Association represented MWIA at the Technical Consultative Meeting on Medicalization of Female Genital Mutilation/Cutting, held in Nairobi, Kenya, from July 20-23, 2009. It is a pleasure to work with Dr. Heli Bathija and Dr. Elise Johansen from WHO Headquarters on this project.

3. Dr. Frida Kazembe, Vice President for the Near East and Africa, will be representing MWIA at the World Health Organization Meeting on Strengthening Cervical Cancer Prevention in Lusaka, Zambia, from October 20-22, 2009. It is a pleasure to work with Dr. Nathalie Broutet from WHO Headquarters in Geneva on this project.

4. The first study of global patterns of death among young people between 10-24 years of age has found that road traffic accidents, complications during pregnancy and childbirth, suicide, violence, HIV/AIDS, and TB are the major causes or mortality and most causes are preventable and treatable.

5. The WHO appointed Nancy Goodman Brinker as Goodwill Ambassador for Cancer Control. She is the founder of the Susan G. Komen for the Cure, a breast cancer foundation.

6. The May 2009 World Health Assembly passed 15 resolutions, including ones on H1N1 virus, multidrug-resistant TB, prevention of avoidable blindness, climate change and health, traditional medicine, reducing health inequities through action on the social determinants of health. The President of the Assembly was Mr. Nimal S. De Silva, Minster for Healthcare and Nutrition of Sri Lanka.

7. Pork and pork products, handled in accordance with good hygienic practices will not be a source of infection of H1N1 flu. Meat from sick pigs or pigs found dead should not be processed for human consumption under any circumstances.
8. The **Framework Convention on Tobacco Control** has working groups this fall. The first is the working group on article 14 in Seoul Korea September 2-4 and the second is the working group on articles 17 and 18 in New Delhi in late September or early October. Information on the working groups can be found at www.who.int/fctc/cop/working_groups.

2. **UNITED NATIONS**

1. **UN TO ESTABLISH SINGLE NEW AGENCY TO DEAL WITH RIGHTS OF WOMEN** New York,

On September 14, 2009, the General Assembly passed a motion that Four United Nations agencies and offices will be amalgamated to create a new single entity within the Organization to promote the rights and well-being of women worldwide and to work towards gender equality. It will be headed by an Under-Secretary. Details can be found at: [http://www.un.org/News/Press/docs//2009/ga10854.doc.htm](http://www.un.org/News/Press/docs//2009/ga10854.doc.htm)

2. **DPINGO (Department of Public Information NGO section)**

This year, the 62nd Annual DPI/NGO Conference was held in Mexico City on September 9-11, 2009 on the general theme of **For Peace and Development: Disarm Now.** Dr. Cathey Falvo and Dr. Sorosh Roshan represented MWIA.

3. **Beijing + 15**

**The theme will be The Global World Through Women’s Eyes: A New World for All.** The NGO CSW, NY in collaboration with the NGO CSW, Geneva and the NGO CSW, Vienna will review the history of the Beijing Conference as well as Beijing + 5, and +10. We will draw from those conferences (as well as Mexico City, Copenhagen, Nairobi) to follow their recommendations, complement their efforts and achievements. Our ultimate goal is implementation and gender parity. At the outcome of Beijing + 15, there will be a concise document produced with a clear message, one that is user-friendly, can be translated and used repetitively. Through the Department of Public Information, preparations are beginning for the **2010 NGO Global Women’s Forum for Beijing + 15.** Drs. Satty Gill Keswani and Mini Murthy will represent MWIA at these sessions. The homepage for NGO at CSW is [http://www.ngocsw.org/en/main](http://www.ngocsw.org/en/main)

4. **The Economic and Social Council (ECOSOC) High-Level Segment** is took place in Geneva July 6-9, 2009. Prior to that the Civil Society Development Forum was held and discussed health inequities, shortage of health care workers, increase in non-communicable and chronic disease, financing global health access, ensuring right to health for women throughout the life cycle and for youth and HIV/AIDS.
The high-level segment this year focused on health. It opened with a ministerial review of the internationally agreed goals and commitments on global public health and examined the impact of global trends - notably the financial and economic crisis - on public health.

The Outcome Document of CSDF 2009-Geneva Component is available here: 

The Ministerial Declaration of the ECOSOC 2009 High-Level Segment is available here: 

3. **WONCA WOMEN**

The Women in Family Medicine are met in the UK from 28 June - 3 July 2009. They developed a List of Gender Equity Standards for Meetings, which are summarized as follows:

a. All committees planning and running meetings must adhere to basic principles of gender balance and gender equity.

b. Program content must have gender equity throughout its implementation, including themes, calls for proposals, and women’s health topics are encouraged regardless of the theme of the meeting.

c. There must be gender balance for speakers.

d. Deserving women are purposely and proactively considered for plenary speakers.

e. Bursaries should be distributed in a gender equitable fashion and bursary committees are encouraged to increase funds.

f. Scientific Committees should promote leadership development at each meeting.

g. There should be appropriate child care for parents attending meetings.

h. Conference social activities need to be respectful of gender, national origin and ethnicity of participants and highly sexualized humour or events and/or demeaning comments will not be tolerated.

i. External sponsors that conduct policy or market products that adversely affect women will be restricted.

j. Invited speakers are encouraged to adopt interactive teaching and learning styles.

4. **WORLD MEDICAL ASSOCIATION**

The World Medical Association is meeting in New Delhi. Dr. Anjali Tempe will represent MWIA as an observer. The main topic will be Multi-Drug Resistant Tuberculosis (MDR-TB) and Lessons Learned from this Epidemic. Dr. Dana Hanson of Canada is the incoming president.

5. **SOPHIA WOMEN’S WORLD CONFERENCE: Women and Wisdom**

The purpose of the conference is to illuminate and implement vital UN Living Documents especially MDG#3 Gender Equality and Empowerment.
Of the 12 critical areas of concern in the Beijing Platform of Action, those of most interest to MWIA are;
Women and Health
Violence Against Women
Women in Power and Decision-making
Human Rights of Women
Women and the Environment
The Girl Child

For more information, please visit the website: www.sophia2010.org

6. INTERNATIONAL FEDERATION OF MEDICAL STUDENTS (IFMSA)

Please visit the website at www.ifmsa.org for their activities.

7. FRAMEWORK CONVENTION ALLIANCE ON TOBACCO CONTROL

As an organization whose mandate includes women's health, MWIA wrote in support of the tobacco initiatives. Dr. Corinne Bretschler from MWIA worked on the initial work in Geneva. MWIA recently filled out a questionnaire from the Framework Convention.

There are several meetings being held in various regions to discuss various aspects of the framework convention.

8. WHITE RIBBON ALLIANE FOR SAFE MOTHERHOOD
   (www.whiteribbonalliance.org)

During the World Health Assembly in Geneva, Sarah Brown, the wife of the British Prime Minister spoke about the White Ribbon Alliance for Safe Motherhood. She is the patron for this organization. There are three activities underway. The first is Global Maternal Mortality Campaign, the second is Million Mums Campaign and the third is called Mothers Day Every Day: A Campaign for Healthy Moms and Newborns.

9. 34 Million Friends of the United Nations Population Fund is a grassroots fund for gender equality, education, health and human rights and has been in existence for seven years. The money goes to support the work of UNFPA. It is run by Jane Roberts of the USA.

10. OXFAM
  Oxfam has a campaign celebrating the work of inspirational women health and education workers in developing countries. The campaign is called “She changes Lives.” Visit www.oxfam.org.uk
III. ANNOUNCEMENTS

The next Update will be published in December, 2009.

Please send us your reports, comments or any other interesting information by November 30, 2009, at the latest. We are always interested to put your name and your accomplishments in the Update.

Letters to the editor are always welcome.