## International Conference

on Women in Health

An under-reported international conference of women health workers was hosted by the Department of Health, Education, and Welfare (HEW) in Washington, D.C., on 16-18 June. Dr. Janet Brown, director of the AAAS Office of Opportunities in Science, attended. The participants included nurses, midwives, M.D.'s, medical educators, social workers, and so forth from developed and developing countries. The conference was remarkable for its genuine openness in examination of both the health care experiences of other societies and of a variety of patient-oriented models different from our own. The conference was distinguished also by an address by Francoise Giroud, Secretary of State for the Condition of Women, of the French government. Her speech was marked by a high level of substantive content and an unusually self-critical analysis of French national health policy and practice.

The delegates, mostly women, were invited to discuss the role of women health workers, and there was ample documentation of sexist attitudes and practices in their situations. However, in the words of Dr. Mary C. Howell, it was clear from the moment the conference opened, "that our primary concern was to be the welfare of our patients and the nature of the services we provide for them."

Dr. Howell, an assistant professor at Harvard Medical School, recently re-

## William Carey Gives Testimony on Peer Review System

On 30 July, William D. Carey, Executive Officer of AAAS, gave a testimony before the Subcommittee on Science, Research and Technology of the Committee on Science and Technology, U.S. House of Representatives. The testimony concerned his own views of the peer review process as it has evolved in federal research support programs. turned to the practice of pediatrics in a small community in Maine after 3 years as associate dean for student affairs at Harvard. She attended the Washington conference and was invited to make a summary presentation in an official capacity. In her summary, she listed the goals enunciated during the proceedings, citing examples drawn from the national experience of the delegates:

"Because we know that those who do not have access to health information are handicapped in their efforts to maintain and promote their own health, we want to share our health-related knowledge with layfolk" [Cameroon].

"Because we acknowledge that the greatest proportion of health care is provided within families—by mothers and daughters and, we hope, by fathers and sons as well—we want to teach our care-giving skills in a manner that will decrease dependency on impersonal professional services."

"Because we believe that it is obscene for anyone to make great personal profit, through earnings or investments, in the suffering of the ill, we want a national policy that prohibits profit-making in health care."

"Because we have seen that costly medical services can destroy families, we want public subsidies that guarantee the access to all services for all citizens."

"Because we women know what it is like to receive health care services from alien and alienating providers, we want citizen groups to have a determining voice in the selection of health care trainees, including physicians, on the basis of demonstrated ability to provide empathetic care" [China].

"Because we know about the harm done to our sisters and others, in the United States as well as in Puerto Rico, as the result of irresponsible experimentation, unsafe medical devices and drugs, and unnecessary surgery, we want regulations that require fully informed subject and patient consent and participation in decisions about personal health."

"Because we have seen that pushing highly credentialed token women into showcase jobs sometimes coopts these women, and sometimes results only in token jobs, we want our cause represented in positions of policy determination by women from our ranks, empowered by our constituency" [Australia].

"Because we know that our training in health care does not prepare workers for primary care oriented toward the prevention of disease and the promotion of well-being, we want to redirect that training" [Philippines].

"Because we have personally shared the discomforts of inappropriate and neglectful health care services for mothers and their children, we especially want to redirect the manner in which that care is provided" [Sweden].

"Because we have learned that large bureaucratic agencies for health care delivery demand that workers respond to administrative demands rather than to patient needs, we want health care work to be done in smaller decentralized units that ensure that providers and recipients of care have direct personal contact with and responsibility to each other" [Colombia].

"Finally, because most direct health care services in the United States are provided by women, we want recognition of that reality in policy determination" [Russia, Finland, and Poland].

Dr. Howell's summation concluded with recommendations to HEW to establish research, programs, and affirmation action measures to achieve these goals.

-JANET WELSH BROWN

## Resolutions Invited for 1976 Council Meeting

The AAAS Council will hold its next meeting on 21 February 1976, in Boston, during the Association's 142nd Annual Meeting. Organizations or individuals who wish to present proposals or resolutions for consideration by the Council at that meeting should submit them in writing to the Executive Officer for receipt no later than 24 December, so that they may be reviewed in advance by the Committee on Council Affairs. The committee asks that the following guidelines be observed:

1) All proposals and resolutions should be consistent with the objectives of the Association and deal with matters appropriate for consideration by the council of a scientific organization.