

• **Health budget resolutions** recently passed by the Senate and House of Representatives have been forwarded to conference committee, where a compromise resolution will be drafted.

During recent Senate consideration of the fiscal 1986 budget, the Academy was instrumental in the Reagan Administration's abandonment of a proposed permanent cap on federal Medicaid payments to the states. Administration attempts to cap payments were targeted to reduce growth in spending by \$2 billion during the next three years. Instead, the Senate-passed resolution calls for a series of measures leading to \$1.2 billion in growth reduction over the three year period.

The House voted to maintain services at their current levels, allowing adjustments for inflation only.

• **Frank Young, M.D.**, commissioner of the U.S. Food and Drug

Administration (FDA), has received White House approval to serve as assistant secretary for health in the Department of Health and Human Services (HHS). His nomination will be sent to Congress after background checks are completed.

HHS Secretary Margaret Heckler reportedly has narrowed her choice for Dr. Young's replacement to two candidates: Ronald Hart, director of the FDA National Center for Toxicological Research; and David Worthen, M.D., assistant chief medical director for academic affairs at the Veterans Administration.

Once Dr. Young is confirmed by the Senate, James Mason, M.D., who has been serving as acting assistant secretary, is expected to resume his post as director of the Centers for Disease Control in Atlanta.

• A recent U.S. Public Health Serv-

ice (USPHS) report to Congress expressed concern that the United States will not attain its **goal of reducing infant mortality** by 1990 to nine infant deaths per 1,000 live births. The report attributed the nation's lack of progress to an increase in the number of mothers who receive little or no prenatal care and to the rising number of low birth weight infants.

The rate for 1982, the most recent year for which final figures are available, was 11.5 per 1,000 live births.

According to data compiled by USPHS from 1968 to 1982, the District of Columbia and ten states — Florida, Georgia, Illinois, Kentucky, Hawaii, Michigan, Missouri, Ohio, South Carolina and Wisconsin — are having serious problems in reducing infant mortality rates.

The report added that a second 1990 goal of ensuring that 9 of 10

pregnant women receive prenatal care will not be reached by any state.

Rep. John Dingell (D-Mich.), who requested the report as chairman of the House Commerce Committee, criticized the Reagan Administration's decision not to investigate the connection between federal budget cuts and infant deaths.

• Want to write a letter to your congressman? The AAP Office of Government Liaison has a helpful guide you can use to write **more effective letters** to senators and representatives.

The guide originally was distributed at the Washington office's membership services booth at the AAP Spring Meeting in Atlanta.

To obtain a copy of the guide, write to: AAP, Office of Government Liaison, Suite 721N, 1331 Pennsylvania Ave., N.W., Washington, D.C., 20004-1703. ■

Female physicians encouraged to take leadership roles

Female physicians interested in improving their role in the medical community should become involved in women's medical organizations as well as in other established groups, a pediatrician active in the field says.

Constance U. Battle, M.D., FAAP, is president-elect of the American Medical Women's Association (AMWA). With about 9,000 members, the group's main purpose is to serve as "the vehicle for women who have persisted in their careers through adversity and changing goals to take a leadership role in American medicine," she says.

Dr. Battle is medical director and chief executive officer of the Hospital for Sick Children, Washington, D.C., where she also is president of the hospital's professional and

medical staff. In addition, she is a professor in the Department of Child Health and Development at the George Washington University School of Medicine; is on the academic staff at Children's National Hospital Medical Center; and is a visiting professor in the Department of Pedodontics at Howard University's School of Dentistry.

AMWA plays needed role

By joining AMWA, Dr. Battle explained, female physicians develop a sense of camaraderie with their sister colleagues. Younger members come into contact with role models and share their thoughts about the special pressures female physicians face.

The group also serves as a voice for women in medicine, she adds.

"Many women hope that they'll be well represented in organized medicine if they simply work through the normal committee structure. But there are very few women represented in the national hierarchy of medicine. In 1984, only 16 of the 706 representatives in the American Medical Association's House of Delegates were women." By representing a united force of female physicians, AMWA helps to fill this gap, Dr. Battle explains.

"We really can't expect that men will have our concerns uppermost in their minds," she adds. "I don't think that they can understand the pull women feel between childrearing and a career, for example."

Dr. Battle has had personal experience with that conflict. The mother of two teenagers and a 9 year-old, she returned to work within three weeks of each child's birth. She was fortunate to have good babysitting arrangements, she says.

"There is no evidence that returning to work so soon was right or wrong — but it was painful," Dr. Battle says now. "I'll only know if I made a mistake in 20 years, when I see what kind of parents my children are."

Female physicians also face special pressures which Dr. Battle believes are different from those faced by her male colleagues or by most female professionals. While male and female physicians alike have long work days, it is the female physician who usually is charged with childrearing responsibilities once she goes home. And unlike many other professionals, physicians "can't take work — our patients — home with us."

These special pressures, she says, "can pose an added burden to delivering good patient care. Female physicians often care for women who work. It's important for a physician to have it together herself before she can help female patients become aware of the pressures they face and can anticipate when they work outside the home."

One important step in improving the role of female physicians, Dr. Battle says, is increasing their numbers and visibility in faculty

and administrative university and medical center posts.

"We're not participating in making the decisions that affect women — and men, too." She thinks the male physician's lot could well improve if women, who she believes are more "considerate of the individual, more intuitive," had an increased decision-making role in medical administration. "Maybe we'd identify M.D.s who were more humane if there were more flexibility in medical training," she says.

Other groups also important

While she works to improve the female physician's role through AMWA, however, Dr. Battle also believes that working in other medical organizations also is important. The chairman of the AAP District of Columbia Chapter's Committee on Disabilities, she also has been an instructor in the Academy's New

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Directions training project for physicians serving children with handicaps.

She says it is "hopeful" that several female Fellows have served on the national AAP Nominating Committee. "It's important that women in the Academy do our share, so that we can participate in our share of decisions."

Meanwhile, Dr. Battle played a lead role in organizing a conference on The Professional Woman as Mother which was held in May 1984 and co-sponsored by AMWA's District of Columbia Chapter and the Hospital for Sick Children. About 300 women from several professions attended the conference, which had been expected to draw only 80 attendees.

The conference proceedings are published in the May-June issue of the *Journal of the American Medical Women's Association*. To obtain a copy, send \$2 to: AMWA, 465 Grand St., New York, NY 10002. ■

THIS MONTH

Articles

AAP testifies on ATV safety	1
Buenos Aires needs ICU equipment	1
Female M.D.s urged into leadership roles	2
Pediatrics-psychiatry training program set	3
NHTSA awards go to chapters	4
Academy PSAs distributed	4
TV policy statement receives heavy news coverage	5
Privacy, medicine and the media	5
SRCD grant applications taken	5
Child health book available	5
Risky Business: ways to prevent malpractice	5
AAP recruitment brochure available	7
Hunger panel taps AAP talent	7
AAP hosts International Congress on Pediatrics	14

Annual meeting offers unique program	15
New travel arrangements set for scientific meetings	15

Columns

Washington Update	2
Second Opinions	3
Focus on Practice	4
Chapter Newsline	6
Health Alert	6
Insight	16

Departments

Policy Statement: Assisting children with disabilities	6
Policy Statement: Quality assurance of hospital care	6
Member applicant list	11
Course Calendar	15
Fellows in the news	7