

Victorian Medical Women's Society

e-Newsletter

Founded 1896

Celebrating our history, advancing our future

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afmw.org.au/vic

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President's Report

A/Professor Deb Colville

Dear Colleagues

It's June 2014, and it's time again for my VMWS President's message to you.

These past few months have been very busy for VMWS. We've organised a monthly event for members for three consecutive months.

We celebrated previously forgotten World War I women surgeons in March with a dinner near Melbourne's Shrine of Remembrance. We organised a very lively 'How We Do What We Do' session in April at St Vincent's Hospital. I appreciate all the speakers' contributions. This time we again listened keenly to women doctors with a diversity of careers: a GP and fiction author, a young medical traveller, a gynaecologist with public health and refugee advocacy career twists, and a social media savvy surgeon. I appreciate too the social secretaries for organising a most well-attended and interactive session.

Our annual CV writing and interview skills workshop (women only) for medical students and early post-graduate doctors was held in May. Ros Terry (our wonderful VMWS Vice President, and previous Constance Stone orator 2013), offered her wealth of diverse experience as both interviewee and interviewer, for instance, to young women doctors.

Generally our VMWS events are open to men as well as women members. Making the case that women are disadvantaged in medicine, three years ago the VMWS Committee achieved Equal Opportunity legislation approval for holding such special women-only events as CV writing and interview skills for selection into medical jobs. The evaluation feedback from our panellists and all workshop participants has now improved greatly through this move.

The 'CV Writing and Interview' brochure now published on our website is based on the text of previous such VMWS sessions. We are offering access to the brochure internationally. We're doing this through what is called yMWIA which is the 'young arm' of Medical Women's International Association who meet at each triennial MWIA meeting, next in 2016 in Austria. Any young member can join directly and receive e-bulletins from them.

Another activity for us this year was contributing a public talk that Jan Coles and I (in my role as National Co-ordinator of Australian Federation of Medical Women) gave summarising VMWS-AFMW-MWIA workforce policies on leadership, valuing medical women, and on parenting, including fathering. The forum was the MABEL research symposium held in the Melbourne Business School. The acronym MABEL stands for Medicine Australia Balancing Employment and Life. MABEL is a research body that sends annual questionnaires to all Australian doctors about hours worked, time use, intentions around work-life decisions, and the impact of any financial inducements into rural and other underserved areas of medical practice. Sex-disaggregated statistics are published. The text of our AFMW policy talk is on the MABEL website: a link exists from our AFMW website. I commend to you the valuable medical workforce statistics in all the talks on the MABEL website.

In the slide set you'll see I challenged MABEL itself to consider Amanda Sinclair's (1998 *Doing Leadership Differently*) four-fold typology of organisational evolution in relation to women-inclusiveness. These are 1. There is no problem 2. The problem is women, 3. A few selected 'safe' women are selected as organisational leaders, and finally, 4. The organisation commits to inside-out change to include women doctors in all decision-making roles in the organisation. I also draw your attention to (the late) Professor Fay Gale's four shifts, included in as another slide you'll see in the AFMW slide set on the

MABEL website. These are 1. Our day job as a doctor, 2. Our evening and weekend jobs caring for children and elderly relatives, and doing housework 3. Our roles as women providing 'social glue' to family, friends and community groups at large, and 4. The most challenging, unremunerated and un-relentless shift: doing the housework of the medical profession. Fielding calls about potentially flexible (or rather, inflexible) intern and HMO training throughout Victoria has been a Presidential role for me this year. Fay Gale's Number 4 for instance involves working to support the profession itself in drawing on the strengths of women doctors in decision-making at all levels in the medical profession, including labour force decision making, and working to redress sex discrimination that is unfortunately rife in some areas in our professional lives.

What's on next for later this year? I am looking forward to hearing historian Dr Heather Sheard at our VMWS Annual Lyceum Lunch. She's talking on the women in World War I. I was pleasantly surprised to learn about their capacity for initiative. A bit like the Stone sisters who (with a bunch of other early women doctors in Melbourne) set up Queen Vic Hospital in Melbourne, when told by authorities that they couldn't serve as Australian surgeons in the official war, simply set up their own hospital in France, working in it providing relief to countless injured soldiers using their surgical skills and equipment they'd assembled in their hospital.

What next, again? Following on from the launch of the 125th Anniversary of the first women medical graduates in Victoria, I am also looking forward to an exciting Constance Stone Lecture that we have in the planning for Saturday November 15th. Our VMWS AGM that evening, again with our interstate AFMW Council members here for their weekend meetings, including strategic planning for AFMW.

I'd like it if you would come along in the evening of Saturday November 15th to hear this oration, and to attend our AGM. This year we will do a show of hands to vote on the VMWS committee's updated constitution documents in line with the new ASIC 'model rules' for voluntary organisations.

I'm camping at the Little Desert National Park this Queen's Birthday weekend. I look forward to seeing you at our forthcoming events for 2014 on lunchtime Tuesday July 15th and evening Saturday November 15th.

Deb Colville

President VMWS

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Upcoming Events

Lyceum Luncheon

Tuesday July 15th

Speaker: Dr Heather Sheard

"Honour The Work: Australia's Women Surgeons of WWI"

Annual General Meeting

Saturday November 15th

6pm

Committee Meeting

Monday August 4th

VMWS Newsletter is going GREEN and moving towards an electronic newsletter platform. If you opt to still receive your VMWS newsletter via post, please contact us at vic@afmw.org.au or contact Senior's Representative Dr Rosalind Terry on 0427 366 516

VMWS Committee 2014

A/Professor Deborah Colville	President
Dr Rosalind Terry	Vice-President/Senior Members' Rep
Dr Marissa Daniels	Treasurer
Dr Sarah Heynemann	Secretary
Dr Kate Duncan	Public Officer
Dr Skye Siskos	Newsletter Editor/ Social Media Liaison
Dr Sarah Grigg	Newsletter Editor
Dr Natalie Marijanovic	AMA Victoria Council Representative
Dr Sarah Lonie	Social Secretary
Dr Zoe Dorevitch	Social Secretary
Dr Lulusha Jayawardena	Social Secretary
Dr Desiree Yap	General Committee Member/AFMW (Tas)
Dr Minjung Yoo	General Committee Member
Dr Magda Simonis	Immediate Past President/AFMW (Vic)
Dr Raie Goodwach	AFMW (Vic)
Dr Jill Tomlinson	AFMW
Ms Hayley Roberts	Student Representative (Monash)
Ms Elysia Robb	Student Representative (Melbourne)
Ms Allison Hempenstall	Student Representative (Melbourne)
Ms Francesca Bridge	Student Representative (Deakin)
Ms Emma Downie	Student Representative (Deakin)
Ms Anna Krelle	Student Representative (Notre Dame)

Newsletter Editors 2014

Dr Skye Siskos
Dr Sarah Grigg

Please contact us if you have any feedback, articles, photos or advertisements you would like to contribute to the newsletter.

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East Melbourne
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vic@afmw.org.au



JOB SHARE OPPOURTUNITY

Interested in a sea change or just keen to have more time to pursue passions outside of work?

Dreaming of having a surf before work, or exploring South West Victoria?

This may be for you!

Job share partner sought for an HMO2 position at Warrnambool Hospital in 2015.

Would suit someone happy to undertake a general year on a part time basis, ideally splitting each week 50/50, however other arrangements will be considered.

Please contact Ashley Nesseler if interested:
ashnesseler@gmail.com

nib Foundation's Community Grant Program

nib foundation is a charitable organization dedicated to improving the health and wellbeing of individuals and communities across Australia.

The foundation was created in 2008 following a \$25 million donation from nib health funds, which was raised through the issue of new shares at the time of listing nib on the Australian Securities Exchange (ASX) in November 2007. Since inception, the foundation has committed more than \$10 million in grant funding to 60 charity partners to deliver practical health programs. Our corpus is invested, and the balance at June 2013 was \$22.7 million.

nib Foundation's Community Grant program aims to support locally-based initiatives which will make a positive difference to the health and wellbeing of Australian communities, with a focus on the health of young people, and carers. A Community Grant round is held each year and applications are accepted from eligible organisations across Australia.

Funding of up to \$50,000 will be provided to approximately 10 organisations to undertake projects that run for up to 12 months.

Applications are now open and close on 27th of June 2014.

For more information please visit:

<http://www.nibfoundation.com.au/Funding/Funding.aspx>

nib foundation

Making the Invisible Visible: Gender-Based Violence

By Allison Hempenstall
May 2014

Jenny* was merely seven years old when her father first raped her. Living in a small Ugandan village, after some time she went to her aunt to seek help. 'Hush little girl' her aunt replied upon hearing this atrocity, 'there is nothing that can be done about this, go home'. Years passed and Jenny's father continued to rape and beat her. When Jenny was sixteen, she went to a nearby small health clinic. Here she discovered that she was both pregnant and HIV-infected. Her family took her to the outskirts of their village and performed a local abortion. She was never again seen at the health clinic.

This vignette is confronting, disturbing and all too common. For some people reading this you may think this is incomprehensible and remote from your daily life; for others this will surface an uncomfortable truth.

Gender-based violence (also known as violence against women) is that directed against a person on the basis of gender. It constitutes a breach of the fundamental right to life, liberty, security, dignity and equality between women and men. Gender-based violence includes but is not limited to domestic violence, sexual harassment and rape. It also encompasses female genital cutting, trafficking in women, forced marriage and prenatal sex selection. The World Health Assembly in Geneva this month placed serious emphasis on this issue with Director General of the World Health Organisation Dr. Margaret Chan, First Lady of Zambia Dr. Christine Kaseba and Epidemiologist Sir Michael Marmot all highlighting the public health significance of gender-based violence.

According to a World Health Organisation 2013 global review **one in three women** worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence. **One in three.** This staggering statistic is clear evidence that no one is immune to the direct or indirect effects of gender-based violence. Most of this is intimate partner violence and as such occurs behind closed doors and is invisible to society. It is frightening to know that in many cultures it is considered a normal part of life.

Addressing gender-based violence goes above cultural sensitivities: it is a public health issue. Women who have been physically or sexually abused are at a greater risk of chronic health problems including anxiety and depression.



Addressing this health priority is multifaceted, however there are simple and effective strategies we can all employ to lead the way in raising awareness, education and prevention of gender-based violence.

It is a known truth that education is the key to empowerment of women. And empowerment of women is key in changing attitudes and decreasing violence. Research has shown that women who have not been educated are more likely to believe that hitting women is acceptable than those who have been educated. The Boko Haram kidnapping of over 300 girls in Nigeria last month highlights this ubiquitous issue and the complexities surrounding what many of us take for granted: an education. We must educate the women in our global community. In parallel we must also support the men in our global community as agents of change, transforming societal views.

A Cochrane review published in the BMJ last week found that screening women for intimate partner violence in healthcare settings increases identification of violence against women. We need to ask these difficult questions and at first it will be uncomfortable and confronting. However it is the only way that we can begin to shed this stigma; the only way we begin to advocate for our patients. It is vital that in your village, your town, your city – you know the services that are available for those subject to gender-based violence. We as health professionals play a central role in both prevention and protection.

Jenny's story is not unique. Of the next three women you encounter today – at least one will have experienced gender-based violence. Violence against women is never acceptable, never excusable, never tolerable. It is our responsibility as health professionals to raise our voices and condemn this atrocity. We must make the invisible, visible.

*Names and places were changed to preserve anonymity.



Breastfeeding On The Run

By Elysia Robb

Mother of two

Partner of one

Final year medical student

VMWS Student Representative

Please join me on my breastfeeding journey as I ask the question: what is it that makes breastfeeding offensive in public in Australia?

Sometimes I start to feel sorry for my neighbours and passers by... then I regain full consciousness and realise that breastfeeding is one of the most beautiful and special experiences in the world – so what if they cop a view of a nipple or an engorged or otherwise breast as I switch sides or ‘pack-up’ or express? Or as I express and feed *at the same time*? Or – this is a good one – as I coat my nipples in breast milk and air-dry them, which is supposed to help strengthen them? I never did the whole pre-delivery pinch, scrub, pull thing– which is supposed to help prepare nipples for feeding – but this would also have been interesting and perhaps unfortunate/pitiful for my neighbours!

I started writing this article while I read “For Breastfeeding in Public, Laws Are Not Enough” by Alison Bartlett, in the February VMWS Newsletter – it was in the early hours of the morning, while I was breastfeeding my two-week old daughter Jelena Olive. Before this, I had not really thought about how breastfeeding, while legally allowed, is not widely culturally accepted in Australia. I knew that some people were more comfortable breastfeeding in public than others and that some people were more comfortable in the presence of breastfeeding than others, but I didn’t realize that as a population we are not comfortable with breastfeeding in public. This is a sad thought.

I breastfeed everywhere. And I mean it. On my first day home from hospital with my three day-old first born, when I knew *not* what I was doing, I breastfed while pushing the pram back to hospital for a physiotherapy session, as I was running late! These days I breastfeed while I walk down the street; at the museum; at weddings and other parties; at the park - sometimes I walk around the playground while feeding – this is particularly difficult and even somewhat dangerous but is sometimes a necessity when the older sibling is



For further information please visit:

http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf <http://www.bmj.com/content/348/bmj.g2913>

Allison is a final year medical student at the University of Melbourne, Australia and student representative for the Victorian Medical Women’s Society. She was a delegate at the 2014 World Health Assembly in Geneva representing the Medical Women’s International Association.

If you or someone you know is a victim of violence there is help out there.

Call 000 for immediate assistance if you are experiencing family or domestic violence.

Call 1800RESPECT: National Family Violence and Sexual Assault Counselling Service. It is a free, confidential service available 24 hours a day, seven days a week . Or visit online at:

www.1800respect.org.au

Lifeline for crisis support services on 131 114, 24 hours a day, seven days a week. Or visit online at:

www.lifeline.org.au

1800RESPECT

NATIONAL SEXUAL ASSAULT, DOMESTIC
FAMILY VIOLENCE COUNSELLING SERVICE

 **Lifeline**
AUSTRALIA

exploring; at the pool; at the pub and; at the beach. Dare I say it, yes I dare, I have even breastfed on the toilet on occasions... I hope my kids don't read this one-day!

Recently, I was very impressed by a friend who breastfed her baby while standing and conversing at a party. She did it using a baby-carrier on her front and she did it with ease – well at least that was how



it seemed. Of course I have copied this method since, which has enabled me to breastfeed in many more situations and locations. I must say though, that while it definitely facilitates a whole new level of breastfeeding it is not as easy as it looks. It is awkward. Very awkward in fact! Getting your breast and nipple into the right position, getting your baby into the right position... I'm sure many of you can relate or at least imagine!

I remember the first time I tried it. I was shopping at the Queen Vic Market. My two babies in the monster double pram: baby-baby needed a feed, and toddler-baby was getting bored while I attempted to pick fruit – and to make matters worse I was being fussy about it. So I put baby-baby in the carrier and onto the breast, I continued to pick fruit. Toddler-baby decided to start climbing out of the pram – he was standing up before I knew it, which meant I had to hold the pram to counter balance it. Still picking fruit, delicately now, in an attempt to not ruin the feeding attachment, the shop lady could see I was in trouble, so she offered toddler-baby some grapes. Thankfully, this placated him, and he sat down and ate. Nonetheless, I stopped fussing – I have learnt over and over that fussy and mothering don't go well together – I knew I only had a minute before the grapes would be devoured, and finished my shopping. We made it home without further issue. Thank goodness for the kind lady and the grapes, oh and the baby-carrier.

Sometimes my life is a circus!! Sometimes there is just not enough time to *not* breastfeed while doing something else. When there is an opportunity and baby is hungry, I take it. No matter where I am and

often, as you have heard, no matter what I am doing. Even if in public.

Is this too much? Should I be more choosy about where I breastfeed? Should I worry about my company or exposing some flesh to strangers? Is this article even a little too confronting – after all, I have used the word breast a lot?!

Well, I personally don't think so, and here is why.

Breastfeeding is one of the most beautiful and natural practices there is. While it is not without difficulties - pain, good attachment, infection, cracking, bleeding, not to mention the self-doubt and the unrelenting, time consuming and draining nature of it – for those who manage to get over these humps, excuse the pun, it can be an incredible experience and has many benefits that I'm sure I don't need to list in this forum! The benefits of breastfeeding are reasons enough to encourage breastfeeding in all domains. Overcoming the difficulties of breastfeeding is further reason to wholly encourage this behaviour.

The primary biological function of the breast is to produce milk to feed and nourish a child. Well at least so I thought...

In writing this article I have learnt a lot about the purpose of breasts, and the purpose and patterns of breastfeeding in various cultures.

In Mali, West Africa, women breastfeed everywhere. Malian women place significant value on the “kinship” relationship between mother and child and between two children who have fed from the same breast – such that to *not* breastfeed renders the child unrelated to the mother in this patrilineal society and nursing from the same woman creates bonds of kinship between otherwise unrelated individuals. In Mali breasts hold no sexual connotations for either women or men and the people of Mali regard sexual behaviour involving the breast to be unnatural and perverted.¹

In the Mende of Sierra Leone, babies are weaned from the breast onto “tinned milk” at a young age due to the belief that semen contaminates breast milk and, as such, resumption of sexual activity is considered poisonous to their young. Women of the Mende must ally themselves to a man to ensure economic security and an important factor in this relationship is sexual availability. This early weaning also serves to increase fertility, with the intention of increasing survival of their lineage and the provision of tinned milk by the child's father also serves to acknowledge his fatherhood and strengthens the relationship between father and child and mother and father.¹

In Nepal various cultural groups breastfeed their young primarily for nutrition, whereas others breastfeed their young primarily for comfort depending on their work and home lives and the availability of food. ¹

In the West, some believe that the primary function of breasts is for sex, that is, that the breast serves an erotic and reproductive function, like no other animal before us. ² Female breasts, supposedly, enhance attractiveness and hence play a part in attracting and keeping male attention and in providing sexual pleasure for both women and men. ² And, supposedly, size matters. Breast size, positively, and possibly exponentially, correlates with attractiveness to the extent that – extremely horrifyingly – in the United States, young women have been gifted larger breasts, in the form of surgery, from their parents as graduation gifts. To increase their popularity and the number of dates they were invited on whilst at college, of course! ¹

Contrary to this belief, Macadam and Dettwyler say that there is *no* evidence to suggest that the female breast *is* intrinsically erotic. Rather that, from a young age, females and males are *taught* that the breast is an erotic organ and hence it becomes a cultural belief. ¹ Macadam and Dettwyler even liken breast augmentation surgery, or as they call it ‘breast mutilation’, to the ancient practice of foot binding in China, whereby just as perfectly healthy and functional feet were bound to create the ultimate in erotic stimulants, these days, perfectly healthy and functional breasts are being augmented to do the same.¹ Additionally, growth of the pornography industry and the ‘sex-sells’ culture of the Western World contribute to the sexualisation and objectification of breasts and women in general.

Gosh, it is no wonder that people find breastfeeding, in Australia, in general, offensive. Macadam and Dettwyler sum it up very eloquently: we have drifted far from our mammalian heritage in terms of the function of breasts, remembering of course that the class Mammalia derives its name from the mammae – mammary glands – which function to nourish young with secretions from the gland. As Dettwyler

says “breastfeeding is both a ‘simple and natural’ process that flows from our human biological status as mammals, and a heavily culturalised behaviour that can be so modified by cultural perceptions away from a ‘natural process’ as to be almost unrecognizable.” And furthermore she discusses how “women can “take



back their breasts” so that both mother and infants can enjoy the benefits of breastfeeding.” ¹

So for now and for as long as my breasts are the umbilical cord and the best source of nutrition for my young babe – hopefully for the next year and a half if we can last that long – I will continue to breastfeed as much as possible, including in public as I need and wish. I hope not to offend anyone in the process but in the case that I do, I hope my victims one day learn to differentiate the acts of breastfeeding and sex and, in the meantime, ask themselves if it is really my concern, or is it theirs?

1. **Breastfeeding: Biocultural Perspectives**
Patricia Stuart Macadam and Katherine A. Dettwyler
– 1995, Walter de Gruyter, Inc., New York

2. **The Reproductive Role of the Human Breast**
Peter Anderson, Current Anthropology, Volume 24,
Number 1, 1983, pp. 25 - 54

What do you think about breast feeding in public?

Have your say by emailing us at:
vic@afmw.org.au

or contact us on our facebook page at:
<https://www.facebook.com/groups/18703823096/>

We would love to hear from you

CALL FOR MEMBERS WHO WOULD LIKE TO ATTEND THE DPI/NGO UNDER MWIA'S AUSPICES



The 65th UN DPI/NGO Conference will return to United Nations Headquarters from 27 - 29 August 2014. A major civil society gathering at the UN, the Conference will provide an opportunity for civil society, international networks and activists to develop an “Action Agenda” to mobilize messaging, advocacy strategies, partnerships and accountability frameworks in the lead up to the launch of intergovernmental negotiations at the beginning of the 69th Session of the General Assembly for the adoption of the post-2015 development agenda, due

to culminate at a summit in September 2015. The Conference will also be an important milestone ahead of the Secretary-General's September 2014 Climate Summit and UN General Assembly, finalization of the Secretary-General's Synthesis Report on the post-2015 development agenda, and the Lima (2014) and Paris (2015) UNFCCC COPs. The 64th Conference was held in Bonn, Germany, and previous Conferences were held in Melbourne, Mexico City and Paris. The Conference was last held at UNHQ in 2007.

When: 27-29th August 2014
Where: UNHQ Complex, New York

How to register your expression of interest: Contact the AFMW Secretariat via email by FRIDAY 13TH OF JUNE 2014 at: afmw@afmw.org.au

More Information:
<http://esango.un.org/irene/index.html?page=viewContent&nr=24104&type=8§ion=8>

Field Of Women Event - Breast Cancer Network Australia

By Magdalena Simonis

On Saturday, 10th of May, the Breast Cancer Network Australia (BCNA) hosted the 'Field of Women' event at the Melbourne Cricket Ground. This major public awareness and fundraising event first began in 1998 with the planting of 10,000 pink silhouettes representing the number of Australians diagnosed with breast cancer that year, on the lawns of Parliament House in Canberra. The number now has escalated to 15,000 women diagnosed per year and this was the number of people who attended this moving event this year.



Dr Magdalena Simonis with Raelene Boyle AM MBE at the Field of Women event.

I attended with my family and some friends. We joined the throng of 15,000 people and we all filed into the stadium to form the emblem of BCNA, the shape of a giant pink lady. Even though there were so many people, there was a warmth and familiarity we all shared with each other. The wish to help women with breast cancer, to support families who have loved ones with breast cancer and the determination to expand research into causes and prevention of breast cancer brought us all together. We wore a pink poncho and when the sun disappeared, we shone the pink torch that came with the poncho and back pack to create an amazing shimmering pink lady at night. We listened to impassioned speeches from Maxine Morand, current CEO of BCNA and from the CEO of Sussan stores and Baker's Delight who are both generous sponsors of the organisation.



Victorian Medical Women's Society now has an established partnership with BCNA and I was privileged to be invited as an event champion. At the event, I caught up with Raelene Boyle AM MBE, who is a BCNA board member, breast cancer survivor and one of the National Trust's 100 Living Treasures. In March this year, I delivered the primary care part of the training program to breast cancer survivors who wish to be trained to be BCNA champions and representatives. During the Arab - Australian women's dialogue organised by the Office for Women in March 2013, Dr Houriya Al Kazim, breast surgeon from the United Arab Emirates, was introduced to BCNA and an open alliance was agreed upon, to share information and tools for the wider good of women abroad. This engagement continues to flourish.

The Field Of Women event is not an annual one. The previous one was in 2010 and as hugely successful also. The interest and community participation has grown, partly due to the increased awareness of the prevalence of breast cancer, the tireless work of BCNA staff and volunteers, the commitment of its corporate sponsors such as Baker's Delight and Sussan and the commitment shown by partner organisations such as ours, the Victorian Medical Women's Society.

BCNA is now at the peak national breast cancer 'consumer' organisation representing nearly 300 member groups and more than 70,000 individuals in all of Australia. Those of you who attended will no doubt attest that there are few occasions where one can feel so connected with so many people for such a special cause. It felt like we were all making a difference in a collective way.



Breast Cancer Network Australia

CONGRATULATIONS

to our own

DR MAGDALENA SIMONIS



Professor Jane Gunn presenting Dr Magdalena Simonis with her award.

who was awarded

The University of Melbourne 's General Practice and Primary Health Care Academic Centre Award for her excellent contribution to supporting research.

We congratulate you in this great achievement.

specifically written for women.



the women's
the royal women's hospital
victoria australia

The book provides advice for each stage of a women's life starting from adolescence.

The aim of the book: To empower and inspire women to take part in their health care, improve their health and prevent health problems in future.

It has already made it to Random House Australia's "The Best Books of 2014...So Far"

For more information about the book and to access a sample chapter please visit: <http://www.randomhouse.com.au/books/the-royal-womens-hospital/the-womens-health-book-9781742757247.aspx>

Women in General Practice Committee Conference 2014

16th & 17th of August 2014

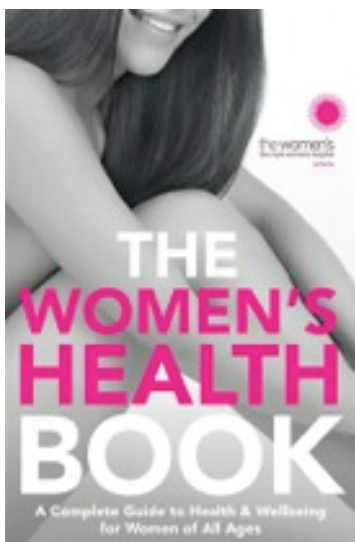
The Como Hotel, South Yarra, Melbourne.

The 2014 conference will cover women's health topics including genital dermatology, libido, issues for men and women, young Australians and chlamydia infection, risk taking behaviour, abuse and adolescent dating and conflict resolution. There will also be practical skills stations that have a women's health focus.

This conference will be accredited for 40 category 1 points for the 2014-16 triennium along with meeting the requirements for Women's Health points.

To register your interest, please email Victorian Faculty Events at vic.events@racgp.org.au or call 03 8699 0488. For more information please visit <http://www.racgp.org.au/education/courses/>

The Women's Health Book



The Royal Women's Hospital has released 'The Women's Health Book', to serve as 'a complete guide to health and wellbeing for women of all ages'.

The book has been written by health professionals who specialise in women's health. It is



A Culture of Misogyny

By Emma Downie

VMWS Deakin University Representative

"I have been forced to endure an existence of loneliness, rejection and unfulfilled desires all because girls have never been attracted to me. Girls gave their affection, sex and love to other men but never to me... You girls have never been attracted to me, I don't know why you girls aren't attracted to me, but I will punish you all for it. It's an injustice, a crime, because I don't know what you don't see in me... Girls, all I've ever wanted is to love you and be loved by you. I've wanted a girlfriend. I wanted sex, love, affection, adoration. But you think I'm unworthy of it. That's a crime that can never be forgiven... If I



can't have you girls, I will destroy you... I'll take great pleasure in slaughtering all of you. You will finally see that I am, in truth, the superior one."

This is a disturbing excerpt from Elliot Rodger's YouTube manifesto, titled 'Retribution', which was posted hours before the 22 year old went on a killing spree near the University of California, Santa Barbara. He murdered 6 people and injured several others with both a knife and gun before killing himself. Elliot Rodger has since been labeled mentally ill after his family informed the media that he had been seeking psychiatric treatment. Should that be the end of the discussion?

Not only does this idea stigmatize the mentally ill, it also ignores the role that misogyny plays in our sexist society. Whilst mental illness may have played a role in this crime, the roles of violent masculinity and misogyny are clearly demonstrated in his ominous 'Retribution' video and his manifesto

titled, 'War on Women'. Elliot Rodger clearly had a sense of entitlement over women's bodies and he viewed women as objects to own and have sex with. By dismissing Elliot Rodger's brutal misogyny as the root cause of the Santa Barbara massacre, it is a way of implying that misogyny is an individual problem, not a cultural one.

Elliot Rodger is a symptom of our diseased culture. A culture that normalizes the masculine ideology of being aggressive in order to garner respect. It is the same ideology that includes prescriptions of how women should act, as the role of caregiver, cleaner, cook and even lover. Elliot Rodger is an extreme example of misogyny, but think about other 'everyday' examples, such as street harassment, bullying at school or in the workplace, domestic violence, assault, even rape. We live in a culture where women are taught 'not to get raped', rather than teaching men 'not to rape'. My own mother made me wear sneakers when I walked to my friend's house at night so I could 'run away from potential rapists'. People still ask 'what was she wearing' when women are raped. They still ask 'why didn't she just leave' when women are victims of domestic violence. They still call Elliot Rodger a 'hero'*.

We, as a society, need to take action to cure our diseased culture. If we believe that misogyny is commonplace, we lack the need to change it. We need to empower girls and women to believe they are more than just objects made for men's pleasure and we need to teach boys and men to respect women. Violence against women does not have to be inevitable and we need to work together to stop it.

*Some men on various social media and forums have expressed their admiration for Elliot Rodger's actions, agreeing that the women 'deserved' it and they would consider doing the same.



The Victorian Medical Women's Society

invites you to attend the:

2014 Lyceum Lunch Tuesday July 15th 2014

“Honour The Work: Australia's Women Surgeons of WWI”
Dr Heather Sheard

Please join **Dr Heather Sheard** as she discusses the work of a small number of determined women who enlisted and worked as surgeons and medical officers on the battlefields of France, Serbia and Galicia and in the military hospitals of Britain during the First World War.



12:15pm arrival for 12:30pm start at Lyceum Club, Ridgeway Place, Melbourne CBD. A light lunch will be served.

Please RSVP by 7/7/14 to vicevents@afmw.org.au or by phone to Toni on 9802 4200. Booking fee of \$10 for VMWS members and \$35 for non-members. Payment can be made via cheque or by EFT by 7/7/14 to BSB 033 089 Account 297664. Please include initials and surname in transfer details, and include date of transfer and dietary requirements in RSVP email.

Photo of Lieutenant (Dr) Vera Scantlebury in her Women's Hospital Corps uniform provided with the kind permission of Catherine James Bassett



The Victorian Medical Women's Society

Celebrating our history, advancing our future

Membership Invoice 1 July 2014 – 30 June 2015

ABN 67 120 250 797

(MEMBERSHIP PERIOD IS FROM 1 JULY TO 30TH JUNE)

Membership Eligibility: Full membership is open to registered female medical practitioners (FMP); non-registered FMPs can join as an associate member, and Student membership is open to female medical students.

(NOTE: this invoice becomes a tax receipt upon payment, please retain the top section for your records)

Full Membership	Senior Members (>65 years old)
<input type="checkbox"/> 1 year \$160	<input type="checkbox"/> 1 year \$120
<input type="checkbox"/> 3 years \$432	<input type="checkbox"/> 3 years \$324
<input type="checkbox"/> 5 years \$680	<input type="checkbox"/> 5 years \$510
Rural Members (>100km from GPO)	Student Members
<input type="checkbox"/> 1 year \$70	1 year \$35 (* only receive electronic corresp)
<input type="checkbox"/> 3 years \$189	Retired Members
<input type="checkbox"/> 5 years \$297.50	<input type="checkbox"/> 1 year \$120
<input type="checkbox"/> Life member	<input type="checkbox"/> Donation

Please complete and send the bottom section of this form to the VMWS via email or mail so we can ensure your membership details and preferences are kept up to date

Payment Method:

CHQ/money order to Victorian Medical Women's Society. Post: VMWS Secretariat, PO Box 202, East Melb VIC 8002

Electronic Transfer to Victorian Medical Women's Society;

BSB: 033 089; Act No: 297664. Please **include your name** in the **transfer info** enter the transfer date here: _____

Membership Details:

(1 July 2014-30 June 2015)

Membership type:	Duration:	Amount: \$
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Personal Details:

First Name & Surname:	Date:
Mailing Address:	
Phone:	Fax:
Email:	
Specialty/ Area of practice:	
Students: Yr of Graduation:	

- Tick here if you wish to continue receiving newsletters via mail
- Tick here if you do not wish to receive VMWS email correspondence
- Tick here if you do not wish other VMWS members to have access to your e-mail address
- Tick if you do not wish to receive email correspondence from the Australian Federation of Medical Women (AFMW)
- Tick here if you do not wish other AFMW members to have access to your e-mail address

Car-pooling: Potential driver: Potential passenger:

Donations are gratefully received. Please advise if you wish for your donation to be used for a specific purpose.

<http://www.afmw.org.au/vic> PO Box 202, East Melbourne 8002 vic@afmw.org.au