MESSAGE FROM THE PRESIDENT

Reducing maternal mortality at home and abroad

O b-gyns dedicate themselves to improving women’s health care not just at the patient level, but throughout their communities and even on a global scale. In this issue, you’ll read about ACOG Fellows who are working to improve maternal and child health by volunteering their services outside the US. It’s meaningful, rewarding, and inspiring work. Medical societies, universities, and other partners are looking anew at this concept of global health, recognizing that it needs to be so much more than visiting a country for a few days to provide immediate, short-term health care.

We need to work with local health care systems, organizations, and clinicians to help create sustainable, effective programs that will stay in the country. To really improve outcomes, we need a true and deep collaboration that will bring about changes in the health care systems and the greater societies. This type of collaboration is what ACOG is aiming for through its Office of Global Women’s Health.

There’s also much work that needs to be done here at home. During my presidential inauguration at the Annual Clinical Meeting in May, I was proud to announce the National Maternal Health Initiative, aimed at improving maternal health outcomes. ACOG will serve a key role, particularly around two of the five goals: well-woman health care and safety and quality in maternity care.

I look forward to keeping you updated on these and other important initiatives throughout my presidential year.

Jeanne A. Conry, MD, PhD
President

THE EXECUTIVE DESK

A loss to ACOG and our specialty

In May, ACOG suffered a terrible loss as our vice president for education, Sterling B. Williams, MS, MD, PhD, passed away after a brief illness, just as he was looking forward to retirement. Sterling led The College’s Education Division and directed the Council on Resident Education in Obstetrics and Gynecology (CREOG) since 2001. He was dedicated to ACOG and our ob-gyn profession, serving it superbly for many years.

I encourage you to join us in paying tribute by getting to know Sterling through the article on pages 3–4. As you will see, he was passionate about ob-gyn education and was a strong believer in—and stood as an example of—professionalism and ethics. To honor him, ACOG has created The Sterling B. Williams, MS, MD, PhD Lecture, which will be housed within CREOG. See page 4 to learn how you can donate.

Also in this issue of ACOG Today, you’ll meet colleagues ready to serve ACOG at the national level. I encourage you to review the national officer candidate bios on pages 11–15. Discuss their qualifications at your annual district meetings this fall and let your district representative on the Committee on Nominations know who you think would make an outstanding national officer. The committee will select a slate of candidates in November for ACOG Fellows to vote on during the 2014 Annual Clinical Meeting, April 26–30, in Chicago.

Hal C. Lawrence III, MD
Executive Vice President

Jeanne A. Conry, MD, PhD
President

Hal C. Lawrence III, MD
Executive Vice President

Jeanne A. Conry, MD, PhD
President
When friends, colleagues, and staff of Sterling B. Williams, MS, MD, PhD, speak of him, a portrait emerges of a multifaceted man who was thoughtful, persistent, dedicated, focused, caring, and passionate.

Dr. Williams was ACOG’s vice president for education and directed the Council on Resident Education in Obstetrics and Gynecology (CREOG) from 2001 to 2013. After a brief illness in early May, he passed away on May 19, 2013, a death that was shocking and heartbreaking—and came just as he was preparing to celebrate retirement with his wife, Joice, beginning in June.

Some of his many close colleagues and staff shared their memories recently with ACOG Today. Their stories of Dr. Williams centered on his passion for ob-gyn education and mentorship, strong beliefs in professionalism and ethics, and his love of singing and enjoying good food with friends.

His love for education

Soon after Dr. Williams joined ACOG in 2001, Michael D. Wolf, PhD, executive vice president of Castle Connolly Graduate Medical Publishing, met with Dr. Williams about working with Castle Connolly. “Sterling spoke for 40 minutes,” Dr. Wolf said. “He spoke beautifully and slowly and carefully, and that was his way.” But Dr. Wolf didn’t yet know that Dr. Williams didn’t like to be interrupted when he was explaining an issue. “Just because there was a pause in between paragraphs didn’t mean it was your turn to speak,” Dr. Wolf said.

But, Dr. Wolf did interrupt him, essentially saying that if ACOG wasn’t interested, then he didn’t need a big build-up to “no,” just break it to him now. Dr. Williams replied with a smile, “Dr. Wolf, if you would just be patient, I’m coming to an end, and I’m going to come to a good conclusion for you.” In the end, Dr. Williams said ACOG “would be thrilled to work with you.”

“That was our first meeting, and it started with me being an idiot,” Dr. Wolf said, laughing at the memory. “It was a great start to our friendship.”

Norman Kahn, MD, executive vice president and CEO of the Council of Medical Specialty Societies (CMSS), met Dr. Williams when Dr. Williams became ob-gyn chair at the University of Kansas, where Dr. Kahn was then a professor. They really came to know each other when Dr. Williams was at ACOG and Dr. Kahn took a similar position in the education division for the American Academy of Family Physicians.

Dr. Kahn also became the first family physician to serve on CREOG. “Sterling and I shared a goal of improving outcomes for women and babies,” he said. He was also impressed by Dr. Williams’ ethics and professionalism, so when Dr. Kahn was looking for board members at CMSS, he sought out Dr. Williams.

“I was looking for people who were able to transcend their own specialty and work for the betterment of health care,” Dr. Kahn said. Dr. Williams was elected to the CMSS board two and a half years ago and participated in its strategic planning process.

The many people he mentored

Many remember Dr. Williams as a mentor whom they thought would always be there to provide assistance and offer advice. “He will truly be missed as a mentor to a lot of people,” said Haywood L. Brown, MD, ob-gyn chair at Duke University in Durham, NC; chair of ACOG’s District IV; and a past CREOG chair. “It’s a loss to the ob-gyn profession, particularly to young people.”

The story of Valerie C. Montgomery Rice, MD, exemplifies Dr. Williams’ commitment to being a mentor. Dr. Montgomery Rice, a reproductive endocrinology and infertility (REI) specialist, is now dean and executive vice president at Morehouse School of Medicine in Atlanta.

Continued on page 4.
In 1997, Dr. Montgomery Rice was a junior professor at the University of Kansas as Dr. Williams was being recruited to become the ob-gyn chair there. Dr. Montgomery Rice had created the REI division at Kansas, but, after four years, was leaving to accept a job in Michigan. “I wrote him out a strategic plan of what I thought he needed to do to continue REI in its vitality,” she said.

About six months after Dr. Montgomery Rice left Kansas, Dr. Williams called her and said he couldn’t find anyone who fit the role. She said she was sorry and gave him a few names to consider. But two months later, he called again and said she had given him an “audacious strategic plan” and only she could tackle it.

She gave him all the reasons she couldn’t return to Kansas: She and her husband had just moved to Michigan eight months ago, they’d accepted new jobs, they’d even bought a house. Dr. Williams asked her what it would take to get her to return to Kansas. He told her to write down all the requirements and be as “audacious” as she could.

Dr. Montgomery Rice wrote a long list and presented it to him. “And he met every one of my requests.” Checkmate. “So after being in Michigan only 11 months, we moved back to Kansas,” she said.

One of Dr. Montgomery Rice’s requirements was that Dr. Williams become her mentor and help her outline a path to move up in academia. He stuck to that promise throughout the years, helping her get appointed to ACOG’s PROLOG Task Force on Reproductive Endocrinology and Infertility and the Committee on Scientific Program and nominating her to become a board examiner.

“What was most important was I was able to call on him with questions on how to manage life, gender challenges, balancing family and career,” she said. “He was a great sounding board, someone who could be objective—opinionated, for sure, but objective.”

Supporting other African Americans

Dr. Williams was also well respected for his leadership in and dedication to the National Medical Association (NMA), which represents African-American physicians and patients.

“He was a role model and icon for all, and especially for African Americans, navigating the pathways in our field,” said Cyril Spann, MD, a gynecologic oncology professor at Emory University in Atlanta and past chair of the ob-gyn section of the NMA. “It was important for us that he was a vice president at ACOG. It offered further proof that we can and should achieve on a national level.”

“Sterling had a real love for the National Medical Association,” said Washington C. Hill, MD, a maternal-fetal medicine specialist retired from private practice and now working on maternal and gynecologic care in Rwanda through the Clinton Foundation. Dr. Hill is also a past chair of the NMA ob-gyn section. “He would push us to be involved in ACOG and would make sure that the younger people knew of committee openings and other opportunities.”

Sandra A. Carson, MD, was appointed to replace Dr. Williams at ACOG after he announced his retirement. She had the opportunity to shadow him for nearly three months. “I enjoyed sharing the time we had together. I knew he wanted to impart as much information as he could to maintain our shared values of quality education, staff promotion, and personal communication,” Dr. Carson said. “We hope to continue his many fine programs and use his initiatives as stepping stones to future educational endeavors.”
A COG’s Office of Global Women’s Health has expanded its efforts greatly in the last few years, as it aims to improve maternal mortality and morbidity worldwide and develop and support critical ob-gyn training.

“ACOG Fellows have long been committed to working at home and abroad to decrease the number of women who die during or after childbirth,” said Barbara S. Levy, MD, ACOG’s vice president for health policy. “The College’s future efforts will include equipping our Fellows to train other health care providers in low-resource settings in effective and appropriate care.” Fellows will be able to offer ongoing support and mentoring to these providers as they run into challenges while implementing proven interventions, Dr. Levy said.

ACOG has been involved in Latin America since 1998, when it worked with the Save the Mothers program to reduce maternal mortality. The College was paired up with organizations in Honduras, Nicaragua, El Salvador, and Guatemala, which later led to the creation of ACOG’s Central America Section. The collaboration led to an ongoing Latin America initiative that continues to this day in which ACOG develops and supports critical infrastructure for the accreditation of residency programs and the administration of certification exams in Central and South America.

In addition to continuing these efforts, the Office of Global Women’s Health has recently expanded to operate in three focus areas:

1. Contributing to global activities aimed at rapidly accelerating the reduction of maternal mortality and morbidity in countries with the highest burden, particularly sub-Saharan Africa and South/Southeast Asia
2. Collaborating with evidence-based programs to create training and global service opportunities for ACOG Fellows, while developing relationships with national ob-gyn societies in low-resource countries to facilitate improvements in women’s health
3. Helping to coordinate university ob-gyn programs with their global components to promote collaboration and improve the effectiveness of these efforts

In the area of maternal mortality and morbidity, The College has joined two public-private partnerships, Saving Mothers, Giving Life, and Survive and Thrive. Saving Mothers focuses on that critical 24 hours surrounding labor and delivery. Launched in 2012, Saving Mothers is a partnership between ACOG, the US and Norwegian governments, Every Mother Counts, and Merck for Mothers. The program has begun with pilot projects in Uganda and Zambia, working with local health offices to train health workers, upgrade facilities, and encourage more women to give birth in safe locations. (Learn more on page 8.)

Survive and Thrive is a global development alliance between ACOG, the US Agency for International Development, American Academy of Pediatrics, American College of Nurse-Midwives, Laerdal Global Health, Johnson and Johnson, Jhpiego, Maternal Child Health Integrated Program, Save the Children, and Eunice Kennedy Shriver National Institute of Child Health and Human Development. Starting in Burma, the partners are working with the Ministry of Health to train and mobilize the country’s health practitioners on interventions in maternal, newborn, and child health. (Read more on page 9.)

The College’s efforts to decrease maternal mortality and morbidity can also be beneficial in the US. “Global health” does not mean focusing solely outside our own country, Dr. Levy said. “It’s important that as we work with our colleagues around the world, we also contribute to programs here in the US to reduce maternal and infant mortality and to strengthen proven strategies,” she said.

In the future, The College plans to work with US university programs already operating women’s health programs around the world to facilitate a coordinated effort within countries. “We don’t want to reinvent the wheel, but we can help connect universities, health care systems, medical associations, and nonprofit organizations so that we can combine our efforts and not operate as silos,” Dr. Levy said.

By working with programs that are sustainable, measurable, and effective, The College and its partners can help improve maternal and infant health worldwide.
Ob-gyns take their training to a global stage

In 2010, ACOG Fellow Annekathryn Goodman, MD, found herself in a makeshift hospital in Haiti: 14 Army cots, two tents (one that doubled as an operating room), thousands of refugees from the magnitude-7.0 earthquake, and lots and lots of pregnant women.

“No matter what’s going on in the world, women are having babies, and often in environments that put their lives at risk,” said Dr. Goodman, a gynecologic oncologist at Massachusetts General Hospital in Boston. “We saw women with normal pregnancies and labors, but also women with broken backs and pregnant, or paraplegic and pregnant.”

Because Dr. Goodman possessed the best surgical skills on her team, she became the default obstetrician. That suited her just fine. An ob-gyn since 1990, she’d been using her medical training to help women for decades.

Like Dr. Goodman, many ob-gyns use their training to help women worldwide. Whether it’s through mission groups, human rights campaigns, or training programs, ACOG Fellows have worked and shared their expertise to improve maternal health on a global scale.

US training, global reach

There’s good evidence that the impulse to serve maternal health needs around the globe is widespread among doctors, said Taraneh Shirazian, MD, director of global health in the department of obstetrics, gynecology, and reproductive sciences at the Icahn School of Medicine at Mount Sinai Medical Center in New York City. Dr. Shirazian teaches a global women’s health course for ob-gyn residents in New York City and is the editor of the forthcoming Around the Globe for Women’s Health: A Practical Guide for the Health Care Provider. Research shows that about half of all graduating medical students are interested in doing global health work, she said.

“But they aren’t the only group. There are many committed and passionate physicians who have a commitment to work abroad and do work that gives back globally,” Dr. Shirazian said.

And that’s a good thing because the need for improved global maternal health care is dramatic. Every year, almost 300,000 women die during pregnancies and childbirth, and many more are permanently disabled, according to the Bill and Melinda Gates Foundation. Most of those deaths occur in the developing world.

Providing care where there is none

Thomas M. Gellhaus, MD, of Iowa City, IA, is one of those ob-gyns who wanted to do global health work during his residency in the late 1980s. But getting there wasn’t so easy.

“You go to medical school and then residency and then you get married and have kids,” he said. “There wasn’t time to do anything else.”

So when the opportunity to travel overseas presented itself in 1996 through Medical Ministry International (MMI), he took it. And, he said, “it changed our lives.” ACOG recognized Dr. Gellhaus for his global work with the Award for International Service in 2011.

Since 1996, Dr. Gellhaus and his wife, Melanie, (and many times, their children) have traveled to the Dominican Republic, Ecuador, Peru, Bolivia, and Tanzania—about 17 trips total—performing procedures that are routine in the US but hard to come by in those countries. With MMI, doctors like Dr. Gellhaus bring almost everything they need, from sterile gauze to anesthesia, to college students to do crowd control for the hundreds of people who show up.

Seeing 200 people lined up for your care makes up for the long hours, simple food, and the sometimes intense poverty, he said. The advantage of such trips is direct contact with a patient, said Thomas F. Arnold, MD, an ob-gyn in Dickinson, ND, and chair of ACOG’s District VI.

“In international work, you can take the same resources, energy, time, and monetary contributions and affect 1,000% more than what you could in the US,” said Dr. Arnold, who has done trips with MMI as well.

The drawback is that when Drs. Arnold or Gellhaus leave, often they take with them most of the ob-gyn care in the area. But that’s not always the case. Dr. Gellhaus recalls some local doctors scrubbing in with him, videotaping his procedures for study later. And many days begin with lectures. Dr. Arnold remembers a urologist in Bolivia who watched with careful attention as Dr. Arnold and his team performed a minimally invasive procedure for stress urinary incontinence and pelvic floor relaxation. The Bolivian urologist salvaged the disposable equipment after the case so he could attempt to duplicate the system with locally available resources after Dr. Arnold’s team had gone.

“Even though what we’re doing seems very small when you’re looking
“Bangladesh is such a fascinating, vibrant society,” she said. “When I’m not at Mass General, I’m working on developing cancer care treatment for women and resources for the physicians in that area. Life is really full of wonderful opportunities to get involved.”

**Women’s health care as a pathway to human rights**

Michele G. Curtis, MD, MPH, MML, is proof that you don’t need to leave the US to do global health work. Dr. Curtis, of Humble, TX, started by providing pro bono exams for women through the nonprofits Tahirih Justice Center, Amnesty International, and Physicians for Human Rights. Sometimes the exams were for women seeking asylum from countries practicing female genital mutilation. Other times, they were exams of female victims of sexual torture or human trafficking. The work brought together Dr. Curtis’s clinical expertise with her master’s in public health and law degree.

In the last several years, Dr. Curtis joined Physicians for Human Rights in its campaign to teach better sexual assault treatment in Africa. As part of a team, Dr. Curtis has been working with physicians, police officers, and judicial officials in Kenya to identify and properly report sexual violence. “Can anyone save the world? No. But can each of us clean up our own little corner of the world? Yes,” Dr. Curtis said.

at a whole region or country, every journey starts with a single step,” Dr. Arnold said.

**Building a system to stop cervical cancer deaths**

In 2012, ACOG honored Dr. Goodman with the Award for International Service. Dr. Goodman may have started her global health work in disaster relief, but today her passion lies in Bangladesh. It is there that more than 10,000 women die every year from cervical cancer—the fourth highest rate in the world, according to a report from the Cervical Cancer Free Coalition. To Dr. Goodman, that’s staggering.

“If you don’t die of childbirth in Bangladesh, you die of cervical cancer,” she said. “There’s no cervical cancer screening, and the majority of the women there have never been screened.”

So in 2008, after attending an international conference on maternal health with a Bangladeshi colleague, she set out to create a screening program in one of the larger slums. Almost immediately, she hit upon a challenge: Once a woman is diagnosed, then what?

“Once you develop the screening, you have to build treatment,” she said. So she did. Because most women are diagnosed with advanced cervical cancer, most physicians have little experience treating it. Dr. Goodman is working to build a network of local physicians who want to learn and travels to Bangladesh three to four times a year with residents and fellows to teach the treatment.

Together, they are building an infrastructure so that once a woman is diagnosed, there’s somewhere she can go, someone who can treat her, and she doesn’t have to lose her life.
Saving Mothers, Giving Life targets critical 24 hours

For women in the developed world with ready access to medical care, the 24 hours surrounding labor and delivery are an unforgettable mix of anticipation, nervousness, elation, and besotted new-family love. But for women in countries where access to health care is limited, those 24 hours can mean the difference between life and death.

That critical 24-hour window is the primary focus of Saving Mothers, Giving Life, one of two primary initiatives of ACOG’s Office of Global Women’s Health. Launched in 2012 as a partnership between ACOG, the US and Norwegian governments, Every Mother Counts, and Merck for Mothers, Saving Mothers, Giving Life, has begun with pilot projects in two countries with tragically high maternal mortality rates: Uganda and Zambia (145th and 156th out of 180 countries for maternal deaths, respectively).

Saving Mothers works with district and provincial health offices in eight districts within these two countries to train health workers, upgrade health facilities, and encourage more women to give birth in safe locations.

“It’s been really impressive to see the progress made in just one year,” said Erin Thornton, executive director of Every Mother Counts. “The teams on the ground have been able to get many more women to facilitated deliveries, and the result has been that a lot of lives have been saved.”

With technical assistance and clinical guidance from ACOG, Saving Mothers has already trained nearly 4,000 Village Health Team members in Uganda and nearly 800 Safe Motherhood Action Group members in Zambia to promote facility deliveries and preparedness for birth. These workers distributed thousands of “Mama Kits”—small packages that include medical supplies, newborn needs, and other materials for a safe delivery.

The kits also contain a well-made receiving blanket for the newborn. Why is that so important? Many moms in these countries don’t have anything to wrap their babies in and feel ashamed that they must bring their baby home in a scrap of cloth or an old towel. It seems like such a small thing, but the clean, new blanket may be what pushes a woman to give birth in a safe facility rather than at home.

Saving Mothers also trained nearly 60% of the district health workers in Uganda and nearly 50% of those in Zambia to provide emergency obstetric and newborn care. Saving Mothers also built maternity waiting shelters that give women a safe place to stay as they near delivery and provided new ambulances, motorcycles, and bicycles.

Healthy Baby vouchers, which cost just $1.20, entitle pregnant women to four prenatal visits, labor and delivery in a safe environment—including transport to a larger facility if needed—and a postpartum visit.

The results have been dramatic: In just one year, the number of women delivering in facilities in the four Ugandan districts increased by 82%, from 2,585 to 4,707. In Zambia, there was a 44% increase in women delivering in health centers, from 5,475 to 7,863.

Prenatal visits in the Saving Mothers districts in Uganda also increased significantly. Before the program launched, only 20.5% of women in those districts attended four or more prenatal care visits during their pregnancies; a year later, that figure had more than doubled, to 53.5%.

The commitment by the local districts in both countries, as well as the national governments, has been essential to this remarkable progress, said Ms. Thornton. “The health officers are very invested. They’re putting their own offices’ resources in and working closely with their national strategies on maternal and child health.”

Zambian First Lady Christine Mwelwa Kaseba is an ob-gyn and has spoken passionately about Saving Mothers. She also attended ACOG’s Annual Clinical Meeting in May, where she received Honorary Fellowship. “In Uganda, one of the parliamentarians from a western district was so inspired that she held up a vote on the budget until there were resources put in place for health care workers,” said Ms. Thornton. “Local leadership is really critical to what’s happening.”

The work that ACOG is doing with Saving Mothers in these countries isn’t just about saving the lives of individual women—but the futures of entire families. “When a mother dies, you may see a whole family go down the line, where they don’t have a shot at prosperity, they don’t have a shot at education, they don’t have a shot at good health,” said Mark Storella, the US Ambassador to Zambia, in a Saving Mothers video.
Survive and Thrive begins efforts in Burma

In the Southeast Asian nation of Burma, nearly 4,000 women die from pregnancy and childbirth complications each year, primarily from postpartum hemorrhage, infection, unsafe abortion, eclampsia, and obstructed labor. That’s about 200 deaths for every 100,000 live births, compared with approximately 9 per 100,000 in the US.

With a historic new global development alliance known as Survive and Thrive, ACOG hopes to help Burma’s Ministry of Health train and mobilize the nation’s own health practitioners to make changes that can prevent many of those deaths, as well as reduce the infant mortality rate, which hovers around 75 deaths during the first year of life for every 1,000 live births.

It’s just one of the countries that can benefit from Survive and Thrive, a global development alliance between ACOG, the US Agency for International Development (USAID), American Academy of Pediatrics, American College of Nurse-Midwives, Laerdal Global Health, Johnson and Johnson, Jhpiego, Maternal Child Health Integrated Program, Save the Children, and Eunice Kennedy Shriver National Institute of Child Health and Human Development. Also contributing to Survive and Thrive are other innovative educational programs and implementing partners to provide training and practical on-the-ground solutions to improve maternal and child health worldwide.

“One of my main objectives was to create new collaborations between USAID’s maternal health services office and ACOG,” he said. Dr. Laube took on this mission with fervor, helping ACOG set up its Office of Global Women’s Health, which now includes the Survive and Thrive partnership. (For more on what the Office of Global Women’s Health is doing, see page 5.)

The Burmese Ministry of Health has approved Survive and Thrive’s implementation plan in advance of a series of site visits in September and October that will launch the program in townships selected by the Ministry of Health.

“One has to remember that the backbone of the primary care system in Burma, and in much of the world, is a midwife, and not a midwife trained in the way we know it in the US. They are the GPs of Burma, and many of these townships have only that person as the front-line provider,” Dr. Laube said.

USAID already has other partner organizations working on maternal health in certain parts of the country, and Survive and Thrive aims to collaborate with those groups. “We don’t want to work in parallel, and be 20 miles apart and not know what the other group is doing,” Dr. Laube said. “That can happen a lot in developing countries.”

Beginning in 2014, Survive and Thrive plans to launch a cadre of global health scholars who will work with the senior mentors running the programs. “We want to make this self-sustainable,” Dr. Laube said. “It’s not about sending young doctors somewhere to get experience doing 50 hysterectomies. The name of the game is infrastructure development and sustainability. We want to develop the midwives, the backbone of this country, so that they can provide this care sustainably. Eventually, we will have year-round, on-the-ground oversight and mentorship for the people who are providing this care themselves.”

ACOG Past President Dr. Douglas Laube, back row, far left, with Survive and Thrive partners and a class of midwife students in Burma.
How to get involved

Taraneh Shirazian, MD, has tried to estimate the number of organizations offering global health trips and programs for physicians. It’s a number she has yet to reach. “There are so many people who are committed to global health work and so many different types of organizations that work abroad that it’s difficult to get an exact number,” said Dr. Shirazian, who teaches a global women’s health course for ob-gyn residents in New York City and is the editor of the forthcoming Around the Globe for Women’s Health: A Practical Guide for the Health Care Provider.

The good news is that ob-gyns have lots of options, from university-associated programs to nonprofits. The bad news is that it can be hard to find groups with sustainable programs. Dr. Shirazian, also the cofounder and medical director of the nonprofit Saving Mothers, recommends asking the following questions of both the organization and yourself:

• What’s the purpose or mission of this group?
• Has the organization led groups to this location before? How many times?
• What community does the organization hope to serve and what are the women’s health needs you can expect to encounter?
• How do the organization and physicians give back to the community?
• How is the local community involved in the health care being provided?

Once you know which group you want to travel with, know that it’s more complicated and challenging than working at home.

“What I love in our field is that people want to give back—they want to go abroad and do great work and effect change,” Dr. Shirazian said. “The problem is that if you aren’t aware of all the potential challenges you might face, you’re going to find yourself very limited in what you can offer. You also may find yourself feeling very conflicted once you’re there.”

Groups to consider

These are a few of the global programs ob-gyns may want to consider.

Seed Global Health
Seedglobalhealth.org
This group, which works in partnership with the Peace Corps and was co-founded by Vanessa Kerry, MD, daughter of Secretary of State John Kerry, will send its inaugural group of 31 doctors and nurses to Africa this year to train and educate the local medical community. About 20% of participating areas say they are looking for ob-gyn training, Dr. Kerry said. The commitment is one year. Apply at http://seedglobalhealth.org/joint-program/apply2.

The Central American Gynecologic Oncology Education Program
Every six months, two gynecologic oncologists travel to Central America to help train residents on how to treat gynecologic cancers. The program usually consists of one day of lectures and two days of surgery and patient rounds. Applicants must speak Spanish and have a strong interest in teaching. Contact Kathleen Schmeler at kschmele@mdanderson.org.

Foundation for International Urogynecological Assistance
IUGA is seeking fellowship-trained general urogynecologists to participate in a pilot program in Ghana in collaboration with the Ghana College of Physicians and Surgeons. Academic appointments and experience working in and training in developing nations is a must. Contact info@iuga.org.
PRESIDENT ELECT

MARK S. DEFRANCESCO, MD, MBA
CHESHIRE, CT

Professional Position
Private practice; assistant clinical professor, University of Connecticut; chief medical officer, Women’s Health Connecticut; founding partner, vice president, and medical director of Physicians for Women’s Health LLC

Education
MD: University of Connecticut
Residency: University of Connecticut

ACOG Activities
National: secretary; member, Executive Boards, Executive Committees; chair, Council of District Chairs; chair, committees on Practice Management, Ambulatory Practice Operations, Bylaws; chair, task forces on SGR Reform, Changing Practice in the 21st Century; chair, SCOPE Steering Committee; chair, Subcommittee to Select the Public Member; member, committees on Finance, Nominations, Continuing Medical Education, Global Women’s Health; member, task forces on Patient Safety in the Office Setting, Section Activities, Enhancing Practice Satisfaction, Committees; member, Global Operations Advisory Group; member, Ob-GynPAC Governing Committee; speaker, Congressional Leadership Conferences; honorary member, Chilean Ob-Gyn Society; member, editorial board, Your Pregnancy and Childbirth, 5th edition; member, medical advisory board, pause* magazine; reviewer, Obstetrics & Gynecology; member, work groups on ACNM-ACOG Liaison, Strategic Planning, Office Patient Safety Assessment; participant, ACOG Leadership Institute; participant and speaker, Chantilly II Conference on Future Directions in Resident Education; ACOG representative to the Board of Accreditation Association for Ambulatory Health Care
District I: chair; vice chair; member, Advisory Council; general chair, Annual District Meeting; chair, Committee on Meetings; member, committees on Nominating, Practice, Scientific Program; Connecticut Section chair, vice chair; chair, Connecticut Providers’ Partnership Task Force on HIV Perinatal Testing

OWEN C. MONTGOMERY, MD
PHILADELPHIA

Professional Position
Chair and associate professor, department of ob-gyn, Drexel University College of Medicine, Philadelphia; Chief of service, Hahnemann University Hospital, Philadelphia

Education
MD: Hahnemann University, Philadelphia
Residency: Jefferson Medical College, Philadelphia

ACOG Activities
National: Fellow-at-Large; member, Executive Boards, Executive Committees; chair, Council of District Chairs; advisor, Junior Fellow Congress Advisory Council; vice chair, Committee on Patient Education; member, committees on Ambulatory Practice Operations, Finance, Adolescent Health Care, Electronic Medical Records, Nominations, and Patient Safety and Quality Improvement; member, Advisory Committee, Sexual Assault Prevention; member, Ob-GynPAC Governing Committee; member, task forces on Maternal Mortality, Governance, Strategic Planning, and District and Section Activities; member, MOMS Work Group–Issue of the Year 2011; recipient, Outstanding District Service Award
District III: chair; vice chair; secretary; assistant secretary; member, Advisory Council; scientific co-chair, ADM; vice chair, scientific program; Pennsylvania Section chair, vice chair, secretary; Junior Fellow resident representative, Residency Review Committee; Junior Fellow chair, vice chair, secretary
Richard W. Henderson, MD
Wilmington, DE

Professional Position
General ob-gyn, Saint Francis Hospital and Christiana Hospital, Wilmington; immediate past vice chair, department of ob-gyn, Saint Francis Hospital; instructor, Thomas Jefferson Medical College; adjunct professor, department of ob-gyn, Drexel University College of Medicine, Philadelphia

Education
MD: Howard University, Washington, DC
Residency: Wilmington Medical Center

ACOG Activities
National: member, Executive Boards; member, Council of District Chairs; member, committees on Bylaws, Credentials, Nominations, Government Affairs; member, Ob-GynPAC Governing Committee; McCain Fellow; member, Pay-for-Performance Work Group; member, Task Force on District Meetings; member, Study Group to Examine Procedural Credentialing; recipient, Outstanding Section Award
District III: chair; vice chair; secretary; assistant secretary; consultant to District Advisory Council; Delaware Section chair, vice chair

Lisa M. Hollier, MD, MPH
Houston

Professional Position
Professor of maternal-fetal medicine and director, division of women’s health policy, department of ob-gyn, Baylor College of Medicine, Houston

Education
MD: Tulane University, New Orleans
Residency: Baylor University Medical Center, Dallas

ACOG Activities
National: member, Executive Boards; advisor, Junior Fellow Congress Advisory Council; chair, Committee on Professional Liability; member, committees on Scientific Program, Continuing Medical Education, Patient Safety and Quality Improvement, Nominations, Finance, Compensation, Government Affairs; member, ACOG/SMFM Liaison Committee; member, Ob-GynPAC Governing Committee; member, task forces on Communication and on Leadership in the 21st Century; participant, ACOG Leadership Institute
Districts VII and XI: District XI chair, vice chair, treasurer; District VII treasurer, secretary/program chair; member, committees on Health Education Loan Program and Searle-Donald F. Richardson Memorial Prize Paper; District VII Junior Fellow chair; Texas Section Junior Fellow chair

Eve Espy, MD, MPH
Albuquerque, NM

Professional Position
Chief of family planning division, professor, and associate dean of students, University of New Mexico, Albuquerque

Education
MD: University of California-Irvine
Residency: University of California-Irvine

ACOG Activities
National: chair, Committee on Health Care for Underserved Women; chair, Long-Acting Reversible Contraception Working Group; chair, Review Committee for the ACOG/Merck Research Fellowship in Disparities in Care for Underserved Women; reviewer, Obstetrics & Gynecology; recipient, Roy M. Pitkin Award
District VIII: chair, district legislative meeting; co-chair, Medical Student Recruitment Task Force; New Mexico Section chair, vice chair, secretary, legislative chair

Lydia M. Jeffries, MD
Asheville, NC

Professional Position
Private practice

Education
MD: University of Iowa
Residency: Duke University, Durham, NC

ACOG Activities
National: member, Ob-GynPAC Governing Committee; member, Committee on Nominations; participant, ACOG Leadership Institute; participant, State Legislative Roundtable
District IV: chair, Committee for State Legislative Activities and Professional Liability; chair, local arrangements for ADM; North Carolina Section chair, vice chair
JOHN P. KEATS, MD  
VENTURA, CA

Professional Position  
Market medical executive, Cigna Health Care of Arizona; assistant clinical professor, University of California, Los Angeles; obstetric hospitalist  

Education  
MD: Brown University, Providence, RI  
Residency: University of California, Los Angeles  

ACOG Activities  
National: chair, Task Force on Office Patient Safety Assessment; member, Task Force on SGR Reform; member, Committee on Patient Safety and Quality Improvement; course director and faculty, patient safety postgraduate course; pilot site reviewer and member of steering committee, Safety Certification in Outpatient Practice Excellence for Women’s Health (SCOPE) program; site reviewer, team leader; and member of steering committee, Voluntary Review of Quality Care (VRQC) program  
District IX: member, patient safety committee; Section 4 chair

LEE A. LEARMAN, MD, PHD  
INDIANAPOLIS

Professional Position  
Clarence E. Ehrlich Professor and Chair, Indiana University School of Medicine  

Education  
MD: Harvard Medical School  
Residency: University of California, Los Angeles  

ACOG Activities  
National: chair, Council on Resident Education in Obstetrics and Gynecology (CREOG); member, CREOG Executive Committee; member, Obstetrics & Gynecology editorial board; member, ACGME/ABOG/ACOG Milestones Working Group; recipient twice, Roy M. Pitkin Award

MARYANN E. MILLAR, MD  
JAMESVILLE, NY

Professional Position  
General gynecologist, The Women’s Place, Fayetteville, NY; clinical assistant professor, State University of New York, Upstate University Hospital  

Education  
MD: State University of New York at Buffalo  
Residency: State University of New York, Health Science Center, Syracuse  

ACOG Activities  
National: McCain Fellow; member, Ob-GynPAC Governing Committee, Committee on Government Affairs; ACOG representative, Doctors for Medical Liability Reform; ACOG representative, Health Care Liability Alliance  
District II: chair, Well Woman Task Force; member, Advisory Council; member, Government Relations Committee; Junior Fellow Advisory Council mentor; ACOG representative to the Medical Society of the State of New York House of Delegates

MARK S. SEIGEL, MD  
ROCKVILLE, MD

Professional Position  
Private practice  

Education  
MD: University of Pennsylvania  
Residency: State University of New York at Buffalo  

ACOG Activities  
National: chair, committees on Ambulatory Practice Operations, Practice Management; member, Grievance Committee; ACOG representative, Physicians’ Electronic Health Record Coalition; faculty director, ACM course; participant, ACOG Leadership Institute  
District IV: member, Patient Safety Committee; Maryland Section chair, vice chair, legislative chair, webmaster

2014 Election Process  
ACOG encourages Fellows to participate in the national officer elections by discussing candidates with Committee on Nominations members and at fall district meetings. In November, the committee will meet to select the slate to be voted on at the Annual Clinical Meeting in Chicago on April 28, 2014. Information on how to vote electronically by proxy will be provided in March. You may vote by proxy or vote in person at the ACM.
YOUNG PHYSICIAN AT-LARGE

MAUREEN E. FARRELL, MD
SAN DIEGO

Professional Position
Director of ob-gyn residency, Naval Medical Center, San Diego; assistant professor, Uniformed Services University of the Health Sciences, Bethesda, MD
Education
MD: Washington University, St. Louis
Residency: Naval Medical Center, San Diego

ACOG Activities
National: member, committees on Electronic Medical Records, Ambulatory Practice Operations, Scientific Program, Continuing Medical Education; member, CREOG Education Committee; participant, ACOG Leadership Institute; participant, Future Leaders in Ob-Gyn
District X: young physician representative; chair, Annual District Meeting; Navy Section Junior Fellow chair, vice chair

RAJIV B. GALA, MD
NEW ORLEANS

Professional Position
Ob-gyn, Ochsner Medical Center; associate professor, University of Queensland/Ochsner Clinical School, New Orleans
Education
MD: University of Alabama
Residency: University of Alabama

ACOG Activities
National: member, Executive Boards; chair, Junior Fellow Congress Advisory Council; member, committees on Government Affairs, Grievance, Nominations, Scientific Program, Continuing Medical Education; member, Appeals Panel Committee; member, Ob-GynPAC Governing Committee; member, editorial board of Your Pregnancy and Childbirth, 5th edition; participant, Future Leaders in Ob-Gyn; participant, ACOG Leadership Institute
District VII: Junior Fellow advisor; Junior Fellow chair, vice chair

VICTOR M. FELDBAUM, MD
MEMPHIS, TN

Professional Position
Assistant professor, University of Tennessee Health Science Center
Education
MD: Wayne State University, Detroit
Residency: Emory University, Atlanta

ACOG Activities
National: member, task forces on Legislative, International Experience; member, Essay Contest Planning and Review Committee; participant, ACOG Leadership Institute
District VII and IV: member, District VII Patient Safety Committee; District IV Junior Fellow chair, vice chair; Georgia Section Junior Fellow chair, vice chair

TAMARA G. HELFER, MD, MBA
CHAMPAIGN, IL

Professional Position
Private practice, Christie Clinic, Champaign
Education
MD: University of Illinois
Residency: University of Missouri

ACOG Activities
National: member, committees on Health Economics and Coding, Practice Management
District VI: young Fellow representative; webmaster and Facebook administrator
**YOUNG PHYSICIAN AT-LARGE**

**HARTAJ K. POWELL, MD, MPH**  
**NEW YORK CITY**

**Professional Position**  
Assistant professor and medical student clerkship director, New York University School of Medicine

**Education**

**MD:** University of Medicine & Dentistry of New Jersey  
**Residency:** Emory University, Atlanta  
**ACOG Activities**

**National:** member, Committee on Coding and Nomenclature; participant, ACOG Leadership Institute  
**District II:** young Fellow representative; member, Legislative Committee, Health Technology Work Group

---

**SARAH W. PRAGER, MD, MAS**  
**SEATTLE**

**Professional Position**  
Associate professor and director of the family planning division, family planning fellowship, and family planning clinic, University of Washington, Seattle

**Education**

**MD:** University of Texas, Southwestern  
**Residency:** Fletcher Allen Health Care/University of Vermont

**ACOG Activities**

**National:** member, committees on Health Care for Underserved Women, Gynecologic Practice; member, Council on Resident Education in Obstetrics and Gynecology Education Committee  
**Districts VIII and I:** District VIII young physician at-large; District VIII Washington Section secretary; recipient, District VIII Mentor of the Year Award; District I Junior Fellow chair, vice chair; District I Vermont Section Junior Fellow chair, vice chair

---

**2013–14 Committee on Nominations**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richard N. Waldman, MD</td>
<td>Chair</td>
</tr>
<tr>
<td>Steven J. Fleischman, MD</td>
<td>District I</td>
</tr>
<tr>
<td>Ronald Y. Uva, MD</td>
<td>District II</td>
</tr>
<tr>
<td>Kirsten M. Smith, MD</td>
<td>District III</td>
</tr>
<tr>
<td>Janice L. Bacon, MD</td>
<td>District IV</td>
</tr>
<tr>
<td>Robert P. Lorenz, MD</td>
<td>District V</td>
</tr>
<tr>
<td>Thaddeus L. Anderson, MD</td>
<td>District VI</td>
</tr>
<tr>
<td>Verda J. Hicks, MD</td>
<td>District VII</td>
</tr>
<tr>
<td>Robert H. Palmer Jr, MD</td>
<td>District VIII</td>
</tr>
<tr>
<td>John S. Wachtel, MD</td>
<td>District IX</td>
</tr>
<tr>
<td>Christopher M. Zahn, MD</td>
<td>District X</td>
</tr>
<tr>
<td>Carl A. Dunn, MD</td>
<td>District XI</td>
</tr>
<tr>
<td>Karen E. Harris, MD, MPH</td>
<td>District XII</td>
</tr>
<tr>
<td>Cynthia A. Brincat, MD, PhD</td>
<td>At-Large Fellow</td>
</tr>
<tr>
<td>May Hsieh Blanchard, MD</td>
<td>At-Large Fellow</td>
</tr>
<tr>
<td>Kenneth L. Noller, MD, MS</td>
<td>Past President</td>
</tr>
<tr>
<td>James N. Martin Jr, MD</td>
<td>Past President</td>
</tr>
</tbody>
</table>

---

Steven J. Fleischman, MD, front right, at the 2012 District I Annual Meeting. Dr. Fleischman represents District I on the ACOG Committee on Nominations. Be sure to participate in the national officer elections by discussing candidates at your fall district meetings and with Committee on Nominations members.
In Memoriam

Leslie R. Ansley, MD
Lubbock, TX
1/13

Francis Andrew Bartek, MD
Amherst, OH
1/13

Royal Henry Benson III, MD
Bryan, TX
2/13

Charles M. Bernstein, MD
Boca Raton, FL
2/13

James Donald Burgess, MD
Tampa, FL
4/13

Tien Cheng Chiu, MD
Hacienda Heights, CA
7/12

Edward B. Clark, MD
Livermore, CA
5/13

Narendra Kumar Datta, MD
Ballwin, MO

Louis Richard Erich, MD
Portland, OR
6/12

Robert W. Ford, MD
Allison Park, PA

George R. Fricke, MD
Coronado, CA
10/12

Karim M. Gray, MD
Jasper, IN
3/13

Hobart C. Hortman, MD
Rome, GA
4/13

William Inkret Jr, MD
Denver
2/13

Abraham M. Lenobel, MD
Port Jefferson, NY
10/12

George Dalton Long, MD
Atlanta
11/12

Morton L. Miller, MD
Stuart, FL

H.R. Morgan, MD
Hamilton, ON
12/12

Warren N. Otterson, MD
Spring Branch, TX
4/13

Manutchehr K. Parsi, MD
Pittsburg, KS
4/13

John C. Purger, MD
Fort Lauderdale, FL
9/12

Richard J. Rygiel, MD
Casper, WY

David A. Sandridge, MD
Asheville, NC
2/13

George H. Schade, MD
Phoenix
4/13

Daniel John Semenoff, MD
St. Louis
11/12

Michael Alan Slama, MD
Coon Rapids, MN
4/13

Harlow Eldredge Smoot, MD
Provo, UT
1/13

William H. Stenstrom, MD
Vida, OR
2/13

William James Watson, MD
Rochester, MN

Sterling B. Williams, MD, MS, PhD
Silver Spring, MD
5/13

William Thomas Yates, MD
Wilton, ME
12/12
Take ACOG’s News Survey for a Chance to Win $50 from Starbucks!

Here’s your chance to help us bring you the best news and information from ACOG and have a chance to win one of three $50 Starbucks gift cards. Just go online and take our news survey* to tell us what you’d like to see in ACOG Today, Today’s Headlines, and more.

acog.org/newssurvey

*Survey is online now through September 30. You must be a current ACOG member and can only take the survey once. Complete survey details are available online.