A partnership with the Institute for Women’s Health (IWH) at the University of Tennessee-Memphis is expanding CROW’s multidisciplinary reach and community-based activities, while also offering affiliated faculty new opportunities for research into women’s health. Dr. Nancy Hardt, founding director of the Institute (see related story on this page), cements the collaboration by joining the CROW team as an adjunct professor and research affiliate.

CROW director Dr. Barbara Ellen Smith praised the new partnership, calling it “a great opportunity to integrate biomedical with social-structural perspectives on women’s health.”

CROW associate director Dr. Phyllis Betts added, “CROW faculty are in an ideal position to integrate concepts and theory from the scholarship of race, class, and gender with Nancy Hardt’s and other UT faculty’s biomedical expertise.”

The first research project to come out of the new partnership involves an “ecological” approach to health that targets Memphis’s highest-risk neighborhoods. With encouragement from the state of Tennessee’s newly appointed Director of Mental Health, the LeBonheur Health Systems Foundation-funded Institute for Early Childhood, and several neighborhood-based non-profits and associations, Betts, Hardt and Smith have designed a project that combines research with community outreach.

Betts explained, “The research component defines, operationalizes, and collects data on a series of health related indicators that we suspect are interacting to mediate risk behaviors and health outcomes. The indicators help us measure individual efficacy, social support, and other group level variables (including power and resources) that we believe impact such health outcomes as prematurity, low birth weight, and infant mortality.”

The CROW-IWH collaboration will result in a protocol for testing the ecological model in a variety of contexts. Betts, Smith, and Hardt will be working with community-based organizations and associations to recruit residents as study participants, collect data, and design and implement interventions based on the research findings and resident input.

In hailing the new partnership, CROW associate director Betts emphasized the persistent need to integrate concepts and theory from the scholarship of race, class, and gender with Nancy Hardt’s and other UT faculty’s biomedical expertise.

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Hardt Leads Institute for Women’s Health

Dr. Nancy Sisson Hardt, the first director of the Institute for Women’s Health in Memphis, is creating a health report card for neighborhoods near downtown Memphis in an effort to pilot a city-wide plan for improving the community’s health. “We’re making sure we avoid the danger of prescribing for the community without asking the community what they want,” she said.

Hardt became the director of the newly established Institute for Women’s Health in February 2002. The institute is a joint project of the UT Health Science Center, Methodist Healthcare and The University of Memphis. Formerly a professor of obstetrics and gynecology as well as pathology and laboratory medicine at the University of Florida College of Medicine, Hardt is now a professor of preventive medicine at UT-Memphis and holds the Methodist Endowed Chair for Women’s Health.

The Institute for Women’s Health aims “to create a national reputation for excellence in community-based women’s health research, education and clinical services by implementing best practices of community care in Memphis and Shelby County,” Hardt said. Setting it apart from many other women’s health centers, the focus of this new institute is on stimulating research and engaging the community in programs and strategies that will improve health outcomes.

The community health report card is part of the institute’s needs assessment of zip codes near the UT Health Science Center and the University Medical Center – 38104, 38103, 38105 and
Shock and awe” are our scripted responses to the savage bombing of Baghdad, at least as the Pentagon and news media would have it. More like shock and horror.

In this issue of StandPoint devoted to women’s health, which goes to press during the first week of war, the specter of death and violent mutual retaliation even after the war officially ends hangs ominously over the future. At this moment, the most immediate threat to the health of women in both Iraq and the United States seems to be military violence and its socioeconomic consequences.

Analyses of foreign policy and military aggression that feature economic interest and the power plays of political elites tend to be most persuasive in my mind, and they are certainly at work in the convoluted crisis in the Middle East. But I have also been struck by the hyper-masculine swagger in our President’s shameful march toward war. Over and over, he has depicted complex issues as a personalized face-off between himself and Saddam Hussein—“mano a mano,” as one news report put it. The United States is no longer embodied in Liberty, lifting her torch toward the sky, but as a man with his fist in your face.

Cultural critic Richard Goldstein who tracks, among other themes, misogyny in popular culture, observes the rise of the “neo-macho man” in the post-9/11 United States. Rooted in an earlier backlash against feminism, the neo-macho man draws a bead on strong women and “weak” men—i.e., gay men, to be sure, but also straight guys who don’t go along with the program. We welcome the return of this hyper-potent man because, in a world full of terrorism and other dangers, he supposedly keeps us safe.*

In such a world, compassion is for wimps. And so our cities, states and public institutions groan under the weight of budget cuts, and the poor—who are disproportionately women and children—do with even less than the little they already have. Meanwhile, the President requires $75 billion for one month of war in Iraq.

Mercifully, the larger world is also full of paradox, where such polarities tend to generate their opposites. So we have also seen the most massive anti-war mobilization in human history, and it extends to every corner of the globe. A very different gender politic, spiced with satire, infuses many of these protests.

Beginning in New York and spreading rapidly to other cities across the world, women and men have been gathering to stage readings of Aristophanes’ ribald pacifist play Lysistrata, in which Greek women withhold sex until men renounce war. The women also take over the Athenian treasury—a strategic move worth keeping in mind. The activists in Code Pink, who are holding all-female vigils in front of the White House, poke fun at the exaggerated masculinity of the neo-macho man (and his color-coded domestic security alerts) even as they parody his counterpart—the frilly female in pink.

More somberly, Women in Black is an international grass-roots movement in which women dress in the color of mourning and join across religious, racial/ethnic and national lines to express their grief and demonstrate their opposition to military destruction.

Those who believe that these fusions of art and politics are mere gestures, without effect, would do well to remember that U.S. Secretary of State Colin Powell felt compelled to cover up a reproduction of Picasso’s anti-war masterpiece “Guernica,” so that it would not appear as the backdrop for his bellicose speech at the United Nations. Worldwide protests by women as well as men have not stopped U.S. military aggression against Iraq, but they represent potent and imaginative forms of political rebellion that taunt the drab spectacle of men (and a few women) in suits arrogantly charting the world’s future in their own interests, on their own terms.

Most important, news of innovative protest in one place spreads like electronic wildfire over the Internet, sparking replication, elaboration and improvisation. So, within days of the first reading in New York, protestors from China to Argentina were also reading Lysistrata. In that unprecedented reality—creative movements that are grassroots yet globally linked—this activism signals a beginning rather than an end, a new possibility rather than a defeat. In the face of these historic mobilizations I feel hope. And awe.

Race, Gender and Environmental Health

From 1954 through the 1970s a variety of substances, both toxic and non-toxic, were buried on the 642-acre site of the Defense Distribution Depot of Memphis, Tennessee. Today, Doris Bradshaw and the residents of the area surrounding the Depot believe that their community is a cancer cluster and that toxins buried at the Depot are the cause. They are fighting to have their claims recognized and to halt development of the site.

Across town, in North Memphis, another group, led by Balinda Moore, is concerned about high rates of respiratory illnesses and cancers that it believes are caused by emissions from the Velsicol Chemical Corporation, a pesticide manufacturer.

These are two of several cases being studied by Dr. Andrea Y. Simpson, associate professor of political science at the University of Washington in Seattle and 2001–2002 Rockefeller fellow at the Center for Research on Women, for a book entitled In Shadowed Spaces: African American Women and Environmental Justice, to be published by Oxford University Press. Dr. Simpson’s research highlights the interconnections between social and political issues and concerns of women’s health.

Interested primarily in studying the political activism of African American women, Simpson surveyed media coverage of black female activists and noticed the prominence of black women in environmental justice cases. Unlike other areas in which African American women are active as leaders—e.g., housing, crime, and school vouchers—Simpson saw environmental justice as an issue that had not yet gained much momentum or media attention and she wanted to find out why. So far her research suggests that both conservative, pro-growth economic policies, along with the race, class, and gender status of the activists have stymied environmental justice victories.

A native of Memphis, Andrea Simpson grew up about five miles from the Memphis Depot and attended Hamilton High School and Rhodes College before leaving the Mid-South for graduate school and employment. But her strong ties to Memphis remain. An engaging and gregarious person, Simpson has been able to use her background to combine extensive interview-based qualitative research with more quantitative and theoretical work.

The women Simpson has come to know in the course of her work first became involved in environmental justice as a health issue—often a very personal health issue.

Doris Bradshaw, president of the Defense Depot Memphis Tennessee-Concerned Citizens Committee, a grassroots organization fighting to force Depot officials to acknowledge and take responsibility for toxic chemicals in the area, began demanding information after the death of her grandmother from a cancer so devastating that doctors were unsure about its origins. Bradshaw believes that her grandmother’s disease began as bladder cancer, a form of cancer that is often environmentally induced.

Betty Mills, a former Depot employee and now a member of the Restoration Advisory Board, a group established by Depot officials comprised of community residents, remembers finding unusually high numbers of dead frogs and rabbits on the Depot grounds when she worked there. She also has told Simpson that of thirteen pregnancies of Depot workers and spouses during her time there, including her own, only one resulted in the birth of a healthy baby. When she questioned her employers about these occurrences her concerns were dismissed.

Dr. Simpson argues that it is because of experiences such as these that African American women have taken the lead in the environmental justice movement. “Women, who are the caregivers of children and parents, are more in touch with what is going on in their neighborhoods. They get to see the patterns of illness. They see it up close and personal.”

That the women who take the lead are African American is largely a result of residential segregation and environmental racism. They are the ones who live in the neighborhoods most

See ENVIRONMENT on page 13
In collaboration with the Regional Economic Development Center (REDC) and the Department of Anthropology, CROW is participating in planning and evaluating a new program to improve communication between medical providers and Spanish-speaking patients in local health care facilities.

Spearheaded by Dr. Brenda Partee at the Regional Medical Center (“The Med”), En Memphis Hablamos Juntos (We Speak Together in Memphis) has been funded by the Robert Wood Johnson Foundation to address in a coordinated manner the language needs of Latinos in health care settings. The program goal is to increase and improve access to health care services for Latinos with limited or no English proficiency by organizing a cost-effective, culturally competent health care system that uses interpretation and translation during service delivery.

The team of University of Memphis researchers is led by Luchy S. Burrell (REDC), Marcela Mendoza (senior researcher at CROW), and Ruthbeth Finerman (associate professor of anthropology), and depends on the assistance of several research associates and graduate students.

Current research demonstrates that cultural and linguistic differences can profoundly affect the health and quality of care received by Latinos. Failure to consider these issues in clinical encounters can lead to a variety of adverse consequences, including decreased satisfaction with care and medical errors.

The U of M team recently completed an assessment of the language resources already available in the community, and an evaluation of the health care needs of the Latino population. They found that, although interpreters and translated materials are available to some extent at nearly all the large hospitals in Memphis, and a number of private practices and clinics are run by bilingual physicians or have Spanish-speaking personnel, there is still much room for improvement.

Among the group’s many recommendations is the need for comprehensive patient information systems that systematically track, for example, interpreter use by department, shift, and day of the week. They also noted a widespread need for translation of frequently used medical forms, legal documents and signage into Spanish.

The U of M team anticipates that the needs of the Latino population will change as newcomers settle more permanently into Memphis over the coming years. “Individuals will probably seek additional medical services besides the obstetrics, pediatrics, emergency and trauma units that they are currently using,” Mendoza commented. She identified bilingual assistance in developmental pediatrics, psy-

CROW senior researcher Dr. Marcela Mendoza and broadcast journalist Mariel Loaiza shared Women of Achievement’s 2003 vision award for their work on behalf of Latino immigrant women in Memphis. University of Memphis president Shirley Raines presided over the awards ceremony, which was held on March 30 in the Wilson Hotel on the campus of The University of Memphis.

In the fall of 2000, Loaiza initiated a call-in show for Latino women, De Mujer a Mujer (From Woman to Woman), on the local Spanish language station, Radio Ambiente. Mendoza, a frequent guest on the program, soon teamed up with Loaiza to sponsor gatherings for Latino women, which continue to draw upwards of 100 women and 50 children.

Mendoza explained, “These gatherings provide women a venue to meet one another, share their problems and resources, and support one another through the difficult process of adapting to a new country.” CROW has provided support for these activities through its project on “Across Race and Nation: Building New Communities in the South,” which focuses on Latino immigration to the U.S. South.

Women of Achievement, a local organization formed to honor women in Memphis who have made significant contributions to the community, makes annual awards in seven different categories. Previous awardees include CROW’s founding director Dr. Bonnie Thornton Dill, who also received Women of Achievement’s vision award.
I must say that reading this book raised my blood pressure from time to time. It is constructed to register outrage on the part of the reader: outrage that society fails to protect battered women, outrage that heterosexual women are frequent victims of HIV, outrage that medical practice is based on research that excluded women.

My favorite chapter was on poverty, a topic you will not find in any medical text. She notes that “poverty is clearly a health hazard.” Agreed. Unfortunately the solution to this source of health disparity is in social policy, not medical practice or policy. I waited expectantly for my call to action, but it never came.

Additional chapters address such topics as Power and the Clinical Setting, Violence against Women, Occupational Health, Cancer, Contraception and Abortion and Women as Health Care Providers.

In reading them, I suffered other blood pressure elevations, probably not experienced by the average reader, due to my disappointment that many of the changes in medicine that have occurred since 1985 were not included. In addition, the author seems unaware of the complexity of many medical conditions affecting women.

Here is an example. Ratcliff contends that scant attention is paid to disease prevention. This is certainly true, and results in part because our payment methods are based on a model that is...
38126. “What we’ve been doing is gathering local data and comparing it to regional and national data,” Hardt said. “We have a group of neighborhoods with health statistics that need a lot of improvement. In order to figure out where to focus our resources, we created a report card.”

Hardt designed the report card using recommendations of the Institute of Medicine about how to measure community health. Two thirds of the items recommended by the IOM to measure community health were women’s health issues, she said. “As the largest consumers of health care, women and their children are like the canaries in the coal mine. If there is any gap or missing service they’re going to feel the effects of it first.”

The institute’s staff is also visiting the places where women’s health services are provided to ask about resources, successes and any gaps in service. Along with the report card and “walk around data” obtained in the visits, Hardt said she has gathered anecdotes concerning issues important to women’s health.

All of this information will lead to a plan for improvement, she said. “This may be of interest to people like the mayor, city and county government, the Health Department and hospitals. The best way to work on those problems is as a group. The Health Department alone could not address it, a hospital alone could not address it. No one individual could possibly be responsible for this and no one institution could fix it. We’re all going to have to work together to fix this.”

Only recently has there been widespread recognition of the need to focus both research and teaching on issues of women’s health. As a 1985 survey by the U.S. Public Health Service revealed, women historically had been excluded from much important clinical research. And not until 1990 was the Office of Research on Women’s Health at the National Institutes of Health established, in part to make sure that women and minorities were included in medical research.

The definition of women’s health has been expanded to areas other than reproduction. This new wider definition includes such topics as sexual assault and domestic violence, aging and care of the elderly, poverty and access to health care, and diseases that present differently in women than in men. In addition, research on women’s health has highlighted disparities in both health and health care among people of different racial and ethnic groups, of differing socioeconomic status and of various regions of the United States.

Hardt takes this new wider definition of women’s health into account. “A wide realm of social issues have an impact on health,” she said. “Women’s health is related to women’s ability to sustain a healthy home environment, including affordable housing, child care, mentoring in job-related skills, negotiation skills and leadership training.”

Hardt expressed excitement about working in collaboration with the Center for Research on Women and others at The University of Memphis who have expertise in the social sciences and in the Mid-South. One example of the kind of research she hopes to draw on is Dr. Phyllis Betts’s work on women and violence. “In medical school we were taught that domestic violence was a societal issue to be handled by police,” Hardt said. “Yes, we learned how to treat the fractures or diagnose the cause of death, but we were never expected to solicit a history of abuse or to report it if it was discovered. Contemporary medical students (and nursing students for that matter) are taught how to screen through history-taking for domestic violence, identify risk factors for domestic violence, advise women who are victims of domestic violence about available resource, and make appropriate referrals.”

Changes like those involving treatment of domestic violence are needed in other areas, Hardt said. “The expertise in domestic violence came to medical school curricula from outside the medical school. Expertise tapped to modify the curriculum resided in the social services department, in the police department, and in non-medical literature. Many other social/medical issues require this sort of interdisciplinary approach.”

In addition to drawing on the expertise of both academics and social service providers outside of the medical profession, Hardt said that input from women in the community is crucial to the success of the institute. “It is known that women make two-thirds of health care decisions, provide health promotion and disease prevention advice to all members of the family, and in addition provide needed transportation, dispensing of medications, and other therapies at home,” she said. “Women are the vehicle for translating the content and results of research from the university into health results at home.”
designed to treat acute episodes, not prevent them. However, the examples cited by the author are flawed, including “we provide hip replacements for elderly women who fall rather than making architectural changes to their homes, providing walkers, or teaching them balancing techniques.” Hips are typically replaced to treat painful arthritic conditions, not falls. If someone falls and breaks her hip, a surgical procedure is done to reconnect the fragments.

A more wide-ranging view would have heralded the new therapies that prevent and treat osteoporosis, which will reduce the incidence of fracture in the elderly who do fall down. Even better, she could have condemned the placement of soft drink machines in our schools and called for more milk consumption during the important bone developing adolescent years.

Most important among its deficits, this book does little more than whine. Yes, let’s admit it. Medicine was built on patriarchy, white male patriarchy. And that is where our attention should focus: not on whining, but on the actions required to diminish unjust and inequitable power.

Inspiring and instructive examples abound. To cite just one: the failure of passage of the Equal Rights Amendment led to Emily’s List. Emily’s List led to a women’s political caucus. The caucus led to establishment of the Office of Research on Women’s Health and NIH policies for inclusion of women in clinical research. Unless you’re talking about prostate research, women must be included. Period. All of this occurred since 1985.

There is much to do if we want women to have access to the best available medical care regardless of race, native tongue, economic status, literacy, and sexual identity. Disparities in health care persist and are deep seated. What we hear most about in the press are “drive-by” mastectomies and misdiagnosed heart attacks, problems suffered by women in higher socioeconomic groups and thus women with relatively more political power.

But these tragedies are episodic slights compared to the plight of the chronically underserved. I wish this book had included more pointers on using our votes and political will to evoke policy change on behalf of women disadvantaged by race and class as well as gender. What about the sexually assaulted or sexually expressive teens who become pregnant, drop out of school, raise children alone, and never dig out of cavernous poverty? Our collective political will is sufficient to change this landscape, if we just exert it. What if our society cared judiciously for young pregnant women, regardless of their marital status? If we spend some now on health care and social programs, we save much in future entitlement programs and criminal justice expense while reducing wasted human potential.

Even short of such fundamental political change, why not use our collective energy to generate momentum among women to take charge of those aspects of health that are directly under our individual control? We could put the breast implant manufacturers and the tobacco industry out of business, send McDonald’s packing, eradicate the market for gratuitous violence in movies and anorectic fashion models in magazines.

Just these actions on our part would save many health care dollars that could be invested in teacher salaries, after-school programs, and child care. What’s more, these actions would make the jobs of health care providers much easier—maybe even obsolete. Now THAT would be a fine fifteen-year goal, and something for physicians to whine about.

Dr. Hardt is an obstetrician/gynecologist and pathologist, and the director of the Institute for Women’s Health. As a new adjunct research faculty member in CROW, she was asked to review this book.
CROW Celebrates 20th Anniversary
Latinas in Memphis
CROW 6th Annual Community Issues Forum
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**CROW Launches New Research Interest Groups**

Following a model developed at the University of Oregon’s Center for the Study of Women in Society, CROW has begun to form Research Interest Groups (RIGs) that bring together faculty from different disciplines around topics of common interest. The first new RIG, which has been meeting regularly since January, focuses on Inequality, Globalization and the U.S. South, while a second that is currently in formation will address Women and Social Policy.

The RIG on Inequality and Globalization includes eleven faculty from across four colleges and six departments, ranging from film and communication to human movement sciences. Research by CROW affiliate and assistant professor of sociology Dr. Wanda Rushing, who is currently investigating the dynamics of globalization in Memphis, was in part the inspiration for this RIG.

At one recent meeting, assistant professor of anthropology Dr. Jane Henrici presented an analysis of the NAFTA corridor, an interstate highway that will pass through Memphis as it connects Toronto, Canada with Monterey, Mexico. Memphis is located at the mid-point, and will undoubtedly experience significant economic, social and environmental impacts from the transnational traffic along the new route.

RIG participant and CROW director Dr. Barbara Ellen Smith commented, “Working together across disciplinary boundaries to figure out complicated developments in our city and region is enormously creative and rewarding. The RIGs are like seedbeds for new ideas. We’re already talking about joint research and possibilities for external funding.”

Led by Dr. Joy Clay, associate professor and Acting Director of the Division of Non-Profit and Public Administration, and Dr. Phyllis Betts, CROW Associate Director for Community-Based Research and Partnerships, the second RIG addresses Women and Social Policy (WASP). “We will initially be convening around women’s health issues and supporting the collaboration between CROW and the Institute for Women’s Health,” explained Betts.

“The RIG approach brings multiple disciplinary perspectives to bear on any number of issues that are of theoretical interest for race, class, and gender scholars, but just as importantly, we expect the Women and Social Policy RIG to support the action research with which most participants will be involved.”

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**Betts Facilitates National VAWO Focus Group**

CROW associate director Dr. Phyllis Betts, at the invitation of the federal Violence Against Women Office (VAWO), recently facilitated a national focus group for advocates and other practitioners working with rape survivors. VAWO convened the group on behalf of the United States Department of Justice and the Attorney General, who is mandated to make recommendations back to the U.S. Congress.

As directed by Congress during its reauthorization of the Violence Against Women Act in 2000, the purpose of the focus group was to “evaluate existing standards and protocols and develop and report to Congress on a national standard and protocol for sexual assault forensic examinations.”

Betts, who for the past three years has conducted research into sexual assault in Memphis, explained the need for the focus group in terms of a confused and conflicting array of forensic practices: “Some states and localities have adopted sexual assault nurse examiner (SANE) programs, while others rely on emergency room personnel who may or may not have training in forensic examination protocol. Some states and localities involve victim advocates up front in the process while others have little integration of forensic, counseling, or advocacy services.”

The focus group was the first step in identifying and choosing among best practices that have been adopted by organizations such as the International Association of Forensic Nurses and agencies such as the Memphis Sexual Assault Resource Center. The group reviewed protocols and other materials assembled by VAWO, reacting in terms of their own legal constraints, resources, and geographic contexts. For example, to what extent could a best practice that works in an urban area be adapted to a rural area having no local advocates or ready access to emergency rooms?

In other instances, the group’s effort to recommend national standards involved tricky political questions. For example, should the need for consistency (and stronger prosecutorial criteria) dictate that survivors be examined in designated facilities even while advocates argue for a victim’s right to choose?

“It is easy to envision ideal standards, but after hearing from over twenty practitioners from different parts of the country, the challenge is to develop a standard and protocol that can actually be implemented in diverse settings,” commented Betts. “That is what I found most engaging about the whole focus group process.”

For further information about CROW research into sexual assault, contact Betts at pbetts@memphis.edu.
likely to be contaminated. The area surrounding the Depot, for example, is nearly 100% black. It is a neighborhood in decline, with an aging educated population, and a struggling younger population of many single mothers and children. Environmental Protection Agency reports reveal that the South has more states with environmentally hazardous sites than any other region and that Tennessee is one of the most toxic states in the nation.

Environmental justice cases, says Simpson, are difficult, if not impossible, to prove. Long-term health histories are rare, it is often impossible to determine levels of contamination in the past, and isolating for specific causes of illnesses is difficult. In addition, faulty research methods are frequently used—methods that are biased or are not suitable for small and mobile populations. Even when official as well as anecdotal evidence seems to support activists' claims—for example, the Agency for Toxic Substances and Disease Registry did find that levels of uterine cancer were higher than expected in the Depot area between 1990 and 1996—such evidence is often explained away or buried.

On top of the problem of obtaining reliable evidence, the women leading these fights face obstacles related to their race, class, and gender. Simpson points out that in Memphis and elsewhere, political leaders are often more committed to economic development and to the interests of business elites than to the health and welfare of their cities’ poorer residents. Media often dismiss local activists in favor of what are perceived to be more credible “experts.” Medical practitioners may be more patronizing than helpful.

Environmental justice activists have not yet figured out how to frame their issue in a way that will make it one of more than local concern. Few of the activists in Memphis, according to Simpson, have really come to view this issue as one of civil rights. For them, it is primarily a health issue. But health can become political. Doris Bradshaw believes that it should. Her experience has led her to advocate that all women press harder for explanations for health concerns and become activists on women’s health.

Betts Named CROW Associate Director

Dr. Phyllis Betts, associate professor in the University of Memphis School of Urban Affairs and Public Policy (SUAPP), has assumed a new role as CROW’s Associate Director for Community-Based Research and Partnerships. “This position recognizes the leadership role that Phyllis Betts has been taking for several years,” explained CROW director Dr. Barbara Ellen Smith. “Our linkages with organizations and individuals in Memphis and the wider South have expanded enormously, and that is due in large part to Phyllis’s efforts.”

Betts is centrally involved in a number of community-based research initiatives, including an ongoing project on sexual assault in Memphis and the new collaboration with the Institute for Women’s Health, which is developing an ecological approach to health promotion and disease prevention. An urban sociologist, Betts also specializes in neighborhood development, and has led an extensive research effort into “problem properties” and related strategies for code enforcement that can prevent neighborhood decline.

A graduate of the University of Chicago, Betts came to the University of Memphis as director of the Honors Program. In January 1996, she became a faculty member in CROW and joined a team of researchers investigating classroom strategies to promote the retention and success of women and people of color in basic science courses. With funds from the National Science Foundation, Betts also analyzed data on the career trajectories of people of color in the physical sciences.

“The evolution of my research interests and approaches has been tied up with the work of CROW for many years now,” said Betts. “This new position recognizes that community-based research is a key element of the CROW mission, and I’m delighted to take it on.”
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Upcoming Activities in April...
April 4: Reception for participants in the Organization of American Historians (OAH) annual convention and local friends, sponsored by Women’s Studies, CROW and African and African American Studies. The Power House, 6:00-9:00 p.m.
April 11: “Urban Minority Neighborhoods,” lecture by Professor Maria Patricia Fernandez-Kelly, cosponsored with the Department of Sociology. Overton Room, Wilson Holiday Inn, 1:00-3:00 p.m.
April 12: Academic Women’s Alliance symposium. Hutchinson School, 1:00-3:00 p.m. Contact Marilyn Hury (mhury@rhodes.edu) for further information

IWH, cont. from page 1

inattention to social-structural influences on women’s health. “A timely example involves the medical profession’s recent reversal regarding the benefits of hormone replacement therapy,” she noted. Observational studies reported protective effects of hormone replacement therapy (HRT) on women’s cardiac health, but they failed to take into account how women accessing HRT for menopausal symptoms differed in significant social and economic dimensions from those who did not. These women turned out to be healthier than the general population of women for reasons having nothing to do with HRT and much to do with social-structural inequality.

This is by no means the first CROW initiative on women’s health. Early work at CROW included a National Institute of Mental Health-funded study of women’s upward mobility and mental health, which was conducted by Drs. Elizabeth Higginbotham and Lynn Weber. More recent work includes Phyllis Betts’ National Institute of Justice-supported research on sexual assault. All of these efforts define women’s health in broad terms that include mental well-being and freedom from violence and sexual abuse.

The collaboration with Hardt and UT’s Institute for Women’s Health breaks new ground, however. Smith commented, “CROW research affiliates will now have meaningful access to a wider range of health indicators and biomedical collaborators, and the wherewithal to frame more women’s health issues firmly within a social-structural context.”

HABLAMOS, cont. from page 4

chiatric counseling, and care for the elderly, as well as health education and preventive medicine as increasingly important needs.

“Nonetheless,” Mendoza concluded, “we anticipate that medical interpreters, translated materials and signage will still play an important role in helping Spanish-speakers with limited English proficiency to take care of their health needs for many years to come.”
Selected Titles on Gender, Race, and Women's Health

Strategic Approaches to Community Safety Initiative: Memphis Sexual Assault Research Project-Data-Driven Interventions: Partnerships for Change
By Phyllis Betts
Powerpoint Presentation
Available on the CROW Website

Strategic Approaches to Community Safety Initiative: Memphis Sexual Assault Research Project-Sexual Assault among Teenage Girls in Memphis
By Phyllis Betts
Powerpoint Presentation
Available on the CROW Website

Enhancing Cultural Awareness and Communication Skills: A Training Program for Health Care Providers and Educators
1990.
$5.00  No. Copies___
Manual and Video Tape
$12.00  No. Copies___

Occupational Stress, Social Support, Depression and Job Satisfaction among Black and White Professional-Managerial Women
By Mary Beth Snapp
$6.00  No. Copies___

Depression among Women: Exploring the Effects of Race, Class and Gender
By Lynn Weber, Elizabeth Higginbotham, and Rebecca F. Guy.
$6.00  No. Copies___

Coming in April on the CROW Website:

Urban Middle-Class Women’s Responses to Political Crisis in Buenos Aires
By Claudia Briones, Marcela Mendoza, Ricardo Fava, Ana Rosan, Gonzalo Diaz, and Mariana Esplugas

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Latino Immigrant Women in Memphis
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Barbara Ellen Smith, Director
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