

Acting President's Message

Catherine Magill, PhD



Happy Spring everyone! With the warm weather that we've been having, I've almost managed to block out the fact that there is little work out there.

I've been able to update my garden and spend time tending to my other volunteer activities. But it has not been without some angst. I am very fortunate to have a husband with a good, stable job, but I know many other freelancers out there who are not as lucky as I. And for you, I wish you nothing but the best of luck in finding some good paying work—work that is not only well-paid on paper, but pays on time.

I am still waiting for a paycheck from a job that I did in December. My queries are always met with "I will look into it, we've been having some equipment difficulties and your check must have gotten caught up in that", or whatever... But the time has come to pull out the letter from the attorney, reminding them of the 30 day commitment they made. I only wish that some of the people I pay bills to would be as loose with the 30 day payment deadline as my client is.

The sad thing is that if they were to call with another job, I would seriously consider taking it.

From what I have seen, the jobs are few and many are paying extremely poorly. A couple of months ago, I saw a listing for someone to write video scripts for \$25 each. There was another job on Craigslist to summarize in 10 pages the health insurance bill that Obama just signed... for \$100. Debra Gordon, an AMWA member from Virginia, recently wrote a blog

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pointing out that that \$100 would probably not even cover the toner to print the thing out, and bemoans this "race to the bottom". The blog can be found at <http://www.debragordon.blogspot.com>, and is worth reading.

Writing for content mills that pay at this level is working for slave wages and should be done only after a lot of thought. Sometimes one may need to take a job like this to put dinner on the table, but there are many downsides, not least of which is the stigma that may become attached were one to have materials from those types of clients in one's portfolio.

Another blog I just read highlights a series of downsides to taking these jobs, including not being in an environment where one is able to learn to do research or to write well. The argument that one might take those types of jobs to learn and build a portfolio to parlay into better paying jobs may be specious. This article, by Carol Tice, can be found at: <http://www.sfw.org/2010/03/guest-blog-post-content-mills-why-aspiring-writers-should-avoid-them/>.

As I have said before, being active in AMWA and writing for our newsletter or the AMWA Journal is a good way to build a portfolio and to learn from an active, caring group of writers who want to see their colleagues succeed. It doesn't pay monetarily, but it can translate into future jobs via professional writers who have contacts with a higher caliber of client, so consider it an option.

In the spirit of providing educational and networking opportunities, our chapter has organized several events this winter and early spring. The most recent chapter program was a great talk in Berkeley by Eileen Gambrell, Professor of Social Welfare, who talked about propaganda in medical research. We recently hosted the 2010 Pacific Coast Conference at Asilomar, which was terrific. I'd like to thank the Conference Director, Kristen Mayo, and the Conference Registrar, Laura Singer, who did a great job with every aspect of putting on this conference.

It was the 30th anniversary of the PCC and although the attendance was low due to the economy, those of us who did

attend found terrific open sessions, great workshops, and a fantastic opportunity for networking and making new friends, all within the spectacular setting of Asilomar. We will host the conference again in 2012. We're taking a breather for now but will soon start thinking about our next Asilomar conference and will need some enthusiastic volunteers to help put it together.

I encourage you to come to meetings, to participate and to volunteer. Being active in AMWA allows you to contribute in a way that can enhance your career. We are also looking for people who are willing to participate on the Board. It doesn't take much time and, in my experience, is well worth every moment that I have spent on it, both professionally and personally. Don't hesitate to contact me or any other Board member with questions or expressions of interest.

We have an exciting summer program coming together, starting with a chapter program scheduled for May 15th at Scott's in Jack London Square. Best-selling science writer Mary Roach will discuss the research that she has done for her three books. It will be mostly Q&A and likely to be very interesting—try to come if you can!

Pacific Coast Conference: Tribal Healing in an Amazonian Forest Culture

Dan Liberthson

Dr. Chris Herndon (UCSF and the Amazon Conservation Team) began his presentation on tribal healing in an Amazonian forest culture with the question "What can we learn from a tribal shaman?" He re-emphasized the importance of botanical drugs derived from Amazonian plants: about 25% of all Western drugs are botanically derived and the Amazon is a treasure chest containing a quarter of all plant species.

Equally important is the knowledge of how to harvest, prepare and administer these plants as medicines. That knowledge, together with the generations and even millennia of experience from which it derived, needs preservation as much as does the Amazon forest itself.

The Hoti tribe in Venezuela derive curare for their darts from the *Strychnos toxifera* plant, but there are stringent criteria for time of collection and additives. Further, the additives will only work in combination with curare, not alone. Similarly, many plant-based medicines in the Amazon work well only in context. Without knowledge of proper collection and blending with other herbals or or taken out of the nexus of ritual healing

for endogenous disease, these medicines lose their power. Roger Schultes of Harvard, the originator of ethnobotany, lived with tribes as student, coauthored the first book on Amazonian hallucinogens, and inventoried botanicals of South American tribes. Schultes' work was extended to other cultures by his students, including Dr. Mark Plotkin.

Not only the shamans' knowledge of plants needs to be preserved, but their entire medical system (which years ago was not valued). Dr. Herndon and Dr. Plotkin, with tribal healers and Western clinicians, designed and conducted a study to explore how the Trio tribe understand and treat disease.

Like all indigenous peoples, the Trio have a concept of a spirit world, a belief system that plays a role in their system of healing. They use tobacco as well as 318 medicinal plants in their therapies. The Trio, isolated because of rapids in the rivers (the only routes of transport before airplanes), were first contacted by Evangelical missionaries. They were then devastated by introduced diseases, nucleated and dispersed into small groups in three villages. The missionaries destroyed shamanism, representing it as diabolical and causing the community to ostracize the shamans and their practices. As a result, at the start of the study in 2000, the few remaining shamans averaged 68 years of age and there were no apprentices until Mark Plotkin's "Shaman's Apprentice Program" began to revitalize the tradition (for details, see Mark's book *The Shaman's Apprentice*).

This was a positive step, but more was needed to preserve the whole medical system. In a four-year study, the investigators generated a list of Trio disease concepts in a formal database. They asked the shamans what symptoms characterized each condition, how they did differential diagnosis, and what plant was used for which condition. They then collected the plant, identified it, and analyzed it.

All of the resulting data were correlated by condition and added to the database. The shamans mainly treat skin and GI maladies and have extraordinary knowledge of these conditions. They recognize over 30 dermatologic conditions,

differentiate fungal infection from other skin conditions, and diagnose TB, colds, and abdominal pain, distinguishing several different causes. They associate splenomegaly with malaria and recognize neurological diseases like Bell's palsy and paresthesias, as well as postoperative pain and psychosis. They also diagnose and treat gynecological conditions, including abnormal bleeding ("evil uterus"), menorrhagia, and dysmenorrhea. Cervical cancer is believed to be caused by a "devil spirit" from penis, remarkably similar in concept to papilloma virus, which we know can cause this cancer (spirit=virus).

Dr. Herndon reiterated the need to study shamans as priests, psychologists, and physicians in their own context. They treat patients as participants in their own healing. Amazonian ethnomedicine can only be transmitted by active practice. Entire villages are now proud to have their own system of medicine again, and there is renewed respect for elders and their own culture. Yet the shamans remain humble, knowing that they can often treat endogenous conditions better than Western medicine, yet referring non-endogenous conditions to the Western medical clinic, recognizing these clinics can better handle non-native diseases.

The published article describing this study can be accessed at <http://www.ethnobiomed.com/content/5/1/27>). Herndon CN, Uiterloo M, Uremaru A, Plotkin MJ, Emanuels-Smith G, and Jitan J. Disease concepts and treatment by tribal healers of an Amazonian forest culture. *Journal of Ethnobiology and Ethnomedicine* 2009; 5:5-27. The Amazon Conservation Team (ACT), headed by Mark Plotkin and the primary developer of the study, provides detail on its website, on which you can learn more and support efforts to save the Amazon, its plants, and its indigenous medical theory and practice.

Highlights of Other Open Sessions

During *Introduction to Statistical Concepts and Practices for NonStatisticians*, Robert Hoop built an understanding of basic statistical concepts as applicable to clinical trials and improved awareness of what is appropriate analysis and what is not.

Suzette Dowling, in *Global Product Development: A Regulatory Perspective*, gave a brief but concise and highly informative summary of the stages of drug development and the variety of documents needed to support them. She also described the key roles played by medical

writers at all stages of the process from concept to finished product.

In *Palliative Care: Navigating the Crossroads of Chronic and Progressive Illness*, Erin Crawford, Kaiser Hospital, Hayward, elucidated the history and current concept of palliative care as distinguished from hospice care, explaining how a multidisciplinary team approach attempts to align medical treatment with patient and family values and wishes. Erin presented extraordinarily moving and illuminating case studies.

Matthew Frankel, MD (Fibrogen) presented *Autoimmune Diseases: Immunity gone awry -- Why?* in a session focusing on the cellular components of immune response, the underlying basis for pathological responses, and new developments in immunotherapy.

Last, but far from least, Tejal Desai, PhD (UCSF) spoke about *Nano materials for Regenerative Medicine*. She described the goal of this research as to augment, replace, or restore complex human tissue function using a combination of natural and synthetic components.

Micro and nano technology have the ability to recreate complex tissue architecture in vivo. Much depends on an appropriate substrate (e.g., lattice or stippled rather than continuous) to mimic actual cell environments and to cue cells as to how to develop. Nanoporous biocapsules, for example, can restore pancreatic function, whereas microrods and nanostructured thin films are better for retinal delivery. These structures can alter the cellular microenvironment, leading to enhanced tissue remodeling and function. Animal experiments are well under way, and trials are expanding into humans with great promise.

Next Chapter Program

Question and Answer with local science author Mary Roach

Saturday, May 15, 2010, 11:00AM-2:00PM, Scott's Seafood Grill in Jack London Square, Oakland

Mary Roach has written three excellent and highly readable books, each of which examines the scientific research behind a different topic area. She has an excellent ability to doggedly pursue the topic of her interest, in true journalistic style and a wonderful sense of humor, which comes through in her writing.

Mary has written three books (so far):

1. *Stiff: The Curious Life of Cadavers*, in which Mary examined a number of ways that cadavers have been used to push the boundaries of medicine and other scientific pursuits.

2. *Spook: Science Tackles the Afterlife*, a look at the many faceted approaches people have used to examine what happens after we die and whether there is a soul.

3. *Bonk: The Curious Coupling of Science and Sex*, exploring the lengths to which scientific investigators (and others) have gone to understand human sexual physiology. A quote from AJ Jacobs, author of *The Year of Living Biblically* (who I think is hilarious) "I would read Mary Roach on the history of Quonset huts. But Mary Roach on sex? That's a godsend!"

Agenda

11AM - networking

11:45 – lunch (choice of Shrimp Louis or Chinese Chicken salad)

12:45 - Mary Roach : 15 minute presentation, followed by Q&A.

The program is expected to end by 2:00.

Location

Scott's in Jack London Square, 2 Broadway, Oakland

(510) 444-3456

<http://www.scottspls.com/location.html>

Cost

\$30 members

\$35 non-members

Register online: <http://amwancal3.eventbrite.com/>

If you would like to pay by check, please contact Catherine Magill at magill_catherine@yahoo.com

Future Events

Dates to be determined:

Word Witch – LIVE with Maggie Norris

AMWA Curriculum Expansion and Restructuring with Catherine Magill

Introduction to Cancer Pharmacology with Sunil Patel

AMWA NoCal Provides Benefits to Members

C.J. Holzhauer, M.S.

Since 2003, I have been enjoying the multiple benefits of AMWA membership. Becoming a member was especially easy thanks to employer-paid membership and fees for the Asilomar Conference. Biotechnology rode the crest of the technology wave and employees enjoyed perks; AMWA membership and the opportunities it offered for medical writing training was my most coveted perk during my tenure at a biotech company.

This perk opened many possibilities for professional growth. I met many individuals from many parts of California online and in-person through AMWA. At the Asilomar conference, interesting and practical medical writing workshops helped me earn much of my certification credit. I learned that investing in education and writing skills through AMWA is an excellent strategy in an unstable economy.

Although AMWA Northern California provides ample opportunities for employment and freelance work, I depend on AMWA for many other reasons. I want to foster a professional network in a collegial community. This network offers balance in my working life. Typically, regular working life brings busy, tight schedules with little time to build bridges to the community. Often, employees are merely worker bees in a culture of rugged individualism. Yet AMWA provides opportunities to expand our professional horizons by communicating online in listserves and in person at meetings. The result is a valuable network with other professionals in the medical field and beyond.

Simply put, the professionals in AMWA care about each other and their actions show it. They show it by taking the time to respond to other members' questions, helping members find answers and strategies to grow as professionals. For these reasons I continue to renew my membership and enjoy the involvement in a dynamic, caring community. As an educator, I see this as vital because I need to continually seek out opportunities to learn and I learn through making connections. Connecting with other professionals allows me to share fundamental interests and to enlarge these interests.

AMWA expands one's insight and learning, energized by a wonderful network. By discussing areas of interest in medical writing with other AMWA members we challenge ourselves to listen to others' ideas and viewpoints. As a result, we develop more ideas and factual knowledge, pushing the boundaries of our education. We share ideas while respecting differences and see our community grow through education about health, medicine and community. We know that writing is thinking and thinking is communication and relationship; we enjoy these areas in AMWA because we talk, think, share, laugh, plan, write, research and wrestle with words. That is why it is so enjoyable to mingle with collegial professionals in this AMWA community.

I value that. I do not want to give up my professional friendships and community for anything. So I continue to seek out opportunities to be involved this organization through serving as Treasurer, going to meetings and reaching out to others in this professional community to share science in a dynamic, personal way.

Member Book Just Out

After the death of her mother from breast cancer in 1994 and her father from lung cancer in 2003, Barbara Boughton began a search to understand her own risk for the disease.

With a history of cancer in her family that ranged from skin to colon to breast, she found there was little information in bookstores that could provide her with ways to accurately assess her risk and put a decisive preventive plan into action.

A specialist in writing about oncology for trade magazines and journals, Barbara discovered that consumer health books tend to concentrate on one type of cancer, such as breast cancer, or on one aspect of prevention, such as nutrition. But Barbara's family was affected by a diverse array of cancers and she was seeking advice that would be comprehensive as well as practical.

That search would eventually lead her to do the research that resulted in the new book *Reduce Your Cancer Risk: Twelve Steps to a Healthier Life*. The new guide to understanding and decreasing cancer risk is co-published by Demos Medical Publishing and the American Cancer Society.

The book includes advice about how to obtain personal risk assessments for cancer and to find out whether you might be genetically at risk for the disease as well as tips on how to make lifestyle changes that help

prevent cancer, such as nutrition, exercise, staying at a healthy weight, stopping smoking, and protecting your skin from sun damage. Controversies and information about screening methods for cancer are discussed, as well as specific advice for cancer survivors. The author also considers issues such as the contribution of environmental chemicals, infection and stress to cancer development. The book provides a template of "important questions to consider" when deciding on whether to use such preventive strategies as well as insights into new research on preventive cancer medications and surgeries.

Barbara's personal narrative, the stories of people with genetic syndromes for cancer and cancer survivors, and interviews with leading oncology researchers are interwoven with practical advice. Co-authored with Michael Stefanek, PhD, a behavioral healthcare researcher formerly with the American Cancer Society, and edited by Ted Gansler, MD, of the American Cancer Society, the book is available by order at www.demosmedpub.com and all major and independent bookstores. For more information, contact Barbara at Barbara.Boughton@gmail.com

Asymptomatic Depression: Hidden Epidemic and Huge Untapped Market

Methodius Isaac Bonkers, M.D., Principal Investigator

Bonkers Institute for Nearly Genuine Research

In recent years, antidepressant sales have skyrocketed beyond the pharmaceutical industry's wildest dreams. Yet despite widespread screening programs and aggressive marketing campaigns designed to raise mental health disease awareness, a significant percentage of the population remains undiagnosed and untreated. Research suggests nearly a third of American adults have never been diagnosed with any mental disorder. Precisely this segment of the population must be targeted for intervention if pharmaceutical profits are to continue rising at their current rate.

One way to increase the prevalence of a disease is to broaden its diagnostic criteria. By providing physicians with an ever-growing laundry list of signs and symptoms to evaluate

(insomnia or oversleeping, poor appetite or overeating, constant crying or inability to cry, apathy or hostility, fatigue or restlessness, and so on), the number of potential clients/patients is greatly expanded. However, this strategy focuses exclusively on those who complain of sickness, while completely overlooking those who feel well. The present article explores the novel hypothesis that patients who feel well are, in fact, patients who need treatment.

Understanding depression and its causes

Depressive disorders often co-occur with anxiety or substance abuse and are a leading form of disability in the United States. Depression may strike any time without warning. Researchers have identified four primary causes of mild, moderate and severe clinical depression:

- Imbalance of key neurotransmitters in the brain;
- Chronic low-grade hopelessness generated by early childhood trauma;
- Sudden realization of the essential absurdity of life;
- Ecological catastrophe on a scale never before seen in human history.

Other factors which might trigger a depressive episode include:

- having either too much or not enough of something;
- being trapped in an utterly hopeless situation with no way of escape;
- remorse, guilt, shame, failure, disappointment, grief, pain or loss of some kind;
- omega-3 deficiency from not eating enough cauliflower;
- infestation of household pests such as termites or rodents;
- leaky faucet, clogged drain or similar plumbing problem;
- global economic collapse, thermonuclear war, mass starvation, genocide, etc.

Obviously, anyone who feels depressed is depressed, but what about those who never complain of depressive feelings? The sickest members of our society may be those who maintain a cheerful attitude in the midst of devastation, chaos and despair. Turning our attention to patients who insist they feel fine even as the entire world crumbles around them, we immediately recognize something seriously wrong with these individuals. Their condition arises from a particularly insidious and virulent strain of depression, difficult to detect. Identified by the scientific name poena occultus ("hidden pain"), asymptomatic depression is a serious and persistent mental illness which may be far more prevalent than previously thought. In most cases patients remain untreated because they are

entirely unaware of their disease, compounding the tragedy.

Recognizing signs and symptoms

Familiar signs and symptoms of chronic clinical depression are easily recognized:

- slumped shoulders;
- downcast eyes;
- inability to concentrate;
- tendency to see the glass as half empty;
- hasn't dusted behind the refrigerator in months;
- worries about stuff like nuclear proliferation, mounting budget deficits and the legacy we're leaving our children.

Only a trained medical professional can properly identify the subtle signs of asymptomatic depression:

- rosy cheeks;
- sparkling eyes;
- sunny disposition;
- optimistic about the future despite all evidence to the contrary;
- invariably sees the glass as half full;
- doesn't mind if the glass contains deadly bacteria and toxic chemicals.

Which patient suffers asymptomatic depression?



Images generated utilizing suprafacial photoscopic scanographic device (Polaroid camera) to detect putative axiomatic biochemical imbalance within the brain. Patient on right exhibits classic signs of asymptomatic depression.

Simplifying diagnosis, screening, intervention and treatment

Concerns about underdiagnosis and undertreatment of depression have led to widespread support for routine diagnostic screening in the form of standardized symptom checklists and simple written or verbal tests administered to patients. Arroll et al (2003) report impressive results when patients are asked two questions:

1. During the past month have you often been bothered by feeling down, depressed, or hopeless?
2. During the past month have you often been bothered by little interest or pleasure in doing things?

Brief yes-or-no questionnaires have proven remarkably efficient in detecting cases of depression, although false positive rates of 30% and false negatives of 0.4% clearly leave some room for improvement. Accurate and comprehensive screening of an invisible or hidden disability like asymptomatic depression requires the use of precise diagnostic tools much more sophisticated than a simple two-question quiz. Experts recommend a rigorous one-question quiz:

1. Do you feel depressed, yes or no?

A single-item questionnaire not only simplifies screening, but also facilitates diagnosis, validates testing, justifies intervention and maximizes treatment. Patients responding "Yes" are diagnosed with depression and treated accordingly. Patients responding "No" are diagnosed with asymptomatic depression and treated accordingly.

In all cases, whether patients respond Yes or No, current evidence-based treatment protocols dictate prudent pharmacological intervention with a selective serotonin reuptake inhibitor (SSRI) such as Lexapro or Zoloft and/or serotonin-norepinephrine reuptake inhibitor (SNRI) such as Cymbalta or Effexor. Both SSRI and SNRI agents are proven to work equally well for mild, moderate or severe major depressive and dysthymic or cyclothymic mood disorders including chronic, clinical, residual, refractory, treatment-resistant, subsyndromal and/or asymptomatic depression.

Although their precise mechanism of action is not well understood, antidepressants appear to relieve depressive symptoms through an active placebo effect. Common adverse reactions including insomnia, irritability, impotence and incontinence effectively convince patients of the medicine's potent neurophysiological properties, somehow making them feel better.

In cases of asymptomatic depression, antidepressants have a paradoxical effect. Patients who feel fine before taking the medication subsequently grow depressed as they endure side effects ranging from diarrhea, nausea and heart palpitations to grand mal seizures, headache and tremors. Emotional distress typically increases as physical health declines -- a sure sign treatment is working. Once the patient's asymptomatic depression is completely cured, the physician may confidently diagnose major depressive disorder and treat the patient accordingly.

References:

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Chapter Report: Spring 2010

Elections

Our elected President resigned her position in approximately February 2009, and was replaced by the Vice President, who subsequently stopped serving in August, 2009.

As a result of this turnover we did not hold elections in the fall as usual. Immediate Past President, Catherine Magill, agreed to become Acting President in order to keep things running, to find volunteers, and set up elections for Fall 2010.

Membership

Mimi Wessling has volunteered to act as our membership liaison.

Financial status

As of 9/14/09, the chapter had a total of \$18,516.79 in assets, which are split as follows: \$6748.14 in our checking account and \$11,768.65 in a savings account. The CDs have been retired since the interest rate is so low it's not worth locking up.

The only significant expenses from the chapter accounts have been for programs, travel for our delegate to attend the National Board of Directors meeting in April, and conference call and webhosting administration fees. Recently our events have been running at a slight loss, but we feel that member dues should support our meetings.

Note: The chapter sponsors the Pacific Coast Conference next year (and does so every other year), the monies for that event are handled separately from the chapter funds. The money in those accounts totals \$42,736.45 (as of 9/14/09) A \$1500 deposit was made to reserve Asilomar for the 2010 PCC, which was held on April 18-21, 2010.

Programs

Our chapter programs are generally held during the day on a weekend, and we rotate between San Francisco, the South Bay and the East Bay, thus encouraging attendance from members in various regions of Northern California.

The chapter has held 6 events since the Spring Board meeting last year:

4/11/2009

The History of Doping in Sport

Speaker: Franco Navazio, MD

Pyramid Alehouse

Walnut Creek, CA

17 attendees

6/6/2009

Evidence-Based Design: Improving the Quality of Healthcare

Delancey St Restaurant

San Francisco, CA

19 attendees

9/26/2009

Word Tips & Tricks: Advanced Normal Dot Dot

Speaker: Maggie Norris

Michael's at Shoreline

Mt. View, CA

20 attendees

12/5/2009

A broad spectrum therapeutic in addition to a vaccine for influenza

Speaker: Daryl Faulds, CEO of Gemmus Pharmaceuticals

Delancey St Restaurant

San Francisco, CA

23 attendees

1/30/2010

Very Post-Mortem: Mummies and Medicine

Organized tour of a special exhibit

Lunch: Legion Cafe

The California Legion of Honor

Lincoln Park, San Francisco

25 attendees

3/20/2010

Social Anxiety: Is it a Mental Disorder?

Speaker: Eileen Gambrell, PhD

School of Social Welfare, UC Berkeley,

Pyramid Alehouse

Berkeley, CA

15 attendees

We have been having regular meetings recently with a program roughly every other month, alternating between a "learn-a-skill" event and a science event. We've found that social events are not as well-attended as the more educational ones, so we will be doing them less frequently (roughly 1-2 times/year)

Communications

We have consistently been publishing the chapter newsletter, *The Pacemaker*. Issues have been emailed to members every

other month, releasing issues in February, April, June, August, and October this year.

Board meetings

The new board held our second full board meeting of the year; a teleconference on September 14, 2009. An initial 2010 teleconference meeting was on March 24.

Respectfully submitted,
Catherine Magill

AMWA STUDENT RESEARCH AWARD SUBMISSION DEADLINE: MAY 30

The purpose of this award is to encourage college students to conduct original research in medical communication and to foster interest in pursuing a career in this field. The award provides an excellent opportunity for students to become widely recognized by professionals in the field and to have their work presented in a national forum and published in the AMWA Journal.

To apply for the award, students are required to submit a report presenting the results of their research. The research report must be submitted along with the completed application form and received by AMWA no later than May 30, 2010. Complete information on the student research award can be found on the AMWA Web site.

AAAS Kavli Science Journalism Awards

The AAAS Science Journalism Awards have honored distinguished reporting on science by professional journalists since 1945. The awards, an internationally recognized measure of excellence in science journalism, go to individuals—rather than to institutions, publishers, or employers—for coverage of the sciences, engineering, and mathematics.

Winners are selected by independent judging committees based on scientific accuracy, initiative, originality, clarity of interpretation, and value in fostering a better public understanding of science and its impact.

Winners will be selected in three print categories (large newspaper, small newspaper, and magazine) radio, two

television categories (spot news/feature reporting and in-depth reporting), and online entries from digital sources, including newspaper, radio, television, online-only sites, and podcasts.

The 2010 Awards will be presented at the AAAS annual meeting in Washington, DC in February, 2011. Each category winner will receive \$3,000 plus reasonable travel and hotel expenses to attend the meeting.

Complete rules, FAQ, and online entry form are available at www.aaas.org/SJAwards.

Like What You See? Want to Make it Better?

The Pacemaker, our Northern California chapter newsletter, is your publication. We need your help, your opinions, and your contributions!

Send your likes, your dislikes, your suggestions, and your submissions to *Pacemaker* editor Fred Gebhart, pacemaker@amwancal.org. The deadline for our next issue is Friday, July 2, 2010.

2010 Northern California Board of Directors

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Vice President	vacant	president@amwancal.org
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