

Pembroke Associates' News

BROWN UNIVERSITY

Vol. 17 No. 1, Winter 2000

Pembroke Center Reaches Endowment Goal

The Pembroke Center is pleased to announce the successful completion of its endowment campaign.



The \$3,000,000 goal was reached this summer with the sale of the Otis Smith Farm in Cumberland, Rhode Island. The farm, which includes a house and surrounding land, was left in a will to Pembroke College. When Brown decided to sell the property, it was agreed that the Pembroke Center's endowment fund was the most appropriate place for the proceeds of the sale.

The Center wishes to thank all of the contributors whose gifts helped us reach this milestone. The Pembroke

Center Research Seminar now supports, on an annual basis, three post-doctoral fellows, three faculty research fellows, three or four visiting scholars, and awards stipends to selected graduate and undergraduate students. The total number of post-doctoral fellows supported by the Center stands at 52, through May 2000.

Associates, donors, faculty, and friends are invited to a celebration on Friday, December 10, from 4-6:00 in the Crystal Room.

Women's Health:

Critical Issues, New Frontiers

On March 12, 1999, the Pembroke Center Associates held a public symposium in Alumnae Hall on "Women's Health: Critical Issues, New Frontiers." It was a day filled with numerous speakers and panel discussions, addressing the health issues women face throughout their lives and empowering them with medical information. This day was dedicated to the memory of **Betsy Lehman '77**, an award-winning columnist for the *Boston Globe*. Ms. Lehman died while undergoing treatment for breast cancer in 1994. **Dr. Joan Berman '74, Ph.D.**, Professor of Pathology at the Albert Einstein College of Medicine, remarked at the introduction to the day's events:

"The irony of this whole process is that Betsy was an avid health columnist, she was a patient's rights advocate. She worked hard to make the medical profession less of a mystery to the lay person. Physicians praised her, patients adored her...and so, in a tribute to her life rather than to her death, we have dedicated this symposium so that people can be aware, women and individuals all across, can understand what the process of medical care is, what's available to them, what isn't available to them that should be."



Adrienne Germain

Adrienne Germain, President of the International Women's Health Coalition and past staff member at the Ford Foundation and the Population Council, began the day with an address entitled "Advancing Women's Health Worldwide: Challenges and Strategies for the 21st Century." As the title indicates, Ms. Germain took on the task of giving a global overview of women's health. The talk began with the room observing a moment of silence, following which Ms. Germain made the heartbreaking remark:

"During the minute just ended, at least one woman died somewhere in the world because there was no one to help her through pregnancy, child birth, or to provide her a safe abortion."

"During the minute just ended, at least one woman died somewhere in the world because there was no one to help her through pregnancy, child birth, or to provide her a safe abortion. In that same minute, probably thirty million more women suffered severe injury or infection for the same reason. These women will be chronically ill or infertile for the rest of their lives as a consequence.... Given our existing knowledge and technology, our failure to reduce death and suffering-related pregnancy is one of the greatest social injustices in the world today. A fundamental violation of women's basic right to life and health."

Ms. Germain went on to cite numerous factors responsible for the continued lack of health care to women globally: "The first is a lack of political will and, therefore, low-budget priority. Maternal deaths attract no headlines, even though the numbers are equivalent to four jumbo jets crashing every day, week after week, month after month." The second factor according to Ms. Germain is discrimination: "The majority of women affected by maternal mortality and illness are poor or young and of low social status with no public voice or political power. They are invisible, even in the United States." The third factor is poor strategy. Throughout history, the use of antibi-

otics, cesarean sections, and blood transfusions have decreased maternal mortality rates. "Despite our own history, international agencies and public health specialists have failed to recognize, until a year and a half ago, that saving women's lives today also requires a functioning health system and skilled health care providers capable of treating obstetric complications and emergencies... Sixty-one percent of maternal deaths in developing countries occur after delivery but there has been virtually no investment in post-partum care." The fourth and final reason is sexism throughout social institutions, such as families, commu-



Helen Rodriguez-Trias

nities, health professions, government agencies, legislatures, and courts.

The second keynote speaker of the day was **Helen Rodriguez-Trias**, currently co-director of the Pacific Institute for Women's Health, past Medical Director of the New York State Department of Health AIDS Institute, and past President of the American Public Health Association. She spoke on "The Women's Health Movement: Triumphs and Challenges." Her involvement in the movement began in the 1970s; in the 1980s, the women's health movement made it into the political realm with the creation of the Women's Caucus in Congress pushing for a women's health research agenda. As we moved into the 1990s, women's health became even more institutionalized with the creation of the Office of Research on Women's Health at the

National Institutes of Health and the Office of Women's Health under the Department of Health and Human Services. The only hazard Dr. Rodriguez-Trias sees with this increased institutionalization is that "vibrant community participation" might be left behind. The early leaders could speak very freely, they could go out there and demonstrate, they could be tremendous activists. It is difficult to have that level of activism, according to Rodriguez-Trias, if you are in some way associated with the Associate Dean for Student Affairs at Harvard Medical School or someone in a similar corporate position. A questioner asked where we go from here? Dr. Rodriguez-Trias responded:

"We [have to] look at what's happened class-wise in this country. It's true that the gap between rich and poor has grown. That women and children make up the majority of people in poverty in this country. And, that we have over forty million people who are uncovered for health services and, again, the majority are women and children, so seeing that, I think we have to ask ourselves, where are we missing the boat? We have movements out there, we have women's organizations, we talk a great deal about empowerment. We have elected some women to Congress and we have elected quite a few women to state legislatures. Women in jobs, CEOs, et cetera, why isn't this galvanizing into something that creates, in the richest country in the world, a better status for women? ... We need to do something about the social and economic situation of women if we're going to promote women's health."

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A Woman of a Certain Age: Midlife

The afternoon panel on women's health concerns in midlife included discussions on osteoporosis and cardiovascular disease. **Hon. Leah Sprague '66**, Circuit Justice, Massachusetts District Court, moderated the panel. The presenters included **Dr. David MacLean**, Adjunct Associate Professor in the Brown Medical School and Co-Director of the Osteoporosis Research and Bone Densitometry Unit at Rhode Island Hospital, **Dr. Anne Moulton**, Associate Professor of Medicine at Brown Medical School and Director, Women's Health Associates, Rhode Island Hospital, and **Dr. Athena Poppas**, Assistant Professor of Medicine, Section of Cardiology at Brown Medical School.

Dr. Anne Moulton began by remarking that more than one-third of a woman's life is post-menopausal and that forty million women will pass through menopause in the next two decades: "The menopausal transition is an excellent time, we believe, to reassess your health, your risk for certain conditions, your lifestyle and your health habits." Ten years after menopause the decrease in estrogen begins to affect other organs of the body, such as breast and heart, and women begin to face chronic conditions. Coronary artery disease and stroke are the number one killers for women over fifty and this is partly due a decrease in estrogen level: "If you take all cancers together, they don't compare to the impact of cardiovascular disease on mortality of older women, and nobody knows this – most doctors don't know this. It's been a real sense of frustration for those of us who study this. One in two women will die of cardiovascular disease." A scarier statistic is that 59% of women say that their physicians never talk to them about heart disease, and 60% of women over sixty say they do not know their own cholesterol levels, although they do know their husbands'.

Dr. David MacLean spoke on the prevention and treatment of post-menopausal

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osteoporosis and the relative roles of various therapies. "The burden of osteoporosis is morbidity, that is to say, discomfort, disability, loss of active lifestyle, and then late in osteoporosis, hip fracture, which is a killer, a major killer. Fifteen percent of people at least die of hip fractures, but most of those occur late in life." MacLean stressed that prevention is important, to identify women at risk and to understand the risk factors. Some of these risk factors include early menopause, decrease in calcium intake, family history and being a Caucasian and thin. Surprisingly, calcium, nutrition and exercise can prevent only twenty percent of bone loss. Estrogen, either natural or synthetic, is, by far, the best way to slow down the deterioration of bone and is, therefore, the prevention of choice. Although women live longer than men, they actually bear 60 to 75% of the disability burden because they have less bone and muscle and become gradually frail. "We're working on approaches to try to treat frailty...it is the next frontier in terms of making that last one-third [of life], more than a third really, as productive and free as possible."

Dr. Athena Poppas was the final speaker and discussed heart disease and gender differences with respect to diagnosis, treatment, and survival. Heart disease began to be prevalent among the female population as women began to live longer. Women tend to have a ten to fifteen year advantage over men in terms of developing heart disease, but in the end it is still the number one killer. Once women develop heart disease, they have a two-fold increased mortality after their heart attacks and this mortality tends to be early, in the hospital or in the first

month after the attack. The reason is that women are older when they have their first heart attack and therefore tend to have more risk factors and chronic illnesses. Up until the early 1990s, many physicians failed to acknowledge the forgotten group of heart disease patients, post-menopausal women.

"So, clearly, bias exists on a number of different levels. The patients may have misperceptions and need to be educated. Physicians clearly need to be educated. And, on an institutional level as well. The NIH [National Institutes of Health] has to be pushed to fund women. We have to be pushed to include women in studies, and to use older people as well so that women who are older are included."

Prevention and Survival Cancer in Women

The afternoon also included a panel discussion on cancer in women moderated by **Martha Fraad Haffey '65, Ph.D.**, Associate Professor at Hunter College School of Social Work. The panel included **Dr. Lundy Braun**, Associate Professor of Medical Science in the Department of Pathology and Laboratory Medicine at Brown Medical School, **Dr. Ngina Lythcott** of the Black Women's Health Project, a national self-help and advocacy organization, and **Hester Hill Schnipper**, a Clinical Social Worker and Chief of Oncology Social Work at the Beth Israel Deaconess Medical Center.

Dr. Lundy Braun focused on disease prevention and public health, her main areas of research. Given that disease prevention is an important social priority, there are two types of prevention that institutions and public health departments can focus on: primary prevention, which focuses on risk factors, and secondary prevention, which involves steps taken to detect disease early and prevent it from spreading. The connection that researchers have made between repro-

ductive organs and disease has resulted in many women becoming afraid of their bodies:

"Women are seeing their bodies as time bombs, especially when they are around fifty, which are on the verge of exploding into a panoply of disease. So, in conclusion, in creating effective cancer prevention strategies, we face a number of dilemmas. One is the evaluation of scientific evidence and recognizing that the evidence is profoundly shaped by social, cultural and political values. Second is mustering the political will to implement policies we know could be effective for all women, regardless of race, ethnicity, or class."

Hester Hill Schnipper began by responding to Dr. Braun's comment that women feel to blame for their illness because they failed to exercise or eat well: "As an oncology social worker, I spend time, literally every day, with newly diagnosed women who are convinced they're at fault for their diagnosis of breast cancer, and if somehow that single piece of information that 'you didn't do it to yourself' could be owned, it would help enormously in the grief in the early days." Ms. Schnipper not only told of her professional experience with women diagnosed with breast cancer, but also related her discussion to her own personal experience: "All of us

"All of us who have been diagnosed with breast cancer, in my case, or any kind of cancer, remember our moment. The moment from which all the rest of life is to be measured. The before and after moment. The moment which defines the importance of everything which is to come."

who have been diagnosed with breast cancer, in my case, or any kind of cancer, remember our moment. The moment from which all the rest of life is to be measured. The before and after moment. The moment which defines the importance of everything which is to come. "The moment." When a woman first comes to Ms. Schnipper, she is given a packet of written materials which will help her understand what lies ahead. The most helpful thing that Ms. Schnipper believes she can offer a newly diagnosed woman is the opportunity to sit with others who are in the same stage in life and going through the same medical crisis.

Dr. Ngina Lythcott was the final speaker on the Prevention and Survival panel and, like Ms. Schnipper, has had breast cancer herself. She began her discussion with her personal account, her desire to educate herself, to ask questions and to personally make the decision whether or not to have a mastectomy. Dr. Lythcott also discussed breast cancer among minorities. Among the various ethnicities in the United States, the incidence of breast cancer and mortality rates vary greatly. Caucasians have the highest incidence of breast cancer, followed by African-Americans, Asian and Pacific Islanders, Latinas, and Native American women. African-American women have the highest death rate due to breast cancer, it being twenty percent higher than the breast cancer mortality rate for white women. "The role of culture, the role of geography, the role of income, in particular, the role of access, cultural access to services plays an important role." Through the work of support groups and grassroots organizations, there is a hope that women of all races and ethnicities will have the same access and care.

Depression and Enlightenment: Mental Health

The final panel discussion for the afternoon on women's mental health was moderated by **Carol Landau '70, Ph.D.**, Clinical Professor of Psychiatry and Human Behavior at Brown Medical School. The panelists included **Dr. Elissa Arons '66**, psychiatrist/psychoanalyst in the Boston area, Clinical Instructor at Harvard Medical School and Training and Supervising Analyst at the Psychoanalytic Institute of New England East; **Dr. Peter Kramer**, Clinical Professor in the department of Psychiatry and Human Behavior in the Brown Medical School; and **Dr. Alicia Monroe '73**, Associate Professor of Family Medicine and Dean of Medicine for Minority Affairs at Brown Medical School.

Dr. Landau began the panel with an overview of depression: "Depression is a river that runs through and deep in the female community, it is significant and it is debilitating to some women. Women tend to be diagnosed more often than men at a ratio of two or three to one." She noted that some have referred to depression as the common cold of women's mental health problems, which tends to minimize the seriousness and pervasiveness of the problem. "The paradox of depression is that while it is a very successfully treated disorder, few people have access to care especially if they are poor and of color. If you don't have health insurance, if you are a woman who works part time and, therefore, doesn't have health insurance, you have even less access to care."

Dr. Alicia Monroe spoke of "Depression in Primary Care and the Stories of Women's Lives," discussing some of the cases she deals with in her practice and her responsibility as a physician:

"I think it's so important for me as a primary care physician not to lose sight of the importance of depression and major depressive disorders, and the fact that every woman I treat has a life, she has a context, she has a reality."

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Dr. Monroe described how depression is presented in primary care: women appear moody, irritable, exhausted, suffer from headaches and weight gain. Depression is prevalent, but not every symptom is a sign of disease, sometimes medical illnesses, such as cancer and heart disease, can trigger depressive illness. Also, women talk differently about their symptoms. Some do not like to talk about their symptoms and troubles, so Dr. Monroe tries to understand why there is this hesitation and, in the process, to be sensitive to issues of culture, language, and stigma. Women are also hesitant about entering into drug therapies and, therefore, turn to alternative therapies, such as St. John's Wort and exercise: There are some of them who feel like there is a lot of stigma attached to depression. There are some who perceive having a diagnosis of depression as a personal weakness.

Dr. Peter Kramer described depression as devastating for women. He cited a World Health Organization hierarchical list of what causes women to lose workdays or to be unable to care for their children: for women of child-bearing age, depression is by far the number one cause. What especially interests Kramer is what it is like to live in the state of mild depression, dysthymia, which he described as "living with melancholy." Dr. Kramer estimates that over the next twenty years, for both men and women, depression will become the number one disabling illness, along with heart disease, as we are better able to treat other illnesses. At the same time, he predicts

important research into major depression, looking at both psychotherapy and more especially at the pharmacology, genetics, and biology of depression.

The final speaker of the day, Dr. Elissa Arons, recounted brief tales of three women she encountered in her practice in various states of depression. She asked us to listen for certain themes which recur, "different keys in the women's stories which give clues to their genetic background, their internal structure, or the clash or harmony of history within which they grow up." If, for example, a family has evidence of depression, bi-polar illness, or alcoholism, the woman would have a genetic vulnerability for depression. If a parent undermines psychological growth or actively abuses her, a woman's ability to develop her natural talents is constrained. We were told to listen for elements of bodily development, sexual maturation, sexual vulnerability, or the milestones distinctive to women's lives, menarche, pregnancy, abortion, miscarriage, nursing, post-partum periods, or remaining childless; also, to listen for a need to attend to others, which often becomes overdeveloped in women, along with an urge to please, to gain approval, to avoid conflict, to ask "what is wrong with me?" These aspects of women's lives were evident as Dr. Arons told of her work with these three women, as she described it, "dense tales, complex lives, depressive responses, and an impossibly streamlined description of treatments."

The Pembroke Center expresses its appreciation to the co-sponsors of the symposium: The Pembroke Center for Teaching and Research on Women, the Office of Women in Medicine at the Brown University School of Medicine, the Office of Minority Affairs at the School of Medicine, the Sarah Doyle Women's Center, and the A. Alfred Taubman Center for Public Policy and American Institutions.

KAREN SCHNEIDER '00.

Karen is writing her senior honors thesis on breast cancer support groups. For the past three years she has worked at the Pembroke Center on the Oral History Project.

Commencement Events

**Twenty members
of the Class of 1949
participated in a
group oral history
at the Center during
Commencement
Weekend.**

50th Reunion



Pictured here are: Hon. Phyllis Whitman Beck; Rev. Marjorie Logan Hiles; Lois Jagolinzer Fain; Judith Gellinoff Levy.

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1999 Alumni Award Winners

Congratulations
to Associates

Dolores Pastore DiPrete '49

Berit S. Muh '64

Beverly Heafitz Zweiman '66

Michelle A. Proulx '76

Joan Wernig Sorensen '72

Award Winners

Anika Streitfeld, 1999 recipient of the Joan Wallach Scott Prize, awarded annually for an outstanding honors thesis in Women's Studies; **Lois Cucullu**, 1999 recipient of the Marie J. Langlois Dissertation Prize, for an outstanding dissertation in the area of women's studies; and **Rebecca Schulman**, 1999 recipient of the Helen Terry MacLeod Prize, awarded annually for an outstanding honors thesis from any department on issues related to women and gender.

A lively

Commencement

Forum celebrated

25 years of women's

Ivy League

championships.



Panelists were l to r: **Tara Mounsey '01** (ice hockey and field hockey); **Vita Redding '99** (basketball); **Christa Champion '86**, a Brown All-American, head basketball and tennis coach at Worcester Polytechnic Institute, moderator; **Jill Schlesinger '87** (soccer and lacrosse), vice president and senior adviser, Progressive Financial Strategies Inc., Providence; **Jo Hannafin '77**,

M.D., Ph.D. (crew), orthopedic surgeon and founder of the Women's Sports Center at the Hospital for Special Surgery in New York. Vita broke Brown's all-time women's and men's scoring record during the 1999 season. Tara was a member of the U. S. women's hockey squad that won the Olympic gold in Nagano, Japan in 1998.

Pembroke Center Associates

July 1998– July 1999

\$1,000+

Elissa B. Arons '66
Nancy L. Buc '65
Kathleen Buechel '77
Martha Fraad Haffey '65
Cynthia L. Jenner '61
Jean E. Miller '49
Chelsey C. Remington '61
Phyllis Kollmer Santry '66
Mary Aguiar Vascellaro '74
Alva O. Way '51

\$500–\$999

Esther Carroll '43
Joan MacLeod Heminway '83
Claire Henderson '61
Marie J. Langlois '64
Karen M. Levy '74
Diane Lake Northrop '54
Claudia P. Schechter '66
Ave Seave '77
Beverly H. Zweiman '66

\$250–\$499

Elizabeth A. Castelli '79
Elizabeth Cullen Chertkof '85
Stephen Chertkof
Laura Corwin '67
Diane C. Iselin '81
Susan Wing Klumpp '54
Joanne Leedom-Ackerman '74 A.M.
Nancy Lublin '93
Elaine Bien Mei '61
Dr. Charlotte Cook Morse '64
Lydia Briggs Poole '66
Margaret H. Prescott '66
Eileen Rudden '72
Joan Wallach Scott, Hon. '93
Anne N. Seeley '69
Elizabeth Munves Sherman '77
Bobby Smith Thomas '46
Judith Van Riper '65
Victoria Westhead '83
Gail E. Woods '54

\$100–\$249

Carolyn R. Adler '81
Harriet L. Baxter '41
Cynthia A. Beatty '88
Gail Bederman '93 Ph.D.
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Dr. Sally Bloom-Feshbach '75
Judith B. Brown '52
Constance E. Clark '68
Charles J. Cooper '51
Sally Hill Cooper '52

Marion L. Crowley '52
Dr. Rebecca E. Crown '75
Dorothy S. Curtis '50
Jane de Winter '81
Holly Hock Dumaine '61
Debra Dunn '78
Suzanne Werber Dworsky '60
Dr. Karen L. Edwards '73
Joseph H. Farnham, Jr. '49
Jeanne Silver Frankl '52
Judith Brick Freedman '63
Nancy Gidwitz '70
Dian Gillmar '57
Chris M. Golde '82
Lacy Herrmann '50
Delphine K. Ho '73
Ruth A. Hodges '79
Barbara Holt '67
Ulle Holt '66
Jean E. Howard '70
Mary D. Jacobson '45
Donald A. Jones '40
June Suzuki Kawamura '46
Janet L. Kemp '75
Elizabeth Goodale Kenyon '39
Javette P. Laremont '80
Lyle E. Lawrence '65
Pamela F. Lenehan '74
Margaret C. Mazzone '75
Brenda W. McLean '58
Bernicestine McLeod '68
Ellen Shaffer Meyer '61
Hope Morley Miller '43
Susan P. Mills '70
Mary Jane Minkin, M.D., '75
Carol Mizuba '79
Maureen Mulligan '84
Norma C. Munves '54
Carolyn C. Newsom '62
Elaine R. Perachio '62
Chantal Perrot, M.D., '78
Dr. Jane Rabb '92
Judith Hexter Riskind '62
Susan Ritz '78
Louise Dietrich Robb '68
Barbara Grad Robbins '55
Irene Crofut Roberts '65
Nancy E. Schwartz '82
Margaret Senturia '61
Ann Sherman-Skiba '66
Linda R. Silberstein '77
Barbara Simkin '64
Anita V. Spivey '74
Doris H. Stapelton '28
Marjorie Jones Stenberg '54
Carolyn A. Stuart '90
Elizabeth D. Taft '59
Rose B. VanDyke '45
Henny Wenkart '49
Alice Wheelwright '81
Judith A. White '78
Judith Gintz White '79
Catherine C. Williams '54
Enid Wilson '43
Nancy Siderowf Wolfson '53
Gail C. Woolley '59
Mary B. Young '66
Phyllis Baldwin Young '48

\$60–90

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Saphira Baker '84
Barbara Barry '59
Pauline C. Bergevin '48
Nancy Turner Bowers '56
Anne Hunt Brock '51
Bette L. Brown '46
Priscilla Bryant '37
Nora L. Burgess '74; '77 M.D.
Mimi K. Calhoun '65
Judith A. Clark '69
Mary B. W. Coe '73
Nancy R. Comley '71; '77 Ph.D.
Christina Crosby '82 Ph.D.
Elaine M. Decker '67
Stavroula Demitre '53
Faye A. Dion '74
Cheryl Jean Duarte '76
Frances X. Durkin '79
Ruth Burt Ekstrom '53
Asoong Len Elliott '52
Diane S. Ellison '53
Elaine B. Fain '70
Lisa Feldman '86
Katherine Flanagan '79
Marjorie J. Fleischmann '56
Bonnie Freeman '88
Nancy C. Garrison '70
Judith Ginsberg '68
Susan Goldstein '81
Molly Perkins Hauck '65
Robin Herbison '83 and Les Wu '83
Eleanor V. Hood '63
Karen Horny '65
Jane Loveless Howard '58
Elizabeth S. Hughes '61
Carol W. Hurley '78
Lynn Jachney '57
Blanche L. Jones '42
Felice Rinder Kirsh '54
Carol Landau '70
Margot Landman '78
Barbara M. Langworthy '63
Frances Leimkuehler '50
Viola Lenk Leonard '50
Mary Allen Lindemann '82
Dr. Susan S. Lukesh '68
Jane H. Malme '56
Gail McCann '75
Jean C. McCarthy '60
Marilyn A. McQuade '63
Mary D. Miller '85
Brooke Mitchell '59
Mary J. Mycek, Ph.D., '48
Jeannette J. Pollard '48
Diane Pozefsky '71
Helene Rubin '51
Meredith Sadler '77
Helen Schwartz '47
Diane E. Scola '59
Nancy C. Scull '63
Susan S. Sheldon '66

Susan Herron Sibbet '64
Elisabeth R. Smart '37
Marleah Strominger '47
Leslie Leopold Sucher '63
Frieda A. Taylor '83
Gretchen R. Terhune '56
Constance E. Thurlow '41
Antonia van der Meer '79
Elizabeth T. Wahls '85
Nancy Weissman '80
Dorothy Williams Wells '52
Anne E. White '65
Ruth Harris Wolf '41
Brewster P. Wyckoff '71
Linda Zindler '59

\$5–\$9

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Amy S. Ackerman '82
Wendy Adlai-Gail '88
Zahra A. Ali, Ph.D. '85
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Constance H. Andrews '48
Rose T. Antosiewicz '54
Anne Archibald '49
Joan Schmukler Atherton '71
Harriet A. Babcock '57
Wendy Becker '84
Dr. Beth P. Bell '72
Brenda Y. Bell '81
Rosalie Adelman Beloff '49
Emily Berger '75
Judith Bernstein '63
Dorothy Berstein '44
Katharine M. Bigelow '53
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S. Elizabeth Birnbaum '79
Susan Blake '68
Jenny Blessing '83
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Brenda Bell Brown '81
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Heather D. Cady '86
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Gail S. Coleman '85
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Leigh Davidson '68
Roberta deAraujo '78
Evelyn H. deFrees '82
Josephine S. Digan '44 A.M.
June P. Diller '59

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 Marilyn T. Erickson '57
 Duskie Estes '90
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 Dorothy B. Feld '50
 Joan Flanagan '58
 Jane Folcarelli '47
 Jean Holland Foxman '52
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 Holly Gayley '89
 Vedrana Givoje '88
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 Ilene S. Goldman '87
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 Jacquelyn R. Luke '73

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 Eleanor MacQueen '56
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 Marga Matheny '68
 Diana Mautner-Markhof '91
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 Kat McCabe '92
 Eleanor R. McElroy '37
 Susan G. McMillan '70
 Barbara Meier '83; '87 Sc.M
 Teresa Gagnon Mellone '39; '62 AM
 Barbara A. Memmott '33
 Nancy Wernick Menzin '59
 Carolyn H. Merriam '52
 Dorothy K. Miller '60
 Elizabeth Madden Mirabile '90
 Roberta J. Morris '71
 Christine Najarian '49
 Deborah G.K. Nelson '67; '70 AM;
 '72 Ph.D.
 Miriam M. Netter '56
 Carol Nolte '61
 Dr. Mary C. O'Brien '60
 Eleanor Odden '65
 Anita Powell Olson '49
 Patricia Neal Orr '50
 S. Cindy Paradies '83
 Victoria A. Parker '81
 Dr. B. Jane L. Parpart '61
 Cynthia B. Patterson '65
 A. Bridget Perkins, M.D., '88
 Grace Perry '44
 Miriam Dale Pichey '72
 Mary Louise Record '37
 Robert and Sara Reichley
 Mary A. Renda '81
 Maxanne Resnick '81
 Lori L. Roberts '86
 Sarah W. Roberts '95
 Susan Hines Rohrbach '67
 Elizabeth W. Rotter '63
 Marjorie S. Russell '51
 Frances T. Rutter '41
 Jane Potter Ruwet '66
 Tracy Salvage '81
 Mollie Sandock '72
 Lori Rose Schack '87
 Anita R. Schaff '41
 Rita Schorr-Germain '53
 Judith D. Schretter '68
 Caroline T. Schroeder '93
 Bette L. Schultz '73
 Anne Jacobson Schutte, Ph.D., '62
 Rebecca Lovell Scott '69
 Susan Semonoff '68
 Dr. Emma Shelton '49
 Barbara Corcoran Sherman '69
 Kay H. Shields '54
 Sara L. Silberman '63
 Amy Silberstein '83
 Fredi Solod '50
 Joan W. Sorensen '72
 Hon. Leah W. Sprague '66
 E. Alexandrine St. Clair '61
 Margaret E. Stackpole '66
 Rebecca Keyte Staehlin '73
 Carolyn Stafford Stein '82

Jane Stein '67
 Anne Fausto Sterling, '70 Ph.D.
 Leora Tanenbaum '91
 Maxine Thwing '69
 Phyllis Tillinghast '51
 Candace L. Trace '95
 Judith Tracy '61
 Virginia M. Trescott '38
 Antonia van der Meer '79
 Michelle Wallach '86
 Dorothy M. Webb '38
 Pat and Bob Welch '68; '66
 Miriam White '75
 Dr. Sarah E. Williams '56
 Laurie E. Williamson
 Sallie Wolf '72
 Jill Berkelhammer Zorn '78
 Elizabeth A. Zwick '82

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 S. Kristi Abrams
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 Tara Anthes
 Reena Anthony
 Elizabeth Audley
 Ellen Barth
 Teal Bathke
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 Carrie Beckner
 Vaishali Bhalani
 Nazleen Bharmal
 Jody Blagrove
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 Chamille C. Dennis
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 Amy Weiss
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 Rachel Winer
 Sophy Shiahua Wong
 Melinda Wood
 Lesley Yalen
 Margarita Zilberman
 Jessica Zimet

Farnham Archives

Joseph H. Farnham, Jr. '49, long-time Associate and supporter of the Christine Dunlap Farnham Archives, established an endowment for the Archives as part of his legacy to Brown upon his recent death. His gift will insure the continuation of the women's collections, named in honor of his late wife, a member of the class of 1948.



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Doris Hopkins Stapelton '28

Doris Hopkins Stapelton '28

The Pembroke Center lost one of its strongest supporters and friends with the death of **Doris Hopkins Stapelton '28** on March 21, 1999. Doris was one of the original group of alumnae convened to develop the Pembroke Center Associates. Because she had been Executive Secretary of the Alumnae Association from 1955 to 1972, her personal knowledge of so many alumnae, and of the university in general, was invaluable to the Center as it initiated the Associates organization. She served for several years on the Pembroke Center Associates Council, edited and wrote for the Associates' newsletter, and was a valued member of the advisory committee to the Christine Dunlap Farnham Archives.

Many of you know of Doris' "firsts" at Brown University: first woman to receive the Brown Bear Award; the first undergraduate scholarship created in a woman's name was the Doris Hopkins Stapelton Scholarship; the first full-fledged alumnae magazine at Brown was developed by Doris; along with **Ruth Harris Wolf '41**, she established the Pembroke College fund, the first effort to raise money from women graduates. Not the first, but an honor nevertheless, Doris was the second woman in Brown's history to serve as chief marshal of a commencement procession.

Doris was just as active in her community and in her church. At her memorial service, her Pastor fondly reported that, over the years, she had served on every single committee in the church.

Doris will be missed by many.