

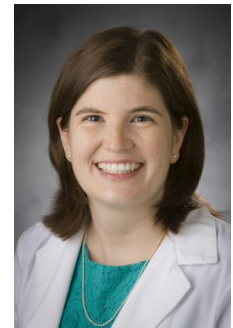
*Our Mission*

Women in Anesthesiology (WIA) is an organization devoted to the professional development of women physician anesthesiologists. Through both an informal and formal all physician network, we support the recruitment, retention and job satisfaction of women in anesthesiology.

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## Greetings, Women in Anesthesiology supporters!

**Message From the President**

This newsletter comes after a long hiatus for Women in Anesthesiology, and a tough year for many of us personally. There is no doubt that 2020 was a life-changing year in so many ways. The COVID-19 pandemic has stretched us to our limit, physically, mentally, and emotionally. Long-overdue social justice movements, including Black Lives Matter, were at the forefront and shaped many of our conversations and thoughts. 2020 has been jokingly symbolized as a “dumpster fire,” but like a phoenix, 2021 has given us a new beginning and hope for the future.

It is an appropriate time to relaunch our newsletter as March marks Women’s History Month. We are excited to share with you the updates that have occurred within WIA. Fortunately, our first virtual Annual Meeting in October 2020 was a success. Dr. Ebony Hilton gave a phenomenal keynote examining “*The Intersectionality of Pandemic and Protest*”, and Dr. Rekha Chandrabose and Dr. Elizabeth Rebello introduced professional coaching in a workshop session. To offer support to our members in this virtual era, we launched the *WIA Speaker Series*. Dr. Emily Methangkool, Dr. Allison Overmon, and Dr. Asha Padmanabhan gave amazing talks that provided much needed discussion and connection. We have a fantastic lineup in the next few months, so if you haven’t registered yet, please do so at <https://www.womeninanesesthesiology.org/wia-speaker>



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## Historical Highlight

*Dr. Evelyn Henley was the first ABA certified African American female anesthesiologist. Born in Washington, D.C. in 1913, she initially trained as a nurse and later as a nurse anesthetist prior to enrolling at Howard University College of Medicine ('54). In 1962, she became a diplomate of the American College of Anesthesiology. She advanced into the role of Chief of the Division of Anesthesiology at Howard University. Often said of Dr. Henley: "her rapport with patients was perfect and her skill could not be excelled." She is an inspiration to all female anesthesiologists. We thank her for her service. The Evelyn E. Henley Society was founded in 2015 in her name by a group of anesthesiologists with diverse backgrounds with the goal of helping to support the development of like-minded practitioners. We thank the Henley Society for their mission, their history of Dr. Henley and credit them with the photograph (<https://www.henleysociety.com>) Thank you Dr. Yemi Odugbesan, MPA, MD for this member inspired feature.*

[series-2021/](#). Durable CME and MOCA Patient Safety credit is offered so even if you miss the live event, you can still access the video recording later. A huge thanks to Dr. Kristin Ondecko-Ligda and Dr. Jenny Pennycuff, who chair the Annual Meeting and Speaker Series.

We also launched our Research Committee, headed by Dr. Lisa Rong and Dr. Annery Garcia-Marcinkiewicz. Over 200 people registered for their first free Webinar on "How to Give a Talk in a Virtual Era" with Dr. Elizabeth Drum, Dr. Harriet Hopf, and Dr. Jorge Galvez. I certainly gained a lot of tips on how to upgrade my Zoom talks and I know that Dr. Rong and Dr. Garcia-Marcinkiewicz have innovative ideas for future offerings to our members.

You may have noticed our social media redesign as well, thanks to Dr. Heidi Tavel (Social Media Director), Melissa Ramirez, and Dr. Leena Mathew (Communications Chair). They have done an wonderful job working to promote women anesthesiologists on social media, so please follow us on Facebook ([Women In Anesthesiology](#)), Twitter ([@womenmdinanesth](#)), and Instagram ([@womeninanes](#)) to see all the opportunities, resources, and kudos. I'm especially excited for the "Feature Fridays." Please send any feedback on posts and ideas for future content to [womeninanes.socialmedia@gmail.com](mailto:womeninanes.socialmedia@gmail.com)

The long-term effects of the COVID-19 pandemic on women's careers will continue to evolve and it is my goal that WIA can support women anesthesiologists through the systemic imbalances that were imposed. Caregiving issues have come to the forefront during this pandemic and have disproportionately affected women, as schools and daycares closed, social distancing measures were imposed, and elderly family were taken out of nursing homes. All anesthesiologists are caregivers — we all care for our patients. Yet caregiving outside of work is not equally acknowledged as our dedication to patient care. It is my hope that WIA can help change our work culture to make caregiving acceptable in both our personal and professional lives.

I always have to remind you that we are an all-volunteer and non-profit organization, so we rely on YOU to help us move forward. Remember to renew your membership (if you haven't already) and please consider giving a donation. Don't hesitate to reach out to us if you are interested in volunteering on any projects or if you have ideas on how WIA can partner. You can contact us through our website ([www.womeninanesesthesiology.org](http://www.womeninanesesthesiology.org)) or email ([info@womeninanesesthesiology.org](mailto:info@womeninanesesthesiology.org)).

I am grateful to the efforts placed into this newsletter relaunch by Dr. Heidi Tavel, Dr. Lisa Weiss, Dr. Amanda Kirzner, and Dr. Leena Mathew. Additionally, all of WIA's offerings couldn't be possible without our Board of Directors and many volunteers who work behind the scenes. I want to welcome Dr. Destiny Chau and Dr. Tracey Straker to our Board, Dr. Tosho Songolo as our Resident Representative, and Melissa Ramirez as our Medical Student Representative. Also, I have to acknowledge Dr. Sam Yeap, Dr. Corinna Yu, Dr. Jessica Sumski, Dr. Harriet Hopf, Dr. Christina Menor, and Dr.



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### Victory Roll

- ♦ **Rekha Chandrabose MD** appointed Vice Chair of Diversity, Inclusion and Equity at UCSD Dept of Anesthesiology.
- ♦ **Rita Agarwal MD** President of the Society for Pediatric Pain Medicine, Chair of the American Academy of Pediatric Section on Anes and Pain Medicine & Serving on the board of American Academy of Ped section on Anes and Pain Med and the SPA board.
- ♦ **Anita Gupta DO** Advisory member for COVID-19 FasterCures, a Milken Institute Initiative, *to create an Early Warning System for Pandemic Threats as the Covid-19 Cases Increase*. Global Forum | Distinguished Presidential Recommendation, U.S. FDA Commissioner by the ASA. Appointed as U.S. FDA Advisory Member | U.S. Department of Defense Advisory Member.
- ♦ **Tricia Brentjens MD** appointed Vice Chair of OR Management Department of Anesthesiology, Columbia University, New York.
- ♦ **Asha Padmanabhan MD** appointed to the Board of Directors of the Florida State Society of Anesthesiologists.
- ♦ **Lalitha Sundaram MD** is the "youngest woman" appointed on Editorial team for the ASA monitor
- ♦ **Kathryn Harter Bridges, MD** President of the South Carolina Society of Anesthesiologists.

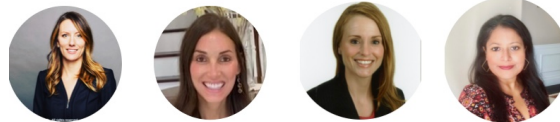
Allison Bechtel for volunteering their time throughout 2020.

Last, I want to give special recognition to our Past-President, Dr. Amy Pearson, who led WIA to new places over the last two years, including in a pandemic. I have enormous shoes to fill and have to remind myself to break free from Imposter Syndrome when I think about the leadership she displayed and all she contributed to this organization. Thank you, Amy, for being a friend, mentor, and sponsor. I look forward to guiding and growing WIA with much hope and ambition in our "new normal."

With gratitude,

**Elizabeth B Malinzak, MD, FASA**  
**President, Women in Anesthesiology, LLC**

### Greetings from the Newsletter Committee



Happy 2021 to all our supporters. We are thrilled to release the Spring newsletter issue after a long hiatus through 2020. Though 2021 had a rocky start, we have high hopes for the year ahead. And with a blink of an eye, it is already March!

A little bit about each of us: Lisa is in private practice in Houston, Texas and Amanda is in private practice in New York City. Heidi, our chief editor, is in private practice and is also the President-elect of the Arizona Society of Anesthesiologists. We hope to bring you 3 editions of our newsletter this year, in addition to our bonus Fall issue, which will accompany the WIA annual meeting.

We hope to use the newsletter to disseminate information that highlights WIA activities as well as the contributions and accomplishments of its members. We will spotlight articles, educational resources, presentations and meetings which, include our members as well as those that our members may find beneficial. Our newsletter is introducing two new features this year: "Historical Highlight" and a recurring "Member Blog Feature". We do encourage you to post your suggestions, successes, questions, recognitions and upcoming events to our social media accounts or contact us via email at [womeninanes.socialmedia@gmail.com](mailto:womeninanes.socialmedia@gmail.com).

We are thankful for all our supporters and excited to take on this endeavor.

Sincerely,

**Lisa Weiss MD, Amanda Kirzner MD, Heidi Tavel MD FASA**  
**(Chief Editor), Leena Mathew MD (Communications Chair)**



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### Victory Roll

- ✦ **Elizabeth Malinazak, MD** named President WIA and Chair, ASA Committee on Young Physicians.
- ✦ **Elizabeth Thackeray, MD PhD** awarded Innovation and Creativity Award and Core Educator at University of Utah.
- ✦ **Smitha Warriar, MD** appointed to Presidential Search Committee at University of Utah.
- ✦ **Ruth Landau, MD** elected President the Society for Obstetric Anesthesia and Perinatology (SOAP).
- ✦ **Allison Lee, MD** named Chair of SOAP D&I Committee, Vice Chair SOAP Education Committee, Associate Editor, BJA Education, ABA Associate Applied Examiner.
- ✦ **Leena Mathew, MD** inducted into the Class of 2020 Academy of Clinical Excellence at Columbia University, New York Magazine Top Doctors, Castle Connolly Best Doctors, Exceptional Women in Medicine.
- ✦ **Heidi Tavel, MD FASA** elected President Elect Arizona Society of Anesthesiologists.
- ✦ **Michelle Au MD** elected as a Democratic member of the Georgia State Senate for District 48.



## WIA Research Chair Initiatives



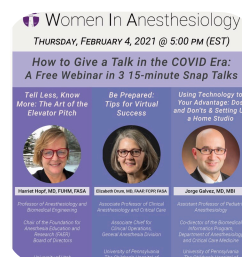
The Research Committee of WIA (Dr. Lisa Rong, MD and Dr. Annery Garcia-Marcinkiewicz, MD) is proud to have hosted our first webinar in February: *"How to give a talk in the COVID era"*.

We learned several important points from our three amazing speakers (Dr. Elizabeth Drum, Dr. Harriet Hopf and Dr. Jorge Galvez): Plan ahead, tell less, know more, be prepared, capture accomplishments with STARS.

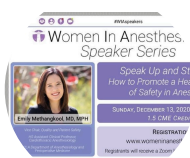


All three presentations were interesting, insightful, and provided excellent information on how to improve our future talks!

Stay tuned for our next Webinar in the Spring: *"How to publish that paper!"*



## WIA Speaker Series and Annual Conference



In 2021, WIA launched its Speaker Series to further collective growth, to empower each other and to develop our skill as we become catalysts for equity and professional advancement. You can register on our website and access these session live, or at your leisure, for durable CME.





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## Introducing...

*WIA is excited to announce our newest positions:*

### Resident Representative



- ✦ Dr. Tosha D. Becerra Songolo, MD
- ✦ CA-2 anesthesiology resident at the University of California-San Diego.

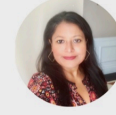
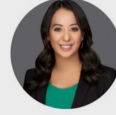
### Medical Student Representative



- ✦ Melissa Ramirez
- ✦ MS-4 at FIU Herbert Wertheim College of Medicine.

*We appreciate you and your involvement with WIA!*

## WIA Social Media Committee Update



2021 signaled the relaunch of WIA's social media platforms. In keeping with the WIA mission, the social media committee is invested in using its platforms to connect with members, to engage with supporters and to grow community.

In February we launched a brand new Instagram platform [@womeninanes](https://www.instagram.com/womeninanes) in addition to our robust Twitter presence [@womenmdinanesth](https://twitter.com/womenmdinanesth) and our revamped private WIA Facebook group and public page. We are already encouraged by the growth spurt in followers and increased engagement noticeable in a few short weeks.



Our social media image and goals aspire to engage, provide educational resources, develop and empower [ALL women anesthesiologists](#). We are excited to see all this unfold through the coming year. In the meantime, we are thrilled to introduce two recurring themes: "Tip Tuesdays" and "Feature Fridays". We believe that representation matters, and leadership matters. From medical student to late career physicians we all have experiences and knowledge to share. We introduced "Tip Tuesdays" to open discussions that transfer knowledge and share resources to encourage growth, visibility, advocacy and leadership for "all" women in anesthesiology. "Feature Fridays" will recognize the Women in Anesthesiology and applaud their contributions.

The WIA Social Media Committee is honored to help bring our community closer. It hopes to utilize all its posts to initiate or further meaningful conversations; to empower, support, lift-up and bring together women in Anesthesiology with open, diverse, inclusive platforms and to continually grow towards our goals.

***We want to hear from you. We want to celebrate you. We want to be of service to you.***

Please follow us or tag us on the following: Facebook ([Women in Anesthesiology](#)), Twitter ([@womenmdinanesth](https://twitter.com/womenmdinanesth)), Instagram ([@womeninanes](https://www.instagram.com/womeninanes)). We encourage our members and supporters to send us feedback on posts and content ideas at [womeninanes.socialmedia@gmail.com](mailto:womeninanes.socialmedia@gmail.com)

Sincerely,

**WIA Social Media Committee**

Heidi Tavel, MD (Social Media Director), Leena Mathew, MD (Communications Chair), Melissa Ramirez MS4 (Medical Student Representative)





## WIA Statement on Racism in America

Women in Anesthesiology is an independent anesthesiology organization consisting of women of every color. Injustice felt by one of us is felt by all of us.

We recognize that our specialty of anesthesiology is not immune to the inequalities experienced by the black community. We recognize that pregnant black women are less likely to receive a labor epidural or to receive the preferred anesthetic for cesarean delivery (1). We recognize that black children are less likely to have a parent present at the induction of anesthesia or to receive anti-anxiety medications before surgery (2). We recognize that black children and adults sometimes receive inferior pain management (3, 4). We recognize that some medical professionals hold false beliefs about biological differences between blacks and whites (5). As anesthesiologists, we are ethically bound to address these inequalities and serve all patients with the best evidence-based compassionate care that that consciously accounts for the impact of

## Blog Feature: What's on your mind? Our Members speak!

*"I have no conflicts of interest to disclose. My blog posts do not constitute any medical advice. They are not sponsored posts and there are no affiliate links. These blog posts represent my own personal views and opinions and not those of The University of Cincinnati."*

### Not Friends, Family

Nicole M. King, MD



In August of 2018 I left my family behind. Maybe not exactly friends, all of them, but a group of people who had seen me through the premature end of one residency, the beginning and conclusion of another, an engagement and marriage, multiple deployments, 2 children, a spouse overseas for the birth and subsequent hospitalizations of one of my children, the struggle and therapy of another child. All of them with me every step of the way. The same CRNAs I worked with on a daily basis, placed my epidurals. The same men and women I worked besides, cared for my daughter in the PICU. The same people who took care of me when I needed a patient advocate, also took care of me when I had a poor or unexpected outcome. Family. Not perfect. Not always exactly what you needed or wanted, but there always.

And then I left.

And I have floated unattached and lost since... coming down to land occasionally. Surges of belonging coming in fits and bursts along the bumpy road of returning to fellowship after time as an attending. Short fierce relationships with those going through similar hardships. Battle hardened together. Like deployments. But not family. There wasn't enough time to become family. So, I continue to drift, wondering... will I ever have another family like that one? Or am I destined to the age-old phrase we tell ourselves to make ourselves feel better in these moments, "It's just a job."

To which I always ask, but is it?

Every day we are asked to take someone's life into our hands and guide them seamlessly from life, to controlled death, and back to life again. We need family around us to sustain us.

So, people respond, well your family is at home. But do your





## WIA Statement on Racism in America con't.

racism on health.

Black women anesthesiologists are vital to the future of anesthesiology. The greatest percentage of young, nonwhite anesthesiologists are women, and 7.2% of women anesthesiologists are black (6). Black women are leaders in clinical medicine, from anesthesia residents to division chairs. We recognize their resilience as they face implicit and explicit biases at work, disparities in pay and academic time, and a lack of equitable mentorship as they conduct the rigorous practice of medicine (6). Women in Anesthesiology is committed to support the equitable professional development of women of color and to amplify their voices.

We denounce the acts of overt violence against the black community. We also recognize the acts that occur daily in subtle, tiresome ways through callous, offhand remarks or through the silence of colleagues and leaders

## Blog Feature, con't.

children or partner (usually) save lives every day? Are they the women behind the curtain making the magic happen while the surgeon works on the other side? Are they providing comfort and safety during childbirth? Are they lining and sustaining life in that fragile NICU baby? Are they providing emotional, mental and physical pain relief to those suffering chronically? Are they getting that elderly frail patient on to bypass just in time? Are they in the unit with you watching yet another COVID victim struggle to breathe or to live? No. But your work family is, and even if they are not your “friends” or you state that you just work together, friends don’t save lives together. Family does.

Which begs the question, how much time does it take to make a family? Hours, days, months, years? And what about those like me, who have bumped along a solitary road for a while and finally feel like they landed, even briefly, in the right place? Are they allowed to become part of the family? Or, will they be relegated to the outsider or new person identity for the foreseeable future?

So many will say, well it takes time. Give it time. But we are not given time before we start saving those lives again, so why do we have to wait for our family? Why do we have to try so hard to fit, to belong, to be?

Which takes me back to the Navy, to my work family. Yes, I spent the majority of my 10-year career at the same hospital. Yet, many of my closest relationships and the people who have the most prominent role in my memories, are those who I only knew for a couple of years. When you move as much as we do, there is no precedent to “give it time” for someone to fit in. There is no time for such delays. The first day I checked onboard the USS Boxer as a General Medical Officer, we had a drill where I spent 4 hours in a tiny “battle station” on the flight deck with 15 sailors in a gas mask. You better believe we were family after that day. And every day after I collected more people into my work family.

The assumption when someone arrived wasn’t that they had to prove themselves. It was assumed they could do the job until proven otherwise. When you would move overseas you would have a sponsor to help with you and your family’s transition to a foreign country and foreign culture. The onus for you to fit in was not on you. It was on those who would become your family. Life depended on it.

Which begs the question, why don’t we do the same thing in civilian medicine? Are we not saving lives every day? Shouldn’t



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## WIA Statement on Racism in America con't.

firmly against racial discrimination through individual actions or institutional policies.

As an organization founded by, counseled by, and in service to people of color, we stand in solidarity against racism in all its forms. We stand firmly against racial discrimination through individual actions or institutional policies. We forge onward to seek equity at work and at home for women anesthesiologists, our patients, and our communities near and far.

(1) Lange <https://www.sciencedirect.com/science/article/pii/S0146000517300484?via%3Dihub>

(2) Baetzel [https://journals.lww.com/anesthesia-analgesia/Fulltext/2019/10000/Adultification\\_of\\_Black\\_Children\\_in\\_Pediatrics.31.aspx](https://journals.lww.com/anesthesia-analgesia/Fulltext/2019/10000/Adultification_of_Black_Children_in_Pediatrics.31.aspx)

(3) Goyal <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2441797>

(4) Lee <https://www.sciencedirect.com/science/article/pii/S0735675719303912?via%3Dihub>

(5) Hoffman <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4843483/>

(6) Francis [https://journals.lww.com/anesthesiaclinics/Fulltext/2018/05630/Minority\\_Women\\_in\\_Anesthesiology.6.aspx](https://journals.lww.com/anesthesiaclinics/Fulltext/2018/05630/Minority_Women_in_Anesthesiology.6.aspx)

## Blog Feature, con't.

the assumption be that someone is worthy of belonging to the family the moment they arrive. And if they feel like they belong, then maybe the burden of being new wouldn't be so suffocating and silencing. A yoke that one carries around. As if it's a sign of desperation: "I'm new here. I'm worthy. Please like me and support me. Because well I have to save these lives and I would like to know I'm part of the family."

Seems petty right? Except it's not. Because this loneliness is leaving us empty and fragile. It contributes to our burn out, our moral injury and our mass exodus from a profession that is reeling. We keep cutting our hours. Cutting our responsibilities. Cutting our FTE. Cutting our ties to a "job" we spent decades to achieve. Why? Because we don't have a family. We don't have those people beside us, behind us and in front of us saying "I've got you."

Oh, the things you do for others when you feel accepted, nourished and cherished as a human. When someone looks at you and says, "I am so glad you are here. It's ok to be new. We can learn from you as much as you can learn from us."

We are not looking to be friends, not yet. We know that comes with time, experience, life and loss. And sometimes it may not happen. We are not meant to mesh with every human in our sphere. But we can still stand with each other as family and say, you and I are different, but we will save these lives and we will come back tomorrow and do it again, together.

*About the Author: Nicole M. King, MD is a critical care anesthesiologist at the University of Cincinnati. She is currently getting her Executive Masters in Clinical Quality, Patient Safety and Leadership at Georgetown University. She has spent the past year battling COVID, fighting for innovation and advocacy in medicine, and trying to find her why while being a wife and mother. She is tired but committed to medicine and the future.*

*A picture with a family member. A person who saw me and accepted me from day one.*

*Leena Mathen.*

