The American Association of University Women advances gender equity for women and girls through research, advocacy and education.

AAUW

Ferguson-Florissant (MO) Branch

Pam Meyers	Shirley Breeze	Patty Murray
President	Program Vice President	Editor

July – October 2022

Florissant Fall Festival


Office of the Mayor
City of Florissant
Proclamation

Our branch's representation at the Florissant Fall Festival on Sunday, October 9, was busy and exciting!! Pam set up our very impressive booth, supplying everything down to the tent and table! We were placed between the Democrat and Republican Parties. Trudy Busch Valentine spent part of the afternoon at the Democrats' booth.

It was a great day working and spending time with Pam Meyers, Joyce Bluett, Joyce Wolf, Karen Haynes, Wilzetta Bell and Tommie Turner!

Contact the Ferguson Florissant AAUW Branch
Pam Meyers 314-303-6661 *wpemeyers@gmail.com*


RIGHTFULLY HERS

“IT'S IMPORTANT THAT YOUNG PEOPLE KNOW ABOUT THE STRUGGLES WE FACED TO GET TO THE POINT WE ARE TODAY. ONLY THEN WILL THEY APPRECIATE THE HARD-WON FREEDOM OF BLACKS IN THIS COUNTRY.”
— Amelia Boynton Robinson

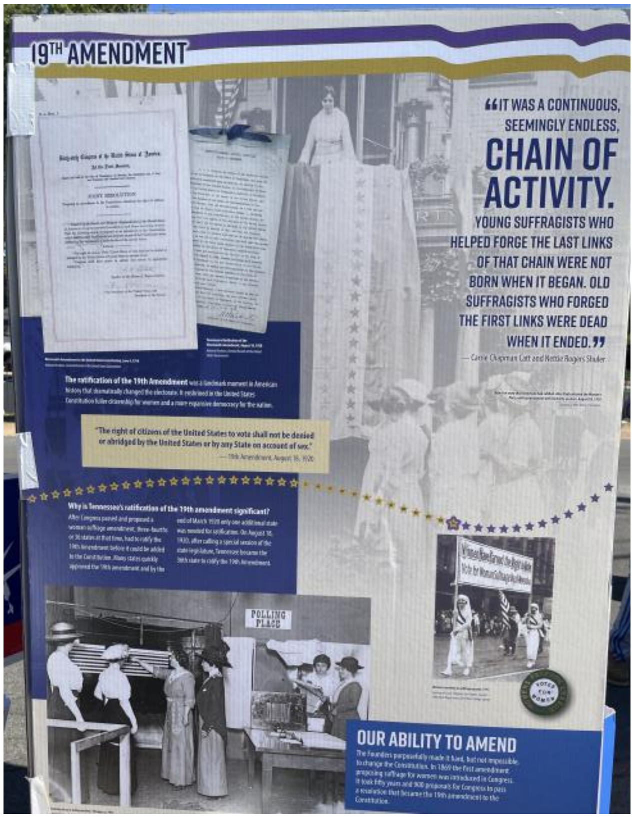
Even after the 19th Amendment was ratified, millions of women remained unable to vote.

YOUR VOTE IS YOUR VOICE

Another landmark voting rights victory

4-sided display from National AAUW

For a better view, please see our Facebook page, our webpage, and your email.


19TH AMENDMENT

“IT WAS A CONTINUOUS, SEEMINGLY ENDLESS, CHAIN OF ACTIVITY. YOUNG SUFFRAGISTS WHO HELPED FORGE THE LAST LINKS OF THAT CHAIN WERE NOT BORN WHEN IT BEGAN. OLD SUFFRAGISTS WHO FORGED THE FIRST LINKS WERE DEAD WHEN IT ENDED.”
— Carrie Chapman Catt and Nettie Rogers Shuler

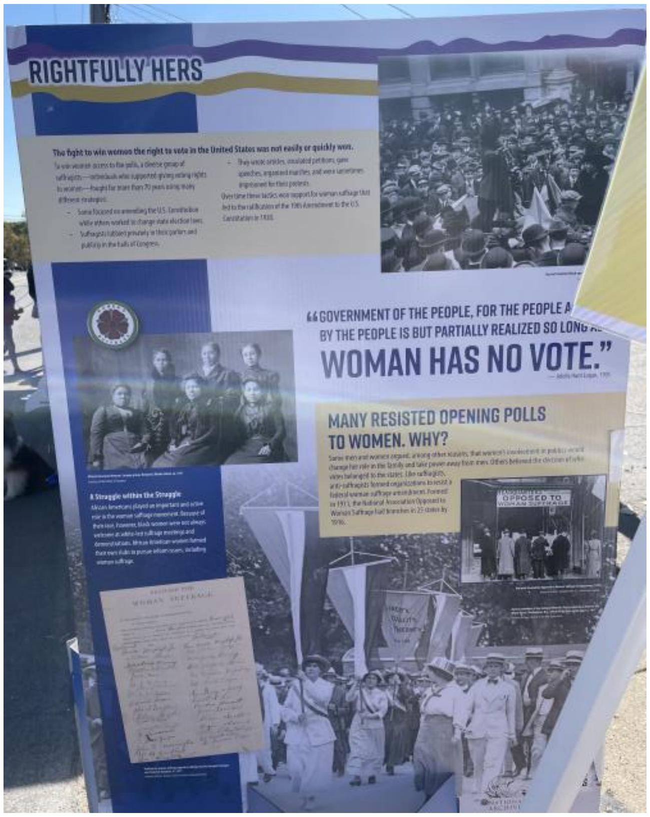
The ratification of the 19th Amendment was a landmark moment in American history that dramatically changed the electorate. It enshrined in the United States Constitution fuller citizenship for women and a more expansive democracy for the nation.

“The right of citizens of the United States to vote shall not be denied or abridged by the United States or by any State on account of sex.”
— 19th Amendment, August 18, 1920

Why is Tennessee's ratification of the 19th amendment significant?

OUR ABILITY TO AMEND

The Founders purposefully made it hard, but not impossible, to change the Constitution. In 1869 the first amendment proposing suffrage for women was introduced in Congress. It took fifty years and 900 proposals for Congress to pass a resolution that became the 19th amendment to the Constitution.

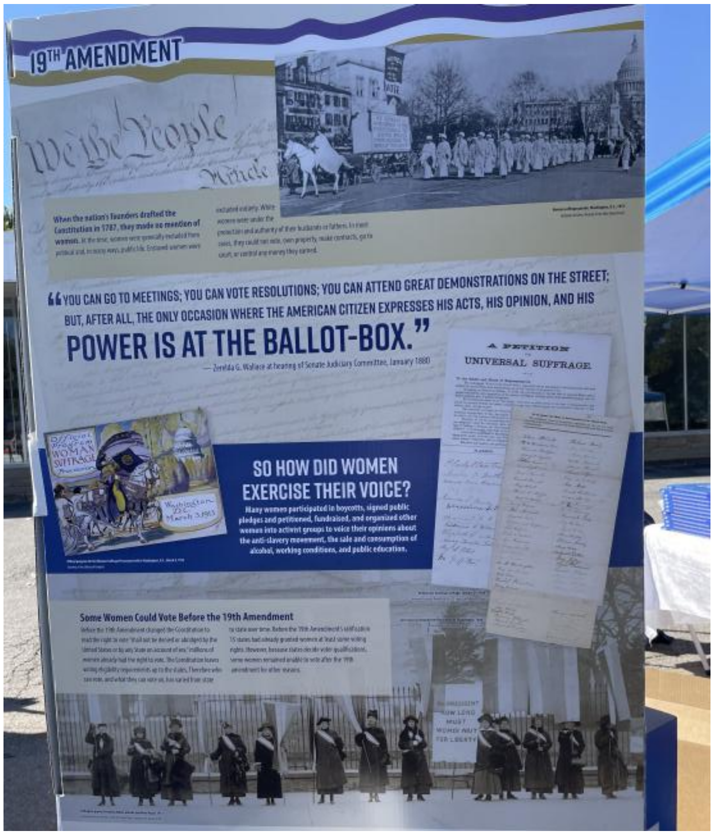

RIGHTFULLY HERS

The fight to win women the right to vote in the United States was not easily or quickly won.

“GOVERNMENT OF THE PEOPLE, FOR THE PEOPLE A
BY THE PEOPLE IS BUT PARTIALLY REALIZED SO LONG
WOMAN HAS NO VOTE.”

MANY RESISTED OPENING POLLS TO WOMEN. WHY?

A Struggle within the Struggle


19TH AMENDMENT

When the nation's founders drafted the Constitution in 1787, they made no mention of women.

“YOU CAN GO TO MEETINGS; YOU CAN VOTE RESOLUTIONS; YOU CAN ATTEND GREAT DEMONSTRATIONS ON THE STREET; BUT, AFTER ALL, THE ONLY OCCASION WHERE THE AMERICAN CITIZEN EXPRESSES HIS ACTS, HIS OPINION, AND HIS POWER IS AT THE BALLOT-BOX.”
— Zerelda G. Wallace at hearing of Senate Judiciary Committee, January 1880

A PETITION
UNIVERSAL SUFFRAGE

SO HOW DID WOMEN EXERCISE THEIR VOICE?

Many women participated in boycotts, signed public pledges and petitioned, fundraised, and organized other women into activist groups to voice their opinions about the anti-slavery movement, the sale and consumption of alcohol, working conditions, and public education.

Some Women Could Vote Before the 19th Amendment

Contact the Ferguson Florissant AAUW Branch
Pam Meyers 314-303-6661 *wpemeyers@gmail.com*

DEI / Public Policy

Hello Everyone!

It's been awhile since we visited each other, and I want to share with you my take aways from an article I read in *Inside Higher Education* about How to (and How not to) recruit minority students. There is a need for more funding and more support from top level administration.

Colleges have no choice but take recruiting minority students much more seriously because white students are becoming a minority, themselves, among high school graduates.

Minority students do not enroll because they feel there is a lack of funding set aside for them and geographic challenges. It becomes challenging to recruit in Southern states when political leaders make decisions that do not appeal to young people. The political landscape matters! Minority students like to feel a sense of "belonging". What is meant by sense of belonging (from an admission standpoint) is there is plenty of financial aid available and they do not have to use student loan funds in large amounts.

Communication is key! Minority students need to hear from other minority students about a college and those students need to come from the community from which the student being recruited also comes.

Implicit bias, that's a term we are very familiar with. Implicit biases manage to show on letters of recommendation. With admission officers looking for context, every word matters. Asian students have been described as being "quiet" and you will sometimes see African American students being described as being articulate with the implication that is somehow unusual. If male reviews are longer than female reviews, as they typically are, that's a problem.

To help remedy some of these issues, counselors may want to ask a fellow counselor to read their reviews, look for bias. Or counselors may want to read the reviews the teacher writes because too many students are hurt by bias reviews.

Hope you enjoyed reading the article! The DEI/PP Committee plans to meet soon to have our strategic planning meeting to decide on how our branch can further support our AAUW's goal to support diversity, equity and inclusion and public policy.

Respectfully submitted,

Lisa L. Taylor, MEd

November 28, 1881

Celebrating 141 Years!

AAUW's story begins in 1881, when a small group of female college graduates banded together to open the doors for women's career advancement and to encourage more women to pursue higher education.

Our History

The history of the American Association of University Women mirrors the progress of women in the United States. As the number of women graduating from college grew, so did our membership.

We've published hundreds of research reports, from an 1885 paper disproving a prevailing myth that college impairs a woman's fertility to, most recently, a study documenting the economic impact of workplace sexual harassment. We have supported the academic achievements of many thousands of scholars, from scientist Marie Curie, the first woman to win a Nobel Prize, to astronaut Judith Resnik, the second woman in travel in space.

Our advocacy efforts have propelled countless new laws, including the Equal Pay Act, first proposed in 1945 and finally passed in 1963; the Title IX amendment in 1972; the Family and Medical Leave Act in 1993; the Lilly Ledbetter Fair Pay Act in 2009; and the Paycheck Fairness Act, which was passed by the U.S. Representatives in 2019 but is awaiting action in the Senate.

We've come a long way, but we still have a long way to go.
In many ways, the fight for gender equity is just getting started. Join us!

1880 to 1910

The Roots of a Trailblazing Mission

AAUW was founded by Marion Talbot, who became the Dean of the College of Women at the University of Chicago and a leading figure in higher education, and Ellen Swallow Richards, the first woman to earn degree in chemistry and a leader in the field of home economics.

1920s to 1950s

AAUW's Formative Decades

Throughout the economic boom of the 1920s, the Great Depression and the New Deal o the 1930s and the WW II and post-war era of the '40s and '50s, AAUW continued to thrive. Our influential network helped to increase the number of women attending college and universities and supported women in their career development.

1960s to 1980s

The Civil Rights and Feminist Era

The 1960s ushered in an era of significant social progress in the U.S., and AAUW played a pivotal role. Throughout the decade, we became grew increasingly engaged in the Civil Rights Movement: AAUW President Blanche Dow was on the Steering Committee of the National Women's Committee for Civil Rights.

1990s to the Present

The New Millennium & Into the Future

AAUW has continued to trailblaze for women, breaking down barriers and making the world more equitable for future generations. We are a prominent voice in the national conversation about the gender pay gap, anchored in the annual publication of The Simple Truth about the Gender Pay Gap.

https://www.aauw.org/about/history/

Lillian Boly

February 25, 1929 - September 22, 2022

Lillian Byronell Boly passed away peacefully with family present on Thursday, September 22, 2022 at the age of 93. Dear daughter of the late Joseph Robert Jr. & Mary Pearl Boly (nee Park). Loving sister of the late Geneva V. Boly, Roberta Womack & Evelyn Thomas. Loving Aunt, great-aunt & great-great aunt to Richard "Byron" (Donna) Chaplin. Our dear cousin & friend to many.

Lillian shares about her formal education:

My formal education began at Pleasant Hill School, about one and one-half miles from our home on a farm in Butler County, Missouri, approximately 15 miles from Poplar Bluff. I had the same teacher all through elementary school, and Miss Gray may well be the reason I decided to become a teacher. After graduating from Pleasant Hill, I attended Poplar Bluff High School, graduating in 1945.

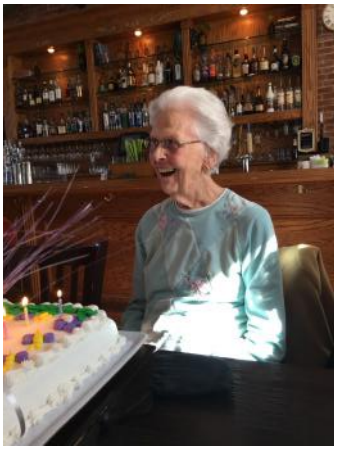
I took the county teachers exam and made a high enough score to get a two-year teaching certificate. With the help of my parents and my sister Evelyn, I attended Southeast Missouri State Teachers College in the summer, and began teaching at Black River School, north of Poplar Bluff, out on the hill in the woods. Two of the boys in eighth grade were two years younger than I. But I was bigger! There were 18 pupils in that one-room school.

I taught the next two years in other one-room schools in Butler County. Then I almost quit teaching. But I was encouraged to continue my college education the next year and the following summer, and in 1949 I began teaching third & fourth grades at Naylor, in Ripley County.

In 1954, Mr. Lemasters hired me to teach in Riverview Gardens. After one year in second grade and eight more in fourth grade at Riverview Elementary School. I moved to the High School in 1963. There I have been ever since, enjoying almost every day of the experience.

In 1955, I finished my Bachelor of Science in Education degree, with a major also in English and a minor in History, at Southeast Missouri State College. Beginning in 1960, I did graduate work at Washington University, receiving the Masters of Arts in Education in the summer of 1964. Since then, I have done additional graduate work at Washington University, the University of Oregon and Webster University.

I officially retired in June of 1990, but I have been substituting and teaching summer school at Riverview Gardens High School almost ever since. I did not substitute in 1990-91, but did each year following that until the end of 1998-99 year. I taught summer school 1987, 1988, 1990, and each summer from 1993 to 1999.



Lillian shares a very important experience that happened in her life:

An experience of my life that has been very important in making me the person I am is my trip to Europe in the summer of 1966. After moving to the senior high school to teach English in the fall of 1963, I joined the National Council of teachers of English, and was, of course, sent their English Journal and other NCTE literature. In 1965 I read about NCTE's European tours for that summer and sent for more information. When I read that brochure about tours in Ireland, England, Scotland, and the continent, I immediately wanted to go on the tours: Killarney, Cork, Blarney Castle, Limerick, Galway, Dublin, Irish thatched cottages, the Abbey Theater, and the Book of Kells; Stratford and some of Shakespeare's plays, York and its great cathedral, the Lake Country, the White Cliffs of Dover, the Tower of London, the Cheshire Cheese, Hampton Court, Buckingham Palace, and Westminster Abbey; Edinburgh Castle, Scott's Abbotsford, Stirling Castle, and Loch Lomond; Paris, Notre Dame, the Eiffel Tower, Versailles, and Louvre; the Coliseum and St. Peter's Basilica Naples, and Pompeii, Capri and the Blue Grotto, Florence and all its art, Venice and its canals; Geneva, Interlaken, Lucerne, and Mont Blanc; the Rhine and Cologne; Copenhagen and Elsinore; Oslo, the fjords, and Bergen. There would also be plays, concerts, lectures on writers, visits to schools and with educators. Besides the things to do and see, there would be other English teachers from all over the United States, including college and university professor, high school & elementary school teachers. It sounded so wonderful that I told my roommate, "I want to go so badly that I can taste it! Next summer, I am going, even if I have to borrow the money."

During the 1965-66 school year, I managed to save a few hundred dollars, but when reservation time came, I had to borrow about $1200 from the Suburban Teachers Credit Union. Since I thought it might be the only European trip I could ever afford, I went for all: eight days in Ireland, thirty-two days in England and Scotland, and twenty-six on the continent. The cost was a small fortune in 1966--$2035, including air fare, hotels, breakfast and dinner on most days. Oh, how I looked forward to the summer! I applied for my first passport, finished school in early June, packed, and left St. Louis on June 24.

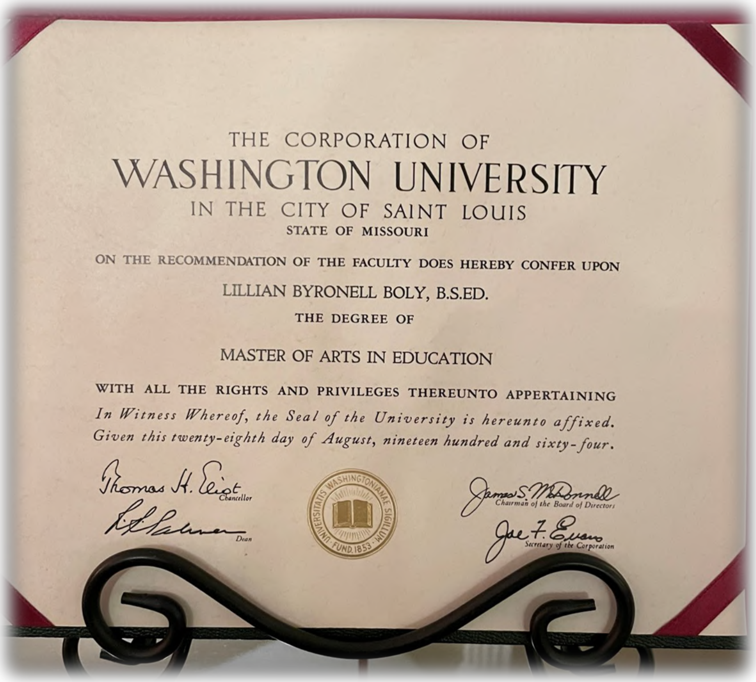
After an overnight flight from JFK, our plane broke through the clouds near Shannon Airport in a light rain. Every field below was a lovely shade of green. And what fun to travel around the country, enjoying the hills, the rock walls, the fuchsia hedges, James Joyce's tower near Dublin, Yeats' Coole, The Woman of the Year at the Abbey Theater, and all the conversations with other English teachers.

The trip was wonderful! And after we joined about one hundred more Americans in York, we were divided into four groups to travel around England and southern Scotland , going in different directions. All of us were together in York, Stratford, and London. In Stratford, I thoroughly enjoyed seeing Shakespeare's home, Ann Hathaway's house, and four plays: Twelfth Night, Henry IV, Part 1, Henry IV, Part 2 and Hamlet.

There were so many other wonderful events on the trip in the British Isles, followed by more on the continent. All of them helped to make me the English teacher, and person, that I am.

Lillian was a very active member in several organizations:

Member National Education Association, M NEA-R, American Association of University Woman (Ferguson-Florissant branch program vice president 1983-85, president 1991-95, 98-99, 2001-02, 2004-06, newsletter editor 2004-10, treasurer 2010-15), American Association of University Women of Missouri (Cultural interest chair 1993-95), National Council Teachers English, Missouri Association Teachers English, Greater St. Louis Teachers English (president, board directors), Riverview Gardens National Education Association (convention del., treasurer, president), Phi Delta Kappa (secretary St. Louis chapter 1992-94, 2001-03, 2004-13, program vice president 2003-04), St. Louis University Gateway Chapter.



THE CORPORATION OF
WASHINGTON UNIVERSITY
IN THE CITY OF SAINT LOUIS
STATE OF MISSOURI
ON THE RECOMMENDATION OF THE FACULTY DOES HEREBY CONFER UPON
LILLIAN BYRONELL BOLY, B.S.ED.
THE DEGREE OF
MASTER OF ARTS IN EDUCATION
WITH ALL THE RIGHTS AND PRIVILEGES THEREUNTO APPERTAINING
In Witness Whereof, the Seal of the University is hereunto affixed.
Given this twenty-eighth day of August, nineteen hundred and sixty-four.

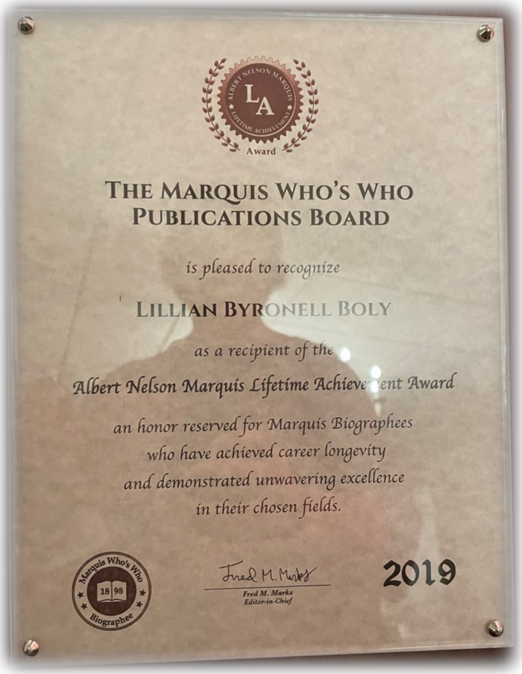
Thomas H. Eliot
Chancellor

Dean

FUND. 1853

James S. McDonnell
Chairman of the Board of Directors

Joe F. Evans
Secretary of the Corporation



THE MARQUIS WHO'S WHO
PUBLICATIONS BOARD

is pleased to recognize

LILLIAN BYRONELL BOLY

as a recipient of the

Albert Nelson Marquis Lifetime Achievement Award

an honor reserved for Marquis Biographees
who have achieved career longevity
and demonstrated unwavering excellence
in their chosen fields.

Fred M. Marks
Fred M. Marks
Editor-in-Chief

2019

Lillian's name appeared in several books thru the years:

Who's Who in America-2016, 70th Edition (pub. 2016); Who's Who in America-2015, 69th Edition (pub. 2014), Who's Who in America-2014, 68th Edition (pub.2013), Who's Who in America-2013, 67th Edition (pub. 2012; Who's Who in America-2012, 66th Edition (pub. 2011); Who's Who in America-2011, 65 Edition (pub. 2010);64th Edition (pub.2009); Who's Who in America-2009, 63rd Edition (pub. 2008); Who's Who in America-2007, 61st Edition (pub. 2006); Who's Who in America- 2006, 60th Edition (pub. 2005); Who's Who in American Education -2007-2008, 8th Edition (pub. 2007); Who's Who in American Education - 2006-2007, 7th Edition (pub. 2005); Who's Who in American Education -1992-1993, 3rd Edition (pub. 1991); Who's Who in the World-2016, 33rd Edition (pub. 2016); Who's Who in the World - 2015, 32nd Edition (pub. 2014); Who's Who in the World - 2014, 31st Edition (pub. 2013); Who's Who in the World-2013, 30 Edition (pub. 2012; Who's Who in the World-2012, 29th Edition (pub. 2011); Who's Who in the World-2011, 28th Edition (pub.2010); Who's Who in the World- 2010m 27th Edition (pub. 2009); Who's Who in the World-2009, 26th Edition (pub. 2008); Who's Who of American Women-2010-2011, 28th Edition (pub. 2010); Who's Who of American Women-2008-2009, 27th Edition (pub.2008); Who's Who of American Women -2006-2007, 25th Edition (pub. 2005).

Visitation was Friday, September 30, 2022, 9:30 am - 10:30 am, at Hutchens Mortuary & Cremation Center, 675 Graham Road, Florissant, MO. Funeral service followed at 10:30 am. Interment Kinsey Cemetery in Harviell, MO.

Branch President Pam Meyers has made the following request and would like to call it "Lillian's Law."

All Branch members are to provide

- *An emergency contact name (relative, neighbor, friend); preferably two people*
- *Emergency contact phone numbers*

Please send this information at your earliest convenience to Pam at wpemeyers@gmail.com

Thank you

Branch News

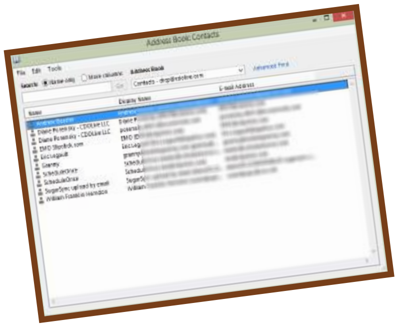
BRIO
italian grille

Ferguson Florissant Branch December Luncheon

Sunday, December 18, 2022 at 2:00 pm

1601 South Lindbergh Blvd, St. Louis, Missouri 63131

Please call **Joyce Bluett** and tell her you will be attending! **314-800-8979**



Phone and Email Changes

Pam Meyers	**Delete 314-921-7109**	**Use 314-303-6661**
Carolyn Herkstroeter	**New email address**	**cmw2139@gmail.com**
Patty Murray	**Preferred new email address**	**pattymurrayaauw@gmail.com**

Wilzetta Bell will be moving to Arkansas to live near her daughter sometime in the next few months.

Wilzetta, while we are happy for you and your daughter to have more time together, we will miss you very much. Please let us know of your plans!

Book Clubs 2022-2023

Ferguson Florissant AAUW Book Group

4th Thursdays at Noon at Reviewer's home. Please bring a sandwich.

Date 2022-2023 Noon	Book	Reviewer/ Hostess
September	No meeting	---
October 27	***The Girl with the Louding Voice*** by Abi Daré 379 pages, February 2020 *The unforgettable, inspiring story of a teenage girl growing up in a rural Nigerian village who longs to get an education so that she can find her "louding voice" and speak up for herself, The Girl with the Louding Voice is a simultaneously heartbreaking and triumphant tale about the power of fighting for your dreams. Despite the seemingly insurmountable obstacles in her path, Adunni never loses sight of her goal of escaping the life of poverty she was born into so that she can build the future she chooses for herself – and help other girls like her do the same. Her spirited determination to find joy and hope in even the most difficult circumstances imaginable will "break your heart and then put it back together again" (Jenna Bush Hager on The Today Show) even as Adunni shows us how one courageous young girl can inspire us all to reach for our dreams…and maybe even change the world.*	Carolyn Herkstroeter
November 17 (third week)	**A Journal for Jordan** by Dana Canedy 288 pages, December 2008 *In 2005, Dana Canedy's fiancé, First Sergeant Charles Monroe King, began to write what would become a two-hundred-page journal for his son in case he did not make it home from the war in Iraq. He was killed by a roadside bomb on October 14, 2006. His son, Jordan, was seven months old.*	Mary Ellen Starr
December 22	a Christmas themed story	Myra Talkington

Ferguson Florissant Book Club Continued

Date 2022-2023 Noon	Book	Reviewer/ Hostess
January	No meeting	---
February	No meeting	---
March 23	**Jack the Ripper in St. Louis: Winner of Mayhaven's Award for Fiction** by Fedora Amis 256 pages, February 2013 *Fedora Amis won Mayhaven's Award for Fiction for this Victorian whodunit. The author cleverly weaves a tale of a young woman's quest to become the next great female reporter. Her adventurous investigation leads to a mad doctor, actually suspected by modern researchers to be the first modern serial killer, the infamous Jack the Ripper.* *Fedora Amis is a member of AAUW in St. Louis County*	Joyce Wolf
April 27	(open)	
May 25	**Half American: The Epic Story of African Americans Fighting World War II at Home and Abroad** by Matthew F. Delmont 400 pages, October 18, 2022 *Over one million Black men and women served in World War II. Black troops were at Normandy, Iwo Jima, and the Battle of the Bulge, serving in segregated units and performing unheralded but vital support jobs, only to be denied housing and educational opportunities on their return home. Without their crucial contributions to the war effort, the United States could not have won the war. And yet the stories of these Black veterans have long been ignored, cast aside in favor of the myth of the "Good War" fought by the "Greatest Generation."*	Patty Murray
June	No meeting	---
July	No meeting	---
August	No meeting	---

2022-23 ¡Adelante! Book Club

Adelante - Spanish word meaning “Forward”

Created … to spotlight engrossing stories and writing by women from all backgrounds.
We also connect our members to some of the authors we feature through web discussions.

4th Thursday by Zoom

Date	Books	Reviewer
October 27	***The Stranger in the Lifeboat*** by Mitch Albom 288/304 pages November 2, 2021	Betty Takahashi
November	We do not meet	
December	We do not meet	
January 26	***Hidden Valley Road: Inside the Mind of an American Family*** by Robert Kolker 400 pages May 6, 2021	Jan Barrett
February 23	***Jackie, Janet & Lee: The Secret Lives of Janet Auchincloss and Her Daughters Jacqueline Kennedy Onassis and Lee Radziwill*** by J. Randy Taraborrelli 528 p January 30, 2018	Deb McWard
March 23	***The Girl with Seven Names: A North Korean Defector’s Story*** Hyeonseo Lee [Lee Hyeon-seo] with John David (also a YouTube interview) 320 pages July 7, 2015	Carol Davis McDonald
April 27	***The Bookshop of the Broken Hearted*** by Robert Hillman 304 pages April 9, 2019	Teri Brecht or Karen Francis
May 25	***This Tender Land: A Novel*** by William Kent Krueger 464 pages September 3, 2019	Lynne Roney

¡Adelante! Book Club Continued

Title	Author	Month
SELECTED – SEE ABOVE **The Stranger in the Lifeboat** What would happen if we called on God for help and God actually appeared? In Mitch Albom's profound new novel of hope and faith, a group of shipwrecked passengers pull a strange man from the sea. He claims to be "the Lord." And he says he can only save them if they all believe in him.	Mitch Albom 288/304 pages November 2, 2021	10/27/2022
SELECTED – SEE ABOVE **Hidden Valley Road: Inside the Mind of an American Family** Don and Mimi Galvin seemed to be living the American dream. After World War II, Don's work with the Air Force brought them to Colorado, where their twelve children perfectly spanned the baby boom: the oldest born in 1945, the youngest in 1965. In those years, there was an established script for a family like the Galvins--aspiration, hard work, upward mobility, domestic harmony--and they worked hard to play their parts. But behind the scenes was a different story: psychological breakdown, sudden shocking violence, hidden abuse. By the mid-1970s, six of the ten Galvin boys, one after another, were diagnosed as schizophrenic. How could all this happen to one family? What took place inside the house on Hidden Valley Road was so extraordinary that the Galvins became one of the first families to be studied by the National Institute of Mental Health. Their story offers a shadow history of the science of schizophrenia, from the era of institutionalization, lobotomy, and the schizophrenogenic mother to the search for genetic markers for the disease, always amid profound disagreements about the nature of the illness itself. And unbeknownst to the Galvins, samples of their DNA informed decades of genetic research that continues today, offering paths to treatment, prediction, and even eradication of the disease for future generations. With clarity and compassion, bestselling and award-winning author Robert Kolker uncovers one family's unforgettable legacy of suffering, love, and hope.	Robert Kolker 400 pages May 6, 2021	01/26/2023
SELECTED – SEE ABOVE **Jackie, Janet & Lee: The Secret Lives of Janet Auchincloss and Her Daughters Jacqueline Kennedy Onassis and Lee Radziwill** "Do you know what the secret to happily-ever-after is?" Janet Bouvier Auchincloss would ask her daughters Jackie and Lee during their tea time. "Money and Power," she would say. It was a lesson neither would ever forget. They followed in their mother's footsteps after her marriages to the philandering socialite "Black Jack" Bouvier and the fabulously rich Standard Oil heir Hugh D. Auchincloss. Jacqueline Bouvier would marry John F. Kennedy and the story of their marriage is legendary, as is the story of her second marriage to Greek shipping magnate Aristotle Onassis. Less well known is the story of her love affair with a world renowned architect and a British peer. Her sister, Lee, had liaisons with one and possibly both of Jackie's husbands, in addition to her own three marriages—to an illegitimate royal, a Polish prince and a Hollywood director. If the Bouvier women personified beauty, style and fashion, it was their lust for money and status that drove them to seek out powerful men, no matter what the cost to themselves or to those they stepped on in their ruthless climb to the top. Based on hundreds of new interviews with friends and family of the Bouviers, among them their own half-brother, as well as letters and journals, J. Randy Taraborrelli's book paints an extraordinary psychological portrait of two famous sisters and their ferociously ambitious mother.	J. Randy Taraborrelli 528 p January 30, 2018	02/23/2023

¡Adelante! Book Club Continued

Title	Author	Month
The Girl with Seven Names: A North Korean Defector's Story An extraordinary insight into life under one of the world's most ruthless and secretive dictatorships – and the story of one woman's terrifying struggle to avoid capture/repatriation and guide her family to freedom. As a child growing up in North Korea, Hyeonseo Lee was one of millions trapped by a secretive and brutal communist regime. Her home on the border with China gave her some exposure to the world beyond the confines of the Hermit Kingdom and, as the famine of the 1990s struck, she began to wonder, question and to realize that she had been brainwashed her entire life. Given the repression, poverty and starvation she witnessed surely her country could not be, as she had been told "the best on the planet"? Aged seventeen, she decided to escape North Korea. She could not have imagined that it would be twelve years before she was reunited with her family.	Hyeonseo Lee [Lee Hyeon-seo] with John David (also a YouTube interview) 320 pages July 7, 2015	03/23/2023
The Bookshop of the Broken Hearted It is 1968 in rural Australia and lonely Tom Hope can't make heads or tails of Hannah Babel. Newly arrived from Hungary, Hannah is unlike anyone he's ever met--she's passionate, artistic, and fiercely determined to open sleepy Hometown's first bookshop. Despite the fact that Tom has only read only one book in his life, the two soon discover an astonishing spark. Recently abandoned by an unfaithful wife--and still missing her sweet son, Peter--Tom dares to believe that he might make Hannah happy. But Hannah is a haunted woman. Twenty-four years earlier, she had been marched to the gates of Auschwitz. Perfect for fans of The Little Paris Bookshop and The Tattooist of Auschwitz, The Bookshop of the Broken Hearted cherishes the power of love, literature, and forgiveness to transform our lives, and--if we dare allow them--to mend our broken hearts.	Robert Hillman 304 pages April 9, 2019	04/27/2023
This Tender Land: A Novel Hardcover 1932, Minnesota—the Lincoln School is a pitiless place where hundreds of Native American children, forcibly separated from their parents, are sent to be educated. It is also home to an orphan named Odie O'Banion, a lively boy whose exploits earn him the superintendent's wrath. Forced to flee, he and his brother Albert, their best friend Mose, and a brokenhearted little girl named Emmy steal away in a canoe, heading for the mighty Mississippi and a place to call their own. Over the course of one unforgettable summer, these four orphans will journey into the unknown and cross paths with others who are adrift, from struggling farmers and traveling faith healers to displaced families and lost souls of all kinds. With the feel of a modern classic, This Tender Land is an en-thralling, big-hearted epic that shows how the magnificent American landscape connects us all, haunts our dreams, and makes us whole.	William Kent Krueger 464 pages September 3, 2019	05/25/2023

Please join!

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Circuit court judge dismisses challenge to Missouri voter photo ID

St. Louis Public Radio | By Sarah Kellogg Published October 13, 2022 at 1:01 PM CDT

Updated at 4:30 p.m. Oct. 13 with comments from plaintiffs and officials

A new Missouri law requiring a photo ID in order to vote has survived its first court challenge, keeping the policy intact for now.

However, the ACLU of Missouri and the Missouri Voter Protection Coalition called the ruling a “procedural speed bump” and said they will continue to press the case all the way to the Missouri Supreme Court, where prior photo ID requirements have been struck down.

“Today’s ruling was only on procedural matters and not the legal issue,” the ACLU and the Coalition said in a statement.

A Cole County Circuit judge Wednesday dismissed a lawsuit filed by the Missouri NAACP and the League of Women Voters of Missouri challenging the photo ID section of a new state law. The dismissal is not final, and the plaintiffs could replead with more information to restore the case.

Circuit Judge Jon Beetem ruled that the League of Women Voters and the NAACP both lacked standing and a “legally protectable interest.” The ruling said the plaintiffs “do not identify any specific members adversely affected by the challenged law.”

In a statement, Secretary of State Jay Ashcroft, who backed the law, praised the decision. He believes the new law makes it easier to vote but harder to commit fraud.

“I applaud and agree with the court’s decision to dismiss this lawsuit since not even the plaintiffs could find a single individual who would be prevented from voting,” Ashcroft said.

Denise Lieberman, director of the Missouri Voter Protection Coalition, said it has the needed information to meet Beetem’s request.

“We offered to supplement the pleadings weeks ago when we argued the case, but we believe that that additional information is not actually required by law,” Lieberman said.

The plaintiffs filed the suit in late August, before the law went into effect on Aug. 28. It is one of two lawsuits filed against the overall elections bill that focus on different policy areas.

Under the new law, Missouri voters will have to present an approved form of a photo ID in order to cast their ballot in the upcoming November election. That ID must be a nonexpired state or federally issued ID such as an active driver’s license, a U.S. passport or a military ID. Other forms of identification, such as a student ID, would not qualify.

Those new requirements, the plaintiffs in the case have said, would disenfranchise thousands of voters in Missouri and would force many voters including students, nondrivers and others to vote through a provisional ballot, which isn’t guaranteed to count.

The plaintiffs in the lawsuit have 30 days to replead the case. The other suit, which is challenging the law’s policies on voter registration, is awaiting a ruling, though Lieberman said her organization has not yet determined its next steps.

“We believe that Judge Beetem’s ruling is incorrect, that it's not consistent. So we could appeal that ruling. Or we could go ahead and supplement and take it from there,” Lieberman said.

Sarah Kellogg is the Missouri Statehouse reporter for St. Louis Public Radio

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https://news.stlpublicradio.org/government-politics-issues/2022-10-13/circuit-court-judge-dismisses-challenge-to-missouri-voter-photo-id

Women's Health

The following two articles are to raise our awareness about women's health and not for scare tactics. *-Patty*

Even Women Doctors Find Their Symptoms Aren't Taken Seriously

Written by Maya Dusenbery
Medically Reviewed by Sabrina Felson, MD on April 09, 2022

WebMD

In early 2014, Ilene Ruhoy, MD, PhD, was not feeling well. She tired more easily than usual, had frequent headaches, and was sometimes dizzy and nauseous. A hospital-based neurologist, Ruhoy made appointments with several of her colleagues. "Everyone kept telling me that I was working too hard, that I was too stressed out, that I should take some time off," she recalls.

At first, she was inclined to believe that; after all, she was working a lot. But as the headaches became more persistent, she grew more concerned. She typically got one or two migraines a year, but now she was having headaches weekly. "It wasn't normal for me and I kept saying that, but they kept sort of dismissing it." She repeatedly asked for an MRI – doctors aren't allowed to order one for themselves – but since her neurological exam was normal, her doctors refused.

Then, one day, Ruhoy's hearing began going in and out while she was grocery shopping, an experience that rattled her enough to make yet another appointment, this time with a primary care doctor who was a friend. "I just cried to her and I said, 'I really just need you to order an MRI.'"

When Ruhoy emerged from the MRI machine, the technician told her to go directly to the emergency room. She had a 7-centimeter tumor pushing the left side of her brain to the right.

The next day, about a year and a half after she first started complaining of symptoms, she underwent a 7 1/2-hour brain operation. The tumor has grown back twice since then, which she says likely wouldn't have happened had it been caught earlier.

For Ruhoy, the experience was "a wake-up call" about how frequently women's symptoms are dismissed in the medical system. "There's gender bias. That's for sure," she says.

This bias contributes to gender disparities in diagnosis and treatment in various clinical contexts. One study of emergency room patients with acute abdominal pain found that the women waited 65 minutes to receive pain medication, compared to 49 minutes for the men. Another concluded that women with knee pain are 22 times less likely to be referred for a knee replacement than men. Women are more likely to be misdiagnosed and sent home from the ER in the middle of a heart attack or a stroke. For a wide range of conditions, from autoimmune diseases to cancers, they experience longer diagnostic delays than men.

In part, the problem is rooted in long-standing gender stereotypes. Viewed as especially prone to "hysterical" symptoms, women are more likely to have their complaints misattributed to psychological disorders or – as in Ruhoy's case and so many others' – "stress." Making matters worse, there's also a knowledge gap: Until the early 1990s, women were left out of much clinical research, and even today doctors know comparatively less about women's bodies, symptoms, and common conditions.

Continued

The problem is sometimes portrayed as one that can be overcome by women learning to more effectively communicate their symptoms or becoming more empowered to advocate for themselves. But the experiences of female doctors-turned-patients like Ruhoy underscore how insufficient such individualistic solutions are. Ruhoy points out how much she had stacked in her favor: “I’m educated, obviously. I was able to articulate myself. I was never hysterical. I was very clear in my communication with my concerns. And I was speaking to people who knew me. And yet I was dismissed amongst all that.”

For women health care providers, used to having authority in the exam room, it often comes as a shock to find their symptoms minimized or disbelieved by other doctors, even their own colleagues, when they become sick patients. Meanwhile, their dual roles give them a valuable perspective on the biases and structural barriers that leave too many women dismissed and misdiagnosed, as well as the fundamental changes in medicine needed to overcome them.

When Sarah Diekman was a 27-year-old medical student, her health began to unravel. She was often lightheaded, as if she was on the verge of passing out. Brain fog made keeping up with her studies impossible, and she took a leave of absence during her fourth year. Worst of all was the fatigue, which eventually became completely debilitating. “I could hardly get out of bed. I could hardly make a bowl of ramen noodles.”

“I saw at least 30 doctors in 2 years of being extremely sick almost every day,” Diekman recalls. Most said she had anxiety and depression – and perhaps “medical student syndrome,” in which aspiring doctors supposedly become convinced they’re suffering from the diseases they’ve just learned about. Even her gastrointestinal problems were attributed to a psychological problem. Having lost weight because she had excruciating pain and nausea whenever she ate, she made an appointment with a GI specialist. But instead of testing, she was offered a referral to a GI psychologist on the assumption that she had an eating disorder. She recalls thinking, “This is not about my thoughts. I’m afraid to eat because it hurts.”

Desperate for any help she could get, Diekman didn’t challenge her doctors’ conclusions. “I tried every step of the way to just do what they said and be the best patient.” But she also searched for answers on her own. One day she saw a patient in the clinic whose symptoms seemed similar to hers and later looked up more information about the patient’s condition: postural orthostatic tachycardia syndrome (POTS). Convinced it explained her illness too, she flew across the country to see the POTS experts at the Mayo Clinic, who confirmed her self-diagnosis with the autonomic nervous system disorder.

Eighty percent of POTS patients are women and girls, and Diekman’s diagnostic delay is typical of many patients with chronic illnesses that disproportionately affect women, like autoimmune disorders and chronic pain conditions. Marked by invisible symptoms, like pain and fatigue, that are often minimized or labeled as psychosomatic, such conditions have also been under-researched and neglected in medical education, leaving many doctors ill-equipped to diagnose them. “It wasn’t in my textbooks,” Diekman notes. “It's probably under-recognized because it mostly affects women. And it presents with symptoms that are really stigmatized in women” (Awareness of POTS has been on the rise recently as many long COVID patients have the condition).

For women who also belong to other marginalized groups, additional biases contribute to dismissive treatment. Alicia Miller, a hospital-based doctor who asked to be identified by a pseudonym, thinks her symptoms after a childbirth complication weren’t taken seriously for a trifecta of reasons: “I'm ambiguously brown. I'm overweight. And I'm a woman.”

Continued

Research shows patients of color receive inferior care compared to their white counterparts. For example, Black patients are 22 percent less likely than white patients to receive pain medication. Stigma against overweight patients is also pervasive within medicine – and often even consciously held. In one study, more than half of doctors admitted to viewing obese patients as "awkward, unattractive, ugly, and noncompliant." Miller had long observed the tendency for doctors to blame any and all symptoms on fat patients' weight. "Overweight women – it's all their fault. 'Oh, you're fat. That's why you have allergies.' 'Oh, you're fat. That's why you have pain.' 'Oh, you're fat. That's why you have diabetes.'"

Still, she had assumed that her authority as a doctor might counteract these biases. "But it didn't." In labor with her third child, Miller suddenly felt a severe pain in her left hip; the rest of her body went numb. The epidural had been placed wrong, into her spine. In the weeks following the birth, the hip pain never went away. She sent emails to the doctors on her delivery team, asking if she should get it checked out, but they said to wait and see if it got better in a few weeks. As it got worse, they couldn't fit her in.

A couple of months after the birth, after passing out from the pain, she went to her hospital's emergency department. "It felt like my hip had broken." She'd alerted her doctors she was on her way and had them paged to the ER, but they didn't come. Without doing a physical exam, the ER doctor ordered an MRI without contrast and told her it didn't show anything wrong. Her discharge notes said she had "postpartum pain" – which, Miller points out, "is not a diagnosis."

Once home, a doctor friend from a different hospital came to check on her and found she had no reflexes in her leg. An urgent MRI – with contrast this time – at the friend's hospital revealed that her nerve was crushed, requiring a spinal surgery.

It's easy for any patient to wonder if the fault lies with them when dismissed by a health care provider. That's perhaps especially true when the provider is a trusted peer. "I initially blamed myself that perhaps I wasn't adamant or stubborn enough when I was telling them my symptoms, or was it something about me?" Ruhoy recalls. Eventually, she "realized it was about them and their hubris" and felt some bitterness towards the colleagues who missed her tumor. "One apologized to me and it meant a great deal. One never said a word. The others checked in on me now and then." Still, to providers-turned-patients, it's clear that disparities persist not because most doctors hold consciously prejudiced views, let alone intend to do harm. While it may be about hubris, it's not often about malice. "I don't think any of the doctors that dismissed me truly didn't care about me. I mean, I know they did; most of them are my colleagues, my friends," Ruhoy says.

In fact, for many providers, the experience of becoming a patient prompts them to rethink some prior experiences with patients of their own. "I think of many patients and often wish I could go back in time with what I know now," Ruhoy says. She recalls once seeing an 18-year-old woman with multiple diagnoses and a plethora of complaints. "Because this patient was seeing so many specialists and tests that were ordered were normal, she was diagnosed with conversion disorder" – a diagnostic label for unexplained neurological symptoms that was known as "hysterical neurosis" until 1980. "But it is clear to me now that she had a connective tissue disorder that was not diagnosed."

Continued

“I think our system is broken,” Ruhoy says. With ballooning patient caseloads, minutes-long appointment slots, and endless administrative tasks, many doctors don’t have “the time – or even the patience – to really sit and think deeper and look further” when faced with a patient whose symptoms aren’t immediately explained. In a fee-for-service system, bottom-line considerations actually incentivize against doing so. “The system does not financially incentivize making the correct diagnosis or reward the extra time it takes to make a complex diagnosis,” says Diekman, whose experience as a patient inspired her to go to law school after medical school to better understand how policy and legal matters shape medicine.

Add to this culture of overwork a tendency to prioritize objective tests over patients’ subjective reports of their symptoms. Within this system, Ruhoy says, it’s “almost a reflex” to conclude that it’s “stress” when some tests come back normal, one that affects women disproportionately not only because of gender stereotypes but also because women have been understudied relative to men. “So much of our data is based on research on white cis men,” Miller says. (Even pre-clinical research on animals skews male.) As a consequence, from test ranges to symptom profiles, women are less likely to present like a “textbook” case. “So, we need to have a larger differential and really listen to what people are saying,” Miller says.

If there are few rewards to getting the diagnosis right, there are also few costs to getting it wrong. In fact, doctors rarely even learn of their diagnostic errors, a fact that experts say allows the problem to remain hidden.

After Miller’s spinal surgery, she spoke to her hospital’s medical director and requested a review of her case. Her doctors got feedback from her and were required to discuss what went wrong. Miller found them defensive and not very open to genuine reflection. Still, that opportunity for learning may not have happened at all if she hadn’t worked there. While her hospital does have a system through which patients can bring cases to review, she was able to bypass the usual process. “If I hadn't been a physician and spoken to the medical director, I don't know what would have happened,” she says. In fact, at one point, her neurologist told her that she’d been lucky: “Our average patient would have ended up with permanent neurological damage and nobody would have ever known,” she recalls him saying.

This lack of feedback is “a really huge problem,” says Diekman. Like most patients, she never went back to the 30 doctors who had missed her diagnosis to inform them she’d actually had POTS. “I didn’t have time for that; I was too busy surviving.” Now a second-year resident, she notices how doctors usually assume that if a patient doesn’t return, it’s because they got better – or weren’t that sick to begin with. In reality, the patient may have eventually received an accurate diagnosis from another doctor – or, in the worst-case scenario, abandoned the search entirely. “Patients give up,” Diekman says. “They become hopeless.”

This breeds undeserved overconfidence: “The worse the physician, the more they think they're right because the patients never came back and they think they've cured them.” It also reinforces the stereotype that women often have symptoms that are “all in their heads.” Never learning that she actually had POTS, the doctors who missed Diekman’s diagnosis were never corrected in their impression that she was a depressed, anxious med student, an assumption likely to influence how they view future female patients.

Increasing the diversity of the health care workforce may be one part of the solution. Many women report they’re taken more seriously by female doctors than male ones. And a small amount of research suggests that may be a pattern. For example, one study found that after a heart attack, women had higher rates of death when treated by a male doctor.

Continued

But more women working in the profession will not automatically fix these deeply entrenched problems. “Getting women and women of color into leadership positions is necessary but not sufficient,” says Miller. “We're shifting titles, but we're not shifting values.” Too often, women and other marginalized doctors are tokenized, with little power to actually change the culture of medicine. And, frequently, the culture changes them. “Physicians are being dominated by powers outside of their control,” says Diekman. “I think most of them start off as medical students caring about patients and taking careful histories and being the doctors that patients want, and the system slowly incentivizes them away from that and eventually their will is broken.”

For many providers, the view from the other side of the doctor-patient relationship can be profoundly transformative, leaving them more empathetic to patients, attuned to the unconscious biases and systemic problems within medicine that undermine their care, and reflective about the kind of doctors they wanted to be.

After her brain surgery, Ruhoy went into private practice so that she could give herself more time to see patients and think about their cases. “I wanted to be better. And I couldn't be better under those restrictions in the hospital system.” She now understands her relationship with each patient as a partnership, in which they bring different expertise to their shared goal of the patient’s recovery. Above all, she has become a firm believer in patients’ testimony. “I know that they know their body better than I do, and if they think something is not right, I have no reason not to believe them. Even though every test can be normal, if they insist that they're having the symptom, I believe it. And so I go looking for ways of trying to find out why and ways to try to help them.”

https://www.webmd.com/women/features/women-doctors-symptoms-dismissed

JOHNS HOPKINS
MEDICINE

Vascular Dementia

What is vascular dementia?

Vascular dementia is the second most common form of dementia after Alzheimer's disease. It's caused when decreased blood flow damages brain tissue. Blood flow to brain tissue may be reduced by a partial blockage or completely blocked by a blood clot.

Symptoms of vascular dementia may develop gradually or may become apparent after a stroke or major surgery, such as heart bypass surgery or abdominal surgery.

Continued

Dementia and other related diseases and conditions are hard to tell apart because they share similar signs and symptoms. Although vascular dementia is caused by problems with blood flow to the brain, this blood flow problem can develop in different ways. Examples of vascular dementia include:

- Mixed dementia. This type occurs when symptoms of both vascular dementia and Alzheimer's exist.
- Multi-infarct dementia. This occurs after repeated small, often "silent," blockages affect blood flow to a certain part of the brain. The changes that occur after each blockage may not be apparent, but over time, the combined effect starts to cause symptoms of impairment. Multi-infarct dementia is also called vascular cognitive impairment.

The effect of decreased or no blood flow on the brain depends on the size and location of the area affected. If a very small area in a part of the brain that controls memory is affected, for example, you may be "forgetful" but it doesn't necessarily change your ability to carry on normal activities. If a larger area is affected, you may have trouble thinking clearly or solving problems, or greater memory problems that do change your ability to function normally.

Researchers think that vascular dementia will become more common in the next few decades because:

- Vascular dementia is generally caused by conditions that occur most often in older people, such as atherosclerosis (hardening of the arteries), heart disease, and stroke.
- The number of people older than 65 years is increasing.
- People are living longer with chronic diseases, such as heart disease and diabetes.

What causes vascular dementia?

Vascular dementia is caused by a lack of blood flow to a part of the brain. Blood flow may be decreased or interrupted by:

- Blood clots
- Bleeding because of a ruptured blood vessel (such as from a stroke)
- Damage to a blood vessel from atherosclerosis, infection, high blood pressure, or other causes, such as an autoimmune disorder

CADASIL (cerebral autosomal dominant arteriopathy with sub-cortical infarcts and leukoencephalopathy) is a genetic disorder that generally leads to dementia of the vascular type. One parent with the gene for CADASIL passes it on to a child, which makes it an autosomal-dominant inheritance disorder. It affects the blood vessels in the white matter of the brain. Symptoms, such as migraine headaches, seizures, and severe depression, generally start when a person is in his or her mid-30s; but symptoms may not appear until later in life.

Continued

Who is at risk for vascular dementia?

Risk factors for vascular dementia include risk factors for the conditions associated with vascular dementia, such as heart disease, stroke, diabetes, and atherosclerosis:

- Increasing age
- High blood pressure
- Cigarette smoking
- High cholesterol and triglyceride levels
- Diabetes
- Atrial fibrillation (fast and irregular rate of the upper 2 heart chambers)
- High level of homocysteine in the blood, which can cause damage to blood vessels, heart disease, and blood clots
- Lack of physical activity
- Overweight or obesity
- Oral birth control pills
- Conditions that cause the blood to "thicken" or clot more easily
- Family history of dementia
- Family history of CADASIL

What are the symptoms of vascular dementia?

The symptoms of vascular dementia depend on the location and amount of brain tissue involved. Vascular dementia symptoms may appear suddenly after a stroke, or gradually over time. Symptoms may get worse after another stroke, a heart attack, or major surgery. These are signs and symptoms of vascular dementia

- Increased trouble carrying out normal daily activities because of problems with concentration, communication, or inability to carry out instructions
- Memory problems, although short-term memory may not be affected
- Confusion, which may increase at night (known as "sundown syndrome")
- Stroke symptoms, such as sudden weakness and trouble with speech
- Personality changes
- Mood changes, such as depression or irritability
- Stride changes when walking too fast, shuffling steps
- Problems with movement and/or balance
- Urinary problems, such as urgency or incontinence
- Tremors

Continued

How is vascular dementia diagnosed?

In addition to a complete medical history and physical exam, your healthcare provider may order some of the following:

- Computed tomography (CT). This imaging test uses X-rays and a computer to make horizontal, or axial images (often called slices) of the brain. CT scans are more detailed than general X-rays.
- FDG-PET scan. This is a PET scan of the brain that uses a special tracer to light up regions of the brain.
- Electroencephalogram (EEG). This test measures electrical activity in the brain
- Magnetic resonance imaging (MRI). This test uses large magnets, radiofrequencies, and a computer to make detailed images of the brain.
- Neuropsychological assessments. These tests can help sort out vascular dementia from other types of dementia and Alzheimer's.
- Neuropsychiatric evaluation. This may be done to rule out a psychiatric condition that may resemble dementia.

How is vascular dementia treated?

Vascular dementia can't be cured. The main goal is to treat the underlying conditions that affect the blood flow to the brain. This can help cut the risk of further damage to brain tissue.

Such treatments may include:

- Medicines to manage blood pressure, cholesterol, triglycerides, diabetes, and problems with blood clotting
- Lifestyle changes, such as following a healthy diet, getting physical activity, quitting smoking, and quitting or decreasing alcohol consumption
- Procedures to improve blood flow to the brain, such as carotid endarterectomy, angioplasty, and stenting; the carotid arteries are located in the neck and provide blood flow from the heart to the brain
- Medicines, such as cholinesterase inhibitors to treat the symptoms of dementia or antidepressants to help with depression or other symptoms

Living with vascular dementia

Vascular dementia is a progressive disease that has no cure, but the rate at which the disease progresses can vary. Some people with vascular dementia may eventually need a high level of care due to the loss of mental and physical abilities. Family members may be able to care for a person with vascular dementia early on. But if the disease progresses, the person may need more specialized care.

Respite programs, adult daycare programs, and other resources can help the caregiver get some time away from the demands of caring for a loved one with vascular dementia.

Continued

Long-term care facilities that specialize in the care of people with dementias, Alzheimer's, and other related conditions are often available if a person affected by vascular dementia can no longer be cared for at home. Your healthcare provider can recommend caregiver resources.

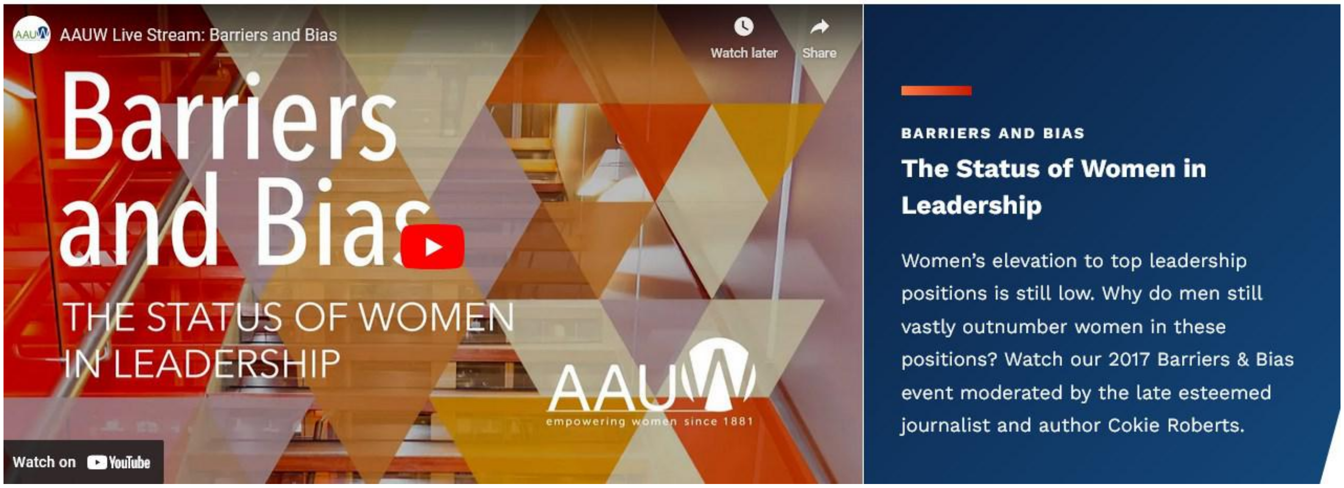
When should I call my healthcare provider?

People with vascular dementia and their caregivers should talk with their healthcare providers about when to call them. They will likely advise you to call if symptoms become worse (such as obvious changes in behavior, personality, memory, or speech) or if new symptoms appear, such as sudden weakness or confusion.

Key points about vascular dementia

- Vascular dementia is a disorder characterized by damaged brain tissue due to a lack of blood flow. Causes can include blood clots, ruptured blood vessels, or narrowing or hardening of blood vessels that supply the brain.
- Symptoms can include problems with memory and concentration, confusion, changes in personality and behavior, loss of speech and language skills, and sometimes physical symptoms such as weakness or tremors.
- Vascular dementia tends to progress over time. Treatments can't cure the disease, but lifestyle changes and medicines to treat underlying causes (such as high blood pressure, high cholesterol, diabetes, or blood clots) might help slow its progress.
- Surgical procedures to improve blood flow to the brain can also be helpful. Other medicines might slow the progression of dementia or help with some of the symptoms it can cause.
- A person with vascular dementia may eventually need full-time nursing care or to stay in a long-term care facility.

Continued



BARRIERS AND BIAS

The Status of Women in Leadership

Women's elevation to top leadership positions is still low. Why do men still vastly outnumber women in these positions? Watch our 2017 Barriers & Bias event moderated by the late esteemed journalist and author Cokie Roberts.

https://www.youtube.com/watch?v=lcp23hetT78

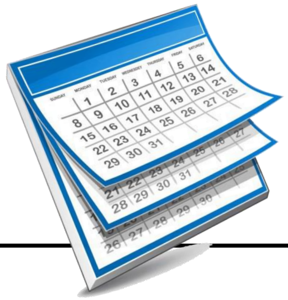
Next steps

Tips to help you get the most from a visit to your healthcare provider:

- Know the reason for your visit and what you want to happen.
- Before your visit, write down questions you want answered.
- Bring someone with you to help you ask questions and remember what your provider tells you.
- At the visit, write down the name of a new diagnosis, and any new medicines, treatments, or tests. Also write down any new instructions your provider gives you.
- Know why a new medicine or treatment is prescribed, and how it will help you. Also know what the side effects are.
- Ask if your condition can be treated in other ways.
- Know why a test or procedure is recommended and what the results could mean.
- Know what to expect if you do not take the medicine or have the test or procedure.
- If you have a follow-up appointment, write down the date, time, and purpose for that visit.
- Know how you can contact your provider if you have questions.

https://www.hopkinsmedicine.org/health/conditions-and-diseases/dementia/vascular-dementia

Visit these AAUW websites often:
https://aauw-mo.aauw.net/connect/mim/ (Missouri in Motion)
www.aauw.org/resources/programs/webinars/



Calendar

October 20	Thursday	Missouri Branch Presidents Meeting, 11:15, Zoom
October 22	Saturday	Missouri State Board Meeting, 9:30, Zoom
October 24	Monday	Missouri Public Policy Committee Meeting, 4:30, Zoom
October 27	Thursday	Branch Book Club, *Girl with the Louding Voice*, Carolyn's home at noon
October 27	Thursday	IBC Adelante Book Club, *The Stranger in the Lifeboat,* 1:30, Zoom
November 8	Tuesday	General Election
November 17	Thursday	Branch Book Club, *A Journal for Jordan,* Mary Ellen's home at noon
November 22	Tuesday	AAUW Metro St. Louis Interbranch Council Meeting, Zoom
November 28	Monday	Anniversary of Founding of AAUW 1881
November 28	Monday	Missouri Public Policy Committee Meeting, 4:30, Zoom
December 18	Sunday	Branch Luncheon, Brio's Plaza Frontenac, 1601 S Lindbergh, 2:00
March 18	Saturday	2023 Luncheon, Edgewild Restaurant, 550 Chesterfield Center, Chesterfield

October 19, 2022