

**DON'T MISS OUR
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women's
Times

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**MEDIC
ALERT:**

**A LOOK AT
WOMEN'S
HEALTH
CARE**



By
**Susan
Gembrowski**

Jane Doe, a pregnant woman of 36, is rushed to the Community Hospital of Chula Vista with labor contractions a month before she is due to deliver. Although complications can occur with any birth, Jane will not be transported by ambulance to Sharp Memorial Hospital, one of five Sharp Health Care hospitals, even though that hospital provides the high-risk delivery equipment and neo-natal intensive care unit that the community hospital does not have. Instead, Jane will be hooked to a fetal-monitoring system that will broadcast her contractions and the baby's heartbeat to the Kearny Mesa hospital, some 25 miles away.

"That way she can have the baby in

Chula Vista, and the cost of expensive medical professionals is not duplicated," says Jaynelle F. Stichler, vice president of Women & Newborn Services at Sharp Health Care. "The goal is to make care easily accessible and cost-effective."

Gina (not her real name) accepted a ride from a boy in her high school class. Instead of taking her home, he took her to an isolated spot and raped her. Gina was taken to Pomerado Hospital in Poway, which houses one of three Sexual Assault Response Teams (SART) in San Diego County.

The team includes the nurses, who examine victims for physical evidence to be used during a court trial, and the crisis counselors, who act as a victim advocates and offer emotional support.

"In the past, victims had to wait four to six hours in emergency rooms [before being seen]," says Patty Seneski, coordinator of the SART team at Pomerado. "I was in ER for 20 years, and no one liked to do them [rape exams]. The injuries are microscopic. You're

afraid you'll miss something that will put the rapist back on the street."

At a time when health-care costs in California are soaring, hospital administrators are looking for creative ways to lower costs. Yet, women's health issues, long ignored, are finally finding their way onto the national agenda, and health-care providers in San Diego are striving to address those specialized needs. Women also are advancing their own health care by becoming more aware and more politically active about their own treatment.

"We are dealing with an educated consumer," says Janet Hanpeter, coordinator of Women's Health Source at Scripps Memorial Hospitals. "It used to be the sweet old doc. He was the doctor; she was the patient. He told her what was best."

"Now, it has become a health-care partnership and she, as the partner, is responsible for her own health."

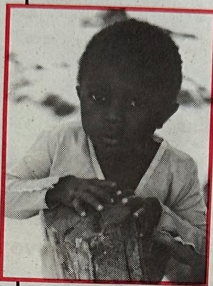
Along with that responsibility may come some confusion, Hanpeter admits. For while there is a seemingly mind-boggling array of health care services available in San Diego, some essential questions remain: Are

women receiving the quality of care they need and want? Can the growing number of women with no insurance receive adequate care? (The loss of jobs and the increase in single-parent households have left many women, including one in four San Diegans, without insurance). How does a woman decide which program, or doctor, is best for her?

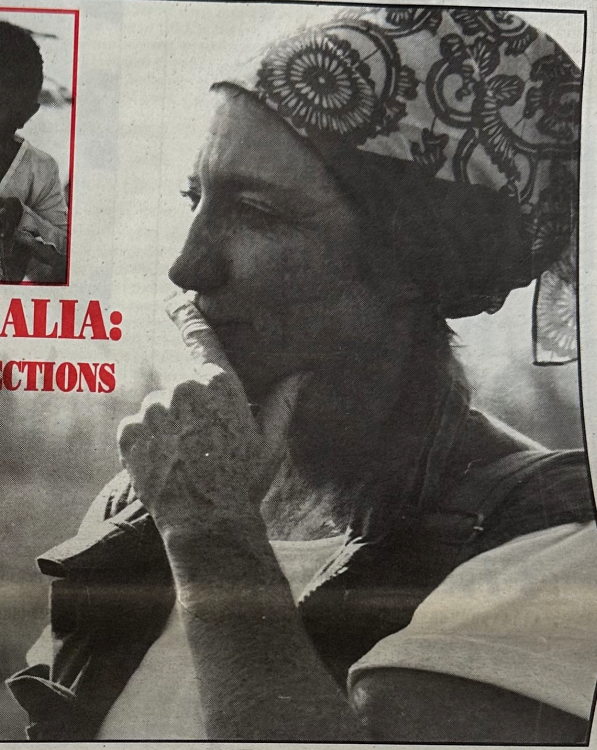
Trickle-Down Improvements

It wasn't that long ago that women were sent to the delivery room with drugs instead of Lamaze. Mammography was almost unheard of, rather than the routine preventative examinations of today. Abortions were confined to back alleys, and rape victims often did not report crimes because of the callous manner in which they were treated. However, because of the increased awareness regarding women's health care and the continued lobbying in Washington D.C. by some legislators, notably Pat Schroeder of Colorado, some health-care improvements are trickling down to the local level. In San Diego,

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