

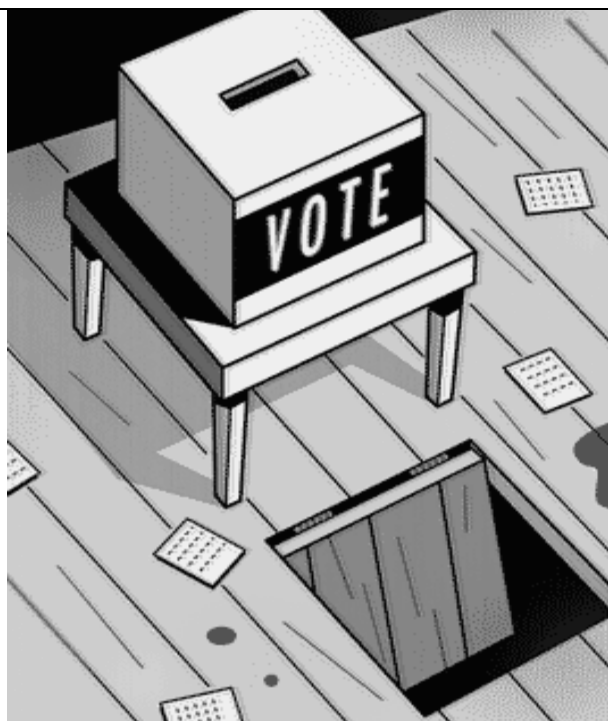


Web Site: www.owlsf.org

Email: owlsanfran@juno.com

September-October, 2007

OWL is the ONLY national membership organization to focus exclusively on critical issues facing women as they age. We work together to improve the status and quality of life for midlife and older women through national, state, and local networks.



September OWL meeting

September 29, 2007

(note date and location)

Unitarian Universalist Church
1187 Franklin (at Geary)

10:00 – 11:00 business
meeting/socializing

11:00 – 12:00 program

Guests welcome!
Refreshments

Will Your Vote be Counted?

Election integrity is a big topic right now. There is increasing evidence that there was massive fraud in 2000 and 2004. Federal legislation concerning election integrity has been proposed, but some legislators are skeptical. California's Secretary of State has found that all the voting machines in CA can be hacked. Both the voting machines themselves and the computers that tally totals are problematic. San Francisco's voting machines have been decertified, and we may use paper ballots next election.

What does all this mean? Alan Dechert, founder and CEO of Open Voting Consortium, will shed light on this. He will talk about what is happening, what to expect, and how transparent elections can be achieved, using open source software.

(Dan Rather has a good program on voting integrity. Mr. Dechert suggests that we view this BEFORE the meeting. See the show, or read the transcript at <http://www.hd.net/danrather> .)

Join us for a no-host luncheon at a nearby restaurant after the meeting.

EDITOR'S NOTE

Health care has been a dominant theme this summer; about half of this newsletter will be devoted to this fundamental OWL issue.

Nationally, there is a resounding cry for universal health care. Presidential and other candidates for public office have been forced to take positions, and the issue is much discussed across the country. The film *Sicko* brought it home in a personal way, as did a poignant speech at a recent national Democratic presidential debate.

A number of states are taking steps toward universal care, without Federal legislation. In California, health care access continues to be a major issue. This summer, legislative strides were made by SB 840, although the governor has said he will veto it again, assuming it passes through the legislature, as it did last year. There is a public clamor for universal health care, and there have been many rallies in support of the issue. Some were a result of *Sicko*; some were part of the One Care Now's 365 day campaign to publicize and rally around SB 840.

At the same time, Senator Perata and Assemblyman Nunez— who each had legislation for “universal health care” in the state senate and assembly—merged their legislation into a single bill, AB 8. This bill is neither universal nor affordable, and it continues to incorporate the insurance companies into

health care. However, many advocates see it as better than nothing. Gov. Schwarzenegger has also developed his own plan, and has spoken out about the importance of universal health care. It remains to be seen if the legislature and the governor can negotiate a compromise.

So, where are we? At this writing, we're at something of an impasse. The state budget has just been passed leaving just a short time for the legislature and the governor to agree on SOMETHING (before the session recesses on Sept. 15)

In the meantime San Francisco has begun to implement its own successful program, which may be a model for other parts of the country.

Stay tuned!

Kathie Piccagli

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Newsletter – The Committee,
(415) 989-4422

SF OWL Board meetings: first
Monday of the month, 3-5 pm,
870 Market St.

*Check the OWL office for the
location.*

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“ASK AN OWL”

For this month: “We hope every OWL has a chance to see “Sicko,” the Michael Moore movie stressing the need for universal health care. “What were your impressions of the movie?” Here are some responses:

We saw it - it's great. Hope it does something to legislature. *Shirley Pullan*

The documentary film *Sicko*, directed by Michael Moore, should be seen by every American. It effectively refutes many of the false claims of universal health care opponents. It takes a careful look at the French and Canadian systems, and refutes claims that these systems require inordinate waits to see doctors. The film also provides insight into satisfaction with their systems, by interviews with members of the French and Canadian public. (As an aside, I recently called to get an appointment with my primary care physician at UCSF. The first appointment I could get was Oct. 9, since my reason for seeing the Doctor was not urgent.)

Unlike his other films, *Sicko* focuses less on Moore personally. I believe that this delivers more impact, since the focus is on the experiences of real people struggling in this country to get quality and affordable medical care; this is a very complicated issue, but one in which we must all become involved.

Health care reform has become a part of the national dialogue among candidates for president. Recently, during the candidates' visit to the National AFL-CIO conference, they heard a very moving story from a retired worker of the steel industry; with cutbacks in his pension and no more health care benefits, he cannot afford health insurance for his wife. This story, and those in *Sicko*, may just lead to reform of our health care system. *Nan McGuire*

I saw *Sicko* a couple of weeks ago, in Massachusetts. I think that it is the very best propaganda film I have ever seen. It was entertaining, and the message is clear. I would have liked it if Michael Moore had explored the subject of taxation as a way to take care of more people. I am aware that this is a bugaboo that makes people shy away from single payer health care systems, but that is the reality. *Shirley Sidd*

I saw the film at a neighborhood theater, a noontime, weekday showing after it had been out a few weeks, so the attendance was small and mostly gray haired. No discernable buzz. But no one left early, either. As a true believer in universal health care, I didn't find anything to argue with. I think the humorous segments were good at relieving the tension from the heartrending stories of those who had lost their lives at the hands of “managed care” or suffered

other damage. The scene of Michael Moore's little flotilla setting off for Cuba was classic. I think the best argument he offered for overhauling our failed health delivery system was his drawing a parallel with our “socialized” fire and police departments, schools and libraries. Don't we already call 911 for medical emergencies rather than Sutter?

Rosemary Bacy

NEXT “ASK AN OWL”

In spite of the aches and pains of aging, WHAT KEEPS YOU MOVING ALONG/AHEAD? Send responses to kpiccagli@gmail.com or office.

A Personal Experience with Cuban Medicine

Recently, after viewing Michael Moore's film *Sicko*, I was reminded of a personal medical incident I experienced in 2003. Early in February of that year, Marian Branch and I were on a Cuban tour under the auspices of Global Exchange. It was a fascinating experience,

We had spent the day sightseeing in Santiago de Cuba, the island's 2nd largest city—often called the Cradle of the Revolution. A swim in the pool at our hotel, the San Juan, was most appealing after so much time outdoors in the subtropical heat. We enjoyed that respite, and then Marian left me to sit in a poolside lounge. When I also had my fill of aquatic exercise, I started to climb slowly up a pool ladder. Apparently, I wasn't moving quickly enough for one of the other guests. He was a young Cuban in his early 20s who must have decided that this old “Grandma” needed some assistance. Needless to say, he spoke no English, and I couldn't communicate sufficiently in Spanish. When I attempted to tell him that I would prefer to manage on my own, he kept trying to lift me out of the pool. As a consequence of his persistent kindness, I scraped my leg on the concrete, and it started to bleed.

It's odd that, although Cuba is encouraging tourists to visit, the facilities offered may be in need of improved maintenance. That was the case when I hurt my limb. My minor encounter turned out to be slightly more extensive than I thought at first. I tried to stop the bleeding with a Band-Aid. That apparently wasn't going to happen. Fortunately, as part of their staff, the hotel employed a person who was both a masseuse and a nurse. In her latter capacity she attempted to stop the bleeding. It soon became clear that she would not be successful.

At that point, she consulted with a doctor at a nearby clinic. Within minutes, I, along with a guide from Global Exchange (for translation), was escorted to the clinic by ambulance. I met with a physician and an attendant. I was examined, a medical history taken, and finally my leg was stitched. I was given

an antibiotic, and told to have my own physician remove the stitches upon my return to San Francisco. After about a half hour (to make certain that no adverse reaction was forthcoming), we were driven back to our hotel, again by ambulance.

When my local doctor removed the stitches she indicated that it had been a fine job, but that the material used was similar to what had been used in the United States 20 years earlier. Today, it's almost impossible to see where the stitches had been. The medical facility I had been taken to, I learned, was for tourists, not for the use by Cuban nationals. As a consequence, I was charged for the services with which I had been provided. It was \$42.00. I would say that was quite a bargain.

Shirley Sidd

The RX From "SiCKO:" More Choice

By Dean Baker

truthout | Columnist

The pundits are working overtime trying to defuse the message from "SiCKO," Michael Moore's new film. They are trying to convince the public that the United States could not possibly do what every other rich country (and even some not so rich countries) have managed to do: guarantee their people decent health care.

The centerpiece of the pundits' whine is that universal health care could not work here. They claim the systems which work in other countries require a larger role for government in health care than Americans want. While this claim is contradicted by poll after poll on the topic, we don't have to argue with the pundits, rather pointless task in any case.

We can just give people a choice and let them vote with their feet. Suppose the government were to establish a Medicare-type program and open it up to all individuals and employers in the country. Those who already have insurance can switch to the government-run plan. Similarly, employers can switch to it as well. Individuals who do not already have insurance would have the option of buying into the expanded Medicare plan as would employers who do not currently provide insurance for their workers. We can also have a system of expanded subsidies for health care for low and moderate income households, which will make health care insurance more affordable for those families.

This is more or less what both John Edwards and Barack Obama have proposed in their presidential campaigns. To get to universal coverage, there are important issues like mandating that individuals have health care insurance, and also questions about the revenue source for subsidies, but the key point is to establish a national Medicare-type insurance system that can get costs under control and eliminate the enormous waste in the private insurance system.

Medicare's administrative expenses are a small fraction of the administrative expenses of private insurers. Medicare uses just 2 percent of the money

that flows through the system to cover administrative costs. By contrast, private insurers spend between 10 to 20 percent of their premiums to cover administrative costs. They use this money for marketing, high CEO salaries and dividends to shareholders; all expenses that Medicare does not have.

This is the reason Medicare always wipes the floor when it competes against private insurers on a level playing field. That is exactly what happened in the late 90s when the "Medicare Plus Choice" program was restructured to remove most of the subsidy for the private insurers that participated in the program. The vast majority of the HMO's that had entered the Medicare system went running for shelter, whining that they could not make a profit if they were only compensated as much per patient as the traditional Medicare program.

This is why when the Republican Congress wanted to expand the role of private insurers in Medicare with the 2003 Medicare Modernization Act: They put in a system of subsidies that the Medicare Payment Advisory Board estimates at 12 percent per beneficiary. The insurers again claim they could not possibly make a profit if they got the same per patient fees as the traditional Medicare program.

This experience is important. We cannot afford universal health care if we don't bring the costs of the US system more in line with the rest of the world. We currently pay more than twice as much per person, with no obvious benefit in terms of outcome. The key to creating a more efficient system is to have a government-run system comparable to the traditional Medicare system.

But, we don't have to pontificate about American values and the role of government - leave the silly pseudo-philosophical debates out of it. This is a straight dollars-and-cents question that can be determined by the market. Give people a choice and let them decide whether they want to be insured through the government-run system or want to stick with private health care providers.

The pundits have managed to flip reality on its head. It is the health insurance industry and their partners-in-crime, the pharmaceutical industry, that are scared of the market and competition.

If we just allow a government-run plan to compete on a level playing field with private insurers, we can soon get a system of universal health care. The question for the insurance-industry-loving pundits is: "What's wrong with giving people a choice?"

(Permission from truthout.org)

California Speaks: We Want Single Payer by Senator Sheila Kuehl

On August 11th, 2007, at the culminating and boisterous OneCareNow rally in Los Angeles, as well as eight coordinated "listening" events around the state, sponsored by Blue Shield and the California Endowment, among others, a random

selection of thousands of Californians spoke out overwhelmingly in favor of major health care reform.

At the largest rally of the year, more than two thousand advocates, patients, nurses, doctors and universal health care fans gathered on the steps and lawns of the Los Angeles City Hall to excoriate a health care system that does nothing but devastate working families with systematic cancellations, denials and delays in care. This doesn't promote health, it isn't care, and it certainly isn't a "system"-- it's traumatizing and often deadly for people who thought they would be given care, but, instead, got nothing but a tangle of insurance red tape. Convinced that single-payer universal health care is the only hope for fixing our broken health care system, they gathered to support SB 840 (Kuehl), the only truly universal health care plan proposed in legislation that is shown to contain costs, improve health care quality and allow Californians total choice of their doctors and hospitals.

Perhaps by design, on that same Saturday, health care foundations (including Blue Shield Foundation, Kaiser Family Foundation and the California Endowment) spent over \$4 million on an event originally spun as an exercise in "deliberative democracy", but in reality was carefully structured to control discussion, in order to ask randomly selected participants to discuss and "vote" on their preferences for healthcare reform.

Naming the event CaliforniaSpeaks, organizers claimed the event would bring together thousands of Californians to discuss their perspectives on the current health reform proposals still under debate in Sacramento, yet the agenda was careful to exclude single payer from the discussion. Organizers of the event told us the reason that they didn't include single payer was because the governor said he wouldn't sign it.

Apparently when they said the event was designed to give Californians the chance to set the health care agenda, what they actually meant was that the event would be an opportunity for the people to jump in line with the Governor's healthcare agenda. As is often the case, the people had a different idea—they did, in fact, jump; they jumped out of their seats demanding that single payer and SB 840 be included in the discussion, forcing the organizers to tack the issue on at the last minute at the end of the day.

The fact that participants were forced, on their own accord, to demand the inclusion of single payer at the CaliforniaSpeaks events clearly indicates that the conventional political message, mostly propagated by the health insurance companies, has yet to understand that two decades worth of traumatized patients and families, along with an even higher consciousness of our failings set out in

Michael Moore's new film, "SiCKO", has changed health reform politics forever.

Consider the overwhelming standing ovation that Steve Skvara received (<http://www.youtube.com/watch?v=C5SSyS5n6U4>) at last Tuesday's Democratic Presidential Debate when he asked, chocking back tears, "What's wrong with America?", describing how his family lost their guaranteed retiree health coverage when the company who owed it to him filed for bankruptcy. Skvara's story immediately resonated with millions of Americans across the nation, and he became an instant online celebrity. Why? Because he clearly illustrated our broken health care system and the abuses of corporate greed. Skavara's story is one of thousands that are positioned to spark the simmering anger that a broad spectrum of Americans feel toward our insurance based non-system.

California families are becoming so hurt and so incensed at insurance company greed and abuse that they are increasingly willing, like nurse Cynthia Campbell's husband, to pick up a megaphone and plead "Don't Kill My Wife" in front of Blue Shield's headquarters. And the transformation crosses the political spectrum. Art DeWerk, the Police Chief for the central valley town of Ceres, spoke out recently in favor of single payer as he described the helplessness he felt after his wife was unable to get timely access to routine medical care as she battled cancer.

These and other stories are found all too often in a health care system where the only competition is between insurance companies focused only on how much risk they can avoid, instead of the more appropriate competition between direct health care providers for quality service, driven by a single payer system that allows total patient choice of doctors and hospitals. And stories like those set out above, as well as others, even worse, will continue until we ditch the "system" that spends 30% of every health care dollar simply to weed out those of us who are sick enough to need our coverage and move to a real universal healthcare system that eliminates the middleman and returns decision making in healthcare to doctors and patients.

By the end of Saturday's "listening" event, after everyone had discussed the intricacies of the incremental plans, single payer surprised the organizers by polling better than the others, with significantly more people saying they would support it under any condition. For those who supported a generic single payer system, but with conditions, SB 840 was, in fact, the only plan that actually met all the conditions set out by the discussants. For example, 53% of the participants statewide said they would support single payer if they could choose their own doctors and hospitals. SB 840 guarantees this. In contrast, both mandates which define the

Governor's policy paper and the Speaker of the Assembly's bill, AB 8, received support by the discussants only if there were caps on costs and premiums. In fact, neither proposal currently includes this provision.

Both the rally in Los Angeles and CaliforniaSpeaks showed us that the people of California are way ahead of the Governor, as well as the Speaker, with regard to healthcare. At the end of the day, more participants felt that quality of care shouldn't depend on how much money you have, that everyone should have access, and that greed should be kept out of the health care system.

Interestingly, and perhaps tellingly, later that same day, the Governor was quoted on a Fresno news station as saying he would sign SB 840 "as soon as we have the money for it". Of course, the Lewin Report, studying the factors set out in the bill, has already shown how the plan will be funded. But, whether the Governor's pronouncement signals a serious shift in his thinking, it certainly acknowledges the political momentum that SB 840 has garnered. I welcome the conversation on funding, because we've got the money. SB 840 can easily be achieved with our current health care spending, personal, employer and state and federal. It would use the money wasted by the insurance companies on denying care to provide it, to all Californians, without co-pays or deductibles, for one affordable premium each year. What we need is the political will to catch up with the will of the people of California.

SENIOR COURT WATCH

Helen Karr of the District Attorney's office has notified OWL that there will be at least two cases coming up in September. One involves physical abuse by a son to his mother and one involves a dependent adult (a person between the ages of 18-64 who is unable care for him or herself is covered by elder abuse laws) who was befriended by the defendant and victimized financially.

OWL members are requested to sit in on courtroom hearings as a message to the judiciary that we are present and watching. If interested, please call the OWL office and leave your name and phone number. I will contact you as soon as dates of hearings/trial are confirmed and provide more details and information.

Marcia Soffer 415-661-8019

High Blood Pressure

Since my blood pressure has always been on the low side of normal, I've tended to not pay much attention to the subject. Mistake! High blood pressure has no symptoms, so one may not notice gradual changes as we age.

I knew that blood pressure increased with age, but did not know how much! People who have normal blood pressure at 55 have a **90%** chance of developing high blood pressure as they get older; two-thirds of people over 65 have high blood pressure. (That sent me scampering off to my home blood pressure cuff to reassure myself that I am not yet among the 90%; but **yet** is the operative word: it's higher than it was 10 years ago.)

So what **is** blood pressure? It is the force, or pressure, in the arteries that indicates how hard the heart needs to pump to keep the blood circulating throughout your body. "Normal" blood pressure is 120 over 80; if it exceeds 140 over 90, you are considered to have high blood pressure (or hypertension). While it may be normal for blood pressure to increase with age, having high blood pressure significantly increases health risks—so try not to let it get out of control.

What are the risks? The biggest risks are an increased incidence of heart disease and stroke. High blood pressure damages your blood vessels. It is also associated with many other problems like kidney disease—and even dementia and Alzheimer's. Heart disease is the leading cause of death in aging women; stroke is the third largest. Lowering blood pressure significantly decreases heart attack and heart failure, and it decreases stroke by 40%. (*Nutrition Action, March 2007*)

I think one of the major characteristics of OWLs is that we want to be in control of our lives. You can't control some risk factors (like aging or family history), but you can do a lot to keep your blood pressure in check, such as:

- *Exercise 30 or more minutes most days; (This should include some aerobic exercise, to get your heart pumping!)
- *Lose extra weight.
- *Limit your intake of salt, and increase your intake of potassium.
- *Eat lots of fruits and vegetables; eat fish twice a week.
- *Don't smoke at all, and don't drink alcohol excessively.

Now I'm heading downstairs for my "nightcap," a piece of dark chocolate. Some studies show that will help lower blood pressure, too. (I **know** they're right!)

Kathie Piccagli

A BIG WELCOME TO NEW

MEMBERS:

Edith Arrick
Joan Simmons
Caryl Mezey
Sandra Mack

Essay from "Look for the Moon in the Morning"

The following is an essay from chapter member Leda Sanford's book "Look For the Moon in the Morning", preceded by a short bio.

Leda Sanford:

She was born in Italy, grew up in New York City, and graduated from the Fashion Institute of Technology; she was divorced at age 33 and as a single mother with two sons forged an enviable career in magazine publishing. She is a grandmother of two. In 1975 she became the first woman publisher of a national magazine, American Home, and from there went on to be publisher of Chief Executive, Bon Appetit, Modern Maturity. Leda finally came to California to direct the publishing division of Age Wave in Emeryville. There she worked with Ken Dychtwald from 1992 to 2000. Her specialty is writing on making the most of our mature years with particular focus on women's concerns. She is currently writing her memoirs and doing public speaking on the subject of aging well and productively.

The Way We Were

As we get older we have a tendency to talk more about the past than about the future. It's a common pattern that is driven by a misguided belief that what is familiar is better than what is unfamiliar and that what we know is better than what we don't know. We know our past.

So we review our scrapbooks and look at pictures of past happy events and recall the good times, picking them out of our memory box and leaving the bad memories behind. It's normal.

We stop making new friends and repeat activities that come easily while avoiding challenges that turned us on in our youth. And sometimes we don't even relish the competence that took years to develop.

One of my favorite authors, Mihaly Csikszentmihalyi (chick-sent-me-hi) says in his book *The Evolving Self* that "a harmonious

evolution of ourselves is dependent on our ability to invest psychic energy in the future. A person who spends all his attention...defending against possible future dangers will inevitably have a self that will be left out of the stream of evolution. There will be no kinship with, no attachment to, no participation in the future. Only those who trust what is to come, who are eager to try out their skills on unforeseen opportunities will succeed in building the future into their selves.

"Continuing curiosity and interest, and the desire to develop appropriate skills, lead to lifelong learning. When this attitude is present, a 90-year-old is fresh and exciting; when it is lacking, a healthy youth appears listless and boring."

If you have lived for more than 60 years in the 20th century you have experienced more novelty, more innovation, more changes than anyone who lived before you. The richness of your past should be a source of strength and wisdom rather than the nostalgia that often acts as anesthesia to living. But also, the world today is bursting with new opportunities to enhance and expand the quality of our lives. Computers and the Internet are just a couple of the technological advances you can embrace. Scrapbooks are great, but don't neglect to become part of an amazing new world that is evolving before your eyes. It's time to get up and go forward.

MANY THANKS TO OUR DONORS TO THE MID-YEAR APPEAL. YOU'RE AN IMPORTANT PART OF OUR WORK.

Jewell Ashby	Rosemary Bacý
Els Boesten	Lucia Brandon
Shirley Costello (Herbst Foundation)	Eleanor Gettman
Sarah Goldman	Inge Horton
Alison Jordan	Frances Lana
Ruth Langer	Lily Laymon
Virginia Leishman	Nan McGuire
Pacific Fish & Poultry Corp.	Kathie Piccagli
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Shirley Sidd	Marjorie Stern
Carol St. Helen	Susan Sunderland
Jane Swinerton	Rita Toth
Mary Twomey	Pat Van Horn
Marilyn Yalom	Mary Zlokovich
The Koshland Foundation	

ENCORE! ENCORE!

**Repeat Performance for Garage Sale—
September 15th and 16th**

The May garage sale to benefit OWL was so successful that it's going to be held again. Thanks to very generous donors and friends, a large supply of sale items is still available. This time, the sale will run for two days in the Sunset District, at Rosemary Bacy's home. The details:

Saturday, September 15, 9 am—3 pm

Sunday, September 16, 10 am—2 pm

901 Noriega Street, corner of 16th Ave.

One half price on most items on Sunday!

**Also on Sunday--fill a shopping bag for \$2,
during the last hour, 1—2 pm!**

We have household items, linens, collectibles, toys, small appliances, electronics, decorator pillows, baskets, books, costume jewelry, hand tools, lamps, chairs and more (no clothing). Our success in May depended on many helpers, who collected donations, sorted and priced items, distributed flyers, hung signs, worked the day of the sale and cleaned up afterwards.

So please—if you can help, please contact the event co-chairs, Ruth Strassner (415-661-8786; ruthls@dslextreme.com) or Rosemary Bacy (415-665-0380; rosemarybee@juno.com).

OWL BOOK GROUP—September Meeting

Date: 12 noon—2 pm, Friday, Sept. 28th

**Place: "The Living Room", Room 911,
Flood Building, 870 Market Street**

**To be discussed: "Hollow City: The Siege of San Francisco and the Crisis of American Urbanism",
by Rebecca Solnit and Susan Schwartzberg**

What's under siege in "Hollow City" is the cultural richness that San Francisco is famous for—the artists, ethnic diversity, historic buildings, civic activists—which are being driven out by exploding residential and commercial rents. This collaboration between a writer-historian and a photographer sheds some light on the changes that have made the City a far different place than it was only a few years ago.

For the October read, book group members are researching books on contemporary Africa, particularly the influence of the World Bank on local

economies. For more info: Rosemary Bacy 665-0380.

Membership Drive

SF OWL has embarked on a campaign to increase our active membership so that we can be more effective in our advocacy work. Each board member has agreed to contact friends personally with the hope that we grow larger and better known for our work. The campaign so far has produced 12 new members! Our best recruitment is accomplished by contacts from members who know the important work we do. If you know of someone who is a candidate for OWL, see a board member to get a copy of a letter inviting them to join.

Lorraine Honig



At the September meeting, we will write postcards to be sent to Senator Feinstein:
Sen. Dianne Feinstein
United States Senate
331 Hart Senate Office Building
Washington, D.C. 20510

Dear Senator,
As an OWL member and California voter, I urge you to support a Senate bill that includes older Americans in health care improvements.

Sincerely,
Name and address

CALENDAR

(For a more complete and current listing, see the website: owlsf.org [click “calendar”])

- Sept. 10 Monday – **OWL Board Meeting**, 3:00 pm, 870 Market St., Room 1185.
- Sept. 15-16 Sat.-Sun – **OWL Garage Sale**, See page 8 for details
- Sept. 28 Friday – **OWL Book Group**, See page 8 for details
- Sept. 29 Saturday – **OWL General Meeting**, see page 1 for details
- October 1 Monday – **OWL Board Meeting**, 3:00 pm, 870 Market, see office (#905) for room number
- Oct. 5, 6, 7 Fri.-Sun. – **OWL/CA Council Meeting**, Sacramento, see OWL/CA newsletter
- October 17 Wed. – **OWL Monthly Meeting**, 6:00-7:30 pm, see details below 7

Patio Party–2007

After almost a week of late-clearing fog, Saturday, July 28 turned out to be a picture-perfect North Beach day for our annual event. As in the past, members provided an array of gourmet dishes to tempt our palates. Almost 30 attendees enjoyed this great party. This year, we eliminated the traditional auction in favor of giving more time for socializing among the participants, and it seems to have accomplished the aim. Several of our newest members attended, and had a really good opportunity to interact with longer term members, and with each other.

. The success of this summer meeting occurs because of the cooperation and dedication of our members. I trust that it will be repeated next year.

Shirley Sidd

NEXT MONTH – Note: Special date and time

Women’s Cognitive Health and Aging Program

The continuing coalition between San Francisco OWL, The Transition Network, and the UCSF National Center of Excellence in Women’s Health will host a program in October focusing on women’s cognitive health and aging.

The presentation will take place 6:00-7:30pm on Wednesday, October 17, 2007 at the Mount Zion Hospital, Herbst Hall, 1600 Divisadero Street, 2nd Floor, San Francisco. A reception will follow immediately afterwards across the street at Ida’s Café, 7:30-8:30.

The program features the following speakers from the UCSF Aging and Memory Center and will include ample time for Q & A.

Brandy Matthews, MD

Julene Johnson, PhD

Christina Wyss-Coray, RN

Dementia and other cognitive disorders

Research on mild cognitive impairment

Physical exercise and cognitive health

Pre-registration is encouraged, as seating is limited. Please RSVP after September 1 to the UCSF Women’s Health Resource Center at 415.353.2668 or e-mail whrc@ucsfmedctr.org

YES! I WANT TO JOIN OWL!

The Founding of OWL

NAME: _____

ADDRESS: _____

City State ZIP

TELEPHONE: _____

E-MAIL: _____

Annual dues of \$50 include \$15 SF OWL, \$10 State OWL and \$25 National OWL. Members receive SF OWL monthly, OWL CA three times annually and National OWL Observer quarterly newsletters. *When you pay dues to the San Francisco Chapter, you automatically become a member of State and National OWL.* No one will be turned away if unable to pay the full amount.

Make a check out to and mail to:

OWL, SF Chapter
870 Market Street, Room 905
San Francisco, CA 94102

OWL
San Francisco Chapter
870 Market Street, #905
San Francisco, CA 94102

OWL was born in 1980 in Des Moines, Iowa, during one of the pre-conferences held around the county in preparation for the third White House Conference on Aging, which was held in 1981 in Washington, DC. At the pre-conference in Des Moines, TISH SOMMERS noted that little attention was being paid to the ways in which aging was different for women. She called for a special "ad hoc" meeting to discuss this concern. OWL has been a voice for the special concerns of midlife and older women ever since.

Comments or questions? Please contact the SF OWL Office at (415) 989-4422; FAX: (415) 989-4050; e-mail: owlsanfran@juno.com

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