

CELEBRATING 35 YEARS OF CREATING CHANGE AND IMPACTING WOMEN'S LIVES

2010 ANNUAL REPORT

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2010



**NATIONAL
WOMEN'S
HEALTH
NETWORK**



Top row, L to R, NWHN co-founders: Barbara Seaman; Phyllis Chesler, Ph.D.; Belita Cowan; Alice J. Wolfson, J.D.; Mary Howell, M.D.
Balance of page: 35 years of NWHN activism.

A VOICE FOR WOMEN, A NETWORK FOR CHANGE



Dear NWHN Members and Supporters,

Thirty five years ago, when Barbara Seaman, Phyllis Chesler, Belita Cowan, Alice Wolfson and Mary Howell first envisioned a women’s health network, each had her own ideas and perspectives about what the network should be and do. Instead of treating this diversity as an obstacle, the unique experiences and expertise each of these women contributed were valued as complementary and essential to creating an organization that gave voice to all women within the health care system. Together, these five women networked thousands of individuals, raised their collective voices for change in women’s health, and the National Women’s Health Network was born.

Undeniably, the goal these women envisioned was nothing less than audacious, and perhaps even impossible: Health care for all that meets the needs of diverse women. But with its dogged determination, fearless willingness to challenge authority, and unwavering insistence on listening to women, no organization has been better equipped to meet this challenge head-on than the NWHN. And over the past 35 years, we’ve worked towards realizing this goal by agitating, organizing, petitioning, and making sure our voices — the voices of all women — are being heard.

In 2010, our 35 years of hard work and determination finally paid off when Congress passed national health care reform. The Affordable Care Act takes women’s needs into account and stops shortchanging women. While far from perfect, this is the most significant step forward in health care access since Medicare and Medicaid were established. Despite this momentous victory, we know that we cannot rest until we make the promise of health care reform a reality for women and their families.

The National Women’s Health Network is proud to present you with this 2010 annual report in celebration of our 35 year history of creating change and impacting women’s lives. While this report reflects on how far we’ve come, it also serves as a reminder of how far we’ve yet to go. For 35 years, we’ve worked hard on behalf of women’s health, and we’re more committed than ever before to speaking out for a healthy and just future, as we know it will take many more years to create the kind of world that our founders first envisioned.

Sincerely,

Cynthia Pearson
Executive Director

Bindiya Gillenwater Patel
Chair, Board of Directors



Clockwise from top: Cynthia Pearson and Bindiya Gillenwater Patel at NWHN’s 2009 Open House. Bindiya Gillenwater Patel, 1976. Cindy Pearson, 1978.

2010: A MILESTONE YEAR IN WOMEN'S HEALTH ADVOCACY

Women took huge steps forward toward better health and better health care this year. This annual report records what the National Women's Health Network and our members accomplished together for women through our advocacy campaigns. And while we celebrate this remarkable year along with our 35th anniversary, we take note that none of the recent gains are the result of what we did in one year alone. We also recognize that we are already facing attacks which threaten our advances, and we must defend against them using the power that comes from the alliances we have forged and the capacity we have built over three and a half decades.

MISSION

The National Women's Health Network improves the health of all women by developing and promoting a critical analysis of health issues in order to affect policy and support consumer decision-making. The NWHN aspires to a health care system that is guided by social justice and reflects the needs of diverse women.

GOALS & VISION

NWHN is committed to advancing women's health by working towards the long-term goals of:

- Ensuring that women have self-determination in all aspects of their reproductive and sexual health
- Creating a cultural and medical shift in how menopause is perceived and addressed
- Establishing universal access to health care that meets the needs of diverse women

To accomplish these goals we shape policy and consumer health decisions and options by developing and promoting a critical analysis of health issues. NWHN monitors the actions of federal regulatory and funding agencies, industry and the health professions, identifies abuses and makes change by exposing the abuse and catalyzing grassroots action.

VALUES

NWHN has established core values to guide us in our work as advocates for women's health:

- We value women's descriptions of their own experiences and believe that health policy should reflect the diversity of women's experiences.
- We believe that evidence rather than profit should drive the services offered and information that is made available to women to inform their health decision making and practices.
- We value analysis of science that takes into consideration systems of power and oppression.
- We believe that the government has an obligation to safeguard the health of all people.
- All women should have access to excellent health care.
- Women's normal physiological changes over the lifespan should not be unduly medicalized.



RAISING WOMEN'S VOICES FOR THE HEALTH CARE WE NEED

This year President Obama signed the Patient Protection and Affordable Care Act, enacting the largest expansion of health care access since the 1965 creation of Medicaid and establishing unprecedented protections for women from insurance industry abuses. After decades of campaigning for such policies, health reform advocates lauded these historic changes. By comparison, in 1975 — our founding year — health reformers were still recovering from the recent failure of bipartisan efforts to enact universal health insurance which stalled in Congress when supporters could not unify behind one of the many competing plans and legislators' attention was distracted by Watergate and other political scandals.

The NWHN played an important role in shaping the provisions of the 2010 health reform law that address women's health care concerns and also in mobilizing the public support that made this victory possible. Committed since the beginning to universal access to quality health care that meets the needs of all women, the NWHN worked this year through a collaborative campaign that brought women throughout the country together to work for our shared vision of women's critical health care priorities. We raised women's awareness about what was at stake in the health reform debate and catalyzed activism in support of reform proposals that would meet the needs of underserved communities, including poor women and women of color. The new health care access that the law provides for these communities has the potential to transform, and even save, lives.

We have not yet, however, accomplished the NWHN's long-term goal of universal access to health care that meets the needs of all women. The health reform law excludes immigrant women from many of its most significant benefits. It also maintains unjust and punitive restrictions on coverage of abortion services by public programs and establishes new restrictions on private insurance coverage of abortion, significantly expanding the pool of women who are not able to obtain coverage for this basic reproductive health care.

In doing our health reform work, the NWHN strengthened relationships among women's health activists and built new relationships with other communities as well, including consumer advocates, immigrant and LGBT rights groups, and labor unions. This network of new and expanded alliances holds great potential for the work that lies ahead as we fend off attacks on health reform and work to improve the provisions that fall short of meeting women's needs.



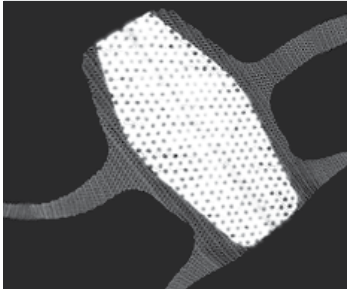
35 years ago, much of women's health was guess work. A 1975 physician quote about menopause: "I think of the menopause as a deficiency disease, like diabetes. Most women develop some symptoms, whether they are aware of them or not, so I prescribe estrogens for virtually all menopausal women for an indefinite period." **Now in 2010, we have the results from the Women's Health Initiative, which has shown that menopause hormone therapy increases women's risk of heart attack, stroke, blood clots and breast cancer.**

CHALLENGING DANGEROUS DRUGS AND DEVICES FOR WOMEN

The NWHN has worked since its founding thirty-five years ago to reduce women's exposure to unnecessary prescription drug and medical treatment risks. We believe that evidence rather than profit should drive the products offered and information available to women to inform their health decision making and practices.

We challenge dangerous drugs and devices that come before the Food and Drug Administration (FDA) without evidence of safety, effectiveness, and health

benefit, as well as the pharmaceutical marketing campaigns intended to unduly influence health decision-making. We've worked to ensure that women know about the risks of hormone therapy and we continue to disseminate the results from the Women's Health Initiative so that women have the facts about the safety and effectiveness of hormone therapy. This year we successfully campaigned to keep dangerous and ineffective diet drugs off the market. We also challenge the unnecessary medicalization of normal



In the 1970s, NWHN rallied against the dangers of the Dalkon Shield. **Today, NWHN continues to fight against dangerous medical devices, such as vaginal mesh.**

health events in women’s lives — such as pregnancy and menopause — and advocate for women’s right to full information about the range of services available to them.

Thirty-five years ago, NWHN activists held a memorial service outside the FDA, in honor of the women who had died because of dangerous hormones that the FDA had failed to protect them from or warn them about. The activists demanded that the agency provide women with

risk information about menopause hormones, as it had recently begun to do for birth control pills. The NWHN continues to this day to bring women’s voices and concerns to the FDA, and in 2010 we are recognized

as an influential advocate at the agency — showing that we can deliver a message effectively from a microphone in a meeting room as well as through a megaphone outside.

In 1975, medical devices weren’t even evaluated for safety and effectiveness before being sold in the United States, leading to tragedies like the Dalkon Shield, an IUD with a design flaw that caused serious infections in hundreds of thousands of women, resulting in infertility and in some cases death . Although devices are now regulated by the FDA, the scientific standards for approval are not high enough to keep dangerous devices off the market. The NWHN is working to raise those standards to ensure that the devices available to women — whether IUD’s, breast implants, bladder slings, or weight loss devices — are safe, effective and improve health.

And finally, because we rarely know everything we need to know about drug and device safety before products are approved, the NWHN advocates for more robust monitoring after approval as well, and for the FDA to have the authority, resources and commitment necessary to identify problems and take swift action to protect women’s health when it turns out that an approved product is causing harm.

SECURING SEXUAL AND REPRODUCTIVE HEALTH AND AUTONOMY

The NWHN works to ensure that women have sexual and reproductive health and autonomy, with affordable access to comprehensive services, counseling and information about a full range of options. We support women’s access to safe and effective reproductive health technologies — including contraception and abortion as well as protection against sexually transmitted infections (STIs) — without restrictions based on ideology.

Anti-choice political leaders gained new power in 2010 and used it to launch sweeping attacks on both family planning and abortion. The NWHN is defending women’s access to reproductive health care and promoting accurate information about how women can protect themselves from unintended pregnancy and STIs. This year we welcomed the FDA-approval of a new emergency contraceptive (EC) and continued

to advocate for an end to the medically unjustified age restriction on over-the-counter distribution of previously approved ECs.

The NWHN made progress this year as well in our advocacy for contraceptive safety. For years, we have urged the National Institutes of Health to assess the safety and effectiveness of oral contraceptives for women who are overweight so that women of all sizes can make fully-informed contraceptive choices. And this year NIH initiated this work, seeking input from consumer advocates, clinicians, and contraceptive researchers on the design of a study to consider these questions.

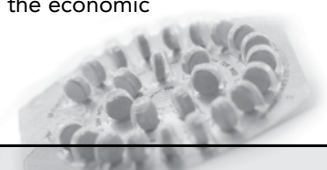
NWHN advocacy achieved another important drug safety success this year when the FDA turned down an application for a new drug for treating women

who feel a lack of sexual desire. While the NWHN supports sexual health research to find solutions to the problems women have with sex, we opposed this drug which posed too many risks to women's health to justify the small benefit it offered.

We have also started to lay the foundation for a long-term effort to eliminate restrictions on public and private insurance coverage of abortion that make it especially difficult for poor women to get the health care they need. And we are working to preserve the abortion coverage that women do have today.

In 1975, abortion was newly legal in the United States and Congress had yet to impose restrictions on federal

health program coverage of abortion. Thirty-five years later, low-income women and those who rely on government health services have very limited access to abortion care. And the problem is growing to affect more and more women, as some state legislatures have imposed restrictions on insurance coverage of abortion that restrict access for women across the economic spectrum.



Time brings choice and innovative solutions. In 1975 birth control pills contained as much as 80–100 micrograms of estrogen. In 2010, birth control pills contain as little as 20–30 micrograms of estrogen.

EMPOWERMENT THROUGH INFORMATION = WOMEN WITH A VOICE

The NWHN was originally founded to give women a greater voice within the healthcare system and in the 35 years since, we've remained resolute in this commitment. Then known as "the Clearinghouse," staff relied on just a Rolodex full of phone numbers, shelves filled with books, and the information packets we compiled from a variety of sources like newspaper articles, fact sheets and magazine articles to disseminate feminist health information to whomever needed it.

Although the Clearinghouse has since been revamped as the "Women's Health Voice," we've stayed true to our roots by continuing to offer feminist health information to women who need it and today's technology enables us to do so more efficiently and effectively than ever.

In 2010, hundreds of articles about women's health, written by NWHN staff and feminist health activists, were digitized and made accessible to the public via the NWHN Web site. This means that women

everywhere now have unlimited access to health information they can trust at their fingertips. This is a far cry from the 1975 world out of which the NWHN was borne, when resources like *Our Bodies, Ourselves* were still relatively new and the women's health movement was just in its fledgling stages.

In the past year, we saw great success in reaching out across a greater demographic and increasing our online presence by sending out e-alerts more consistently and ensuring that the e-alert topics were varied enough to be of interest to a wider audience. Two of the most popular subjects with our e-subscribers for 2010 were on the risks associated with osteoporosis medications, and about the increased risk of breast cancer from long-term use of menopause hormone therapy.

So while we may have traded our typewriters for Twitter, the health issues that women were concerned about 35 years ago are not that much different than those of today. And with technology allowing us greater reach than ever before possible, the NWHN continues to support women in making informed decisions about their health by providing evidence-based information free from corporate influence.

Modes of communication may have changed, but the NWHN continues to provide health information that women can trust.



THIRD ANNUAL BARBARA SEAMAN AWARDS FOR ACTIVISM IN WOMEN'S HEALTH

The NWHN was honored to have celebrated author Barbara Ehrenreich as the special guest speaker at the Third Annual Barbara Seaman Awards for Activism in Women's Health this year. More than 100 guests gathered in Washington, DC, as we honored the memory of NWHN co-founder Barbara Seaman by presenting awards to two deserving recipients whose work exemplifies Barbara's spirit.

Two awards are presented at this event each year: One award honors Barbara's lifetime of activism and is presented to an experienced activist who has dedicated his or her life to advancing issues related to women's health. Anne Kasper was presented with this award for her work as an advocate, sociologist, researcher and public policy expert on women's health for nearly 40 years. In 1978, Anne Kasper founded the NWHN's Information Clearinghouse and most recently, founded the Maryland Women's Coalition for Healthcare Reform, a statewide alliance of women and women's organizations working to bring comprehensive health care to all Marylanders.

In honor of Barbara's reputation as a bridge-builder between generations and as a friend and mentor to young women, a second award is presented to an emerging health activist. This award was presented to Miriam Zoila Pérez for her work as a reproductive rights and justice activist. Miriam is a speaker on LGBTQ issues, editor at the popular blog Feministing.com, sole blogger of RadicalDoula.com and works as an online communications consultant for the National Latina Institute for Reproductive Health.



Clockwise from left: Miriam Zoila Perez, Barbara Ehrenreich and Anne Kasper at our 2010 event; NWHN co-founders Belita Cowan and Barbara Seaman at our 30th Anniversary event in 2005; Our Bodies, Ourselves co-founder Paula Doress-Worters and NWHN co-founder Alice Wolfson at our 2009 event.

CULTIVATING FEMINIST LEADERSHIP: HELEN RODRIGUEZ-TRIAS WOMEN'S HEALTH LEADERSHIP PROGRAM

Although the NWHN internship program wasn't formally launched until 1986, its roots go back to the very early years of the NWHN, when only half of all female high school graduates attended college, and even fewer went on to medical school. But even in its earliest known incarnations, the NWHN internship program has been successful in cultivating the activism, feminism and leadership of young women by challenging them to research, question and listen to the concerns and needs of women all over the world.

Over the years, the NWHN's interns have been instrumental in providing greater visibility for the NWHN by attending and participating in various meetings and conferences in support of women's issues, writing articles for the "Young Feminist" column in *The Women's Health Activist* and other print publications, providing assistance to NWHN staff by collaborating on projects and campaigns, and responding to the hundreds of women that contact the NWHN with health questions and concerns.

In 2010, nine young women made significant contributions to our organization through the Helen Rodriguez-Trias Women's Health Leadership Program. Interns were geographically diverse, hailing from Oregon, Wisconsin, Mississippi, Ohio and even Paris, France! They ranged in age from 20–29, and their fields of study included Social Work, Public Health and Political & Social Science.



NWHN staff and interns, early 1980s and 2010.

IN 2010, OUR INTERNS:

- Were critical in enhancing the NWHN's online presence by overhauling our Facebook page and making it more informative and interactive.
- Wrote articles for the "Young Feminists" column in the *Women's Health Activist*, providing a young woman's perspective on topics ranging from sex education and abortion to childbirth and violence against women.
- Digitized hundreds of articles about women's health and made them accessible via the NWHN Web site.

DID YOU KNOW?

- In the year the NWHN was founded, less than 50% of women who graduated high school enrolled in college. Today, almost 75% of female high school graduates will attend college.
- In 1980, less than 25% of all medical school graduates were women. In 2010, women represented 48% of medical school graduates.
- Five former interns have served on the NWHN Board of Directors. At least five former interns have worked at the NWHN as staff over the years.
- Louise Melling interned for the NWHN in 1983. Today, Louise is the Director of the Center for Liberty at the ACLU, which encompasses the ACLU's work on reproductive freedom, women's rights, lesbian gay bisexual and transgender rights, and freedom of religion and belief.

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- IBIS Reproductive Health

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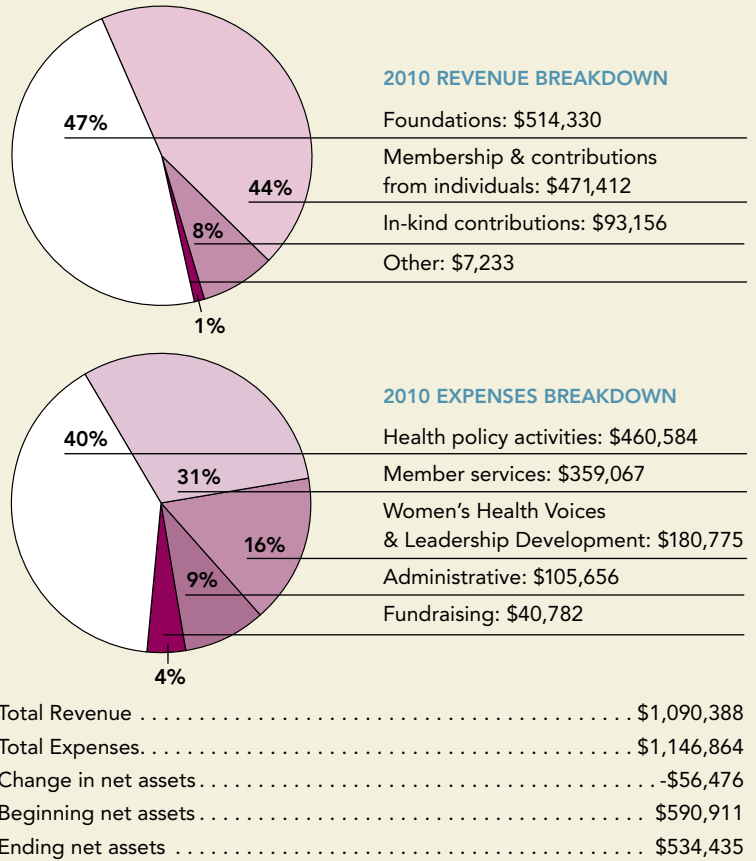
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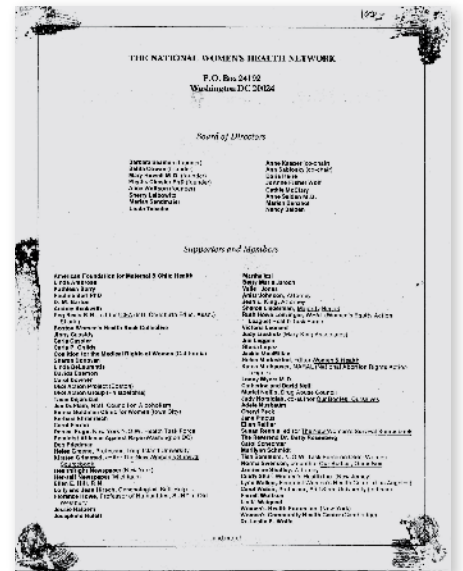
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NWHN's first report to members, 1976.

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Below we acknowledge our long term members who joined the NWHN within our first decade as an organization and remain active today.

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We know that our records from our early days are incomplete. If you don't see your name listed and believe it should be, please let us know so that we may correct our records.

*Deceased at time of printing.



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