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FIRST LADY HILLARY RODHAM CLINTON
WOMEN'S HEALTH BRIEFING
THE WHITE HOUSE
JUNE 17, 1996

TALKING POINTS

[Acknowledgments: Phyllis Greenberger, Executive Director, Society for the Advancement for Women's Health Research; *Journal for Women's Health*]

- I'm delighted to have this opportunity to thank all of you your hard work and dedication on behalf of women's health and women's health research. I'd like to applaud those of you who are out there every day supporting women's health and women's health research and for taking the time to learn more about what is going on and applying it to your own practices. And thanks also to those of you who have been tireless in getting the message out and for focusing the attention of the medical and scientific establishment -- and government -- on these issues.

- From the very beginning of this Administration, the Society for the Advancement of Women's Health Research has been a constant source of support for health care reform, investing in medical research, and more recently, ~~supporting~~ the Kassebaum-Kennedy bill.

- We have made great strides in the health and well being of women, and much of the credit for what we have achieved goes to you. We can all be proud of recent advancements such as:

  - the discovery of genes linked to hereditary breast cancer
  - clinical trials that demonstrate that AZT can ~~reduce~~ substantially the perinatal transmission of AIDS ~~by a full 67%~~ certain
  - the attention that is now being paid to the ~~tragedy~~ of consequences domestic violence
  - the discovery of the first treatment for the most common form of stroke

- In the past few years, our nation has made a greater commitment to women's health. Increasing attention and funding for women's diseases has been a priority of the President's since he took office. From increased funding for NIH for women's health research to new guidelines to ensure that women are included in clinical research trials to the National Action Plan on Breast Cancer, more and more energy, intellect and resources are being devoted to the health and well-being of women.

- We are also working toward making better use of the

resources we already have. Women are often so busy caring for the people around them, they don't ~~have~~ take time to care for their own health and well-being. That is one reason ~~I was pleased to participate in~~ launched a nation-wide campaign to encourage older women to take advantage of the mammogram benefit provided under Medicare.

But we still have a long way to go before we can say that women's health is given the attention it deserves in the American health care system. We still need more research and a greater understanding of health concerns that are specific to women. We need to focus more resources and attention to prevention, diagnosis and treatment of afflictions that predominantly affect women.

Unfortunately, the resources devoted to women's health and women's health research are at risk because of ~~competing priorities as the President and Congress~~ work to balance the budget. But the President believes there is a right way and a wrong way to balance the budget. We must continue to invest in education and training for medical research and fight to achieve parity for women's health research -- not just because of the medical and economic pay-offs, but because it is the right thing to do.

This kind of investment is not just essential for women -- it is just as important for the children, husbands and parents they care for, the employers they work for and the communities they donate their time to. As society's caretakers, women must not be given short shrift.

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W/ your continued help + vigilance, we will make progress in big gender health to women + their families.

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release June 27, 1995

Remarks by First Lady Hillary Rodham Clinton
at the 1995 Women's Health Achievement Awards
Washington, D.C.

MRS. CLINTON: Thank you George, for that kind introduction. I also thank your organization for its vision in sponsoring these awards and for the index and for other ways in which you are supporting women's health. I am just delighted to be here. I think this is just a significant occasion in so many ways. Though it is especially important now at this time that we reaffirm our commitment to women's health and what the society has already accomplished is certainly a tremendous step forward. But as Phyllis and George have said and as I am sure many of you feel we have a very long way to go before we can say with any confidence that women's health has taken its rightful place in the American health care system.

Much of the credit for the mention of women's health in the 1992 campaign goes to some of the women in this room -- foremost among them Phyllis Greenberger who has been tireless in her advocacy on behalf of the importance of women's health and particularly research into women's health concerns. I am personally very grateful to Phyllis for her articulate advocacy. I'm also appreciative and equally grateful to Dr. Susan Blumenthal for her trailblazing work on behalf of women's health and for the service that she is now performing. And Florence there have already been wonderful things said about you, but I must add to them that your extraordinary commitment to these issues and your personal example in carrying through on them has been very important to the entire enterprise. There are many others of you here, and particularly the award winners whom I congratulate and thank on behalf of men and women for your extraordinary achievements.

I also want to acknowledge among us the presence of Dr. Foster who has himself done a great deal to remind us that even with all of the accomplishments that will be recognized this evening and all the work that's being done in the public and private sector to advance the cause of women's health, there is still not only a

great deal to be done, but a great many women still to be reached, and I think that too has to be part of what we redouble our efforts toward achieving.

This celebration of the achievements of the society are ones that should be celebrated every day if people knew more about what has been accomplished. But I think that as we consider how far we have come, how important the progress has been, and as I thank you on behalf of literally millions and millions of American women who will never hear of the Society for the Advancement of Women's Health Research, I want us to take a few minutes to think about what we have achieved perhaps more importantly to put it into context both here and internationally.

The unpleasant truth, as so many of you know better than I, that the health of American women should be better than it is today and many of you know and your research has proven women have not received the attention both to their illnesses or to the kind of care that they deserve to have.

When it comes to women's health we are still playing catch-up. Illnesses that traditionally affect women have been ignored, and still are ignored. Research has largely focused on men, and it still does. For too long women's health needs have been relegated to the margins of our health care system. I've said this before but it still just is stunning to me how surprised I was to learn early on in my work on health care reform that the early clinical trials on breast cancer had been performed on men. I thought I had misread the article. I thought I was suffering from what happens to people in their forties with my eyesight, or that perhaps there had been some misprint. But when I called and checked on what I had read and learned that it was true, I was even more astonished.

I can recall talking with a good friend of mine, a woman internist, about that and the other discoveries I was making that many of you already knew and asking her as a physician, as a woman physician, whether she thought that in 1993 when I asked her the question women's health needs were being given the attention they deserved. She thought for a minute and she said, "I have to honestly say, no I don't think so because I see it in my own practice when I refer a patient to a specialist, when I ask for follow-up tests. If it is one of my male patients, it is always taken seriously and often times I have to advocate on behalf of my female patients." She said, " I never thought that I would have been in practice as long as I have and still be worried about whether my women patients will get the same treatment as my male patients do."

That story has been repeated to me in different forms in the years since. As I have talked with women from across the country, from all parts of the country from all kinds of

backgrounds, women who have been involved in our health care system who have been battling disease, I have found too often that my doctor's story was confirmed again and again by the experiences of women with whom I spoke.

Now as we look at the state of women's health today, I think that the index that Warner Welcome has done will make a very important contribution because it demonstrates that women's health is not just an issue for the society and for those who already understand what is at stake But one of your great accomplishments as the efforts of others working with you has been to break through the crust that too often covers the lack of concern about women's health so that women themselves are now becoming more aware and are demanding better care and will be watching to see whether or not funding for women's health concerns is protected.

As a nation we have begun to make a commitment to women's health but it is on fragile ground and it must be protected. The people who will, I believe, be most effective in protecting the advances that have already been achieved will be the people in this room, people from the research community, people from the clinical community, people from the pharmaceutical community, people from the rest of the private and public sector who know what is at stake.

Women's health has been a particular concern of the President as he took office and he has tried to increase attention and funding for women's diseases and for specific women's health concerns. NIH has received increased funding for women's health research and we now have new guidelines to insure that women are included in clinical research trials. As a result there will be more of a focus on women and that will be important to demonstrate how women should be treated in the future.

Funding for breast cancer research at NIH has been increased 65 percent. Additional research and training grants have come through the Department of Defense after receiving petitions signed by 2.6 million Americans, the President asked Secretary Shalala to convene a national conference on breast cancer and that led to the National Action Plan on Breast Cancer. One of its goals is to create public-private partnerships to make significant progress in the battle against this disease.

In addition to the Office on Women's Health that Dr. Blumenthal heads, the administration has established women's health offices in the NIH, Centers for Disease Control and Prevention, the FDA, and the substance abuse and mental health services.

Women's health issues have to be integrated into the entire government not just put in one office important and symbolic as

that is. We also have to recognize the whole environment of women's health concerns such as domestic violence which is one of the major sources for health problems among women and with the creation of the Office on Domestic Violence we will begin to understand better how to combat this particular epidemic. We also need to be focusing on issues that, for example, Dr. Foster was very concerned with, namely teenage pregnancy and teenage girls activities that lead to health problems.

Now all of these, and many more pieces of what is being put together for the strategy on women's health are at risk because of the challenges to the priorities for funding in the federal government. The President believes that as important as it is to balance the budget it is more important to balance the budget in the right way and that means as a nation we have to continue to invest in areas that will have big pay-offs and two of those areas are education and training for medical research. The budget can be balanced over ten years making significant, significant cuts in most domestic programs but at the same time keeping and increasing out commitment to education and research. That is the real guts of the information age knowledge explosion. And for the United States not to be committed to education and research is to concede that we will not premier in those fields in the twenty-first century.

So part of what we need from those of you who have worked so hard on these issues is to hear voices on behalf of medical research. Point out the importance of what you are doing now and how much more needs to be done. It is also very important to continue to stress that issues affecting women are not soft issues. They are not marginal issues. Health and education of girls and women are central to the development of this country and every other country around the world.

I believe that one of the battles we will have in the next years is to preserve the parity for women's health and women's research that we have not yet achieved but at least are on the road to achieving. But again, you will have to speak out on behalf of what you know to be the truth. Putting women's health on the forefront of the agenda is not only good for women -- that sounds so self-evident that it shouldn't even have to be said -- but women are the primary caretakers. Women are important workers in our society. Their health is as much of an important national priority as many of the other things that we worry about here in Washington.

So I want to not only thank you for what you have already done, but to ask you to redouble your efforts and your public speaking on behalf of these issues, to reach out to members of Congress, in both parties, to help educate them about what you have achieved. I would imagine that many of the new members of Congress would find it astonishing that just a few years ago

there were so commitments made to women's health, and they would not understand how important it is to keep those commitments and that research coming because we are not yet at a critical mass. I'll look forward to the medical breakthroughs and the improved clinical care for women that will occur because of your commitment. But I also know that we're going to have to fight very hard to keep intact what you have already achieved and to provide the opportunity for those achievements to be built on in the future.

Thank you for what you have done. And thank you for what I know this group will continue to do on behalf of women's health.

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THE WHITE HOUSE
WASHINGTON

Barbara ——

Briefing Participants

1. Vivian Pipes, Div. Women Health at NIH
(women health)

2. Bruce Flodeck
Div. NCFA - HHS
(Medicare reimburse)

3. Nancy Ann Min
Health Budget

4. Chris Jennings
Kennedy Kassebaum

Schedule Proposal **May 29, 1996**

_____ACCEPT _____REGRET _____PENDING

TO: Patti Solis
Assistant to the President and
Director of Scheduling for the First Lady

FROM: Alexis Herman
Barbara Woolley

REQUEST: For the First Lady to drop by a White House briefing of health care leaders.

PURPOSE: To thank them for their past efforts on health care reform and women's health issues and to acknowledge work on the Kennedy/Kassabaum legislation.

BACKGROUND: The Society for the Advancement of Women's Health Research and its peer reviewed scientific journal, *The Journal of Women's Health*, and the American Medical Women's Association are holding their two day Congress on Women's Health in June in Washington, DC. This meeting translates the latest research on women's health into clinical care for the 400-500 attending physicians from across the country. The members of this group are friends of the administration. The attendees of the briefing in the White House will be primary care and family physicians, obstetrician-gynecologists, nurse practitioners, and mental health professionals primarily from outside of Washington.

Donna Shalala, Secretary of Health and Human Services will be the keynote speaker at the Congress this year. The Congress will primarily focus on women's health issues but will address general health issues also.

At the briefing they will address Medicare and Medicaid issues as well as more general topics such as an overview of the Clinton's administration's initiatives on women's issues.

PREVIOUS PARTICIPATION: Last year's keynote speaker.

DATE AND TIME:	Monday, June 17 3:30-5:00 pm.
BRIEFING TIME:	3 minutes.
DURATION:	10-15 minutes.
LOCATION:	450 Old Executive Office Building
PARTICIPANTS:	200 women and men physicians, researchers and health care providers. Vivian Pinn, Director of Women's Health Research, National Institute of Health.
OUTLINE OF EVENTS:	TBD.
REMARKS REQUIRED:	None.
MEDIA COVERAGE:	Closed media.
CONTACT:	Barbara Woolley, Office of the Public Liaison, 456-2930.
ATTACHMENTS:	Background Information
RESPONSIBLE FOR PAYMENT:	Private Sector.

Society for the Advancement of
WOMEN'S HEALTH RESEARCH

FAX COVER SHEET

Date: 5/29/96

To: Carrie

Company: White House

Fax Number: 456-6218

From: Phyllis Greenberger

Number of pages including this cover 7. If you do not receive all of the pages, please contact sender by telephone at (202) 223-8224.

304

MESSAGE:

Per our conversation, attached is a copy of the program for the Society's 4th Annual Congress on Women's Health

Washington, D.C. 20036

and

SOCIETY FOR THE ADVANCEMENT OF WOMEN'S HEALTH RESEARCH

Proudly Present

THE FOURTH ANNUAL CONGRESS ON

Women's Health

June 18–19, 1996 • Renaissance Washington, DC Hotel • Washington

The Congress on Women's Health is recognized as the most important meeting on this subject. Sponsored by *Journal of Women's Health*, The Society for the Advancement of Women's Health Research, the American Medical Women's Association, the Office of Women's Health, Department of Health and Human Services, and Eli Lilly and Company, this meeting brings together the most advanced information in a collaborative and informative setting.

This year's program at the Fourth Annual Congress on Women's Health provides new and critical information that is essential for optimal patient care. An outstanding faculty will present material that is current, relevant, and provocative. Prevention, diagnosis, treatment, and outcomes are emphasized.

In addition to sessions concerned with the diseases and conditions that hold greater risk for, or are more prevalent among women, this year's Congress includes sessions on alternative medicine for women's health, environmental concerns that may affect women's health, antibiotic resistance, and autoimmune diseases. Medical implications of excess fitness, stroke, and psychotropic therapies will also be discussed.

On Monday, June 17, there will be a pre-conference briefing on Women's Health, which will be held at the **White House** *for both presenters and registrants. Space is limited and will be assigned on a first-come basis.*

CHAIRPERSONS

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Women's Health

CONGRESS CORPORATE SPONSOR:
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Hotel:

The Fourth Annual Congress on Women's Health will be held at the Renaissance Washington DC Hotel - Downtown, 999 Ninth Street NW, Washington, DC 20001.

For reservations, call (202) 898-9000 ext. 3400. Identify yourself as a Women's Health attendee to qualify for the special discounted rates of $155 single, $175 double (plus tax). Renaissance Club rooms are also available at $175 single and $195 double (plus tax).

Reservations must be made by May 17, 1996, to receive this discounted rate.

Airline Discounts:

The official travel agency of the Congress on Women's Health is Palmetto Travel. To receive a minimum 5-10% discount off the economy fare, based on availability, with either USAir or Delta, call Palmetto Travel at 1-800-785-9351.

Table Top Exhibitors: *to date*

- American Dietetic Association
- FemRx
- Mary Ann Liebert, Inc.
- Parke-Davis
- RX Vitamins, Inc.
- The National Oral Health Information Clearing House
- The National Osteoporosis Foundation
- UroMed Corporation
- Wyeth-Ayerst Laboratories
- YWCA of the U.S.A. ENCOREplus

CME Credits:

The American Medical Women's Association is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

The American Medical Women's Association designates this continuing medical education activity for 12 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

Learning Objectives:

a) This interdisciplinary conference is focused on prevention, diagnosis and treatment of diseases and conditions that affect women throughout the life stages.

b) To present information that will improve clinical diagnosis, treatment, care and general wellness for women.

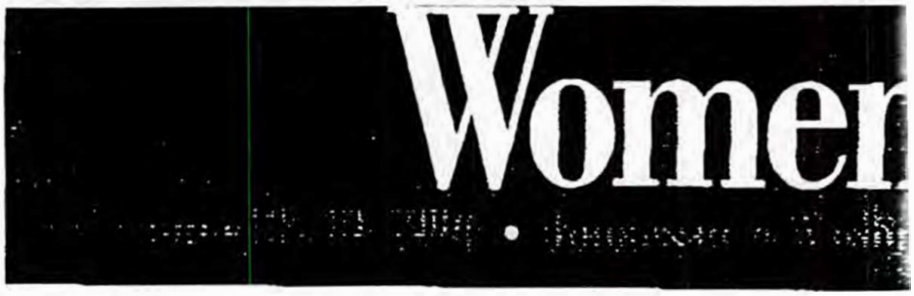
c) To discuss the new context in which women's health care is practiced.

Please Open

Society for the Advancement of Women's Health Research

Bernadine P. Healy, MD
The Ohio State University

Janet B. Henrich, MD
Yale University School of Medicine



Tuesday, June 18th

8:00 - 10:30 am **OPENING PLENARY SESSION**

Chair: Florence P. Haseltine, PhD, MD
Society for the Advancement of Women's Health Research (SAWHR)

- **Ensuring Medical Education in Women's Health in the Era of Capitation**
  Bernadine P. Healy, MD
  The Ohio State University
- **Gender Based Biology: What Does It Mean and Why Does it Matter?**
  Florence P. Haseltine, PhD, MD, *SAWHR*
- **Explosive Breakthroughs in Genomics: Where Will They Take Us?**
  Claire Fraser, PhD
  The Institute for Genomic Research

10:30-10:45am **NETWORKING BREAK**

10:45-12:15pm **BREAKOUT SESSIONS:**

A) TREATING DEPRESSION IN WOMEN
Chair: Freda Lewis-Hall, MD
Lilly Center for Women's Health

- **Concurrent Use of HRT and Psychotropic Drugs**
  Lon Schneider, MD, *USC School of Medicine*
- **Dealing with Situational Depression**
  Freda Lewis-Hall, *Lilly Center for Women's Health*
- **Post-partum Depression: New Diagnostic Tools**
  Lee Cohen, MD, *Massachusetts General Hospital*

B) CUTTING EDGE RESEARCH AND THERAPY FOR OBESITY
Chair: Louis Aronne, MD
New York Hospital–Cornell Medical Center

- **Obesity and Diabetes**
  Joseph Caro, MD, *Jefferson Medical College*
- **New Tools and Techniques to Cope with Obesity**
  Arthur Frank, MD
  George Washington University Obesity Management Program
- **Genetics and Obesity**
  Myrlene Staten, MD, RD, *Amgen*

C) AUTOIMMUNE DISEASES IN WOMEN
Chair: Virginia Ladd
American Autoimmune Related Diseases Association

- **Getting to the Correct Diagnosis in Autoimmune Diseases**
  Anne Davidson, MD, *Albert Einstein College of Medicine*
- **Hormonal Influences in Autoimmune Diseases**
  Joan T. Merrill, MD, *St. Luke's–Roosevelt Hospital Center*
- **Antiphospholipid Syndrome**
  Thomas Greco, MD, *Yale University School of Medicine*

12:15-1:45pm **LUNCH BREAK**

1:45 - 3:15pm **BREAKOUT SESSIONS**

D) CURRENT CLINICAL CONCERNS I

- **Caring for The Proactive Patient**
  Gail Povar, MD, *George Washington University*
- **Scientific Update on Olestra**
  Christopher Hassall, PhD, *The Procter & Gamble Company*
- **Hormone Replacement Therapy**
  Speaker TBA

E) CONTRACEPTIVE CHALLENGES
Chair: Florence P. Haseltine, PhD, MD, *SAWHR*

- **Barriers to Contraceptive Development**
  Wayne Bardin, PhD, *NICHD, NIH*
- **Guiding the Peri-Menopausal and Menopausal Woman through Contraceptive Quandaries**
  Judith Fortney, PhD, *Family Health International*
- **Resurgence of IUD Use**
  Nancy Alexander, PhD, *NICHD, NIH*
- **Oral Contraceptives and Cardiovascular Disease**
  Joe Kelaghan, MD, MPH
  NICHD, NIH

F) MANAGING CHRONIC PAIN
Chair: Maria Chanco Turner, MD
National Cancer Institute/NIH

- **Fibromyalgia and its Association with Chronic Pain Syndromes**
  Daniel Clauw, MD, *Georgetown University Medical Center*
- **Vulvodynia**
  Stanley C. Marinoff, MD, MPH, FACOG
  Center for Vulvovaginal Disorders
- **The Psychological Effects of Chronic Pain on Intimacy and Sexual Functioning**
  Peter Fagan, PhD, *Johns Hopkins University School of Medicine*

4:15 - 5:45 pm **NETWORKING BREAK**

5:45 - 6:15 pm **BREAKOUT SESSIONS**

G) PROMISING NEW DIAGNOSTIC AND THERAPEUTIC APPLICATIONS FOR HEART, CANCER AND OSTEOPOROSIS
Chair: Bernadine P. Healy, MD, *Dean, College of Medicine, The Ohio State University*

- **Potential of New Antithrombotic Agents to Improve the Therapy of Cardiovascular Disease**
  Barry Coller, MD, *Mount Sinai Medical Center*
- **Cancer**
  Dennis Slamon, MD, PhD, *UCLA Medical School*
- **Osteoporosis**
  John Bilezikian, MD, *College of Physicians & Surgeons of Columbia University*

H) CLINICAL TRIALS: OPTIONS WOMEN SHOULD KNOW ABOUT
Chair: Kathleen Drennan, *Clinix International Inc.*

- **Strategy for the Management of Patients Who Participate in Clinical Research Trials and How to Keep Patients in the Practice: A Clinical Researcher's View**
  Michael H. Davidson, MD, FACC
  Chicago Center for Clinical Research
- **Obligations for Physicians who Participate as Investigators in Clinical Trials: Ethical, Regulatory Study Conduct: A Sponsor's Perspective**
  Nayna Nanavati, *Novo Nordisk Pharmaceuticals*
- **Participation in a Clinical Trial-Case History: A Patient's Point of View**
  Speaker TBA
- **Risks and Ethical Issues to Consider for Women in Long Term Clinical Trials: Placebo vs. Treatment and Healthy vs. Disease State**
  Ruth Merkatz, PhD, RN, FAAN, *FDA*

I) ENVIRONMENTAL CONTRIBUTORS TO DISEASE
Chair: Kenneth Olden, PhD, *Director NIEHS and Director NTP*

- **Environmental Estrogens**
  Kenneth Korach, PhD, *NIEHS*
- **Incorporating Environmental Risks into Diagnosis**
- **Infertility: Are Men at Serious Risk?**

s Health

Wednesday, June 19th

8:00 - 9:00 am **POSTER SESSION**
Chaired by Medical Health Advisory Board of the Society for the Advancement of Women's Health Research

9:00 - 10:30 am **BREAKOUT SESSIONS**

J) ONGOING CLINICAL CONCERNS II
- **Maintaining a Viable Private Practice in the Era of Managed Care**
  Debra S. Richman, *CompreMedy Medical Management, Inc.*
- **Medical Problems from Excess Fitness**
  Speaker TBA

K) BRAIN DISORDERS: NEW DIAGNOSTICS AND THERAPEUTIC STRATEGIES
Chair: Carol Tamminga, MD. *University of Maryland*
- **Stroke**
  Mark Alberts, MD. *Duke University Medical Center*
- **The Headache of Treating Migraines**
  Margaret Abernathy, MD. *The Headache Center*
- **Psychoses: Appropriate Diagnoses and Referral**
  Carol Tamminga, MD. *University of Maryland*

L) WOMEN'S IMAGING AND IMPORTANCE TO ONGOING MANAGEMENT STRATEGIES
Daniel Kopans, MD. *Massachusetts General Hospital*
Stephen A. Feig, MD. *Thomas Jefferson University Hospital*

10:30 - 11:00am **NETWORKING BREAK**

11:00-12:30pm **BREAKOUT SESSIONS**

M) PLASTIC AND RECONSTRUCTIVE MEDICINE
Chair: Roberta Garnside, MD
Association of Plastic and Reconstructive Surgeons
- **New Applications of Plastic Surgery**
  Linda Phillips, MD, FACS, *University of Texas Medical Branch*
- **Lasers and Other Modalities to Treat Aging Skin**
  Petra Schneider, MD, FACS
- **Update on Breast Implants**
  Mary McGrath, MD, MPH
  George Washington University Medical Center

N) VITAMINS AND NUTRITION IN DISEASE PREVENTION
Chair: Adrianne Bendich, PhD. *Hoffmann-LaRoche Inc.*
- **Overview of Nutrient Intakes of American Women**
  Gladys Block, PhD. *UC Berkeley School of Public Health*
- **Micronutrients for Women of Childbearing Potential**
  Adrianne Bendich, PhD. *Hoffmann LaRoche, Inc.*
- **Preventive Nutrition and Cardiovascular Disease**
  JoAnn Manson, MD, DrPH. *Brigham and Women's Hospital*

O) THE TOTAL WOMAN: MEDICAL PROBLEMS AND OPHTHALMOLOGY, DENTISTRY AND HEARING LOSS
- **Ophthalmology and Women's Health**
  Marcia Carney, MD. *Medical College of Virginia*
- **Dental Issues as They Affect the Total Woman**
  Linda Niessen, DMD. *Baylor College of Dentistry*
- **Correlation Between Low Frequency Hearing Loss and Cardiovascular Disease in Women**
  George Gates, MD. *University of Washington School of Medicine*

12:30-2:00pm **LUNCHEON** *Sponsored by the American Medical Association*

2:00-5:30pm **BREAKOUT SESSIONS**

P) VAGINAL FUNCTIONING
Chair: Amos-Marie Carmel, *Biosyn, Inc.*
- **Vaginal Physiology**
  Sharon Hillier, PhD. *Magee-Womens Hospital*
- **Medical Factors Related to Sexual Dysfunction**
  Karen Hutchinson, MD. *Yale University School of Medicine*
- **Innervation of Perineum and Bladder Control and Aging**
  Linda Brubaker, MD. *Rush Medical College*

Q) ALTERNATIVE MEDICINE AND ITS APPLICATIONS FOR WOMEN'S HEALTHCARE
Chair: Alan Trachtenberg, MD, MPH
NIH
- **Subjecting Alternative Medicine to Mainstream Medical Scrutiny**
  Alan Trachtenberg, MD, *NIH*
- **Natural Wellness: Conceptual Challenges and Collaborative Opportunities for Alternative Medicine**
  Marcus Laux, ND, *HealthCorp*
- **Alternative Approaches to Menopause and Women's Health Problems**
  Kathleen A. Fey, MD, MD(H)

R) RESEARCH ADVANCES
Presentations of 3 Abstracts Related to Women's Health Research
Chair: Ellen Leibenluft, MD, *NIMH, NIH*

5:30 - 6:00pm **NETWORKING BREAK**

6:00-5:30pm **CLOSING PLENARY**
Chair: Donnica Moore, MD, *Director, Professional Relations, Sandoz Pharmaceutical Corporation*
- **Use and Misuse of Antibiotics in the Era of Microbial Resistance**
  Alexander Tomasz, PhD, *Rockefeller University*
- **The Future of Combinational Therapy in Women's Health**
  Lionel Edwards, MD
  Biotechnology General Corporation
- **New Applications in Imaging and Telemedicine**
  Susan Blumenthal, MD, MPA
  U.S. Public Health Service's Office on Public Health

5:30pm **CLOSING REMARKS**
Susan Blumenthal, MD, MPA, Deputy Assistant Secretary for Women's Health, *U.S. Public Health Service's Office on Women's Health*

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For more information please call: BioConferences International, Inc. 4405 East-West Highway, #501, Bethesda, MD 20814
Tel: 800 5-BIOCON Fax: (301) 652-4951

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THE FOURTH ANNUAL CONGRESS ON

Women's Health

June 18 - 19, 1996
Renaissance Washington DC Hotel - Downtown
Washington, DC

This FOURTH Annual Congress on Women's Health is strong evidence of the growing interest in, need for, and support of interdisciplinary approaches toward diseases and conditions that hold greater risk for, or are more prevalent among women.

Register Today!
Program and Form Inside!

- ***White House Briefing***
- ***Over 70 Presentations Devoted to Women's Health***
- ***Keynote Luncheon***

AIRPERSONS

orence P. Haseltine, PhD, MD
ociety for the Advancement Women's Health Research

rnadine P. Healy, MD
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Society for the Advancement of
WOMEN'S HEALTH RESEARCH

March 8, 19

Barbara Wooley
Office of Public Liaison
Old Executive Office Building
Room 122
Washington, DC 20502

Dear Barbara:

The *Society for the Advancement of Women's Health Research* and its peer reviewed scientific journal, *The Journal of Women's Health*, and the American Medical Women's Association are holding their two day Congress on Women's Health on June 18 and 19 in Washington, DC. This meeting translates the latest research on women's health into clinical care for the 400-500 attending physicians. Those in attendance are primarily primary care and family physicians, obstetrician-gynecologists, nurse practitioners, and mental health professionals. Mrs. Clinton has agreed to be Honorary Chair of the Congress; last year she was keynote speaker at the dinner honoring achievements in women's health that is held in conjunction with the Congress.

This year, in place of the final plenary session, we would like to have a White House briefing for some of the meeting's attendees. I am aware that the Indian Treaty Room or Room 450 only accommodate up to 200 people; we will have a concurrent session at the site of the meeting to accommodate those who cannot attend the White House briefing. We are very excited about this briefing; the majority of the attendees will be from outside of Washington and have never had the experience of being at the White House. We would like the briefing to be held on June 19 from 3:30PM to 4:30PM or 5:00PM. I need to know how far in advance you have to have birthdates and social security numbers.

We would like Helen L. Smits, M.D., Deputy Administrator of the Health Care Financing Administration, to do one of the briefings (Dr. Smits is a friend of the President of the Board of the Society as is well acquainted with us). Other possible speakers could perhaps include Secretary Shalala, Alexis Herman, or Betsy Myers. We would like Dr. Smits to talk about Medicare and Medicaid issues but would also like more general information. Since the majority of the attendees will be women, and although it is a non partisan group, an overview of the Clinton's administration's initiatives on women's issues would be interesting. If you have other ideas, I certainly would be open to them. Obviously if Mrs. Clinton or Mrs. Gore (or The

1920 L Street, NW Suite 510 Washington, D.C. 20036 Telephone 202.223.8224 Fax 202.833.3472

President) were anywhere in the vicinity and could even just say hello, the attendees would be thrilled. I understand that if that were to occur, it would be last minute.

I very much appreciate your willingness to do this; I think you will find the attendees extremely responsive and appreciative of the White House's attentiveness.

If you need any further information, please do not hesitate to call me at 223-8224. Again, thank you.

Sincerely,

Phyllis Greenberger, MSW
Executive Director

Society for the Advancement of
WOMEN'S HEALTH RESEARCH

March 8, 1996

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draft/sc

FIRST LADY HILLARY RODHAM CLINTON
WOMEN'S HEALTH BRIEFING
THE WHITE HOUSE
JUNE 17, 1996

TALKING POINTS

[Acknowledgments: Phyllis Greenberger, Executive Director, Society for the Advancement for Women's Health Research; *Journal for Women's Health*]

- I'm delighted to have this opportunity to thank all of you your hard work and dedication on behalf of women's health and women's health research. I'd like to applaud those of you who are out there every day supporting women's health and women's health research and for taking the time to learn more about what is going on and applying it to your own practices. And thanks also to those of you who have been tireless in getting the message out and for keeping ~~our~~ ~~leaders~~' feet to the fire on these issues.

- From the very beginning of this Administration, the Society for the Advancement of Women's Health Research has been a constant source of support for health care reform, investing in medical research, and more recently, the Kassebaum-Kennedy bill.

- We have made great strides in the health and well being of women, and much of the credit for what we have acheived goes to ~~all of~~ you. [Name some positive developments]

- But we still have a long way to go before we can say that women's health ~~has achieved parity~~ in the American health care system. ~~Thanks in large part to your efforts, we now know that women and the illnesses that affect them have historically not received the attention they deserve.~~

- ~~It is heartening to know that~~ in the past few years, we ~~as a nation~~ have ~~begun to make~~ a commitment to women's health. Increasing attention and funding for women's diseases has been a priority of the President's since he took office. From increased funding for NIH for women's health research to new guidelines to ensure that women are included in clinical research trials to the National Action Plan on Breast Cancer, more and more energy, intellect and resources are being devoted to the health and well-being of women.

- Unfortunately, many of these gains are at risk because of competing priorities as the President and Congress work to balance the budget. But the President believes there is a right way and a wrong way to balance the budget. We must continue to invest in education and training for medical

research and fight to achieve parity for women's health research -- not just because of ~~incredible~~ medical and economic pay-offs, but because it is the right thing to do.

This kind of investment is not just essential for women -- it is just as important for the children, husbands and parents they care for, the employers they work for and the communities they donate their time to.

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But it is vital that we keep our leaders' feet to the fire. And the people who are going to be most effective in making sure that happens are those of you here in Washington for this important Congress.

Thank you. You're the ones out there every day supporting women's health and w.h.r. and for taking the time to comet towahongtong to learn more aout research and to apply it in your own practices. And to the advocates out there, thank you for helpingto tget the message across on eomwn's health and womena' health research.

→ Women must not be given short-shrift when are the primary caretakers.

Susan J. Blumenthal, M.D., M.P.A.
Deputy Assistant Secretary for Health
(Women's Health)
Assistant Surgeon General

PHS Office on Women's Health
U.S. Department of Health & Human Services
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Date: 6/13

To: Sabrina

From: Dr. Blumenthal

Organization/Office: First Lady's Ofc.

Fax: 456-5709 Telephone: 456-5708

Comments: Attached is the fact sheet you requested. We also have a complete package on women's health issues. If you would like a packet, plz call Pam Brown at 690-7650.

No. of Pages (including cover): 11

FACT SHEET

Director: Susan J. Blumenthal, M.D., M.P.A., Deputy Assistant Secretary for Health (Women's Health)

Women's Health Issues

In recent years, heightened awareness of longstanding biases against women—in educational, economic, employment, and, most important, health-related opportunities—has catalyzed an expanded focus on women's issues. Past inattention to women's health issues in both the conduct of research and clinical practice resulted in serious gaps in knowledge about the causes, treatment, and prevention of diseases in women. In the United States, the Department of Health and Human Services is pursuing a comprehensive and meaningful agenda for women's health to redress these past inequities.

Background

Since the turn of the century, women's life expectancy has increased from 48.3 years to 78.8 years. But while women are living longer, they are not necessarily living better. Today, women represent 51 percent of the total U.S. population, 60 percent of the U.S. population over age 65, and more than 70 percent of the U.S. population above age 85. Women also constitute 50 percent of the Nation's workforce; approximately two-thirds of all employed women have children under age 18.

Women's health reflects the diversity of their social, cultural, economic, and physical environments and affects both the duration and the quality of their lives. Unfortunately, women in this country continue to face serious threats to their physical and mental well-being. Despite living, on average, 7 years longer than men, women suffer poorer health outcomes and greater disability from disease than do men. For example, women who live in poverty and have less than a high school education have shorter lifespans, higher rates of illness and death, and more limited access to quality health care services.

Priority Women's Health Issues

The Public Health Service's (PHS) Office on Women's Health within the Department of Health and Human Services (HHS) is pursuing a comprehensive agenda to redress these inequities. It was established in 1991 to improve the health of American women—women of all ages, races, and ethnicities—by advancing and coordinating a comprehensive women's health agenda across the agencies, offices, and regions of the PHS. Taking a lifespan approach, the Office has identified a number of critical health issues affecting women's lives today.

Cardiovascular Disease

Heart disease is the number one killer of American women. Nearly one in two female deaths in the United States results from cardiovascular diseases. Approximately 1 in 9 women between the ages of 45 and 54 has some clinical cardiovascular disease; the rate climbs to 1 in 3 at age 65 and older. Women are typically 10 to 15 years older than men when they develop heart disease; 49 percent of women die within a year following a heart attack as compared with 31 percent of men. Women receive less aggressive diagnostic and treatment interventions for heart disease than do men.

Cancer

Since 1985, lung cancer has been the leading cause of cancer death among women in the United States. Over the past 30 years, the lung cancer death rate among American women has increased nearly 400 percent, due almost exclusively to cigarette smoking. Estimates are that by 1995, nearly half of the women in the world who die from cigarette smoking will be American. At present, breast cancer is a close second cause of cancer death. During the 1990s, approximately 2 million women will be diagnosed with breast or cervical cancer and more than one-half million women are expected to lose their lives from these two diseases. It is estimated that 1 in every 8 American women will develop breast cancer in her lifetime, up from 1 in every 20 women just two decades ago. As is the case with many other diseases, women of color have higher mortality rates for both breast and cervical cancer. Other cancers—uterine, ovarian, and colon—are increasing health problems for our Nation's women.

Autoimmune Diseases

Autoimmune diseases arise when a person's body declares war on itself, producing antibodies that attack healthy tissue. Individuals can suffer from a variety of autoimmune diseases: systemic lupus erythematosus (SLE), Sjögren's syndrome, rheumatoid arthritis, scleroderma, diabetes Type I, and multiple sclerosis, among others. Taken together, autoimmune diseases are the third leading cause of death for American women. One particular autoimmune disease, SLE, which is characterized by inflammation of the skin, joints, kidneys, central nervous system, heart, and lungs, affects more than 40,500 women between the ages of 15 and 45. SLE is three times more prevalent in black women than in white women. Black

women comprise 60 percent of lupus patients; survival among these women appears to be reduced compared with white patients. Children born to women with this disease may be at risk for cardiac abnormalities.

Mental Illness

Mental health is crucial to women's overall well-being. Some of the most common mental disorders, including depression and certain anxiety disorders, strike approximately twice as many women as men. There are currently at least 7 million women in the United States with diagnosable depression, and most go untreated. Ninety percent of cases of eating disorders, including anorexia and bulimia, occur in women. It is believed that a combination of biological, genetic, psychological, social, and environmental factors contributes to why women experience these illnesses at a higher rate than men. Women who have a history of substance abuse or physical or sexual abuse are particularly at risk for depression, eating disorders, anxiety disorders, and multiple personality disorders.

Substance Abuse

The abuse of alcohol and other legal and illicit drugs is a serious and growing problem among American women. Experts estimate that some one-third to one-half of the 10 million Americans who abuse alcohol are women, and 1990 surveys indicated that more than 5 million women used illicit drugs at least once in the preceding month. Many women who abuse drugs or alcohol have histories of sexual or physical abuse and mental illness, which complicates their treatment planning. Women who abuse alcohol or drugs are also at higher risk for tuberculosis, breast cancer, oral and pharynx cancer, HIV/AIDS, and sexually transmitted diseases.

Violence

Violence has become a critical and pervasive health issue for American women. In 1991, homicide was the second leading cause of death among all women 15 to 24 years of age and the leading cause among black women of that age. Homicide is the leading killer of women in the workplace. Suicide was the third leading cause of death among 15- to 24-year-old white women in 1991. In addition, as many as 6 million women of all ages are the victims of assault, rape, and other personal violence every year, often perpetrated by their mates or someone they know. An estimated 30 percent of emergency room visits by women each year are the result of injuries from domestic violence. A history of physical or sexual abuse has serious consequences for a woman's mental and physical health.

Reproductive Health

In recent decades, there has been a tremendous growth in the number of live births to unmarried women, many of whom are adolescents. The outcomes of adolescent pregnancies, especially in those younger than 15, include a higher rate of neonatal mortality and low birth weight infants, likely a result of factors such as poor nutrition, substances abuse, and genital infections. Be-

tween 1980 and 1991, the percentage of births to unmarried women increased nearly threefold to 30 percent of all live births. The majority of these births are occurring among women with the least degree of economic security: adolescent and minority women. In 1991, contraception was used by 81 percent of sexually active women aged 15 to 19. However, of the approximately 1.1 million women 15 to 19 years of age who become pregnant each year, 85 percent do not intend to get pregnant.

Maternal/Infant Health

Although the infant mortality rate in the United States has been brought to an all-time low, it is still higher than most other developed countries. This is attributable to a number of factors, including lack of prenatal care; poor nutrition; use of tobacco, alcohol, and other drugs; HIV; and adolescent pregnancy. The problem is most acute among black women; the mortality rate for infants of black mothers is 18 deaths per 1,000 live births and for infants of white mothers it is 7.6 deaths per 1,000 live births. In addition, minority women are at higher risk of maternal death than are white women.

Sexually Transmitted Diseases

The impact of sexually transmitted diseases (STDs) is particularly severe for women; infections often have few, if any, symptoms and may go untreated until serious problems develop. The incidence of STDs among adolescent and young adult women in the United States is rising dramatically, in part because young women and men have become sexually active earlier and are more likely to have multiple sex partners. Chlamydia, the most common treatable STD in the United States, affects an estimated 2.4 million women each year. Gonorrhea affects an estimated 400,000 women each year. Syphilis has increased significantly among women over the past decade; in 1991, nearly 20,000 cases of syphilis occurred among women, 85 percent of whom were black.

HIV/AIDS

HIV infection/AIDS is a rapidly growing problem among women. It is now the leading cause of death in women of reproductive age in several major U.S. cities. Women now comprise the fastest growing group of AIDS patients; the proportion of women reported to have AIDS rose faster in women than in men between 1991 and 1992. Approximately 75 percent of women with AIDS are black or Hispanic. In 1992, for the first time, more women were infected with HIV through heterosexual contact than through intravenous drug use. There are gender differences in the course of the illness and in treatment and prevention strategies.

Environmental Health

Human diseases and environmental problems are intertwined. Adverse environmental conditions range from water, air, and soil pollution and contamination through occupational and workplace hazards, such as exposure to lead, chemicals, pesticides, tobacco smoke, and continuous noise. They also include home, family, and community environmental factors that encompass a

spectrum—from radon, lead-based paints, electromagnetic fields, food, and cosmetics, through heatstroke and hypothermia, to violence and accidents. How environmental mechanisms disrupt women's endocrine, reproductive, and immune systems and how they cause specific diseases such as cancer, lupus, endometriosis, and osteoporosis are only beginning to be documented. Research has already determined that respiratory diseases, such as asthma, are triggered by environmental factors. Chronic obstructive pulmonary diseases are in the top half of the 10 leading causes of death among American women of all ages.

Chronic Disabling Conditions

In part because they live longer than men, women are more likely to be affected by chronic disabling conditions such as diabetes, osteoporosis, osteoarthritis, obesity, hip fractures, urinary incontinence, and Alzheimer's disease. These conditions not only limit function but over time may be life-threatening; diabetes mellitus, for example, is among the top 10 leading causes of death for all women aged 25 and over. Each of these disorders is characterized by a long trajectory of increasing impairment that may be physical or mental. Chronic illnesses have an untoward impact not only upon the person experiencing them, but also upon family and other informal caregivers. More research is needed on whether there are specific gender-related factors that contribute to the increased incidence of these illnesses in women.

Disease Prevention/Health Promotion

Most of the health care burden in the United States is due to chronic illness, more than half of which is caused by lifestyle and behavioral factors. Seventy percent of premature deaths in the United States are preventable through modification of lifestyle behaviors including diet, exercise, substance abuse, and use of tobacco. The development of effective behavior change strategies and health promotion programs is critical to improving the quality and length of life for American women.

Special Populations

Minority Women

Despite the social, economic, and cultural diversity among minority women, many women of color continue to suffer disproportionately from premature death, disease, and disabilities. For example, minority women on average have lower life expectancies; greater prevalence of chronic illnesses such as cardiovascular disease, certain types of cancer, and diabetes; and higher maternal and infant mortality rates than do white women. Although the incidence of breast cancer is lower for black women, the death rate from this disease is higher. Socioeconomic disadvantages appear to contribute to the greater frequency and severity of illness among minority women as the result of limited access to quality health care, lower utilization rates for many preventive health services, and poorer health status when compared with other groups of women. Homicide and HIV/AIDS are rapid-

ly growing problems among black and Hispanic young adult women in the United States. In 1991, the age-adjusted HIV infection rate was nine times greater for black women than for white women; the homicide rate was nearly five times greater.

Adolescent Women

Adolescence represents a time during which women make important choices about lifestyle behaviors—including diet; physical activity; use of tobacco, alcohol, and other drugs; and sexual activity—all of which affect their health and well-being throughout adulthood. A number of health-related conditions—eating disorders, violence, unintended pregnancy, HIV/AIDS, and other STDs—often compromise the quality of life of women during this life stage. There is growing evidence that the socialization of many young girls predisposes them to low self-esteem, which in turn influences the development of depression, addictive behaviors, and other mental disorders. Adolescence also is a time when the negative impact of sexual and physical abuse begins to take its toll.

Older Women

Although women live an average of 7 years longer than men, they experience higher rates of poverty and suffer more chronic disorders and disabilities than do men. Older women are less likely than older men to have health insurance policies that supplement Medicare expenses; they have fewer resources that must extend over a longer lifespan. Although coronary heart disease is the leading cause of death among American women, evidence shows that women receive less intensive cardiac assessments and treatments than do men. Given their heightened risk of developing arthritis, osteoporosis, Alzheimer's disease, hip fractures, urinary incontinence, and other chronic disabilities, preserving the functional independence of older women is especially challenging.

Actions by the Department of Health and Human Services

As part of its overall mission to promote and protect the Nation's health and to provide essential human services, HHS is pursuing a comprehensive agenda for women's health. Through its agencies and offices, and in coordination with other Government agencies and national and international organizations, HHS is promoting the health of women across the lifespan, empowering women to make informed choices about their health, and translating policy decisions into effective women's health programs.

Crosscutting Priorities

Health Care Service Delivery

The availability of health care service for all women regardless of health, marital, or employment status or ability to pay is essential to the improved health of women. Discriminatory insurance practices, such as lifetime coverage caps and exclusion from insurance coverage because of preexisting conditions, must be ended. Women in this country need health insurance that provides them with a comprehensive package of bene-

fits, including clinical preventive services, reproductive health and family planning services, inpatient and outpatient services, and diagnostic and treatment services for mental and addictive disorders. In addition, school-based health education, long-term care, and work- and community-based health programs must be provided to improve the health of women.

National Action Plan on Breast Cancer

In December 1993, HHS Secretary Donna E. Shalala convened a national conference on breast cancer to develop a comprehensive plan to eradicate breast cancer. The outcome of this conference—the National Action Plan on Breast Cancer (NAPBC)—is a major public-private partnership between the DHHS and consumers, health care professionals, government representatives, scientific organizations, the Congress, private industry, and the media designed to combat breast cancer and promote breast health. The Deputy Assistant Secretary for Women's Health, Susan J. Blumenthal, M.D., M.P.A., and Frances Visco, President of the National Breast Cancer Coalition, serve as co-chairs of the NAPBC, and the PHS Office on Women's Health coordinates Plan implementation. The Action Plan has identified 6 high priority action areas of activity: (1) facilitating communication among scientists, consumers and health care professionals and enhance information disseminations; (2) establishing biological resources banks to enhance research capacity; (3) ensuring consumer involvement at all levels of development of health programs and research relating to breast cancer; (4) expanding the scope and breadth of biomedical, behavioral and epidemiological research activities related to the etiology of breast cancer; (5) broadening the opportunities for women to participate in breast cancer clinical trials; and (6) implementing a comprehensive plan to address the health needs and ethical, legal, and policy issues related to the breast cancer susceptibility genes. A grant program is ongoing to support new innovative projects in these areas.

PHS Programs

The following PHS offices and agencies are involved in activities related to women's health.

Coordination of Women's Health Activities

As described earlier, the **Office on Women's Health**, within the Office of the Assistant Secretary for Health, advances and coordinates a comprehensive women's health agenda across PHS, including the National Institutes of Health (NIH), Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), Health Resources and Services Administration (HRSA), Agency for Health Care Policy and Research (AHCPR), Substance Abuse and Mental Health Services Administration (SAMHSA), and the Indian Health Service (IHS), as well as across other PHS offices and the regions.

The PHS Office on Women's Health has established the following goals, which provide a framework for the Department's efforts in women's health:

- To support comprehensive, community-based health promotion/disease prevention programs for women.

- To promote access to a full range of gender-appropriate, culturally sensitive health care services for women of all ages across racial, ethnic, and sexual orientation backgrounds and socio-economic and educational levels.

- To strengthen and sustain research on diseases, disorders, and conditions affecting women and on methods to improve access to and quality and effectiveness of health services for women.

- To educate and inform women about relevant health issues and activities.

- To support health professional training in the diagnosis and management of women's health conditions.

- To promote the appointment of women to departmental, national, and international leadership positions in the health professions and in scientific careers.

Among the steps taken to achieve these goals was the appointment of the country's first **PHS Deputy Assistant Secretary for Women's Health** at HHS, who, through the Office on Women's Health, provides leadership and direction for the women's health agenda. The 1990 establishment of the Office of Research on Women's Health at the NIH, the Office for Women's Services (1992) at SAMHSA, the CDC Office of Women's Health (1994), and the FDA Office of Women's Health (1994), coupled with the appointment of women's health coordinators within other PHS agencies, indicates the increased attention to the specialized needs of women.

Among the activities being undertaken by the PHS Office on Women's Health are coordination of the implementation of the National Action Plan on Breast Cancer; revitalization of the PHS Coordinating Committee on Women's Health Issues; development of a women's health curriculum for health care professional training programs; establishment of a Federal Coordinating Committee on Women's Health and the Environment; promotion and coordination of violence prevention activities for women; a public/private initiative on eating disorders; an initiative on promoting health behavior in young women; programs on minority women's health; programs to foster the recruitment, retention, and promotion of women in scientific careers and the health professions; strengthening women's health activities and focus in the PHS regions, States, and communities; and development of an information clearinghouse on women's health.

Agencies

- **The Agency for Health Care Policy and Research** enhances the quality, appropriateness, and effectiveness of health care services for women through health services research (maternal-infant health, hysterectomy, breast and cervical cancer screening, etc.) and through the development of informative materials for

health care professionals and consumers (cancer-related pain, depression, early HIV infection, mammography, urinary incontinence, etc.).

- The **Centers for Disease Control and Prevention** supports numerous health promotion, disease prevention, and environmental health programs for women. The newly established **Office of Women's Health** coordinates activities across the agency. CDC has identified seven specific priority areas: breast and cervical cancer, HIV/AIDS, other sexually transmitted diseases, tobacco use, injury and violence, reproductive health, and health of women in later years.

- The **Food and Drug Administration** protects the Nation's health by ensuring that food is safe and wholesome and that human and animal drugs, cosmetics, biological products, therapeutic devices, and radiological and diagnostic products are safe and effective. FDA focuses on such issues as participation of women in clinical trials for drugs and biological products, the safety of breast implants, the need for contraceptive products that protect against sexually transmitted diseases including AIDS, and the prevention of neural tube defects through increasing women's folic acid intake. FDA is implementing the Mammography Quality Standards Act, which ensures the availability of and access to quality mammograms. FDA also distributes consumer information on women's health issues.

- The **Health Resources and Services Administration** provides leadership in ensuring support and delivery of primary and preventive health services to underserved populations and development of health resources to meet the health needs of the Nation. HRSA helps underserved and minority women through health education projects and health care provider training and by increasing access to primary and preventive health care for women at Community and Migrant Health Centers. Prevention of HIV/AIDS among minority women is a key focus of the Training of Trainers Program, Early Intervention Strategies under the Ryan White CARE Act, and Advanced Nursing Education Grants.

- The **Indian Health Service** provides health care services and assistance to American Indian and Alaskan Native women in such areas as reproductive health, cancer, diabetes, maternal-infant health, and substance abuse. Pap smear registries, including a tracking system, and screening mammography services have been made available in all IHS areas.

- The **Substance Abuse and Mental Health Services Administration's Office for Women's Services** identifies the need for women's substance abuse and mental health services, recommends policy, and promotes collaboration among the three SAMHSA centers that focus respectively on mental health services, substance abuse prevention, and substance abuse treatment. In particular,

SAMHSA works to ensure that the needs of minority women are addressed. It has identified six priority issue areas for women: physical/sexual abuse, women as mothers/caretakers, HIV/AIDS, aging women, women in the criminal justice system, and multiple diagnosis–multiple mental health and substance abuse problems.

- The **National Institutes of Health** provides leadership and support for biomedical and behavioral research on women's health. Accordingly, each Institute shapes its programs and focuses its research on areas within its mandate that are of particular importance to women's health.

  The **Office of Research on Women's Health** (ORWH) works to strengthen research on health conditions affecting women, to ensure that research conducted and supported by NIH Institutes addresses women's health issues, to ensure that women are represented in NIH-supported biomedical and behavioral studies, and to develop opportunities for the recruitment and advancement of women in biomedical careers. By providing supplements to ongoing research grants, the ORWH helps investigators address aspects of the diseases, disorders, or conditions, identified in *Opportunities for Research in Women's Health*, that represented gaps in knowledge.

  The **NIH Women's Health Initiative**, carried out in more than 50 centers across the country, is the largest prevention-oriented clinical trial for women in U.S. history. It focuses on diseases that are major causes of death and disability among women—heart disease, cancer, and osteoporosis. This multiyear initiative attempts to redress the vast inequities that have existed in research on older women and seeks to provide practical information to women and their physicians about the effectiveness of hormone replacement therapy, dietary patterns, and calcium supplements.

Summary

The programs and activities in women's health of the PHS Office on Women's Health, joined with initiatives across the agencies of PHS, are providing a solid foundation from which to implement meaningful policies and programs in numerous areas, including community-based prevention and treatment programs, research on women's health issues and services, education and information dissemination, professional training in women's health issues, and the advancement of women in the health professions and in research careers. Through a combination of leadership, creativity, and determination, HHS is working to realize a healthier future for all women in the United States.

For Further Information...

Office on Women's Health
U.S. Public Health Service
Department of Health and Human Services
200 Independence Avenue, SW, Room 730B
Washington, DC 20201
Phone (202) 690-7650; Fax (202) 690-7172

7TH STORY of Level 1 printed in FULL format.

The Washington Post

March 01, 1996, Friday, Final Edition

SECTION: A SECTION; Pg. A02

LENGTH: 783 words

HEADLINE: 'Breast Cancer Gene' May Be Useful in Treating the Disease; Its Protein Slows Formation, Growth of Tumors in Lab

BYLINE: David Brown, Washington Post Staff Writer

BODY:

Recent experiments with the "breast cancer gene" discovered 18 months ago suggest that the normal version of the gene may theoretically be useful as a treatment for the disease.

The gene, named BRCA1, produces a protein that slows both the formation and growth of breast tumors in laboratory animals. Equally important, the protein appears to do its work outside, rather than inside, cancer cells -- a fact that greatly enhances its potential usefulness as a drug.

Abnormal versions of BRCA1 originally were found in families containing large numbers of women with breast cancer and, less frequently, ovarian cancer. Although these women account for only 3 percent of the 184,000 new cases of breast cancer diagnosed each year, researchers hoped that studying them would shed light on the far more common "non-familial" form of the disease.

Two papers published today in the journal Nature Genetics suggest this hope is being borne out.

Virtually all genes are inherited in pairs, one from the mother and one from the father. Many women with "familial" breast cancer appear to inherit one abnormal copy of BRCA1 and one normal one. Some women subsequently lose the function of the normal BRCA1 gene in a breast cell. The risk of cancer in women whose breasts contain such cells is very high.

As with many "disease genes," however, the normal purpose and function of BRCA1 remain unknown. The new experiments, performed by Jeffrey T. Holt and Roy A. Jensen, of Vanderbilt University School of Medicine, Mary-Claire King, of the University of Washington, and several colleagues, hint at that function.

Almost every gene carries the instructions for the manufacture of a single protein. A protein is a molecule composed of substances called amino acids that are linked together in a chain. A segment of BRCA1's chain is identical to a segment found in "granins." These are a family of proteins stored in microscopic granules inside a cell, and subsequently secreted into the watery environment around the cell. There, they are believed to function as signals or messengers.

The researchers found a protein that appears to be BRCA1 attached to

membranes in breast cells -- the site where secreted proteins are found. They collected it from fluid bathing breast cells grown in culture. Using an electron microscope, they even photographed a cell in the act of releasing several "labeled" molecules of the protein.

All three findings strongly suggested the BRCA1 protein, while manufactured inside the cell, does its work outside it.

Then the researchers looked for what that work might be. They injected a virus carrying the BRCA1 gene into mice with breast tumors. Some of the injected genes were taken up by the cancer cells, restoring the BRCA1 function that the cells had lost. Mice getting such treatments survived three times longer than animals that hadn't gotten them.

In a similar study, cancer-prone mice were injected with cancer cells, and some also with the BRCA1-carrying virus. Those getting the BRCA1 treatment developed tumors much more slowly than those that hadn't gotten it.

Together, the experiments suggest that the BRCA1 protein suppresses tumor growth -- although it doesn't destroy tumors and may not prevent them completely. And it somehow does this outside the cell.

This latter detail is important. It is much easier to deliver drugs to the outside of cells than to their interiors. The BRCA1 protein's site of action makes it -- in principle, at least -- a potential drug. However, it has not been tried as a drug and almost certainly won't be for years.

The Holt-Jensen-King team also showed that production of BRCA1 is stimulated by estrogen, the main female hormone. Bloodstream concentrations of estrogen rise during pregnancy and lactation. Women who have had children are at lower risk of developing breast cancer than women who haven't. Holt, Jensen and King speculate that estrogen's protective effect may be operating through BRCA1.

Having one abnormal copy of the BRCA1 gene appears to be more common among Jews, especially those of Eastern European ancestry, than among other women. The precise magnitude of the risk of breast cancer in carriers of an abnormal gene is unknown.

The National Cancer Institute recently began soliciting blood samples from Jews in the Washington area in order to estimate the frequency of breast cancer (and ovarian cancer) in the relatives of people carrying the mutant gene. People in the study must have their fingers pricked and must fill out a questionnaire. The study, which seeks 5,000 volunteers, is being conducted at 14 sites. Those wanting to participate should call 301-251-4272.

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FIRST LADY HILLARY RODHAM CLINTON
WOMEN'S HEALTH BRIEFING
THE WHITE HOUSE
JUNE 17, 1996

TALKING POINTS

[Acknowledgments: Phyllis Greenberger, Executive Director, Society for the Advancement for Women's Health Research; *Journal for Women's Health*]

- I'm delighted to have this opportunity to thank all of you your hard work and dedication on behalf of women's health and women's health research. I'd like to applaud those of you who are out there every day supporting women's health and women's health research and for taking the time to learn more about what is going on and applying it to your own practices. And thanks also to those of you who have been tireless in getting the message out and for focusing the attention of the medical and scientific establishment -- as well as government -- on these issues.

- From the very beginning of this Administration, the Society for the Advancement of Women's Health Research has been a constant source of support for health care reform, investing in medical research, and more recently, supporting the Kassebaum-Kennedy bill.

- We have made great strides in the health and well being of women, and much of the credit for what we have acheived goes to you. Achievements such as the recent discovery of the BRAC gene, or advancements in the understanding of osteoporosis.

- But we still have a long way to go before we can say that women's health is given the attention it deserves in the American health care system. We still need more research and a greater understanding of health concerns that are specific to women. We need to focus more resources and attention to prevention, diagnosis and treatment of afflictions that predominantly affect women.

- In the past few years, we have made a greater commitment to women's health. Increasing attention and funding for women's diseases has been a priority of the President's since he took office. From increased funding for NIH for women's health research to new guidelines to ensure that women are included in clinical research trials to the National Action Plan on Breast Cancer, more and more energy, intellect and resources are being devoted to the health and well-being of women.

- Unfortunately, many of these gains are at risk because of competing priorities as the President and Congress work to balance the budget. But the President believes there is a right way and a wrong way to balance the budget. We must continue to invest in education and training for medical research and fight to achieve parity for women's health research -- not just because of the medical and economic pay-offs, but because it is the right thing to do.

- This kind of investment is not just essential for women -- it is just as important for the children, husbands and parents they care for, the employers they work for and the communities they donate their time to. Women must not be given short shrift....

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- But it's not solely a matter of greater resources and expertise. We also need to make better use of the resources that are already available. This past year I had the privilege to participate in a nationwide campaign to make women aware of the mammogram benefit under Medicare.