Turn on a television during the evening newscast and there’s a good chance of catching a drug advertisement about osteoporosis. Academy Award-winning actress Sally Field, the former Flying Nun, now 60, is the public face of a campaign promoting a new drug to prevent bone density loss, which affects four times as many women as men.

But behind the scenes is a bigger drama: a shift in the funding of women’s health research during the past 15 years that is yielding concrete benefits in people’s lives. Not only has a treatment for osteoporosis emerged, but better diagnoses for heart disease and ovarian cancer and a reduction in breast cancer cases also have emerged. At the same time, these advances point the direction for more strides in the future.

Women lawyers were pivotal in legal changes that altered inequities in health research, and as members of a stressful profession that places extra strains on health, they reap particular benefits, as well. In addition, women lawyers are critical to helping others pierce tangles of confusing information about health care treatment and making well-founded decisions in their lives.

**Shifts in Research**

At the epicenter of change in health care research is the Office of Research on Women’s Health (ORWH), established in the early 1990s as a division within the Office of the Director of the National Institutes of Health (NIH). ORWH opened after women members of Congress and advocates demanded improvements in the dismal number of women included in clinical trials and the low level of funds devoted to women’s medical concerns.

NIH is the leading funder of medical research in the nation, with a budget of $27 billion annually. The ORWH works to strengthen research on women’s health and ensure that studies supported by government funds include women as subjects, according to Lisa Begg, ORWH director of research programs. In its most recent biannual review of research, a 584-page report covering the years 2003–2004, ORWH states that an average 13.1 percent of the annual NIH research budget was spent on women’s health, compared with 5.8 percent on men’s health. The 2005–2006 report will be released in October, and it paints a very similar picture, according to ORWH spokesperson Marsha Love. Researchers are required to include women in Phase III clinical trials, which come at the later stages of research, in sufficient numbers to allow a valid analysis of data.

“That reflects a tremendous expansion of research related to women’s health and a tremendous advance in sex and gender studies,” Begg says. “It’s not as visible to the average man and woman, but it is evident to researchers. And it’s impacting clinical care.”

This shift in research is a real victory for social change, according to Cindy Pearson, executive director of the National Women’s Health Network, a watchdog and advocacy group in Washington, D.C. Pearson credits the feminist health movement and women members of Congress, who first demanded a study on medical research expenditures in the late 1980s and showed substantial discrepancies. Women were missing from clinical trials and were only 5 percent of the budget. “The federal government was called on the carpet. They were asked: ‘Why, why, why, why?’ And it exploded. Now we are feeling the effects,” Pearson says.

Concrete results are steadily appearing. For example, NIH-sponsored research determined that heart attacks in men, identified by crushing pain, present differently in women, who report fatigue and nausea. As a result, doctors are changing their...
practices, Begg says. Studies showing gender differences in drug addiction have resulted in modifications in intervention programs. New research on post-menopausal hormone replacement drugs, indicating significant drawbacks, caused a 25 percent reduction in their use and a decline in new cases of breast cancer, quite likely related.

The office took testimony across the country, jumpstarted a dozen multidisciplinary research groups at universities on women’s health care, contacted centers of excellence, and advocated for women to enter science.

**Complex Health Care Needs**

But more needs to be done to tackle some of the most intractable problems in women’s health, including breast and ovarian cancer. Many health advocates have redefined research needs and, some say, it’s not just about the money. What’s important, advocates say, is identifying the best approach to addressing women’s health in a time when individualized health care is becoming paramount. For many, that is defined in a revised concept: studying “sex differences.”

“I think it’s fair to say that attention to women’s needs is better than it was in that we have more information,” says Usha Ranji, senior policy analyst on women’s health policy for the Kaiser Family Foundation in Menlo Park, California. “We have made some progress on the clinical side. But there is still plenty of room to go.”

Women’s health care needs are particularly complex, Ranji says. Women have reproductive health care needs that men, quite naturally, do not encounter. Women live longer than men and suffer more chronic conditions and autoimmune diseases such as lupus. Women are also the largest users of the health care system, choosing medical care not only for themselves, but also for elderly parents and children. These facts require more understanding about women’s touch points to medical care. Women even access their health care differently, often choosing obstetrician/gynecologists as primary care physicians. Race, ethnicity, and income result in additional disparities that are poorly understood and addressed, Ranji says.

The Society for Women’s Health Research, an advocacy association in Washington, D.C., has led the way in calling for a shift in thinking about research altogether, away from a focus on dollars spent on “women’s health” to a focus on sex differences. “To get away from the argument it’s ‘us versus them’ or ‘women versus men’ and who’s winning—which is silly—we want to focus on what’s different between women and men. What’s different in biology and different in epidemiology? And what can we do to better tailor health research?” says Sherry A. Marts, vice president of scientific affairs at the society.

Two years ago, the society launched the Organization for the Study of Sex Differences (OSSD). In May 2007, OSSD held its first annual conference in Washington, D.C. The organization wants research data to look at variable effects of treatment on men and women, for example, in symptoms, treatments, prescription doses, and the likelihood of side effects.

Marts recalls a toxicology conference she attended where one scientist talked about a study from 1963 on animals, in which the males showed different responses than the females. “They said, ‘That’s too confusing, so we’ll just use one sex—male. Those pesky hormones will get in the way.’ Well, if you think hormone cycles are going to have an impact, don’t you want to know?” Marts says. She points out that the mandate to NIH only requires that women be included in later stage trials, but that dosing studies are conducted early in the research cycle.

NIH research tends to focus on basic research and causes of conditions, says Diana Zuckerman, president of the National Research Center for Women & Families in Washington, D.C., who has worked extensively in health care policy. But gaps occur after drug treatments are developed, especially in comparing one treatment to another.

“A lot of advertising can go into a new drug when an old drug is just as effective. Wouldn’t it be better to have a comparison?” Zuckerman says. The Food and Drug Administration (FDA), which approves pharmaceutical products, does not offer comparisons, and the only agency that does—the federal government’s tiny Agency for Healthcare Research and Quality—does not have the resources to manage the flow, Zuckerman says.

Translational research, applying new understandings from studies to practice, is also sorely needed to improve women’s health care, Zuckerman says. “Take the area of breast cancer. A lot of women are getting mastectomies that they don’t need. It’s not because we don’t know that lumpectomies with radiation [can be as effective as mastectomies] for a large number of women,” Zuckerman says. Although 200,000 women are diagnosed with breast cancer each year, and 40,000 die of it, only outdated studies compare mastectomies to lumpectomies and when and whether women are get-

(Continued on page 14)

Learn more about women’s health care initiatives

The Office of Research on Women’s Health places reports on its Web site:

ORWH sponsors two public Web sites that give health care information:
www.forwomen.gov
www.girlshealth.gov.
JUGGLING ACT
(Continued from page 11)

before Congress passed the 1993
Family and Medical Leave Act,
Shirley Higuchi, who was practicing
corporate law at the time, became
pregnant with her first child. There
was no parental leave policy in effect
at her workplace, so she ended up
authoring a policy that permitted
leave-takers, like her, three straight
months off.

“I found it really difficult,” says
Higuchi, noting that she lost all
client contact during that period and
decided it was too long for her to be
out of the loop. “I feel that for a per-
son taking parental leave who is
planning to come back, it’s in their
best interests to find a structure that
keeps them plugged into the office.”

Several years later, after she’d
moved on to the American
Psychological Association, where she
heads its office of legal and regulato-
ry affairs, Higuchi became pregnant
with her second child. Again she was
asked to create the association’s formal
leave policy. This time she created a
flexible policy that allows employees
to transition back to work on a part-
time basis, similar to what she
encouraged her association colleague
Maureen Testoni to do last year.

Higuchi believes that some
employers get too nervous about fami-
ly leaves. “I look at it differently,” she
says, describing the positive changes in
lawyers returning from family leaves,
including improved organizational
and communication skills. “They
become more realistic in terms of
dealing with real-life issues,” she says.
“They become better lawyers.”

REAL SOCIAL CHANGE
(Continued from page 9)

ting appropriate care.” “We need more
research on treatment options and
how to get the information out,”
Zuckerman says.

Closing Other Gaps

The American Medical Women’s
Association (AMWA) sees other gaps
in women’s health care. AMWA presi-
dent-elect Claudia Morrissey, M.D.,
contends that reproductive health ser-
vice is being short-changed and are
in peril. Ensuring access is one of her
top priorities. Other members of
AMWA are pursuing formal recogni-
tion of a subspecialty in women’s
health care, she says.

Morrissey is also committed to
advancing women into leadership
positions in medicine, which she sees
as central to achieving overall gains in
women’s health care. “It’s always been
women who have pushed for the
notion that women-centered health is
important,” she says. “Women are
always the ones who pushed the enve-
lope.” Yet, when it comes to major
government grants, women are still
not the principal investigators, she
notes.

There are other worrying signs
that, without active engagement,
women’s progress may slow or stop.

Reports in February 2007 indi-
cated that the Bush administration
planned to withhold more than one-
quarter of the already-low $4 million
budget of the FDA Office of
Maloney (D–NY) responded with
the Women’s Health Office Act (HR
1072) to make five federal women’s
health offices permanent.

“We while it has now been estab-
lished that diseases affect men and
women differently, we have been left
with a dearth of information on
women’s health needs,” Maloney says.
“Unfortunately, this is not a problem
of the past. The fact that our offices of
women’s health have not been prop-
erly funded demonstrates a reluctance
to make women’s health a priority.”

In June, Rep. Rosa DeLauro
(D–CT) introduced the FDA
Scientific Fairness for Women Act
(HR 2503) to elevate the work of
women’s research at the FDA and
require scientific studies on
emergency contraception and silicone
breast implants.

Educated women consumers will
be the real linchpins in advances for
women’s health during the next 15
years, according to the National
Women’s Health Network. Pearson,
the organization’s executive director,
cites women lawyers as an example.
“Lawyers are information seekers, and
we need information seekers involved
in the health care system who will
look at information, absorb it, and
share only high-quality information
with friends,” she says.

“The job’s not done,” ORWH’s
Begg admits. Difficult challenges
remain in reducing incidents of ovar-
ian and breast cancer, lupus, and more.
Advocates for women are determined
to keep watching and pushing. “It’s
going to take more research and more
time,” Begg says. “And we’ll keep
working away.”

Cynthia L. Cooper is an independent jour-
nalist in New York with a background as a
lawyer.

New Study on Women Lawyers and
Obstacles to Leadership

A 2007 survey on comparative career decisions and attrition rates of
women and men in Massachusetts law firms can be found at:
Read a brief article about the MIT study on page 15 of this issue.

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