



SOCIETY FOR
WOMEN'S HEALTH RESEARCH

August 31, 2007

Dear [Candidate Name],

As the 2008 presidential election primaries approach, the Society for Women's Health Research, the nation's only non-profit organization whose mission is to improve the health of all women through research, education and advocacy, would like to offer your campaign an opportunity to share with voters your view on issues critical to women's health research.

Founded in 1990, the Society brought to national attention the need for the appropriate inclusion of women in major medical research studies and the need for more information about all medical conditions affecting women. The Society advocates for increased funding for research on women's health and the study of sex differences; promotes the inclusion of women in medical research studies; and informs women, providers, policy makers and media about contemporary women's health issues.

The Society works closely with the scientific and research communities to implement its goals through broad based partnerships, alliances, and coalitions. The Society's Health, Medicine, and Research (HMR) Partners, a multidisciplinary group of medical health specialty organizations and scientific and research organizations representing hundreds of thousands of people throughout the country, assists in developing the Society's scientific, public policy, and public and professional education programs. The Clinical Trials Alliance, a coalition of approximately 100 organizations, universities, and companies, partners with the Society to help educate women on the importance of medical research. The Society's Women's Health Research Coalition (WHRC), an advocacy network of more than 650 leaders at academic medical, health and scientific institutions and other supportive organizations, actively works with our public policy department to encourage coordination and funding for women's health research.

Please respond to each question and/or provide a policy statement on each issue. The Society will post your responses online on a Web site (www.votewomenshealth.org) dedicated to this effort to inform the public. We will also conduct extensive media outreach to raise awareness of the site and the candidate responses.

Your responses will further be shared with the Society's HMR Partners, Corporate Advisory Council, Clinical Trials Alliance, and Women's Health Research Coalition members, and we will establish links with the web sites of other major advocacy organizations to www.votewomenshealth.org to further spread each candidate responses. Your answers will thus reach a broad audience.

We respectfully request your response by **Monday, October 1, 2007**. Candidates who do not reply to our questionnaire will be listed on the Web site as “not responding.”

1. Funding for Health Research at the National Institutes of Health

Background: Between 1998 and 2003, Congress doubled the budget of the National Institutes of Health (NIH) from approximately \$13 billion to approximately \$27 billion. This increased support led to tremendous scientific advances. Taking inflation into account, however, NIH appropriations have decreased since 2003. As a result, NIH likely will be forced to curtail ongoing and new research in 2008, putting the breaks on scientific advances in critical areas.

Reduced research funding for NIH will have a particularly negative effect on women as we are just now making breakthroughs in understanding how women are affected differently than men in a wide range of health areas.

Women have a right to know how conditions such as heart disease, cancer, autoimmunity and mental health disorders affect them differently than men, as confirmed by the 2001 Institute of Medicine (IOM) report “Exploring the Biological Contributions to Human Health: Does Sex Matter?”, which validated the need for studying sex differences “in all areas and at all levels of biomedical and health-related research.”

Q: What will be your administration’s approach to funding NIH? Will your administration work to ensure that there is (a) increased funding for research in all areas of women’s health and (b) continued expansion of research on biological sex differences in health throughout the federal agencies? If so, how?

2. Women’s Health Office Act

Background: The permanent authorization of existing offices of women’s health throughout the Department of Health and Human Services is crucial to the continuing support, development and coordination of research on women’s health throughout the federal government. This authorization requires no additional funding and ensures that the critical services these offices provide to women will continue, as well as efforts to further research into women’s health.

The Women’s Health Office Act (WHOA) is a bill to permanently authorize existing offices, advisors, and positions of women’s health in the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Agency for Healthcare Research and Quality (AHRQ), the National Institutes of Health (NIH), and the Department of Health and Human Services (HHS). The bill was reintroduced in February 2007 in the Senate and House (S. 612 and H.R. 1072). Without enactment of this bill, these important offices risk being eliminated, under-funded, or understaffed as nearly occurred earlier this year for the FDA’s Office of Women’s Health’s budget for FY 2007.

Q: What will be your administration’s position on providing permanent authorization for existing offices of women’s health throughout the Department of Health and Human Services (HHS)? Will you sign into law the Women’s Health Office Act, ensuring that these offices cannot be underfunded or eliminated in the future?

3. Translating Health Research into Practice

Background: Because women were excluded from most major medical research studies before the 1990s, there remains a knowledge gap about health conditions that are unique to women or affect women differently than men. Advances in research are occurring more rapidly than ever and our knowledge of women’s health and sex differences in health is expanding quickly. However, it can take years, sometimes decades, for research to become a routine part of physician clinical practice and standard

patient care. A 2005 survey, for example, found that less than one in five physicians (eight percent of primary care physicians, 13 percent of obstetricians and gynecologists, and 17 percent of cardiologists) recognized the fact that more women die of heart disease than men each year.

The Agency for Healthcare Research and Quality (AHRQ) has developed several initiatives focused on how to implement successful translation of research into practice. The programs are intended to help accelerate the impact of health services research on direct patient care and to improve the outcomes, quality, effectiveness, efficiency, or cost effectiveness of care through partnerships between health care organizations and researchers. Furthermore, increased demands for accountability in health care, including reporting of clinical performance using standardized quality measures, have created further urgency to improvement. Unfortunately, funding for AHRQ has been on the decline for years, directly impacting the success of these programs.

Q: Will your administration help address historical inequities in health care for women (such as heart disease, cancer, autoimmunity and mental health) that are compounded by the difficulties of translating research into practice by supporting increased funding in your budget to AHRQ to carry out its programs in this area? What other efforts would you propose?

4. Increased Funding for FDA

Background: The U.S. Food and Drug Administration (FDA) is responsible for promoting and protecting public health by ensuring consumers have access to safe and effective therapies, foods, and medical devices. The FDA oversees products accounting for 25 cents of every dollar spent by consumers in the U.S. The agency does not have the resources it needs to adequately perform its vital public health functions, including the ability to efficiently gather post-market reports on the adverse effects of treatments.

FDA funds for inspections and post-market surveillance actually have decreased over the past several years. The FDA is still using a manual paper system to gather much of its information about how drugs work once they are available to the public and data often gets stuck in computer systems that do not communicate well with each other. This hampers the agency's ability to conduct research, including analysis for sex and gender differences, which is critical to understanding if a treatment affects women and men differently.

Q: What will be your administration's approach to the funding of FDA? Will your administration ensure that there is increased funding for the FDA with an emphasis on modernizing information technology throughout the agency to ensure appropriate tracking of data on food and drugs, which will also enable the agency to conduct sound research and analysis? If so, how?

5. Post Traumatic Stress Disorder (PTSD) in Returning Veterans

Background: Studies show that post traumatic stress disorder (PTSD) is twice as prevalent in women as in men in the general population. Preliminary findings suggest that PTSD will be present in 20-33 percent of the soldiers, guardsmen, reservists, and contractors serving in Iraq and Afghanistan.

Currently, about 15 percent of all military personnel in Iraq and Afghanistan are women. Although men are more likely to experience combat, a growing number of women are now involved in combat. Women in the military are also at substantially higher risk for sexual harassment or sexual assault than their male counterparts, conditions which can independently lead to PTSD.

From recent congressional hearings and testimony, it is apparent that the DoD is not adequately addressing PTSD for returning Iraq and Afghanistan veterans. As you may know, the House and Senate have introduced the Mental Health Care for Our Wounded Warriors Act (S.1196 and H.R. 2612). This act instructs the Department of Defense (DoD) to create centers of excellence for research and treatment of

PTSD and other mental health disorders present in veterans and their families, including a focus on the unique needs of women and ethnic minorities.

Q: Will you support the Mental Health Care for Our Wounded Warriors Act and will you ensure proper funding through your administration's budget proposal? How will you instruct the DoD, VA, and NIH to further enhance its PTSD research, particularly to address the different needs of male and female veterans coping with this disease?"

Thank you for taking the time to participate. Please return responses to Leslie Stevens at leslie@womenshealthresearch.org.

If you would like additional information on the issues mentioned above or on other topics pertaining to women's health research, please feel free to contact Leslie via email or by phone at 202-496-5003, or Alicia Yass at Alicia@womenshealthresearch.org or at 202-496-5014, or visit our Web site at www.womenshealthresearch.org.

Sincerely,



Phyllis Greenberger, MSW
President and CEO



Martha Nolan
Vice President of Public Policy