

# **WOMEN’S HEALTH POLICY RECOMMENDATIONS TO THE OBAMA ADMINISTRATION**

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## **A WOMAN'S HEALTH ACROSS HER LIFESPAN: POLICIES TO IMPROVE WOMEN'S HEALTH**

We call on President Obama to provide leadership to improve the health of women across our nation. By ensuring access to quality, affordable and comprehensive health care coverage, the new Administration will dramatically improve women's life chances. To improve women's health across the lifespan also requires supporting increased research on sex and gender differences in our health conditions, through expanding access to preventive care and health care services, and increasing awareness on critical health issues.

Women's health ranges from women-specific conditions such as pregnancy and reproductive cancers, to promoting good health in girls, preventing disease through a healthy diet and fitness, and assuring quality care for elderly women and the disabled. In between, women face health concerns such as increased risks of autoimmune disorders, such as lupus and fibromyalgia; reproductive needs such as family planning services, maternity care, and diagnosis and treatment of conditions such as endometriosis and fibroids. Women and girls face the real risk of domestic violence and sexual assault, and as well as the risk of HIV/AIDS and other sexually transmitted infections. Women suffer from an increased risk of depression and eating disorders, and other mental health conditions, often without appropriate diagnosis or treatment. Those women who serve in the military and those who are veterans deserve the highest quality health care. As women reach menopause and our older years, the continued prevention and the appropriate diagnosis and treatment of diabetes, heart disease and cancers are critical. Access to quality affordable and comprehensive care is a major and critical economic issue in women's lives, throughout our lives.

Research on women's health has been increasing in recent years, but still lags behind since women were often excluded from clinical research studies for decades. Knowledge about sex and gender differences in areas that include pain relief, the development of lung cancer, autoimmune disorders, mental health and heart disease among many others, is often lacking and a great deal remains to be done. Having increased knowledge about sex differences can benefit both men and women.

Health disparities among women of different races and ethnicities still exist. Disparities in maternal mortality, heart disease, diabetes, breast cancer and HIV/AIDS among others require improving access to prevention, early detection and treatment. In addition to more research on these disparities, broad-based implementation of effective strategies to eliminate health disparities is required. An affordable, high quality and equitable health care system is central to women's health along with a strong and vibrant public health system.

Women are the gatekeepers to good health for their families and their communities. By addressing women's health needs in a comprehensive fashion, through increased research to increase our knowledge, outreach and education to provide women information on their own health, and through access to affordable, quality care that addresses women's health, our families and our communities will benefit.

Health care reform policies that address women's needs are described below. They are meant to be supportive of a range of policies to improve women's health, including policies on women's reproductive health and rights, economic and education proposals, and support of biomedical research. Approaching women's health from this comprehensive point of view will put policies into place that will promote the health of all women across the lifespan.

## **A COMPREHENSIVE VIEW OF WOMEN'S HEALTH**

### **THE PROBLEM**

#### *Many Challenges Affect the Health of U.S. Women*

- Women live longer than men, but live with higher levels of disability than men. Older women (over 85 years old) are the fastest growing segment of our population. Women's life beyond age 50 now extends for a significant period of time and is increasing.
- More than 21 million women are uninsured and millions more underinsured (45% of women in 2007), and women typically have higher out-of-pocket health care costs.
- Women are 40% more likely to live in poverty than men. 14.1 million women are poor, and 5.8 million families, 62% of them headed by women, are poor.
- Women are more likely to be the caregiver in the family, responsible not only for their own health, but also for the health of loved ones. Caregiving can create major psychological, physical and financial strain.
- Women were excluded from many clinical research studies until the 1990's leading to lack of knowledge on sex and gender differences in areas such as heart disease and HIV/AIDS.
- There are clear racial and ethnic disparities in women's health: African America women have shorter lifespans, are more likely to die of premature cardiovascular and breast cancer, are 3.5 as likely to die in childbirth and are 9 times more likely to have lupus,. Native American women and Hispanic women suffer disproportionately from diabetes.

#### *Increase Resources and Research for Women's Health*

- **Strengthen the Offices of Women's Health**  
Strengthen the offices of women's health within the Department of Health and Human Services (HHS) including at the Office of the Secretary, National Institutes of Health (NIH), Food and Drug Administration (FDA), Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC), Substance Abuse and Mental Health Services Administration (SAMHSA), and Agency for Healthcare Research and Quality (AHRQ). New offices of women's health will be created at the Centers for Medicare & Medicaid Services (CMS) and Indian Health Service (IHS).
- **Restore and Fund the National Centers of Excellence in Women's Health**  
The National Centers of Excellence in Women's Health is comprised of multidisciplinary programs focused on comprehensive research, clinical care, outreach to communities,

leadership and education on women's health. The Bush Administration ended these highly regarded programs in 2007.

- **Expand and Increase Funding for the Well Integrated Screening and Evaluation for WOMen Across the Nation (WISEWOMAN) Program to Make It Truly Nationwide**  
WISEWOMAN is a program funded by CDC to increase preventive screening in heart disease and diabetes for women seeking services through the Breast and Cervical Cancer Early Detection program. It addresses risk factors such as elevated cholesterol, high blood pressure, obesity, sedentary lifestyle, diabetes, and smoking which greatly reduces a woman's risk of cardiovascular disease-related illness and death. Currently, only 20 states implement this important program. Expand WISEWOMAN to ensure that women diagnosed with health problems also have access to treatment.
- **Increase Support for the National Center on Minority Health and Health Disparities**  
Increase support for the National Center on Minority Health and Health Disparities to advance its work to eliminate health disparities and increase research on health disparities across the NIH.
- **Appoint Individuals with a Proven Commitment to Supporting Women's Health** to key positions within the Administration. Ensure that health and science policy will be driven by the best available medical and scientific information available, not by politics.
- **Re-establish a vibrant Interagency Council on Women**  
Ensure that agency heads (State, DOJ, HHS) and the White House work together to implement policies that effectuate this vision, restoring a sense of integrity in health care and respect for women's health.

*Improve the Opportunity for Women to Improve their Health and Get the Care they Need*

- **Provide Paid Sick Leave**  
Require that employers provide seven paid sick days per year to their employees.
- **Support Pay Equity**  
The government needs to take steps to better enforce the Equal Pay Act, fight job discrimination, and improve child care options and family medical leave to give women equal footing in the workforce.
- **Provide Quality, Affordable Health Care Coverage to Women**  
Sign universal health legislation by 2012 that ensures all U.S. residents have high-quality affordable health care coverage.

# **HEALTH CARE REFORM**

## **THE PROBLEMS**

### ***Women Have Different Health Care Needs than Men***

- Over the course of their lifetimes, due in part to their reproductive health needs, women use – and need – the health care system more than their male peers.
- More women than men suffer from chronic conditions, such as diabetes, asthma, or hypertension, which require ongoing care.
- Fifty-six percent of women rely on a prescription drug on a regular basis, compared to 42% of men.<sup>1</sup>
- One in four women report that they have been diagnosed with depression or anxiety, over twice the rate for men.

### ***Women Face Greater Barriers to Accessing Care than Men***

- Women are more likely than men to be underinsured or have inadequate health insurance coverage. Approximately 18% of all women, or 17 million women aged 18-64, are uninsured in the U.S.<sup>2</sup> Minority women are significantly more likely than white women to be uninsured.<sup>3</sup>
- On average, women earn lower wages than men<sup>4</sup> and are therefore forced to spend more of their income on out-of-pocket health care costs.<sup>5</sup>
- Women are often charged higher insurance premiums than men, as it is legal in 40 states and D.C. to rate premiums based on gender.<sup>6</sup> The high cost of health care causes many women – even those with health insurance – to forgo or delay necessary health care services or visits with doctors.
- Women are more likely than men to receive employer-sponsored health insurance coverage as a dependent, placing them in a vulnerable position should they become widowed or divorced. Only 38% of American women have job-based coverage in their

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<sup>1</sup> <http://www.kaiserfamilyfoundation.org/womenshealth/whp070705nr.cfm>

<sup>2</sup> National Women's Law Center, *Making the Grade on Women's Health: A National and State-by-State Report Card, 2007* (October 2007), <http://hrc.nwlc.org>

<sup>3</sup> KFF analysis of March 2006 Current Population Survey, U.S. Census Bureau

<sup>4</sup> DeNavas-Walt, Carmen, Bernadette D. Proctor, and Jessica Smith, U.S. Census Bureau, Current Population Reports, P60-233, *Income, Poverty, and Health Insurance Coverage in the United States: 2006*, U.S. Government Printing Office, Washington, DC, 2007.

<sup>5</sup> Definition of Underinsured?; Elizabeth M. Patchias and Judy Waxman, The Commonwealth Fund, *Women and Health Coverage: The Affordability Gap* (April 2007),

<sup>6</sup> National Women's Law Center, *Nowhere to Turn: How the Individual Market Fails Women*. 2008. <http://www.nwlc.org/reformmatters>.

own name, nearly one-quarter of all women depend on coverage through their husband's employment.<sup>7</sup> Recent years have seen an overall decline in health insurance coverage for women.

- Employer-sponsored coverage, while important for women, often fails to account for the health care needs of part-time workers, who are disproportionately female.<sup>8</sup>
- Women are also often denied coverage on the basis of a pre-existing condition – which, without sufficient regulations on insurers, could be defined as anything from hay fever to having ever had a Caesarean section.<sup>9</sup>

### ***Women Rely on Public Programs: Medicaid, Medicare, SCHIP***

- ***Public programs*** like Medicaid and Medicare are especially important for women, who are more likely to be eligible for Medicaid's income and disability standards, and for Medicare's disability standards. Medicaid's coverage for pregnancy also benefits women.
- ***Medicaid and the State Children's Health Insurance Program (SCHIP)*** play a key role for low-income women and children. Thirty-eight percent of adult women have children under age 18, and one in four women with children is a single parent.<sup>10</sup> Nearly six in ten mothers are primarily responsible for making decisions about their children's health insurance.<sup>11</sup> Approximately 80 percent of mothers are primarily responsible for choosing their child's doctor, taking him or her to doctor's appointments and organizing follow-up care.<sup>12</sup>
- ***Women enrolled in Medicare:*** On average, women also live longer than men, which means that we're covered under Medicare for more years than most men, and more likely to use Medicaid for long term care. 69 percent of all adult Medicaid enrollees,<sup>13</sup> and 57 percent of Medicare enrollees,<sup>14</sup> are female.
- While Medicaid and other public programs are vital to women and their health, these programs do not cover many low-income, uninsured and minority women.

## **ACHIEVING UNIVERSAL COVERAGE FOR WOMEN**

### **RECOMMENDATION FOR A SINGLE PAYER PLAN**

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<sup>7</sup> KFF Analysis of March 2007 Current Population Survey, U.S. Census Bureau

<sup>8</sup> Institute for Women's Policy Research, *Women and Unemployment Insurance: Outdated Rules Deny Benefits that Workers Need and Have Earned* (Jan. 2008), [http://www.iwpr.org/pdf/A132\\_WomenandUI.pdf](http://www.iwpr.org/pdf/A132_WomenandUI.pdf)

<sup>9</sup> The New York Times, "After Caesarean, Some Women See Higher Insurance Cost"

<sup>10</sup> KFF, *Kaiser Women's Health Survey*, 2004, <http://www.kff.org/womenshealth/upload/Women-and-Health-Care-A-National-Profile-Key-Findings-from-the-Kaiser-Women-s-Health-Survey.pdf>

<sup>11</sup> *ibid.*

<sup>12</sup> *ibid.*

<sup>13</sup> Kaiser Family Foundation, *Medicaid's Role for Women*, October 2007, [http://www.kff.org/womenshealth/upload/7213\\_03.pdf](http://www.kff.org/womenshealth/upload/7213_03.pdf)

<sup>14</sup> Kaiser Family Foundation, *Women and Medicare*, July 2001.

- **Guaranteed coverage through a public insurance plan like Medicare will most successfully cover all residents** at an affordable cost, while preserving free choice of health care providers.
- See **HR 676 (Medicare for All)**, HR 3000, and HR 1200 for workable single payer proposals.

#### **TRANSITIONING TO UNIVERSAL COVERAGE: EXPAND AND PROTECT SOCIAL INSURANCE**

- **Increase the federal match in Medicaid** funding and minimize cost shifting to patients.
- **Extend eligibility for existing public programs. Medicaid should cover everyone living in poverty, and to all recipients of unemployment compensation. Cover SCHIP children to age 25. Begin Medicare coverage at age 55.**
- **Medicare Should Include Full Coverage for Prescription Drugs**  
Eliminate the notorious “doughnut hole” in Medicare Part D drug plans. This is the large gap in Part D coverage where seniors must pay the full cost of their medications. Ensuring full coverage for prescription drugs, with appropriate cost-sharing, is particularly important for older women with lower incomes, greater health needs, and longer life expectancy.
- **Halt erosion of traditional, public Medicare.** Stop the excess payments to Medicare Advantage plans, by enacting the CHAMP Act.<sup>15</sup> Cancel the 2010 Medicare Comparative Cost Adjustment demonstration. Eliminate the arbitrary 45% cap on general revenue funding for Medicare. Eliminate means-tested (income-based) premiums for Medicare Part B.
- **Investigate effectiveness, efficiency, and discriminatory practices in the health insurance industry.**

#### **HYBRID PLANS: COSTLY OPTION. STRONG PUBLIC PLAN ESSENTIAL.**

- **Hybrid plans** such as the Obama proposal offer coverage through both private and public insurance. Private health insurance plans earn profits by selecting for healthier patients and restricting payments for care. They require extensive regulation to protect women’s access to services. The following basic recommendations could curb abuses, and would still require an expensive bureaucracy.
- **State Option for Single Payer.** Legislation should protect the rights of states to implement single payer insurance plans, funded and administered by the public sector.

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<sup>15</sup> The Child Health and Medicare Protection Act of 2007 was passed by an overwhelming majority in the House of Representatives, August 1, 2007. Not considered by the Senate.

- **Assure Coverage to All U.S. residents through a Public Plan, with open and fair competition with private plans**

All U.S. residents should have access to health insurance coverage through a public plan. This plan should be “portable” or constant as individuals move from job to job, which is beneficial to women who often cycle in and out of the labor force. The plan will have simple paperwork and easy enrollment procedures.

*Additional recommendations to safeguard affordability, equity, and quality under Hybrid plans are stated at the end of this document.*

## **COMPREHENSIVE BENEFITS FOR WOMEN**

- **Provide Comprehensive Benefits for All Women**  
Provide benefits similar to the comprehensive plan offered to federal employees (FEHBP). This would cover primary and preventive care, screenings and immunizations (all CDC recommended immunizations to be provided at no cost to the patient), dental care, hearing care, vision care, women’s reproductive health services, mental health services, laboratory and pharmacy services, and more.
- **Provide Coverage for Full Range of Reproductive Health Services**  
The full range of women’s health care services should include gynecological care (such as pap smears), prenatal and maternity care (with limited cost-sharing), testing and treatment for Sexually Transmitted Infections (STI), family planning services, prescription contraceptives, preventive health screenings (such as mammography and bone density screening), infertility diagnosis and treatment, abortions, and more.
- **Cover Prescription Drugs and Devices and Make Prescription Drugs Cheaper**  
The high cost of prescription drugs places a financial burden on many Americans and causes some to go without necessary medication. Ensure that prescription drugs are affordable by promoting generic drugs and allowing safe drug reimportation.
- **Repeal the ban on direct price negotiation between Medicare and drug companies to enable the Medicare program to negotiate the best drug prices for recipients.**

## **QUALITY HEALTH CARE FOR WOMEN**

- **Require Health Disparities and Comparative Effectiveness Research**  
Require health care providers to collect, analyze, and report health care data for disparity populations. Particular attention will be paid to minority populations, women, and rural populations. This requirement will shed light on the many inequalities in health care that exist – particularly with regards to women – and allow for the development of effective interventions to address the problems.
- **Support and Expand Safety-Net Institutions**  
Safety-net institutions such as public health clinics and community health centers play an

essential role in providing health care to millions of low-income, minority women across the country. Increase federal support and encourage the expansion of these important safety-net providers.

- **Support Chronic Care Management**  
Create programs to encourage the coordination of care for individuals with chronic illnesses or conditions. This will ensure that the 38% of women in the U.S. who live with a chronic condition receive the health care services that they need, when they need them.
- **Require Transparency about Quality and Costs**  
Require hospitals and providers to publicly report data on preventable medical errors, nurse staffing ratios, hospital-acquired infections, and disparities in health care. These measures will help to improve the quality of care for women across the country and empower them to make informed medical decisions.
- **Reward Providers for Delivering High Quality Care**  
Encourage the delivery of appropriate, high quality medical care to all Americans by rewarding providers who achieve performance thresholds on health outcome measures.

#### **HYBRID PLANS: SUPPLEMENTAL RECOMMENDATIONS**

**No U.S state has succeeded in controlling costs or achieving universal coverage under similar plans involving private insurance** in Washington, Oregon and Massachusetts. However, as this proposal is gaining popularity in Congress, the following provisions illustrate the array of safeguards that would be necessary to protect women’s rights to **coverage** and **affordability**.

- **Safeguard Coverage for Low-Income Women**  
Expand Medicaid and the State Children’s Health Insurance Program (SCHIP) to provide coverage to more low-income families and children.
- The National Health Insurance Exchange should provide access to public plans.
- **Extend Family Coverage for Children through Age 25**  
Young adults ages 19-29 have the highest uninsured rate of any age group. One of the leading causes for this lack of insurance is the fact that many teens are no longer eligible for their parents’ health coverage upon reaching age 19, or graduating from college. Extend family coverage to young people up to age 25 to close this gap.
- **Prohibit Insurance Rating Based on Age and Gender**  
Prohibit insurance companies in both the individual market and the group market from charging women higher rates based on gender. Likewise, insurers will be prohibited from adjusting premiums based on age.
- **Require Employers to “Pay or Play” for Part-Time Workers**  
Women are a disproportionate share of part-time workers, and many part-time workers

are uninsured. Require employers to either provide quality health care coverage to part-time workers, or contribute a percentage of payroll to the public plan for these individuals.

### *Affordable Coverage for Women in Hybrid Plans*

- **Set Income-Based Subsidies that Account for All Out-of-Pocket Costs**  
Provide income-based federal subsidies to individuals and families ineligible for public programs like Medicaid but unable to afford insurance. This will allow these individuals to buy into the public plan or purchase a private plan.
- **Guarantee Eligibility and Stable Premiums**  
A National Health Insurance Exchange can allow individuals to choose between a public plan or qualified private insurance plans. The public plan would have guaranteed eligibility. Private insurers participating in the Exchange must be prohibited from denying coverage based on pre-existing conditions. These private insurers must also be required to charge a “fair and stable premium” not based on a person’s health status, which is important for women with preexisting conditions and low incomes.
- **Improve Employer-Sponsored Coverage**  
Require private plans to offer “meaningful” health coverage at least as comprehensive as the public plan.
- **Prevent Insurers from Abusing Monopoly Power**  
Prohibit insurers from raising prices without justification. In areas where there is little market competition, insurers will be required to pay a “reasonable share” of premiums on patient care benefits, protecting access to affordable health insurance for women in underserved areas.
- **Protect Against Adverse Selection**  
Adverse selection is when high-risk individuals (i.e., those who may be less healthy than others and require more health care services) enroll in health plans, while low-risk individuals do not. This has a tendency to drive up costs for consumers and cause some insurance plans or employers to drop coverage. Develop risk adjustment mechanisms to avoid adverse selection and ensure an appropriate spread of risk, including creation of large insurance pools.
- **Require an Adequate Employer Contribution**  
Massachusetts, which recently implemented comprehensive health care reform, including an employer “pay or play” requirement, has found that the plan costs more than anticipated. Inadequate employer contributions may be a factor in this failure to raise revenues. To address this issue, the employer contributions required should mirror those in the Federal Employees Health Benefits Plan (FEHBP) and ensure that employers pay an adequate percentage of the cost of employee plans.

- **Provide Subsidies for Small Businesses**

Provide a refundable tax credit of up to 50% on premiums paid by small businesses on behalf of their employees. This will help relieve businesses of the high costs of covering a small team of employees.

- Provide federal subsidies to partially reimburse employers for catastrophic health care costs if the employers' premium savings would be used to reduce employee premiums.

## **MATERNAL HEALTH CARE**

### **THE PROBLEM**

#### *Women in the U.S. Face Complications in Pregnancy Health and Well-Being*

- Every year in the U.S. there are 6 million pregnancies. Every day there are 11,000 live births, but two or three women die from pregnancy associated conditions, 2,100 women are hospitalized for pregnancy-related complications before labor begins, 2,600 women have complications that occur during childbirth, and 2,800 women have Cesarean sections (many of which are unnecessary).
- Women in the U.S. deserve quality maternity care. Yet, there are large gaps between the care women currently receive and the quality of care that the best evidence and performance benchmarks indicate is optimal for women's health needs. The U.S. has a higher maternal mortality rate than most other developed countries and this rate has recently increased. Black women are more than 3 times more likely to die as of pregnancy related complications than white women.
- There is a need to prevent maternal morbidity and mortality due to complications of pregnancy, labor and delivery, and the post-partum period; as well as a need for better understanding of the impact of the overuse or underuse of maternity care practices on a woman's short and long term health and well-being.
- For five conditions (preeclampsia, eclampsia, abruptio placentae, placenta previa, and postpartum hemorrhage), black women have similar prevalence rates than white women. However, black women with these conditions were 2 to 3 times more likely to die from them than were white women.
- Approximately one in seven women was identified with and treated for depression during 39 weeks before through 39 weeks after pregnancy, and more than half of these women had recurring indicators for depression.
- Too many healthy pregnant women experience unnecessary surgery and other interventions. Caesarean section rates continue to rise, and contribute in part to the increase in preterm and low birth weight births.
- Over 50% of birth centers in the U.S. serve Medicaid clients, and over 70% of birth center clients have Medicaid coverage in many rural areas.

### **POLICY PROPOSALS**

## *Introduce and Support Efforts to Improve Maternal Health Care for Women*

- **Support Comprehensive Research on Maternal Care in the U.S.**  
Initiate a study by the Institute of Medicine for a comprehensive review on the current quality of maternal care in the U.S., including maternal health risks, surveillance and prevention.
- **Launch an Initiative for Safer, Healthier Pregnancies and Childbirths**  
Establish a set of policies to improve maternity care quality, reduce pregnancy complications, and promote appropriate evidence-based practices and interventions. Improve surveillance of maternal mortality and morbidity by the CDC and accelerate research on maternal health and pregnancy complications with an emphasis on learning the cause of longstanding racial and ethnic disparities in maternal health and infant mortality.
- **Fully Fund Title V Maternal and Child Health (MCH) Services Block Grant**  
Fully fund the important Title V MCH Services block grant program at its authorized level of \$850 million/year.
- **Restore Medicaid Reimbursements for Birth Center Facilities**  
The Bush Administration recently reversed twenty years of past practice and denied federal Medicaid reimbursement for birth center facility charges in several states. Restore this long-standing policy and provide low-income women and their families access to this safe, cost-effective option for pregnancy-related and other reproductive health services.
- **Strengthen Reproductive Health Services for Women**  
Support access to contraception and other reproductive health services for women as a means of preventing unwanted pregnancies, increasing the length of time between births, and of promoting later healthy and wanted pregnancies.
- **Increase Support for Comprehensive Sex Education**  
Increase support for policies and programs that reduce the risk of teen pregnancy by supporting comprehensive, medically accurate sex education, and by eliminating abstinence-only education.
- **Support Policies Giving Choice to Couples for Embryo Disposal During In Vitro Fertilization (IVF)**  
Support policies for disposal of excess human embryos created during IVF procedures that provide choice to the couple regarding storage for future use, donation to another couple, donation for research, or destruction.
- **Prohibit the Shackling of Pregnant Women During Labor, Delivery, and Post-Delivery in the Justice System**  
Issue a Department of Justice directive that all jails and state prisons end the practice of shackling pregnant inmates during labor, delivery and post-delivery.

- **\* Support Substance Abuse Family Treatment Programs**

Expand substance abuse family treatment capacity for pregnant and parenting mothers by reauthorizing the Pregnant and Parenting Women (PPW) program in SAMHSA and funding at \$350 million/year. Currently family treatment programs are less than 5% of treatment programs available.

# CANCER

## THE PROBLEM

### *Cancer is the Second Leading Cause of Death for Women in the U.S.*

- Some of the most common and deadly cancers in women are breast, lung, ovarian, cervical and colon cancer.
- The National Cancer Institute (NCI) estimates that a woman in the U.S. has a 1 in 8 chance of developing invasive breast cancer during her lifetime (up from a risk of about 1 in 11 in 1975). Excluding skin cancer, more women in the U.S. are living with breast cancer than any other cancer. Approximately 3 million women in the U.S. are living with breast cancer: about 2.3 million have been diagnosed with the disease and an estimated 1 million do not yet know they have the disease.
- Breast cancer is the second leading cause of cancer death for women in the U.S. While there is no known cure for breast cancer, helping women access early detection through low-cost, high-quality mammography is essential to surviving the disease. Many women live long and robust lives after treatment for certain types of breast cancer – all women should have access to high quality care.
- According to the CDC, all women are at risk for cervical cancer. It occurs most often in women aged 30 years and older. In 2004, 11,892 women in the United States were told they had cervical cancer, and 3,850 died from the disease. Screening for cervical cancer is almost 100% effective when received on a regular schedule.
- Lung cancer kills more women every year than breast cancer, and around 90% of all lung cancer deaths among women are from smoking (1 of every 5 women in the U.S. smokes). Pollution and environmental factors also play a major role in lung health. According to the National Cancer Institute, it is estimated that 98,620 women would be diagnosed with lung cancer in 2007 and 70,880 women would die from this disease in the United States.
- According to the Ovarian Cancer National Alliance, approximately 174,236 women living in the U.S. have or have a history of ovarian cancer. Ovarian cancer is the eighth most common cancer among women in the U.S., and the fifth leading cause of cancer-related death among U.S. women. Currently, there is no effective screening for ovarian cancer that enables women to be diagnosed early when treatment is most effective.
- Cancer is not uniformly distributed throughout the population of women. Asian immigrants are far more likely to be diagnosed with cervical cancer, for example. Similarly, significant disparities exist in the likelihood of survival after diagnosis. African American women are less likely to be diagnosed with breast cancer, but more

likely to die after diagnosis. Access to specialist care for treatment is a problem for poor women that disproportionately affects minority women.

## **POLICY PROPOSALS**

### ***Reduce Cancer Morbidity and Mortality among Women***

#### *Breast Cancer*

- \* Increase funding for the Department of Defense (DoD) Breast Cancer Research Program to \$150 million to carry out innovative research on breast and ovarian cancer.
- \* Support the Breast Cancer and Environmental Research Act to establish a national strategy to investigating the impact of environmental factors on the development of breast cancer.

#### *Cervical Cancer*

- \* Expand access to regular pap smears for all women, through universal health care coverage and through increased funding for the CDC National Breast and Cervical Cancer Early Detection Program which provides access to screening for underserved women. Support efforts to improve coordination with CMS/Medicaid for cancer treatment when identified.
- \* Develop a campaign to increase awareness about HPV vaccines and increase the number of girls aged 11-12 who get vaccinated.

#### *Lung Cancer*

- \* Increase research on sex/gender differences in lung cancer, including in the areas of prevention, diagnosis, and treatment.

#### *Ovarian Cancer*

- \* Support increased research on ovarian cancer at the NIH.
- \* Develop and implement a campaign to increase awareness of risk factors and symptoms of ovarian cancer for both health professional and women by fully funding Johanna's Law.

#### *Skin Cancer/Melanoma*

- \* Support increased research and education on the risk of skin cancer/melanoma to women.

## SENATOR OBAMA'S RECORD

- Obama supported funding the DoD Peer Reviewed Breast Cancer Research program in 2008.
- Obama was a co-sponsor of the landmark new law, the Genetic Information Non-Discrimination Act, which prohibits discrimination in health insurance and employment on the basis of genetic profile. For women with breast cancer and with other diseases that have a genetic component, this law provides critical protection against losing health insurance coverage or losing a job because of a risk of cancer.
- Obama was an original co-sponsor of Johanna's Law, signed into law in 2007, which establishes programs to educate women and increase awareness of ovarian cancer.
- Obama has also supported efforts to combat breast cancer. He helped pass legislation in the Illinois State Senate to expand insurance coverage for mammograms.

## **OBESITY, DIABETES, AND HEART DISEASE**

### **THE PROBLEM**

#### ***Obesity in the U.S. is an Epidemic***

- Over the past 25 years, the percentage of overweight girls has more than doubled. Currently, 16% of girls ages 6 to 19 are overweight, up from 6% in 1974.
- Low income and minority girls have the highest rates of childhood obesity. Hispanic, African-American and Native American children are disproportionately affected by obesity when compared to the general population. Among girls the highest prevalence of obesity is found among African-American and Hispanic girls.
- Less than 1 in 3 adolescents get a passable level of regular physical exercise. Overall, girls get less exercise than boys and this decreases as girls get older. Increase in sedentary activities and lack of safe places to exercise and play may contribute to a lack of physical activity among children and youth.

#### ***Heart Disease is the Leading Cause of Death for Women in the U.S.***

- Eight million American women are living with heart disease. Heart disease is the leading cause of death of American women and kills 32% of them. It kills more women – nearly 367,000 – than men every year and remains the leading cause of death for American women of all ages.
- The incidence of heart disease in women increases with age. One in eight women between the ages of 45 and 64 has some form of heart disease, and this increases to one in four women over 65.
- Heart disease is more prevalent among African-American women than white women — as are some of the factors that increase the risk of developing it, including high blood pressure, overweight and obesity, and diabetes.
- Early identification of heart disease and proper treatment can reduce the likelihood of death and disability. Women are less likely to be identified and properly treated for a variety of reasons, including physicians' difficulty recognizing symptoms of heart disease in women, poorer performance of diagnostic tests and less effective preventive medicine.
- Women are less likely to receive aggressive treatment for heart disease and stroke than men and are more likely than men to die within one year of their first heart attack. Too many American women receive inappropriate treatment, and too many health care dollars are wasted. This is expensive and often fatal. We can do better for American women.

## POLICY PROPOSALS

### *Prevention of Obesity and Promotion of Good Health*

- **\* Support Nutrition and Physical Education (PE) Grant Programs for Children**  
Support nutrition and PE activity grant programs for children, particularly in states with highest prevalence of childhood obesity.
- **\* Support Community Outreach Programs**  
Support community outreach programs through CDC that bring effective interventions to groups not yet reaching the Healthy People 2010 Goals for healthy eating and exercise, and disseminate the results of effective programs at the CDC to encourage community level increases in daily exercise.
- **\* Increase Research on Obesity Prevention**  
Support research that focuses on high-risk populations with health disparities, using behavioral and environmental approaches to obesity prevention.
- **\* Fund Programs to Promote Healthy Living for Midlife Women**  
Provide funding to state and local recreation programs to offer programs targeting midlife women and men to promote healthy aging.
- **\* Increase Funding for Surveillance**  
Increase funding for surveillance and monitoring efforts by CDC, specifically the National Health and Nutrition Examination Survey (NHANES).
- **\* Promote Healthy Living in Communities**  
Enact programs to encourage sidewalks, community exercise, biking paths and walking trails, local grocery stores with fruits and vegetables, and wellness and educational campaigns. He will also encourage collaboration between HHS and HUD to promote opportunities for healthy living in all communities.
- **\* Reduce the Advertising and Promotion of Unhealthy Foods**  
Encourage the food industry to take voluntary steps to reduce advertising of unhealthy foods, particularly targeted at children. He will ensure that federal agencies, such as the FDA, USDA, FTC and FCC, take enforcement actions to stop deceptive or misleading advertising that uses health claims to promote unhealthy products.

### *Prevention and Treatment of Heart Disease and Diabetes*

- **Support Heart Disease Prevention**  
Implement and support prevention strategies to reduce the prevalence of risk factors for heart disease in women including smoking, obesity, high cholesterol and sedentary lifestyle.

- **Prioritize Research on Women and Heart Disease and Diabetes**  
Call for HHS agencies to prioritize research on women and heart disease and diabetes, with a focus on key questions to improve prevention, diagnosis and treatment in women. The National Heart Lung and Blood Institute at the NIH shall target \$500 million for research on questions about women and heart disease, including sex differences. The NHLBI will consider the DoD Breast Cancer model of research funding to develop innovative high priority research.
- **Support the HEART for Women Act**  
Support the HEART for Women Act, which would authorize outreach and training of health care providers and require gender based reporting and analysis of data, including gender specific information about new and investigational medicines and medical devices. It also expands and improves screening for heart disease and stroke for low income, uninsured women.
- **\* Support Smoking Cessation Programs**  
Support funding at NCI for development and implementation of smoking cessation programs.
- **Cover Chronic Disease Management Programs in Medicaid and Medicare**  
Ensure that Medicare and Medicaid adequately support chronic disease management programs that are demonstrated to be effective in improving health and reducing costs.

#### **SENATOR OBAMA'S RECORD**

- Senator Obama was a co-sponsor of the HEART for Women Act which will improve the prevention, diagnosis, and treatment of heart disease, stroke, and other cardiovascular diseases in women.

## MENTAL HEALTH, TOBACCO, AND ALCOHOL USE

### THE PROBLEM

#### *Mental Health is a Critical Health Issue for Women and Girls*

- Depression, including post-partum depression, is the most common women's mental health problem, and women suffer from clinical depression at twice the rate of men. Fewer than half of those with psychological disorders are identified by doctors and patients are reluctant to seek help.
- Women and girls attempt suicide more often but are less likely to die from the attempt. There are also significant disparities by race and ethnicity, with increased rates for American Indians and Hispanic girls.
- Approximately 9 million Americans suffer from eating disorders such as anorexia nervosa and bulimia nervosa, and these are disproportionately young women.

#### *Smoking is an Equal Opportunity Killer*

- Girls are as likely to smoke as boys, but girls are more easily addicted to nicotine than boys, and female smokers are more likely to die of lung cancer than males who smoke the same number of cigarettes. Racial and ethnic disparities exist with smoking at higher rates among American Indian and Alaska native women. Twice as many lesbian women report heavy smoking compared with heterosexual women.
- Advertising for cigarettes targeted at girls and women is widespread persuading girls that smoking is sexy, fun and a way to show their independence.

#### *Alcohol Has Different Effects on Women*

- **Women generally drink less and less often than men, but women drinkers may be at higher risk of medical problems than men who drink the same amount.** Women metabolize alcohol differently than men and reach higher alcohol levels in the blood after drinking the same amount.
- Binge drinking is related to serious health consequences for women, including auto-fatalities, unintended pregnancy, and children born with fetal alcohol disorders.

### POLICY PROPOSALS

#### *Increase Research and Educational Activities*

- **Increase Research on Women's Mental Health**  
Support increased research on women's mental health including post-partum depression

(to understand the cause of and identify effective treatments), sex and gender differences in safety and effectiveness of therapies.

- **Increase Research and Education for Eating Disorders**  
Support increased research on eating disorders (which has received low level of federal funding and little population-base data). Support funding for the development of curriculum for use by states for education of teachers, youth workers and childcare workers to promote early identification and screening of eating disorders, coordinated across HHS and the Dept of Education.
- **Increase Research on Sex Differences in Smoking**  
Increase research on sex differences and on racial and ethnic differences in smoking, addiction, prevention and smoking cessation.
- **Support Health Literacy Programs for Girls**  
Support funding for the development of prevention and health literacy programs to provide skills to girls regarding mental health issues.
- **Implement Educational and Awareness Programs on Women's Mental Health**  
Support the development and implementation of broad-based educational and awareness campaigns to reduce stigma of seeking mental health services, including eating disorders.
- **Improve Health Care Coverage for Mental Health Services**  
Expand access to mental health diagnosis and treatment by providing improved health care coverage for mental health services.

#### *Expand Regulation of Tobacco and Alcohol Sales and Advertising*

- **Increase Regulation of Tobacco and Alcohol Advertising**  
Increased regulation of advertising for tobacco products and alcohol targeted at girls and women particularly in magazines.
- **Support FDA Regulation of Tobacco Products**
- **Strengthen International Tobacco Control Efforts**  
Sign the Framework Convention on Tobacco Control and eliminate tobacco products and leaf from international trade agreements.

#### **SENATOR OBAMA'S RECORD**

- Obama co-sponsored a bill to ensure that new mothers and their families are educated about postpartum depression, screened for symptoms, and provided with essential services, and to increase research at the National Institutes of Health on postpartum depression. This bill was included in the omnibus bill blocked by Sen. Tom Coburn and blocked by the Senate Republicans on July 28, 2008.
- Obama is a co-sponsor of the Mental Health Parity Act of 2007.

## **REPRODUCTIVE HEALTH, SEXUALLY TRANSMITTED INFECTIONS, AND HIV/AIDS**

### **THE PROBLEMS**

#### ***Women Have Reproductive Health Needs for More than 30 Years***

- Women have specific health concerns associated with pregnancy and childbirth, with preventing and ending unwanted pregnancy, with contraception, and with the more severe consequences of sexually transmitted infections and HIV/AIDS. The typical American woman wants to have two children. To do so, she will spend roughly five years being pregnant, postpartum, or trying to become pregnant and three decades trying to avoid pregnancy.
- The United States has the highest rate of teen pregnancy among industrialized nations: 750,000 teens become pregnant every year.

#### ***Women Are At Higher Risk than Men for Contracting Sexually Transmitted Infections (STIs) and Suffer more Health Consequences***

- At every age, women are more likely than men to contract sexually transmitted diseases such as herpes, chlamydia, and gonorrhea. Herpes infection can be painful, presents a risk to newborns, and increases women's risk of Cesarean section. Chlamydia and gonorrhea put women at risk for pelvic inflammatory disease, ectopic pregnancy, and infertility, and also puts newborns at risk. Certain strains of human papilloma virus (HPV) are associated with cervical cancer.
- According to the CDC, one out of four teenage girls will contract a sexually transmitted disease.
- Today, women account for more than one quarter of all new HIV/AIDS diagnoses. According to the CDC, women of color are disproportionately affected; in 2005, 66% of the 9,708 HIV/AIDS diagnoses were among black women, compared to 17% among white women and 14% among Hispanic women. In that same year, HIV was the leading cause of death for black women aged 25-44. Recent reports by CDC shows the rates of HIV/AIDS may be 40% higher than previously thought.

### **POLICY PROPOSALS**

#### ***Ensure Access to Reproductive Health Services***

- **Strengthen Reproductive Health Services for Women**  
Support access to contraception and other reproductive health services for women as a means of preventing unwanted pregnancies and of promoting later healthy and wanted pregnancies. Increase funding for the Title X family planning program that serves more

than 5 million women each year at \$600 million. Expand access to family planning services through Medicaid, by creating the same eligibility requirements for family planning services as pregnancy care. Do not include the Hyde and Weldon restrictions in the President's Budget.

- **Improve Coordination of Programs that Provide Preconception Care**  
Ensure that the Centers for Disease Control, the Medicaid Program and the Title X family planning program will coordinate services and coverage of care. This will maximize the use of services, reduce duplication, align their activities to cover the same services and will ensure continuity of care.
- **Rescind the Global Gag Rule / Mexico City Policy**  
Reverse a damaging policy put in place by President Bush on his second day in office. This policy prevents family planning providers from receiving U.S. aid for family planning services, if those agencies use non-U.S. funding to perform, counsel or refer for, or advocate on behalf of abortions. It is an affront to freedom of speech and has severely restricted access to basic family planning services to some of the world's neediest women.
- **Restore Funding to the United Nations Population Fund UNFPA**  
Have the U.S. join 170 other countries by releasing funding to support the UNFPA's work to promote voluntary family planning and maternal health across the world.
- **Restore Affordable Birth Control**  
Restore affordable birth control to the more than 3 million college students and low-income women who lost access by a change in federal law in 2007. Direct the Secretary of HHS to issue revised regulations that will restore the ability of safety net providers and college health centers to purchase contraceptives from pharmaceutical companies at a discounted price. This will restore a practice that has been in place for decades, and does not increase costs to the government.
- **Rescind Any Rule or Regulation Issued by the Bush Administration in the Next Few Months that Will Negatively Impact Access to Family Planning Services.**  
At least one draft regulation that inaccurately redefines abortion to include contraception has recently circulated within the White House. Ensure medical and scientific evidence drives his policies and regulations.

*Increase Research and Support for the Prevention, Early Diagnosis, and Treatment of STIs*

- **Expand Sex Education and Eliminate Abstinence-Only Programs**  
Increase funding for STI prevention programs at the CDC and eliminate abstinence-only education programs. Fund comprehensive, medically accurate sex education.
- **Increase Access to Condoms**  
Increase medically accurate information and access to male and female condoms through domestic and international programs, and through providing accurate information from

FDA, CDC and other federal agencies on the effectiveness of condoms in pregnancy prevention and disease protection, including HIV/AIDS.

- **Support the Ryan White HIV/AIDS Treatment Modernization Act**  
Support increased funding of the Ryan White HIV/AIDS Treatment Modernization Act including Title IV for women and children.
- **Increase funding for HIV Prevention**  
Increase funding for HIV prevention programs at CDC with enhanced focus and support of policies that will increase access to condoms, clean syringes and comprehensive sex education in schools and in communities.
- **Increase Research and Support Development of Microbicides**  
Increase research and support development of microbicides as a woman-controlled method of prevention of HIV transmission.

#### **SENATOR OBAMA'S RECORD**

- Obama was a co-sponsor of Prevention First, which will expand access to preventive health care services that help reduce unintended pregnancy, reduce abortions, and improve access to women's health care.
- Obama was a co-sponsor of the Freedom of Choice Act, a bill to protect, consistent with Roe v. Wade, a woman's freedom to choose to bear a child or terminate a pregnancy.
- Obama was the chief sponsor of the Microbicide Development Act which will speed the development of microbicides for preventing transmission of HIV/AIDS and other diseases.
- Obama voted in favor of creating a reserve fund that would expand access to preventive health care services that reduce unintended pregnancy, including teen pregnancy, reduce the number of abortions and improve access to women's health care.
- Obama voted in favor of a bill to authorize grants to carry out programs to provide education on preventing teen pregnancies.

## **VIOLENCE AGAINST WOMEN AND GIRLS**

### **THE PROBLEMS**

#### ***Many Women and Girls in the U.S. are Victims of Violence***

- Estimates exist ranging from one out of every six to one out of two women will be the victim of an attempted or completed rape during their lifetime. Rape occurs every eight minutes.
- One in every four women will experience domestic violence in their lifetime. An estimated 1.3 million women are victims of physical assault by an intimate partner each year. The majority (73%) of family violence victims are female, and the number of women killed by male intimates has recently increased.
- Over 900,000 children in the U.S. are victims of abuse or neglect, and thousands of children engage in prostitution working for sexual predators. Childhood abuse can lead to many negative effects, both physical and mental, which tend to be more pronounced in females.

#### ***Vulnerable Populations are at Higher Risk for Victimization***

- Girls and women with mental retardation and developmental disabilities are often victims of abuse in both private and public care institutions.
- In correctional facilities, most guards are men and there are numerous incidents of male guards subjecting women to rape, sexual assault, groping, and other offenses.
- Many women and girls suffer from physical and sexual violence alone, and in silence. Those who live in impoverished communities are especially at risk, as they lack access to the medical and social support that is necessary for them to heal.

#### ***Violence Against Women and Girls Leads to Serious Health Consequences***

- Sexual violence is often a predictor for substance abuse, obesity, criminal justice involvement, and mental health disorders among women during their adult years.
- Abused women have a 50% to 70% increase in gynecological, central nervous system, and stress-related problems. Sexual violence is associated with unwanted pregnancies and sexually transmitted infections (STI), including HIV/AIDS.
- The excess health care costs due to intimate partner violence (IPV) are approximately \$19.3 million per year for every 100,000 women aged 18-64.

#### ***Violence Against Women Undermines Equality***

- Violence against women and girls is a human rights abuse that is greatly underreported because of the stigma attached to it and the ineffectual systemic responses to reporting.. Statistics based on underreporting are therefore often underestimated.
- Victims of violence suffer from derailed educations, lost jobs, mental illness, physical injuries, diminished self-esteem, wrecked family relationships, substance abuse, grief, anxiety, shame, and despair. All of these effects result in a collective harm to women as a group, making them more vulnerable than men.

## **POLICY PROPOSALS**

### ***End the Silence of Violence Against Women and Girls***

- **Increase Resources and Awareness**  
Assert that all women – regardless of race, class, creed, color, or other group membership – have an inalienable right to live life free from violence and terror. Increase the legal and financial resources available at the federal, state, and local level to fight against violence and sexual assault.
- **Redesign the Office of Violence Against Women**  
Currently, the Office of Violence Against Women is located in the Department of Justice. The eradication of violence against women will require a more coordinated effort from at least four governmental departments: health, education, justice, and housing. Therefore, build an interagency office that coordinates with the Department of Health and Human Services (HHS), the Department of Justice (DOJ), the Department of Education (DOE), and the Department of Housing and Urban Development (HUD) to address prevention, evidence-based practices, and programs to address gender-based violence. This office will be located in the White House and will be directly accountable to the President.
- **Make Primary Prevention of Sexual Violence a Top Priority**  
Sexual violence is preventable. However, prevention strategies must begin at the youngest ages and within the family in order to be effective. Elevate the primary prevention of sexual violence to a top priority position on research and programmatic agendas. This will include collaborative relationships with universities and research facilities to develop comprehensive knowledge, studies, and meta-analyses of existing research and programs. Partnering with educational institutions will occur at all levels of state and community government, including connections with equality-promoting initiatives at all economic levels.

### ***Support the Most Vulnerable Women and Girls***

- **Support Affordable Housing Projects**  
Violence against women flourishes in environments where women don't have access to safe and affordable housing. Support affordable housing projects that take into account the particular needs of victims of domestic violence, including coordinated efforts by the Office of Violence Against Women and the Department of Housing and Urban

Development (HUD), to ensure that federal projects related to housing and homelessness prioritize families subject to violence.

- **Increase Training for Health Professionals in Underserved Areas**  
Support efforts to recruit and retain health professionals to work in poor, disadvantaged communities, to address the needs of women who have been victims of violence.
- **Expand Family-Based Substance Abuse Treatment Capacity for Mothers and their Children**  
Expand gender-specific, family treatment programs for mothers and their children. Addicted mothers suffering from the underlying conditions of trauma and sexual violence will have a chance to heal – together with their children – thus ending the cycle of violence, addiction, and poverty.
- **Emphasize Alternative Sentencing Initiatives**  
Support alternative sentencing to therapeutic, evidence-based treatment programs for women and girl non-violent, first-time offenders. Mothers incarcerated for non-violent drug felonies, who are also addicts and survivors of sexual violence, will be given access to alternative sentencing programs. Similarly, girls in detention will be afforded access to therapeutic programs rather than confined to detention centers lacking gender-specific care and attention.

### *Redefine Sexual Violence as a Human Rights Issue in the National and Global Communities*

- **Expose and Eradicate Human Trafficking**  
Support efforts to expose and eradicate human trafficking, by supporting legislative and other measures to protect victims of human trafficking from being penalized for helping to expose this modern form of human slavery.
- Support efforts to eliminate state laws that charge children as young as 13 with prostitution. Encourage Congress to amend the federal Trafficking Victims Protection Act to make sure that states and localities provide sexually exploited children born in this country with the same protections and services that are routinely granted to international victims.
- **Support and Extend the Violence Against Women Act**  
The U.S. cannot be a strong and safe nation when in our homes and communities we allow violence against women and girls to exist with relative impunity. Work to stop physical and sexual violence toward women and girls by supporting the full funding of the Violence Against Women Act, a critical piece of legislation that aims to combat violent crimes against women, and by expanding it so that victims have effective civil rights tools to combat it.
- **Support the Ratification of the United Nations Convention on the Elimination of All Forms of Discrimination Against Women**  
The United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) is considered by many around the world to be an

“international bill of rights for women.” As a human rights treaty, CEDAW affirms the reproductive rights of women, supports women’s political and economic rights, and highlights the importance of eradicating trafficking and other forms of violence against women. Taking this step would begin to address systemic discrimination against women overall, make the U.S. a more active ally in the international fight to eradicate violence against women, and would additionally serve as a model, to inspire the individual states to increase their efforts to eradicate violence against women. There must be a bi-partisan effort to support this important treaty.

#### **SENATOR OBAMA’S RECORD**

- Obama was a co-sponsor of the Violence Against Women Act of 2005 (VAWA), in support of programs to combat domestic violence, dating violence, sexual assault, and stalking crimes. (S. 1197)
- Obama was a co-sponsor of a bill to amend the Foreign Assistance Act of 1961 to better coordinate U.S. government efforts respecting international women’s issues, including the development of strategies to prevent and respond to international violence against women and girls. (S. 2279)
- Obama was a co-sponsor of a bill to establish a national sex offender registration database. (S. 792)

## **WOMEN'S HEALTH AND THE ENVIRONMENT**

### **THE PROBLEMS**

#### ***New Trends Raise Warning Signals***

- About 10% of women report difficulty conceiving and maintaining a wanted pregnancy. Women under the age of 25 report the largest increase in this problem.
- An expert panel recently commissioned by the government concluded that breast development and menarche in girls is beginning at an earlier age and that this is an adverse effect linked to breast cancer and behavioral disorders.
- Compared to 30 years ago, over 25% more women get breast cancer and three times as many women are being diagnosed with thyroid cancer.
- While there is no population-wide data, estimates suggest that uterine fibroids and endometriosis are harming the health and fertility of between 10% to 50% of American women. Uterine fibroids are the single largest reason for hysterectomy in women of childbearing age.
- Thirty percent more babies are born premature, and on average babies are born one week earlier now than they were 15 years ago. Factors such as the increased average age of mothers, the increased use of assisted reproductive technologies need to be considered along with external environmental exposures.
- Human studies show that endocrine disrupting chemicals are impacting the ratio of male to female births, potentially reducing the number of boys being born.
- Some of the most common birth defects today are malformations of the male reproductive system
- While cancer mortality is declining, the incidence of most childhood cancers continues to rise. These cancers are suspected to occur from alterations while in the womb.
- Premature puberty, low birth weight and premature deliveries and breast cancer mortality are all reported to be higher in African-American women. Recent immigrants, people of color, and the poor are far more likely to work with chemicals, have higher levels of certain chemicals, have less access to protection them and suffer disproportionately from exposure to environmental contaminants where they live.

#### ***New Research Links these Human Health Problems to Chemicals and Other Problems in the Environment***

- The U.S. Centers for Disease Control and Prevention (CDC) reported that 150 chemical contaminants were detected in some portion of the U.S. population and that several of the

chemicals, such as environmental tobacco smoke, lead, mercury, phthalates and bisphenol A are detected in nearly all or all of the population. Some of the contaminants were measured at levels that cause adverse effects on reproductive health in animal studies.

- Epidemiologic studies in several countries have linked maternal exposure to air pollution and low birth weight and preterm delivery.
- Animal studies show that exposures to chemical contaminants around the time of conception, during pregnancy or during infancy can be particularly powerful because of these are times of exquisite vulnerability.

## **POLICY PROPOSALS**

- **Authorize the National Academy of Sciences (NAS) “Study of Studies”**  
Charge the National Academy of Sciences to conduct a review of existing and forthcoming research and issue a report on the links between chemical contaminants and reproductive health.
- **Support Environmental Research and Clinician Training**  
Increase funding at the National Institutes of Health to study biology of pregnancy, fetal development and reproductive health, the complexities of racial and social disparities and the impact of the environment on human health. Community-based research is essential for an improved understanding of disproportionate impacts.
- **Fund the National Children’s Health Study**  
Restore funding to the Children’s Health Study at the National Institute of Child Health and Human Development (NICHD) and other agencies which will follow 100,000 children from birth to age 21 to measure environmental influences on their health and development. The study will study 6 chronic illnesses which cost Americans \$642 billion each year (obesity, injury, asthma, diabetes, schizophrenia, and autism). If the study resulted in a 1% reduction in the cost of these diseases, it would save Americans \$6.4 billion a year, paying for itself twice over in only one year. This study should include a component that follows the health of the mothers along with their children. President Bush proposed zero funding for the Children’s Health Study for fiscal year 2009.
- **Reform the Toxic Substances Control Act (TSCA) and Enforce the Consumers’ Right to Know About Dangerous Chemicals**  
With its passage in 1976, TSCA declared “safe” some 62,000 chemicals already in use, with little or no data to support such a declaration. Since enactment, another 20,000 chemicals have entered the stream of commerce with little or no data to support their safety. In the 30 years since TSCA was enacted, EPA has banned only five chemicals. In June of 2008, the American Medical Association’s House of Delegates passed a resolution calling upon the U.S. government to reform its chemicals policy and restructure TSCA.

## **PUBLIC HEALTH INFRASTRUCTURE**

### **THE PROBLEMS**

#### ***Widespread Threats to Public Health Exist***

- Social and economic conditions and policies make people sick and produce health inequities: economic deprivation, discrimination, and adverse conditions at work, in the environment, and in the neighborhood.
- The food safety system in the U.S. is fragmented and flawed. Food-borne illness continues to threaten Americans, affecting 76 million people and resulting in 325,000 hospitalizations and 5,000 deaths every year.
- There is a significant shortage of health care and public health workers in the U.S., including nurses, nurse faculty, family physicians, dentists, nurse midwives, long-term care professionals, epidemiologists and others. Shortages vary both geographically across the nation and by specialty. Laboratory professionals are vital in confirming cases of new and emerging diseases, testing drinking water and soil for toxic substances and screening newborns for metabolic and genetic disorders.
- Public health receives 3 cents for every dollar spent on health in the U.S. to pay for vital public health functions ranging from preventing diseases to responding to natural and manmade disasters.

### **PUBLIC HEALTH POLICIES**

#### ***Ensure a Safe Food Supply for Americans***

- **Strengthen the U.S. Food Safety System**  
Strengthen the safety of the U.S. food supply, in areas of data collection, research, prevention, preparedness, response to threats.

#### ***Support Health Resources and Services Administration (HRSA) Health Centers Programs***

- **Reauthorize the Federal Health Centers Programs**  
The federal health centers programs were established to provide quality health care for medically underserved populations in this country. For 30 years, these programs have played a crucial role in delivering health care services to primarily low-income, underinsured individuals. Support the reauthorization and expansion of these programs.

#### ***Strengthen the Public Health Infrastructure at the Federal, State, and Local Levels***

- **Develop a National and Regional Strategy for Public Health**  
Support the collaboration of governments at all levels, to lead the effort to develop a

national and regional strategy for public health, and align funding mechanisms to support its implementation.

- **Increase Research on Policies that Improve the Public's Health**  
Promote and support public health research to optimize organization of the 3,000 health departments in the country.
- Call for the government to examine its agricultural, educational, environmental, and health policies to assess and improve public health.
- **Modernize Public Health Laboratories**  
Strengthen the U.S. public health infrastructure by supporting efforts to improve the national network of public health laboratories. These facilities play a crucial role in the identification and tracking of threats to public health, as well as the coordination of fast and effective response efforts.
- **Increase Funding for Monitoring and Surveillance**  
Fully fund the National Center for Health Statistics (NCHS), a division of the CDC responsible for monitoring the nation's health and providing surveillance information to identify and address public health problems. Increase funding for monitoring and surveillance efforts at the state and local levels.

#### *Address Shortages in the Health Care Workforce*

- **Support Research on Gender Inequities in the Health Care Workforce**  
Support research to document gender inequities in pay, managerial authority and autonomy per skill set in the health care workforce (i.e., note whether female dominated professions, or women in those professions, are disadvantaged relative to men, despite equivalent competencies).
- **Improve the Organizational Structure of Health Care Institutions**  
Support research to document health care institutions with relatively low rates of turnover and burnout, and replicate relevant organizational features.
- **Create an Office of Health Care Workforce**  
Create an Office of Health Care Workforce, with a subset addressing women health care workers and the needs of women and their health.
- **Support Pilot Projects Aimed at Coordinating Care and Support a Team Approach in Medical Homes**  
Support pilot projects intended to address a largely disorganized and fragmented delivery system characterized by lack of coordination, incomplete patient information, poor communication, uneven quality, and rising costs. Within primary care medical homes, Support a team approach that includes an expert in women's health and offer a broad range of women health services.

- **Enable Home Health Workers to Receive Benefits**  
 Enable home health workers to receive many benefits, including health care, by identifying a public sector employer – an approach pioneered by health care unions.
- **Increase Education for Primary Care Providers**  
 Increase educational programs for primary care providers, including nurses and nurse practitioners, and geriatricians. Educational programs, including increased support for college education and training, should increase the pipeline for future health care workers.
- **Address the Health Workers Crisis in Africa**  
 In the U.S., the quality of care that many nurse practitioners provide is equivalent to that of physicians. Furthermore, nurses can be trained to become nurse practitioners in less time, and at a lower cost than physicians. Therefore, the Administration should support efforts to address the health crisis in Africa that provide advanced education to African nurses, and work to address the “brain drain” loss of health providers from Africa and Asia to the U.S. and other developed nations.
- Create a reserve fund for the establishment of a bipartisan Medicaid commission to consider and recommend appropriate reforms to the Medicaid program, and to strike Medicaid cuts to protect states and vulnerable populations.
- Expand access to preventive health care services that reduce unintended pregnancy, including teen pregnancy, reduce the number of abortions and improve access to women’s health care.
- Improve the safety of non-motorized transportation, including bicycle and pedestrian safety.
- Support entitlement programs, including Medicaid, student loan programs and child support enforcement efforts.
- Increase funding to compensate first responders.
- Oppose requiring parental consent to cross state lines to obtain abortion services for minors.
- Oppose provider conscience clauses.

# **ACTIVE DUTY MILITARY AND VETERAN WOMEN'S HEALTH**

## **THE PROBLEMS**

- There are approximately 200,000 women serving in the military (over 14% of our service personnel), another 145,000 women service in our reserve and Guard forces (over 17% of these forces) and there are over 1.5 million women veterans in our nation (nearly 7 % of veterans as of 2001)
- Nearly 3000 military women have reported being sexually assaulted each year in recent years, and the GAO has recently reported (July 31, 2008) that these rates of sexual assault may be significantly underreported.

### ***Women Veteran and Active Military are Not Receiving the High Quality Care they Need***

- An agency review done at the behest of Congress and released by the Department of Veterans Affairs (VA) in June 2008 found that at one-third of VA facilities, the outpatient care received by women veterans was of lesser quality than that received by male veterans
- Limitations on equipment to treat female-specific ailments such as urinary tract infections, ectopic pregnancy, yeast infections, menstrual irregularities and breast lumps means that deployed women must be sent out-of-theater for conditions which would be treatable in-theater with the proper equipment, supplies, staffing and medications. This can result in delayed treatment and lost time.

### ***Reproductive Health Care is Limited***

- Military pharmacies do not have to carry emergency contraception as it is not on the required formulary for products to be available to all service women. This safe and effective method of contraception, that can be used in the case of rape or failed contraception, should be available to all military women and members of military families.
- U.S. law forbids abortions at military and VA health facilities except those necessary to save the mother's life or to end pregnancies resulting from rape or incest. TRICARE, the military version of health insurance, does not cover abortions obtained at civilian facilities even in cases of rape or incest. Military women, women veterans and female family members of service personnel who want abortions must obtain them at civilian facilities and pay for them. At certain overseas locations there is no access to safe abortions within the civilian sector.

## **POLICY PROPOSALS**

### ***Ensure Military Women and Veterans Get the Health Care they Need***

- **\* Improve Outpatient Care of Women Veterans**
- Fully fund women veterans out-patient facilities and services and will ensure that all Veterans Integrated Service Network (VISN) Directors fund, equip and staff out patient facilities for women veterans so they are on a par with the health care provided to male veterans.
- **\* Improve Deployed Health Care**  
Ensure that the military health system will upgrade the female-specific health care available to service women in the Iraq and Afghanistan theaters of war so it is equivalent of that available to men.
- **\* Increase Access to Reproductive Health Care for Military Women and Veterans**  
Ensure that military pharmacies stock all forms of FDA approved contraception, including emergency contraception. Women attached to small units such as Navy ship and outlying field units in places like Iraq which do not have pharmacies will also have access to emergency contraception through the unit's physician or medic. Work with Congress to change the law so that service women, women veterans and female family members of service personnel have the same access to abortion services as civilian women.

#### **OBAMA'S RECORD**

- Obama voted yes in 2006 to prevent the imposition of excessive TRICARE fees and co-pays on military retirees ( 00067 16-Mar 2006 S.Con.Res. 83 On the Amendment S.Amdt. 3143 )
- Obama voted yes in 2006 to provide an assured stream of funding for veteran's health care that will take into account the annual changes in the veteran's population and inflation to be paid for by restoring the pre-2001 top rate for income over \$1 million, closing corporate tax loopholes and delaying tax cuts for the wealthy. (16-Mar S.2006 Con.Res. 83 On the Amendment S.Amdt. 3141)
- Obama voted yes To increase Veterans medical services funding by \$1.5 billion in FY 2007 to be paid for by closing corporate tax loopholes.(14-Mar 2006 S.Con.Res. 83 the Amendment S.Amdt. 3007)
- Obama voted yes to support the health needs of our veterans and military personnel and reduce the deficit by making tax rates fairer for all Americans. (02-Feb 2006 H.R. 4297 On the Motion S.Amdt. 2735)