Throughout 2012, the Network worked to ensure women’s voices were heard and taken into account at health decision-making tables across the country. During the election season, there were outrageous attacks on women but women pushed back! In particular, young women and women of color came out strongly against anti-women’s health candidates. Our three policy advocacy campaigns produced important successes demonstrating the value of the Network’s investment in cross-movement work, engaging with allies in the health, economic and reproductive justice movements.
2012 PROGRAM ACCOMPLISHMENTS

Raising Women’s Voices for the Health Care We Need

Through the Raising Women’s Voices (RWV) campaign, we assure women’s voices are heard and concerns are addressed in health reform to ensure it is a reality for women.

- We celebrated a victory when the U.S. Supreme Court ruled that the health care law is constitutional! The Network was at the Court demonstrating that women’s health and reproductive justice advocates support the Affordable Care Act and highlighting the benefits for women — from guaranteed coverage for maternity care, contraception and other preventive services without copays to ending unfair practices like charging women more than men for the same coverage or denying us coverage because of pre-existing conditions.

- The first wave of women got contraceptive coverage without copays in August thanks to RWV advocacy! While educating women about their new coverage, we monitored implementation to prevent insurance companies from cutting corners and restricting women’s options and defended against attacks by conservative opponents trying to give employers the power to cut some women off from this important advance, putting our bosses in charge of our bodies and our health care.

- RWV created and carried out the Countdown to Coverage education and advocacy campaign to raise public awareness of how the health care law is improving women’s access to affordable insurance coverage that meets the needs of diverse women. This included an effort targeted to college women, Our Campus Our Coverage, focusing on the benefits students gain and providing them with tools to advocate for improved coverage in student health plans.

- We advocated for rules on other provisions of the health care law to ensure women’s full health care needs are covered, including comprehensive definitions of the maternity and preventive health services that insurers will be required to provide. We also spoke out against restricted access to health services for immigrant women.

Challenging Dangerous Drugs and Devices for Women

The Network challenges dangerous drugs and devices, ensures women have complete and accurate information about products marketed to them, and strengthens public protections against such threats.

- In July, we marked the 10th anniversary of the release of results from the Women’s Health Initiative. The landmark study showed hormone therapy increased the risk of breast cancer and heart disease. We celebrated the fact that more than 160,000 women didn’t get breast cancer over the last 10 years because the Network helped them avoid exposure to the drugs that would have caused it.

- When Congress reauthorized funding for the Food and Drug Administration’s (FDA) drug and medical device programs, the Network fought industry efforts to lower safety standards and won improvements in women’s health and consumer protections. The FDA must ensure companies evaluate whether drugs and devices affect women and men differently and implement a system tracking medical devices to identify safety problems and notify consumers.

- The Network urged the FDA to alert women and clinicians to new evidence showing serious harm caused by long-term use of bisphosphonates, drugs for osteoporosis. We called on the FDA to reverse its decision that these drugs be used by healthy women who want to protect their bones. The FDA took a step in the right direction by recommending most women should not use the drugs longer than three to five years.

- After the FDA approved two obesity drugs without evidence they are effective at improving health and despite evidence of serious safety concerns, the Network developed recommendations to improve the FDA’s standards by requiring evidence obesity drugs improve health, don’t cause heart problems, and are safe for long-term use.

Securing Sexual and Reproductive Health and Autonomy

To ensure every woman can make her own decisions about her reproductive and sexual health, the Network advocates for comprehensive, accessible contraceptive and abortion care, accurate information about sexuality and reproduction, and tools to protect against HIV and sexually transmitted infections. We promote access to safe and effective products and services, with complete information and without ideological restrictions.

- The Network continues our advocacy to ensure the contraceptives available to women are safe and effective. While this is true for most contraceptives, pills containing drospirenone are riskier than other, equally effective, oral contraceptives and offer no unique benefit. We urged an FDA expert panel to recommend these pills be taken off the market.

- The Network, working with a diverse coalition, built stronger and more visible support for Congressional investment in National Institutes of Health research on our reproductive health research priorities — including contraceptive development and evaluation, uterine fibroids and pelvic floor disorders.

- The Network persisted in demanding the Administration follow the science and eliminate medically unjustified restrictions on access to emergency contraception, even asking Health & Human Services Secretary Sebelius about it at the Department’s annual holiday party.

- The Network is an active leader in the Coalition for Abortion Access and Reproductive Equity (CAARE), which defends and promotes access to abortion care for women insured through Medicaid, specifically low-income women and women of color. We’re working with state and local partners on passage of resolutions demonstrating support for abortion coverage in public insurance programs and building support, both within the reproductive rights base constituencies and among cross-sector allies, for such policies.

- By providing accurate information and countering false claims, the Network successfully defeated Congressional attacks on women’s access to abortion, including a bill to ban medication abortions using mifepristone. The bill targeted efforts to use telemedicine to make safe abortion care available to women living in rural areas where access is often limited.

Follow the National Women’s Health Network

[Social media icons and links provided]

5th Annual Barbara Seaman Awards for Activism in Women’s Health

Listening to women, correcting abuses and building bridges between generations.

LEFT: Network Board Members Priscilla Huang, Mia Kim Sullivan and Susan F. Wood were among the guests who attended the Network’s annual fundraiser.

RIGHT: Honoree Aquene Freechild, guest speaker Darlene Nipper, Cindy Pearson and honoree Inca A. Mohamed.

2012 FINANCIAL DETAIL

2012 REVENUE

Grants: $432,000
Donations: $349,021
In-Kind: $65,601
Membership: $244,522
Events: $26,713
Other: $7,770

38% 31%
6% 22%
1%
%
3%

2012 EXPENSES

Health Program & Policy: $515,063
Administrative: $235,275
Membership: $229,003
Developing Leaders: $31,919
Women’s Health Voice: $114,664
Other: $7,770

45% 20%
20% 10% 3%

2012 FINANCIAL STATEMENT

Total Revenue: $1,125,627
Total Expenses: $1,154,343
Change in net assets: ($28,716)
Beginning net assets: $649,288
Ending net assets: $620,572

NWHN LEADERSHIP

BOARD OF DIRECTORS

The National Women’s Health Network is governed by a committed and talented Board of Directors elected to a four-year term. The following individuals served on the Board from January 1, 2012–December 31, 2012.

Bindiya Patel, Chair, (January–June 2012)
Dara Mendez, Chair
Malika Redmond, Action Vice Chair (January–June 2012)
Cheri Pies, Action Vice Chair
Susan Schewel, Administrative Vice Chair (January–June 2012)
Zipatly V. Mendoza, Administrative Vice Chair
Alicia Bell, Treasurer (January–June 2012)
Ninia Baehr, Secretary (January–June 2012), Treasurer
Priscilla Huang, Secretary
Judy Costlow
Daron Dixon Diallo
Anu Manchikanti Gomez
Kira Jones
Laura Kaplan

STAFF

The following individuals worked at the National Women’s Health Network during 2012.

Cynthia Pearson, Executive Director
Amy Allina, Program & Policy Director
Pat Antonisse, Finance Manager
Susan K. Flinn, Newsletter Editor
Goldie Heidi Gider, Director of Advancement
Latasha Jackson, Office Coordinator
Keely Monroe, Program Coordinator Law Students for Reproductive Justice Fellow (2011–2012)
Kate Ryan, Senior Program Coordinator
Shaniqua Seth, Health Communications Manager
Beverly Thomas, Membership Manager
Melissa Montoya-Torre, Program Coordinator Law Students for Reproductive Justice Fellow (2012–2013)
Ezra Towne, Membership Coordinator

INTERNS & VOLUNTEERS

Chelsea Affleck
Malva Ali
Christina Cherel
Taylor Cole
Addie Cunniff
Brittnee Hawkins
Amy Laskowske
Shadia Mansour
Meagan Morse
Sarah Murphy

NWHN FOUNDERS

Barbara Seaman
Phyllis Chesler, Ph.D.
Belita Cowan
Alice J. Wolfson, J.D.
Mary Howell, M.D.