ADVANCING WOMEN’S HEALTH
Throughout 2013, the Network brought women’s voices to decision-making tables and ensured that women’s priorities and concerns were heard! Our three advocacy campaigns successfully supported women’s expanded access to health insurance, ensured that there is evidence to support the medical products and treatments available to women, and promoted access to the full range of reproductive health care including abortion.

Raising Women’s Voices coordinators from across the country came to DC in September.

2013 Board of Directors gather in Phoenix, Arizona.

Spring interns Allyson and Grace join Congresswoman Jackie Speier.

Staff and interns celebrate Love Your Body day in October.

Summer interns Claire, Elli and Rachel show off over-the-counter emergency contraception—acquired with ID!

Cindy and Kate join activists with Congresswoman Elizabeth Esty on CAARE Lobby Day in November.
2013 PROGRAM ACCOMPLISHMENTS

Raising Women’s Voices for the Health Care We Need

The Network aspires to a health care system that is guided by social justice and meets our diverse needs. 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.

• The health care marketplaces established by the Affordable Care Act (ACA) opened for enrollment! RWV developed and launched outreach and enrollment campaigns focused on women’s needs, including Women 4 Health Care. We worked to ensure that campaigns provided information for low-income women, women of color and young women. Our efforts paid off — women made up more than half of the 8 million people who enrolled in the marketplaces!

• Many more women got contraceptive coverage without co-pays thanks to RWV advocacy! We worked to make sure that women knew about their new coverage and that they actually got the benefits they are guaranteed under the ACA. We monitored insurance companies for compliance with the law and opposed conservative efforts trying to put bosses in our bedrooms by allowing them to deny this benefit to the women that work for them.

• RWV worked with our partners in states that haven’t yet expanded Medicaid to increase support for expansion. We put pressure on state legislatures and elected officials and highlighted the benefits of expansion as a tool to reach and cover the most marginalized women.

• RWV increased the strong voices representing women’s health questions, concerns and priorities by expanding its network of partners. By expanding in the states where political resistance is a barrier to women obtaining the benefits of the ACA, RWV is better able to counter conservative opposition.

Challenging Dangerous Drugs and Devices for Women

Women face health risks from unsafe and unnecessary use of drugs, medical devices and treatments. 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.

• The Network urged the Food and Drug Administration (FDA) to take an unsafe and ineffective osteoporosis drug, calcitonin salmon, off the market — and the FDA agreed! We also advocated for the FDA to stop preventive use of bisphosphonates and to require evidence that osteoporosis treatments prevent fractures before approving them.

• When policymakers asked the Network about the health risks of NuvaRing, a vaginal contraceptive ring, we provided a balanced understanding of the risks and benefits. We worked with policymakers to push for the FDA to provide women with accurate and balanced information.

• A National Institutes of Health (NIH) funded study found that women going through menopause can get significant relief from hot flashes and improve their sleep through clinical hypnosis! The Network has consistently advocated for NIH to support research to develop safer treatments for hot flashes — research companies won’t do because treatments like this can’t be patented.

• The Network continued its advocacy to ensure that the FDA implements women’s health protections we fought for in a consumer-friendly way. We urged the FDA to require that companies include more women and people of color in clinical trials, evaluate the safety and effectiveness of products in these groups and communicate this information so women can make informed decisions. We also worked with the FDA to set up a system to track medical devices, which will help identify safety problems so consumers can be warned quickly.

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.

• After many years of political and legal battles, brand and generic versions of emergency contraception are finally available on the shelf! A judge ordered the FDA to remove the age restriction and the Obama Administration complied. Throughout this long battle, the Network persisted in calling on the FDA to eliminate restrictions that aren’t supported by the science — and we’re finally there!

• The Network continues to be a leader in All® Above All, a campaign to generate and expand support for women’s access to abortion no matter how much she makes. We worked with allies to build momentum among grassroots activists and local, state and federal policymakers for public insurance coverage of abortion care to improve access for low-income women and women of color.

• We brought our reputation for science-based advocacy to efforts supporting access to medication abortion. The Network monitored conservative efforts to restrict access to mifepristone and galvanized supporters to oppose these attacks on science and women’s health by urging them to sign our petition!

• The FDA agreed with the Network’s recommendation and did not approve flibanserin, a drug intended to treat female sexual dysfunction, which is the second time that this drug has been reviewed and rejected. The drug is only minimally effective, has significant side effects and has not been evaluated for long-term use! Despite pressure to approve, the FDA has continued to do the right thing.
2013 FINANCIAL DETAIL

2013 REVENUE

Grants: $685,150

Donations: $330,267

Membership: $147,837

Other: $19,640

In-Kind: $32,258

Event: $33,394

54% 26% 12% 3% 3%

2013 EXPENSES

Health Program & Policy: $451,948

Member Services: $302,274

Fundraising: $85,885

Women’s Health Voice: $119,322

Developing Leaders: $45,904

Administrative: $166,544

4% 39% 7% 3% 26%

2013 INSTITUTIONAL SUPPORT

14% 10%

6th Annual Barbara Seaman Awards for Activism in Women’s Health
A Lifetime of Advancing Women’s Health

CLOCKWISE FROM TOP RIGHT: Guest speaker Lori Kaplan, CEO & President of the Latin American Youth Center; Network staff and interns gather at Elizabeth’s on L in DC; Board Member Ninia Baehr and 2013 honoree Nancy Boothe, Executive Director of the Feminist Women’s Health Center in Atlanta; Board Member Zipatly Mendoza presents the 2013 Barbara Seaman Award to honoree Zerlina Maxwell

PHOTO CREDIT: Peter Cutts

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, 2013–December 31, 2013.

Dara Mendez, Chairperson
Cheri Pies, Action Vice Chair
Zipatly Mendoza, Administrative Vice Chair
Ninia Baehr, Treasurer
Priscilla Huang, Secretary (January–June 2013)
Charlea Massion, Secretary (June-December 2013)
Dazon Dixon Diallo
Anu Manchikanti Gomez
Kira Jones
Laura Kaplan
Kara Loewentheil
Bindiya Patel
Mia Sullivan
Susan F. Wood

STAFF

The following individuals worked at the National Women’s Health Network during 2013.

Cynthia Pearson, Executive Director
Amy Allina, Deputy Director
Frances Ampah, Office Coordinator
Pat Antonisse, Finance Manager
Cecilia Sáenz Becerra, Field Organizer
Susan K. Flinn, Newsletter Editor
Goldie Heidi Gider, Director of Advancement
Lillian Hewko, Program Coordinator, Law Students for Reproductive Justice Fellow (2013–14)
Latasha Jackson, Office Coordinator (2007–2013)
Kate Ryan, Senior Program Coordinator
Shaniqula Seth, Health Communications Manager
Melissa Torres-Montoya, Program Coordinator, Law Students for Reproductive Justice Fellow (2012–13)
Amirah Tyler, Membership Coordinator

HELEN RODRIGUEZ-TRIAS
WOMEN’S HEALTH LEADERSHIP INTERNS AND EUNICE CORFMAN INTERNS

Grace Adofoli
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Charlotte Laniece
Stavroula Menoudarakos
Julia Newman
Eli Palmer
Allyson Reddy
Rachel Ruderman
Amanda Wentworth

NWHN FOUNDERS

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

2013 FINANCIAL STATEMENT

Total Revenue ...................... $1,262,496
Total Expenses ...................... $1,171,877
Change in net assets ................... $90,619
Beginning net assets .................. $624,929
Ending net assets ...................... $804,288

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Collective Legacy

Collective Legacy members have included the Network in their estate plans.

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Martha & Donald Farley
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Adele Fugh-Berman, M.D.
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