



**Women's Health Research Institute**  
*Putting Women's Health Research First*

**March 2013**

**In This Issue**

**Health Reform and Women's Health**

**Institute Happenings**

**Upcoming Events**

**Related Blogs**

[Some little known aspects of the Affordable Care Act regarding women](#)

[Preexisting conditions and the ACA](#)

[Illinois makes progress on health insurance marketplace](#)

Dear Friends,

In the 1970s a group of women in California noticed a lack of female achievements cited in historical texts (less than 3%) providing girls few famous role models. As a result, this west coast group started the [National Women's History Project](#) to teach as many people as possible about women's significant roles in history. They began by getting a California commission to initiate a Women's History Week celebration in their state. By 1979, similar events grew in other states and the effort to create a national designation began.

In February 1980, President Jimmy Carter issued the first proclamation declaring the week of March 8 as National Women's History Week and, in 1981, a Resolution was passed by Congress. By 1986, 14 states had declared March as Women's History Month and, in 1987, the U.S. Congress declared March as National Women's History Month in perpetuity.

To acknowledge the role of women in history, this e-newsletter focuses on women and health care reform. Special thanks to Anne S. Kasper who gave us permission to edit, excerpt, and update an article and historical perspective she wrote and distributed in 2008. Anne is now retired but I first met her when she was senior research scientist at the Center for Research on Women and Gender at the University of Illinois at Chicago. She is a founding member of the U.S. Women's Health Movement and was an active member for over 40 years and thanks to the internet, I have reconnected with her!

Sincerely

Sincerely,

Sharon Green, editor

## Health Reform and Women's Health

Since the beginnings of the Women's Health Movement in the late 1960s, women have known that the health care system does not work in their best interests. The American system delivers sporadic, interventionist, hi-tech and curative care when what we need most is continuous, primary, low-tech and preventive care. Women are the majority of the uninsured and underinsured and are experts on our health and that of our families. We are also the majority of health care providers.

Health care reform in the U.S. has been attempted many times during the last century. The biggest successes occurred in 1965 with the creation of the Medicaid and Medicare programs, providing health care to millions of poor, underserved, and older persons. Most other large-scale efforts to reform the system have focused on providing universal health coverage that would entitle every individual to health care as a right. To date, every attempt to adopt universal health in the U.S. has failed due in part to the economic and political forces against it. It is no accident that the U.S. is the only industrial country without universal health care.



### Committee for National Health Insurance

In the early 1970s, the Committee for National Health Insurance, a labor sponsored group in Washington, DC, organized the first conference on women and national insurance. They brought together women's health advocates whom the Committee rightfully imagined would want to include a national health insurance program in their advocacy agenda. Many of those attendees were early organizers of the National Women's Health Network, which continues its work today. The Committee, along with labor unions and leaders like Senator Ted Kennedy, continued to work on universal access, exploring several options with little progress.

### Secretary's Advisory Committee on the Rights and Responsibilities of Women (SACRRW)

In the late 70s and early 80s, Patricia Roberts Harris, the first black woman to be U.S. Secretary of Health and Human Services, convened a meeting of SACRRW, one of the first federal efforts designed to include and represent women of all backgrounds. The committee of 12 women were charged with advising the Secretary on policies and programs that impacted women, including the National Health Insurance (NHI) proposals being vigorously debated in Congress at the time. SACRRW stated that the pending NHI proposals did not address the concerns of many women. They commissioned a research paper, "Women and National Health Insurance: Where Do We Go From Here" that was widely distributed. The report detailed how the NHI would impact women.

This paper, written 3 decades ago, addressed many of the issues that are still relevant to women today. For instance, the report pointed out that because health insurance is linked to paid full-time employment, it frequently discriminates against women who are more likely than men to work part-time, miss work due to childcare responsibilities, and more often work for small businesses or in service sector jobs where health insurance is not a covered benefit. Health insurance for women who worked at home was not available unless covered by Medicare or Medicaid or through a spouse. They also found that reproductive and preventive health coverage was inadequate.



SACRRW held a national conference on the report and women's groups proposed ten principles including:

- Universal coverage
- Individual eligibility (not based on marital or family status)
- Continuous coverage
- No exclusions for preexisting conditions
- No waiting periods
- Equitable financing, cost containment, limited cost sharing
- Shared, single-payer financing plan
- Limits on expenditures, deductibles, co-payments
- Consumer participation
- System restructuring

Because universal coverage was a part of these principles, little changed.

### **The Campaign for Women's Health**

The next women's national effort was undertaken by the Campaign for Women's Health (CWH). This coalition of more than 100 local, state and national organizations was a working group under the auspices of the Older Women's League. The coalition became the most vocal advocate for women's interests in NHI during the Clinton Administration's attempt at health care reform. Its guiding principles were similar to those of SACRRW, but they added the importance of a women's health research agenda. The CWH crafted a Model Benefits Package for Women (MBP). It stated that "all services which are necessary or appropriate for the maintenance and promotion of women's health should be included in a benefits package." It included recommendations that are very much in the headlines today. Among them were primary and preventive care; range of health care providers in outpatient settings; full complement of reproductive services; periodic gynecologic exams; long-term care that includes home and institutional settings for medical, personal, mental and social services.



## The Clinton Administration

One of the major campaign promises President Bill Clinton's administration immediately tackled was health care reform. He created a task force led by First Lady Hillary Clinton to come up with a comprehensive plan to provide universal health for all Americans. The core element of the plan was an enforced mandate for employers to provide coverage to all their employees through competitive but closely regulated health maintenance organizations. His plan was crafted by policy makers in DC and debated primarily by power brokers within the Capitol. Its very processes were somewhat controversial and led to litigation. The Clinton health plan officially known as the Health Security Act was never enacted into law. Many people concluded that one of the reasons for the failure of health care reform under Clinton was the lack of public support.

## What next?

Dr. Kasper's paper concludes with a final note that "as we move toward this next wave of reform, it is time for women's voices to be heard." She does warn the we should not expect that universal health insurance will end all our woes since it does not guarantee access to high quality health services. She encourages women to work toward changing the existing bureaucratic, exclusionary and profiteering system to one of equity, caring and affordable health care delivery for all.

This leads to our next question: Is the Obama Affordable Care Act going to meet those standards of equity, caring and affordability? The Act is now law and several of its provisions are already in place (e.g., young adults can remain on their parents insurance until age 26; children with preexisting conditions cannot be denied coverage; women have expanded coverage for preventive and reproductive health services). While the ACA has cleared major hurdles in the courts, several provisions are still being challenged, namely the contraception access mandate. The Institute will continue to track these issues as they evolve through our blog so we encourage you to follow our [blog](#) or on Twitter [@womenshealthnu](#).



*Primary Source: The History of Health Care Reform and the Women's Health Movement by Anne S. Kasper, revised April 2008. Excerpts approved Jan. 2013.*

*Other Sources and Resources:*

[National Women's Law Center](#)

[National Women's History Project](#)

[Raising Women's Voices](#)

[National Women's Health Network](#)

[Maryland Women's Coalition for Health Care Reform](#)

**INSTITUTE HAPPENINGS**



On Friday Feb. 1st, the Women's Health Research Institute hosted an information booth at the Women's Heart Health Symposium hosted by Northwestern Medicine's Bluhm Cardiovascular Institute and the Alberto Culver Health Learning Center.

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In February, the Women's Health Research Institute hosted four Lindblom Math & Science Academy high school students and their teacher in the Woodruff Lab for a day of experimentation.



*Students look under the microscope in Dr. Woodruff's lab*

The students read one of Dr. Woodruff's papers and wrote a proposal for an experiment based on this paper. These students prepared samples in the lab that they will take to Argonne National Laboratory in March.

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The Women's Health Research Institute congratulates Dr. Andrea Dunaif, MD, the Charles F. Kettering Professor of Metabolism and Endocrinology at the NU Feinberg School of Medicine for receiving the 2013 Distinguished Woman in Medicine and Science Award from the Northwestern Women's Faculty Organization on February 28. Dr. Dunaif is a renowned expert in polycystic ovarian syndrome.

## **UPCOMING EVENTS**

**Tuesday, March 12, 2013. Women's Health Research Monthly Forum-Maternal**

[Fetal Programming of Vitamin D--Jami Josefson, MD, Pediatric Encrinology,  
Lurie Children's Hospital of Chicago](#)

[Forward email](#)



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