IMPACT OF THE MEDIA ON WOMEN’S HEALTH

ACHA May 2013    Boston, MA
In 2011, this ninth edition was produced in the book’s 40th anniversary year, with a focus on reproductive and sexual health across the life span.
Aamaar Shastha, Aamaar Satta
(My Health, My Self)
Bangla edition
2010
for India and Bangladesh
by Sanlaap and Manavi

Women and Their Bodies
East Jerusalem

Our Bodies, Our Votes Campaign

www.ourbodiesourvotes.com
Campaign highlights four top issues

- Allowing employers to deny insurance coverage for care they disagree with
- Permitting doctors to withhold vital medical information
- “Personhood” amendments
- Mandating medically unnecessary procedures
Christy Turlington Burns, founder of “Every Mother Counts,” helps launch “Educate Congress” campaign.
Cosmetic Surgery

- 91% of patients women
- 84% white
- 40% of patients are repeat patients
- 2/3 report family incomes < $50,000
- More popular on West Coast

For more info: www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/BreastImplants/default.htm
Sample Photo from Implant Maker’s Website
Photo of Capsular Contracture
From FDA Booklet
This is the same 27-year old woman after her painful implants were removed
This woman’s leaking silicone implants were removed, leaving her deformed.
Excellent documentary exploring the risks of breast implants (for reconstruction after mastectomy as well as for augmentation):

http://absolutelysafe.com/

Contact Our Bodies Ourselves for a free copy to show on your campus: office@bwhbc.org
Direct-to-Consumer Advertising of Prescription Drugs

Effects of Misleading Ads
The Public Gets Misinformation

- Benefits are often overstated, while risks are understated
- FDA warning letters are issued *after* the ads run
- Corrective ads are rarely required
- Withdrawal of an ad is the only penalty
Now *predict* your chances of getting *breast cancer.*

And *act* on it.

*Take the Risk Assessment Test.*
*It's 6 simple questions.*

Many of us sense we might be at high risk for getting breast cancer—especially if we've watched a mother or sister battle the disease. Well, now there's a way to stop wondering and actually do something about it. Because now your doctor has a way to

The proof? In a landmark study of women 35 and older at high risk for breast cancer, women who took Nolvadex had 44% fewer breast cancers than women taking sugar pills. Nolvadex decreases but doesn't eliminate the risk of breast cancer and didn't show an increase in survival.

*Nolvadex isn't for every woman at high risk.* In the study,
This misleading ad notes:

44% fewer breast cancers in women taking tamoxifen vs. women taking placebo (showing relative risk reduction)

BUT does not indicate that there is a 252% increased risk of endometrial cancer (the increased relative risk)
Instead, the ad minimizes the risk of serious problems by citing only an absolute risk: the 1-2% risk of endometrial cancer or blood clots.

The ad also does not note that there is only a 1.8% chance of benefiting from the drug (i.e., the absolute benefit). In other words: “apples are not compared with apples”....
The Problem of Unpaid Advertising

For example, *Parade* magazine (years ago) put model Lauren Hutton on its cover for a piece on celebrity beauty tips, and quoted her saying her "No. 1 secret is estrogen. It’s good for your moods, it’s good for your skin. If I had to choose between all my creams and makeup for feeling and looking good, I’d take the estrogen.”
The article didn’t mention that Hutton was a paid spokesperson for Wyeth Ayerst at the time, and that she appeared in their ads. It also didn’t mention that Hutton's claims for estrogen's benefits were not backed up by valid scientific evidence.
PharmedOut
http://www.pharmedout.org
A Georgetown University Medical Center Project
• Documents and disseminate information about how pharmaceutical companies influence prescribing
• Fosters access to unbiased information about drugs
• Encourage physicians to choose pharma-free CME (Continuing Medical Education)
Meika Loe examined the confluence of cultural anxiety, profit motive, and mega-marketing that has made Viagra a best-seller (used by millions of men of varying ages since the drug's 1998 debut).
Example of an early Viagra ad
“Female Sexual Dysfunction”
What is FSD? And why are biomedical solutions to women’s sexual problems so heavily promoted?

See the New View Campaign for excellent multi-media resources: http://www.fsd-alert.org/
“Your Voice, Your Wish” website, a commercially sponsored site that repeats mis-statements like:

“43% of women suffer from some form of sexual dysfunction. Are you one of them? Do you know one of them?”

https://www.yourvoiceyourwish.com/
Orgasm, Inc (humorous documentary by Liz Canner) September 2009, 78 minutes
ADVOCATING FOR BEST PRACTICES IN PREGNANCY AND CHILDBIRTH

More accurate media portrayals of birth are needed to offset the growing “climate of doubt” and distortions that now permeate the culture
Remove Incentives for Unnecessary Maternity Care Services

• Encourage states to *reduce overuse* of non-medically indicated procedures: Includes elective cesarean surgery and labor inductions
• One solution is to reward states that reduce the use of non-medically indicated interventions with increases to their annual Federal Medical Assistance Percentage (FMAP)
• Results in health benefits to women, their babies *and* Medicaid programs
Adopt Maternity Care Quality Measures

- A focus on evidence-based quality maternity care services will reduce overall costs in maternity care delivery
- Establish maternity care quality measures and track quality of maternity care annually for Medicaid and Tricare beneficiaries
- Utilize recent National Quality Forum (NQF) endorsed maternity quality care measures
Provide Equal Primary Care Payments to Midwives Under Medicaid

• Primary care physicians are eligible for enhanced primary care payments under Medicaid for 2013 and 2014
• Independent practicing midwives providing primary care services are not eligible
• Expanding eligibility to these midwives will improve access to necessary care and reduce overall health costs
Birth Centers & Midwives = Solution

• Overburdened, expensive healthcare system begs for change
• Midwives & birth centers can be a larger part of nation’s solution
• Need policy support for midwives and birth centers
• Results will be higher quality and lower cost maternity care for women and their families
A Statement by Physicians, Midwives and Women’s Health Advocates who Support Safe Choices in Childbirth (2008)

1. Preserving and expanding the option of vaginal births after cesarean (“VBACs”)

2. Expanding hospital-based midwifery care (utilizing Certified Nurse Midwives and Certified Midwives)

3. Licensing and regulating Certified Professional Midwives (CPMs) to make the option of homebirth as safe as possible.

List of endorsers:
Female Condom Initiative

see http://www.unfpa.org/hiv/female.htm

• Male condoms and HIV prevention information and services are necessary but insufficient to reverse or significantly reduce the rate of HIV infection

• Women, particularly young adults and those who are married or in long-term relationships, represent a growing share of people living with HIV

• A powerful tool for women and girls to remain HIV free

• Increase access to dual protection options
The New FC2 female condom- new barrier method that needs much better “PR”

- Polyurethane or nitrile internal device
- Protects men and women against infections and unintended pregnancy
- Complementary to male condoms
- Increases choices for protection
- Contributes to more protected sex acts
- Cost-effective- much cheaper than treatment
Assisted Reproduction Technology
Selected Challenges

• The increasing demand for women’s eggs for both IVF purposes and for use in research (infertility not the only reason)

• Increasing demand for women as commercial gestational mothers and growth of “cross-border” surrogacy

• Deflection of attention and resources AWAY from the primary prevention of infertility (eg, STIs, toxic exposures)
SPECIAL
EGG DONOR
NEEDED

Preferred Donor will meet the following criteria:

Height Approximately 5’9 or Taller
Caucasian
S.A.T. Score Around 1275 or High A.C.T.
College Student or Graduate Under 30
Athletic
No Genetic Medical Issues

COMPENSATION $80,000
Paid to you and/or the charity of your choice

All related expenses will be paid in addition to your compensation
(Extra compensation available for someone who might be especially gifted in athletics, science/mathematics or music)

For more information or to obtain an application please contact
Michelle at the Law Offices (866) 333-6056 or email Donorinfo@pachell.net

*This ad is being placed for a particular client and is not soliciting eggs for a donor bank.
We Are Looking for a
Special Egg Donor

COMPENSATION
$100,000

This ad is being placed for a particular client and is not soliciting eggs for a donor bank or registry. We provide a unique program that only undertakes one match at a time and we do not maintain a donor database.

Please visit
www.elitedonors.com
for full program details
Chinese Donor - Urgent! Young Chinese Egg Donor Needed. Remuneration: $100,000.00 and Negotiable. Loving & Caring Chinese Family is looking for healthy, young (under 32), highly intelligent, Chinese egg donor.
Serious side effects reported by women who have used leuprolide acetate (Lupron™) include tremors, seizures, memory loss, and joint pain. Some women report that side effects do not go away even after they stop taking Lupron.
• Many Lupron-related problems are discussed in detail at [http://lupronvictimshub.com](http://lupronvictimshub.com), a website created by a nurse-practitioner who herself experienced harmful consequences from multiple uses of Lupron. She includes material collected earlier by the no-longer-active National Lupron Victims Network (NLVN), founded by two dentist sisters. (The NLVN website was mysteriously taken down in 2003.)
Dr. Suzanne Parisian, former Chief Medical Officer at the FDA wrote in 2005:

“Many of the drugs used during [IVF] procedures have not been monitored for long-term safety. Pharmaceutical firms have not been required by either government or physicians to collect safety data for IVF drugs regarding the risk of cancer or other serious health conditions despite the drugs being available in the United States for several decades”
• “Fatal colon cancer in a young egg donor: A physician mother’s call for follow-up and research on the long-term risks of ovarian stimulation” by Jennifer Schneider, MD, PhD (Fertility and Sterility, 2008)
Currently, there is only one voluntary registry based at Dartmouth-Hitchcock Medical Center in New Hampshire now attempting to track the health of all those involved in ART procedures, including women undergoing egg retrieval:

Infertility Family Research Registry

www.ifrr-registry.org
The **Infertility Family Research Registry** (IFRR) is a growing pool of volunteers interested in helping to improve understanding of the health of people and families that have faced a diagnosis of infertility or dealt with infertility treatments. The registry provides a bridge between these individuals and experienced researchers.

---

**Become a Volunteer**

We welcome those trying to have a child as well as those who have already completed their families through treatment or adoption. In addition, the registry needs individuals who had no difficulty getting pregnant, to serve as study controls or comparison subjects.

---

**Who can volunteer?**

To be part of the Infertility Family Research Registry, volunteers can be:

- Women or men.
- Anyone building a family, regardless of where you are in the family building process.
- People who have had, or are having,
Volunteer for the ifrregistry

How does the Infertility Family Research Registry work?

- To be part of the registry, all you need to do is to sign on to our website and fill out our questionnaire. Simply filling out and updating this questionnaire will help us to gain a lot of information about your health and that of your children. We ask that you continue to update your information as it changes over time.

- In addition, the registry will allow investigators who are doing studies to find interested individuals who would like to participate in these studies. Studies may include simple surveys, interviews, or you may be asked for permission to access your medical records, or to be part of a study that includes having blood drawn or other medical testing. Each time you are approached for a study you will be asked to read and sign a consent form for that study. This consent form will tell you about the study and about the personnel conducting the study. We will also maintain a list of studies seeking volunteers on our Ongoing Studies page.

What does becoming part of the registry involve?

- When you press the button that says “Join” you will be asked to read a document called an Informed Consent Form that has been approved by the Institutional Review Board at Dartmouth College, a legally constituted group that has responsibility for the oversight of

Join the ifrregistry now

How will I know how to classify myself within the ifrregistry?

The first time you log on to the Infertility Family Research Registry you will be asked to define yourself as infertile, fertile, egg or sperm donor, or carrier/surrogate. Questions you are asked will depend on the category you choose. Use the definitions below to help you decide which category to enter.
Infertility Family Research Registry

• This passive, voluntary registry was initially funded by the National Institutes of Health in the U.S. and is now funded by the ASRM (American Society for Reproductive Medicine). A new self-advocacy group called “We Are Egg Donors” is beginning a campaign to make more young women aware of this registry and the importance of collecting better long term safety data.
CAN WE SEE THE BABY BUMP PLEASE?

A new 43 minute film by the New Delhi-based Sama Resource Group for Women and Health about commercial surrogacy in India. It explores important ethical questions primarily through the experiences of the gestational mothers. As India debates proposed legislation to govern ART in the country, medical malpractice and exploitation remain serious concerns in the current legal vacuum.

Contact office@bwhbc.org if you would like to borrow a copy of the DVD.
Made in India

Feature length, award- documentary film by Vaishali Sinha and Rebecca Haimowitz about the human experiences behind the phenomena of "outsourcing" surrogate mothers to India.

http://madeinindiamovie.com/
Additional topics and resources:

www.ourbodiesourselves.org
Sign up for the OBOS blog:
www.ourbodiesourblog.org

One new resource that provides excellent introductory material related to reproductive justice issues:

• New Reproductive Justice Briefing Book