



**Inspiring Woman:
Dr. Bernadine Healy**
Page 2



Beyond Breast Cancer
Page 3

**Stress Effects on Women and
Students: Harmful to Health**
Page 4

**Health Insurance:
A Help or Hindrance to
Women's Health?**
Page 5



**Smoking: Leading Cause
of a Leading Cause**
Page 6

**STAGE Speaker — Wage Theft:
Economic Violence Against
Immigrant Workers**
Page 10



Your Art Work Here

**In search of interested artists to
create Women's Center newsletter
covers. Interested? Contact the Susan
B. Anthony Women's Center at
womenscenter@mcla.edu.**

Inspiring Woman: Dr. Bernadine Healy

by Emily Follin

Dr. Bernadine Healy was born August 2, 1944 to second generation Irish-American parents (2). Neither of her parents was able to finish their schooling and had to go to work to support their widowed mothers, and consequently they understood the value of an education and wanted their children to succeed where they hadn't. Until age twelve, Healy wanted to be a nun, but her father reminded her that as a nun, she would have to take orders from priests. Healy promptly changed her career goals and expressed a desire to go into medicine (2).

She went to a parochial school until high school when her father moved her to Hunter College High School. The Catholic Church warned him that at a school like Hunter, his daughter would read material considered controversial by the Church and would become overeducated and abandon traditional roles such as motherhood (1). After graduating first in her class at Hunter, she went on to Vassar College and graduated *summa cum laude* in 1965 and was accepted into Harvard Medical School. She was one of ten female students in a class of one hundred and twenty at Harvard. After earning her M.D., she completed her training in internal medicine and cardiology at John Hopkins University School of Medicine and completed her residency at John Hopkins Hospital (1).

After finishing her schooling, she spent two years working for the National Heart, Lung, and Blood Institute at the National Institutes of Health (NIH) before returning to John Hopkins in 1976 as a professor of medicine. She was the first woman to serve as Assistant Dean for Postdoctoral Programs and Faculty Development (1).

From there, she worked her way up and was appointed by President Reagan in 1984 as Deputy Director of the White House Office of Science and Policy and then in '85 to Chair of the Research Institute of the Cleveland Clinic Foundation (1).

In 1991, she was made the first woman Director of NIH (1). When she came to power, NIH was failing and needed someone with her leadership skills. The organization was losing record numbers of scientists, was receiving accusations of sexism and racism in hiring and promotion practices, and before she was appointed, had gone



Bernadine Healy at the Cleveland Clinic Foundation while she was head of the Research Institute there, late 1980s.

Image Courtesy of www.nlm.nih.gov.

without a director for two years. Healy's promotion was seen as a very positive change for the organization because of her experience (1).

As director, she was able to turn the organization around and make serious improvements for women's health care. She established an award program to keep talented scientists working even when funding was low. She oversaw the development of an Institute for Nursing Research and a major genetics lab. She also established the policy that NIH would only fund clinical trials if they included both men and women when the condition being studied affected both sexes (1).

One of her greatest achievements as director of the NIH was launching the Women's Health Initiative, a \$625 million, ten-year study on diseases that affect women at midlife and beyond (1). This study revealed the dangers of heart disease in post-menopausal women, a disease previously believed to be predominantly a "man's disease" that didn't affect women (2). Because of these findings, she set out to convince both the general public and

Continued on page 7

Beyond Breast Cancer

by Alex Nichipor

The month of October is now upon us, and soon little pink ribbons will sprout from posters, advertisements, pamphlets, and shirts as prolifically as flowerbuds in a springtime field. October is breast cancer awareness month, a time to recognize the courage of survivors, to mourn those lost to the disease, and also to raise money to develop treatments that will stamp out breast cancer forever.

In some ways, "breast cancer" has become synonymous with "cancer." However, there are other cancers that also threaten women, and some of them are still not very well known.

Contrary to popular belief, breast cancer is not the most deadly cancer – that dubious honor goes to lung cancer (breast cancer is more common, but lung cancer is much more deadly). Lung cancer presents differently in women than in men; for example, most of us know that smoking is a leading cause of lung cancer (and therefore many doctors, organizations, and individuals engage in a certain level of victim-blaming with lung cancer patients). However, one in five women who have lung cancer have never smoked, and women who do smoke appear to be at even higher risk for developing the disease than men who smoke (1). There is some speculation that hormones present in high concentrations in women's bodies, such as estrogen, make them more vulnerable to the effects of second-hand smoke, environmental pollutants, and chronic lung irritation (1).

Some speculate that companies and organizations jump on the pink ribbon bandwagon in order to seem supportive of women's issues even when they



Other ribbons: gold for childhood cancer, green for kidney cancer, orange for leukemia, black for melanoma, blue for prostate cancer, purple for pancreatic cancer, and red for HIV/AIDs.

Image Courtesy of DDO Limited

aren't. These companies may sexualize women, pay female employees less than men or deny them management positions, or utilize the labor of women in sweatshops, but by supporting breast cancer research, they are making a statement that they are "pro-woman."

In reality, breast cancer is not even the most deadly cancer specific to women. One woman in 70 women will get ovarian cancer in her lifetime, whereas one woman in 8 will get breast cancer (2). However, the five-year survival rate for ovarian cancer is very low, partially because the illness is so hard to detect. Ovarian cancer presents with nonspecific symptoms such as bloating, difficulty eating, and abdominal pain. There is some good news, though: taking the birth control pill can significantly reduce the risk of ovarian cancer. If you take the pill for five years, your risk is reduced by about 50% (2). This is yet another reason to fight for birth control coverage under the new health care law! An interesting fact – Catholic bishops don't even protest the use of birth control for cancer risk reduction; church doctrine allows for "therapeutic means necessary to cure bodily diseases, even if a foreseeable impediment to procreation should result there from" (3).

Elsewhere in the world, cervical cancer is a more serious problem than ovarian cancer. About



Dr. Limpaphayom of Thailand holds a community education meeting about cervical cancer.

Image Courtesy of Jhpiego.org

Continued on page 7

Stress Effects on Women and Students: Harmful to Health

By Skyla Seamans

Women endure many different kinds of stress throughout their lives and poor stress management can be detrimental to women's health. The largest threats to women's health, from heart disease to lung cancer, list stress as a common symptom. Stress is the body's way of reacting to any kind of demand and can be caused by both positive and negative experiences. When a person undergoes stress, his or her body will react by releasing chemicals into the blood stream that will give the person more energy and strength in case the stress requires a physical reaction. This can also lead to negative effects on the body. For example, if a person's stress is in response to something emotional, there is no outlet for that person's heightened strength and energy. Stress happens to everyone and can be motivating as well as destructive, especially to a person's health (1).

According to two new studies conducted by the National Institute of Mental Health, women are found to be twice as likely as men to experience stress disorders and depression (2). Women's brains are said to be more susceptible to the effects of stress hormones compared to men's, which makes their stress management much more imperative to their health. When a person becomes stressed, the corticotrophin releasing factor (CRF) in the brain is triggered, which signals that something is wrong. Based on the research in these studies, men's brains require more CRF than women's brains in order to experience the feeling of being stressed. The effects of the anti-stress hormone oxytocin, produced during childbirth, breastfeeding, and for both sexes during orgasm, are enhanced by estrogen and reduced by testosterone. Nurturing activities also boost oxytocin levels in women, according to Paul J. Rosch, president of the American Institute of

Stress. Because of this, women need more oxytocin than men to maintain their emotional health. For example, Rosch explains, women are more negatively affected when they do not have physical contact with others and also feel more stress than men in relationships.

Experts say women are more prone to stress and these symptoms because women are socialized to be caretakers of others and are more likely than men to have both a career outside of the home while continuing to manage the home and their children simultaneously. Over 70 percent of married women with children under the age of 18 are employed outside of the home, according to a report by the U.S. Congress Joint Economic Committee (3). Sociologists describe women as struggling to compete with their male counterparts for respect in the workforce while trying to maintain a healthy marriage and raising children. As women go through the stages of their lives, hormonal balance associated with premenstrual, post-partum, and menopausal changes can affect chemical inclination to stress and depression as well (4).

The American Institute of Stress reports that 75 to 90 percent of visits to primary care physicians are for stress related complaints. The common symptoms of stress include reduced concentration, poor memory, feeling tense or depressed, experiencing mood swings, having negative thoughts, being unable to make decisions, anger and hostility, increased alcohol consumption, excessive smoking or eating, sleep problems, and feeling overwhelmed and helpless. Stress also increases the risk for accidents, headaches, eating disorders, high blood pressure, strokes, heart attaches, infections, colds, and cancer. Women can begin coping with stress by making leisure time a necessity, not just a reward. It is important for women to learn how to prioritize and to stand up for themselves, especially in a workforce dominated by men. Knowing that it is okay to ask for help is also something women need to learn.



Image Courtesy of *HealthyLiving.com*

clude reduced concentration,

poor memory, feeling tense or

depressed, experiencing mood swings, having

negative thoughts, being unable to make deci-

sions, anger and hostility, increased alcohol con-

sumption, excessive smoking or eating, sleep

problems, and feeling overwhelmed and helpless.

Stress also increases the risk for accidents, head-

aches, eating disorders, high blood pressure,

strokes, heart attaches, infections, colds, and can-

cer. Women can begin coping with stress by mak-

ing leisure time a necessity, not just a reward. It is

important for women to learn how to prioritize and

to stand up for themselves, especially in a work-

force dominated by men. Knowing that it is okay to

ask for help is also something women need to

learn.

Continued on page 8

Health Insurance: A Help or Hindrance to Women's Health?

By Brianna Vear

Heart disease, cancer, stress, smoking, and intimate partner violence are all among the top threats to women's health but what about health insurance? It would seem counterintuitive that something that is supposed to lead to affordable health care could possibly be a threat but, to many women, it is. Pre-existing conditions, affordability, availability and the female reproductive system are all "obstacles" that stand in the way of women trying to obtain health insurance.

The good news is that of the 94 million women that fit into the 18 to 64 age range, only 18% are uninsured. The bad news? Eighteen percent are uninsured, and not all those that are insured receive full coverage. Single women account for 60% of uninsured Americans. Unlike married women, single women cannot rely on obtaining health insurance through their husbands' plans. With only their income, affording premiums, deductibles and co-pays is difficult. Being reliant on your husband's plan is a problem in and of itself because if the couple divorces or the husband loses his job or even dies, a married woman would not have insurance (1).

In an age where money is tight, people are losing jobs, and employers are cutting benefits it is not a good idea to get sick or to have a pre-existing condition (7).



Image Courtesy of *Change.org*

What constitutes a pre-existing condition? Any health-related problem that you may have before applying for insurance is considered a pre-existing condition. Insurance companies have the right to refuse you health insurance on the basis of pre-existing conditions. Common illnesses such as diabetes, cancer, and arthritis as well as previous accidental injuries and hay fever count as pre-existing conditions. The good news is that as long as Obama's health care act is not repealed, insurance companies will be required to cover pre-existing conditions as of 2013.

In 45 states, having had a Cesarean Section is a pre-existing condition. Furthermore in Florida, a woman who had a C-Section can be charged 25% more if she wishes to continue to use her health insurance after the birth (7). In 7 states (MI, NC, ND, OA, SC, SD, WY) as well as Washington D.C., being a survivor of domestic violence is a preexisting condition. Insurance companies justify this by saying that someone who was a victim of domestic violence is more likely to be a victim again, and therefore is more expensive to cover. In more direct terms: Let's punish a survivor *again* because they were once a victim of domestic violence (3).

Infertility is also a pre-existing condition standing in the way of women's health insurance coverage. A good example of this is Jody Miller. Miller was an exercise physiologist who wanted to have a baby but required fertility drugs. They were not covered under her health insurance plan so she paid \$22,000 out of pocket. When her triplets were born, Miller and her husband went in search of a cheap insurance policy. The result was countless insurance companies offering to insure her children, but refusing to insure her or her husband due to the infertility. The Millers were not seeking infertility coverage and were healthy in every other way (2).

Just being a woman is a pre-existing condition! In 39 states it is perfectly acceptable to charge women higher premiums (up to 48%) than men, a practice called "Gender-Rating," because it is assumed that women will use their health insurance more. Women pay more for health coverage. So one would assume that they would be completely covered right? Wrong. Often services that are critical to women's health, like mammograms, Pap smears and maternity care are not covered. In order to be covered for those particular services you often need to obtain a supplemental plan called a "rider." In places such as Kansas and New Hampshire, that rider can cost up to \$1,100 a month on top of the original premium. Insurance companies in 25 states that have such riders cap coverage at a mere \$2,000 dollars

Continued on page 9

Smoking: Leading Cause of a Leading Cause

By Corinne Blake

The top seven threats to women's health are: heart disease, cancer, stroke, chronic lower respiratory disease, Alzheimer's Disease, accidents, and type 2 diabetes. None of these threats occur randomly (except those that are truly accidents). There are a variety of lifestyle choices, environmental, and genetic factors that can lead to the above mentioned diseases. When it comes to lifestyle choices, it is important to note that five of the seven top threats list smoking as a leading cause (6). Tobacco related disease is the top preventable cause of death in women (1).

Let's start with a little history. In 1928, Edward Bernays, known as the "father of public relations", was hired by American Tobacco to promote Lucky Strike cigarettes, specifically targeting women. Before that, smoking was considered taboo for women. He portrayed smoking cigarettes as glamorous, independent, and a way to keep slim (2). This was probably the inspiration for the women-specific brand created in the 1960s: Virginia Slims. Of course, back then people did not realize all the dangers of smoking. One might expect that today we'd be better educated and making healthier decisions, right? Wrong. Although the percentage of Americans who smoke has dropped since the 1960s, as has the percentage who smoke more than a pack a day, statistics show that in America about 23 million women and 26 million men still smoke. And unfortunately, the numbers are creeping back up again due to lack of funding for smoking cessation programs (5).

One may ask, what can smoking do to you? Smoking increases the risk of heart disease, lung disease, and cancer. In fact, lung cancer is the leading cause of cancer death in both men and women. Other cancers that smoking can cause include the following: esophagus, larynx, mouth, throat, kidney, bladder, pancreas, stomach, cervix, and acute myeloid leukemia. Some experts believe that women who smoke may even have irregular and more painful periods (4). They also believe that female smokers are likely to go through menopause at an earlier age than non-smokers. Studies show that when compared to men, women who quit smoking are more likely to relapse. Although experts are not really sure why, they believe that one cause may be that women

are more likely to have sudden emotional distress and many tobacco addicts feel they need a cigarette to help them relax when they are stressed (3).

So, given the health threats, why do so many women smoke? Stress relief, weight loss, peer pressure, "social smoking", and even rebellion against feminine nature are all reasons given to start smoking (3), but it is a dangerous path to take due to the highly addictive nature of tobacco. Perhaps if the implications of cigarette smoking in the full range of diseases (instead of just lung cancer) were better publicized, more women would opt not to smoke.

Sources:

- (1) <http://women.americanlegacy.org/facts/index.cfm?id=2&fid=3>
- (2) <http://www.cancermonthly.com/blog/2008/02/why-women-smoke.html>
- (3) <http://www.npr.org/templates/story/story.php?storyId=106461484>
- (4) <http://www.cancer.gov/cancertopics/factsheet/Tobacco/women>
- (5) <http://www.newsnet5.com/dpp/news/health/jama-study-number-of-heavy-smokers-tumbles-in-us>
- (6) <http://www.mayoclinic.com/health/womens-health/WO00014>

Image Courtesy of
StarlingFitness.com



Inspiring Woman, continued

the medical community that women suffer just as much from heart disease as men.

From 1999-2001, Dr. Healy served as President and CEO of the American Red Cross, during a very controversial period in the agency's history.

Dr. Bernadine Healy died recently on August 6, 2011 at the age of 67 from brain cancer. She is survived by her husband, Dr. Floyd D. Loop; their daughter, Marie McGrath Loop; and her daughter from a previous marriage, Bartlett Ann Russell. It is because of the work of this truly amazing woman that we now know that heart disease is the number one killer of women in America (2). She is one inspiring woman who will be greatly missed in the medical community and beyond.

Sources:

- (1) "Dr. Bernadine Healy." Changing the Face of Medicine. Web. 2 Oct. 2011. http://www.nlm.nih.gov/changingthefaceofmedicine/physicians/biography_145.html
- (2) Sullivan, Patricia. "Bernadine Healy, NIH and Red Cross leader, dies at 67." *The Washington Post*. http://www.washingtonpost.com/local/obituaries/bernadine-healy-nih-and-red-cross-leader-dies-at-67/2011/08/08/gIQAywhA3I_story.html



Image Courtesy of

<http://www.wildwomanfundraising.com/>

Beyond Breast Cancer, continued

190,000 women die from cervical cancer every year in Central America, Sub-Saharan Africa, and Southeast Asia (4). Their loss is extremely damaging to families and communities: since cervical cancer often develops when the woman is in her late 30s, the disease is wiping out women who are mothers of families and pillars of their communities. Screening tests and vaccines can catch cervical cancer early on or even prevent it entirely, but many countries in the developing world just do not have the funds or the infrastructure to provide such things. American women (at least, those with enough money) are fortunate to have access to regular Pap smears and the option of Gardasil vaccination – at least as long as the GOP doesn't have their say.

Women in developing countries are not out of luck, however; gynecologists are developing a low-cost method of treating cervical abnormalities that utilizes vinegar and cryotherapy. Dabbing vinegar on the cervix turns abnormal cells white, and these white spots can be frozen off by a trained nurse. This procedure stops cervical cancer in its infancy, and saves lives (5).

Curing cancer as a disease and a social problem means dealing with serious inequalities, such as the neglect of cancer researchers to include women in long-term studies, a culture that blames lung cancer victims for their disease, and structural limitations that make screening difficult or impossible for women across the world. Confronting sexism, racism, homophobia, and other forms of discrimination is as essential to curing cancer as medical research.

Sources:

- (1) "Out of the Shadows: Women and Lung Cancer." Brigham and Women's Hospital, May 2010. (http://www.lungcanceralliance.org/shadows/Out_of_the_Shadows_Report.pdf)
- (2) "Ovarian Cancer." PubMed Health. N.p., 12/28/2010. Web. 29 Sep 2011. <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001891/>
- (3) "Humana Vitae", Encyclical Letter of the Supreme Pontiff Paul VI. 25 July 1968
- (4) Sherris, Jacqueline, Herdman Cristina, and Elias Christopher. "Cervical Cancer in the Developing World." *Western Journal of Medicine*. 175.4 (2001)
- (5) Chan, Amanda. "How Vinegar Could Help Spot Early Signs Of Cervical Cancer ." *Huffington Post* 29 Sep 2011.

Stress Effects on Woman and Students, continued

Women can also partake in activities such as reading, writing in a journal, meeting with a friend, stretching, dancing, and listening to music to help minimize stress in their lives.

Research presented at a Western Psychological Association meeting found that 25 percent of happiness is central to how a person handles stress (5). Other important stress lowering techniques include improving a person's diet. By eating well balanced meals and limiting "junk food," a person can improve his or her physical well-being and emotional health. Getting at least seven hours of sleep a night is also ideal. Exercising is an exceptional way of dealing with stress and depression, too. Research shows that getting active can lift a person's spirits and increase the release of endorphins, a natural chemical associated with mood. Finally, finding ways to have fun and relax is essential to living a healthy life. Connecting with family and friends and rediscovering favorite hobbies, as well as experiencing other stress-busters like yoga and meditation, can make a difference.

As students, it is crucial to learn how to balance demands from our classes with part-time work, extracurricular activities, and having a social life. This can be very stressful! For some people, stress becomes a way of life. We all experience periodic stress throughout our college careers; studying for a major exam, completing an important paper, preparing for an interview, having to present in front of professors and students. Stress is inevitable. However, stress should not become a way of life. Over a prolonged period of time, stress can have grave effects on our health. These critical years of college can be damaged by depression, anxiety, substance abuse, and eating disorders. Researchers have found that many mental illnesses are traced to trauma, whose damage surfaces in times of stress and change, such as during college years.

College students are feeling more overwhelmed and stressed than fifteen years ago, according to statistics of the American College Health Association. Ninety percent of female college students reported feeling overwhelmed by all they had to do in the previous 12 months (17 percent higher than college men). Depression affects over 19 million adults in the United States annually. At colleges nationwide, large percentages of college students are feeling overwhelmed, sad, hopeless, and so depressed that they are unable to function during class.

In a recent national college health survey, 10 percent of college students had been diagnosed with depression. Eating disorders also affect 5 to 10 million women and 1 million men, with the highest rates occurring in college-aged women. Unfortunately, suicide is the eighth leading cause of death among the United States population, and the third leading cause of death for people aged 15-24. It is also the second leading cause of death among the college population (6).



For students, reducing stress levels to enhance college experiences is a must. For starters, it is fundamental to go to class on a regular basis and keep up with course work. Keeping living spaces and desks organized also helps students feel in order. Getting involved with campus activities while still maintaining communication with families may seem challenging, but can lead to a positive college experience. Getting to know professors, forming healthy relationships, and taking advantage of campus resources are other ways of combating stress. Finally, talking to someone about the stress in students' lives, whether it be with a family member, friend, or college counselor, can relieve most stress. Remember, some stress is good and even ideal to stay on track, but too much stress and poor management can cause the body real harm.

Sources:

- (1) "Emotional Wellbeing: Stress and Women," *Cleveland Clinic*, <http://my.clevelandclinic.org>
- (2) Benson, Jonathan. "Women More Easily Stressed Than Men," *Natural News*, August 18, 2010. www.naturalnews.com/029507women_stress
- (3) Schumer, Charles E. "Women and the Economy: 25 Years of Progress, But Challenges Remain," *U.S. Congress Joint Economic Committee*, August 2010. http://jec.senate.gov/public/?a=Files.Serve&File_id=8be22cb0-8ed0-4a1a-841b-aa91dc55fa81
- (4) "Stress and Your Health Facts Sheet," *Womenshealth.gov*, March 17, 2010. <http://www.womenshealth.gov/publications/our-publications/fact-sheet/stress-your-health.cfm>
- (5) Howard, Beth. "Relax Easy Ways to Destress." *Woman's Day* 71.7 (2008): 68-70. *Health Source - Consumer Edition*. EBSCO. September 2011.
- (6) "The Facts & Statistics: College Women Student Leadership Barriers," *Campus Calm*, www.campuscalm.com/

Health Insurance: Help or Hindrance, continued

which is \$3,000 less than a "perfect scenario" delivery. Only 14 States require that insurance companies cover maternity care and only 12% of plans have comprehensive maternity coverage (6).

Women's access to health insurance is made even more difficult due to other patterns of discrimination as well. For instance, the gender pay gap. Women, on average, are paid 77 cents to a man's dollar, but they are charged up to 48% more than men for health insurance (2). Women age 15 to 44 will pay 68% more than their male counterparts due to the cost of reproductive health (4). Both forms of gender discrimination work together to make paying for health insurance even more difficult for women than for men.

Ninety-eight percent of American women will use birth control during their lifetimes but many insurance companies do not cover birth control. They do cover Viagra, however. According to a recent study of large employers conducted by Mercer University, only 30% of men were denied coverage for erectile dysfunction but half of large group employers did not cover birth control. Only 33% of large group employers cover oral contraception, and only 15% cover all five of the most common birth controls (oral contraception, IUDs, Depo Provera, Diaphragms and Norplant) (4).

Hope is not lost however. Under the Obama administration and President Obama's health care law, there is a call for an expansion of coverage in regards to women's preventive care. Birth control, breast pumps for nursing mothers, "well-woman" physicals, screening for cervical cancer, and domestic violence counseling will all be forced to be offered without co-pays. These new requirements will take effect in January of 2013. There will be plans that are exempt due to the complexity of the health care law, but they are expected to be forced to make the change eventually as well (5).

In response to these new requirements, the United States Conference of Catholic Bishops has sent a 35 page comment to the Department of Health and Human Services calling for repeal of this act. They claim that women's access to birth control is not a constitutional right and that "these are not 'health' services, and they do not 'prevent' illness or disease. Instead, they disrupt the healthy functioning of the reproductive system." The act already exempts religious sects and their insurance companies from having to comply, but it would seem that isn't enough for the USCCB (8).

Jeanne Monahan, a policy expert for the Family Research Council, points out that "It's a step in the right direction, but it's not enough." Although preventive women's services will be free of a co pay from women, the money for them will have to come from somewhere, such as higher premiums. The Obama administration also gave the companies leeway in some areas such as being able to charge co pays for brand names (5).

The bottom line is that insurance companies exist to make money. They don't look at the person, but at whether coverage is likely to be beneficial to them. The result is horrible stories of Americans getting sick or losing their lives. One example of this would be Nikki White. White had Lupus, an autoimmune disease. She lost her job and with it her employer-based health insurance. She tried obtaining private insurance coverage but was denied because she had a pre-existing condition and would cost the company more than she was worth. The result is that Nikki White died at the age of 32 because she could not afford treatment of a generally manageable chronic disease (1). For Nikki White, and many like her, health insurance is a threat to women's lives, not just their health.

Sources:

- (1) "Unmarried and Uninsured." Center for American Progress. americanprogress.org
- (2) MacInnis, Linda. "Lack of health care worsens women's life quality: WHO." Reuters. N.p., n.d <http://www.reuters.com/articles>
- (3) Nedeau, Jen. "I Am Not A Pre-Existing Condition." Change.org. www.news.change.org/stories/i-am-not-a-pre-existing-condition.
- (4) "Birth Control and Health Insurance." Health Insurance. <http://www.healthinsurancerates.com/56-birth-control-and-health-insurance.html>.
- (5) "Insurers must cover birth control with no copays." <http://news.yahoo.com/insurers-must-cover-birth-control-no-copays-140750830.html>.
- (6) "Insurance Obstacles for Women: Best Not to Get Sick or Pregnant." Our Bodies Ourselves www.ourbodiesourblog.org/insurance-obstacles-for-women-best-not-to-get-sick-or-pregnant.
- (7) "Women's insurance obstacles: Pre-existing conditions?." Moxie. <http://www.postandcourier.com/news/2009/oct/30/pre-existing-conditions/>.
- (8) "Veracity Stew." Catholic Bishops: Women's Access to Birth Control Unconstitutional. [veracitystew.com/2011/09/08/catholic-bishops-womens-access-to-birth-control-unconstitutional/](http://www.veracitystew.com/2011/09/08/catholic-bishops-womens-access-to-birth-control-unconstitutional/).

Mail to:

Susan B. Anthony Women's Center
 Campus Center Room #322
 MCIA
 North Adams, MA 01247
 Phone: 413-662-5497
 E-mail: womenscenter@mcia.edu

Students Taking Action for Gender Equality Presents:



Image Courtesy of 9to5.org

Wage Theft: Economic
 Violence Against
 Immigrant Workers
 Speaker: Peter Goselin

Free and Open to the Public

Wednesday, October 19th
 Murdock 218 7pm-9pm