



NIKE The official publication of New York State Women, Inc.

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NEW YORK STATE
women, INC.

Our Mission

**To connect and build women
personally, professionally,
and politically.**

Our Vision

**To empower women to use their
voices to create positive change.**

Dated Material – Deliver Promptly

Are YOU a member of NYS Women, Inc. yet?
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Women's Health

“By investing our time, compassion, and expertise in women’s health, we can help create stronger families, healthier communities, and a brighter future for generations to come.”

-Jessica Helminiak
Advocacy Chair

NYS Women, Inc. – The State of the State



Blossoming Into Health: My Journey Back to Myself

-Patti Layton, NYS Women, Inc. President, 2026/2027

For most of my life, I understood growth as something that happened in chapters – seasons of learning, seasons of leading, seasons of rebuilding. But nothing prepared me for the chapter that began in 2021, when I became a widow and had to learn how to live alone for the first time in my life. Grief doesn't arrive with instructions. It simply settles in, rearranging everything you thought you knew about your world.

In the months that followed, I threw myself into work. Sixty to seventy hours a week became my new normal. It was easier to stay busy than to sit still with the silence. But in that relentless pace, I stopped paying attention to myself. I wasn't eating well. I wasn't exercising. I wasn't resting. I was surviving – not living.

And then something unexpected happened. I lost forty pounds without trying. At first, I brushed it off as stress. But my daughter, an RN, looked at me with concern and said, "Mom, you need to go to the doctor. Something isn't right." She was right.

A diagnosis that changed everything.

The lab results came back, and they terrified me. My A1C was 11.6 – full-blown, unmanaged diabetes. I sat there thinking about the two men my daughters had already lost: their father in 2020 and my husband in 2021. Both unhealthy. Both gone too soon. And suddenly, the reality hit me with full force.

I am all my children have. I am all my grandbabies have. I could not – would not – let my story end the same way.

Choosing life, one decision at a time.

In September 2022, I made a promise to myself: I would fight for my health with everything I had.

I committed to a strict low glycemic diet. No bread. No pasta. No potatoes. No excuses.

I read every label. I started exercising again. I rebuilt my habits from the ground up. And this time, the weight I lost was healthy, intentional, and empowering. In just three months, my A1C dropped from 11.6 to 7.6.

That was the moment I realized: I wasn't just surviving anymore. I was reclaiming my life.

The lotus blooms again.

Since then, I have stayed fiercely committed to my health. Today, my A1C is 5.3 – stable, healthy, and no longer in the diabetic range. I no longer need metformin.

My blood pressure and cholesterol medications have been reduced to the lowest doses possible. And I finally reached a goal I've been chasing since 2012: weighing under 200 pounds, down from 326.

This journey has been long, painful, and transformative. But it has also been a testament to resilience – the same resilience symbolized by the lotus flower I chose as my emblem. The lotus grows from muddy waters, rising through darkness to bloom in the light. I have lived that metaphor twice: once in my leadership journey, and again in my health journey.

A New Chapter: Love After Loss

Somewhere along this path of healing, discipline, and rediscovery, something unexpected and beautiful happened – I found new love. I remarried, opening my heart to a future I once thought I'd never experience again. This new chapter has brought joy, companionship, and a renewed sense of purpose.

Having someone who supports my goals, encourages my healthy habits, and believes in the best version of me has strengthened my commitment to living well. Love didn't replace what I lost – it honored it by reminding me that life can still expand, still surprise, still blossom.

Why I share this story.

I share this not for applause, but for connection. Women across New York State – across the world – face moments where life knocks them off their feet. Moments where they forget to care for themselves because they are caring for everyone else. Moments where grief, stress, or responsibility take over.

My message is simple: You can rise. You can rebuild. You can bloom again. And yes – you can love again.

I did – for myself, for my daughters, for my granddaughters, and for the life I still have ahead of me. And if my journey can inspire even one woman to take her health seriously, to choose herself, to fight for her future, then every step of this transformation has been worth it. 🌸

My best to you all,

Patti Layton, MBA
NYS Women, Inc. president 2026/2027

2027

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Table of Contents

In This Issue

State of the State: Patti Layton.....2

From the Editor: Joyce DeLong.....4

Features

Cover Story: Women's Health, NYS Women, Inc.'s Advocacy Initiative – *Jessica Helminiak*.....5

Feature: Women's Health: The Stories We Aren't Telling – *Claire Knowles*....6

Feature: She Was Too Busy: The Fear of Knowing – *Rosemarie Dressler*.....8

Feature: Staying healthy – and safe – outdoors – *RJ Bent*.....10

Feature: What happens to health research when 'women' is a banned word? – *The 19th*.....11

Sidebar: Are you kidding us? State of Men's Health Act (2026).....14

Sidebar: Timeline of women in clinical trials.....14

Feature: Dr. May Edward Chinn – *JoAnne Krolak*.....16

Feature: The Friendship Prescription – *Rosemarie Dressler*.....17

Feature: Dr. Mary Putnam Jacobi – *JoAnne Krolak*.....22

Feature: Ectopic Pregnancy Deaths Have Nearly Doubled – *ProPublica*..27

Feature: Dr. Susan McKinney Steward – *JoAnne Krolak*.....30

Column: The Last Word: The Capes Women Wear – *Rosemarie Dressler*.....31

Chapter News

Buffalo Niagara.....18

Chadwick Bay.....18

Staten Island.....18

NYS Women, Inc.

HERSTORY...a term that highlights history from a female or feminist perspective.....20

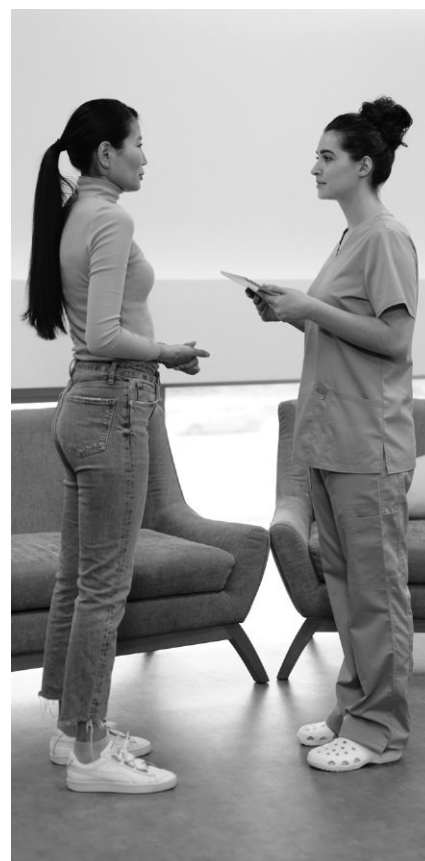
News from our Ombudsman.....21

Annual Conference Highlights.....21

Women's Day at the NYS Fair.....29

All Stars

NIKE All Stars.....24



She Was Too Busy: The Fear of Knowing pg 8

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From the Editor

It's long past time we started focusing on the solutions that keep women healthy, instead of using basic aspects of women's health as a tool of cultural, moral, and political control. **-MARTHA PLIMPTON**

In 2024, Pivotal, a group of organizations founded by Melinda French Gates, launched Action for Women's Health, a \$250 million global open call to support organizations working to improve women's mental and physical health around the world. On November 12, 2025, 80-plus awardee organizations were announced.



Image ©Tara Bazilian Chang

This issue of *NIKE* is about women's health; our articles range from reproductive health and ectopic pregnancies to public policy and research; from NYS women in medicine in the past to modern day developments.

Our cover story "Advocating for Women's Health" on page 5 is an outline of NYS Women, Inc.'s 2026/2027 advocacy initiative. Our health stories continue with "Women's Health: The Stories We Aren't Telling" by Claire Knowles (page 6); "She Was Too Busy: The Fear of Knowing" by Rosemarie Dressler (page 8); "Staying healthy – and safe – outdoors" by RJ Bent (page 10); "The Friendship Prescription" by Rosemarie Dressler (17).

On pages 16, 22, and 30 we feature groundbreaking NYS women in medicine. The sidebars on pages 14 and 15 feature the dichotomy between the current administration's male-centric focus and the medical world's past, as well as recent, disregard of women's health research.

We learn the results of federal funding cuts which are shutting down studies on Alzheimer's care, uterine fibroids, and pregnancy risks – all because they focus on gender, reprinted from The 19th, in "What happens to health research when 'women' is a banned word?" (page 11). "Ectopic Pregnancy Deaths Have Nearly Doubled. It's Worse in States With Abortion Bans" from ProPublica outlines a disturbing nationwide trend (page 27).

We hear from Linda Przespasniak and the CDO with "HERSTORY... a term that highlights history from a female or feminist perspective" (page 20) and an update from Jacquie Shellman, NYS Women, Inc. ombudsman (page 21). And on page 31, we give "the last word" to Rosemarie Dressler with her article, "The Capes Women Wear."

-Joyce DeLong

In 2025, President Trump's Executive Order 14151, titled "Ending Radical and Wasteful Government DEI Programs and Preferencing," prohibited federal funding to sciences that promote DEI initiatives. This directly affected the National Institutes of Health, which gives federal grants for scientific research. Based on internal guidance, the NIH abruptly withheld over \$780 million in research funding and stopped reviewing grants that related to research involving gender identity, diversity, equity, and inclusion, and LGBTQ+ studies – including studies that focused exclusively on issues relating to women and girls.

SPRING 2027 ISSUE DEADLINE: MARCH 15, 2027. Add *NIKE* in your email subject line and send to the attention of Joyce DeLong, *NIKE* editor (joycedelong55@yahoo.com) or Katharine Smith, associate editor (ksmith@whiterabbitdesign.com) or PR@NYSWomeninc.org. Previously published material must be accompanied by a letter from the publisher with permission to republish and credit line to be included with the article.

Advocating for Women's Health

NYS Women, Inc.'s Advocacy Initiative for 2026-2027

by Jessica Helminiak, Advocacy Chair

NYS Women, Inc. has always believed that when women come together, they have the power to create healthier families, stronger communities, and brighter futures. As we begin our 2026/2027 Women's Health Initiative for advocacy, we have an opportunity to unite our 14 chapters around a shared commitment to education,

awareness, and service. Our goal is not to advocate for public policy positions but to ensure that every woman has access to trustworthy health information and meaningful community resources. We recognize that every chapter serves a unique population with different needs and priorities. Rather than asking every chapter to focus on the same topic, we will encourage each one to identify a women's health issue that is especially important in their community.

Some chapters may choose to educate women about heart disease, while others may focus on breast health, mental wellness, menopause, maternal health, nutrition, healthy aging, or preventive care. Each chapter will have the flexibility to create programs that reflect the interests and concerns of its members while contributing to the larger statewide initiative. By creating welcoming spaces for learning and conversation, we hope to reduce fear and eliminate misconceptions. Each chapter's work can contribute to a larger statewide commitment to women's wellness.

Education will be the cornerstone of our efforts. Through workshops, guest speakers, wellness events and community discussions, we will provide evidence-based information that helps women make informed decisions about their health. We will create welcoming spaces where women feel comfortable asking questions, sharing experiences and learning from trusted professionals and one another.

Communication will connect every chapter across New York State. Equally important is the opportunity



to learn from one another. I envision our chapters to become a statewide network that shares successful ideas, educational resources, speakers and best practices. A successful program in one chapter may inspire another chapter to create a similar opportunity for the women it serves. Through collaboration, we can multiply our

impact while furthering our commitment to honoring the individuality of each chapter.

Our success will not be measured solely by the *number* of events we host, but by the *connections* we create, the *partnerships* we build and the *confidence* we inspire in the women who participate. We will celebrate chapters that foster meaningful conversations, introduce women to valuable community resources, and create lasting opportunities for education and wellness.

Most importantly, I hope this initiative reminds every member that advocacy begins with caring for one another. By investing our time, compassion, and expertise in women's health, we can help create stronger families, healthier communities, and a brighter future for generations to come.

I believe that each chapter has something valuable to contribute, and together our chapters can unite to become a powerful network of education, encouragement, and service across New York State. My vision is that, by the end of 2027, NYS Women, Inc. will be recognized not only for supporting women in business and leadership, but also for making a meaningful and lasting contribution to the health and well-being of women throughout our communities.

Together, we can educate, empower, connect, and inspire...

One woman. One chapter. One community at a time. 

Contact Jessica Helminiak at advocacy@NYSWomeninc.org

Women's Health: The Stories We Aren't Telling

When we think about women's health, our minds often turn to familiar campaigns. We wear red for heart disease. We wear pink for breast cancer. We rally around awareness months, fundraising walks, and early detection.



by Claire Knowles, Buffalo Niagara Chapter

These efforts matter. They save lives. But they are **not** the whole story.

Women's health is far broader than the diseases we

recognize with ribbons and calendars. It is also found in the quiet burdens that rarely make headlines, receive dedicated funding, or inspire national campaigns. It lives

I'm interested in women's health because I'm a woman. I'd be a darn fool not to be on my own side.

-Maya Angelou

in the invisible work, the chronic conditions that are misunderstood, and the emotional weight so many women carry every day.

It is time to widen the conversation. New York State Women, Inc. has Women's Health as its advocacy and focus this year.

Women's health certainly includes gynecological health through our lifetime, heart disease prevention, diabetes detection, stroke prevention, cancer awareness, renal health and mental health.

Yet it also includes the woman who wakes each morning exhausted – not because she is lazy or aging, but because fibromyalgia has stolen restorative sleep and chronic pain has become her constant companion.

It includes the woman whose world tilts without warning from vertigo or persistent dizziness, making even ordinary tasks feel uncertain, while others dismiss her symptoms as “just stress.”

It includes women living with autoimmune diseases, conditions that often take years to diagnose because their symptoms are vague, invisible, or too easily explained away. During those years, many continue caring for everyone else while wondering why they can no longer recognize themselves.

Women's health includes depression, anxiety, grief, and loneliness – not as weaknesses, but as real medical conditions that deserve the same attention as high blood pressure or diabetes.

And then there is the burden that has no diagnostic code.

As women age, many become caregivers – not only for children, but for aging parents, ill spouses, grandchildren, siblings, or friends. They coordinate appointments, manage medications, provide transportation, prepare meals, balance finances, and become the emotional center of families. Often, they do this while managing their own health challenges.

Caregiving is an act of love. But it is also physically demanding, emotionally draining, and financially costly. Too often, caregivers neglect their own medical appointments, postpone surgeries, ignore symptoms, and sacrifice sleep because someone else's needs come first. This is another reality that deserves honest conversation within the women's health umbrella.

For generations, women have been told they can “have it all.” Many discovered that what they actually received was the expectation to do it all: Work full-time. Care for children. Support aging parents. Maintain the household. Manage family schedules. Remember birthdays. Plan holidays. Be emotionally available. Stay healthy. Look rested. Smile.

Somewhere along the way, many women learned that

having it all often meant carrying it all. The result is not simply fatigue. It is chronic stress that affects heart health, immune function, sleep, mental health, relationships, and overall well-being. The body keeps score.

Women's health is also shaped by financial insecurity after divorce or widowhood, by menopause and the symptoms that still receive too little attention, by caregiving burnout, by chronic pain that is minimized, by interrupted careers, by social isolation, and by the simple lack of time to care for oneself. *Gender-based violence* remains a women's health issue too.

These stories rarely have awareness ribbons. They deserve them anyway.

If we truly want to improve women's health, we must look beyond diseases alone. We must recognize the circumstances that make women sick, delay healing, and prevent them from seeking care.

We need research into conditions that disproportionately affect women. We need better education for healthcare professionals to recognize symptoms that have too often been dismissed. We need workplace policies that acknowledge caregiving realities. We need affordable mental health services. We need respite care for caregivers. We need communities that understand asking for help is not failure—it is wisdom.

Above all, we must redefine women's health.

It is more than the absence of disease.

It is access to support.

It is being heard when symptoms cannot be seen.

It is receiving answers rather than dismissal.

It is having the freedom to care for oneself with the same devotion given to others.

It is a rally call for *women's wellness* across our lifetime.

The next chapter of women's health should not be measured only by the diseases we fight.

It should also be measured by the invisible burdens we finally choose to see.

Because when we expand the definition of women's health, we expand the possibility of healthier women, healthier families, and healthier communities.

Perhaps the greatest act of awareness is not creating another ribbon. It is finally recognizing the millions of women whose daily struggles have never had one. 

BNC member Claire Knowles is an author, speaker, and consultant. She works with organizations and businesses, assisting them to move through difficult situations, including reducing the risk of workplace violence. She is certified in mediation and is a certified personal and life coach. Contact her: ClaireEKnowles.com or 716-622-7753.

She Was Too Busy The Fear of Knowing

by Rosemarie Dressler, Staten Island Chapter

While working at a hospital, I found an empty seat in a crowded cafeteria among a group of nurses I didn't know. They were a close-knit team, and I felt like an outsider intruding on their lunchtime conversation. They continued talking as though I weren't there.

As I listened, I was struck by the extraordinary capacity these women had to care for others. Each day, they walked onto hospital units to comfort frightened patients, reassure anxious families, and care for the elderly, the vulnerable, and children whose lives had been suddenly interrupted by illness. Their compassion wasn't reserved for dramatic moments. It was woven into the countless small acts of kindness that filled every shift.

Yet their lunchtime conversation told a different story.

They talked about planning birthday parties for their children, picking up prescriptions for family members, and preparing meals before another long shift. One nurse admitted she had forgotten to refill her own prescription. Another confessed she needed to postpone her annual mammogram – again.

"I haven't had a mammogram in ten years," one of the nurses said matter-of-factly.

I put down my fork.

Ten years.

One of her colleagues looked up. "Ten years? Why?"

She shrugged.

"That's unacceptable," another nurse said.

"Well, we all know what happens when we get these tests," she replied.

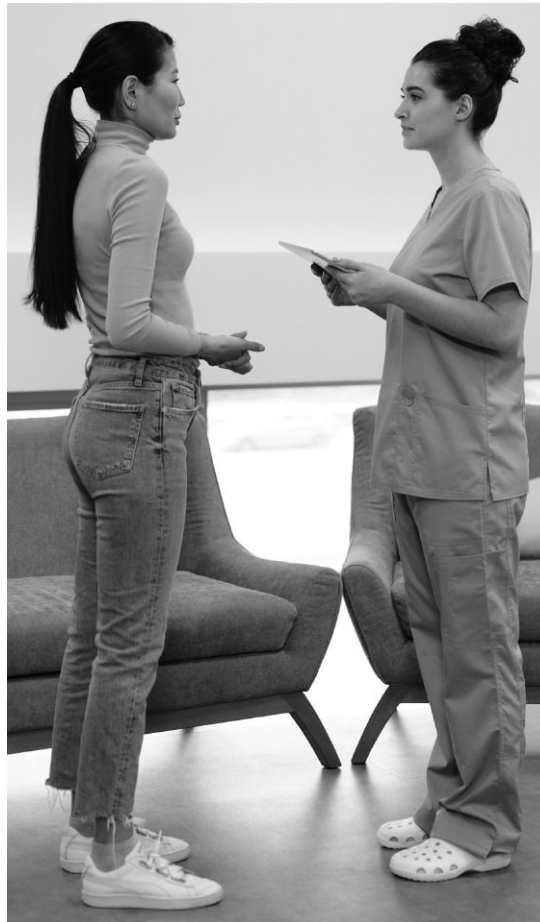
"What happens?" I asked.

She looked around the table before answering.

"Because every time we have one of these tests..."

"...we might find something," another nurse finished for her.

The table erupted.



"You know better," a nurse at the far end of the table said. "The fear of knowing is no excuse for ignoring your health."

"I'm always too busy," she said quietly. "Every year I push the appointment back."

One nurse laughed. "Oh, that's a good one. Couldn't make an appointment in ten years!"

Another leaned forward. "Somehow you've erased yourself from the picture. You're not doing your family any favors – and you're certainly not doing yourself any."

She looked down at her lunch, then nodded.

I finally spoke.

"Would you let me schedule the appointment for you this afternoon?"

"Thank you," said a nurse who was obviously distressed. "She'll get a mammogram this afternoon. We'll see to it."

I walked away from the table wondering how women who devoted so much of themselves to caring for others could ignore caring for their personal health.

Preventive screenings are one of medicine's greatest success stories. They are designed to find problems before they announce themselves through pain or illness. In some cases, they detect disease at its earliest – and most treatable – stage. In others, such as colonoscopy or cervical screening, they can identify precancerous changes before cancer has a chance to develop. The result isn't simply longer lives. It often means less invasive treatment, less anxiety, and more years spent doing what matters

Continued on page 29

Certain health conditions are notorious for being frequently misdiagnosed or diagnosed much later in women. Here are some of the most common ones.

1. Heart disease is the number one killer of women, yet it's frequently misjudged.

2. Endometriosis is a condition where tissue similar to the uterine lining grows outside the uterus, causing pain and other issues.

3. Autoimmune diseases (like lupus, rheumatoid arthritis, multiple sclerosis, etc.) disproportionately hit women with 4 out of 5 autoimmune sufferers being female.

4. Thyroid disorders (hypothyroidism and hyperthyroidism) are extremely common in women.

5. Polycystic ovary syndrome (PCOS) is a hormonal disorder affecting roughly 5-10% of women of childbearing age in the U.S.

6. Ovarian cancer has been nicknamed the "silent killer" because it's often caught late – and part of the reason is misdiagnosis.



Staying healthy – and safe – outdoors

by RJ Bent, Buffalo Niagara Chapter



Summer has wound down, but there's still ample time to enjoy the outdoors, especially now with cooler, if not downright perfect, temperatures. Some women, including my teenage daughter, express they sometimes exercise indoors because they are uncomfortable with the unwanted attention they receive while walking, running or biking outdoors.

Or, they just don't feel safe – and for good reason. Women are, by far, much more likely to be the victims of violent crimes in all scenarios.

But women can adapt, overcome and outpace the threat. By following some basic safety precautions and maintaining your situational awareness, you drastically increase your odds of experiencing a safe outdoor environment.

Some suggestions include:

- Always be aware of the location of the closest safe place/haven. This can be as simple as a coffee shop, a friend's home, a neighbor out doing yardwork or of course, a police/fire station. Know you are not alone and can rely on others nearby. And remember, if you feel threatened, 911 is only a call away. Do not be scared to use this vital service.

- Choose locations and pathways that are well-lit and well-travelled. Others on a path can be your safe havens and good Samaritans in the event of an emergency, whether that's a sprained ankle, broken-down bicycle or unwanted attention.

- Vary your route and schedule; avoid predictability. Do you exercise outdoors on the same path, the same time or the same day? If so, that pattern can be detrimental as bad actors might also be aware of your

schedule. Variety is both the spice AND the safety of life.

- Tell someone when and where you're going and approximate completion time. The good old buddy system works for a reason. Plus, it gives you a chance to connect with a loved one.

- Activate your phone's GPS and/or use a GPS device. They are simple (even for the technology challenged like myself) and relatively affordable. Even my pets wear them.

- Avoid using earbuds/headphones while outside. This cannot be stressed enough. Your hearing is an incredibly powerful sense that keeps you safe. When you intentionally block this sense that warns you about potential threats (bad actors, sirens, car horns), you diminish your ability to detect threats and effectively respond. If you really must listen to something while exercising, only use one earbud.

- Carry ID and emergency contact info. In the cell phone age, we can easily store this info on our phones or even in the case. Consider keeping a business card on your person or in your phone case. It's good for identification as well as making it easier should misplace your phone.

- Scan surroundings often for potential threats. Although this sounds a bit technical and foreboding, it just means keep your eyes open for any potential issue – a dog, stray branch, uneven pavement or an out of control person or vehicle. Head's up and not in your phones!



Continued on page 20

[Background: This situation has been in flux, with new lawsuits being filed in 2026 and beyond. In 2025 the National Institutes of Health canceled over \$780 million in medical and scientific research after President Trump's executive actions targeting DEI initiatives and programs. After the U.S. Supreme Court weighed in, the NIH has now announced it will be reviewing medical research grant applications based on scientific evaluation and not DEI considerations.]

Executive Order 14151, titled "Ending Radical and Wasteful Government DEI Programs and Preferencing," directed government agencies to remove DEI topics on federal websites and in museums, eliminate federal DEI programs and departments, and prohibited federal funding to the arts and sciences that promote DEI initiatives.

This order directly affected the NIH, which gives federal grants for scientific research and innovation. Based on internal guidance, the NIH abruptly withheld over \$780 million in research funding and stopped reviewing grants that related to research involving gender identity, diversity, equity, and inclusion, LGBTQ+ studies, and vaccine hesitancy.

In response, the American Public Health Association, unions and public health organizations, scientists, and

research groups filed suit against the NIH, Health and Human Services, and federal officials in the Trump Administration for cutting off funding for medical and public health research.

In July 2026 a federal court ruling found federal agencies cannot justify terminating grants simply because the agency's priorities changed after the grant was awarded. The Trump administration has not yet said whether it would appeal this decision, however, which technically only applies to entities in the 23 states that filed the suit and to a list of agencies that doesn't include HHS.

Even if the ruling applies broadly, the agency could have a loophole. Because NIH parcels out funding for multiyear awards as annual payments that come with a fresh notice of award, it could argue that the next year's award is effectively a new grant, that "is not in alignment with" a set of NIH priorities released by the agency's director, Jay Bhattacharya current priorities.

According to epidemiologist and attorney Scott Delaney of Grant Witness, which tracks federal grants, "I think everyone wants to think that every termination is going to be unlawful. "But that's just not going to be the case. At some point, the administration is going to figure out how to do this in a way that the courts will tolerate."]

What happens to health research when 'women' is a banned word?

Trump's federal funding cuts are shutting down studies on Alzheimer's care, uterine fibroids, and pregnancy risks – all because they focus on gender.

by Shefali Luthra & Barbara Rodriguez

[This story was originally published by The 19th at 19thnews.org]

Daniella Fodera got an unusually early morning call from her research adviser this month: The doctoral student's fellowship at Columbia University had been suddenly terminated.

Fodera sobbed on phone calls with her parents. Between the fellowship application and scientific review process, she had spent a year of her life securing the funding, which helped pay for her study of the biomechanics of uterine fibroids – tissue growths that can cause severe pain, bleeding and even infertility. Uterine fibroids, an underresearched condition,



impact up to 77 percent of women as they age.

"I'm afraid of what it means for women's health," Fodera said. "I'm just one puzzle piece in the larger scheme of what is happening. So me alone, canceling my funding will have a small impact – but canceling the funding of many will have a much larger impact. It will stall research that has been stalled for decades already. For me, that's sad and an injustice."

Fodera's work was a casualty of new federal funding cuts at Columbia University, one of several schools targeted by the

Continued on page 12

Feature: Women's Health

Trump administration. The administration is also reducing the workforce at the National Institutes of Health (NIH), the agency that oversees public health research, while trying to slash NIH funding to universities.

Researchers say threats to federal research funding and President Donald Trump's promise to eliminate any policy promoting "diversity, equity and inclusion" are threatening a decades-long effort to improve how the nation studies the health of women and queer people, or improve treatments for the medical conditions that affect them. **Agency employees have been warned not to approve grants that include words such as "women," "trans" or "diversity."** *[emphasis added.]*

That could mean halting efforts to improve the nation's understanding of conditions that predominantly affect women, including endometriosis, menopause, infectious diseases contracted in pregnancy and pregnancy-related death. It could also stall research meant to treat conditions such as asthma, heart disease, depression and substance abuse disorders, which have different health implications for women versus men, and also have outsized impacts on LGBTQ+ people and people of color – often underresearched patients.

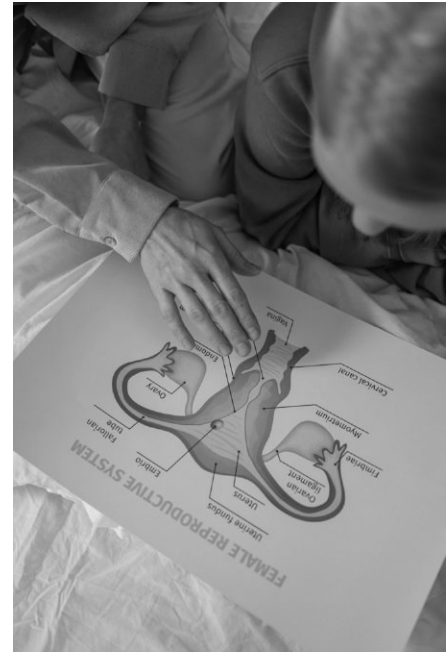
"I want every generation to be healthier than the last, and I'm worried we may have some real setbacks," said Dr. Sonja Rasmussen, a professor

and clinician at Johns Hopkins University who studies the consequences of pregnancy-related infections and the causes of birth defects.

The United States already lagged in promoting scientific inquiry that considered how sex and gender can influence health – and has a recent history of focusing research on White men. Less than 50 years ago, the Food and Drug Administration (FDA) actively discouraged researchers from including women who could become pregnant in clinical trials for new medical products, leaving it often unclear if U.S.-based therapeutics were safe for them. It wasn't until 1993 that clinical trials were legally required to include women and "individuals from disadvantaged backgrounds." *[emphasis added.]*



Around that same time, the federal government launched offices within



the NIH, the Department of Health and Human Services and the FDA that focused on women's health and research. Since then, efforts to consider gender in medical research have progressed, if unevenly. A report last fall from the National Academies of Science Engineering and Medicine found that in the past decade, the level of federal funding devoted to women's health had actually declined relative to the rest of the NIH's budget.

The report, requested by Congress, also found that researchers still struggled to understand the implications of common conditions such as endometriosis and uterine fibroids, the long-term implications of pregnancy, or gender gaps in mental health conditions – all areas where Black women in particular experience worse health outcomes or face heightened barriers to appropriate treatment. Investments had stalled in looking at how sex and gender interact with race or class in influencing people's health outcomes.

The report ultimately called for an additional \$15.8 billion over the next five years to address the gaps. Now, efforts to cut federal research funding and limit its acknowledgment of gender could thwart forward momentum.

"If we are banning this study of these issues, or deciding we're not going to invest in that work, it freezes

progress,” said Alina Salganicoff, a lead author on the report and vice president for women’s health at KFF, a nonpartisan health policy research organization.

Already, researchers whose work touches on sex or gender are anticipating losses in federal funding, which they fear could imperil their work moving forward. Some have already had their grants terminated. Many specified that they were not speaking as representatives of their employers.

Whitney Wharton, a cognitive neuroscientist at Emory University, learned on February 28 that she would no longer receive federal funding for her multi-year study looking at effective caregiving models for LGBTQ+ seniors at risk of developing Alzheimer’s. Research suggests that queer adults may be at greater risk of age-related cognitive decline, but they are far less likely to be the subject of research.

Wharton is one of numerous scientists across the country whose work was terminated because it included trans people, per letters those researchers received from the NIH. “Research programs based on gender identity are often unscientific, have little identifiable return on investment, and do nothing to enhance the health of many Americans,” the letter said.

Though Wharton’s work focused on queer adults, it proposed caregiving models that could apply to other people often without family support structures who are at heightened risk for Alzheimer’s as they age.

“The sexual and gender minority community is more likely to age alone in place. We’re less likely to be married or have children,” Wharton said. “These additional roadblocks

are not only unnecessary but they are unnecessarily cruel to a community that’s already facing a lot of hardship.”

One of Wharton’s collaborators on the study is Jace Flatt, an associate professor of health and behavioral sciences at the University of Nevada, Las Vegas, who also received separate notice from the NIH that their research beyond the study had been terminated. Flatt studies LGBTQ+ people and their risk for Alzheimer’s disease and related dementias, as well as thinking about their needs for care.

Flatt said NIH funding for three of their studies have been canceled in recent weeks, as well as a Department of Defense-funded grant looking at veterans’ health that included LGBTQ+ people. The defense letter stated the research did not align with Trump’s executive order that recognizes only two sexes, male and female.

Flatt estimates about \$4.5 million in federal funding was cut from their research, requiring some staff layoffs.

“I made a personal commitment

public health practitioner. I’m about improving the health and quality of life of all people.”

Jill Becker, a neuroscientist at the University of Michigan, uses rodent studies to better understand how sex differences can affect people’s responses to drug addiction and treatment. Her work has helped suggest that some forms of support and treatment can be more effective for male rats and others for female ones – a divide she hopes to interrogate to help develop appropriate treatments for people who are in recovery for substance use disorder, and, in particular, better treatment for cisgender men.

Becker’s studies were singled out in a Senate hearing by Rand Paul, a Republican, who characterized it as the type of wasteful research that shouldn’t continue. Because she looks at sex differences, she anticipates that when her NIH funding finishes at the end of the year, the agency will no longer support her – a development that could eventually force her lab



to do this work. Now I’m being told, ‘Your research doesn’t benefit all Americans, and it’s unscientific,’ and basically that I’m promoting inaccurate research and findings. The tone comes across as like it’s harmful to society,” they said. “I’m a

and others doing similar work to shut down entirely.

“If we no longer include women or females in our research, we’re obviously going to go back to not having answers that are going to

Continued on page 14

Sidebar: Are you kidding us?

State of Men's Health Act (2026)

On February 20, 2026, Representatives Troy A. Carter (D-LA) and Greg Murphy, MD (R-NC) introduced the State of Men's Health Act (H.R. 7602), bipartisan legislation that would require a comprehensive federal assessment of men's health outcomes and establish an Office of Men's Health within HHS. Efforts to create such an office date back over two decades, but none has ever received a committee vote. H.R. 7602 takes a different approach than its predecessors.

Key Provisions

1. GAO study on the state of men's health (within one year of enactment)
 - Assess the problem: identify men's health disparities across the U.S., review male engagement in health care, and evaluate the federal research landscape.
 - Identify what's missing: audit existing federal programs and recommend new programs or investments to fill gaps.
 - Design the infrastructure: map federal coordination on men's health and identify which existing efforts could be combined or transitioned into an Office of Men's Health.
2. Office of Men's Health within HHS (within 18 months of enactment)
 - Coordinates HHS programs related to men's health, including public awareness, education, and screening.
 - Maintains a database of best practices, clinical guidelines, and funding opportunities.
 - Reports to Congress within two years of establishment.
3. No additional funding required, uses existing appropriations
4. Funds may not be reallocated from women's health efforts
 - Funds from the Office on Women's Health or other HHS women's health efforts explicitly may not be used for the report or office.

Legislative Context

Since 2000, at least 15 bills across nine Congresses have proposed creating a federal Office of Men's Health. The last iteration of the bill was sponsored by Donald Payne Jr., who passed away in 2024 at age 65 after cardiac arrest linked to diabetes complications.

None has received a committee vote. H.R. 7602 differs from prior versions in several respects:

- Design-first approach: Requires a comprehensive GAO study that maps not just the issue but existing federal infrastructure to identify structural opportunities for the office – prior bills prescribed the structure without this groundwork.
- Institutional and bipartisan support: Introduced with the Congressional Men's Health Caucus, major medical association endorsements, and bipartisan co-sponsors, a combination not seen in previous versions.
- Fiscal framing and guardrails: Bill text leads with “no new spending” framing and includes specific cost data (\$142B government, \$156B employer). The prominence of cost considerations and an explicit guardrail protecting women's health funding are new. 🗑️

be applicable to both sexes,” she said. “And I think that's a big step backward.”

The NIH did not immediately respond to a request for comment.

In interviews with The 19th, academics broadly described a sense of widespread uncertainty. Beyond federal funding, many are unsure if they will still be able to use the government-operated databases they have relied on to conduct comprehensive research. Others said the NIH representatives they typically work with have left the organization. Virtually all said their younger colleagues are reconsidering whether to continue health research, or whether a different career path could offer more stability.

But the Trump administration has remained steadfast. In his recent joint address to Congress, Trump praised efforts to cut “appalling waste,” singling out “\$8 million to make mice transgender” – a framing that misrepresented studies involving asthma and breast cancer.

The government's rhetoric is now deterring some scholars from certain areas of study, even when they recognize a public health benefit. One North Carolina-based psychologist who studies perinatal mental health and hormone therapy for menopausal people said her team had considered expanding their research to look at that treatment's mental health implications for trans people.

“It's important, and I don't have any way of doing that work at the moment,” said the psychologist, who asked that her name be withheld from publication because she fears publicly criticizing the NIH could jeopardize research funding. “There is potential for that line of research in the future, but not in this funding environment.”

The concerns spread beyond those who receive government funding. Katy Kozhimannil, a public health professor at the University of Minnesota, doesn't receive NIH support for her research on pregnancy-related health and access to obstetrics care in rural

Timeline of women in clinical trials

Women were already poorly represented in medical research before the 1970s, but progress in researching drugs and medical devices in women was further set back in 1977, when the Food and Drug Administration (FDA) created a policy to exclude women of reproductive potential from Phase 1 and 2 clinical trials unless they had a life-threatening condition, according to the National Institutes of Health (NIH) Office of Research on Women's Health. This was in reaction to a tragedy in the previous decade when a drug called thalidomide, which thousands of pregnant European and Australian women took for morning sickness, was found to cause severe birth defects – and sometimes death – for their babies. The drug had been tested and approved in Europe and Australia for its sedative effects, though it was never approved in the U.S. Nevertheless, the FDA's policy to exclude women of reproductive potential from most clinical trials was interpreted broadly, excluding nearly all premenopausal women, including those who were on birth control, had sterile partners, or abstained from sex.

1962 After thalidomide, a medication sometimes used for morning sickness in Europe and Australia, results in more than 10,000 deaths and birth defects in babies, the U.S. strengthens the authority of the FDA.

1977 The FDA creates a guideline to exclude women of reproductive potential from participating in early phase clinical research, except for life-threatening conditions. This is broadly applied and essentially excludes most women of childbearing age from medical research.

1986 An NIH advisory committee recommends that women be included in medical research studies.

1990 The NIH establishes the Office of Research on Women's Health, which leads a variety of programs aimed at advancing research into women's health and increasing representation of women as both participants and investigators in clinical research.

1991 Bernadine Healy, MD, is appointed the first female director of the NIH.

1993 The FDA reverses its 1977 guidance, officially mandating the inclusion of women in research unless there is a justification for exclusion (for example, if the disease only affects men).

1993 The U.S. Congress passes a law requiring inclusion of women in NIH-sponsored clinical trials.

1994 The FDA establishes the Office of Women's Health, which is charged with promoting the inclusion of women in clinical trials and the advancement of women's health care.

2001 The Institute of Medicine releases a report that demonstrates how sex difference influences biology and should be studied as a variable in clinical research.

2022 A Harvard Medical School study finds that women, as of 2019, were still substantially underrepresented in clinical trials for leading diseases. 

areas. Her work has looked at perinatal health care for Native Americans, including examining intimate partner violence as a risk factor for pregnancy-related death. The findings, she hopes, could be used to help develop policy addressing the fact that Native American and Alaska Native people are more likely to die during pregnancy than White people.

But future studies may not be possible, she fears, because of an interruption in data collection to PRAMS, a comprehensive federal database with detailed information about Americans' pregnancy-related health outcomes. [emphasis added.]

Within the first weeks of the new administration, the Centers for Disease Control and Prevention (CDC) reportedly told state health departments to stop collecting data to maintain the system, while saying that it will be brought back online once it is in compliance with the new government diversity policies.

Kozhimannil and other scholars in her field are worried about what that means – and whether PRAMS will continue to publish information showing outcomes by race or geography. Those would be tremendous omissions: A vast body of data shows that in the United States, Black and American Indian women are at elevated risk of dying because of pregnancy. People in rural areas face greater barriers to reproductive health care than those in urban ones. Without the information PRAMS is known for, Kozhimannil said, it will be exceedingly difficult, if not impossible, to conduct research that could address those divides.

It's not clear if or when that information will be available, she added. One of her doctoral students requested access to PRAMS data in January and has still not heard back on whether it will be made available to her – a delay that is “not normal,” Kozhimannil said.

“It's hard to imagine getting toward a future where fewer moms die giving birth in this country, because the tools we had to imagine that are not available,” she said. “I'm a creative person and I've been doing this a while, and I care a lot about it. But it's pushing the boundaries of my creativity and my innovation as a researcher when some of the basic tools are not there.”

Paul Prince, a spokesperson for the CDC, acknowledged “some schedule adjustments” to PRAMS to comply with Trump's executive orders, but claimed it does not affect the program's continuation. He added: “PRAMS was not shut down.”

“PRAMS remains operational and continues its mission – identifying issues impacting high-risk mothers and infants, tracking health trends, and measuring progress toward improving maternal and infant health,” he said in an email.

It's unclear the scope of long-term ramifications to health research, but Kathryn “Katie” Schubert is tracking it closely. She is the president and CEO of the Society for Women's Health Research, an organization that has

Continued on page 26

Dr. May Edward Chinn

Women Who Helped Build the Empire State

by JoAnne Krolak

MAY EDWARD CHINN WAS born in Great Barrington, Massachusetts, in 1896. Her father, William, was the son of a plantation slave and the plantation's owner. Her mother, Lulu Ann, was the daughter of a slave and a Chickahominy Native American. Lulu Ann was a cook in the household of Charles Tiffany of jewelry store fame. Growing up as a part of the Tiffany household meant May learned to speak French and German and went on trips to concerts in New York City. May also learned to play the piano, and served as an accompanist to Paul Robeson in the early 1920s.

William thought women belonged at home and should not pursue higher education. However, Lulu Ann believed in the value of an education for her daughter and saved enough money to send May to school at the Bordentown Manual and Training Industrial School in New Jersey. Unfortunately, May had to withdraw from the school after contracting osteomyelitis of the jaw. Money was still a problem, and May did not have a high school diploma. However, with her mother's encouragement, May secured a high school equivalency diploma and passed the entrance examinations for Columbia University Teachers College. May entered the school intending to study music. One of her music professors mocked her ambitions because



May was Negro (a term May preferred to either Black or African-American). At nearly the same time, though, May received honors for a paper she had written on sewage treatment. This led to May's changing her major from music to science. In her final year at Columbia, May got a job as a lab technician in clinical pathology, finished her studies at night and graduated with a bachelor's degree in science in 1921. From there, May went on to study medicine at Bellevue Medical College. When she graduated in 1926, she was the first Negro woman to receive a degree from that institution.

After May graduated from Bellevue, she applied for a research fellowship at the Rockefeller Institute. When the Institute found out she was a Negro, the admissions officer suddenly discovered

that "the appropriation for that position had not come through." May was then offered an internship at Harlem Hospital and took it. The job involved riding in ambulances with the paramedics, and the drivers insisted that May be accompanied by a police officer when entering crowded apartments in the city's poor neighborhoods.

"Upon graduation Chinn found that no hospital would allow her practicing privileges. The Rockefeller Institute had seriously considered her for a research fellowship until they discovered that she was black. With her fair skin and last name, many assumed that she was white or Chinese. She later told Muriel Petioni, former president of the Society of Black Women Physicians, that black workers snubbed her because they assumed she was passing as white, and did not want to jeopardize her position. In 1940, Harlem Hospital granted Chinn admitting privileges, in part due to Mayor Fiorello La Guardia's push for integration in the wake of the Harlem Riot of 1935."

Source: <http://harlemworldmag.com/2011/07/01/dr-may-edward-chinn-the-first-african-american-female-doctor-in-new-york/>

After completing her internship, May found that no hospital in New York would grant her admitting privileges, so in 1928, she opened her own practice. Her office was next door to the Edgecombe Sanitarium, which was a private institution. May agreed to take night calls at the Sanitarium, in return for housing for herself and Mr. and Mrs. Chinn. As time went on, May found herself caring for the families of the other doctors at the Sanitarium, plus patients she had seen at the Harlem Hospital, Mohawk Indian construction workers, and the Handmaids of Mary (an order of nuns). She also continued her education and received a master's degree in public health from Columbia University in 1933.

In addition, May saw a large number of cancer cases among her patients. As a Negro, she was still not allowed to officially admit patients to a hospital or treat them once they were admitted. However, May would study how the residents at Memorial Hospital treated the cancer patients and was able to learn the procedure for biopsies from an old professor of hers.

In 1940, May was finally granted admitting privileges by Harlem Hospital and in 1944, she began working at the Strang Cancer Clinic to do cancer research. May stayed at the Strang Clinic for 29 years, conducting cancer research, performing pap smears and other cancer screenings plus taking down family histories of cancer patients. This was in addition to treating the patients in her existing practice.

In 1975, May joined the Society of Surgical Oncology. In 1978, she gave up her private practice in order to work with the Phelps Stokes Fund on education for African and Native American students. May Edward Chinn died in New York at Columbia University in 1980 after collapsing at a reception honoring a friend. 🐾

This article originally was published in the May 2017 issue of NIKE.



Feature: Women's Health

The Friendship Prescription

by Rosemarie Dressler

The relationship I thought had vanished with time wasn't lost at all. It had simply gone quiet until one of us reached across the years and reconnected.

The phone rang, and the voice on the other end belonged to a lifelong friend I hadn't heard from in more than two decades.

"A blast from the past!" I exclaimed, delighted to hear her voice.

How did two decades disappear almost immediately? Her voice was a reminder of just how quickly a lifetime can pass – and of the importance of making the effort to stay in touch.

Our conversation was effortless, almost as though there had been no lapse in time. We laughed, reminisced, and took solace in remembering those we loved who are no longer with us. Before hanging up, we promised we wouldn't lose touch again.

And we haven't.

For the past two years, we've touched base several times a week by text or phone, and we've taken turns visiting each other. She travels north in the summer, and I travel south to see her in the winter.

I don't really know why widening your horizons seems

to bring more opportunities to connect with others. I'll leave that to those who study that sort of thing.

But within the last few months, news of the death of the husband of a high school friend I hadn't seen in 30 years popped up on my computer screen. I found her address and sent her a condolence note, not really knowing whether she would receive it – or, if she did, whether she would want to reply.

She emailed me the moment she received my note. The relationship I thought had vanished with time wasn't lost at all. It had simply gone quiet until one of us reached across the years and reconnected.

It was that simple.

Rekindling those relationships gave me a newfound vigor. They also brought me a sense of peace I hadn't realized was missing. I have always enjoyed my friends, of course, but I had never stopped to consider just how much those connections contribute to the quality of my everyday life.

Continued on page 28

Chapter News

Buffalo Niagara Chapter – Region 8

- submitted by Katharine Smith

The Buffalo Niagara Chapter held its first meeting of the 2026/2027 year on September 2nd at Rizotto Italian Eatery & Sweetery. The evening's speaker, **Linda Crist**, was from **Stitch Buffalo**, the chapter's "Women Helping



Women" program partner. Stitch Buffalo, a nonprofit organization, is a textile art center located in Buffalo. It empowers refugee women who live in Western New York by providing them with free textile arts training and materials, enabling them to produce unique hand crafted goods. This

provides opportunities for women to earn fair wages, gain community support, and assist their families economically. The chapter will be raising funds for Stitch Buffalo all this year at its meetings and events.

Chadwick Bay – Region 8

- submitted by Donnie Hover

Chadwick Bay is pleased to announce this year's scholarship winners. They both are highly motivated women. **Emily Kalfas** and **Lauren Jagoda** submitted their applications thru the Northern Chautauqua Community Foundation for which we have funded an on-going scholarship.

Emily is currently employed at Chautauqua Nursing and Rehabilitation Center in Dunkirk. Emily has been working for 17 years as a CNA and LPN at various nursing facilities in Chautauqua County. She recently graduated from JCC and passed her NYS Boards as a registered nurse. She has accepted a supervisory role at Chautauqua Nursing and Rehabilitation. She will continue her education with aspirations of becoming a nurse practitioner.

Lauren Jagoda attends D'Youville College. She is extremely committed to being self-sufficient and dedicated to her goal of being a registered nurse and certification with midwifery. Her cousin provided valuable information about the experience of helping women during labor and delivering babies which emotionally impacted Lauren. She wants to use her degree to make an impact on the lives of women by providing future patients with compassionate and supportive care.

The early chapter had one small fundraiser (the Women's Get a Way Weekend) to fund its scholarship for women furthering their education in business. Chadwick Bay established a perpetual scholarship through the Northern Chautauqua Community Foundation for non-traditional female students returning or currently enrolled in college and are working to better themselves at their current employment. Our group has also made monetary

donations to Northern Chautauqua Boys and Girls Club, St. Gianna Outreach Center, Dunkirk Free Library, Revitalize Dunkirk, Meals on Wheels, and purchases clothing and Christmas gifts for the displaced young adults in our area.

The Chadwick Bay Chapter offers networking for the empowerment and growth of women, insight into the balance of work and family, and build leadership skills to further careers. This year we are celebrating 84 years as a business organization.

Staten Island – Region 2

- submitted by Rosemarie Dressler

Celebrating Scholarship, Service and the Power of Women Supporting Women

Staten Island Chapter Honors 2026 Scholarship Recipients

The Staten Island Chapter recently gathered members, guests and community leaders for its annual Scholarship Award Ceremony – an evening that celebrated not



only academic achievement, but also resilience, compassion and the transformative power of women supporting one another.

The program recognized two outstanding women whose

educational pursuits and commitment to service reflect the mission and values of the organization.

The evening featured guest speaker Kelly Vilar, founder and CEO of the Staten Island Urban Center, whose work in environmental justice, youth leadership, cultural equity and community activism has made a significant impact throughout Staten Island and New York City. Vilar spoke about the importance of community engagement, advocacy and creating opportunities for future generations of women leaders.

In welcoming guests, scholarship chair **Shiara Ortiz-Pujols, M.D.**, reflected on the deeper purpose behind the chapter's annual awards program.

"Each year, our scholarship program reminds us that determination, compassion and leadership are alive and

Left to right: Barbara Strype, Staten Island Chapter president; Michele Callahan, Fellowship and Scholarship Advisor, the College of Staten Island; Liliana Cota, 2026 Staten Island Chapter scholarship recipient; Dr. Shiara Ortiz Pujols, Scholarship Program chair; Kristina Kostyleva, 2026 Staten Island Chapter scholarship recipient; Barbara Byers, Director, Nurses Program, St. Paul's School of Nursing; and incoming scholarship chair, Nicole Gorra.

thriving in the next generation of women,” she said. “These recipients represent the very values our organization strives to support – resilience, academic excellence and a commitment to making a difference in the lives of others.”

Among those honored was **Liliana Cota**, a rising junior in the Verrazzano Honors Program at College of Staten Island, where she is pursuing a Bachelor of Science degree in Medical Laboratory Science. A graduate of Tottenville High School, Cota has already distinguished herself academically, maintaining a 3.9 GPA while serving as Treasurer of CSI’s Pre-Medicine/Pre-Physician Assistant Society and volunteering as a research assistant.

Equally impressive is her commitment to service. Through her leadership in the Knit for Kids Club, she taught children to knit and crochet while encouraging them to donate handmade items to homeless children and families in need. Her volunteer work has also included support for veterans, environmental clean-up projects and initiatives aimed at raising awareness about cyberbullying.

The chapter also honored **Kristina Kostyleva**, a student at Saint Paul’s School of Nursing who is expected to graduate in December 2026. Kostyleva’s path to nursing reflects both courage and reinvention. An immigrant, wife and mother, she made the life-changing decision to leave a long-term office career to pursue nursing after personal healthcare experiences inspired her to enter the profession.

Supported by her family and driven by a desire to provide compassionate bedside care, Kostyleva has already earned Dean’s List recognition and hopes to continue advancing her education following RN licensure. Her story resonated deeply with attendees as an example of perseverance and purpose at every stage of life.

The evening also recognized May as Mental Health Awareness Month with remarks from Nicole Gorra, including reflections from a past NYSW scholarship recipient that underscored the importance of emotional wellness, mentorship and support systems for women navigating academic and professional challenges.

For members of the Staten Island Chapter, the evening served as a reminder that scholarships represent more than financial assistance. They are an investment in

women whose future work will strengthen communities, improve lives and inspire others to pursue their own ambitions.

Founded to advance women personally, professionally and politically, the Staten Island Chapter of NYS Women, Inc. continues its longstanding commitment to leadership development, education and community engagement throughout the borough.

Staten Island Chapter Celebrates 2026 Women and Groups of Distinction

The Staten Island Chapter celebrated leadership, service, and community impact during its *2026 Women of Distinction and Group of Distinction Breakfast*, held at the Hilton Garden Inn in Staten Island’s Trevi Garden.

The annual gathering brought together community leaders, healthcare professionals, nonprofit advocates, educators, and supporters to recognize women and organizations whose work continues to strengthen Staten Island through advocacy, public service, healthcare, philanthropy, and civic engagement.

“This annual gathering recognizes women and organizations whose leadership, professional achievement, and commitment to service have made a lasting impact throughout Staten Island and beyond,” said Barbara Strype. “Their accomplishments reflect the spirit of leadership, compassion, and community engagement that continues to inspire others across our borough.”

Honored as *2026 Women of Distinction* were Donna Barr, M.A., founder of Shine Your Light Ministries; Heather Butts, B.A., J.D., M.P.H., M.A., board member of Richmond University Medical Center; Maria Carrozza, board member of the New Dorp Business Improvement District; Jennifer Dominguez of the Richmond University Medical Center Auxiliary; Gabriella Leone, B.A., M.A., curator at Historic Richmond Town; Chika Madu, M.D., chair of Radiation Oncology at Staten Island University Hospital; and Shira Ortiz-Pujols, M.D., M.P.H., Medical Director of Obesity Medicine at Staten Island University Hospital.

The chapter also recognized two organizations with its *2026 Group of Distinction* honors. Foundation for Dignity, co-founded by Helen Timeri and Diane Kramer, was honored for its commitment to supporting

Continued on page 25



Feature: NYS Career Development Opportunities, Inc.

HERSTORY. . . a term that highlights history from a female or feminist perspective.

by Linda Przespasniak, NYSCDO, Inc.

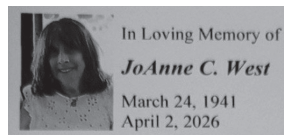
There are women who consider themselves as ordinary, but to you and us, she is EXTRAORDINARY!

The NYS CDO is dedicated to honoring the achievements and contributions of women from all backgrounds, celebrating those who have paved the way for others.

Every day, women make a difference by being role models, teachers, or mentors, not seeking personal accolades but helping others because it is the right thing to do. She could be the mom who drove everyone because other parents were working, chaperoned school activities, or was simply there to listen.

The CDO HERSTORY Project began in March of 2025 to recognize special women who have made an impact on our lives. Donations made in honor of these women are earmarked for CDO leadership programs tailored to young women in our communities.

This year's honorees (submitted by Helen Rico) are as follows:



In Loving Memory of
JoAnne C. West
March 24, 1941
April 2, 2026

Joanne West was a three-year member of the Rome Professional and Business Women's Chapter of NYS Women, Inc. She retired from the Rome Sentinel after a 27-year career. She was active in the Catholic Church, was a grandmother of three and loved her furbabies.



Ella Alsheimer was a member of Rome BPW and later Rome Professional and Business Chapter of NYS Women, Inc. for over 40 years. She served as Rome's secretary. She



**NYS CAREER
DEVELOPMENT
OPPORTUNITIES**

retired after a 31-year career as a speech pathologist for NYS Office of Persons with Developmental Disabilities. She was very active in the Rome Community serving in almost every area of ministry in the Delta United Methodist Church as a certified lay

leader that modeled the example of the one she served in life. She volunteered at the Rome Community Theater for more than 20 years, the Rome Humane Society, and was a member of the Philanthropic Educational Organization (PEO). Ella was the current regent of the Fort Stanwix



Chapter of the Daughters of the American Revolution. In all these areas she proved to be selfless, kind and understanding to all.

Jeanne White was a wonderful person who loved helping women. She was always available to lend her talents and support to our many projects for

NYS Women, Inc. Jeanne was a member of the Rome BPW and NYS Women, Inc. for over 35 years, the NYS CDO, VFW Women's Auxiliary and an assistant GS leader. She was an administrative assistant for the Air Force Research Laboratory and a member of the Federal Women Program. She retired after 39 years of federal service.

New York State Career Development Opportunities, Inc. thanks those women who have participated in and donated to this year's project. It is the intent to make this an annual activity in celebration and commemoration of Women's History Month. For further information, our website is www.nyscdo.org

Staying healthy – and safe – outdoors

continued from page 10

- Consider carrying handheld personal protection devices such as pepper spray, tasers, or sharp object. Or, look around your world or your person and see what could be used as a weapon. A water bottle, a walking stick, rock or even your cell phone can be used in a variety of defensive ways.

- Last but certainly not least, always maintain your situational

awareness – i.e. be aware. Remember, your instinct is your strongest innate defensive weapon. If something does not feel right, it's not. Trust your gut.

Outpace the threat!

BNC member RJ Bent is the owner of The Edgy Gazelle. For more tips to keep you and those you love safe, check out www.theedgygazelle.com for upcoming classes in Western New York

or to download the free personal safety checklist that covers this and other life scenarios.

For 21 years, Supervisory Special Agent, U.S. Department of State, Diplomatic Security Service Rhonda "RJ" Bent stood between U.S. diplomats and danger on five continents, engineering the quiet routines that keep embassies open when streets erupt and nature turns hostile.

News from Jacquie Shellman, Ombudsman

At the NYS Women, Inc. June 2026 Annual Conference, the membership approved a bylaws amendment to dissolve the region structure of the organization. (See minutes of conference <https://www.nyswomeninc.org/Members/Meeting-Archive/Annual-Conference>.) A new committee (Governance) and chair was approved to replace the regional directors to keep the chapter-state communication lines open and identify one person for chapters to go to, confidentially. The basis for this amendment is the need to have chapters more aligned with state; with the option to reconsider this in the future if chapters grow enough.

At the July board of director's meeting the title governance was changed to ombudsman, as had been suggested at the annual conference. An ombudsman serves as a neutral, confidential resource who helps address concerns, facilitate communication, and support fair processes within an organization. This updated name more accurately reflects the committee's purpose and the supportive role it provides to our members and chapters.

All of you know who I am, and my 49 years of dedication to this organization, from chapter member/president to district/region leadership to ultimately NYS Women, Inc. president. We have been through many



changes, and this time is no different. Change can make some uneasy, fear of the unknown, but ultimately opens doors, lets light in and allows us to move ahead. Your executive team wants NYS Women, Inc. to move forward, more efficiently and effectively, while empowering each of you.

Based on the ombudsman working definition please note that I am here for you and your chapter members, confidentially if required. Of course, you can always contact your executive team for whatever you need to enable you to realize your chapter's fullest potential. However, there may be situations that demand some neutral ground, facilitating tough communication, confidentiality, and support for you. This is when I can help.

I look forward to collaborating with you as we move into this new era of New York State Women, Inc. 🍷

*Jacquie Shellman, Chair
Ombudsman Committee
My phone number is 585-755-3825;
Email: jacquie.shellman@gmail.com
Mail: PO Box 563, Lima, NY 14485*

New York State Women, Inc. Conference Highlights



The NYS Women, Inc. annual conference at Tioga Downs Casino Resort: workshops, officer installation, business sessions, thank yous, sunsets, and more!



Dr. Mary Putnam Jacobi

Women Who Helped Build the Empire State

by JoAnne Krolak

[Editor's note: we feel fortunate to have discovered this previously unpublished column from the late JoAnne Krolak's series "Empire Builders." Thanks go to Katharine Smith who had archived the 2015 article.]

MARY JACOBI WAS BORN TO GEORGE Palmer Putnam and Victorine Haven Putnam in London, England, in 1842. Mary's father had been living in London, where he was working at setting up a branch of his publishing company, Wiley and Putnam (later G.P. Putnam's Sons and now known as Penguin Books). In 1848, the family returned to America. Mary would spend her childhood and teenage years in New York City.

At first, Mary was educated at home by her mother. Later, she attended public schools in Manhattan. Mary graduated in 1859 and went on to study Greek, science, and medicine with Elizabeth Blackwell (Blackwell was a British physician, notable as the first woman to receive a medical degree in the U.S. She was the first woman to graduate from a medical school, a pioneer in promoting the education of women in medicine, and a social and moral reformer in both the U.S. and the United Kingdom).

In 1861, Mary graduated from the New York College of Pharmacy – the first woman to earn a degree in pharmacy. The following year, she received permission to take her examinations early and received her M.D. degree from the Female Medical College of Pennsylvania. She followed this with an internship at the New England Hospital for Women and Children.

In 1866, Mary went to Paris in France, to further her medical education. She attempted to enroll at the École de Médecine, and was denied because the school did not admit women. Mary studied at other schools and supported herself by writing articles for American journals and newspapers. In 1868, Mary was permitted to attend lectures at the École. She matriculated and was graduated with highest honors in 1871.

Dr. Mary Jacobi then returned to the United States, where she taught *materia medica* and therapeutics at the



Women's Medical College of the New York Infirmary. Dr. Jacobi had exacting standards for her students and when she found her students were not prepared to live up to these standards, she resigned her position.

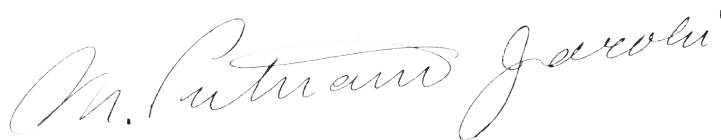
Besides teaching at the Women's Medical College, Mary had also practiced medicine in New York slums. In 1873, Mary had married Dr. Abraham Jacobi, who was an eminent pediatrician and president of the Medical Society of the County of New York. They would go on to have three children, though only one (their daughter, Marjorie Jacobi McAneny) would live to adulthood.

Shortly after she married, Dr. Jacobi opened a children's dispensary at Mount Sinai Hospital and from 1882 to 1885, lectured on the diseases of children at the New York Post-Graduate Medical School. After Dr. Jacobi resigned

Image: Physician and educator Mary Putnam Jacobi as a young woman, circa 1860 to 1875. Library of Congress Prints and Photographs Division Washington, D.C. 20540 USA <http://hdl.loc.gov/loc/ppp/pp.print>

“You must, on the one hand, forget that any social prejudices stand in your way as physicians: but on the other hand you must remember that, in virtue of these, you continue to have certain class interests, which can not, with either justice or safety, be ignored.”

From an 1883 commencement speech at Women's College of the New York Infirmary about succeeding as a woman physician, and balancing the need to both move forward and look back.



her position at the Women's Medical College of the New York Infirmary, she continued working on improving women's education. She organized the Association for the Advancement of the Medical Education of Women in 1872 and served as organization president from 1874 until 1903.

A prolific writer, in 1878, she wrote an essay “The Question of Rest for Women During Menstruation.” In this essay, Dr. Mary Jacobi argued against common beliefs that women were limited physically during menstruation. It was written in reply to “Sex in Education; or, A Fair Chance for the Girls” by Dr. Edward H. Clarke (1875), which questioned the expanded role of women in society and the professions. Dr. Jacobi provided tables, statistics,

and sphygmographic tracings of pulse rate, force, and variations to illustrate the stability of a woman's health, strength, and agility throughout her monthly cycle. Despite great controversy surrounding the report, the paper was awarded Harvard Medical School's esteemed Boylston Medical Prize in 1876.

Dr. Jacobi was a staunch suffragist and as a doctor and leading feminist, she rejected the traditional wisdom about the weaknesses of women. This excerpt from her 1894 book, *Common Sense Applied to Woman Suffrage*, shows her dissatisfaction with women's place in American society, especially the lack of suffrage.

No matter how well-born, how intelligent, how highly educated, how virtuous, how rich, how refined, the women of to-day constitute a political class below that of every man, no matter how base-born, how stupid, how ignorant, how vicious, how poverty-stricken, how brutal. The pauper in the almshouse may vote; the lady who devotes her philanthropic thought to making that almshouse habitable, may not. The tramp who begs cold victuals in the kitchen may vote; the heiress who feeds him and endows universities may not.

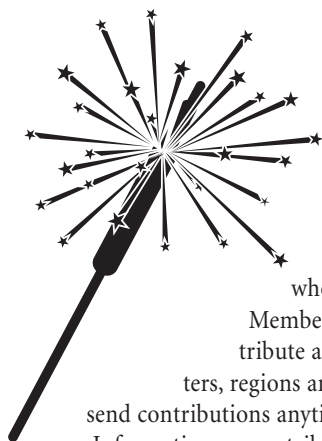
Dr. Jacobi was also an advocate for higher education for women. In 1891 she contributed a paper on the history of women physicians in the United States to *Women's Work in America* called “Women in Medicine.” She wrote:

When people first began to think of educating women in medicine, a general dread seemed to exist that, if any tests of capacity were applied, all women would be excluded. The profound skepticism felt about women's abilities, was thus as much manifest in the action of the friends to their education as in that of its opponents.

But by 1882, the friends dared to call upon those who believe in the higher education of women, to help to set the highest possible standard for their medical education; and upon those who do not believe in such higher education to help in making such requirements as shall turn aside the incompetent, not by an exercise of arbitrary power, but by a demonstration of incapacity, which is the only logical, manly reason for refusing to allow women to pursue an honorable calling in an honorable way.

A career is open to women in the medical profession, a career in which they may earn a livelihood; a career in which they may do missionary work among the poor of our own country, and among their own sex in foreign lands; a career that is practical, that is useful, that is scientific.

Dr. Jacobi wrote over 100 essays and papers on medical topics. Her final essay was entitled “Description of the Early Symptoms of the Meningeal Tumor Compressing the Cerebellum. From Which the Writer Died. Written by Herself.” The essay was published in 1905; she died from the brain tumor in 1906. 🖋️



NIKE All Stars

The 2026-2027 *NIKE* All Star Campaign is in full swing and thank you to our loyal supporters who have already sent their listings in.

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Publication July 30th for the Sept./Oct. issue

Deadlines: March 15th for the May/June issue

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As recently as 2019, women accounted for roughly 40% of participants in clinical trials for three of the diseases that most affect women – cancer, cardiovascular disease, and psychiatric disorders – despite representing 51% of the U.S. population, according to a 2022 study by researchers at Harvard Medical School. Concerns also persist about the lack of information about medications and other interventions during pregnancy, since pregnant people are even more commonly excluded from trials.

Chapter News *Continued from page 19*

individuals and families with compassion and dignity. The Richmond County Nurses Honor Guard, led by President Teresa Torsney, R.N., was also recognized for its meaningful tribute work honoring nurses at the end of life and elevating the visibility of the nursing profession within the community.

Guests enjoyed a morning focused on celebrating achievement, service, and the collective impact women continue to make across Staten Island. The event also featured raffles and opportunities for networking and fellowship among members and guests.

The Staten Island Chapter continues its mission of promoting the advancement of women through leadership development, education, networking, and civic engagement throughout the borough and beyond.



**Together We Rise:
Staten Island Chapter
Installs New Officers**
Members of the
Staten Island Chapter

gathered at The Local restaurant recently for their installation ceremony of officers for the coming year.

The evening provided an opportunity to celebrate the accomplishments of the past year, recognize the dedication of our volunteers, and welcome the women who will help guide our organization forward in the months ahead.

Cammie Brandofino, installation officer, extended congratulations to our newly installed officers and board members and thank them for their willingness to serve. "Their leadership, vision, and commitment will help us continue our mission of supporting, empowering, and connecting women throughout our community," she said.

Officers installed were **Barbara Strype**, president; **Nancy Rooney**, president-elect; **Elizabeth Riley**, vice president; **Denise Giachetta Ryan**, recording secretary; **Roseanne DeVincenzo**, corresponding secretary; and **Maria Peterson**, corresponding secretary.

"Here's to a successful year of friendship, service, professional growth, and making a positive difference in the lives of women and families across Staten Island," said Barbara Strype.

Honoring Our Roots ...Uniting Our Chapters. Moving Forward as One Statewide Network.

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advocated on decades of congressional policy. In 2005, the group released a report that found just 3 percent of grants awarded by NIH took sex differences into consideration.

In February, her organization and other groups sent a letter to the administration highlighting the need to continue prioritizing women's health research.

"We have gotten to the point where we know what the problems are. We know where we would like to try to solve for – so how are we going to find these solutions, and what's the action plan?" she told *The 19th*.

In the past, Trump has shown a willingness to address women's health inequity in at least in some arenas. A 2016 law, signed by former President Barack Obama, established a committee on how to better incorporate pregnant and lactating people into clinical trials. Trump continued that work under his first administration.

Still, when pharmaceutical companies began developing vaccines against COVID-19 in 2020, they at first did not include pregnant or breastfeeding people in clinical trials, despite federal policy encouraging them to do so and data showing that pregnant people were at higher risk of complications from the virus. Those same vaccine trials also initially excluded people who were HIV positive – a policy with particular ramifications for trans people, who are living with HIV at a higher rate than cisgender people – and only changed their policy after public outcry.

Trump returned to power on the heels of a renowned federal focus on women's health research and gender equity. In 2023, President Joe Biden announced the first-ever White House Initiative on Women's Health Research to address chronic underfunding.

During his final State of the Union address, Biden called on Congress to invest \$12 billion in new funding for women's health research. He followed that with an executive order directing federal agencies to expand and



improve related research efforts.

In December, former First Lady Jill Biden led a conference at the White House where she highlighted nearly \$1 billion in funding committed over the past year toward women's health research. She told a room that included researchers:

"Today isn't the finish line; it's the starting point. We – all of us – we have built the momentum. Now it's up to us to make it unstoppable."

The Trump administration rescinded the council that oversaw the research initiative. The press office for the Trump administration did not immediately respond to a request for comment.

Schubert said prioritizing women's health has bipartisan support, and she

remains hopeful of its popularity across both sides of the aisle. She also recognizes it could mean a new era of investment sources.

"We'll continue as an organization, of course, with our partners, to work to fulfill our mission and to advocate for that federal investment and to make sure that the workforce is there and make that policy change. We'll do that under the best of times and the worst of times," she said. "But I think when we think about sort of the broader community – we've seen other philanthropic organizations come in and say, 'OK, we're ready to partner and really make this investment on the private side.'"

Women's health research has more visibility than ever, and not just because some high-profile celebrities and media personalities are investing time and money toward addressing it. Social media algorithms are also increasingly targeting messaging around women's health and wellness. Economists estimate that investing \$350 million in research that focuses on women could yield \$14 billion in economic returns. *[emphasis added.]*

"Yes, we are in a very difficult time when it comes to the federal budget," Schubert said. "Even in spite of that,

Continued on page 28

Ectopic Pregnancy Deaths Have Nearly Doubled. It's Worse in States With Abortion Bans.

by Andrea Suozzo and Agnel Philip, ProPublica

Reporting Highlights

- **Increase in Deaths:** ProPublica's analysis of CDC data found that almost 200 women died after an ectopic pregnancy from 2020 to 2025, compared with about 100 in the previous six years.

- **Delays in Care:** Abortion bans make exceptions for ectopic pregnancies, but getting a definitive diagnosis can mean waiting days or even weeks, while the risk of rupture and death rises.

- **Federal Inaction:** There's been no public response to the increase in deaths. The Department of Health and Human Services has drastically cut maternal health staffers and grant funding.

(These highlights were written by the reporters and editors who worked on this story.)

Gaps in Research, Training and Awareness

One of the biggest challenges to reducing ectopic pregnancy deaths nationwide is the lack of awareness, research and data.

No one, for example, is tracking whether women who experienced ectopic pregnancies also had one or more common risk factors, like a history of ectopic pregnancies, infertility or use of hormonal intrauterine devices, according to ProPublica's review of maternal health statistics and interviews with experts.

Nor has any published research addressed the connection between recent ectopic pregnancy death rates and untreated infections like gonorrhea and chlamydia, which increased substantially during the first years of the pandemic before declining again. Those infections can cause pelvic inflammatory disease, which causes fallopian tube scarring and raises the long-term risk of developing an ectopic pregnancy.

It is unclear why the CDC and other federal agencies

across two administrations have failed to publicly respond to the increase in deaths despite having access to the same information ProPublica analyzed. But experts say the country's capacity to respond to it has been greatly reduced under President Donald Trump.

Robert F. Kennedy Jr., secretary of the Department of Health and Human Services, told Congress in April that improving maternal health outcomes is a priority. But the Trump administration has eliminated much of the staff devoted to researching the topic and cut hundreds of millions of dollars in government funding for healthcare research.

The CDC's Division of Reproductive Health, for example, lost most of its 100 employees, according to a lawsuit filed by more than a dozen states' attorneys general last year. The entire team that ran the Pregnancy Risk Assessment Monitoring System, a significant source of data for state and local governments as well

as maternal health researchers, is on paid administrative leave. That includes many researchers who would have been responsible for investigating the rise in ectopic pregnancy deaths, according to current and former CDC employees.

"You're losing the capacity to know what's going on with pregnant women," Lee Warner, the former chief of the Women's Health and Fertility Branch at the

CDC, said of the cuts at the division. "It's going to take decades to build this capacity back."

Funding cuts have also impacted efforts to raise awareness about the condition. Because ectopic pregnancies usually cause complications before standard prenatal care begins around 10 weeks, patients often rely on emergency departments, where doctors don't typically have specialized training in pregnancy care. Experts say more training on high-risk early pregnancy conditions could help combat rising maternal mortality rates.

The CDC in 2025 also stopped funding a partnership

Continued on page 28



What happens to health research when ‘women’ is a banned word? *Continued from page 11*

there will be opportunities to see this issue continue to rise to the top.”

The speed and scope of those opportunities may not extend to researchers like Flatt in Nevada. They plan to appeal their NIH funding cuts, but they don’t feel optimistic – in part because the letters state that no modifications of their projects will change the agency’s decision. Flatt noted that in recent weeks, some people have suggested that they exclude transgender people from their studies. Flatt said excluding people of all genders is not pro-science.

“I refuse to do that,” they said. “The administration is saying that it needs to be for all Americans. They are Americans.”

Fodera, the Columbia doctoral student, will continue her research on uterine fibroids for now, due partly to

timing and luck: The fellowship had already paid out her stipend for the semester, and her adviser pooled some money together from another source. But the future of her fellowship is in question, and such research opportunities are closing elsewhere. Fodera is expected to graduate in a few months, and plans to continue in academia with the goal of becoming a professor. She’s looking for a postdoctoral position, and is now considering opportunities outside of the United States.

“This is really going to hurt science overall,” she said. “There is going to be a brain drain from the U.S.”

[Published online March 27, 2025 at <https://19thnews.org/2025/03/women-lgbtq-health-research-trump-funding/> The 19th is an independent, nonprofit newsroom reporting on gender, politics, policy and power.]

The Friendship Prescription *Continued from page 17*

I felt a sense of satisfaction renewing these friendships. What I didn’t know was that it might also be good for my health.

Apparently, there was more to that little pep in my step than I realized. Researchers have found that meaningful social connections are associated with better physical and emotional health, less stress, better sleep and even longer life. Conversely, loneliness and social isolation have been linked to heart disease, depression and cognitive decline. Friendship, it seems, isn’t simply something that makes life more enjoyable. It may actually help make life healthier.

Friendship may not be something your doctor prescribes at your annual physical, but perhaps it should be part of the prescription for a healthy life. And this is one prescription we can write for ourselves.

Rosemarie Dressler is past president, Staten Island Chapter; a seasoned communications professional, writer, and community advocate with decades of experience shaping public dialogue across the New York–New Jersey region. Her work reflects a deep commitment to civic engagement, leadership, and elevating the stories that connect communities.

Ectopic Pregnancy Deaths Have Nearly Doubled. *Continued from page 27*

with the American College of Obstetricians and Gynecologists to educate emergency medicine doctors about reproductive healthcare. The initiative, “Obstetric Emergencies in Nonobstetric Settings,” offers resources for emergency departments on caring for pregnant patients with cardiovascular disease, hypertension and eclampsia. An ACOG spokesperson said its foundation now funds the project, and that the organization is working on a set of guidelines for diagnosing and managing tubal ectopic pregnancies in the emergency department.

A spokesperson for HHS said the agency continues to track maternal mortality trends, investigate their causes and provide funding for research. “This important work is being accelerated across the Department to support healthy

mothers, healthy babies, and strong families,” the spokesperson said.

The U.S. doesn’t do national maternal mortality reviews, said Boston University’s Declercq, who serves on the Massachusetts Maternal Mortality and Morbidity Review Committee. Instead, CDC epidemiologists review death and birth records to establish accurate national totals of pregnancy-related deaths, largely leaving state and local maternal mortality committees to take an in-depth look at individual cases and make recommendations to lawmakers and medical providers.

Declercq said his committee has not identified a notable increase in deaths from ectopic pregnancies in Massachusetts in recent years. In most states, these deaths are sporadic enough that they don’t, in isolation, show a notable trend.

It’s only at the national level that this increase in avoidable deaths becomes visible.

ProPublica’s analysis “raises concern that young women are dying from a preventable cause at an increasing rate,” Schreiber, the professor of OB-GYN, said. “That is not what we should be seeing in the United States of America.”

Excerpted from the original online article from September 9, 2026, 6:00 AM; https://www.propublica.org/article/ectopic-pregnancy-deaths-doubled-analysis?utm_source=instagram&utm_medium=social&utm_campaign=propublica-sprout-linkinbio&utm_content=1788997320. ProPublica is a nonprofit newsroom that investigates abuses of power.

She Was Too Busy: The Fear of Knowing

Continued from page 8

most: living fully with the people we love.

Several months later, after a meeting in the same hospital building, I found myself back in the cafeteria. I picked up a salad, found an empty table, and began eating.

Before long, familiar faces surrounded me.

"Hi," one of the nurses said with a smile. "Remember us?"

"How could I forget?" I replied.

Before I could ask the question that had lingered in my mind for months, the nurse answered it.

"I had the mammogram that afternoon," she said. "Stage 2 breast cancer. My worst fear came true."

My stomach dropped.

Another nurse gently corrected her. "No," she said. "Your worst fear would have been not having the mammogram."

The table fell silent.

"I had surgery," the nurse continued, "There is treatment but I'm doing well."

The conversation drifted to plans for a baby shower they were organizing for one of their younger colleagues. Before they left, they invited me to join them. I accepted.

Watching them together, I understood something I

hadn't fully appreciated before. They were more than coworkers. They were a sisterhood. They celebrated one another's joys, challenged one another's excuses, and when one of their own needed help, they stepped in without hesitation. I felt grateful that they included me.

More than twenty years have passed since that lunchtime conversation.

A few years ago, they invited me to celebrate the retirement of the senior member of their team. We laughed about old memories, and the nurse whose mammogram had revealed Stage 2 breast cancer proudly passed around photographs of her grandbabies.

As I looked at the smiling faces in those pictures, I looked back at her and smiled. "I'm so glad you made that appointment," I said.

So was she. 🍷

Rosemarie Dressler is past president, Staten Island Chapter; a seasoned communications professional, writer, and community advocate with decades of experience shaping public dialogue across the New York–New Jersey region. Her work reflects a deep commitment to civic engagement, leadership, and elevating the stories that connect communities.

Women's Day at the NYS Fair

by Pat Ferguson, chair, Women's Day at the Fair



Women's Day was held on Wednesday, September 2, 2026. It began with 13 NYS Women, Inc. members attending brunch with a marvelous speaker who highlighted important women from the past. Recognition of women in agriculture followed; urban gardens, veterinary animal care, family traditions, and more. A thunderous rainstorm created an extra level of noise over the brunch while the Fair issued a shelter-in-place warning. Some of us were drenched and others just



went home! There has not been that much rain on Women's Day since the 2005 hurricane.

The Pavillion of Women's Organizations generated two solid prospective new members for our organization and we look forward to welcoming them. The weather made the day difficult: We seemed to be talking to ourselves when the public was not allowed to enter. Being judicious in giving our healthy items, trying to talk to everyone who took an item, made connections. Some of the folks we talked to said they will search for our website. Seven of us spent five hours promoting NYS Women, Inc., talking to many people and making connections to many of the other organizations. Fidelis Care was the funding organization for all the folks in the pavilion leading to the health and wellness theme. Next year's Women's Day at the NYS Fair will be Wednesday, September 1, 2027. 🍷

Dr. Susan McKinney Steward

by JoAnne Krolak

Dr. Susan McKinney Steward was the first black woman to graduate from medical college in New York State and the third in the U.S.

SUSAN MCKINNEY STEWARD WAS born the fifth of seven children to Anne and Sylvanus Smith in Crown Heights, Brooklyn, on March 18, 1847. Mr. Smith owned the pig farm where Susan grew up (he was also a pork merchant). Susan became the organist for the Siloam Presbyterian Church and the Bridge Street African Methodist Episcopal Church in Brooklyn.

In 1867, Susan enrolled in the New York Medical College and Hospital for Women in New York City. Why did Susan choose medicine as her life's work? Some say it was because two of her brothers died in the Civil War. Others claimed her choice came through a cholera epidemic in New York in 1866.

Three years later, Susan graduated from the Medical College as class valedictorian. She was the first black woman to graduate from medical college in New York State and the third in the United States. Susan set up her first practice in her home in Brooklyn. Her practice served all ages and races of people and she was particularly noted for her treatment of childhood diseases.

In addition to her practice, in 1881, Susan co-founded the Brooklyn Woman's Homeopathic Hospital and Dispensary, and acted as attending physician at the Brooklyn Home for Aged Colored People. Susan also practiced at New York Medical College and Hospital for Women in Manhattan. She took the time for community activities, such as missionary work at the Bridge Street AME Zion Church, advocacy for temperance with the WCTU Union No. 6 in Brooklyn, and the women's suffrage movement.

Susan married for the first time in 1871 to William McKinney, a minister from South Carolina. The McKinneys had two children. Reverend McKinney passed



away in 1894. In 1896, Susan married Theophilus Gould Steward, who was a chaplain with the Buffalo Soldiers. The next several years of Susan's life were spent travelling with her husband, where she treated African American soldiers in Texas, Nebraska and Montana.

Rev. Steward retired from service in 1907. Then the Stewards went to Ohio, where they joined the faculty of Wilberforce University. Susan taught health and nutrition and was the University's resident physician.

Susan was also noted for her ability as a speaker. In 1911, while on a trip with Rev. Steward, she addressed the first Universal Race Congress at the University of London, where her topic was "Colored Women in America." Three years later, she spoke at the convention of the National Association of Colored Women's Clubs on the topic of "Women in Medicine."

Susan was still at Wilberforce University when she died in 1918. Her remains were returned to Brooklyn and buried in the Greenwood Cemetery in her family's plot. At her funeral, Susan was eulogized by Hallie Brown, a friend from her days at Wilberforce University. Hallie Brown said of Susan, "...She acted upon her own judgment and when she had made up her mind that a thing was right and ought to be done, SHE DID IT... she could strike, and strike hard, in what she believed to be a righteous cause. With her it was justice on the one side, and injustice on the other."

In 1974, Brooklyn Junior High School was renamed the Dr. Susan Smith McKinney Junior High School in her honor. Shortly later, black women physicians in New York, New Jersey, and Connecticut named their society after Susan.

Whether women should be admitted to the medical and other professions is a question fairly open to discussion, but the manner in which the students at Bellevue debate it will hardly carry conviction to the meanest and narrowest mind. Their method is that of insult and brutality toward the members of the Woman's Medical College who, under the Bellevue rules, are permitted to attend the clinics. When the ladies appear they are greeted with hisses, indecent language, paper balls and other missiles, and even grosser affronts are offered. The Philadelphia blackguards who some time ago aroused general indignation seem to have removed to New York, or to have found in the latter city disgracefully proficient imitators. The attempt to settle the Woman Question in this way, or in any way but by respectful and just consideration of its merits, will defeat its purpose and result favorably to the innovation. The behavior of the Bellevue students is in itself a powerful argument in behalf of the female physicians. Who would not choose to be medically ministered to by a thoughtful and intelligent woman rather than by the ruffians Dr. Wood vainly rebukes?

[This article was originally published in the January 2015 issue of NIKE.]

The Capes Women Wear

The unseen strength behind the roles that shape our lives

by Rosemarie Dressler

When I opened the door, there she stood – my neighbor’s kindergarten-aged daughter, transformed into Superwoman, in a red cape, blue outfit, and that unmistakable bold “S” across her chest. Perky and bright, with a long ponytail trailing down her cape, she was the most adorable Superwoman I had seen that Halloween.

As she tucked handfuls of goodies into her pumpkin basket, it occurred to me that the costume was, in its own way, a preview of the role she may one day assume – woman, professional, and, if she chooses, mother – all expected to coexist at once.

She needed only to look beside her – to the woman in a business suit, sensible shoes, and a coat worn more for warmth than style. I felt certain the girl would one day carry some of her mother’s unseen superpowers – the quiet, relentless work of managing a business, a home, and the daily lives of her children, all within the structure of a marriage.

Like many young women, she may set out believing she can reach the highest heights and take on the world – prepared, as the stories say, to leap tall buildings in a single bound – only to find that the ceiling remains, and that she has joined an ongoing battle for truth, justice, and equality in the workplace.

When I finished my undergraduate degree, the job market was tough and opportunities were scarce. In my quieter moments, I found myself drawn to a simple uniform – a Superman T-shirt, its bold “S” emblazoned across the chest.

In retrospect, I see it as more than casual clothing. It reflected a quiet resolve – a determination to push past the odds and find my place. As I wrote my résumé, did my laundry, and ran errands, that shirt became a small but steady reminder that I had the power to get through the hurdles ahead.

As my neighbor walked away with her daughter, I found myself imagining her with a cape worthy of a superhero. She possessed the qualities I had come to recognize over decades in the workforce – strength that is steady, capable, and rarely acknowledged. Not worn boldly across the chest, but carried quietly. The kind that does not announce itself, but instead repeats, day after day, in the ordinary rhythms of life.

For many women, those unseen superpowers are not optional. They are assumed. Expected. Absorbed into the definition of what it means to be capable, responsible, dependable. A woman who manages a career is admired. A woman who manages a household is expected. A

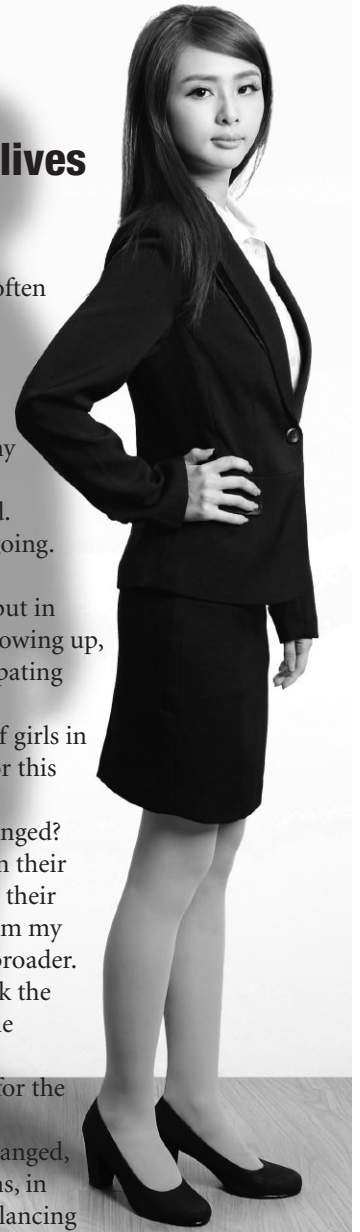
woman who manages both is often simply...busy.

And yet, within that “busy” is a level of coordination, resilience, and emotional intelligence that would rival any fictional hero. Decisions made quietly. Sacrifices rarely named. Adjustments constant and ongoing. The work is not performed in dramatic moments of rescue, but in sustained acts of presence – showing up, holding things together, anticipating what comes next.

I expect to see a new crop of girls in superhero costumes at my door this Halloween. And I find myself wondering: how much has changed?

There is no doubt that when their time comes to enter the world, their experience will be different from my own. Their opportunities are broader. Many may never think to thank the thousands of women who came before them – who fought, persistently and often quietly, for the ground they now stand on.

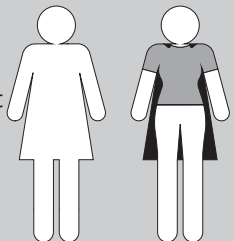
And yet, while much has changed, much has not. The expectations, in many ways, are greater. The balancing act remains constant – and so, too, do the unseen superpowers required to sustain it.



Rosemarie Dressler is past president of the Staten Island Chapter of New York State Women, Inc.

The #ItWasNeverADress campaign,

launched by Axosoft 2015, is a movement to acknowledge women can be equally successful in tech and beyond. Axosoft coder, Tania Katan created the campaign to “shift perceptions” about women. She took the familiar icon for public bathrooms and created a superheroine. For more info: itwasneveradress.com



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