A who's who of medical specialists, researchers, educators, and policy makers on women's health gathered on the Barnard College campus April 5 for a daylong forum that addressed the latest findings on gender-specific diseases, explored the attitudes toward health care for women and the relevance of women's health to economic progress in the developing world.

The Barnard Summit, a leadership initiative of Barnard President Judith Shapiro, drew an audience of nearly 700 women and men from health care professionals, scholars, Barnard students, alumnae and two dozen journalists from national news organizations, including The New York Times, Glamour, Newsweek, Psychology Today and Time magazines.

In opening remarks, Shapiro noted that access to health care, both in the United States and throughout the world, is critical, especially for women. She noted that 515,000 women die every year during childbirth and that 90 percent of these deaths occur in the developing world.

And, while Americans spend $35 million annually on weight-loss programs, nearly all women of reproductive age in regions of Africa and South Asia continue to be undernourished. But she pointed to positive trends, including the fact that nearly half of all medical school graduates in the United States are women and a critical movement over the last several decades that has made women more aware of the need to take responsibility for their health.

Shapiro welcomed an influential group of 21 Summit panelists to the LeFrak Gymnasium in Barnard Hall, including Cristina Beato, principal advisor on health policy and assistant to Health and Human Services Secretary Donna Shalala; Ilse Nininger, co-author of Our Bodies, Ourselves and Our Bodies, Ourselves for the New Century; Vivian W. Pinn, the first full-time Director of the Office of Women's Health at the National Institutes of Health (NIH); Isaac Schiff, chief of the Vincent Obstetrics and Gynecology Service at the Massachusetts General Hospital, professor at Harvard and one of the world's leading experts on menopause; Susan F. Wood, director of the Food and Drug Administration Office of Women's Health; Gina Kolata, science and medicine reporter for The New York Times; and Mariam J. Legato, professor of Clinical Medicine at Columbia's College of Physicians & Surgeons and founder and director of the Partnership for Gender-Specific Medicine at Columbia.

Shapiro was the moderator for the first of three panels, on health trends globally for women. Lynn Sherr, the ABC News 20/20 correspondent, and Soledad O'Brien, co-anchor of NBC's Weekend Today, served as moderators for the next two panels, focusing on gender biases in health care, medical research and testing and on the impact of women's health on economic development and stability in the developing world.

The forum was recorded for a PBS documentary to be developed and distributed to stations nationwide next fall. The Barnard Summit was supported by the Bill & Melinda Gates Foundation, Merck & Co., Inc. and Pflizer Inc.

While the discussion navigated the often-fragmented pieces of information on diseases, choices in treatments, and changes in medical technologies, the following points emerged as key to women's health concerns today:

Women must take personal responsibility for women's health issues everywhere.

Access to adequate health care in the United States and abroad must become a priority.

Gender-specific diseases, research and treatment around the world must be taken seriously.

Poverty progresses on women's health in the developing world.

The panelists agreed that women's health care has undergone a positive shift in which women's concerns are listened to and taken more seriously. The change comes largely because of a quiet but critical movement that has been stirring over the past decade—one being waged not in offices but in laboratories, clinics and hospitals. Gender-specific research, technological advances in treatment for women as well as media coverage have distin- guished women's health care as unique and altogether different from men's, paving the way toward gender-appropriate treat- ment and help.

The fact that attention is paid to women's unique health needs is "an exciting revolution," according to Legato, author of Eve's Rib and founder of the Partnership for Gender-Specific Medicine at Columbia. "That in itself is a major change that's really only happened in the last ten years, but one that canulti- mately help both women and men."

Such efforts have helped move the focus beyond the two areas that have most often defined women's health issues—breast cancer and reproductive dis- eases—and into a comprehensive approach to gender-specific med- icine. For instance, since 1950 lung cancer mortality rates for women have increased an esti- mated 600 percent, Shapiro said. And according to Beato, envi- ronmental concerns such as clean water and air pollution have broad- ened, the scope of women's health, and concern about heart disease has prompted increased advocacy for behavioral changes and federal preventative programs.

"We're living longer but we're picking up bad habits along the way," said Beato. "We've become good on treatment but lousy on prevention."

Still, most women under 45 years of age seem more concerned about breast cancer or reproductive cancer than any- thing else, according to Glamour magazine Editor-in-Chief, Cindi Leive. "The reality, though, is that they are more likely to die from heart disease or even a car accident," said Leive. The perceptions remain in part due to differing medical opinions throughout the years and the amount of information now avail- able through the Internet, which can be difficult to navigate.

What is clear to professionals and patients alike is that women must take "personal responsibility for their health," said Faye Wattleton, president of The Center for the Advancement of Women and a trustee of Colum- bia. "Especially for those of us in the privileged class, we must remember it's all of our responsi- bility, since so many don't have access to care."

With over 45 million people lacking health insurance in the United States, Beato said health literacy is the key to empowering women and eliminating health care disparities.

Panelists on the final discus- sion agreed that throughout the world women remain unable to access or afford adequate care for even their most fundamental health needs.

Part of the problem is the destructive impact of poverty and the economic disparity between countries, according to econo- mist Jeffrey Sachs, special advis- or to the United Nations Secre- tary General and director of The Earth Institute at Columbia.

"We're putting more into the war in Iraq than we are in addressing the issues of disease and death," said Sachs.

Women are faced with difficulties such as a result of poverty, said Helene Gayle, a Barnard alumna who is director of HIV, Tuberculosis & Reproductive Health at the Bill & Melinda Gates Foundation. "Poverty is a fundamental issue which leads to other issues," said Gayle. "Poor women get HIV because they enter the sex industry to put food on the table."

New Chinese Language Program
This summer Columbia will launch a new Chinese Language Program on the Morn- ington Heights campus, fea- turing intensive classes in modern Chinese language and culture, including beginners through advanced levels. Co- curricular activities such as films, Chinese-language televi- sion programs and online materials will enhance stu- dents' understanding of the culture and society.

Students will have the opportu- nity to have a native speaker of Chinese as a conversation partner. These partners will be carefully selected from among students in Columbia's American Language Program and other Columbia programs. This program is being offered as an alternative to studying abroad in China. The 2003 Summer Program in Beijing was can- celled because of the on-going epidemic of Severe Acute Respiratory Syndrome (SARS) in China.

For further information: http://www.columbia. edu/summer/Chineselan- guageProgram.cfm

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