

The NIH Revitalization Act of 1993

The Revitalization Act of 1993 mandated, for the first time, the inclusion of women and minorities in research funded by The National Institutes of Health. Before then, medical researchers – working on every scientific stage from early discovery to clinical trials – were encouraged to include women but, as it was never enforced, they rarely did. Male mice were almost exclusively used in laboratory experiments. In fact, before 1990, the term “women’s health” was limited primarily to reproductive health. To the extent there was any interest at all in the field, it was in terms of family planning, maternal and child health, and abortion. While these are important aspects of women’s health, they are not the drivers of the women’s health field, which, thanks to the Revitalization Act now connotes the overall health of women, including an acknowledgement of sex differences in the physiology of men and women down to the molecular level.

As the first piece of legislation that called for a gender lens in medical research, the Revitalization Act was a hard won victory for women’s health advocates and was the culmination of a number of sequential events – the most obvious being the appointment of Dr. Bernadine Healy -- the first woman NIH director. Another was the now famous aspirin study. The study, which found that taking a baby aspirin a day helps prevent heart attacks, was found to be conducted entirely on men. This became public knowledge at the same time several Congresswomen had been pushing to do more for women’s health research at NIH and broaden the lens through which Congress and the public viewed women’s health. The aspirin study provided the impetus to create this opportunity.

The congresswomen learned through investigative work that NIH had its own internal guidelines regarding the inclusion of women in NIH-sponsored research. Those guidelines simply urged that women be included; they did not require it. In light of the aspirin study, the concerned lawmakers were determined to discover just how good NIH was about following its own rules. Health Subcommittee Chair Henry Waxman, on behalf of himself and several Congresswomen, requested a government study to examine that very question. The study findings determined that NIH was not following its own guidelines.

“In brief, we found that NIH had not adequately implemented its policy. Although NIH announced the policy over three years ago, it has just begun to apply it systematically during the grant review process. NIH’s various institutes have not consistently applied the policy, and NIH has no way to measure the policy’s impact on the research it funds.” NIH did not contest these findings at follow-up congressional hearings.

The culmination of all of this -- the government study; the aspirin study; ongoing congressional interest --was the major piece of NIH legislation known as the NIH Revitalization Act. The bill included language which -- for the first time -- required that women and minorities be included in appropriate numbers in NIH-supported research. It also required that NIH clinical trials be designed in a manner to indicate any differences in research outcomes between women and men. President Clinton signed the NIH Revitalization Act into law in 1993 – among his very first major legislative achievements.