During the 1960s, the civil rights and women’s rights movements gave rise to the women’s health movement, which drew attention to inequities in research and health care.

In the early 1970s, the Boston Women’s Health Book Collective published the enormously influential *Our Bodies, Ourselves.*
Over the next decade and a half, the scientific, policy, and advocacy communities took note and responded.

In 1983, Edward Brandt Jr., M.D., who was the Assistant Secretary for Health for the U.S. Department of Health & Human Services, established the Public Health Service Task Force on Women’s Health Issues and appointed Ruth L. Kirschstein, M.D., as its chair. Under her leadership, the task force advocated for greater inclusion of women in NIH-funded clinical trials and for more research on conditions and diseases affecting women.

Congress, too, pressed for change. In response to calls from scientific, medical, and advocacy organizations, the Congressional Caucus for Women’s Issues—led by Sen. Barbara Mikulski and Reps. Connie Morella, Olympia Snowe, and Patricia Schroeder—pushed for the inclusion of more women in clinical studies.

In 1984, the National Black Women’s Health Project, now the Black Women’s Health Imperative, began addressing the reproductive and general health of African American women.

In 1986, NIH enacted the Inclusion of Women and Minorities in Clinical Research policy, which urged researchers applying for NIH funding to include women and minorities in studies involving human subjects.
A 1990 General Accounting Office study of NIH grant applications—most relating to conditions affecting both men and women—found that about 20% of them provided no information about the sex of the study population.

Legislators were spurred to action. Sen. Mikulski and Reps. Morella, Schroeder, and Snowe met with NIH officials to discuss the lack of inclusion of women in clinical studies. That same day, NIH Acting Director William Raub, Ph.D., established the Office of Research on Women’s Health (ORWH) and appointed Dr. Kirschstein as the office’s first Acting Director.

Over the next year, Dr. Kirschstein organized, staffed, and set the priorities of the new office, with strong support from Bernadine Healy, M.D., who in 1991 became the first and only woman to serve as NIH Director.

Since 1990, ORWH has been dedicated specifically to promoting women’s health research. The office has served as the focal point for research relevant to the health of women at NIH and has promoted and supported women’s health research in the greater biomedical community as well.

In 1991, Vivian Pinn, M.D., became ORWH’s first full-time Director, a position she held until 2011. Early in Dr. Pinn’s tenure, ORWH established the Re-Entry into Biomedical Research Careers program, which assists researchers in re-entering their research careers after a qualifying interruption, such as childbirth.
The NIH Revitalization Act of 1993 made major changes related to women’s health research:

- It required the inclusion of women and minorities in NIH-funded clinical research. Today about half of participants in NIH clinical trials are women. (More recently, the 21st Century Cures Act required NIH to revise its policy on the inclusion of children in clinical research, expanding the policy to include individuals of all ages.)
- It statutorily established ORWH.
- It mandated the creation of the Coordinating Committee on Research on Women’s Health (CCRWH), comprising NIH Directors or their senior-level designees, and the Advisory Committee on Research on Women’s Health (ACRWH), which includes non-Federal experts.

The Building Interdisciplinary Research Careers in Women’s Health (BIRCWH), program—an NIH-wide collaborative effort—was established. It connects junior faculty to senior faculty with shared interest in women’s health and sex differences research.
2002
The Specialized Centers of Research (SCOR) on Sex Differences program was launched. This program aims to translate scientific knowledge about how diseases affect women and men differently into new treatments that improve clinical care.

2006
The human papillomavirus vaccine was introduced. NIH scientists developed its underlying technology.

2007
NIH Director Elias Zerhouni, M.D., established the Working Group on Women in Biomedical Careers. Its landmark Research on Causal Factors and Interventions that Promote and Support Women in Biomedical Careers initiative, launched in 2008, produced research that has expanded opportunities and reduced barriers for women in biomedical research.
ORWH, in collaboration with the National Institute on Aging, created the Women of Color Research Network to provide women of color and supporters of their advancement in biomedicine with information about the NIH grants process, advice on career development, and a forum for networking and sharing information.

NIH Director Francis S. Collins, M.D., Ph.D., and ORWH Director Janine A. Clayton, M.D., FARVO, published an article in *Nature* calling for greater consideration of sex as a biological variable (SABV) in animal and cell studies.

In 2016, the landmark NIH Policy on Sex as a Biological Variable went into effect. Its development was led by ORWH. The SABV policy further advances women’s health by helping to ensure that the potential influences of sex on health and disease are considered early and throughout the research process. This work also helps advance women’s health toward a holistic, multidimensional framework.
2017

The U3 Administrative Supplement Program—NIH’s only program focused on researching health disparities among populations of women that have been understudied, underrepresented, and underreported (U3) in biomedical research—was launched.

The EVATAR™ miniaturized 3D models of the female reproductive system and the liver are helping predict the safety and efficacy of new drugs.

2018

The SCOR program was expanded to become SCORE, the Specialized Centers of Research Excellence on Sex Differences. SCORE with the “E” established 11 new research centers of excellence, each serving as a national resource for translational research on the role of sex differences in the health of women. It also added a vital Career Enhancement Core.

2019

NIH released its first R01 focused on studying the intersection of sex and gender in health and disease.
ORWH-funded research and programs are addressing pressing issues women currently face, such as maternal morbidity and mortality and opioid use disorder.

The path forward holds great promise. Since 1990, ORWH-supported research, policy innovations, and career programs have helped to expand the knowledge base and produce better science. And by working to broaden the concept of “women’s health” to include all diseases and conditions that affect the health of women from head to toe and across the life course, ORWH is helping to improve the health of women—and the families and communities to which they belong.