Welcome to the first issue of the Women’s Health Initiative newsletter, WHI Matters. Each issue will give health tips and keep you up-to-date on what’s going on with WHI, as well as bring you news about your fellow participants. You will receive this newsletter in the mail each year at about the same time. We hope you enjoy your first issue of WHI Matters. Thanks for taking part in this important study!

WHI: Answers for Tomorrow

We’d like to help you get to know more about WHI: who takes part, what it is, and where the clinics are located.

The women of WHI are women like you from all over the U.S. All participants are between 50 and 79 years old and come from many cultures. These women lead interesting, busy lives. Many are involved with work, volunteer, or community activities, and some are mothers, grandmothers, and great-grandmothers. Over 25,000 women have joined the study, including one mother and daughter team (see story on page 4)!

The idea for WHI came about in the early 1990s at the National Institutes of Health (NIH). For many years, the health problems of women have been poorly studied, compared to those in men. So, Dr. Bernadine Healy, the director of NIH at that time, decided to sponsor a large study to focus on the main diseases that affect women: heart disease, cancer, and osteoporosis (fragile bones). The result was the Women’s Health Initiative, one of the biggest studies ever planned.

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Answers for Tomorrow
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WHI started asking women to join the study in the fall of 1993. During the first year of the study, there were 16 Clinical Centers nationwide. In September 1994, 24 more centers were added. The map on the cover shows the location of all 40 Clinical Centers, including your own. WHI is trying to recruit women of all ethnic groups. To make this possible, some centers are asking women from specific population groups to join. For example, the centers in Alabama, Georgia, Illinois, Michigan, and Washington, D.C. are trying to get more than half of their participants from the African-American community. Centers in California, Texas, and Florida are trying to get at least half of their women from the Hispanic community. Centers in Arizona are recruiting Hispanic and Native American women, and the center in Hawaii is recruiting Asian-Pacific Islander women.

The WHI goal is to enroll a total of 163,600 women to study ways to improve women’s health. Although participation in the study is steadily increasing, there is still time for your friends and co-workers to take part. Spread the word to join WHI today.

A Word From the National Institutes of Health (NIH)

I let me add my personal welcome to all of you who have become our partners in this landmark study of women’s health. No study previously done by NIH approaches this one in importance for women. We at NIH are committed to finding better ways for women to lead healthy lives, but we cannot do it without your help and the help of the many dedicated researchers in WHI. The Women’s Health Initiative is quite simply the largest and most important study ever done by NIH. It is an ambitious undertaking, but I am confident that, together, we will find the answers. The tremendous interest in this study among women nationwide, and the positive response that the WHI clinics have had in finding women who want to participate, are extraordinarily encouraging.

NIH wants this to be not only the biggest study ever undertaken, but also the best. A vast amount of planning and preparation has gone into the program, but the program will continue to be improved as we learn more. Since the program started, we have received good advice from many interested groups, and we have already learned much from the first participants. Many of the study forms and tests have been simplified and improved, so that they are easier on the participants and the staff. In particular, the informed consent forms that you signed at the beginning of the study have been made more readable and informative. Your WHI Clinical Center will show you what the changes are before or at your first annual visit. The hormone replacement forms have been completely rewritten, so the clinician will be asking you to read them again, and sign them to indicate your continued interest in participating. These messages are being taken to ensure that you are kept up to date at all times.

NIH is totally committed to the success of this program, and looks forward to a long and productive partnership with you.

Loretta B. Finneghan, M.D.
Director, Women’s Health Initiative
National Institutes of Health
Leader of the Pack: WHI's First Participant

Beverly Goodwin-Sousoulas had a goal: to be the first woman in Memphis, Tennessee, enrolled into the Women's Health Initiative. She got her wish and more. On October 22, 1993, Beverly became the very first woman in the country to join WHI.

"I am always talking about the Women's Health Initiative," reports Beverly enthusiastically, "and then I say, 'And I'm the first woman in the whole world randomized into the trial.' It really is exciting! It makes you feel like a pioneer."

Beverly was interested in the Women's Health Initiative even before the centers were picked. She is the marketing director for the Prevention Center at the University of Tennessee, Memphis. She heard about the study in its planning stage years ago and hoped that her site would be chosen as one of the Clinical Centers.

"I thought it was a thing that needed to be done for a long time and I was really excited that our center would be part of that,", said Beverly.

"I do think that women react differently to things than men do, and I think it is good to establish all of our medical treatments on clinical trials about men has us treating women incorrectly. I just thought it was something that really was a need not just for myself and people now, but as we all know, for future generations."

One woman of the future is her 3-year-old granddaughter, Corinne Elizabeth. Beverly says Corinne is the love of her life, as is her cat, Ray Anthony Silverstar Sousoulas, or Tony for short. She also has three sons. She has lived in Memphis for the past 44 years and loves it.

When she’s not taking part in the WHI Dietary program, she provides marketing services to WHI and other studies being done at the university. In fact, Beverly created the saying, "Be Part of the Answer," that appears on the study's brochures and other materials. She does a lot of volunteer work and serves on the board of directors for several groups.

"With such a busy life, is it hard for her to be in WHI? "Not at all," replied Beverly. "It's just been a lot of fun and interesting and easy to do, which has been surprising. I thought it was going to be a real effort on my part to be disciplined, but it hasn't."

"I do feel a challenge for not only being on staff here, but also because I'm the first one. I think the first one has to be the best one. That's my plan, anyway.

With spirit and drive, Beverly is leading the way for all the women of WHI."
WHI is All In The Family

Hippolita Arellano and Julia Bowers have made the Women's Health Initiative a family affair. They are the first mother and daughter team to join the study. Their enthusiasm about being part of WHI is evident: "Julia spoke to me about a project which she had read about in the newspaper. I sensed her excitement and it was contagious," says Mrs. Arellano.

The two women have joined both the Dietary and the Hormone programs. Mrs. Arellano appreciates the treatment they received at the La Jolla Clinical Center: "When my daughter and I go to the clinic, we are always treated with kindness and respect and I really like that. My daughter and I are learning at the same time, so we feel good after we have been there and we have lots to talk about together."

Both participants enjoy learning new facts about their health and bodies. Mrs. Arellano was especially thankful to learn how to perform a breast self-examination. She had never been taught how to do one before and says she does it regularly now.

Both mother and daughter were born in Mexico. Thirty years ago, 52-year-old Julia married her American husband, William, and moved to the United States. Due to medical problems, they were unable to have children of their own, but that didn't stop Julia from helping to raise many children. Some of the children she tended in her job as a baby sitter are now adults. She still has contact with many of "her children" and has great pride in being part of their early years.

Until last year, Mrs. Arellano was living in Tijuana, Mexico, often visiting some of her children across the border. In contrast to life in the U.S., she labored hard in Mexico doing daily chores. Clothes were washed by hand in the river. Tortillas were made each day by washing, soaking, and grinding corn and cooking it on a clay tray over an open fire. Water for drinking and bathing had to be carried from the river. There was no electricity. Children were expected to help support their families, not attend school.

A year ago, Julia's mother came to live with her and her husband in La Jolla, California. "Now, thanks to God, my daughter, and her husband, I have no concerns in my old age," she says happily. "I am as active as I want to be and do the housework, look after our birds, and take the dog for a walk. I am tranquil and content with my life now."

Julia has a lot of respect for her mother's experiences and is thrilled that together they can help others. "I was extremely enthusiastic about the Latin women component as I know very well how hard my mother has worked all her life, overcoming some very difficult circumstances," she explains. "I realize that my mother is not the only person who has experienced adverse conditions, and that there must be many women who could tell you a very similar story to that of my mother's. But unless we take advantage of
opportunities like the Women’s Health Initiative, our shared denominators will remain unknown.”
She sums up the reason why she and her mother joined WHI: “You can be assured that by being part of this project, you will be providing the answers to so many questions which for years have not only never been answered, but also have never been asked. How can we progress if questions do not have answers?”

By becoming part of WHI, this mother-daughter pair are not only getting their own questions answered, but are providing insights for the “family” of women everywhere.

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Pioneering Spirit Leads to WHI

Barbara Vaughan’s birthday is August 26. She takes great pride in sharing that date with an important event in U.S. history: it was also the day that women won the right to vote. Barbara understands how those women felt; she’s done a lot of pioneering work in her lifetime, including being a part of the Women’s Health Initiative.

“I really think that society as a whole is looking at women more than as baby makers, homemakers, and peacemakers. We’ve got a long way to go, but I’d like to think that I led the blazing trail a little bit,” she says.

Barbara, a long-time resident of Salem, New Hampshire, drives almost 50 miles to attend clinic visits at the Boston, Massachusetts center. Last winter, while the Northeast was experiencing severe storms and blanketed in more than four feet of snow, she managed not to miss a single visit and to drive a friend to the center who wanted to join WHI.

She explains: “I don’t know if it was such a wonderful thing, but I drove in some of those blizzards. I keep a four-wheel drive for that severe weather. I did have some second thoughts when I was halfway there, and I said, ‘Maybe I shouldn’t have done this.’ But it was my choice to do it.”

Determination has always driven Barbara to defy limits. Raising her son alone, she worked to support him in an age where women only had low-level jobs. “When I first went to work, I wanted a particular job and I said, ‘Oh gee, I would like that job’,” she recollects. “And someone said, ‘You can’t have that—that’s a man’s job.’ But I got that job.” She worked as a manager for many years and took an early retirement last year. She now occasionally works as a substitute teacher in high schools and colleges, mainly teaching business courses.

She enjoys reading, traveling to see friends, and visiting her 16-year-old grandson, Christopher. She loves living in New England, as she likes the mountains and shore. Barbara says her whole family is very supportive of her involvement in the Dietary program of WHI.

Barbara is glad WHI gives her the chance to become more aware and active. She takes her participation seriously: “It was my choice to join the study, I made the commitment. Twelve years is a long time. To any of the participants, I would say WHI is a gift. It’s a gift that they have the opportunity to learn more, questions are always answered and the information is wonderful. I’m really excited about it”.

A firm believer in choices and commitment, Vaughan looks forward to being a part of WHI and providing answers for future generations of women.
Remember the saying, “An ounce of prevention is worth a pound of cure.” It’s true: the National Safety Council reports each year in the United States, more than six million people have disabling accidents and about 20,000 of these mishaps result in death. The cause? Injuries in the home—that could have been prevented. Being part of a health-related study suggests that you’re probably concerned about your health and safety. Here are some tips on reducing hazards on the home front.

**NEW HEIGHTS OF SAFETY**

Using ladders and step stools requires your head, as well as your feet. More than 131,000 Americans are injured each year while reaching for that seldom used platter or clearing a high corner gutter, according to the U.S. Consumer Product Safety Commission.

People over 55—especially those between 60 and 70—are an especially high-risk group for spills. Women have twice as many falls as men. The most common reason for falling is losing your balance.

Of course, you can’t always keep your feet on the ground. But you can make climbing safer by following some safety rules:

**TIPS FOR SAFE CLIMBING**

Avoid tall, narrow stools that tend to tip. Consider a step stool with handrails.

Don’t overload your hands; instead, hand off items to a helper or on the ground, make multiple trips up and down with smaller loads, or wear a tool belt.

Try not to extend your body too far to either side or you may become unbalanced. Move the step stool or ladder instead of overreaching.

Make sure the ladder is on level, solid ground. If not, place a board under the ladder.

Face the ladder or step stool as you climb up and down. Never use them as you would a set of stairs.

When setting up the ladder, follow the 4-to-1 rule: for every 4 feet of height from the ground to the top point of support, move the ladder 1 foot away from the wall (so to climb 20 feet, put the ladder 5 feet away from the wall).
SAFER CLEANING PRODUCTS

What products do you use to clean your home? Many household cleaners contain hazardous materials. If you use or store these products carelessly, you can make yourself and others ill. If you dispose of them improperly, you can harm disposal workers, our water supply, and wildlife.

Look for words that signal danger on product labels.

How can you reduce your use of hazardous products? You can choose supplies with labels that say "caution" or "warning" over those that say "danger." Buy small amounts of special cleaning products. Choose water-based products; look for directions such as "clean up with water."

You can also easily make safe cleaning products with ingredients you may already have. Not only will you protect your health, you'll also save money. When you buy ready-made products, you often pay for non-cleaning ingredients like packaging, coloring, and perfumes.

What if you have leftover hazardous waste? Your first choice is to use up what you have, give it to someone who can use it, or recycle it (i.e., motor oil and car batteries). If none of these options works for you, take it to a household hazardous waste collection site; there is usually no fee for this service. Call your local health department or waste collection site for details.

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<th>IF THE LABEL SAYS:</th>
<th>IT MEANS THE PRODUCT IS:</th>
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<tr>
<td>DANGER or POISON</td>
<td>Deadly or causes illness</td>
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<tr>
<td>WARNING or CAUTION</td>
<td>Harmful, but a less hazardous product</td>
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<td>&quot;Harmful if inhaled&quot;</td>
<td>Poisonous when you breathe the fumes</td>
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<tr>
<td>&quot;Keep out of reach of children&quot;</td>
<td>Toxic or has other hazards</td>
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<tr>
<td>&quot;Use only in well-ventilated area&quot;</td>
<td>Poisonous when you breathe the fumes</td>
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<tr>
<td>&quot;Do not use near heat or flame&quot;</td>
<td>Dangerous because it burns easily or explodes</td>
</tr>
<tr>
<td>&quot;Avoid contact with skin and eyes&quot;</td>
<td>Acidic, or eats through materials</td>
</tr>
<tr>
<td>&quot;Causes severe burns on contact&quot;</td>
<td>Acidic, or eats through materials</td>
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FOR THIS: INSTEAD, TRY THIS:

Cleaners: general household Liquid castile soap (like Dr. Bronner's or Murphy's Soap). Use as directed.

Decal removal Soak in hot water or use white vinegar

Furniture polish Olive oil or almond oil

Laundry detergent Laundry soap flakes or a liquid detergent

Linoleum floor cleaner 1 cup white vinegar plus 2 gallons of water

Linoleum floor polish Skim milk (it doesn't smell!)

Mildew remover Non-chlorinated scouring powder (like Bon Ami) and scrubbing

Oven cleaner Baking soda, soap, water, and scrubbing

Scouring powder Baking soda

Toilet bowl cleaner Baking soda and castile soap

Tub and tile cleaner Use vinegar full-strength on a sponge, then scour with baking soda. Rinse well.

Window and mirror cleaner Mix 1/2 cup vinegar and 1 quart warm water for inside windows; pour in spray bottle, if desired. Use soap and water for outside windows; rinse well and squeegee dry.
First aid kits come in many shapes and sizes. You can buy one from a drug store, or your local Red Cross chapter may sell them. You could also make your own. Make sure your kit has all of the items you may need, including personal items, such as medications and emergency phone numbers. Your doctor may have suggestions about what you personally might need. For example, you should include a bee sting kit if you or a family member is allergic to bees. Check the kit regularly. Replace any used or outdated contents. Learn how and when to use your kit by taking a class or reading a book about first aid or injury care.

Keep a first aid kit in your home and in your car. Carry a kit with you if you hike, bike, camp, or go boating. If you work outside the home, find out where the first aid kits are kept at your work site.

Some medical conditions may be life-threatening. If you have any doubts about the severity of the problem, call for help. It’s better to be safe than sorry.

Here are some emergency symptoms to watch for. Call for an ambulance if the victim:

- is unconscious, unusually confused or seems to be losing consciousness
- has trouble breathing or is breathing in a strange way
- has persistent chest pain or pressure
- has pressure or pain in the abdomen that does not go away
- is vomiting blood or passing blood
- has seizures, severe headache (with no prior history of severe headaches), or slurred speech
- appears to have been poisoned
- has, or is suspected to have, injuries to the head, neck, or back

Accidents and medical emergencies often come without warning. Be sure to post a list of local emergency telephone numbers by your phone. The best thing you can do is be prepared for accidents you can handle and be ready to call for help in an emergency.
Participant Proves Life Begins at 50

Some people reach mid-life and slow down. Not 64-year-old Pat Babcock. Since she turned 50, she's gone to college and graduate school, ridden a bicycle cross-country, remarried, started a new career, and learned to downhill ski.

"There's been a complete life change for me these last 15 years. Everything I do is something new and exciting," Pat says happily.

Even with her busy life, she felt it was important to join WHI: "I have three daughters and I saw an opportunity to participate in something that benefited all women and health concerns. I think it's just nice to feel involved. It makes you feel like you're doing something worthwhile with your life."

As a young divorced mother, Pat had her hands full with her three daughters, two sons, and work. After she remarried, her husband Jim urged her to enroll at Chico State University in California at age 50. After earning an art degree, she went on to a Master of Fine Arts program. Since then, she's started a career as an artist, working out of a home studio and showing her work in several galleries. She mainly does etchings and watercolor paintings, often of things she enjoyed as a child in the Midwest.

About three years ago, Pat and Jim decided to ride their bicycles across the United States. She says she needed a little convincing: "Even though I had been used to doing some pretty long distance riding, going all the way across the United States just seemed overwhelming. So he [Jim] sort of kept at it, and finally I said, 'Well, if I had a cause, I could do it.'"

Pat had a grandson born with many health problems. After years of operations and care, he died when he was 9 years old. Many charities had helped him during his lifetime, so Pat and her husband decided to do the ride as a benefit for one of them. Their 4,432 mile trek from Oregon to Maine took 89 days. During the ride they raised a lot of money for the Children's Home Society, who gave periods of rest to her daughter and son-in-law during their son's fight for life.

Pat never plans to retire as an artist, and may even do another bicycle trip. But her active life hasn't interfered with her role in the WHI Observational Study. "I've worked everything around being able to come to the clinic and I'm more than willing to do that. That hasn't been any problem and it won't be; I won't let it be," she insists, despite the 206 mile round-trip drive to the clinic.

She added, "I found the people were just marvelous there [at the Davis Clinical Center]. It's actually a pleasure to go for my visits. Everybody just treats you so nicely. It's very friendly and everyone seems very enthusiastic. It feels good to be meeting and be involved with interested people who are, I think, doing a really fantastic job."

Pat Babcock and her husband, Jim
Questions and Answers about WHI...

During the screening and follow-up visits, participants in all Clinical Centers have had many questions about the study and the tests done during center visits. Here are the answers to a few of the more commonly asked questions.

Q: Why do I need to sign a consent form?

As a participant in WHI, there are many forms for you to fill out and sign. One very important form is the "informed consent form" you had to sign before you were able to join the study. The purpose of this form is to make sure that the possible risks and benefits of the study have been carefully told to you. It also tells you what you will be asked to do during the years you are in the study, and says that all of the information we collect will be kept strictly confidential. You will always be asked to sign this type of form before you can join any scientific study.

Q: Why have women been left out of medical research in the past?

There are many reasons why women have not been included in medical research. One reason was the fear that a woman might get pregnant in the middle of the study, and that the study intervention might harm the baby. Another reason was the belief that a woman's menstrual cycle and changing hormone levels would affect the results of the study. Also, for many years doctors thought that the results of studies done on men would be the same for women. However, in recent years scientists have understood that women's bodies often respond differently than men's bodies to certain medicines and medical treatments. When the need for research on women's health was known, NIH decided to start WHI, a major study of the diseases that affect women.

Q: Why does the study last for so many years?

It can take many years to see the effects of things like hormone replacement, dietary change, and other risk factors on a woman's health. In order to do a reliable study on women's health, it's important that we don't make a judgment about the results too soon. At the end of the study, we want to be able to tell doctors about our results, so that they can use this information for their patients. To do this, we need air-tight results and a well-run study. Waiting will ensure that we have reliable results to help doctors decide how women should be treated in the future.
Q: What are follow-up visits?
Depending on which part of the study you have joined, many of you will be contacted by mail or telephone to set up a 6-, 12-, or 36-month follow-up visit. These follow-up visits are a lot like your screening visits. The purpose of these visits is to update the information collected during screening and to answer any questions you may have about the study.

Q: What is a fasting blood sample?
This is a test of your blood when you have not had anything to eat or drink (except water) for 12 hours before your center visit.

Q: Why do I need to fast to give a blood sample?
We know that many important blood values cannot be measured accurately after eating. It takes up to 12 hours for food to move through your body. So a fasting blood sample ensures that everyone’s sample is drawn in the same way.

Q: Why do you measure my waist and hips?
Some scientists believe that fat distribution patterns (where fat is stored on the body) may affect a woman’s risk of disease. Waist and hip measurements are used to describe fat distribution. Your measurements will help us see if women of different cultural backgrounds have the same or different fat distribution. In the Dietary part of the study, we will also be able to find out if changing dietary fat intake affects where fat is stored on the body.

Q: What is an Observational Study?
In the Observational or “Health Tracking” Study, the health of thousands of women will be followed for 8-12 years so that we can learn more about women’s health in general and about the causes of disease in women. This important study will look at the impact of lifestyle and environmental factors on women’s health and will study how these factors may predict the development of diseases such as cancer, heart disease, and osteoporosis.

Q: Why do you need so many women to join the study?
Statistics were used to help design the study. These statistics help decide how many women need to join the study so that the results are "beyond a reasonable doubt." If not enough women join and stay with the study, we will not know whether the results are due to the treatments or if they are due to chance. We know from these statistics that we need a total of 48,000 women to join the Dietary program, 25,000 women to join the Hormone program, and 100,000 women to join the Observational (or health tracking) program. That way we will have enough women to make sure that we can find any important differences between the groups.

Q: What is a comparison group?
Three of the WHI programs are randomized studies: the Dietary program, the Hormone program, and the Calcium and Vitamin D program. This means that women in these programs are assigned by chance to be part of a group: one that changes or one that does not. For example, in the Dietary program women in one group get help to change what they eat and women in the other group do not. The study will compare the health of women in the two groups. This is the best way to rule out the many other possible reasons that the results might occur. Women in both groups are equally important to the study.
Stay In Touch

Don't forget to call your local clinical center if your address changes!

Albert Einstein College of Medicine
Bronx, New York • (718) 931-1010

Arizona Disease Prevention Center
Phoenix, Arizona • (602) 241-9216

Arizona Disease Prevention Center
Tucson, Arizona • (602) 2 31-7440

Baylor Clinical Center
Houston, Texas • (713) 798-8486

Berman Center for Clinical Research
Minneapolis, Minnesota • (612) 336-5742

Brigham and Women's Hospital
Chesterfield, Missouri • (636) 994-9725

Center for Health Research
Portland, OR • (503) 335-6759

Detroit Clinical Center
Detroit, Michigan • (313) 966-8000

Emory University
Decatur, Georgia • (404) 370-7355

Evanston Hospital
Evanston, Illinois • (847) 970-1130

Fred Hutchinson Cancer Research Center
Seattle, Washington • (206) 667-6551

Kaiser Permanente—Bay Area Clinic
Oakland, California • (510) 490-2373

Medical College of Wisconsin
Milwaukee, WI • (414) 255-5152

Memorial Hospital of Rhode Island
Providence, Rhode Island • (800) 742-3446

New Jersey Medical School
Newark, New Jersey • (201) 982-2944

Northwestern University
Chicago, Illinois • (312) 980-7387

Ohio State University
Columbus, Ohio • (614) 251-1175

Rush-Presbyterian-St. Luke's Medical Center
Chicago, Illinois • (312) 951-0000

Stanford Women's Health Initiative
San Jose, California • (408) 236-6999

Stony Brook Clinical Center
Sunny Brook, NY • (516) 444-8280

South BayWHI Program
Torrance, California • (310) 222-8011

The George Washington University
Washington, DC • (202) 676-2139

UAB Preventive Medicine
Birmingham, Alabama • (205) 934-4873

UCLA Women's Health Initiative
Los Angeles, CA • (800) 999-UCLA

UMASS/Bay Pathology Clinical Site
Worcester, MA • (508) 793-8980

University of California, Davis
Sacramento, CA • (916) 734-3219

University of California, Irvine
Orange, California • (714) 456-7241

University of California, San Diego
Chula Vista, CA • (619) 498-4980

University of California, San Diego
La Jolla, California • (858) 622-5770

University of Cincinnati
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University of Florida
Gainesville, Florida • (800) 944-6594

University of Iowa
Iowa City, Iowa • (800) 344-3515

University of Iowa
Iowa City, Iowa • (800) 814-9335

University of Miami School of Medicine
Miami, Florida • (305) 243-4800

University of North Carolina
Chapel Hill, North Carolina • (919) 966-0472

University of Pittsburgh
Pittsburgh, Pennsylvania • (412) 624-3575

University of Wisconsin
Madison, WI • (608) 263-3257

UTHSC
San Antonio, TX • (210) 567-1850

UT Prevention Center
Memphis, Tennessee • (901) 767-9701

University of Buffalo
Buffalo, New York • (716) 882-3128

Women's Health Initiative
Honolulu, HI • (808) 547-0914

Women's Health Initiative
Tribal
Governor, North Carolina • (910) 273-0455

WHI of the Nation's Capital
Washington, DC • (202) 675-4770

Spread the Word

WHI continues to recruit study participants. Those eligible are women 50-79 who are past menstruational. If you know someone who fits the bill, have them call their local clinic center to find out about joining.

Women's Health Initiative
600 North Lake Shore Drive, Suite 800
Chicago, Illinois 60611-4402

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