

# GLOBAL WOMEN'S HEALTH GAZETTE

Center for Global Women's Health

UNIVERSITY of PENNSYLVANIA  
SCHOOL of NURSING

Dear Center for Global Women's Health Champions and Supporters,

It is hard to believe I am completing my second year as the Afaf. I. Meleis Director of the Center for Global Women's Health at Penn Nursing. While I am filled with pride when I reflect on the work of the Center, I remain alarmed by the continued assault on the health of women, girls, and people of diverse genders and/or sex characteristics. As a Center, we envision a world where all people are safe, healthy, valued, and share an equal opportunity to thrive in their homes, in their communities, and in their nations. This vision will only become a reality if we address issues head on using a Reproductive Justice framework. According to [Sister Song](#), the largest national multi-ethnic Reproductive Justice collective, Reproductive Justice is defined as "the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities."

Now, more than ever, it is critical that we mobilize the work of the Center, our champions, and our supporters to ensure that all people can live in safety and with dignity. This work includes ensuring access to inclusive healthcare, including abortion care, fertility management, and gender affirming care, and access to safe and affordable housing, to quality education, to a living wage, and to a healthy environment. These are fundamental human rights that cannot be simply taken away with the stroke of a pen.

In this edition of the Center's newsletter, we highlight our recent efforts to live our mission and invite you to work with us to create a more just world.

Fondly,  
Holly Harner

## Disrupting Human Trafficking

January was Human Trafficking Prevention Month. On January 25th, The Center for Global Women's Health recognized this month by coordinating [Regional Impact of Human Trafficking: What Can We Do?](#), an informational webinar with several government and community partners. The speakers included: Trish Danner, Regional Outreach Specialist USDHHS-Region III; Jacqueline Goldstein, Forensic Interview Specialist-Homeland Security Investigations; Alexis Pollen, Human Trafficking Regional Liaison-Office on Trafficking In Persons; Shamere McKenzie, CEO, Sun Gate Foundation, and Heather La Rocca, Director, The Salvation Army-New Day to Stop Trafficking Program. Our partners provided an overview of the landscape of human trafficking in the region and more specifically Philadelphia.

The U.S. Trafficking Victims Protection Reauthorization Act defines sex trafficking as the recruitment, harboring, transportation, provision or obtaining of an individual who under force (using violence to control someone), fraud (using lies to control), or coercion (using threat to control someone) is induced to perform a commercial sex act. Human Trafficking is a \$150 billion industry, the second most profitable criminal enterprise, second only to illegal drug trade; it involves approximately 155 countries and 25 million victims. In 2020, 10,583 situations of human trafficking were reported to the U.S. National Human Trafficking Hotline involving 16,658 individual victims. Shocking as these numbers are, they are likely only a fraction of the actual problem. Data are only collected if there is a report: Like sexual violence, human trafficking is severely underreported.

The Human Trafficking industry is secretive yet nimble. Although used to operating in plain view, Human Trafficking was driven underground by COVID-19 related lock downs. Social media use by traffickers increased dramatically in the last two years.

**Penn Nursing** University of Pennsylvania  
**Center for Global Women's Health** University of Pennsylvania School of Nursing

**Regional Impact of Human Trafficking: What Can You Do?**

Tuesday, January 25, 2022  
5:00-7:00PM EDT (Virtual)  
Free and open to the public (registration required)  
Register here: <https://primitime.bluejeans.com/a2m/register/fbzcubg>

Human trafficking is a crime and growing public health concern. This crime occurs when force, fraud, or coercion are used to compel a person into commercial sex acts or labor services against their will. The goal of the webinar is to provide education and resources for combating and ending human trafficking. It will also provide an opportunity for advocates and professionals who are active in addressing Human Trafficking to discuss their roles in the provision of services to survivors and at-risk populations as well as their national and regional impact. The summit serves to inspire and motivate attendees to help fill gaps in services.

Moderated by: **Dr. Monique Howard**, Senior Director of Women's Health Initiatives for the Center for Global Women's Health

**Speakers:**

- Trish Danner**, Regional Outreach Specialist, U.S. Department of Health & Human Services, Region III
- Jacqueline B. Goldstein**, Forensic Interview Specialist, Homeland Security Investigations
- Heather LaRocca, LCSW**, Director, The Salvation Army's New Day to Stop Trafficking Program
- Shamere McKenzie**, Chief Executive Officer, Sun Gate Foundation
- Alexis Pollen**, Human Trafficking Regional Liaison, Office on Trafficking in Persons (OTIP), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS)

**Co-Sponsors:**

- OSTINES CENTER ON VIOLENCE & ABUSE UNIVERSITY OF PENNSYLVANIA
- Penn Public Health
- Penn women's center
- PCADV
- PCAR
- Commission for Women
- WOMEN'S WAY

According to The Polaris Project, there was a 125% increase in reports of recruitment on Facebook over the previous year and a 95% increase on Instagram.

Human traffickers search for people who show vulnerabilities that will allow them to control the future victims. The most common vulnerabilities include runaways, poverty, low parental/community support, dependency on drugs, housing insecure, and undocumented status. Many people are trafficked by someone that they know. In 2020, the proportion of victims recruited by a family member or caregiver increased significantly—from 21% of all victims in 2019 to 31% in 2020—a 47% increase.

Reducing violence and victimization is one of the strategic priorities of the Center. As such, we will continue to engage in efforts to eliminate human trafficking at the local, regional, and national levels. What can you do to disrupt human trafficking? If you see someone who you think is in immediate danger, call 911. If you suspect human trafficking, call:

- National Human Trafficking Tip Line–888-373-7888
- Text 233733
- HSI Tip Line – 866 DHS 2 ICE

#### Resources

- Office of Victims of Crime: [ovc.ncjrs.gov/humantrafficking/providers.html](https://ovc.ncjrs.gov/humantrafficking/providers.html)
- The Blue Campaign: [dhs.gov/blue-campaign](https://dhs.gov/blue-campaign)
- Office on Trafficking in Persons (OTIP): [acf.hhs.gov/otip](https://acf.hhs.gov/otip)
- Polaris Project: [polarisproject.org](https://polarisproject.org)



## Combating Period Poverty

*Andrise Alzuhphar (she/her), Nu'22, spotlights local nonprofit No More Secrets: Mind Body Spirit, Inc. and what it's doing to make a dent in Philadelphia's period poverty.*

Lynette Medley M.Ed. is the founder and CEO of [No More Secrets: Mind Body Spirit, Inc.](https://www.nomoresecrets.org/), a nonprofit organization. Medley is an African American female activist and advocate in all areas surrounding sexual health. She was born and raised in West Philadelphia, Pennsylvania where she attended the local public schools. Medley went on to obtain a bachelor's degree in mental behavioral health and a graduate degree in human sexuality education.

When Medley was asked what motivated her to start a nonprofit organization, she credited the community interactions and experiences she faced throughout her lifespan. These interactions made clear the significant deficit of knowledge and lack of conversation surrounding sexuality and sexual health in marginalized communities, specifically communities made up of Black and Brown residents; even more so in

religious-based communities and cultures.

Medley recognized the crisis caused by lack of conversations regarding sexuality and sexual health taking place within these communities and was determined to bridge the gap by removing the traditional taboos and stigmas that typically surround these topics. Medley was on a mission to inform these communities with the correct sexuality and sexual health information so people have the power to make more informed choices.

Medley's early work in the community included spreading information about bodily autonomy and consent culture. During this time, she worked with a young woman who resorted to selling her body, stealing, and unhealthy methods to deal with her menstrual cycle. Medley states "when we heard about period poverty previously, it was always this ideology about people in prison, homeless, but not young children or younger people living at home with their families not being able to pay for menstrual products." Medley recalls this encounter resurfacing feelings about her own experiences with period poverty and the "aha moment" she felt when she realized how prevalent it was within the community.

Per Medley, period poverty is defined as the inability to access menstrual hygiene products on an ongoing basis, in addition to access to waste management, operable toilets, and running water. In order to combat period poverty, she created the nonprofit organization No More Secrets which is a sexuality awareness organization based in Philadelphia. The organization was founded in 2012 and began with making deliveries of menstrual products to people in need—it expanded during the COVID-19 pandemic. Prior to the pandemic, the organization made roughly 75 deliveries a week. When the state shut down, deliveries skyrocketed to 200-300 a week. During this time, Medley learned community members were in need of bathrooms, WIFI, waste management services, and so much more. In response to this need, her team created a Go Fund Me account which led to establishing the nation's first menstrual health and uterine wellness center.

Under the umbrella of No More Secrets, Medley and her team created a space called The Spot Period in February of 2021, located in Germantown, Philadelphia, PA. The location was opened in response to the overwhelming needs of the community during the COVID-19 pandemic. In one year, The Spot Period has worked with over 250,000 individuals. The organization strives to address period poverty under the ideology that throughout society, menstrual health needs to be treated as a system of care, and providing menstrual products allows communities to live in dignity. They also work to holistically address the mental health needs of the community by providing education, resources, wellness, and safety.

When asked how the COVID-19 pandemic affected her clients, Medley responded, “in a horrendous manner, overall people shut down, and highly funded organizations shut down, while we were still open. Everyone basically shut their doors and went to a virtual model; when our most vulnerable and marginalized communities still were in need. Everything they needed was still outside of their household. I always say safety is a relative term. Many of us were safe in our homes but most people—their safety was outside.” The pandemic took a great toll on their organization because they were doing nearly “300 times more work than before.” The team did their best to fill in the gaps of closed services and organizations and service the needs of community members. Before the pandemic, several people subsidized their everyday needs by utilizing public restrooms, churches, and other resources which were all closed during the pandemic.

In order to minimize period poverty here in the United States, Medley believes a policy should be implemented that includes menstrual products in Medicaid and Medicare benefits. Additionally, access to products through federally-funded programs such as SNAP (Supplemental Nutrition Assistance Program) and WIC (Women, Infants, and Children) would also be helpful. Currently, there is no federally funded program for low-income individuals to receive assistance obtaining menstrual products. Medley has worked with working-class families that are not considered “in poverty” by the state, but after they pay basic living expenses, have absolutely no money to buy menstrual products.

According to Medley, society should be aware that period poverty is “real, it’s happening right here; 50% of the population who are labeled as ‘in poverty’ or as having housing or food insecurities, make up the same population that are dealing with period poverty”. The community can help No More Secrets combat period poverty via donations on the GoFundMe account and product donations as the organization is not funded by the city, state, or government as well as spreading awareness about period poverty. Medley recently co-published the first peer-reviewed research study on period poverty in the [American Journal of Public Health](#).

Penn Nursing students Audrey Henderson of Orange County, California, and Andrise Alzuphar of Rockland County, New York (and the author of this article), were motivated to support the local community after observing a guest lecturer describe the different resources and systems available to the residents of Philadelphia. Their motivation led to a meeting with Holly Harner, PhD, MPH, MBA, WHCNP-BC, FAAN, The Afaf I. Meleis Director of the Center for Global Women’s Health, and Monique Howard, EdD, MPH, Senior Director of Women’s Health Initiatives. While at first the students wanted to organize a formula drive, after much discussion with Holly and Monique about community needs, Holly suggested a period product drive to help combat period poverty along with No More Secrets. The drive began with creating a flyer, spreading it virtually amongst classmates and social media platforms, and setting up “period boxes” around campus. Students used this opportunity to spread awareness about period poverty in Philadelphia while collecting menstrual product donations. Between November 2021- January 2022, nearly 300 packages of menstrual products were collected.

If you are interested in donating to the wonderful organization No More Secrets: Mind Body Spirit, Inc, please check out the [No More Secrets Amazon Wish List](#).



## 2022 Renfield Award Ceremony

On Tuesday, March 29, 2022, Gabriela Meléndez Peláez, a nurse midwife from Guatemala received the [2022 Penn Nursing Renfield Foundation Award for Global Women's Health](#) for her tireless work in addressing maternal health inequities in Guatemala. Gabriela is both a maternal health advocate and the founder of [Asociación Corazón del Agua](#) a university-level midwifery degree program. Penn Women's Health/Gender Related Nurse Practitioner and Nurse Midwifery students received a bonus gift as Gabriela joined their class and answered questions about her work, maternal mortality, and maternal health advocacy. Gabriela then participated in an informal discussion with Dean Antonia Villarruel and Jasmine Perez, a midwife and graduate of Penn Nursing's Midwifery program. The Penn Nursing Renfield Foundation Award for Global Women's Health was established in 2012 by the Beatrice Renfield Foundation. This award and prize are presented biennially to a leader, or leaders, in the field of global women's health. The goals of the Award include raising awareness of global women's health issues, supporting multi-disciplinary

approaches to addressing global women's health issues, and rewarding innovative strategies designed to deal with pressing issues for women. The Beatrice Renfield Foundation is led by Jean Renfield-Miller, PAR'15. The Foundation is named after Jean's sister, who devoted years of service and resources as an advocate for the nursing profession. Past winners include Daron Ferris, MD, Founder of CerviCusco, Peru (2020); Vandana Gopikumar, PhD, Co-Founder of The Banyan, India (2018); Denis Mukwege, MD, Founder of the Panzi Hospital and Panzi Foundation, Democratic Republic of Congo (2016); and Edna Adan Ismail, Founder and Administrator of the Edna Adan Maternity Hospital, Somaliland (2014). Click [here](#) to view the discussion between Gabriela Meléndez Peláez, Dean Antonia Villarruel and Jasmine Perez.

## Black Maternal Morbidity

Rebecca Clarke, PhD, MSN, RN, CNM, WHNP-BC  
*Assistant Professor of Perinatal Nursing, Midwifery, and Women's Health*  
*Senior Fellow of the Leonard Davis Institute of Health Economics*  
*Nurse Scientist, Pennsylvania Hospital*



Black women in the United States tend to give birth in different hospitals than white women and these hospitals have higher rates of poor birth outcomes. The type of birth a woman has carries significant short- and long-term implications for the health of the woman and child. Spontaneous vaginal birth (SVB; a vaginal birth without forceps or vacuum) is the optimal—and safest—birth outcome for most mothers and babies. Accordingly, decreasing the cesarean section in low-risk women is a major focus of obstetric quality

improvement initiatives. In a prior study, Dr. Clark and her co-Investigators examined rates of cesarean section for low-risk Black and white women across hospitals serving different proportions of Black women (low, medium, and high). They found low-risk Black women had higher cesarean rates than low-risk White women across all hospital categories, suggesting increased intervention for low-risk Black women. The rate for low-risk white women increased across the hospital categories, suggesting that hospitals serving high proportions of Black women may be more interventionist. Notably, they also found hospitals where low-risk Black and white women had equivalent cesarean rates (and, therefore, equivalent SVB rates), suggesting the possibility that care in these hospitals might be more consistent. Dr. Clark recently received funding from the Center for Global Women's Health to develop comprehensive descriptions of hospitals where Black women have better or equitable SVB rates and to identify unique characteristics of these positive deviant hospitals, especially those that might be replicated at other hospitals. Dr. Clark and her co-Investigator, Dr. Mary Regina Boland, will harness diverse data sets providing information on birthing women, hospitals, hospital nursing, providers, and the surrounding communities in order to accomplish this work, which lays the groundwork for future study of positive deviant hospitals to drive system-level change in the majority of hospitals where Black women do not experience optimal outcomes.

## Momentum 2021

On Saturday October 2, 2021, Dr. Holly Harner, the Afaf I. Meleis Director of the Center for Global Women's Health, participated in [Momentum 2021: The Power of Penn Women](#), a virtual conference celebrating the power of Penn women. Co-Chaired by Katlyn Grasso, W'15, a Center Advisory Board Member and founder and CEO of [GenHERation](#), the conference brought together Penn alumni and Penn community members of all backgrounds and generations to learn, connect, and share how they are making an impact locally and globally. Moderated by Sherisse Laud-Hammond, SPP'05, Former Director of the [Penn Women's Center](#), Dr. Harner was part of a multidisciplinary panel that addressed *COVID's Impact On Women And Work*. Participants in this session, which was co-sponsored by Penn Forum for Women Faculty; Penn Nursing; Penn Women's Center; Program in Gender, Sexuality, and Women's Studies and the Center for Research in Feminist, Queer, and Transgender Studies, identified and shared examples of how COVID-19 has disproportionately affected women's labor and labor force participation, including disparities that cross gender, racial, and socio-economic strata. A recording of the session can be found [here](#).

## Stephanie Tillman Event

On November 2, 2021, the Center hosted a virtual discussion with [Stephanie Tillman, CNM](#) (@FeministMidwife) on *Trauma-Informed Pelvic Care and Considerations for LGBTQ+ Health*. Nearly 300 people attended this important event, which was sponsored by a generous gift to the Center from Patrina Sexton Topper and Maura Topper. Students who attended the event were asked to identify what they learned. Responses include:

*"Don't assume that every patient who tells you they have been sexually active has penetrative sex. This is important because 'sex' has been conventionally perceived as just penetrative sex so when care providers assume the same, they do not provide adequate care and education to people they serve."*

*"I was shocked to hear about 'medical assaults' and how physicians would let students practice pelvic exams on sedated patients without consent. This really drove home the importance of informed consent and making sure the patient knows about everything that will take place."*

*"I learned just how important language can be in all patient interactions, but especially when performing a pelvic exam on a patient who has previous trauma. Common words and sayings like 'good job,' or 'beautiful,' can be activating for certain patients, because they can be phrases used by assailants, or interpreted as comments made on their anatomy. Instead, a practitioner can say something like, 'everything appears healthy.'"*

*"That a pelvic exam is penetration and how this differently affects queer patients who do not engage in penetrative sex or do not use internal menstrual products at the same rate as heterosexual patients."*

## Tribe Called Fertility

On November 19, 2021, the Center hosted [A Tribe Called Fertility](#) to discuss *Supporting BIPOC Women Experiencing Fertility Challenges: What Nurses Need to Know*. Moderated by Dr. Monique Howard and co-sponsored by several student groups, including [Nurses for Sexual and Reproductive Health \(NSRH\)](#), [Student Nurses at Penn \(SNAP\)](#), and [Minorities in Nursing Organization \(MNO\)](#), this event included first person accounts from BIPOC women and families who experienced fertility struggles. Speakers Jillian Lucas Baker, DrPH, EdM and Sinora Allwood, RN highlighted multiple ways in which nurses can provide high quality and unbiased care to Black families experiencing infertility. Students shared the following after the event:

*"I think one of the most important things I took away from this event was that it is our responsibility as new nurses to understand and identify our implicit biases. I am definitely going to take the Harvard Implicit Association Test (IAT) test to identify my biases and I'm thinking everyone should do the same so that they are aware of them. This was a super interesting talk!"*

*"One thing that I was glad was discussed was the fact that fertility is not only an issue for Black women, but an issue for Black men and Black families. Often conception is put entirely on women and people forget that men can also struggle with fertility. Therefore, it was super interesting to hear how these two women came together to end the stigma of fertility issues after their husbands bonded over the shared difficulties they faced during the process."*

*"This event further emphasized how representation in health care is so important in making patients feel seen and validated in their experiences, especially when it is about a sensitive topic such as infertility."*

## What We Are Reading

Amore, A. D. (2022). Refocusing the Conduct of Maternal Mortality Research in Black Pregnant Populations: Ethical Considerations. *The Journal of Perinatal & Neonatal Nursing*, 36(2), 131-137.

<https://pubmed.ncbi.nlm.nih.gov/35476767/>

### ABSTRACT

**INTRODUCTION:** Maternal morbidity and mortality rates are on the rise in the United States, particularly among Black populations. Recently, there has been an uptick in research funding to identify and address root causes, particularly among at-risk groups. However, given the historical trauma experienced by Black populations in research settings, novel approaches built firmly on ethical principles and grounded in a framework of reproductive justice are necessary to minimize harm and center the research process on maintaining the dignity and respect of research participants.

**METHODS:** Ethical principles as outlined by the American Nurses Association, Black Mamas Matter Alliance, and federal research guidelines are reviewed within the context of conducting maternal mortality-focused research. In addition, community developed research frameworks and methodologies are presented and discussed within the research context.

**CONCLUSIONS:** Black pregnant people have reported mistreatment during clinical encounters; therefore, intentional protections to promote safety must be considered in the research setting. Ethical principles must be considered when designing and implementing research initiatives focused on addressing maternal mortality risk in Black communities.

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