ISSUE #1: FRAMING THE ISSUE OF DRUGS FOR FSD AS “FEMINIST” IS A CYNICAL AND DECEPTIVE MANEUVER BY PHARMACEUTICAL COMPANIES AND THEIR PR CAMPAIGNS.

- The Sprout Pharmaceuticals and ISSWSH campaigns, eventhescore.org (ETS) and womendeserve.org (WD), use feminist language to pressure the FDA to water down its scientific standards on FSD drugs.
  - ETS recommends that “Gender equality should be the standard in access to treatment,” rather than science-based standards of safety and efficacy.
  - ETS cites a 5-item ISSWSH poll on women’s sexual satisfaction, claiming that 54% of respondents don’t want drugs for women held to a higher standard than for men. Respondents had no information about the type or safety of the different types of drugs involved.
  - ETS claims that four Congresswomen wrote to the FDA on January 27 “urging the approval of a drug to treat fsd.” In fact, the letter urges “careful review employing the same standards of consideration given to approved drugs for men in your risk/benefit calculation.” It does not “urge approval” and no Congresswoman would interfere politically with science-based decision-making.
- ETS introduces claims of women’s moral rights to shift the drug approval issue away from the appropriate focus on safety and effectiveness.
  - A new Twitter focus #WomenDeserve was spun off from ETS to capitalize on a moral claim of deservingness: “It’s time to give women the options they deserve.” Do women deserve “options” that aren’t safe and effective? This is the FDA, not K-Mart.
  - WD claims that “A biological lack of desire to have sex negatively impacts 1-in-10 American women.” There is absolutely no evidence for this claim.
  - The industry continues to use the language of choice as if drugs were consumer goods or sugar pills instead of serious medicines with health hazards and side effects.
- The ETS website features experts, paid for years by various drug companies, in videos that never mention safety or effectiveness but only reiterate the rhetoric of unfairness to women:
  - Dr. James Simon says the FDA has been “paternalistic” in “protecting women from their own sexual selves.”
  - Sheryl Kingsberg, PhD, says “there’s this double standard that women’s sexual problems aren’t either as valid or worth any risk/benefit ratio.”
Dr. Anita Clayton says the FDA has shown “paternalism…that women are not necessarily capable of making these decisions” about treatment.

- The FDA has responded to these attacks by emphasizing, “The agency evaluates drugs based on science and strongly rejects claims of gender bias.”

ISSUE #2: FEMINISM, SEXUAL AND SOCIAL RIGHTS, AND “FSD”

- Feminism emphasizes the life context of sex; Pharma pays lip service to a “psycho-bio-social” approach, but largely ignores social context, including the feminist concerns of economic inequality, transforming women’s bodies into perfectible products (commodification), a shrinking reproductive health safety net, poor public sex education, and violence against women.

- Many health insurance plans exclude sex therapy or counseling, depriving women of an important avenue to address the psychosocial aspects of sexual distress.

- Feminism emphasizes sexual diversity. The DSM-5 has taken important steps to clarify diagnoses and emphasize diversity. The DSM-5 entry on Female Sexual Interest/Arousal Disorder includes:
  - “interpersonal context must be taken into account.”
  - “A ‘desire discrepancy’…is not sufficient to diagnose FSI/AD.”
  - “self-identification as ‘asexual’” precludes FSI/AD diagnoses.
  - Partner, relationship, cultural/religious factors, etc. “may contribute differently to the presenting symptoms of different women.”
  - “When distress about sexual functioning is required, prevalence estimates are markedly lower.”
  - “different cultures may pathologize some behaviors [e.g., FSI/AD] and not others.”
  - “In cases [of] inadequate…sexual stimuli…a sexual dysfunction diagnosis would not be made.”

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