

## FACT SHEET 3: FEMINISM AND “FSD”

**The appropriation and misuse of feminist rhetoric  
by Big Pharma is reprehensible**

### **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,”<sup>i</sup> 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.<sup>ii</sup>
  - ETS claims that four Congresswomen wrote to the FDA on January 27 “urging the approval of a drug to treat fsd.”<sup>iii</sup> In fact, the letter<sup>iv</sup> 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<sup>v</sup>: “It’s time to give women the options they deserve.”<sup>i</sup> 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.”<sup>vi</sup>

## **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.<sup>vii</sup>
- 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<sup>viii</sup>:
  - “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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 White Oak, MD, October 27-28, 2014  
 by the New View Campaign (newviewcampaign.org)

<sup>i</sup> <http://eventhescore.org/>

<sup>ii</sup> <http://www.prnewswire.com/news-releases/new-national-poll-american-women-object-to-societal-gender-inequity-regarding-sexual-satisfaction-treatment-of-sexual-dysfunction-242216881.html>

<sup>iii</sup> quote from flyer distributed September 24, 2014 in New York City

<sup>iv</sup> [http://eventhescore.org/wp-content/uploads/sites/49/2014/06/FDA\\_Female\\_Sexual\\_Dysfunction-Letter.pdf](http://eventhescore.org/wp-content/uploads/sites/49/2014/06/FDA_Female_Sexual_Dysfunction-Letter.pdf)

<sup>v</sup> <https://speakingofwomenshealth.com/column/read/women-deserve-to-have-low-libido-treated>; <http://uhealth.com/articles/women-deserve-treatment-for-low-sexual-desire/>

<sup>vi</sup> <http://abcnews.go.com/Health/fight-pink-pill-boosting-womens-sex-drive-raises/story?id=23813586&page=3>

<sup>vii</sup> <http://marketing-healthinsurance.aetna.com/aetna-insurance/limitations-exclusions>

<sup>viii</sup> <http://www.psychiatry.org/dsm5>