

THE HOLIDAY EDITION!

HAPPY HOLIDAYS FROM THE MSU WOMEN CENTER!

We hope you get time to rest, recharge, and enjoy the winter break. The Women's Center will have staggered hours during the holiday season, so if you need anything, please reach out to Betsy at: danforth@montana.edu! All of us here at the Women's Center hope you have time to connect with family and friends over the holidays and have a joyful start to the New Year. We can't wait to see you back on campus next semester!



THE THINGS WE DON'T KNOW ABOUT WOMEN'S HEALTH

BY APRYL LITTLE

Understanding Medical Bias and The Path Forward

Most of us grow up assuming medicine is neutral. We believe that if a medication is on the shelf or a diagnosis is in the handbook, it's been thoroughly tested for everyone. Unfortunately, this hasn't been the case for most of history. Medical research largely treated male bodies as the "default," and women's bodies were often ignored. Until 1993, a policy by the U.S. Food and Drug Administration (FDA) effectively excluded women of childbearing potential from many early-phase clinical trials. As a result, much of what we consider "standard" medical knowledge was based on male physiology. Because this is considered the norm, many conditions like heart disease or chronic pain or even autoimmune illnesses were understood primarily through a male lens. One egregious consequence of this bias is that when symptoms or drug responses differ in women, as they often do, the lack of data can lead to misdiagnosis, delayed care, or worse: mistreatment.

Even years after women were "officially" allowed in trials, sex representation still remains uneven. For example, a review of cardiovascular-disease clinical trials conducted from 2017-2023 found women made up only about 41% of enrolled participants in the trials. And in more specific studies like "those on arrhythmia, coronary heart disease, acute coronary syndrome, and heart failure"; female participation was even lower. Another major review of cardiovascular trials between 2010 and 2017 reported that just 38% of all participants were women. This mere 3% increase is particularly alarming given that cardiovascular disease is a leading cause of death for women. This kind of underrepresentation isn't just bad for science, it is often detrimental to women's health.

Cardiology research and treatment offers a clear example, but many other medical fields are affected by gender bias as well. In a review covering multiple surgical specialties, fewer than one-third of studies included both sexes equally, and fewer than a third performed data analysis by sex. (published in JAMA Surgery). Oftentimes, when women are a minority of trial participants, their data may not be evaluated separately, which defeats the purpose of inclusion. That can lead to women not being studied equally for medical research, and even when they are, there is no concurrent independent research to see how those surgeries may affect women differently than men. How are researchers meant to detect potentially harmful side-effect patterns if the data is combined?

These gaps aren't just a problem for research, they inform the healthcare women receive every day. Women frequently report that their pain or symptoms are dismissed or minimized. Conditions such as chronic pain, hormonal disorders, or "invisible illnesses" are harder to detect and diagnose because the "standard" symptoms used in medical schools reflect male-typical presentation. Without thorough and varied sex-specific data, the medical system will remain biased towards diagnosing and treating conditions based on the male-centered research, leaving women's unique experiences out of the equation. This is unacceptable in a system built on the principle of continuous improvement of healthcare for all.

It is important to mention that there has been progress that might be reason for cautious optimism. In the early 1990s, after laws and policy changes (for example, the U.S. Congress required inclusion of women in federally funded studies) began to push for more inclusive research, there has been steady progress in the right direction. More clinical trials have begun including women, and researchers have started paying attention to sex-specific differences rather than assuming one-size-fits-all medicine.

These changes have helped improve understanding of conditions that particularly affect women. Awareness has grown that dosing, symptom expression, and even side effects can differ across sexes. As medical research becomes more inclusive, treatments and guidelines have the ability to grow more nuanced.

Still the road ahead is long, and we can expect that it will be even longer with the current war on research and science. Many studies in high-risk areas like heart disease, surgical interventions, and chronic conditions continue to underrepresent women or fail to analyze data in a sex-disaggregated way. Research involving women of diverse backgrounds (race, ethnicity, socioeconomic status) remains even rarer and severely limits how well medical information can translate across populations.

Understanding the gaps in women's health research gives us the tools to shape what comes next. Ideally, medicine and medical research will be continually evolving, and each new generation of students, researchers, and patients can play a role in that progress. It is important for women to be medical advocates for themselves which includes asking clear questions, tracking symptoms carefully, participating in research, and supporting research that excludes biases. The future of women's health will be built through intentional choices: the choice to fund more thorough studies, the choice to teach and access more inclusive and effective medical education, and most importantly, the choice to build a culture that listens more closely to patients' experiences regardless of sex.



WHAT PLAN B IS AND WHAT IT IS NOT:

Here's the short version of what Plan B is: One-Step (and other levonorgestrel morning-after pills) is an emergency contraceptive you can take after unprotected sex within 72 hours to help prevent pregnancy. The most important things to note are that it is NOT an abortion pill, it is more effective the sooner after unprotected sex that you take it, and it is a backup plan (hence the name), and should not be used as regular birth control.

How does Plan B work?

Plan B contains a single high dose of the hormone levonorgestrel. Its main job is to

prevent or delay ovulation which basically means it works to stop an egg from being released so sperm have nothing to fertilize. It does not terminate an existing pregnancy and is not the same as the abortion pill (mifepristone + misoprostol). If you are already pregnant before you take Plan B, it will not end that pregnancy

When is the best time to take it?

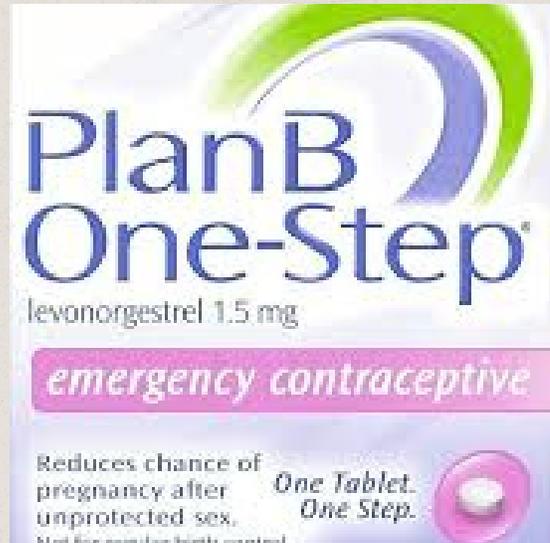
Timing is important when taking Plan B since it is most effective when taken as soon as possible after unprotected sex, ideally within 24 hours. The FDA label and clinical guidance typically emphasize use within 72 hours (3 days), but some research and guidelines discuss effectiveness declining but possibly extending up to 4-5 days with some element of effectiveness. Still: sooner = better.

What it can and can't do

- Can do: Lower the chance of pregnancy after a condom breaks, after a missed dose of birth-control pills, or after unprotected sex. It's safe for most people when used as directed.
- Can't do: End an existing pregnancy (again, it is not an abortion pill). It is not intended for routine contraception because it is less effective than regular methods like the pill, IUD, or implant and it hasn't been studied for long term, regular use.

Side effects & safety

Most people have mild, short-lived side effects like nausea, tiredness, headache, dizziness, breast tenderness, or temporary changes to your next period (earlier, later, lighter, or heavier). If your next period is more than a week late, take a pregnancy test (provided for free at the Women's Center) and follow up with a doctor.



WHAT PLAN B IS AND WHAT IT ISN'T (CONT.):

MSU's Student Wellness offers appointments to discuss birth control or pregnancy if you're looking for an on-campus option. And Bozeman's Bridgercare is a good option offering a sliding fee scale and great resources off-campus.

Things that can affect how well it works

- Timing: waiting reduces effectiveness.
- Weight/body size: some doses of levonorgestrel pills may be less effective in people above a certain weight, although guidance varies and research is ongoing. It is important to read the directions on the box and understand that higher dosed Plan B can be available with a prescription.



Other options for the most effective emergency protection

If you want the most effective emergency contraception after unprotected sex, a copper IUD inserted by a clinician within 5 days is the top choice because it's both emergency contraception and ongoing birth control. Ulipristal acetate (Ella) is another pill option that may be more effective than levonorgestrel in some situations (and can work up to 5 days), but it requires a prescription in the U.S.

Access & cost

In the U.S., Plan B and many generic levonorgestrel emergency contraceptives are available over the counter without a prescription and without an age restriction so you can buy them at pharmacies or online. Prices vary; but The Women's Center, Student Commons and MSU's Student Wellness Services offer Plan B for free!

Overall Tips

- Keep a pack at home if you're worried you might need it.
- If you vomit within 2 hours of taking it you should contact a doctor as you may need another dose.
- If you regularly find yourself needing emergency contraception, talk to a doctor or clinician about a reliable ongoing method (pill, ring, implant, IUD).

Quick Myth Busting

- Myth: Plan B causes abortion. Fact: It prevents ovulation and won't end an established pregnancy.
- Myth: It makes you sterile. Fact: There is no evidence that occasional use harms future fertility.

THE GERALDINE FENN MEMORIAL LIBRARY:



Geraldine Fenn Memorial Library

The Geraldine Fenn Memorial Library in the MSU Women's Center is a welcoming space for all MSU students and is filled with a wide range of diverse and engaging books from some of the most influential writers and thinkers.

The library named in honor of Geraldine Fenn who was a champion for women's rights and education in the mid-1900s and the goal of the library is to carry her legacy forward by offering stories and literature centered on gender, equity, and the many experiences of women.

We have a little bit of everything...classic feminist texts, books on gender equality, fiction by incredible women authors, and titles about identity, social justice, and intersectionality. Our hope is to give students access to perspectives they may not always encounter in their classes and to highlight voices often left out of traditional academic spaces.

With the holiday break coming up, it's a great time to stop by and check out a book to read over break or to pick up something you might need for next semester's classes.

Spaces like the Geraldine Fenn Memorial Library help keep Fenn's impact alive by creating room for curiosity, representation, and community. The next time you're in the SUB, swing by room 368. Our staff would love to show you around and help you find your next great read!



BELIEVING SURVIVORS

AN ARTICLE FROM MONTANA SEXUAL AND REPRODUCTIVE HEALTH COLLECTIVE

We'd like to share an article from the MTSRHC that we found especially meaningful, along with their contact information.

What Believing Survivors Looks Like:

Content note: This email discusses sexual violence and survivor care.



This week, survivors of Jeffrey Epstein's abuse stepped into the halls of Congress. For some, it was their first time telling their stories publicly. Their bravery was undeniable and so was the weight of the world they were asked to carry. Survivors shouldn't have to relive their trauma in the public eye just to demand accountability from systems that should have protected them in the first place.

Because let's be honest: from Congress to the courts to Montana's own backyard, survivors have been failed at every level. Files stay sealed. Funding gets cut. Services shut down or are hours away. Survivors are told to prove, to perform, to survive twice: once in the moment of harm, and again in the systems that should have had their backs.

And yet, survivors keep showing up.

We know this pattern isn't limited to Washington. Across the country and here in Montana, survivors face long waits for counseling, hours-long drives for forensic exams, and legal systems that can retraumatize instead of protect and serve.

A [brand-new Montana Department of Justice report](#) found that more than 1,400 sexual assault evidence kits remain unprocessed in Montana, a number that represents not just a backlog, but real people waiting for accountability. These are not isolated problems; they are signs of how our systems repeatedly fall short. That's why we organize. That's why we show up together. Because the difference between systems that fail and movements that fight is the difference between survivors carrying the world—or all of us carrying it with them.

How to Support Survivors

Most of us aren't lawmakers or judges, but we all shape the culture survivors live in. The way we listen, the words we choose, and the choices we make in community either reinforce stigma or open space for healing.



BELIEVING SURVIVORS

ARTICLE BY MONTANA SEXUAL AND REPRODUCTIVE HEALTH COLLECTIVE (CONT.)

Support can look like this:

When someone shares their story

- “I believe you.”
- “I’m sorry this happened. It’s not your fault.”
- “Thank you for trusting me. What do you need right now?”
- Resist the urge to ask for details or solutions. Survivors don’t owe us proof, timelines, or explanations. What matters most is presence and care.

As a community member

- Share survivor-centered resources like HAVEN, The Help Center, We are HER, First Step, YWCA, or local tribal healing programs. [Find a support center near you.](#)
- Offer practical help: childcare during a counseling appointment, a ride to the clinic, dropping off a meal, or simply being a consistent, safe person to call.
- Push back on harmful jokes, rumors, or sensational headlines. When conversations reduce survivors to “cases” or gossip, redirect them: “Survivors are more than stories, they’re our neighbors, friends, and family.”
- Support policy and funding efforts that expand access to survivor services. Calling a legislator or showing up at a hearing is another way of carrying the work.

These everyday acts might feel small, but together they create a culture where survivors don’t have to carry the burden alone. They are how we live out our values of mutual care, solidarity, and belonging.

In Montana, the Work Looks Like

- Direct support services opening their doors for walk-in counseling, because not every survivor wants the spotlight.
- Advocates providing legal advocacy and survivor-led workshops because healing takes many forms.
- Statewide powerhouses like the Montana Coalition Against Domestic & Sexual Violence defending Violence Against Women Act funding because shelters and hotlines should not rise and fall with politics.
- The ACLU of Montana challenging discriminatory laws because trans and Indigenous survivors deserve safety and recognition.

This is what movement looks like in practice: not waiting for systems to change but building networks of care that reflect the future we want.

We’re making it easier than ever to stay in the loop:

- Website: www.mtsrhc.org
 - Instagram: [@mtsrhc](https://www.instagram.com/mtsrhc)
 - Facebook: [facebook.com/mtsrhc](https://www.facebook.com/mtsrhc)
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Student Speakers Wanted!

How Montana was Made

Tired of seeing outdated, clichéd interpretations of Montana? Would you like to help **expose the REAL Montana** by improving access to reliable information?



What is it?

The MSU Library wants **YOU** to share your stories at the 3rd Annual Wikipedia Edit-a-thon: **How Montana was Made** on **March 3, 2026**

What to expect?

- Participate in a 3-4 person panel (including a Q&A session)

Prepare a 10-15 minute talk on:

- **Challenges** faced by local Montanans
- State **history**
- **Industries and organizations** that make our state what it is
- The actions **YOU** are taking to **shape the future** of our state.

Interested?

- Contact **Sophia Bielsky** (sophia.bielsky@montana.edu) in the Student Commons
- Sign up by **Wednesday January 14th**.
Include your name and a brief description of your topic(s)

Third Annual Montana State University

Wikipedia Edit-a-thon

This year's theme is:
"How Montana was Made"



March 3, 2026, 10 a.m. - 4 p.m.
Join online or in person at MSU Library



More information and registration:
<https://en.wikipedia.org/wiki/Wikipedia:Meetup/MSU/HowMTwasMade>

Sponsored by: MSU Library, Access and Success, Dean of Students, College of Agriculture, Gianforte School of Computing, Norm Asbjornson College of Engineering, Student Commons, and Women's Center

CALL FOR SUBMISSIONS

Honoring the Legacy of Dr. Martin Luther King Jr.

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We welcome all submissions that reflect Dr. King's vision of justice, peace, and community regardless of artistic expertise or discipline.

Individual and collaborative submissions are encouraged.



- Painting
- Photography
- Sculpture
- Digital Design
- Creative Writing
- Film/Video
- Performance Art
- Research or Scholarly Work
- Illustration
- Mixed Media
- Digital Arts
- Textile or Fiber Work
- Ceramics

Deadline: January 5th
Apply below



Dr. Martin Luther King Jr. waves to participants during the March on Washington, on August 28, 1963. Bettmann Archive

Questions:
sophia.bielsky@montana.edu