Susan Wysocki RNC, WHN, FAANP

Susan Wyscoki is a charter member of the Fellows of the American Association of Nurse Practitioners. She has been a woman's health nurse practitioner since 1975. She attended Boston College from 1971-1973. She has witnessed many changes in women's health during her career. As President and CEO of the National Association of Nurse Practitioners in Women's Health (NPWH) for the last 25 years, she moved the organization from one with a post office address, her personal home number, and herself as the only staff person to an organization with its own building on Capitol Hill, and a reach to 35,000 nurse practitioners who provide women's health care. She is also the editor-in-chief of Womens' Health Care: A Practical Journal for Nurse Practitioners. She has been the editor-in-chief for other women's health publications as well. Ms Wysocki also developed a blog for women on various health topics and is President of IWomansHealth. As a key opinion leader in women's health topics, she lectures frequently on a variety of topics to nurse practitioner as well as lay audiences, and makes frequent media appearances in print, and on radio and TV. Recently she has been involved in providing access to care and health education for male youths through Partnership for Male Youth.

Interview Abstract:

Ms Wyscoki has been a volunteer and professional in providing women's health care as well as educating health care providers, women and the general population on the unique aspects of women's health. When she first became a woman's health nurse practitioner, there were very few nurse practitioners. She moved the NPWH to Capitol Hill in 1987 and several NP advocates including Jan Towers, Delia O'Hara, Nancy Sharp, Mary Edmunds and others would meet weekly to discuss issues affecting the NP profession. They called themselves the "kitchen table" group and visited congressional offices frequently so that legislators became aware of nurse practitioners and their role in providing health care. Given the small numbers of NPs at that

time, they used a telephone tree to communicate to their members. Now days, the organizations have grown and technology has made communicating instantaneous. Nurse practitioners were known as disruptive innovators but made health care more accessible and less costly. Ms Wysocki has experienced many significant changes in women's health, from having it be illegal to prescribe birth control to an unmarried woman and where chlamydia as well as HIV was not yet identified to women making their own choices in their health care. In the 1990's, under Ms. Wysockies leadership, the NPWH filed and won a Supreme Court decision suing the Health and Human Services Secretary Sullivan for attempting to impose a "gag order" preventing Title X providers to discuss and counsel patients regarding reproductive choices. Ms. Wysocki encourages new nurse practitioners to join and become active in their NP organizations, particularly now in uncertain political times regarding women's health.

Biographical Sketch:

Susan Wysocki, RNC, WHNP, is president and chief executive officer of the National Association of Nurse Practitioners in Women's Health. Ms. Wysocki is editor of Clinical Challenges in Women's Health: A Handbook for Nurse Practitioners, editor-in-chief of Contemporary Nurse Practitioner, and contributing editor to NP World News. Ms. Wysocki also serves on several editorial boards for NP and Women's Health publications. Ms. Wysocki served as chair of the National Alliance of Nurse Practitioners and was the founding president of the American College of Nurse Practitioners. Ms. Wysocki has had a major influence on NP practice testifying before Congress, the FDA, and CDC regarding women's health issues as well as the role of NPs

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Interview

AANP Oral History Project

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Interview by Dr.Barbara Sheer, 2018

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Susan is now living at Martha's Vineyard, continues to consult and has activities taking her to Washington DC regularly.

BLS: Many years have passed since 2000 and it has become apparent that most of our early NP leaders have not really retired but have moved onto other related activities. What are your interests now?

SW: I continue to consult on issues related to women's health. My background in women's health taught me that gender makes a difference in how health care is accessed and provided. Recently, that brought me to the Partnership for Male youth. Just as we identified that women had unique needs in the 80s, male youth have unique needs. Further, males got left behind in many ways in the wave of the focus on women, which was very necessary at the time. Whereas, females transition from a pediatrician to care for women's health issues, males do not have a transition to a HCP for wellness visits after they leave the pediatrician's care. There are also unique health related needs for males. Young males are more likely to die than females in their age group. Many of those deaths are related to violence and trauma including suicide, homicide, and accidents. Yet, many males are essentially on their own away from services that might prevent early tragic deaths. Many young males become disconnected, even from the friends they had as children. The masculine norms of being strong and manning up can lead to emotional isolation with few solutions. In June 2018, the Partner-

ship will be holding a summit to discuss males unique health needs, and strategies to reach males and help them connect with each other and help they might need. The Partnerships website has a video library that illustrates what males face. partnershipformaleyouth.org/videos

BLS: In 2000 you were selected as a charter fellow what has changed since then?

SW: When I moved to Capitol Hill in 1987, a handful of us, myself, Delia O'Hara, Nancy Sharp, Jan Towers, Marilyn Edmunds and a few others, would meet weekly on the important issues affecting the profession. It was as informal as you could imagine. We were all volunteers at the time. But we were committed advocates. We visited Congressional offices often just to educate staff and members about what NPs could do. Very few policy makers had ever heard of NPs. Today nurse practitioners are a household word.

NP organizations were small as was the membership, because the number of NPs was also very small in comparison to today. Our "kitchen table" group represented most if not all of the organizations at the time. Our informal group facilitated communications to our respective organizations. To communicate important actions and issues, we initiated telephone trees to pass messages along. Each representative was assigned two other people to call. There were so few of us it was an effective way of communicating. We later had fax machines and our colleague Delia had one of the first computers. Today, the power we have in numbers would not be as effective without instant communication to get the word out instantly with the push of a button.

There have been other changes as well such as basic educational requirements. In the beginning programs, an RN with experience was a prerequisite. Because there were so few NPs, physicians were faculty and preceptors. I think that because most of the NP programs were in schools of medicine it probably served us well earning the respect of our physician colleagues. The physicians who taught us and supported us deserve the profession's thanks. The profession would not have emerged if it hadn't been for physicians like Dr. Henry Silver. Organized nursing, at the time, was not supportive of this new nursing role expressing that we had sold out to medicine. That obviously has changed over time.

I was in Maine when I became an NP in 1975. When I think about it, we practiced under the radar managing patient care, many of us largely on our own

with consultation when needed, but not direct supervision of an MD. There were no prescriptive privileges for NPs, but somehow, we figured out ways to get medications patients needed to them.

The profession was a disruptive innovation. In part, why we have succeeded. Clayton Christensen, who coined the term disruptive innovations, described the disruption NPs caused as similar to when personal computers (PC) took over much of the work of mainframe computers. PCs, like NPs, made health care more accessible, user friendly, as well as less costly care.

BLS: What do you see as pivotal moments in the past years?

SW: There have been significant changes in women's health. In my lifetime, providing contraception to unmarried women was illegal as was pregnancy termination for any women. As an NP, I have been through a time when often the "go to" contraceptive was a diaphragm, contraceptive pills prescribed were all high dose pills, and intrauterine contraception (IUC) was seen as far safer. Then IUCs were no longer marketed because of one device with a poorly designed string that acted like a wick for bacteria causing pelvic infections, infertility and even death. Currently, IUCs as well as newer long acting reversible contraceptives have the highest use ever and diaphragms are rarely used. As an early NP, chlamydia had not been identified, herpes was new enough to make the cover of *Time* magazine, and HIV had not been identified.

I have been through many battles to ensure women continue to have choices consistent with their own needs and beliefs, including access to contraception. I have seen attempts to stifle any discussion about reproductive choice. In the 1990s, for example, there was an attempt to prevent any Title X (federal family planning) providers from providing options counseling, coined the "gag rule". Under my leadership, my organization filed an amicus brief for the Supreme Court suing then HHS Secretary Sullivan to prevent this rule. Among other arguments used to prohibit options counseling was that NPs, who by then, were the clinicians in many Title X clinics, were not qualified to provide the counseling. We won the case.

SW: There have been continued threats throughout the years including an attempt to carve out universal access to contraception from the Affordable Care Act. Today, the global gag rule or "Mexico City Policy" has been reinstated to prohibit Non-Governmental Organizations (NGOs) from receiving funding if they provide information about pregnancy termination. In these countries, health

services including family planning and HIV testing, has been impacted by funding cuts.

BLS: How have you been able to impact the nurse practitioner movement?

SW: I am certain those early kitchen table meetings had an impact. Another important contribution I believe I've made is to keep women's health as a recognized focus of NP education. At one point, there was strong sentiment within nursing to put women's health under the umbrella of adult health. I felt very strongly that expertise in women's health demanded distinct knowledge and a nuanced skilled set that required a concentration of study. If we lost the specialty, we would have also lost those NPs who would teach women's health content for the next generation of NPs.

Another contribution was that early on I saw ways in which NPs could work with the pharmaceutical industry to help promote the profession. For example, language for ads on TV and print always stated, "only your doctor" can... At every meeting I attended with industry and my MD colleagues I stressed that it wasn't only doctors. I was a broken record. After a while, I didn't have to say anything, my colleagues would say it for me. It took months, if not years, to see the fruits of my effort. Then one night a commercial for oral contraceptives marketed by one of the companies I had worked with specifically about this issue came on. I prepared myself to hear the "doctor only " language. Instead, for the first time, the tag line was changed to "ask your healthcare professional". I cheered out loud.

BLS: What do you see in the future?

SW: Patients now have unprecedented access to website information as well as advertisements for common and uncommon conditions. There is a positive side to having health information so accessible. For example, in the past urinary incontinence was a topic few women would discuss or bring up. It was thought to be something a woman had to live with. Focused advertising about incontinence brought this common condition out of the closet. So women know they aren't alone and can get professional advice and appropriate treatment. On the downside, marketing for drugs means the drug is new and more expensive than an off patent, not marketed, cheaper alternative that might be just as effective for many patients. The availability of self- diagnostic tests is positive as well. Early pregnancy tests, for example, afford women the opportunity to know the results in private so they can access care earlier. Products that have

moved from prescription to OTC status have also been helpful in terms of access to treatments. On the downside, web information can lead to the individual self-diagnosing based on limited information that can result in inappropriate self- treatment.

BLS: What advice would you give to new nurse practitioners?

SW: Join and be active in your NP organization. There is more strength in numbers when individuals act. Contribute to the organization by participating in activities that impact the profession and pay dues. Don't expect others to pay for or do the lifting for you. Advocate for the profession keeping the patient's best interest first. In states that have high morbidity and mortality and restrictive practice acts, if everyone put the patient first they would be recruiting busloads of NPs to offer accessible care. Unfortunately, many of these states are also states with the most restrictive NP regulations.

BLS: Is there anything else you would like to add?

SW: Back when I was arguing for keeping the women's health focus for NP education, I argued against the category being called "gender based care" versus a category only for women's health. Now, with my experience with the Partnership for Male Youth, I have a different perspective. Gender norms, biology, and other factors affect health in many ways across the spectrum of gender identities.

Lastly, I have a new fun experience. I have never acted or been involved in the theater, but I auditioned for the *Vagina Monologues* and won a leading role. I've been struck by how impactful and thought provoking the play is as a medium for getting messages across. Who knows what I will make of that insight? TBD.