

# ***Men's Health Network***

Washington, D.C.

[www.menshealthnetwork.org](http://www.menshealthnetwork.org)

September 1994

TO: Health Care Analyst

RE: Health care proposals

Men's Health Network is concerned that men's health needs might be forgotten during the health care debate. Using guidelines developed by the Black Men's Health Network, a network of black physicians concerned about the deteriorating health condition of black males, the Men's Health Network offers suggestions for male examinations comparable to those being discussed for females. Most of these suggestions can be implemented at little or no cost. As example, the screening for tumors and cancers provided for in the accompanying language encourages health care professionals to take a no-cost, proactive attitude toward investigating the male patient's medical condition. Those guidelines are attached.

Failing to provide for men's health issues has an adverse effect on women. Women see their fathers, brothers, husbands, and sons suffer and die at an early age. For those women in their retirement years, this means nearly a decade of life without the care and support of their spouse, creating additional risks among women such as depression and associated pathologies. For women in child-bearing years, the failure of early detection of varicoele in her spouse might prevent the couple from having children.

We are all familiar with the statistic that women live 7 years longer than men, fewer know that 50 years ago there was only 1 year difference in life expectancy. Black men are at exceptional risk. At present life expectancy rates, the average black male will not live long enough to collect a single year of social security!<sup>1</sup>

Omitting males from regularly scheduled tests can also have direct consequences on females. As explained by Dr. Bonhomme in the accompanying letter, failing to test for sexually transmitted diseases (STDs) in males negates the effort to identify and treat those diseases in women.<sup>2</sup>

Men develop prostate cancer at approximately the same rate that women develop breast cancer and 1/3 of those diagnosed with prostate cancer will die from the disease. The rate of prostate cancer is 40% higher for black men.<sup>3</sup> Testicular cancer, a killer of young men, has a high cure rate if, and only if, detected early.<sup>4</sup> Heart disease affects men 15 years earlier than it affects women; between the ages of 35 to 64, men suffer heart attacks at a rate 4½ that of women; and up to the age of 65, men die from heart attacks at 3 times the rate of women.<sup>5,6</sup>

We have addended this letter with a sampling of data from the "Monthly Vital Statistics Report" published by the Centers for Disease Control. Note that beginning with the classification "under 1", males die at higher rates than females in every age group. Black males "under 1" die at a rate over 2x that of white males and almost 3x that of white females. The age grouping "15-24" indicates a mortality rate for black males that exceeds 2x that of white males and 6x the rate for white females.<sup>7</sup> This pattern is consistent in every age group.

Men and women need not be in competition for precious health dollars. Well-placed health resources benefit both sexes, as does timely and thorough screening for specific diseases and abnormal conditions.

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<sup>1</sup> Jean Bonhomme, M.D., testimony to the Health and Housing Committee, State of Minnesota, March 21, 1994.

<sup>2</sup> Jean Bonhomme, letter to Congress, June 27, 1994.

<sup>3</sup> Jean Bonhomme, M.D., letter to Congress, April 12, 1994.

<sup>4</sup> Kenneth A. Goldberg, M.D., letter to Congress, April 13, 1994.

<sup>5</sup> "Health & Fitness", DALLAS MORNING NEWS, August 1, 1994

<sup>6</sup> Ibid.

<sup>7</sup> MONTHLY VITAL STATISTICS REPORT, Centers for Disease Control, November 19, 1993.

# NATIONAL BLACK MEN'S HEALTH NETWORK, INC.

Georgia Avenue •

Atlanta, Georgia

June 27, 1994

Men's Health Network  
Washington, D.C. 20002

SUBJECT: H.R. 3600

The National Black Men's Health Network applauds the current efforts of the U.S. House of Representatives to delineate health concerns of specific groups in the process of health care reform. However, we are concerned that H.R. 3600 does not go far enough in addressing the gender-related health needs of all citizens of the United States. Men also have significant health concerns as a gender, but appear to be unnecessarily excluded from consideration under the present language of the resolution.

We are concerned that an exclusionary focus upon women's problems will undermine the effectiveness of prevention efforts for both sexes. For instance, the present guidelines recommend screening for gonorrhea and chlamydia for females only. However, untested and untreated males may place females at risk of infection through sexual contact. The health concerns of women can be addressed in a manner that includes rather than excludes men, who also have significant concerns. Prostate Specific Antigen tests for men, regular cholesterol screenings for men, and testicular cancer exams for males are vital if we hope to prevent the exorbitant health care expenses of dealing with end stage disease.

By not limiting preventative health care services to a single gender, much more money can be saved in the long run. It is important to remember that the health of men ultimately affects the health of women as well. When men become ill or disabled, women lose providers, mates, brothers, fathers, uncles, and sons. Women whose husbands die are at increased risk of death themselves in the following year.

We hope that the legislature will give our suggestion to address these health issues in a gender neutral and equitable fashion their utmost consideration. If we can be of any further assistance, please do not hesitate to contact us.

Thank you very much.

Jean Bonhomme, M.D.  
President

## Suggested Test Schedule for Males

(Using HR 3600 as a guide, the Men's Health Network finds the following routine tests necessary to insure the health of men, and of women.)

### Section 1114. Clinical Preventative Services

(a) ...

(b) ...

(c) ...

(d) ...

(e) INDIVIDUALS AGE 13 TO 19. - For an individual at least 13 years of age, but less than 20 years of age:

(1) Immunizations ...

(2) Tests. -- The tests specified in this subsection are as follows:

(A) Papanicolaou smear and pelvic exams, for females ...

(B) Annual screening for chlamydia and gonorrhea for females ...

**(C) Annual screening for chlamydia and gonorrhea in males.<sup>1</sup>**

**(D) Genital screening for males (exam).**

**(i) to screen for undescended testicles.<sup>2</sup>**

**(ii) to screen for testicular masses.<sup>3</sup>**

**(iii) to identify abnormalities of penile development.<sup>4</sup>**

(f) INDIVIDUALS AGE 20 TO 39. - For an individual at least 20 years of age, but less than 40 years of age:

(1) Immunizations ...

(2) Tests. -- The tests specified in this subsection are as follows:

(A) Papanicolaou smear and pelvic exams, for females ...

(B) Annual screening for chlamydia and gonorrhea for females ...

(C) Cholesterol every 5 years.

**(D) Annual screening for chlamydia and gonorrhea in males.<sup>5</sup>**

**(E) Testicular examination to rule out tumors and cancers.**

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<sup>1</sup> Necessary for both sexes because undiagnosed and untreated males will infect females.

<sup>2</sup> Undescended testicles increase the risk of testicular cancer at least 6x.

<sup>3</sup> Screens for cancer, hydrocele (a fluid-filled sac in the scrotum), varicocele (a mass of varicose veins in the scrotum can interfere with fertility)

<sup>4</sup> Such as hypospadias (a condition in which the urethra is on the underside of the penis instead of at the end) and epispadias (a condition in which the urethra is on the top of the penis instead of at the end).

<sup>5</sup> Necessary for both sexes because undiagnosed and untreated males will infect females.

(g) INDIVIDUALS AGE 40 TO 49. - For an individual at least 40 years of age, but less than 50 years of age:

(1) Immunizations ...

(2) Tests. -- The tests specified in this subsection are as follows:

(A) Papanicolaou smear and pelvic exams, for females ...

(B) Annual screening for chlamydia and gonorrhea for females ...

(C) Cholesterol every 5 years.

**(D) Annual screening for chlamydia and gonorrhea in males.<sup>6</sup>**

**(E) Testicular examination to rule out tumors and cancers.**

**(F) Beginning at age 45, baseline Prostate Specific Antigen (PSA) tests for males.**

(h) INDIVIDUALS AGE 50 TO 65. - For an individual at least 50 years of age, but less than 65 years of age:

(1) Immunizations ...

(2) Tests. -- The tests specified in this subsection are as follows:

(A) Papanicolaou smear and pelvic exams, for females ...

(B) Mammograms for females ....

(C) Cholesterol every 5 years.

**(D) Prostate Specific Antigen (PSA) tests for males.**

**(E) Digital Rectal Exams for males to screen for prostate enlargement.<sup>7</sup>**

**(F) Testicular examination to rule out tumors and cancers.**

(i) INDIVIDUALS AGE 65 OR OLDER. - For an individual at least 65 years of age who is enrolled under a health plan:

(1) Immunizations ...

(2) Tests. -- The tests specified in this subsection are as follows:

(A) Papanicolaou smear and ...pelvic exams, for females ...

(B) Mammograms for females ....

(C) Cholesterol every 5 years.

**(D) Prostate Specific Antigen (PSA) tests for males.**

**(E) Digital Rectal Exams for males to screen for prostate enlargement.<sup>8</sup>**

**(E) Testicular examination to rule out tumors and cancers.**

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<sup>6</sup> Necessary for both sexes because undiagnosed and untreated males will infect females.

<sup>7</sup> To screen for benign prostatic hypertrophy (BPH). BPH affects at least 1/2 of men and can cause urinary obstruction and infections.

<sup>8</sup> To screen for benign prostatic hypertrophy (BPH). BPH affects at least 1/2 of men and can cause urinary obstruction and infections.

Data from the publication, "Monthly Vital Statistics Report" (Centers for Disease Control) can best illustrate the state of women's health vs. that of men. As example, we have chosen from the tables of the November 19, 1993 issue of that publication death rates for:

- "under 1";
- "15-24" (teens and young adults);
- "45-54" ("baby boomers"); and
- "65-74" (younger retirees).

Other age groupings follow the same patterns.

For the 12 month period ending with May of 1993, on an annual basis per 100,000 population, death rates among males and females were:

<u>Sex</u>	<u>Age</u>	<u>Rate</u>	<u>Sex</u>	<u>Age</u>	<u>Rate</u>
All Races, Male	all ages	909.6	All races, Female	all ages	822.4
White Males	under 1	770.1	White Females	under 1	637.3
Black Males	under 1	1,769.2	Black Females	under 1	1,577.3
White Males	15-24	121.9	White Females	15-24	43.5
Black Males	15-24	261.9	Black Females	15-24	76.0
White Males	45-54	525.7	White Females	45-54	292.2
Black Males	45-54	1,220.4	Black Females	45-54	624.8
White Males	65-74	3,295.6	White Females	65-74	1,920.4
Black Males	65-74	4,778.8	Black Females	65-74	2,821.0