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When Men's Health Doesn't Count

By Dianna Thompson and Glenn Sacks

Congress is sending a message to American men: men's health doesn't count.

The disturbing health and mortality disparities between American whites and blacks are well known, but most people do not realize that the health and mortality disparities between women and men are just as great. For example, the gap in life expectancy between whites and blacks is six years, while the gender gap is 5.7 years. Adjusted for age, men are 1.6 times as likely as women to die from one of the top 10 causes of death, and blacks are 1.5 times as likely to die from them as whites.

Despite this, it is women's health, not men's, which continues to receive government attention and funding. For example, the National Institutes of Health--the federal focal point for medical research in the U.S.--spends nearly four times as much on female-specific health research as on male-specific research. And though the average man is as likely to die from prostate cancer as the average woman is from breast cancer, the Department of Health and Human Services' National Cancer Institute spends three and a half times as much money on breast cancer research as on prostate cancer research.

In fact, prostate cancer makes up 37% of all cancer cases but receives only 5% of federal research funding. In addition, the breast cancer postage stamp has raised over \$25 million for breast cancer research since it began in 1998, while a 1999 bill proposing a similar stamp for prostate cancer research was unsuccessful.

When Congress formed the Office on Women's Health in 1991, its goal was to improve women's health by directing and coordinating women's health research, health care services, and health education. Since then men's health advocates have been trying to create an Office of Men's Health, with the goal of duplicating the OWH's success. Yet while a new bill which will help to make the OWH's funding permanent was just passed by the House, the Men's Health Act of 2001 (H.R. 632) remains trapped in the House Energy and Commerce Committee's subcommittee on health. If not rescued soon, the bill will die when the 107th Congress adjourns this fall.

According to Tracie Snitker, director of public affairs for the Men's Health Network, "the number and quality of federally funded women's health education projects is outstanding. But while outreach programs teach women about breast cancer and cervical cancer, there are few if any programs which educate men about their own gender-specific health needs.

"We want to do for men what the OWH has done for women," she adds. "Men need education about the cancers which disproportionately affect them, such as prostate

cancer, skin cancer and colorectal cancer. Young men need education on testicular cancer. Most importantly, we need to teach men to seek preventative health care."

Part of the reason an Office of Men's Health has been so long in coming is the common but nonetheless false perception that the government and the scientific community have paid more attention to men's health than to women's. In 1990 Senator Barbara Mikulski (D-MD) made national headlines by citing the fact that women-specific health research comprised only 14% of the budget of the National Institute of Health (NIH). She called it "blatant discrimination" and led the successful campaign for the creation of the OWH. What Mikulski and many in the media who publicized Mikulski's claims did not understand was that only 6.5% of the NIH's budget went to male-specific research--the vast majority of the NIH's research was gender neutral.

Today the disparity in favor of women in NIH research has grown, as has the gender disparity in enrollments in non-gender-specific studies. According to the Government Accounting Office, one of the few areas where men comprise the majority of research subjects is in initial trials of experimental drugs. These are the trials undertaken to ensure that the drugs are not lethal or seriously harmful.

First, drugs are usually tested on rats and monkeys. If there are no adverse effects, they are then tested on people--usually men. If the men also show no adverse effects, the drugs advance to larger trials, where women comprise the majority.

Considering Congress' repeated refusal to act to help men's health, one can't help but wonder--is men's health as important as women's, or is it merely more important than monkeys'?

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