

From the EDITOR



Dr. Wulf H. Utian, consultant in women's health and reproductive endocrinology, has served as Editor-in-Chief of *Menopause Management* since its inception in 1988. The Arthur H. Bill Professor Emeritus of Reproductive Biology and Obstetrics and Gynecology, Case Western Reserve University School of Medicine, he is also Consultant in Women's Health to the Cleveland Clinic Foundation, and Executive Director of The North American Menopause Society (NAMS). He is Chairman of the Advisory Board of Rapid Medical Research, Cleveland. He received his medical degree from the University of Witwatersrand, Johannesburg, South Africa, and his PhD from the University of Cape Town, South Africa, and is a Fellow of the Royal and American Colleges of Obstetricians and Gynecologists, as well as the International College of Surgeons.

A pioneer in women's health issues and menopause research, in 1967 he established the Groote Schuur Menopause Research Clinic in Cape Town, the world's first such clinic. He was one of the three original founders of the International Menopause Society in 1976, of which he is Honorary Past President, and founded The North American Menopause Society in 1989.

He is the recipient of numerous national and international awards and research grants, and is still an active investigator with multiple grants. Dr. Utian has written over 200 papers related to the reproductive system in women and has authored five books on menopause and its effects on women. He is editor of *Menopause: The Journal of The North American Menopause Society*.

An independent consultant in women's health, Dr. Utian has provided consultant/advisory services within the past 12 months on multiple drugs and drug families to Roche/GlaxoSmithKline, Boniva OB/GYN Advisory Board, Pfizer, Berlex, Organon, Barr/Duramed, Merck Gynecology Advisory Board, GSK SERM Global Advisory Board, Eli Lilly Breast Cancer Risk Reduction Advocacy Advisory Board, Novo Nordisk, Depomed, Gerson Lehrman, McKinsey, Goldman Sachs, and Bradley.

Time for Another Letter to Congress

America spends over \$6,000 per person annually on health care—more than twice the average of all other rich nations. We are the only country in which more than half of all our healthcare spending is within the private sector. Yet, any survey of morbidity/mortality outcome statistics will reveal that we are often lower on the lists than many other countries spending far less.

For every dollar we spend on health care, less than five cents goes toward paying for preventive care. There are several possible explanations, but perhaps the most glaring is the fact that the ultimate bad outcomes of preventable problems—like heart attacks, stroke, hip fracture, etc.—will occur after age 65, when most of the affected individuals fall under Medicare for primary insurance.

Clearly, there is an imbalance. As we move forward with the new political season, and health care rises to the top of people's domestic priorities, I believe it would be timeous to present to you the following letter that I hope you will consider personalizing and sending to your senators and congresswomen and -men. It is similar to one I wrote in *Menopause Management* in May/June of 2001.

I am sure you will agree that we are in worse shape than at the time I last offered a letter, and a lot needs to be done to repair and enhance our health system. This is not a political party or partisan issue. It affects us all, and it does not take much effort to send a few letters and get the ball rolling.

"Dear Honorable Member of the Senate/House:

I believe you were sent to Washington by "we the people" with the prime responsibility of ensuring the current and future safety,

security, health and quality of life of all citizens. The time is well past for a revision of our damaged health system.

You cannot but be aware of the tsunami approaching—the population of this country is aging fast. America spends over \$6,000 per person annually on health care, more than twice the average of all other rich nations. We are the only country in which more than half of all our healthcare spending is within the private sector. Yet any survey of morbidity/mortality outcome statistics will reveal that we are often lower on the lists than many other countries spending far less.

Nearly half of all women over age 60 are going to die from cardiovascular disease. Breast cancer, lung cancer, non-cancer smoking diseases of the lung and complications of osteoporotic fracture each will take the lives of perhaps 5% of this portion of our population. Large numbers of post-menopausal women develop type 2 diabetes and hypothyroidism, and by the age of 80 nearly half of that population will show evidence of cognitive decline. The toll of this escalating volume of disease is costly both to individual citizens and to the healthcare system—in dollars and in the greater proportion of lives that are lived with disability.

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Only preventive medicine will reduce the disease impact of the rolling tidal wave of women over age 50, moving into their 60s, 70s, 80s and beyond. When appropriately planned, distributed and monitored, preventive health care can reduce the incidence of diseases such as those listed above, as well as the number of years our older citizens will live with the disabilities that limit their value to themselves and society. The result will also be a considerable savings in healthcare dollars spent on the frail elderly.

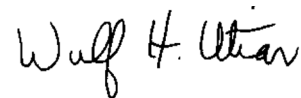
But preventive health care starts when people are young, and here is where we need your help. The health insurance and managed care companies are not going to foot the preventive care bill for younger people. Why should they? After all, the actual tidal wave of established disease occurs after age 65, and that is on the government's dime—Medicare—not on theirs.

So, the purpose of this letter is to implore you to take a two-pronged approach to the prevention of a very frightening scenario. First, there is an urgent need for legislation forcing cost-effective, evidence-based preventive health programs to be provided to the pre-Medicare population by all health insurers. Second, there is a need for the federal government to review preventive health care provided under Medicare and to set an example to the world. There are protocols already available that could be considered.

There may be just enough time left to ensure that the current perimenopausal population is spared the volume of disability predicted. If not, as sure as day follows night there will be a generation war, and the disabled elderly will not be the only victims. The shape of the future rests in your hands now.

Yours sincerely,
Your name here!"

If you feel equally strongly about this issue, and send a letter, please email a copy to us at info@menopause.org. We hope to be inundated! (*Editor's Note: You can download this letter at www.menopausegmt.com and personalize it before sending it to your members of Congress.*)



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