Why men like me are responsible for fixing women's health

"Wow, it must be a blast thinking about boobs all day."

I'd just returned to Stanford for the second year of my MBA program, and some classmates were congratulating themselves on summer internships in private equity and software companies. I paused for a moment when they asked me to share where I worked.

"I worked as Chief of Staff at a cancer prevention startup."

I hesitated before providing details. *Just say it*, I told myself.

"They developed a breast cancer risk assessment and provide telehealth services to hospital systems."

That's when a classmate dished out the boobs one-liner. The group howled with laughter, even though I muttered the word "breast" as quickly as I could under my breath.

Earlier that day, when I shared that I (a 24-year-old-man) interned at a breast cancer prevention startup, another man in my class raised his eyebrows and seemed confused for the rest of the conversation. As soon as I shared that my mom and aunt are breast cancer survivors, he dropped the interrogative tone and replied, "That makes sense." I was furious. Why did I need to be personally traumatized to care?

Women are suffering and dying because we are not adequately talking about their health issues. For example, Governor Greg Abbott of Texas enacted a law allowing people to sue anyone distributing abortion pills effective December 4, 2025 (Texas Legislature). This has deadly implications: women in states with restrictive abortion policies are 70% more likely to be killed while pregnant or in the year post-childbirth (JACS).

"My body, my choice" doesn't mean we, as men, should disengage: we hold disproportionate decision-making power, particularly in medicine. Men are making decisions that kill women, and it is on us to uplift women's voices.

Consider cardiovascular disease, the leading cause of death for both sexes. Only 22% of primary care physicians and 42% of cardiologists in America feel "extremely well prepared" to assess women's cardiovascular disease risk (Current Treatment Options in Cardiovascular Medicine). Even the experts fail to concentrate on women's needs, and this is unacceptable as sex-specific risk factors are critical in diagnosis. Another recent study found that women are only 10% of cardiovascular clinical trial leadership committees (ACC).

Even earlier this month, when the FDA removed its decades-old black-box warnings on hormone replacement therapy, nearly every headline focused on the progress – but almost none acknowledged something more uncomfortable. Health and Human Services Secretary

Robert F. Kennedy Jr. noted that “for more than two decades, bad science and bureaucratic inertia have resulted in women and physicians having an incomplete view of HRT,” ultimately denying 50 million women from life-changing care (FDA, NPR). What Secretary Kennedy failed to say out loud is *who* is at the helm of bad science and bureaucratic inertia: Men constitute 61% of grant review panels, meaning men disproportionately decide which clinical trials get funded (NIH). Even when women submit nearly half of all applications, they represent barely a third of the decision-makers.

Men dominated the clinical trial funding committees that froze timely menopause research. Men chaired the regulatory panels that kept the blanket warnings unchanged. And men – in Congress, federal agencies, pharmaceutical leadership, and across our society – treated menopausal symptoms like a niche topic rather than a solvable health issue affecting half the population. How many more years will women’s health be put on the backburner?

To support women, we must proactively bring up their issues using whatever forums we have access to in our communities; being a high-ranking official or medical expert isn’t necessary.

At the University of Pennsylvania, gender equity activists lobbied for free pads and tampons for years but were met with inaction from the administration. As a student government representative, I brought up the topic and demanded funding for a pilot program in my weekly meetings with Penn staff so they couldn’t keep ignoring the issue. I remember a meeting when the Vice Provost hugged me, praised me for doing the bare minimum, and put me in touch with the decision makers at the school. In that moment, I realized why using my voice to advocate for an issue that didn’t affect me was so important.

Of course, speaking on the topic of women’s health can be uncomfortable. During the menstrual products project, other activists accused me of co-opting the movement for student government votes before they met with me and understood my intentions. My own mom told me she was embarrassed by me signing up to distribute tampons and pads.

But the discomfort from jokes and misconstrued intentions pales in comparison to the cost. Students who can’t find tampons in their school bathrooms are missing class (NIH). Employees suffering from severe endometriosis are not granted disability payments, while their employers claim to uplift women by offering yoga classes and açai bowls once a year (GWU). Retirees are outliving their assets because pension plans don’t value unpaid work such as childcare (Bloomberg).

Until the landscape of power changes, the solution to fixing women’s health doesn’t start with them; it starts with the men who currently hold the pen.