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Senate Hearing on Women's Health – Script
Timeline: September 2026

- Thank you Chairman Scott, Ranking Member Gillibrand, and members of the Senate Special Committee on Aging, for the opportunity to testify today.

- My name is Dr. Suzanne Fenske. I am double board-certified in Obstetrics and Gynecology and integrative medicine as well as a Menopause Society Certified practitioner. I've been practicing women's health and menopause care in New York City for nearly two decades. I'm here both as a provider and as a midlife perimenopausal woman, navigating the health care system.

- When I ask patients what they hope to get from their care, I often hear, "I want to feel like myself again." They want their energy back, relief from anxiety, and a sense of control over a body that suddenly feels unfamiliar. I understand because I've felt it myself…the unfamiliar anxiety, irritability, insomnia, hot flashes, night sweats, brain fog, difficulty at work and loss of interest in things I once enjoyed. Access to appropriate menopause care can help women regain that sense of self. That is what is at stake for the women we're here to represent.

- I present to advocate for greater investment in women's health research, education, and prevention across the lifespan, with particular attention to perimenopause, menopause, and the post-menopausal years.

- My own OB-GYN education was focused largely on reproductive issues and pregnancy, I received very little menopause training in my core curriculum, yet as an OB-GYN I work with women of all ages. Every day I see how women's concerns, and especially midlife and older women, have fallen through the cracks of our healthcare system.

- Menopause care isn't just about managing symptoms like hot flashes, insomnia, and depression, although this piece is very important. Menopause is a turning point and, therefore, a great window of opportunity for a woman because this phase shapes disease risks and health for the rest of her life.

- Before menopause, a woman's risk of chronic disease is typically lower than a man's. But after menopause, her risk significantly increases. To name just a few - heart disease, hip fractures, and urinary sepsis - as causes of death in older women.

- Heart disease remains the leading cause of death for women. The loss of ovarian hormones with menopause increases the risk for heart disease because of changes in body composition, lipids, insulin sensitivity, and blood pressure.

- However, hormone replacement therapy (HRT) initiated around the time of menopause or within 10 years reduces cardiovascular disease and all-cause mortality in women. Treatment decisions require an individualized assessment of benefits and risks. Recent outpatient data shows hormone therapy use in approximately 7% of women ages 45–54. We need to understand how much unmet need remains and address the barriers that prevent women from receiving appropriate care.

- Women have almost 3x as many hip fractures as men. By age 80, 1 in 5 women will have a hip fracture; by age 90, it's 1 in 2. About 20% of people who break a hip will die within a year.

- Bone loss accelerates around menopause, which occurs at an average age of 51. Routine bone density screening begins at 65, this screening is being initiated, on average, 14 years after menopause and loss of estrogen. Early risk assessment and prevention are essential.

- We are missing a huge opportunity for prevention, both with diet and lifestyle interventions and HRT, which can prevent bone loss and osteoporosis-related fractures when initiated around menopause.

- While some menopausal symptoms, like hot flashes, may improve after the menopausal transition is complete, vaginal and urinary symptoms, including urinary tract infections, often get worse. These symptoms are a part of a larger condition called the genitourinary syndrome of menopause, which affects up to 84% of post-menopausal women.

- Recurrent UTIs in older women are particularly dangerous because they can lead to sepsis and even death. We have a solution- in a study of more than 5,600 women with recurrent UTIs, infection frequency fell by approximately half in the year after vaginal estrogen was prescribed.

- To address these gaps, we need greater investment in women's health research. A National Academies analysis found that only 8.8% of NIH grant spending from 2013 through 2023 focused on women's health research.

- One area of research that is desperately needed is around breast cancer survivors and the safety and efficacy of HRT. These women are often left out of the HRT conversation and may miss out on the potential benefits for future health and quality of life.

- We also need more education, both for women so they know about solutions and what to advocate for, and for healthcare providers. We currently have a physician shortage and desperately need more doctors trained in providing menopausal care, including OBGYNs and geriatricians (PCPs for older adults). Cardiologists, urologists,

rheumatologists, orthopedic surgeons and just about every other medical specialty also need to understand how menopause affects what they observe in their patients.

- The government is in a unique position to help with the immediate concerns regarding HRT availability. First, we are facing a dire shortage of HRT medications, especially estrogen patches, which leads to gaps in care and confusion for patients. As more women seek menopausal care and choose HRT, we need to meet that demand. We cannot push forward without having the availability of the treatments.

- Second, we have FDA-approved estrogen and progesterone options, but we desperately need a testosterone prescription that offers appropriate dosage options for women with low testosterone levels. Testosterone therapy is not only for libido, it also supports mood, body composition, and energy, to name a few. For some women, it's the piece that can finally help them feel like themselves again.

- And as a final thought, as we fund more women's health research and train more doctors, we need to be thinking about prevention. As physicians, we learn how to treat heart disease or osteoporosis once diagnosed, but it's a different skill set to catch a disease process in its earliest stage or even prevent it. We have effective tools including nutrition, physical activity, management of cardiovascular risk factors, and hormone therapy to prevent chronic diseases in appropriate patients.

- How we address menopause is an incredible opportunity to improve vitality and quality of life for women as they age, which I would argue benefits all of society. Prevention of disease improves quality of life, saves lives and lessens economic burden.

- I'd like to thank the Senate Committee for this opportunity, and I look forward to continued collaboration on this mission to advance women's healthcare.

References

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