OPINION

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# Whopper of the Week: No, RFK Jr, Guidance About Menopausal Hormone Therapy Isn't a "War on Women"

**IN SUMMARY:**

At a Cabinet meeting in December 2025, Secretary Kennedy announced that the FDA was ending the "war on women" and making menopausal hormone therapy (MHT) available to "all women who want it during one of the most difficult transitions in their lives." The FDA had previously announced that it was removing box warnings about the risks associated with these drugs.

Kennedy correctly noted that our understanding of MHT risks has evolved over time, while wildly exaggerating its benefits, alleging that it has the potential to extend women's lives by as much as 10 years, and stoking his usual conspiracy theories by blaming doctors and asserting that "there are tens of millions of women in this country who've been deprived [of MHT] because of medical malpractice by the medical cartel."

**WHY IS THIS A WHOPPER?**

Concerns about the adverse effects of MHT stemmed from a groundbreaking study that ended in 2002 conducted by the Women's Health Initiative (WHI). This large clinical trial found a strong association between the use of combination MHT (estrogen and progestin) and the development of breast cancer, heart disease, and stroke. The study was rigorous, randomized, and credible. In 2003, the Food and Drug Administration (FDA) issued a black box warning "on all menopause treatments containing estrogen" to caution prescribing physicians about the carcinogenic and cardiovascular risks of the drugs.

Over the last twenty years, science has advanced. Critics of the original WHI study noted that two thirds of the women it enrolled were over 60 years, and that their age likely affected the risks and benefits of the therapy. More recent randomized controlled trials have demonstrated that "the risks of MHT are low for healthy women less than age 60 or within ten years from menopause." In addition, new types and formulations of drugs have been approved to treat menopausal symptoms, including creams, pills, patches, injections, and non-hormonal drugs. Prescribing practices have changed because physicians and their patients have more and safer options. In 2026 the FDA has started removing some of the box warnings from MHT.

Many doctors believe that removing the FDA box warning from some hormone therapies was the right move, especially for younger women. They don't agree that the earlier caution was unwarranted, given the data available at the time, or that a blanket revocation was appropriate. "By removing the label on all forms of MHT, the FDA may be making all menopausal women feel

they should be using it," notes Dr. Susan Loeb-Zeitlin, Director of the Women's Midlife Center at Weill Cornell Medicine. "Currently, the FDA approves MHT for specific indications, including severe and bothersome hot flashes and night sweats and for the prevention of osteoporosis for women at risk. For other indications, there is a lack of conclusive evidence about the benefits."

**WHY IT MATTERS:**

Kennedy's angry condemnation of safety decisions made decades ago and his claims about "medical cartels" are text book conspiracy theory tactics. In media events promoting FDA labelling changes, Kennedy and FDA Commissioner Marty Makary make it sound simple: More women should be on hormone replacement therapy. But not all women are alike. Some women have very bothersome symptoms, others less so. Women under 60 with a history of cancer, cardiovascular disease and other contraindications are at higher risk of adverse events and might need to consider non-hormonal treatments. Women over 60 or those 10 years past the start of menopause should not be newly started on MHT, according to the North American Menopause Society. Menopause is complex, people have pre-existing conditions and treatment should be personalized.

As of March 2026, six menopausal hormone therapies have had their labeling updated. The labeling is less important, perhaps, than the lack of scientific process behind the changes. The FDA says it did a comprehensive assessment of the scientific literature, but all it did was convene a panel discussion, with handpicked experts, some of whom were affiliated with a lobbying group. Under Kennedy, formal independent expert advisory groups, which systematically review scientific data, have all but disappeared from the Department of Health and Human Services. Their absence weakens trust in the agency's decision.

American women deserve a more nuanced analysis of treatments for menopause and transparency about their risks and benefits, delivered by independent experts, to help them make informed choices about their care.

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