

Congress of the United States

Washington, DC 20515

December 2, 2025

Director Jay Bhattacharya
National Institutes of Health
9000 Rockville Pike
Bethesda, Maryland 20892

Dear Director Bhattacharya:

As you evaluate the National Institutes of Health (NIH) budget, we urge you to continue funding the Study of Women's Health Across the Nation (SWAN). As you may know, SWAN is a foundational longitudinal, epidemiologic study that examines the health of women during their middle years, and specifically how the biological, psychological, and social changes women experience in midlife affect their overall health and long-term outcomes.¹

Funding for SWAN is especially important because menopause impacts about half of the population, and many women who experience moderate to severe menopause symptoms do not receive the care they need.² This emphasizes the need for more NIH funding for menopause research, which only totaled \$56 million in 2023.³

Because SWAN researchers have followed participants for over 25 years, this study is a uniquely rich resource that is poised to make major breakthroughs in the understanding of how menopause and midlife changes impact women's health as they age. In particular, SWAN has provided a wealth of information about the menopause transition (perimenopause and menopause) and its effects on women's health. Key findings from SWAN include:

- **Depression:** Women have a four-fold increase in experiencing a depressive episode during the menopause transition relative to premenopause. Additionally, women with a prior history of depression earlier in life are most at risk as well as women with a high burden of menopausal symptoms.
- **Cognitive Function:** Forty percent of women report trouble with forgetfulness during perimenopause. Cognitive testing supports this finding, which shows that women have a decline in their cognitive performance (processing speed and verbal memory) during the perimenopause relative to premenopause.
- **Bone Health:** Bone loss, particularly in the spine and hips, starts in perimenopause and accelerates during late perimenopause and continues into early postmenopause. This bone loss is linked to declines in estrogen levels.
- **Vascular Risk:** Women experience an accelerating decline in their vascular health during menopause, including marked increases in LDL (aka "bad") cholesterol. Also, hot flashes, previously regarded as a benign midlife symptom, are linked to cardiovascular disease risk as women age.

¹ <https://www.swanstudy.org/about/about-swan/>

² <https://www.opb.org/article/2024/10/31/think-out-loud-oregon-health-science-university-menopause-symptoms-hot-flashes-sleep-disturbances/>

³ <https://www.nature.com/articles/d41586-025-00150-y#:~:text=22%20January%202025-,Menopause%20research%20is%20globally%20underfunded.,experienced%20by%20half%20of%20humanity.>

- **Sleep Problems:** There is a two-to-three-fold increase in sleep problems during menopause, which can have major health implications, including doubling the risk of stroke later in life.

Despite these important research findings that impact around half of the U.S. population, more research is still needed to better understand how menopause affects women's health at midlife and beyond, which SWAN is uniquely well positioned to address. Specific areas needing further research include:

- **Impact on long-term health:** We need to understand the long-term effects of menopause on conditions like heart disease, stroke, osteoporosis, and dementia including Alzheimer's disease. For example, the link between declining estrogen levels and increased risk of dementia in women is an area of ongoing investigation.
- **Treatment options:** While hormone therapy is an option for some, more research is needed to understand its long-term effects, optimal dosages, and appropriate formulations, especially for women with certain health conditions. Also, more innovation in menopause care is urgently needed, including in pharmacologic and non-pharmacologic (e.g., lifestyle) treatment options.
- **Individualized care:** Menopausal symptoms and experiences widely vary, which emphasizes the need for more research on personalized care plans that consider individual factors like age of onset, overall health, and specific symptom constellations.
- **Educational gaps:** Many women and their health care providers—including OB/GYNs—lack adequate knowledge about menopause and available treatment options. Research is needed to develop effective educational resources for both the public and health care providers.⁴⁵
- **The “gray area” of menopause:** Research into the perimenopausal period is critical because it is a time of significant hormonal fluctuations, which can lead to potential health impacts. This includes understanding the impact of early menopause due to surgery, medications, or other factors.
- **Prevention and healthy aging:** Research is needed to explore how lifestyle factors like diet, exercise, sleep health, and stress management can play a role in mitigating the effects of menopause and promoting healthy aging. It is particularly important to understand how implementing these behaviors at midlife—the time when many disease processes begin—may impact health later in life.

Maintaining funding for SWAN will ensure research into these areas continues, improving our understanding of women's health today and for generations to come. As such, we strongly urge you to prioritize continued funding for SWAN. Should you have any questions, please feel free to contact Ally McKeone (ally.mckeone@mail.house.gov) in the office of Congresswoman Andrea Salinas.

Sincerely,

⁴ <https://www.axios.com/2025/03/03/menopause-doctors-education-harvard-mayo>

⁵ <https://pmc.ncbi.nlm.nih.gov/articles/PMC10469514/>

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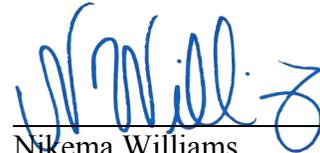
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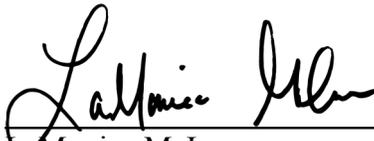
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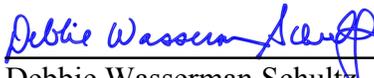
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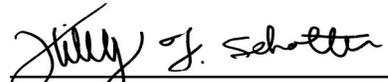
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