

## Issues Download #1 – Health

If it seems that men have less to complain about, perhaps that's only because men do less complaining. If the "privileged" nature of men's lives is the reason men aren't complaining, why then are men four and a half times as likely as women to end their lives? If men were just 50 percent more likely to commit suicide, it would be highly significant. It would mean that for every two women that commit suicide, three men commit suicide. But men are not 50 percent more likely to end their lives than women are. Men will see one hundred percent of Women's suicides and raise her an additional three *hundred and fifty percent*. For every *two* women that commit suicide, *nine* men commit suicide!

Yet we may *still* be understating the suicide gap.

When asked their preferred method of suicide, girls tend to talk about overdosing on pills or drugs. Boys talk about getting drunk and driving "off a cliff or into a telephone pole."<sup>i</sup> So, one mode of male suicide is surely hidden within male drunk-driving fatalities. Further, because men who've lost their jobs may feel they're worth more to their families dead than alive, and because many life insurance policies won't pay out when death is self-inflicted, doubtless, *some* of those suspiciously high numbers of men who die by "accident" following the loss of their careers died deliberately.<sup>ii</sup> Also, notes Aaron Kipnis, "Suicide by police confrontation—in which desperate men intention-ally force officers to shoot them—is now so frequent that forensic psychologists identify it as a syndrome."<sup>iii</sup> Underlying all this self-inflicted death must lurk enormous human suffering.

Men do less complaining largely because *male* complaint is so often ill-received and dismissed as "whining." But, when women do all the complaining, it creates the *illusion* that only women have anything to complain about. Dan Bell: "According to Dan Kindlon, a Harvard lecturer, and co-author of *Raising Cain: Protecting the Emotional Life of Boys*, young men don't ask for help because we don't allow them to . . . 'In school a boy who shows a more effeminate side, or cries, or expresses his feelings, he's open to a lot of ridicule and teasing. Especially at these vulnerable ages when we see a lot of suicides.'<sup>iv</sup> What powerlessness can be more profound than a powerlessness you aren't even empowered to complain about?

"Young women between the ages of fifteen and nineteen are two and a half times more likely to attempt suicide than are young men," says Patricia Pearson. "But young men are *five* times more likely to actually kill themselves."<sup>v</sup> [Emphasis in original] In recent years that figure has been bumped up to six or even *seven* times.<sup>vi</sup> However revealing of *true* pain and misery, perhaps some of those "*attempted* suicides" are really more like cries for help? What if males, expecting their complaints to be met with clichés such as "Be a man about it," "Pull yourself up by your bootstraps" and "Quit your 'bitching'" (i.e., stop complaining as women do), simply skip the cry for help and go directly to a bullet in the brain?

Have you ever seen the look on a baby's face when he's circum-cised? Is the demand for male invulnerability related to our ongoing tolerance of circumcision—but only where *males* are concerned?

Now that more women are doing what men traditionally do, they are beginning to suffer what men have traditionally suffered, including taking on health problems more often associated with men. Author and *Esquire* columnist Harry Stein:

[I]t is not for nothing that we have heard so much lately about the dramatic rise in stress-related illnesses among women. "It has now been clearly documented, as Dr. Paul J. Rosch, president of the American Institute of Stress, put it, noting the appalling increase in breast-cancer deaths among young and middle-aged white women during the past decade, "that emotional stress is associated in a decline in immune-system parameters responsible for defenses against cancer. Inability to express anger, frustration, loss of important emotional relationships and social isolation have been particularly incriminated, especially for breast malignancies."<sup>vii</sup>

Stress is "incriminated, especially for breast malignancies," but stress is also responsible for cancers that kill *men* (younger and in larger numbers). "Each year over 55,000 more men than women develop cancer, and 30,000 more men than women die of cancer," says Andrew Kimbrell. "In every age group men's

probability of developing invasive cancers is greater than women's."<sup>viii</sup> In fact, at least until recently, "Men die[d] earlier than women from all *fifteen* of the leading causes of death."<sup>ix</sup>

Note that each component of stress listed above is more closely associated with men and the male experience than with women and the female experience. Inability to express anger? "Contrary to stereotypes," writes researcher Richard Driscoll, Ph.D., "women are found to be freer and more open in expressing their anger than men."<sup>x</sup> Women are emotional; men are stoic. Frustration? Men endure more than their share of sex, success, and work related frustration. Loss of important emotional relationships? For men, fierce competition, homophobia, and working overtime are the norm. More often than married women, married men will tend to lose close contact with their peers. Social isolation? A "loner" is presumed male. Herb Goldberg:

Thirty years ago men were twenty times as likely as women to get ulcers. Today the ratio is two to one. . . . Nancy Allen, a suicide prevention expert at UCLA's Neuropsychiatric Institute [says] . . . "In precisely those arenas where liberated women are making the most progress the male-female suicide ratios move toward equality." . . . women psychologists commit suicide at a rate nearly three times that of women in the general population. Likewise, the rate for female physicians is three times the rate of women in general. Perhaps these professional women are experiencing the stresses, conflicts and "pay-offs" that many success-oriented men do, namely, isolation and loneli-ness, emotional overcontrol, and constant conflict between professional-ambition, success demands, and the fulfillment of personal needs.<sup>xi</sup>

Harry Stein expresses a truth held by many women with careers. "[T]here are vast numbers of women who, having pretty much gotten what they thought they were after, are now facing up to it; wondering, at long last, what it was that once, from the outside looking in, had seemed so terrific in the first place."<sup>xii</sup> I think much of women's work-place anger derives out of the shock of discovery that being treated like men means being treated in a manner much more loveless and expend-able than anything they were used to or had been led to expect—men *must* be hiding away all the "good stuff" somewhere . . . right?

The more women do what men do, the more women become what men are. An inability to express feelings, separation from loved ones, and emotional isolation are all frequent byproducts of "success"—the very thing that men are so motivated to strive for *at all costs*. Don't we hear a lot these days of women with high-earning husbands choosing motherhood over career? Is it any wonder?

The 1988 *Guinness Book of World Records* states: "The greatest *authenticated* age to which any human has ever lived is a unique 120 years 237 days."<sup>xiii</sup> The distinction went to Mr. Shigechiyo Izumi of Asan, Tokunoshima Island, Japan. At least, until very recently, the longest-lived human beings on record have been men as often as women. So why do we so easily accept the assumption that men's shorter life expectancy is *solely* biological?

Though biology may play a part, current ideological bias would have us believe that men die younger as a result of sheer biological inadequacy and nothing else. If that were so, then why in 1920 did the life expectancy of men and women differ by only one year?<sup>xiv</sup> It would seem that industrialization increases life expectancy roughly twice as much for women as it does for men.<sup>xv</sup>

Warren Farrell:

When women and men have approximately equal life expectancies, it seems to be because women die not only in childbirth (fewer than thought) but about equally from contagious, parasitic diseases; poor sanitation and water; inadequate health care; and diseases of malnutrition. In industrialized societies, early deaths are caused more by dis-eases triggered by stress, which breaks down the immune system.

*It is since stress has become the key factor that men have died so much sooner than women. . . .* Why has the gap between women's and men's life span been *reduced* slightly (from eight to seven years) between 1975 and 1990? In part because men's health habits are becoming more constructive, women's more destructive. . . . But women are also working more away from home and suffering the stress-related diseases that go with the territory.<sup>xvi</sup> [Emphasis in original]

While masquerading as Ned Vincent, Norah Vincent, author of *Self-Made Man*, became one feminist whose incursions into the world of men turned her "women's studies" MP/FV expectations upside down.

She, passing herself off as a he, infiltrated several all-male enclaves. In getting to know the “blue-collar” men on a bowling team, she discovered the old joke—Why do men die before women? . . . Because they want to—may contain some serious truth.

Beer and cigarettes were their medicine, their primrose path to an early grave, which was about the best, aside from sex and a few good times with the guys, that they could hope for in life. The idea of telling one of these guys that smoking or drinking to excess was bad for his health was too ridiculously middle class to entertain. It bespoke a supreme ignorance of what their lives were really like—Hobbesian—not to put too fine a point on it. Nasty, brutish and short. The idea that you would try to prolong your grueling, dead-end life, and do it by taking away the few pleasures you had along the way, was just insulting.<sup>xvii</sup>

Supreme ignorance of what men’s lives are really like lies at the heart of all female-ism. As the above makes clear, male suicide is hidden in *many* ways. In part, it would seem that men let go of life earlier than women do because men place less value on their lives.

So, if not purely due to biological inferiority, why *do* men suffer a lesser average life span? Extra long work hours under hazardous, stressful, tedious, repetitive, competitive, and emotionally stultifying working conditions—which include the separation of men from their families—are all probable factors. Hypertension due to job stress is a known cause of cancer as well as heart disease, the number one killer for both men and women. The pressure to appear strong and deny pain (“It’s nothing, I’ll be fine”) causes too many men to delay seeking treatment for far too long. War and work related fatalities, higher rates of imprisonment, alcoholism, and substance abuse, death by murder and self-inflicted death are all statistically provable factors bringing about shorter average lives for men.

Clearly, none of this helps to paint a convincing picture of men as *the* primary beneficiaries of the gender system.

Owing to men’s larger average tax bracket and the dearth of house-husbands as compared with housewives, “Men as a group pay *twice* what women pay into Social Security.”<sup>xviii</sup> The stress involved in maintaining those higher tax brackets, however, contributes to men’s average seven fewer years of life, and so, “women receive more than 150 percent of what men receive in total retirement benefits from Social Security.”<sup>xix</sup> No feminists have protested.

Because women live longer than men, female retirees will receive an average seven extra years of pension payments. And so, in an effort to make the *total* cash outlay in retirement benefits come out equal, there was a time when pension plans routinely paid lesser monthly amounts to women. The power of feminism soon stepped in, declared the practice unconstitutional and put a stop to it. Yet feminism has had no objection to insurance companies “charging men higher monthly premiums than women because men die sooner and thus make fewer payments during their lifetime.”<sup>xx</sup> Today I find in the mail a life insurance policy offer from Farmers Insurance and with it a reminder that these issues are more than merely theoretical. For a man my age, \$400,000 in life insurance costs \$71.52 per month. For my female equivalent the cost is \$56.85 per month!

Clearly, *feminism* advocates for *females* and females *only*. Anyone who believes that *female-ism* is, or ever could be, egalitarian is allowing political correctness to cloud his or her reasoning. “Feminists acutely sensitive to bias against women show little concern for bias against men,” says Cathy Young, “whether it’s the informal leniency accorded female defendants in court or overtly discriminatory draft registration.”<sup>xxi</sup> “The central mission of feminist activism is to put the needs of women first,” say Daphne Patai and Noretta Koertge. “Its single criterion for appraising a political initiative is: Will it help women?”<sup>xxii</sup> I submit it is self-evident: sexual politics can be egalitarian; female-ism cannot.

In *principle* we can be pro-female without being anti-male, but in *practical* terms it doesn’t work out that way. There are two sexes and limited funding and cultural attention to split between them. Pro-female bias that results in women getting *more* than their fair share leaves men suffering *less* than their fair share.

Warren Farrell comments:

The belief that sexism has led to a focus on men’s health at the expense of women’s has led both the federal government and private industry to focus on women’s health at the expense of men’s.

Thus the government . . . established an Office of Research on Women's Health but no Office of Research on Men's Health. It has also established an Office of Minority Health that defines women as a minority, but no Office of Minority Health that defines men as a minority (due to only men dying at a younger age from all fifteen of the major causes of death). The belief in women's neglect has led private hospitals and health-care companies to start women's health-care centers but almost no men's health-care centers.<sup>xxiii</sup>

Feminists discovered that only 10 percent of the operating budget of the National Institute of Health (NIH) was set aside for female-specific research and prevention—and they raised hell about it. It was largely in response to their protests that the NIH created its Office of Women's Health. The fact is, only 5 percent of the NIH's budget was set aside for male-specific research (the remaining 85 percent being devoted to health issues common to both sexes). Because no one protested the NIH spending twice as much on women's vs. men's health, an Office of Men's Health has yet to be created.

Feminism makes mountains out of the fact that most of the medical research testing that has been done has been done on men. Here, according to Aaron Kipnis, are some facts left out:

During the 1960s, 85 percent of all new pharmaceuticals were first tested on inmates before release to the public. The American prison system created a human subject experimental lab unparalleled since medical experiments were conducted on the inmates of Nazi death camps. Feminist activists rightly protested in the 1970s that a disproportionate number of medical studies were based upon males. There was no similar outcry in the culture, however, that most of those male subjects were impoverished, coerced young prisoners.<sup>xxiv</sup>

Social historian Todd Tucker: "In 1974, the Pharmaceutical Manufacturers Association of America estimated that about 70 percent of approved drugs had at some point been tested on prisoners."<sup>xxv</sup>

And not just prisoners but also soldiers have been used as "guinea pigs." For one of countless examples, a recently unearthed 1956 document confirms "24 Australian servicemen who were deliberately given excessive doses of radiation in so-called protective clothing experiments."<sup>xxvi</sup>

For the 1956 *Buffalo* tests, the British military established an "indoctrinee" force of 280 soldiers, including 175 from Britain, 100 from Australia and five from New Zealand, who were "indoctrinated" on the effects of atomic weapons. For one test, known as the *One Tree* explosion, they were stationed eight kilometers [five miles] from the blast, and then taken to the target point over the next two days, to be covered in dust. . . . Typical of the health consequences suffered by victims of the blasts is Rick Johnstone, a former air force mechanic and head of the Australian Nuclear Veterans Association. After spending 11 years in the courts, he became the only veteran to win a court case against the Australian government. He has heart disease, vascular disorders, leukemia, numerous carcinomas, calcified tendons and prematurely aged skin and sweat glands. His sons had birth defects—one did not develop any teeth and had chronic skin problems, while another had a harelip and an irregular palate.<sup>xxvii</sup>

This sort of experimentation on men has gone on all over the world. As a result of such "experiments" we will obviously know more about the effects of radiation poisoning on men than we know about the effects of radiation poisoning on women. But for feminists to shamelessly cite this as an example of caring more about men's health than women's health takes a lot of hypocrisy.

If women have been such powerless, undervalued "chattel," why weren't women used to test the nightmarish effects of nuclear fallout? In many ways, women are and have always been *more* valued, not less. (For additional information regarding men used as "guinea pigs," see Issues Download # 3, "Antipathy/Disposability.") Why are men singled out for "testing" of this kind? Warren Farrell puts it bluntly: "We used men for experimental research for the same reason we use rats for experimental research."<sup>xxviii</sup>

Women's health, however, has *not* been neglected. "In a search of more than three thousand medical journals listed in *Index Medicus*, twenty-three articles were on the subject of women's health for each *one* on men's."<sup>xxix</sup> [Emphasis in the original] As a rule, whenever the experimental research was deemed *safe* enough, the research has focused more on women than men.

Primal female bonding/solidarity against male physical strength and aggression, together with chivalry implanted deep within men's souls, have always led *both* sexes to protect women more than men.

For example, there were two overlapping studies done on the preventative effects of aspirin on heart attacks. The first from 1989 was conducted on 22,071 male physicians over a five-year period. The second from 1991 was conducted on 87,678 female nurses over a six-year period. “The press touted only the male study as sexism. Yet the women’s study was longer in duration and there were four women studied for each man.”<sup>xxx</sup> The myth that aspirin as stroke and heart attack preventative was tested solely on men is, to this day, used as a club with which feminists beat politicians over the head.

An article in the *New York Times*, in response to a report from the General Accounting Office on the status of women’s health research at the NIH, decries the “neglect” of women in health care. Wendy McElroy, a research fellow for The Independent Institute in Oakland California, reads the same report and finds the opposite.

For example, men constituted only 37% of participants in extramural research studies; 740 female-only studies were funded, but only 244 male-only ones. Nevertheless, the *Times* story — written by a medical reporter who should know how to read NIH studies — bore the headline “Research Neglects Women...” The slighting of men was not mentioned.<sup>xxxi</sup>

Health issues are emblematic of the feminist tendency to take legitimate men’s issues and co-opt them; thus transforming them into not so legitimate women’s issues.

As a rule, where feminists complain of women being less *respect-ed* (i.e., more pacified, dismissed, intellectually ignored; less obeyed, revered, and credited) the complaints are probably valid. Where feminists complain of women being less *loved* (i.e., more neglected, persecuted, and abused; less cared about, protected, or valued), how-ever, they are probably turning a valid male complaint into a relatively bogus female complaint.

It is in this tendency that feminism sinks lowest. As a result, men are all the *more* marginalized with regard to public caring, concern, and compassion. Illegitimate feminist outcries of neglect toward women’s health constitute a kind of strategic attack upon men—an attack that can, and sometimes does, cost men their lives. In this, and in many other ways, feminism may be justly labeled “militant.”

For example: “A woman is 14 percent more likely to die from breast cancer than a man is from prostate cancer,” said Warren Farrell back in 1993, “yet funding for breast cancer research is 660 percent greater than funding for prostate cancer research.”<sup>xxxii</sup> Here’s Dr. Farrell writing on the subject again six years later:

The chance of a man in the United States dying of prostate cancer is now about 20 percent greater than the chance of a woman dying of breast cancer. Yet the government spends almost four times as much money on breast cancer as it does on prostate cancer. This has, at least, improved from the almost 7 to 1 ratio I announced in 1993 in *The Myth of Male Power*. . . However, government spending creates only part of the prostate cancer/breast cancer gap. It is impossible to get a figure on the private spending gap, but I estimate it to be approximately 20: 1. And this does not include the “special efforts gap,” such as the U.S. Post Office printing special 40-cent stamps to raise more than \$25 million dollars for breast cancer research.<sup>xxxiii</sup>

Who could doubt that the vastly greater attention, effort, and funding directed at breast cancer research, as compared with prostate cancer research, accounts, at least in part, for this highly significant shift in death rates?

In the 1920s, a new operation for an enlarged prostate replaced the old method. *For sixty years, no one studied the records to determine if the new operation was as beneficial.* When they did, it was found that the new operation resulted in a 45 percent *greater* chance of dying within five years of surgery. . . . If breast cancer researchers did not have funds to check for sixty years which form of surgery killed more women, the outcry would have been ferocious, and justifiably so.<sup>xxxiv</sup> [Emphasis in the original]

It would be great if there were unlimited funds for medical re-search, but funds are *limited* and when women receive *more* than their fair share men receive *less* than their fare share. Some of those men may justly be regarded “casualties” in the Battle of the Sexes.

Professor Tony Costello tells us, “Taxotere is the only effective chemotherapy for prostate cancer,” but, at a cost of \$3,000.00 per treatment and a requirement of up to 20 treatments, the drug is out of the

financial reach of most men without health insurance. Yet “on the Pharmaceutical Benefits Scheme, women can access the drug for free.”

How does Mr. Costello respond to an inequity that costs men their lives? His response is typical of those who discover an inequity suffered by men: “Men have been pretty poor advocates for their own cancer,” he remarks.<sup>xxxv</sup> True enough. Men have been pretty poor advocates for *all* their inequities. Men have been slow to cry “victim” and draw attention, social services, and funding away from women and children and toward themselves. But, then again, those men who do protest are routinely dismissed as “whiners.” Perhaps it is society that has been a pretty poor advocate for men. Warren Farrell:

What is the U.S. government doing about this disposability of almost half its population? It is identifying *women* as the at-risk group in its draft of “Healthy People 2010,” the blueprint for legislation and funding for the first decade of the new millennium. It is treating women’s *eating disorders* as more important than men’s suicides, or men’s heart disease, or men’s occupational deaths, or men’s seven-year-shorter lifespan. More precisely, it is virtually ignoring the causes of men dying. Overall, it specifies thirty-eight health objectives for women, two for men.<sup>xxxvi</sup>

Woman works the powers she has in compensation for the powers she lacks, same as Man. But, plying “victim” power is costly. In a world in which *both* sexes suffer, what is there to admire, revere and *respect* in Woman’s self-proclaimed ownership of “victim”? If Man is less loved for being less lovable, mightn’t Woman likewise be less respected for working power strategies that render her less respectable?

One neglected men’s health issue involves an attack on masculinity itself. It comes in the form of excessive estrogenic chemicals in the environment and in the foods we eat. Many sources concur; estrogen and estrogen-related chemicals and even foodstuffs are ubiquitous at the local supermarket. And it could be that the attack on red meat and the tendency to replace it with soy products is a contributing factor.

In keeping with her wide-ranging study of the biological differences between men and women, gender scientist Anne Moir offers comprehensive scientific evidence that men have different dietary needs than women.<sup>xxxvii</sup> “It is time to take his needs into account,” says Moir; “a healthy diet is not too healthy for him.”<sup>xxxviii</sup> Moir claims that to get enough of the specific amino acids and proteins a man needs in the higher quantities he needs—to maintain healthy levels of iron and zinc—males need red meat in their diet. “Red meat has been demonized—health has been the excuse, but politics is the reason.”<sup>xxxix</sup> And, by politics, Moir means *gender* politics. If she’s right, the oft-made claim that men are partly to blame for their own health issues, because men eat too much red meat, is turned on its ear.

More troubling is Moir’s claim that the soy products replacing meat have estrogen-like properties that can feminize males. Apparently, soy is found in about 60 percent of all processed foods.<sup>xl</sup> She also joins the chorus of scientists warning of the feminizing effect of various chemicals in the environment. A wide range of estrogenic chemicals, phthalates, dioxin, and other pollutants have been implicated. In nature, the feminizing effects on many species of fish, amphibians, and reptiles have been observed and documented for decades.

According to Janet Raloff of *Science News*, exposure in the womb, even to small amounts of certain plasticizers and solvents, may result in smaller-than-normal penis size, testes that do not descend into the scrotum properly, low testosterone levels, lower sperm production, and increased risk of testicular cancer. And, it is claimed, “more than one-quarter of U.S. women have phthalate concentrations in their bodies greater than those deemed in the new study to have genital-altering effects” on the boys they give birth to.<sup>xli</sup> According to *Newsweek*, reduced sperm count in men is a “well-documented” trend, and “scientists wonder if endocrine disrupters in the water are partially responsible.”<sup>xlii</sup>

Not only does estrogen pollution feminize males—both physically *and* behaviorally<sup>xliii</sup>—in sufficient quantities, it prevents males from being born at all. Reports are coming in worldwide:

[S]everal recent studies point to the possible importance of ubiquitous hormonelike pollutants. For instance, a 1996 study reported the sex of children born to couples who had been exposed to large amounts of dioxin during a July 1976 industrial accident near Seveso, Italy. In the first 8 years after the accident, 12 daughters -

- and no sons -- were born to the nine couples who had more than 100 parts per trillion (ppt) of dioxin in blood samples taken at the time of the accident.<sup>xliv</sup>

Apparently, in areas where dioxin and estrogen pollution is at its worst, the male birthrate has been cut in half!

The trend has not escaped the attention of documentarian Michael (*Stupid White Men*) Moore. "Guys! *Nature is trying to kill us off!* Why is Mother Nature doing this?" In answer to his own question: "If you were Nature . . . what would you do if you noticed that it was one particular gender of humans that was going out of its way to destroy you?"<sup>xlv</sup> Misandry, anyone? The evident delight with which Moore greets the news of declining male birthrates may offer a clue as to why this issue is so neglected.

Other neglected male health issues include:

A men's birth control pill

Suicide

Post traumatic stress disorder

Circumcision (as a possible trauma-producing experience)

Dyslexia

Autism

Nonspecific urethritis

Hemophilia

Lifespan

Depression (Rand Corporation finds 70 percent of male depression goes undetected)

Steroid abuse

Testicular cancer

Prostate cancer<sup>xlvi</sup>

Health is a men's issue because it is primarily *men's* health that is being neglected. It is a men's issue because feminism twists the truth to make you believe that women's health is being neglected, which only intensifies attention paid to women's health at the further expense of men's health.

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<sup>i</sup> Farrell, Warren, Ph.D., *The Myth of Male Power: Why Men Are the Disposable Sex* (New York: Berkley Books, 1993) p.174.

<sup>ii</sup> Ibid, p.175.

<sup>iii</sup> Kipnis, Aaron, *Angry Young Men: How Parents, Teachers, and Counselors Can Help "Bad Boys" Become Good Men* (San Francisco, CA: Jossey-Bass, 1999) p.201.

<sup>iv</sup> Bell, Dan, "The silent epidemic of male suicide," BBC News, [http://news.bbc.co.uk/go/pt/fr/-/2/hi/uk\\_news/7219232.stm](http://news.bbc.co.uk/go/pt/fr/-/2/hi/uk_news/7219232.stm), February 04, 2008.

<sup>v</sup> Pearson, Patricia, *When She Was Bad: How and Why Women Get Away with Murder* (New York: Penguin Books, 1998) p.23.

<sup>vi</sup> Kindlon, Dan Ph.D. and Thompson, Michael Ph.D., *Raising Cain: Protecting the Emotional Life of Boys* (New York: Ballantine Books/Living Planet Book, 2000) p.6.

<sup>vii</sup> Stein, Harry, *One of the Guys: The Wising Up of an American Man* (New York: Pocket Books, 1988) pp.18-19.

<sup>viii</sup> Kimbrell, Andrew, *The Masculine Mystique: The Politics of Masculinity* (New York: Ballantine Books, 1995) p.5.

<sup>ix</sup> Farrell, Warren, Ph.D., *The Myth of Male Power: Why Men Are the Disposable Sex* (New York: Berkley Books, 1993) p.181. Source: U.S. Department of Health and Human Services, National Center for Health Statistics (USCH&HS/NCHS), Centers for Disease Control, *Monthly Vital Statistics Report*, vol. 38, no. 5, supplement, September 26, 1989, "Advance Report of Final Mortality Statistics, 1987," p. 6, table D, "Ratio of Age-adjusted Death Rates for the 15 Leading Causes of Death by Sex and Race: U.S., 1987."

<sup>x</sup> Driscoll, Richard, Ph.D., *The Stronger Sex: Understanding and Resolving the Eternal Power Struggles Between Men and Women* (Rocklin, CA: Prima Publishing, 1998) p.8. See also, J. Gottman, "Assessing the Role of Emotion in Marriage."

<sup>xi</sup> Goldberg, Herb, *The New Male: From Macho to Sensitive But Still All Male* (New York: Signet/Penguin, 1980) pp.149-50.

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- xii Stein, Harry, *One of the Guys: The Wising Up of an American Man* (New York: Pocket Books, 1988) p.19.
- xiii 1988 Guinness Book of World Records, Bantam Books, 1988, p.15.
- xiv In 1920 in the USA male life expectancy was 53.6 years; female life expectancy was 54.6 years. National Center for Health Statistics, U.S. Department of Health and Human Services, *Life Tables: Vital Statistics of the United States* (Washington, D.C.: U.S. Government Printing Office), 1990, vol. 2, section 6.
- xv Farrell, Warren, Ph.D., *The Myth of Male Power: Why Men Are the Disposable Sex* (New York: Berkley Books, 1993) p.181. See U.S. Department of Commerce, Bureau of the Census, *Statistical Abstract of the United States: 1987*, 107th ed., p. 820, table 1439, "Urban Population, Growth, Birth, and Death Rates and Life Expectancy—Selected Countries;" p. 824, table 1445, "Gross National Product in Current and Constant (1982) Dollars and Per Capita: 1975 to 1983."
- xvi Ibid., pp.182-4.
- xvii Vincent, Norah, *Self-Made Man: One Woman's Journey into Manhood and Back Again* (New York: Viking/Penguin, 2006) p.38.
- xviii Farrell, Warren, Ph.D., *The Myth of Male Power: Why Men Are the Disposable Sex* (New York: Berkley Books, 1993) p.350. Source: U.S. Department of Health and Human Services, Social Security Administration, Office of Research and Statistics, *Earnings and Employment Data for Wage and Salary Workers Covered Under Social Security by State and Country, 1985*.
- xix Ibid.
- xx Ibid., p.350.
- xxi Young, Cathy, *Ceasefire!: Why Women and Men Must Join Forces to Achieve True Equality* (New York: The Free Press, 1999) p.7.
- xxii Patai, Daphne & Koertge, Noretta, *Professing Feminism: Education and Indoctrination in Women's Studies* (New and Expanded Edition) (Maryland: Lexington Books, 2003) p.50.
- xxiii Farrell, Warren, Ph.D., *The Myth of Male Power: Why Men Are the Disposable Sex* (New York: Berkley Books, 1993) pp.188-9.
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