Playing Politics with Women’s Lives

The U.S. Food and Drug Administration (FDA) decision in May 2004 not to allow over-the-counter sales of the morning-after pill, Plan B, is but one troubling example of the increasing impact of politics and ideology on science and health policy. The agency’s ruling, contrary to recommendations from an external advisory panel and its own scientific staff, is indicative of the growing gap between common sense and U.S. policies affecting the well-being of women and girls worldwide.

First, the facts: Emergency contraception, commonly called the morning-after pill, is a safe dose of hormones, taken by a woman within 72 hours of unprotected sex. It acts before the implantation of a fertilized egg or the beginning of pregnancy and is already available without a prescription in more than 30 countries, including the United Kingdom, France, and the Netherlands. The positive impact of the drug is enormous: It allows women to avoid unintended pregnancies and thus reduces the demand for abortion, a goal professed by many of the drug’s most vocal opponents. Senior FDA scientists have dismissed the claims of critics that Plan B would increase adolescent promiscuity and the risk of sexually transmitted diseases. Both the American Medical Association and the American College of Obstetricians and Gynecologists have criticized the decision by FDA acting director Steven K. Galson.

Few would deny that there is a need to lower the number of births and unintended pregnancies among U.S. teenagers. The U.S. adolescent pregnancy rate is the highest in the industrialized world—10 times more than in the Netherlands or Switzerland. Of the 900,000 U.S. teenagers who become pregnant every year, 8 in 10 say their pregnancy is unintended. Many are physically, emotionally, and economically ill-prepared for motherhood. Currently, 53 out of every 1000 15-to-19-year-old girls in the United States give birth. They are more likely to drop out of school, receive little or no prenatal care, and have low-birth-weight babies with subsequent health problems. When our most vulnerable girls and their babies suffer, so do we all.

Such disregard for the realities of young women’s lives is even more apparent in U.S. policies overseas. The U.S. administration imposed a global gag rule in 2001 (officially known as the Mexico City Policy) that restricts funds for family planning groups. This rule mandates that foreign organizations receiving money for family planning assistance through the U.S. Agency for International Development (USAID) must deny such crucial information to women as the option of legal abortion or where safe family planning services may be obtained.

The policy stifles free speech and prevents medical professionals from offering women the full range of legal, medically acceptable options and does nothing to reduce the incidence of abortion. The use of U.S. tax dollars to fund abortions overseas has been illegal since 1973. The global gag rule primarily affects the delivery of contraception and other reproductive health services, because it is forcing clinics that offer women access to contraception, counseling, and vital maternal health services to cut back their operations or to close. In Ghana, the Planned Parenthood Association has not only curtailed family planning services due to loss of USAID funding, but nearly 700,000 clients have lost access to HIV prevention services.

Since 2002, the administration has also blocked $34 million in annual appropriations for the United Nations Population Agency (UNFPA), which funds maternal health and other programs in 140 countries. Like the global gag rule, the defunding of UNFPA especially affects family planning services that could prevent unintended pregnancies. Like the attack against Plan B, it ignores the recommendations of experts. The administration has held up these funds, citing claims by an extremist U.S. anti–family planning group that UNFPA supports coerced abortion in China, even though four separate investigative teams, including one dispatched by the U.S. State Department, found the charges by the U.S. group to be groundless.

As a nation we talk a good deal about compassion, but U.S. policies are putting the lives of young women at risk by pursuing health strategies conceived by ideologues who ignore social realities and best medical practices. Surely, our young women—and the world’s—deserve better.

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Editor's Summary

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