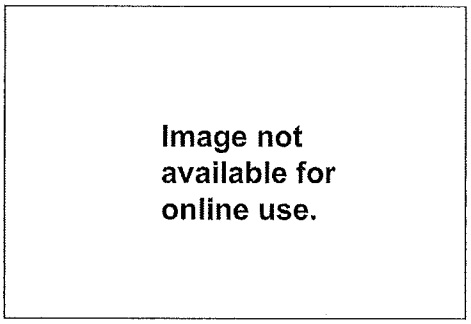
Playing Politics with Women's Lives

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.

Adrienne Germain

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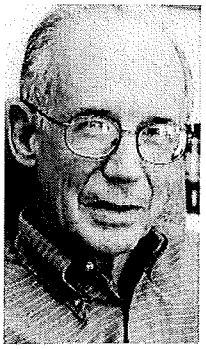

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News on Women's Health

A PIECE OF IMPORTANT AND ENCOURAGING NEWS FOR THE WORLD'S WOMEN AND THEIR HEALTH has recently arrived from the world of clinical trials. The results of a carefully structured controlled trial have persuaded the U.S. Food and Drug Administration (FDA), with strong endorsement from an advisory committee, to approve a vaccine that is effective against the two forms of human papilloma virus (HPV) that are most likely to lead to cervical cancer. 3700 women die of this disease annually in the United States, but the mortality is far, far greater in the developing world, where this vaccine could provide a major public health benefit. Thus there is strong international interest in this result, and approval processes are under way in a number of countries. Here in the United States, which individuals receive immunization, when they get it, and where, are problems that await resolution in potentially heavy ethical weather.

The new vaccine, developed as a result of research done in the United States and other countries, has resulted in the development of competing products by Merck & Co. and Glaxo-Smith-Kline (GSK). The Merck entry, which was the subject of the recent FDA approval for vaccination of girls and young women between the ages of 9 and 26, is called Gardasil. It is effective, but it is not cheap; the manufacturer says it will cost about $360 for the three doses that will be required over 6 months. HPV is a high-prevalence sexually transmitted disease: In fact, about half of adult Americans who are sexually active will become infected at some time in their lives. Because the new vaccine is far less effective against already-established infections, immunization is plainly indicated for young girls before they become sexually active; and, after additional testing, probably for boys as well. Already, Merck and GSK are applying to market products in Europe and South America and are conducting additional trials to test for long-range efficacy and possible effects on pregnancy.

Scientific advice on immunization issues in the United States is the responsibility of the Advisory Committee on Immunization Practices, which advises the Centers for Disease Control and Prevention and various other units of the U.S. Public Health Service. On 29 June, that group met in Atlanta, recommended that females between the ages of 12 and 26 receive the vaccine, and suggested that it be made available for girls aged 9 and older on the advice of a physician. But major challenges remain in the wake of that decision. The first is to determine how it will be paid for. The total treatment costs for an immunization project of this magnitude would outrun the economic capacity of most cities and school systems, and of public health agencies in poor countries, where the needs are greatest.

The other problem, perhaps more serious, is that conservative religious groups in the United States, such as Focus on the Family, politically oppose a mandatory program on the grounds that it might encourage promiscuity. They deliver pro-forma praise for the vaccine (after all, who likes cancer?), but they then advise young women candidates that abstinence is a preferable alternative. That is bad advice.

If there is to be significant progress in reducing the incidence of cervical cancer, the HPV vaccine should be made part of a mandatory preschool immunization package. In the present situation, in which participation is voluntary, the girl who says no to vaccination and yes to Focus on the Family's advice to elect abstinence creates two risks. One is to herself: Numerous studies have shown that abstinence often fails; and even if it succeeds, it will eventually be displaced by either marriage or romance—with a partner who may have HPV. The second risk is to society: By declining vaccination, the refusenik becomes a free rider. The objective of vaccination programs is to reduce the overall probability of infection by creating herd immunity—that is, by making a large majority of the population immune. Those who won't participate in the vaccination program are thereby spreading a small risk to the rest of society. "Freedom of choice" is an argument favored by the abstinence advocates. But that slogan ignores a serious ethical consequence: If the choice entails spreading harm to other people, can it really be called "free"?

– Donald Kennedy

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