

## EDITORIAL

## The Politicization of Women's Reproductive Health

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The extent to which women are able to exercise their reproductive rights in the United States has been a polarizing topic for decades. Recently the arguing voices have become fiercer. In the past few months, efforts to improve women's access to comprehensive reproductive health care have been loudly challenged by political, civic, and religious leaders.

In December, the Department of Health and Human Services (HHS) overruled the Food and Drug Administration's (FDA) decision to make emergency contraception available over the counter to women of all ages. In doing so, the HHS simultaneously undermined the authority of the FDA and the ability of women to access the full range of contraceptive options available. Currently, emergency contraception is sold behind the pharmacy counter to women age 17 and older and is available by prescription only to women age 16 and younger. Keeping emergency contraception behind the counter and imposing age restrictions reduces access and puts women at increased and undue risk for unintended pregnancy. The FDA was in favor of lifting this availability restriction following a rigorous review of the scientific research that has not only assessed the safety and effectiveness of emergency contraception but has also shown that adolescents with childbearing potential are able to understand when emergency contraception should be used, how it should be taken, and that it does not protect against sexually transmitted disease.<sup>1</sup> The unprecedented decision by HHS to overrule the FDA's recommendation sparked much outrage among reproductive health

professionals, scientists, and the pro-choice community—many of whom felt that this decision was based on ideology rather than science.

In early February the Susan G. Komen for the Cure Foundation, one of the nation's largest breast cancer awareness organizations, announced that it would end its financial support of Planned Parenthood. The Komen Foundation stated that its decision was based on a new policy barring grants to organization under local, state, or federal investigations. In the ensuing public backlash, it was revealed that the Congressional investigation into Planned Parenthood centered on an inquiry launched by an anti-abortion group regarding whether Planned Parenthood inappropriately used federal funds to support abortion costs; the Komen Foundation was accused of bowing to political pressure from anti-abortion groups. Ironically, Planned Parenthood had a windfall of almost \$3 million from sympathy donors, underscoring popular sentiment for this organization, which provides a broad range of services, including contraception, abortion, and cancer screening, for low-income populations. Amid the uproar, the Komen Foundation reversed its decision, and its vice president, a vocal anti-abortionist, resigned.

This controversy was quickly followed by objections from the Catholic Church and Republican candidates to a new mandate, issued by the HHS and supported by President Obama, requiring all employers to provide contraception to their employees without charging a co-payment or a deductible beginning in August 2012 under the

Affordable Care Act (ACA). Although many Americans (including Catholics) disagree with the Catholic Church's stance on birth control, many feel nonetheless that Catholic groups have a right to deny contraceptive services as a matter of religious conscience. In an effort to accommodate religious liberty while protecting women's access to basic preventive care, Obama revised the original mandate so the cost of contraceptive coverage would be passed onto health insurance companies for women who work for religious employers with objections to providing contraceptive services.

Where are the voices of scientists and physicians in these debates? After the passage of the ACA, the Institute of Medicine (IOM) was charged with the important task of reviewing the preventive services necessary for women's health and well-being in order to inform the provisions of preventive services in the legislation. In the resulting publication, titled "Clinical Preventive Services for Women," the IOM concluded that contraception and contraceptive counseling are effective at preventing unintended pregnancies and improving birth spacing. As such, the IOM recommended that contraception be included in the package of preventive health services guaranteed by the ACA. The science behind their recommendation is clear: Unintended pregnancies are prevalent, accounting for nearly half of all pregnancies in the United States. Unintended pregnancies are also associated with potentially adverse health effects for both the

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mother and the baby, including delayed or inadequate prenatal care, increased likelihood of smoking and/or drinking during pregnancy, higher risk of depression and intimate partner violence, and lower likelihood of breastfeeding.<sup>2</sup> Studies examining the prevalence and consequences of unintended pregnancy and the benefits of contraception have the power

to change policy. Physicians have an important role to play in the conversation about our nation's health care and public policy through research and advocacy efforts. Let us not allow politics to trump science.

### References

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