

Talk for Physicians for Reproductive Choice and Health

May 9, 2006

Thank you very much for having me here today. I am honored to be speaking with an organization so committed to the principles of reproductive choice and women's health – and to putting those principles into practice, both clinically and in policy.

The last several years have not been easy for those who support reproductive health. One of President Bush's first actions after his inauguration was to reinstate the "Mexico City policy," withholding US funds from any foreign groups that advocate for safe and legal abortion. And since then, the Administration's agenda on reproductive health issues has been driven by political ideology, not science or public health.

Many reproductive health issues are contentious. The abortion issue is one of the most divisive in the nation. Questions about how and what to teach teens about sex can be a magnet for ideological dissension.

The role of government should not be to dictate the outcome of reproductive health decisions, which are incredibly personal choices. Instead, government policies should be driven by science and the public health. The federal government can help families by informing them about the effects of certain decisions, not by trying to prescribe intimate personal behavior.

But as many of you know, the federal government in Washington has lost sight of the proper federal role. Increasingly, politicians in Washington are trying to dictate how Americans live their lives. In the case of Terry Schiavo, Congress and the President even tried to usurp an end-of-life decision from an individual family.

In my remarks today, I want to talk to you about three areas where I have seen political considerations displace science and public health over the last five years. In each case, there is a form of political "pandering" going on. In each case, the proper role of government is being

distorted to appease a vocal political constituency that's out-of-touch with mainstream America but is an important political base for the President and the Republican party.

The first issue is the growing politicization of science.

Until 2002, the National Cancer Institute said on its website that current scientific evidence doesn't support the claim that abortions increase a woman's risk of breast cancer. As you are probably aware, this issue had been resolved by several well-designed studies, the largest of which, published in the New England Journal of Medicine in 1997, found no link between abortion and breast cancer risk.

But in November 2002, the Administration took this webpage down and posted new information about abortion and breast cancer. The new fact sheet suggested that there is an open, legitimate scientific question about whether abortion causes breast cancer.

Several colleagues and I wrote to the National Cancer Institute to protest this change. Experts also decried the change. The director of epidemiology research for the American Cancer Society stated: "[t]his issue has been resolved scientifically This is essentially a political debate."

In response to our protests, NCI held a three-day conference of experts on abortion and breast cancer. They looked at all the available medical evidence, and concluded - as scientists already agreed - that "[i]nduced abortion is not associated with an increase in breast cancer risk," ranking this conclusion as "[w]ell-established."

The National Cancer Institute updated its website to reflect this conclusion. But the damage was already done. Money was spent and experts' time was squandered to reconfirm an existing scientific consensus, just because it didn't align with the Administration's ideology. Worst of all, the episode created doubts in the public's mind about whether the health information provided by the government could be trusted.

Unfortunately, this was not an isolated incident. In similar moves, the Administration removed accurate information about condoms from CDC and international health websites.

CDC replaced a comprehensive online fact sheet about condoms with one that lacks crucial information on condom use and efficacy. The original factsheet had sections on the proper use of condoms, the effectiveness of different types of condoms, and studies showing that condom education does not promote sexual activity. But in 2002 the CDC replaced that fact sheet with one that has no instruction on condom use. It starts off by emphasizing condom failure rates and the effectiveness of abstinence. It also drops the discussion of the evidence that sex education does not lead to increased sexual activity.

The same distortions have happened on the international front. Like the CDC, the State Department's Agency for International Development censored its website to remove information on the effectiveness of condoms. And in December 2002, the U.S. delegation to a UN Population Conference tried to delete endorsement of "consistent condom use" as a means of preventing HIV infection. U.S. delegates took this position on the grounds that recommending condom use would promote underage sex.

This list could go on, but I think you can see my point: accurate scientific information is too often suppressed when it conflicts with the views of a narrow but influential political constituency.

At the same time that websites have been altered and science suppressed, we are also witnessing a significant shift in federal funding. In particular, there has been a seismic shift in funding for sex education. Instead of funding programs based on whether they are effective in reducing teen pregnancies and sexually transmitted diseases, funding decisions have increasingly been subject to ideological litmus tests.

The best example is abstinence-only education. Under this Administration, funding has more than doubled for programs that are specifically prohibited from teaching kids how to protect themselves from pregnancy and STDs with any method other than abstinence.

In December 2004, I released a report that assessed the curricula used in these federally funded programs. What we found was that many of the programs were trying to frighten and mislead kids, not educate them. We found multiple major scientific and medical flaws in almost all the major abstinence-only curricula. Kids were being taught that HIV can be spread by tears and sweat. That condoms don't help protect against STDs. That abortions cause sterility in up to 10% of women who have them. And that pregnancy occurs one in every seven times a couple uses condoms.

When the report was released, Administration officials denied that these curricula had any problems at all. And instead of correcting the problems, they released an even worse set of guidelines this year for federal abstinence-only programs.

The new guidelines eliminate the requirement that federally funded abstinence-only education programs have health-based goals. They require grantees to teach abstinence from any "sexual stimulation" between two people, a term so broad it could encompass kissing. They require programs to teach that "marriage" can occur only between a man and a woman. And they don't require any meaningful measures of grantee performance.

The third area I want to talk to you about involves the federal government's regulatory role. The same forces that lead to the distortion of science and redirect federal funding are also affecting key regulatory decisions. The Administration is basing enormously important policy decisions on the narrow ideology of its anti-choice, anti-contraception base.

The leading example is the Plan B decision.

As you know, in May 2004, the Food and Drug Administration rejected the over-the-counter sale of the morning-after pill, or "Plan B." This decision defied the overwhelming vote of the scientific advisory committee that had considered this application, the professional judgment of FDA scientists, and the consensus of scientific experts. Though all of these experts

agreed that the drug would be safe and effective for over-the-counter use for all age groups, the agency claimed that there wasn't enough data on use by young teens.

The medical community immediately recognized that FDA's actions were based on politics, not science. As the New England Journal of Medicine editorialized, "[i]n this case there is no medical dispute." The President of the American College of Obstetricians and Gynecologists, Dr. Vivian M. Dickerson, who I believe is here today, called the decision "a tragedy for American women, and a dark stain on the reputation of an evidence-based agency like the FDA."

These statements were all confirmed by a study by the Government Accountability Office. GAO found that FDA diverged sharply from usual agency procedures and overrode the recommendations of agency scientists. New documents showed that the FDA lied not just about the science but about its review of the application. And now Plan B is in limbo.

In many ways, the last five years have been bleak. In federal scientific decisions ... in federal funding ... and in federal regulatory actions, political ideology is pushing aside federal scientists and public health considerations.

But I do not want to end on a negative note. The good news is that there is reason for optimism. Due to many factors, including the Iraq war and the botched response to Hurricane Katrina, a new view of the Bush Administration is emerging among the general public. And sooner or later – sooner, I hope – this will translate into new policies, including new policies on science and reproductive health.

Those of you in this room – and those you represent – will have an important role to play in this transformation. You are in a unique position in the reproductive health arena. You have the ability not only to take action, but to take your message to four key players: the public, the profession, the press, and the policymakers.

Patients rely on you for accurate and complete information about their reproductive health. You are responding to them with undistorted information about their bodies and about their rights. This isn't a political act – it's the act of doctors who place the health needs of their patients above any ideological agenda. And in the most direct way possible it counters the ideologically distorted misinformation that this Administration and its supporters try and try to convey.

You are also reaching out to your profession. Your programs in medical education and training are ensuring that more and more of your colleagues understand the importance of comprehensive reproductive health services and the need to defend them.

It's these links to your patients and to the profession that make it so important that you speak with the other two groups: the press and the policymakers. In all of the areas where the Administration has distorted scientific and medical information, you have the facts on your side. But what you also have on your side is your demonstrated commitment to women's health. When you speak it is with the authority of both your expertise and your actual contribution to the wellbeing of American women.

So I urge you to continue to do what you're doing. Speak out to the press when you see problematic policy decisions being made. Reach out to legislators –those who share your goals, but also those in the middle who are yet to be educated on what's at stake.

I thank you very much for having me and for the work you do.