

# PHARMACIST, HEAL THYSELF

By Jacob Schuman

Across the country, pharmacists are becoming the new ground troops in the right-wing war on women's rights and health. Instead of filling prescriptions for birth control, a growing number of pharmacists are now giving lectures instead.

In Washington, Christine was denied birth control even though she had a valid prescription from her physician and was taking the pill as part of her medical treatment for ovarian cysts. Citing personal objections, Christine's pharmacist refused to give her the doctor-ordered medication.

"[The pharmacists] hold their morals so high they don't even think about the harm they inflict upon other human beings," Christine said. "I am here, alive and healthier than ever, all thanks to birth control. And I have wonderful pharmacists who actually do their job the right way to thank for that."<sup>1</sup>

In West Virginia, a pharmacist refused to fill Johnna's prescription and lied to her about the effects of the contraceptive prescribed for her. "She took me aside and explained to me that she shouldn't fill my prescription because my birth control method could cause a miscarriage and birth defects. I



**Rebecca Polzin of Glencoe, MN, was denied her birth control by a local pharmacist. "She refused me three times," Polzin said. "Everyone around the counter was watching. I hated the way I felt when I walked out of there — like I had to defend what kind of person I am for getting something that's legal. I don't know if I can ever go back."**

— "New Arena for Birth Control Battle." *Minneapolis Star Tribune*, 5/3/2005.

**Suzanne Richards, a 21-year-old single mother from Laconia, NH, was denied her prescription for emergency contraception by a Brooks pharmacist. By the time the prescription was ready at another pharmacy, the window of opportunity for taking the pills had already passed.**

— "Laconia Woman Denied Morning After Pill By Pharmacist." *Associated Press*, 9/26/04.

felt as if I was trying to do something illegal, when I was doing something that would be considered very responsible for someone who is not yet ready to bring a child into the world."<sup>2</sup>

Despite the critical role that contraception plays in ensuring the reproductive health of women and allowing couples to plan their families, a growing number of pharmacists across the country are denying women their birth control

pills. Many have also refused to let another pharmacist fill the prescription or to refer the customer to another pharmacy — effectively barring women from obtaining their prescriptions. Pharmacists have even stolen prescriptions, berated and humiliated customers, and lied about the availability or medical facts of the drugs. These actions have all been justified by Pharmacists for Life International, the reactionary group leading the “pharmacist refusal” movement, which labels its opponents as “pagans” and “commies.”

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**A student at the University of Massachusetts filled out an online request form to refill her birth control prescription at CVS pharmacy. When she arrived at the pharmacy, a technician informed her that he had deleted her request from the computer.**

— “University Drive Pharmacist Denies a Student Birth Control.”  
*The Massachusetts Daily Collegian*, 12/13/04.

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Not only is the “pharmacist refusal” movement a direct threat to both the relationship between a patient and her physician and the legally guaranteed right of a woman to birth control, but it also opens up many other terrifying possibilities. If pharmacists are permitted to refuse to dispense physician-prescribed medication because of personal objections, they could conceivably refuse to fill prescriptions for pain relievers, infertility drugs, or even AIDS medication. Some pharmacists have already refused to distribute doctor-prescribed Ritalin.

State legislatures across the country are now deciding whether legislation should protect pharmacists who deny medications or patients with prescriptions. Fifteen states introduced bills in 2005 to legally protect pharmacist refusals, and four states — Arkansas, Mississippi, South Dakota, and Georgia — already have such laws or regulations on the books. Only one state requires pharmacists to ensure that

prescriptions are filled without delay: In April 2005, Illinois Governor Rod Blagojevich issued an emergency order to protect a patient’s right to prescriptions, but a number of lawsuits are challenging the governor’s action.

In order to protect every American’s right to birth control, Congress must act now. Congress is considering legislation to solve this problem, the *Access to Legal Pharmaceuticals Act* (ALPhA, H.R. 1652/S. 809) sponsored by Carolyn Maloney (D-NY) in the House and Frank Lautenberg (D-NJ) in the Senate. Passage of this critical bill should be a priority in 2006. Denying patients the right to medical care prescribed by their own physicians should not be tolerated.

When anyone of us goes to the drugstore to pick up our prescription, we should be confident that we’ll get it. Just the pills — not a lecture, not moral judgment. 📌

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**A rape victim in Denton, TX, was denied her prescription for emergency contraception by three Eckerd pharmacists. The victim’s friend recounted the experience: “I had been ... watching my friend, her emotional state going down and down and down. And I knew I was going to have to go out to that car and say, ‘Sorry, you know, morally they say you’re wrong.’”**

— “Contraception: Pharmacist’s refusal to Fill Emergency Contraception Script Raises Questions.” *Women’s Health Weekly*, 3/18/04.

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<sup>1</sup> “Pharmacist Refusals: Women Tell All.” *Planned Parenthood*, 6/10/05.  
<sup>2</sup> Ibid.

Visit [www.popconnect.org/Action\\_Alerts/alert457.html](http://www.popconnect.org/Action_Alerts/alert457.html) to send a free fax or email urging your members of Congress to support the *Access to Legal Pharmaceuticals Act*.

## My Population Connection

By Natasha Abbas

### DR. EMMET V. MITTLEBEELER



“If I am going to invest my money in something, I want to believe in the cause.”

— Emmet Mittlebeeler

If you would like to learn more about the mutual benefits of a charitable gift annuity to Population Connection, please call Natasha Abbas or Elizabeth Borg at 1-800-767-1956 or email [natasha@popconnect.org](mailto:natasha@popconnect.org).

While driving back to his home one day, Dr. Emmet V. Mittlebeeler, a visiting professor at the University of Ife near Ibadan, Nigeria, happened upon his gardener, Matthew, standing in the street beside his wife, who was crouched on the ground. Seeing the woman doubled-over in pain, Mittlebeeler stopped the car and offered the couple a lift. Matthew asked Mittlebeeler to take them to the hospital because his wife was about to give birth. This would be their seventh child.

The woman lay in the back moaning while Mittlebeeler drove quickly to the nearest hospital, a significant distance away. Matthew's wife was admitted to the obstetric ward, but they soon found out that it was too late to save the life of the child. The family of eight was extremely fortunate that the mother's life had not been lost as well.

This experience, compounded with many others during his time in Africa, played a major role in Mittlebeeler's growing concern about the repercussions of restricted access to reproductive and maternal healthcare, population growth, and the quality of life in the world's poorest nations. As Mittlebeeler recounted, “I once was checked into the hospital for a minor condition, only to find out that there was a meningitis epidemic and the hospital didn't have the resources to accommodate all the people in need of care. They couldn't take care of the families and people were laid out on the hospital lawn on blankets or were lying on pallets on the hospital floor.”

A retired university professor, Mittlebeeler's experience abroad began when he served in the Army through-

out Africa and Europe during World War II. After the war, he received a Ph.D. in Political Science from the University of Chicago under the GI Bill. He later moved to Washington, D.C., where he became a professor of government and public administration at American University. As a two-time Fulbright professor, he taught in universities in Nigeria and Zimbabwe (then Southern Rhodesia).

Since retiring, Mittlebeeler has spent extensive time living and traveling abroad as a lecturer to U.S. troops and working as a teacher of legal English. He recently lectured in Armenia with the Center for Leadership and Development and also spent time traveling in Iran.

“There is a very close correlation between real development and a solution to the problem of rapid population growth. The more I travel, the more I see that economies are unable to support rapidly increasing populations,” said Mittlebeeler, who has taught courses in economic development. “Like everything, the best way to address the problem is through education.”

Having long been concerned about the issue of population, Mittlebeeler decided to become a member of Population Connection about five years ago when he read a magazine article about the organization. He has since made a charitable gift annuity to Population Connection. As he put it, “If I am going to invest my money in something, I want to believe in the cause.”