

A Planned Parenthood Report on the Bush Administration and Its Allies

The Assault on Birth Control and Family Planning Programs October 2003

Introduction

The Bush administration has made clear its goal of overturning *Roe v. Wade* and denying women in this country and around the world access to safe, legal abortion at all stages of a pregnancy.

What has been less visible, but equally deadly, is this administration's efforts to undermine access to birth control and effective family planning methods. An emerging campaign against family planning is underway across the country and in international arenas, led by the Bush administration and its allies in Congress and state legislatures. This attack is an intense effort by those who have historically played in the anti-abortion wars to reframe sexual mores, confuse the public, and mix science with religion.

From its assault on condoms to its promotion of abstinence for individuals of all ages to the infiltration of federal reproductive health advisory committees with ardent opponents of birth control, the Bush administration has begun to move forward with its overarching agenda to turn back the clock, not merely on access to safe, legal abortion, but contraceptive services as well.

In June 2003, Planned Parenthood Federation of America issued a report, *The Bush Administration, the Global Gag Rule, and HIV/AIDS Funding*, that focused on the efforts of right-wing ideologues to decimate international family planning efforts and curtail effective HIV/AIDS prevention programs. This new report focuses on the domestic elements of an overarching radical agenda aimed at eliminating reproductive choices, including the right to use safe and effective birth control methods, both at home and around the world.

Initially targeted at U.S.-funded population programs to help poor women in developing countries, the anti-choice, anti-family planning social agenda of the current administration and its allies is a seamless, pernicious web, moving back and forth between the domestic to international platform with one overarching goal: to roll back the progress in advancing reproductive choices, including birth control, of the last forty years.

This report examines some of the most visible elements of the attack on family planning services. What lies beneath the surface, as extremists and right-wing ideologues seize control of federal agencies and advisory committees, remains as yet unknown. But what we **can** see is alarming and cause for grave concern. If this administration is allowed to continue its war against family planning, women at home and around the globe may see their access to safe, effective birth control severely limited.

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It is important to remember that these extremists do not represent the majority of Americans, or even a significant number. They are a small, well-funded, and focused group of ideologues committed to achieving their goal of turning back the clock and eliminating reproductive choices. If the American public knew how the Bush administration and its right-wing allies were attempting to undermine family planning programs, they would repudiate these efforts. But they don't know. It is essential that we act now, before it is too late, to educate the public and stop this assault on fundamental reproductive rights.

Anti-choice leaders oppose birth control as well as abortion

Most anti-choice, anti-family planning organizations have been fairly guarded in openly attacking birth control. A few, however, have been more candid in articulating their long-range target of curtailing access to contraceptives along with outlawing abortion.

Joseph Scheidler, Pro-Life Action League, has said, "I would like to outlaw contraception..." and "contraception is disgusting — people using each other for pleasure."¹ Randall Terry, Operation Rescue, has said, "I don't think Christians should use birth control. You consummate your marriage as often as you like — and if you have babies, you have babies"² In fact, some extremists in the anti-choice movement have attacked others for not opposing contraception.³

Recently, Stephen Moore, president of the archconservative Club for Growth, an organization dedicated to driving moderate Republicans out of office,⁴ indicated his opposition to family planning programs in a revealing op-ed published in the *Washington Post*. Defending President Bush's withholding \$34 million from the United Nation's Population Fund (UNFPA), Mr. Moore wrote, "But at its core, this debate isn't about abortion. It is about whether U.S. foreign policy goals are advanced by funding programs [family planning] that are based upon the Chicken Little theories about overpopulation ... These theories have been discredited ... human beings are assets not liabilities."⁵ Moore goes on to urge terminating all U.S. funds for international family planning programs.

The Bush administration's hostility to family planning surfaced early in its first few months in office. In his very first budget submitted to Congress, President Bush stripped out a provision, enacted by Congress in 1998, that required insurance companies participating in the Federal Employee Health Benefit Plan (FEHBP) to cover contraceptives, if they provide an overall prescription drug benefit. Despite the efforts of the Bush administration, Congress restored the employee contraceptive coverage and has continued to mandate this coverage.⁶ Since that time,

¹ *The Charlotte Observer*. (October 2, 1989); Witt, Linda. (August 11, 1985). "Man with a Mission." *Chicago Tribune*, Sunday Magazine Supplement.

² *Philadelphia Inquirer*. (June 26, 1988).

³ See for example, Smith, Janet E. (2000). "The Connection between Contraception and Abortion." [online at www.lifeissues.net/writers/smith/smith_02contrandabortion.html] "It is foolish for pro-lifers to think they can avoid the issues of contraception and sexual irresponsibility and be successful in the fight against abortion."

⁴ See generally <http://www.clubforgrowth.org>.

⁵ Moore, Stephen. (August 3, 2002). "Debasing Human Dignity." *Washington Post*, A17.

⁶ Administration Budget Request. (2001). Government-Wide General Provisions. Title VI – General Provisions, Sec. (635)(a), 12.

the administration has continued to wage a stealth campaign against contraception and continued to work to undermine effective family planning programs.

Soon after its attempt to strip contraceptive coverage from federal employees, the Bush administration turned its focus on low-income women. In July 2001, the Department of Health and Human Services (HHS) announced it would no longer approve requests from states to extend Medicaid coverage for family planning services to low-income women not otherwise eligible for full coverage under the Medicaid program. Previously, 14 states had been granted authority to cover family planning services for groups who would not otherwise have been eligible. Several additional states had submitted requests for similar authority. As a result of pressure from members of Congress, state Medicaid directors, and family planning advocates, the Bush administration retreated from this anti-family planning posture and told states that waiver requests would be granted with certain conditions relating to referrals for primary care services.⁷

Subsequently, Bush administration anti-family planning allies in Congress have worked to block legislation that would require insurance companies to provide coverage for prescription contraceptive drugs and devices in the same manner as other drugs or devices and to expand access to emergency contraception for sexual assault victims.⁸ In virtually every instance, the same extremists who have worked to undermine access to abortion have fought equally hard against measures to make contraceptives more readily available. For example, Senator Rick Santorum (R-PA), an extreme opponent of abortion rights, worked to defeat an amendment relating to contraceptive coverage and emergency contraception, saying on the Senate floor, “I will not be supportive of covering medications that would lead to a fertilized egg not implanted in the uterus. I believe life begins at conception. I would not support drugs that would prevent a conceived embryo to be implanted.”⁹ During this debate, another member of the Senate, Senator Dick Durbin (D-IL), observed the frequency with which opponents of abortion also opposed contraception, “I was stunned when I came to Congress many years ago to find that the people most vehemently opposed to abortion were equally opposed to contraception. How can that make sense?”¹⁰

A close examination of the record of the Bush administration over the past several years leaves little doubt that birth control and family planning programs, in addition to access to safe, legal abortion, are under assault.

⁷ For the Record. (October 2001). “Administration Softens Stance on Medicaid Family Planning Waivers.” *The Guttmacher Report on Public Policy*, Volume 4, Number 5.

⁸ An amendment offered by Senator Patty Murray (D-WA) that included several provisions relating to access to contraceptives was rejected on a procedural point of order by a vote of 49-47. *Congressional Record*. (March 11, 2003). S3478. Virtually all of those Senators opposing the amendment to reduce the number of unintended pregnancies by providing increased access to contraceptives have consistently also tried to curtail access to safe, legal abortion.

⁹ *Congressional Record*. (March 11, 2003). S3470.

¹⁰ *Congressional Record*. (March 11, 2003). S3469.

A Brief History: Access to Family Planning Services in America

Legal history – Griswold to Eisenstadt

On June 7, 1965, the U.S. Supreme Court, in *Griswold v. Connecticut*, struck down state laws that had made the use of birth control by married couples illegal. The court's landmark decision — coming five years after oral contraceptives became available to American women and 49 years after Margaret Sanger opened the first birth control clinic in the U.S. — legalized the use of birth control and paved the way for the nearly unanimous acceptance of contraception that now exists in this country.¹¹

“...this right to privacy that doesn't exist in my opinion in the United States Constitution, this right was created, it was created in *Griswold* – *Griswold* was the contraceptive case....”

Associated Press (April 22, 2003). “Sen Rick Santorum's Comments on Homosexuality in an AP Interview.”

The court's recognition of individuals' right to privacy in deciding when and whether to have a child in *Griswold* became the basis for later reproductive rights decisions. In *Eisenstadt v. Baird* (1972), the court granted unmarried couples access to contraception,¹² and in *Roe v. Wade* (1973),¹³ the court recognized a woman's right to choose abortion. While challenges remain in the struggle to provide universal access to birth control, the court's 1965 decision in *Griswold* granted constitutional protection to the life-enhancing work of Planned Parenthood and other advocates of reproductive freedom in the U.S.

In the nearly 40 years since birth control for married couples was legalized in the U.S., profound and beneficial social changes occurred, in large part because of women's relatively new freedom to control their fertility — maternal and infant health have improved dramatically, the infant death rate has plummeted,¹⁴ and women have been able to fulfill increasingly diverse educational, social, political, and professional aspirations.¹⁵

¹¹ *Griswold v. Connecticut*. (1965). 381 U.S. 479.

¹² *Eisenstadt v. Baird*. (1972). 405 U.S. 438.

¹³ *Roe v. Wade*. (1973). 410 U.S. 113.

¹⁴ NCHS — National Center for Health Statistics. (1967). *Vital Statistics of the United States, 1965: Vol. II—Mortality, Part A*. Washington, DC: U.S. Government Printing Office (GPO); U.S. Census Bureau. (1999). *Statistical Abstract of the United States*, 119th ed. Washington, DC: U.S. Government Printing Office (GPO).

¹⁵ Lewin, Tamar. (May 11, 1995). “Women Are Becoming Equal Providers.” *The New York Times*, p. A27; U.S. Census Bureau. (1999). *Statistical Abstract of the United States*, 119th ed. Washington, DC: U.S. Government Printing Office (GPO).

Federal support for birth control and family planning services

Although the Supreme Court's 1965 and 1972 decisions made access to birth control a constitutionally protected right, for many women without economic resources, it was a right that remained difficult to exercise. Although some public funds for family planning services were available through various federal programs, it was not until passage of Title X of the Public Health Service Act that the nation truly made a commitment to ensure access to family planning services.¹⁶ Signed into law by President Nixon in 1970, Title X has for more than 30 years been the nation's major program to reduce unintended pregnancy by providing contraceptive and related reproductive health care services to low-income women. Although public funds for family planning services also come from other programs — including Medicaid, state funds, Temporary Assistance for Needy Families (TANF), State Children's Health Insurance Program (CHIP), and the Maternal and Child Health and Social Services block grants — Title X is the only federal program dedicated solely to funding family planning and related reproductive health care services. In 1999, it helped to support 61 percent of all family planning agencies.¹⁷

No American woman should be denied access to family planning assistance because of her economic condition. I believe, therefore, that we should establish as a national goal the provision of family planning services...to all who want but cannot afford them.

President Richard M. Nixon, 1970

In 2002, nearly five million women received health care services at family planning clinics funded by America's family planning program. They are predominantly young, poor, uninsured, and have never had a child. Seventy-one percent of women using Title X-funded clinics are 20 years old or older, and 63 percent are white. Sixty-five percent have incomes at or below the federal poverty level.¹⁸

By providing access to contraceptive methods and counseling on how to use them effectively, family planning clinics — many of which receive funding through Title X — have been shown to reduce large numbers of unintended pregnancies, abortions, and births.

We need to make population and family planning household words. We need to take the sensationalism out of this topic so that it can no longer be used by militants who have no real knowledge of the voluntary nature of the program but, [sic] rather are using it as a political steppingstone. If family planning is anything, it is a public health matter.

George Herbert Walker Bush, 1969, then a Republican congressman from Texas

Each year publicly subsidized family planning services, of which Title X is the core, prevent 1,331,100 pregnancies; consequently, 632,300 abortions are prevented. Studies have found that

¹⁶ Federal grants to support the provision of family planning services were first made in 1965 as part of President Lyndon Johnson's War on Poverty. Gold, Rachel Benson. (February 2001). "Title X: Three Decades of Accomplishment." *The Guttmacher Report on Public Policy*, Volume 4, Number 1. [online at <http://agi-usa.org/pubs/journals/gr040105.html>]

¹⁷ Finer, Lawrence, *et al.* (2002). "U.S. Agencies Providing Publicly Funded Contraceptive Services in 1999." *Perspectives on Sexual and Reproductive Health*, 34(1), 15–24.

¹⁸ AGI — Alan Guttmacher Institute. (2002). *Family Planning Annual Report: 2001 Summary*, Submitted to the Office of Population Affairs, Department of Health and Human Services.

public family planning funds prevent approximately 888,200 unintended pregnancies to women who have never married, thereby avoiding an estimated 421,900 abortions and 356,200 out-of-wedlock births. Publicly funded family planning prevents 385,800 unintended pregnancies to adolescents aged 15–19 annually, avoiding 154,700 teenage births and 183,300 abortions.¹⁹

Each public dollar spent to provide family planning services saves an estimated three dollars that would otherwise be spent in Medicaid costs for pregnancy-related care and medical care for newborns.²⁰ A study that measured the cost of contraceptive methods compared to the cost of unintended pregnancies when no contraception was used found the total savings to the health care system to fall between \$9,000 and \$14,000 per woman over five years of contraceptive use.²¹

In spite of its proven track record as a cost-effective program for preventing unintended pregnancies, preventing abortion, and improving the health of women, Title X has continuously faced threats from Congressional opponents to cut funding or attach harmful restrictions, making it less likely that people will receive the care they need.

Title X also lost a significant amount of funding during the 1980s, and while appropriations increased during the Clinton administration, the decreased purchasing power of the dollar meant that the program was operating with less money each year. Therefore, the \$275 million allotted to Title X for FY 2003 was worth 57 percent less than the \$162 million appropriated for FY 1980.²² Because the program has remained under-funded for so long, clinics are struggling to pay for newer, more effective but more costly, long-lasting methods of contraception and state of the art diagnostic tests that promise improved rates of detecting STIs (sexually transmitted infections) and cervical cancer.

The Bush administration has refused to seek any increases for the Title X program since it took office in 2001. Instead, as discussed below, it has asked for enormous increases in federal dollars for misguided abstinence-only programs that prohibit discussion of contraception in a positive way. Lack of funding, however, is only one element in the stealth attack on family planning services.

¹⁹ Forrest, Jacqueline & Renee Samara. (1996). "Impact of Publicly Funded Contraceptive Services on Unintended Pregnancies and Implications for Medicaid Expenditures." *Family Planning Perspectives*, 28(4), 188–195.

²⁰ *Ibid.*

²¹ Trussell, James, *et al.* (1995). "The Economic Value of Contraception: A Comparison of 15 Methods." *American Journal of Public Health*, 85, 494–503.

²² AGI — Alan Guttmacher Institute. (February 20, 2002). Unpublished memorandum to Planned Parenthood Federation of America. Other federal programs that provide funding for family planning services have also faced severe fiscal constraints in recent years. For example, in FY 2001, state expenditures for family planning services through title XX, the social services block grant (SSBG) program, totaled \$42 million. The annual appropriation for SSBG has remained flat at approximately \$1.7 billion for the past several years, down from around \$2.3 billion in FY 1998. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Community Services. (2003). *Social Services Block Grant Program: Annual Report on Expenditures and Recipients 2001*. Washington, D.C.: U.S. Government Printing Office; U.S. Department of Health and Human Services, Administration for Children and Families, "FY 1998 SSBG State Allocations." [online at <http://www.acf.hhs.gov/programs/ocs/ssbg/docs/allocs.htm>]

Overt Attacks: Promoting Abstinence-Only over Family Planning Services; Attacking Birth Control Methods; Replacing Science with Ideology; and Censoring Speech

Abstinence-only to replace comprehensive family planning health care services

For a number of years, comprehensive family planning health care programs that include contraceptive services have had to compete with abstinence-only programs for scarce federal resources. In 1996, Congress attached a provision to welfare legislation that established a federal program to fund abstinence-only education programs that preach to adolescents that abstinence from sexual activity is the only acceptable form of behavior outside of marriage — for people of any age. Programs receiving these funds are precluded from discussing contraceptives in a positive way that might dilute the abstinence message. Comprehensive family planning health care services programs include abstinence as part of a range of methods available to avoid unintended pregnancy; abstinence-only programs promote it as the only option.

The Bush administration has aggressively sought to extend the 1996 abstinence-only program in welfare reauthorization legislation and to increase funding through an appropriation measure known as the Maternal and Child Health Block Grant for Special Projects of Regional and National Significance (SPRANS). Unlike the original welfare abstinence-only program, which provides funding to the states, the SPRANS program provides direct grants to organizations that run community-based abstinence-only education programs. These programs must target adolescents ages 12–18. SPRANS grantees are, in most cases, barred from using their own funds to provide young people with any other messages regarding sexual conduct, including information about contraception or safer sex. Funded at \$20 million in the FY 2000 budget, the SPRANS program has increased more than 100 percent in three years, growing to \$55 million in FY2003. The Bush administration is seeking \$73 million for the program for FY 2004.²³

Over a six-year period ending in September 2003, approximately \$700 million in federal and state matching funds will have been spent on these abstinence-only education programs, despite the fact there is no credible evidence that abstinence-only education works. Not only is the effectiveness of these programs unproven, they may have harmful health consequences by deterring the use of contraceptives when teens become sexually active.²⁴

More recently, the Bush administration has begun efforts to redefine “success” for its abstinence-only initiative. In late 2001, the Bush administration revised the performance measures for abstinence-only programs published in November 2000. The 2000 standards required

²³ Dailard, Cynthia. (February 2002). “Abstinence Promotion and Teen Family Planning: The Misguided Drive for Equal Funding.” *The Guttmacher Report on Public Policy*, Volume 5, Number 1. [online at <http://www.agi-usa.org/pubs/journals/gr050101.html>]; U.S. Department of Health and Human Services, *FY 2004 Budget in Brief* at p. 19. [online at http://www.hhs.gov/budget/04_budget/fy2004bib.pdf]

²⁴ Dailard, *supra*. See also Jemmott, John, *et al.* (1998). “Abstinence and Safer Sex HIV Risk-Reduction Interventions for African-American Adolescents, A Randomized Trial.” *JAMA*, 279(19), 1529–1536; Kirby, Douglas. (1999). “Sexuality and Sex Education at Home and School.” *Adolescent Medicine: State of the Art Reviews*, 10(2), 195–209; Kirby, Douglas. (July 2000). “Effective Approaches to Reducing Adolescent Unprotected Sex, Pregnancy, and Childbearing.” Report to the Surgeon General; NARAL — National Abortion and Reproductive Rights Action League. (May 1998). “Teens in Crisis: A Comprehensive Strategy to Protect Adolescent Health [online].

information on the actual behavior changes in teens participating in these programs. The 2001 revisions shifted away from actual outcomes and measured instead factors such as completion of programs and commitment to abstain from sexual activity, which measure attitudes rather than actual behavior or health outcomes for participants.²⁵

The Bush administration has also opened up a new front in the campaign to promote abstinence over comprehensive family planning health care services. In addition to pushing up funding for its abstinence-only programs while freezing family planning funds, they have begun efforts to restructure family planning programs around the abstinence model.

In October 2002, the Bush administration named Dr. Alma Golden, a Texas-based pediatrician and longtime abstinence-only proponent, to the position of deputy assistant secretary of population affairs. This position oversees the implementation of Title X. Soon after her appointment, Dr. Golden called for more emphasis on “abstinence-only” education within the family planning program.²⁶

We want to be sure that we really have not facilitated the early and intense involvement in sex and alcohol [of teens] by offering to pick 'em up when they're drunk or their free condoms for their weekend party.

Dr. Alma Golden, Remarks at the SPRANS Community-based Abstinence Education Grantee Meeting, November 2002, Washington DC. [online at <http://128.248.232.90/archives/mchb/abstinence2002/text/session5>]

In June 2003, Dr. Golden’s new imprint on the Title X program became evident when the Department of Health and Human Services (HHS) published an announcement in the Federal Register²⁷ regarding new priorities for a round of Title X competitive grants in designated states. The HHS announcement stated that the broad range of services provided by Title X recipients “should include education to encourage abstinence outside a mutually monogamous marriage or union” and specified that priority for funding would go to projects that include “extramarital abstinence education and counseling.” In addition, the administration specified that HIV/AIDS education or counseling by Title X funded programs should incorporate the “ABC” message; that is, for adolescents and unmarried individuals of any age, family planning programs should promote abstinence and only promote condom use for those individuals who engage in behavior that puts them at risk for HIV.²⁸

²⁵Letter from Representative Henry A. Waxman, Ranking Minority Member, Committee on Government Reform, to Secretary of Health and Human Services Tommy G. Thompson (July 8, 2003) detailing concerns about the shift of performance measures used by the Department of Health and Human Services to measure the success of abstinence-only education. Representative Waxman noted in his letter that the “measures chosen by the Department appear designed to make abstinence-only programs look good – not to measure their actual effectiveness in preventing teen pregnancies or sexually transmitted diseases.”

²⁶HHS — Department of Health and Human Services. (October 7, 2002). “HHS Names New Deputy Assistant Secretary.” [online at <http://www.hhs.gov/news/press/2002press/20021007a>]

²⁷*Federal Register*, Vol. 68, No. 118, June 19, 2003 at 36804. New priorities requiring a focus on abstinence were also announced for the Title X clinical training program grants, *Federal Register*, Vol. 68, No. 118, June 19, 2003 at 36800.

²⁸The Bush administration’s announcement in the *Federal Register* states: “Education [in all title X funded programs] regarding the prevention of HIV/AIDS should incorporate the “ABC” message. That is, for adolescents and unmarried individuals, the message is “A” for abstinence; for married or individuals in committed relationships, the message is “B” for being faithful; and, for individuals who engage in behavior that puts them at risk for HIV, the message is “C” for condom use.” *Ibid* at 36806.

This effort to promote abstinence to unmarried adults, as well as adolescents, in the Title X program tracks similar movement in international family planning programs where the Bush administration has sought to insert its abstinence-only policy into global AIDS programs.²⁹ When coupled with the administration's general attack upon birth control methods, there is little doubt that the June announcement of new priorities for the federal family planning program is part of a systematic campaign against reproductive health programs, aimed at appeasing their right-wing base, which opposes both family planning and access to abortion.

The underlying message in these new priorities also appears to be aimed at stigmatizing unmarried individuals who engage in sexual activity, as opposed to ensuring that they have access to the contraceptive services that will prevent unintended pregnancies and sexually transmitted infections. No longer is the administration's abstinence-only program targeted at adolescents, for whom there is general agreement that delaying the onset of sexual activity is a legitimate goal. The target now, as illustrated in the careful wording of the new Title X priorities, includes unmarried adults, of any age.

Attacks on Birth Control Methods

In addition to stigmatizing sexual activity outside of marriage for individuals of any age, the administration appears to be carrying out a campaign to denigrate and discourage use of certain types of widely used contraceptives.

If the public at large can be convinced that condoms offer certain—or nearly certain—protection from pregnancies and STDs, then the [proponents] can argue that the only thing holding people back from free sexual expression is outdated, irrelevant religious restrictions. The problem is that while they're keeping the sexual revolution healthy and alive, kids are unnecessarily contracting health-destroying and deadly STDs.

Focus on the Family, "Take Twelve – The Truth About Abstinence Education." [CitizenLink](http://www.family.org/cforum/research/papers/a0015156.html). [online at <http://www.family.org/cforum/research/papers/a0015156.html>.]

Demonizing condoms and condom users

In the past several years, anti-choice, anti-family planning extremists have waged a war against condoms, distorting scientific fact in order to discourage their use. The campaign has tried to assert that talking about condoms or giving people condoms will make them sexually promiscuous and that condom use contributes to the spread of AIDS and cervical cancer.³⁰

The Bush administration has embraced this campaign to the extent that in the past year, scientifically based information about condoms available on government health Web sites has either been removed or replaced with politically driven, censored pages that emphasize

²⁹ United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (HR 1298).

³⁰ A.L.L. — American Life League. (No date, accessed January 27, 2000). Birth Control [online at <http://www.all.org/issues/se04.htm>]; Cantu, Yvette C. & Heather E. Farish. (1999). *The Human Papillomavirus (HPV) Epidemic: Condoms Don't Work* [online at <http://www.frc.org/insight/is99flab.html>]; Hartigan, John D. (1997). *The Disastrous Results of Condom Distribution Programs* [online at <http://www.frc.org/infocus/if97k1ab.html>]; Lerner, Sharon. (November 9, 1999). "Condomnation." *The Village Voice*, p. 26.

abstinence and have an exaggerated focus on the potential risks of condom use. For example, the Centers for Disease Control and Prevention (CDC) Web site expunged information showing that education about condoms does not result in increased or earlier sexual activities.³¹ Fact sheets on condom effectiveness as well as a sexuality education curriculum called “Programs that Work” have been removed from the National Institutes of Health (NIH) and CDC Web sites.³²

The Bush administration has also been bold in promoting its anti-condom agenda in international forums. In May 2002, the U.S. delegation to the U.N. Children’s Summit sought to overturn prior global agreements establishing adolescents’ right to information about sexual abuse, birth

Last month at an international conference in Bangkok, U.S. officials demanded the deletion of a recommendation for “consistent condom use” to fight AIDS and sexual diseases. So what does this administration stand for? Inconsistent condom use?

Nicholas D. Kristof (January 10, 2003) “The Secret War on Condoms,” New York Times, A23.

control, and condoms, and opposed the promotion of condoms to prevent the spread of HIV/AIDS.³³ In December 2002, representatives of the Bush administration attempted to derail a regional population conference in Asia by trying to

strong-arm Asian nations into watering down the global consensus around the 1994 International Conference on Population and Development (“Cairo Consensus”) and undermining condom use in HIV/AIDS prevention efforts.³⁴ Like the CDC, the State Department’s Agency of International Development (USAID) has censored information on the effectiveness of condoms. One document, entitled “The Effectiveness of Condoms in Preventing Sexually Transmitted Infections,” has been removed from the USAID Web site and another fact sheet, “USAID: HIV/AIDS and Condoms,” has been rewritten to remove language that stated condoms are “highly effective for preventing HIV infection” and “a cornerstone of USAID’s HIV prevention strategy.” Instead, USAID’s Web site now merely states that “condom use can reduce the risk of HIV infection.”³⁵

³¹ Clymer, Adam. (December 27, 2002). “U.S. Revises Sex Information, and a Fight Goes On.” *The New York Times*, p. 17.

³² Waxman, Henry, et al. (October 21, 2002). Letter to Honorable Tommy Thompson, Secretary of Health and Human Services, U.S. Department of Health and Human Services. Congress of the United States.

³³ Curphey, Shauna. (May 7, 2002). “U.N. to Focus on Teen Reproductive Health.” [online at <http://www.womensenews.org/article.cfm/dyn/aid/901/context/archive>]; Ireland, Doug. (May 16, 2002). “US and Evil Axis: Allies for Abstinence.” *The Nation*; Linzer, Dafna. (August 29, 2001). “Bush to Alter Child Summit Policy.” *Associated Press*; Reuters. (May 10, 2002). “UN Children’s Summit Hits Snag.” [online at <http://www.cbsnews.com/stories/2002/05/10/world/main508694.shtml>]; “UN Special Session on Children — Reproductive Health Debate.” (May 1–May 16, 2002). Media Analysis. [online at <http://www.planetwire.org/details/2714>].

³⁴ Dao, James. (December 15, 2002). “At U.N. Family-Planning Talks, U.S. Raises Abortion Issue.” *The New York Times*, [online at <http://www.nytimes.com/2002/12/15/international/15ABOR.html>]

³⁵ United States House of Representatives, Committee on Government Reform – Minority Staff, Special Investigations Division. (August 2003). “Politics and Science in the Bush Administration,” at 11-12. [online at http://www.house.gov/reform/min/politicsandscience/pdfs/pdf_politics_and_science_rep.pdf] Hereinafter referred to as “House Report.”

At the same time the Bush administration continues its campaign to denigrate condoms, the World Health Organization (WHO) has said billions of condoms are needed to stop AIDS from escalating in Asia. According to WHO, the Asia-Pacific region, which has seven million people living with AIDS, is predicted to become the next epicenter of the pandemic. At an August 2003 meeting in Laos, WHO reported that the six to nine billion condoms distributed a year falls far short of the estimated 24 billion needed.³⁶

Condoms save lives. We need to vigorously step up promotion of this life-saving device to prevent millions of people getting infected.

Giovanni Deodato, WHO representative in Laos, Bangkok Post, August 18, 2003.

Attacks on the birth control pill, IUDs and other forms of contraception

Not content to allow science and standard medical practice define and shape reproductive health, anti-choice, anti-family planning extremists are also engaged in a campaign to redefine the meaning of contraception and are taking aim at safe, effective birth control methods including the birth control pill and IUDs. They seek to achieve this goal by creating their own definition of when a pregnancy begins. While questions about when life begins have been steeped in religious meanings and beliefs, the beginning of pregnancy has long been understood to occur at the implantation of a fertilized egg.

Today a physician can truthfully call the IUD a "contraceptive," and mean that it prevents implantation in the wall of the uterus, while his patient, hearing him use the word, "contraception," will understand it to mean "the prevention of the union of sperm and ovum." And so, presto! An abortifacient is called a "contraceptive," and everybody is fooled. A classic example of double speak, or the perversion of language.

Life Issues Institute, Inc., Wilke, J.C., MD, "American College of Obstetrics and Gynecology Changes Definition." [online at <http://www.lifeissues.org/abortifacients/index.html>]

According to general medical definitions of pregnancy that have been endorsed by many organizations including the American College of Obstetricians and Gynecologists and the United States Department of Health and Human Services, pregnancy begins when a pre-embryo completes implantation into the lining of the uterus.³⁷ Certain methods of contraception, including emergency contraception, prevent pregnancy by inhibiting ovulation, fertilization, and/or implantation.³⁸ Clearly, family planning opponents believe that if they can succeed in defining the beginning of a pregnancy as the moment of fertilization rather than implantation, they can achieve their goal of reclassifying certain forms of contraceptives (i.e., birth control pills and IUDs) as abortifacients and ban their use. Emergency contraceptive medications are the most immediate targets as anti-family planning groups have worked to block efforts to expand access to emergency contraceptives, including even denying this medication to survivors of sexual assaults who are brought into emergency rooms. But the ultimate target is the birth control pill itself.

Anti-choice, anti-family planning legislators have joined in these efforts to redefine pregnancy.

³⁶ Apahluck, Bhatiasevi. (August 18, 2003). "Asia in need of billions of condoms to stop spread," *Bangkok Post*.

³⁷ ACOG — American College of Obstetricians and Gynecologists. (July 1998). *Statement on Contraceptive Methods*; DHHS — Department of Health and Human Services. (1978). *Code of Federal Regulations*.

45CFR46.203; Hughes, Edward, Ed. (1972). *Obstetric-Gynecologic Terminology*. Philadelphia: F.A. Davis Company; "Make the Distinction: EC Prevents Pregnancy." (2001). *Contraceptive Technology Update*, 22(1), 4.

³⁸ ACOG — American College of Obstetricians and Gynecologists. (July 1998). *Statement on Contraceptive Methods*.

In 1998, Representative Chris Smith (R-NJ), an ardent opponent of family planning, attempted, but failed, to exclude IUDs and emergency contraception pills from the federal employee health program. The Smith

[L]et me make it very clear that part of the problem with the [amendment requiring federal employee health plans to cover contraceptives] was that it did not define contraception. Many of us have been concerned that the pro-abortion lobby and the pro-abortion organizations over the years have tried to fudge the line of demarcation between fertilization post and pre-fertilization. Many of the chemicals, many of the devices that are now employed that are permitted under the Federal Employee Health Benefits Program do indeed result in many abortions, newly created human lives that are not permitted to implant in their mother's womb....

Representative Chris Smith (R-NJ), Congressional Record, July 16, 1998, H5952

amendment was intentionally cloaked in ambiguities and on its face excluded “coverage for abortifacients.” Since the law already prohibited federal funds from being used to pay for abortions, it quickly became clear during the House floor debate that the purpose of the amendment was to exclude from coverage birth control methods that may act by preventing the implantation of a fertilized egg.³⁹

This, of course, was not the first time that the anti-choice, anti-family planning extremists have attempted to redefine certain contraceptive methods as abortifacients by declaring that a pregnancy begins at fertilization, not implantation. In 1982, the Senate considered, but rejected, legislation that would have “found” that human life begins with the fertilization of a woman’s egg.⁴⁰

... only a few methods of birth control called contraception are truly contraceptives. These are the condom, the diaphragm, the cervical cap, and the anti-sperm agents. While these methods do not cause abortions, a Christian couple should still weigh the facts carefully and consider Scripture before deciding to use one of them.

Although abortifacients and contraceptives are not the same thing, it is a mistake to assume that they are not related. Both have so much to do with how we view Christian marriage and children. Society views children as a burden; the Bible views them as blessings and gifts (Psalm 127:3-5).

Before you decide that contraception is what you really want, ask yourself, “In light of Scripture, why do we want to deny ourselves blessings and gifts from God?” Ask yourself, “Can we plan our family better than God can?”

Missionaries to the Preborn, “Everything You Never Wanted to Know About Birth Control: A Guide for Engaged and Newlywed Couples.” [online at http://www.missionariestopreborn.com/default.asp?fuseaction=bc_newlyweds.

More recently, in June of 2002 when the Senate Health, Education, Labor and Pensions Committee (“HELP”) was considering legislation, S. 2328, the “Safe Motherhood, Safe Babies Act,” a measure designed to help reduce rates of maternal morbidity and mortality, Senator Bill Frist (R-TN), later the Bush administration’s hand-picked Senate majority leader, circulated an amendment that would have inserted a definition into the

legislation that would define pregnancy as “the condition of a woman that begins at fertilization and ends with any of all possible outcomes of pregnancy....”⁴¹ As a physician, Senator Frist

³⁹ Kaeser, Lisa. (October 1998). “What Methods Should be Included in a Contraceptive Coverage Insurance Mandate.” *The Guttmacher Report on Public Policy*, Volume 1, No. 5. [online at <http://www.guttmacher.org/pubs/journals/gr010501.html>]

⁴⁰ *Ibid.*

⁴¹ Copy of draft Frist amendment to S. 2328 in files of Planned Parenthood Federation of America, Government Relations Department, Washington DC.

surely understood that his definition of pregnancy was contrary to that used by the medical profession and was part of an overarching campaign to reclassify birth control pills and IUDs as abortifacients.

The campaign against oral contraceptives also has an international angle. In May 2003, it was reported that an Argentine judge ruled in favor of a conservative Catholic organization that argued oral contraceptives and IUDs should be outlawed in that country. The judge agreed that they were “abortive” and banned their production and sale. Existing supplies were ordered destroyed. The Argentine health minister attacked the ruling and vowed to fight to have it overturned, but the ruling is indicative of the ultimate goal of the anti-family planning extremist groups.⁴² In Peru, government health officials have attacked “morning-after pills” as violating the rights of the conceived child. Women’s groups have alleged that the government has made a political decision to not provide the broadest possible spectrum of birth control methods to poor Peruvian women and are pushing their religious philosophy by cutting off free contraceptives and birth-control information.⁴³

Women in the Philippines have been under attack for using IUDs for the past several years. Emergency contraception has already been banned, and proposals have been made to outlaw IUDs as well. Religious leaders in the country have been reported to have pressured local officials not to promote birth control devices, which they claim encourage sexual promiscuity.⁴⁴

These international examples of attacks upon commonly used birth control methods are not isolated. In the U.S., at the state level, family planning advocates have also been fighting these battles. In Kentucky, members of the board of one public health department tried to withdraw from the Title X program because it provides oral contraceptives to women, which the board members considered to be tantamount to abortion.⁴⁵ Legislators in North Carolina sought to amend the state’s contraceptive equity statute, which already excluded some forms of emergency contraception, to exclude “any drug or device that interferes with the development of an embryo after fertilization.”⁴⁶

In short, anti-choice, anti-family planning extremists have continued to attempt to characterize non-barrier forms of contraception as abortifacients, directly attacking the most common forms of birth control used by American women. When coupled with their attacks upon barrier methods such as the condom, it is clear that their goal is to eliminate entirely access to safe, effective birth control methods.

⁴² “Argentine Contraceptive Ban ‘Absurd,’” *BBC News*. (May 27, 2003).

⁴³ Howard, Rebecca. (June 26, 2003). “Impoverished Peru moves away from birth control,” Associated Press.

⁴⁴ Mugas, Niel. (March 11, 2003). “Dayrit in Hot Water over IUD ‘Ban,’” *Manila Times*; “US Birth Control Pills Used to Grow Orchids in Philippines,” *Agence France Presse*. (January 15, 2003); “Church Forces Women to Remove IUDS,” *Philippine Daily Inquirer*. (November 22, 2002).

⁴⁵ Gil, Gideon. (June 20, 2002). “Board Narrowly Keeps Birth Control Funding,” *Courier-Journal*.

⁴⁶ Senate Bill 595, General Assembly of North Carolina, Session 2003.

Stacking the Deck: Replacing Science with Ideology

Perhaps the most insidious attack upon contraception has come through the Bush administration's efforts to pack federal scientific and medical boards with anti-condom, anti-contraceptive zealots.

In 2002, Bush named an anti-condom leader, Tom Coburn, to co-chair the Presidential Advisory Council on HIV and AIDS. As a member of Congress, Coburn had pushed the FDA to label condoms ineffective against the spread of some sexually transmitted infections.⁴⁷ In an interview following his appointment, Dr. Coburn pledged to “challenge the national focus on condom use to prevent the spread of HIV.”⁴⁸ In addition, Bush tapped Joseph McIlhaney, Jr., M.D., founder of the Medical Institute (formerly the Medical Institute for Sexual Health), as a member of the advisory council.⁴⁹ McIlhaney and the Institute have a long history of opposing condom use and disseminating misleading and false claims about condom efficacy. James Dobson, head of the right-wing Focus on the Family, is closely aligned with McIlhaney and has said of his self-described good friend, “Rather than expecting science to solve our problems, Dr. McIlhaney said a better solution involves a return to spiritual and moral guidelines that have been with us for thousands of years.”⁵⁰ McIlhaney was also named to the CDC Director's Advisory Committee, a group charged with providing advice on policy issues and broad strategies for promoting health and quality of life by preventing and controlling disease, injury and disability. Dr. McIlhaney was appointed to this prestigious group despite the fact that in 1995 the Texas Commissioner of Health under then-Governor George W. Bush questioned his professional credibility, noting that his presentations on sexually transmitted diseases were misleading.⁵¹ Both Coburn and McIlhaney are also staunch supporters of “abstinence-only” sexuality education. Another “abstinence-only” proponent, Patricia Funderburk Ware, was named to the top staff position for the council in 2001.

Advisory committees are supposed to give the government and the public expert, unbiased advice based on the best possible science. By stacking these important committees with right-wing ideologues instead of respected scientists, the administration is putting the health and well-being of the American public at risk.

Senator Edward Kennedy (D-MA), Los Angeles Times, December 23, 2002

...the CDC needs to reorder its priorities. Instead of relying so heavily on condoms, the public health establishment needs to promote abstinence education.

Joe S. McIlhaney, “Fighting an Epidemic with Wishful Thinking,” The Medical Institute, [online at www.medinstitute.org/media/editorial]

⁴⁷ For the Record. (June 2000). “House Passes Bill with Contentious Provisions on Condoms and HPV,” *The Guttmacher Report on Public Policy*, Volume 3, Number 3.

⁴⁸ Meckler, Laura. (January 22, 2002). “Ex-Congressman to Head AIDS Panel,” Associated Press.

⁴⁹ Press Release, U.S. Department of Health and Human Services. (March 1, 2002). “HHS names new members to presidential advisory committee on HIV/AIDS.” [online at <http://www.hhs.gov/news/press/2002press/20020301a.html>]

⁵⁰ Focus on the Family. “Complete Marriage and Family Home Reference Guide.” [online at www.family.org/docstudy/solid/aooo6253.html]

⁵¹ House Report, *supra* at p. 6.

The Bush administration also gave religious extremists a holiday gift on December 24, 2002, by appointing Dr. W. David Hager and two other anti-choice doctors to the Reproductive Health Drugs Advisory Committee of the Food and Drug Administration (FDA). This FDA advisory committee is charged with making recommendations to the FDA on a number of family planning-related issues. Dr. Hager has served as the spokesperson for the Christian Medical Association and as a member of the Physicians Resource Council of the right-wing Focus on the Family group. He co-authored a book that recommends specific Scripture readings and prayers for such ailments as headaches and premenstrual syndrome (PMS) and is noted for his opposition to prescribing contraceptives to unmarried women. According to various reports, Hager has condemned the birth control pill, used by an estimated 10 million American women, saying that it provided a convenient way for young people to be sexually active outside of marriage.⁵² An outspoken opponent of mifepristone — the early medical abortion option — he spearheaded the citizen’s petition to the FDA filed by the Christian Medical Association that seeks to revoke the FDA’s approval of mifepristone. Although the public outcry stopped the administration from naming this ideologue as the chair of this important women’s health advisory committee, Dr. Hager has a clear conflict of interest in considering issues relating to mifepristone and oral contraceptives.

Dr. Hager’s appointment to the Reproductive Health Drugs Advisory Committee has drawn international attention to the Bush administration’s campaign to transform scientific advisory committees into platforms for ideologically driven extremists to foster their views on the public. His appointment led the *Lancet*, a prestigious British health journal, to comment, “Expert committees need to be filled, by definition, with experts. That means those with a research record in their field and in epidemiology and public health. Members of expert panels need to be impartial and credible, and free of partisan conflicts of interest, especially in industry links or in right-wing or religious ideology. Any further right-wing incursions on the expert panels’ membership will cause a terminal decline in public trust in the advice of scientists.”⁵³ *Lancet* described Dr. Hager’s track record as a researcher as “sparse.” As noted earlier, most of his writings appear in publications dominated by religious themes.

Moreover, Dr. Hager was not the only extremist appointed to this important committee. Another Bush administration appointee is Dr. Joseph B. Stanford, an ideologue so extreme in his views that he refuses to prescribe contraceptives of any sort and advocates natural family planning (the rhythm method) as the only acceptable form of contraception because “...medicine is permeated with attitudes toward sexuality and fertility that are

During pharmacology class in medical school, we were taught that hormonal contraception (“the pill,” and other forms)...alter the endometrium in such a way as to reduce the probability of implementation in the womb of newly formed human life. A small group of us in the medical school class decided that because of this, we would not prescribe hormonal contraceptives.... Within a couple of years, I came to the decision that I could not in conscience prescribe contraceptives of any sort (whether or not they are abortifacient) because I felt that on at least some level, all contraception is detrimental to marriage and to the health of the spouses.

Joseph B. Stanford, “Sex, Naturally,” First Things 97 (November 1999): 28-33.

⁵² “Women’s Groups Question FDA Panel Pick,” *Associated Press*. (December 26, 2002).; “FDA Asks Antiabortion OB/GYN to Serve On Advisory Panel on Reproductive Health Drugs,” *Kaiser Daily Reproductive Health Report*. (October 10, 2002).; Tumulty, Karen. (October 14, 2002). “Jesus and the FDA,” *Time*.

⁵³ House Report, *supra* at 27-28.

incompatible with Christian values of the sanctity of life, marriage, and procreation, attitudes that both reflect and perpetuate the recreational approach to sexuality found in our secular culture.”⁵⁴ He also erroneously classifies some forms of the birth control pill as potential abortifacients.

A third extremist appointed to the committee, Susan A. Crockett, has served as a board member of the American Association of Pro-life Obstetricians and Gynecologists and is the co-author of the chapter, “Using Hormone Contraceptives is a Decision Involving Science, Scripture, and Conscience” in *The Reproductive Revolution (Horizons in Bioethics Series): A Christian Appraisal of Sexuality, Reproductive Technologies and the Family*, a book co-edited by Dr. Hager.⁵⁵

There is little doubt that this trio was not selected because of their professional credentials but, rather, because of their extreme views on reproductive health issues in order to further appease the Bush administration’s right-wing base. Commentators have observed that this is the first time that members of this scientific advisory committee have been selected solely or primarily on the basis of political beliefs rather than scientific expertise.⁵⁶ Unfortunately, the pattern of replacing science with ideology appears to be a pervasive theme throughout numerous agencies and committees. Donald Kennedy, past president of Stanford University and editor of *Science*, the premier U.S. scientific journal, has commented on the pattern of stacking these panels with ideologically-driven appointees: “I don’t think any administration has penetrated so deeply into the advisory committee structure as this one....If you start picking people by their ideology instead of their scientific credentials, you are inevitably reducing the quality of the advisory group.”⁵⁷ David Michaels, a professor of public health at George Washington University made a similar observation, “They’re stacking committees to get the advice they know they want to hear, which is a charade.”⁵⁸

It is worth noting that this campaign to infuse politics and ideology into science is not limited to the reproductive health area. A minority staff report of the U.S. House of Representatives Committee on Government Reform issued in August 2003 presents a devastating picture of the manipulation of federal agencies

The Administration’s political interference with science has led to misleading statements by the President, inaccurate responses to Congress, altered web sites, suppressed agency reports, erroneous international communications, and the gagging of scientists. The subjects involved span a broad range, but they share a common attribute: the beneficiaries of the scientific distortions are important supporters of the President, including social conservatives and powerful industry groups.

Executive Summary, “Politics and Science in the Bush Administration,” Report of the Minority Staff, Special Investigations Division, U.S. House of Representatives Committee on Government Reform, August 2003

from NIH to EPA that historically have had global reputations of scientific excellence. The report notes that leading scientific journals have begun to question whether scientific integrity at federal agencies has been sacrificed to further a political and ideological agenda. The report goes on to find “numerous instances where the Administration has manipulated the scientific process

⁵⁴ Marcus, Adam. (December 24, 2002). “FDA Reproductive Panel Choices Spark Controversy,” HealthDay, HealthScout News Service.

⁵⁵ *Ibid.*

⁵⁶ National Women’s Health Network. (December 20, 2002). “Hager Appointment Going Forward,” [online at www.womenshealthnetwork.org/hager.htm]

⁵⁷ Zitner, Aaron. (December 23, 2002). “Advisors Put Under a Microscope; the Bush team is going to great lengths to vet members of scientific panels. Credentials, not ideology, should be the focus, critics say,” *Los Angeles Times*.

⁵⁸ *Ibid.*

and distorted or suppressed scientific findings.”⁵⁹ The report identifies over 20 scientific issues affected by the undermining of science, including abstinence education, condom use, global warming, missile defense, wetlands policy, HIV/AIDS, agricultural pollution, the Arctic National Wildlife Refuge, environmental health, lead poisoning, oil and gas exploration, prescription drug advertising, stem cells, substance abuse, drinking water, women’s health, workplace safety, and Yellowstone National Park.

The report identified three principal ways in which the Bush administration has pursued its ideologically driven agenda: manipulating scientific advisory committees; distorting and suppressing scientific information; and interfering with scientific research and analysis. Each of those tactics is a hallmark of the Bush administration’s war on reproductive rights in general, and access to birth control in particular!⁶⁰

Government censorship: forbidden words

One of the most chilling ways the Bush administration has attempted to appease its right-wing base is to try to censor language and control speech of federal grantees. The extent to which this censorship is being implemented remains unclear, but the signs are ominous. A recent report by OMB Watch, a nonprofit organization focused on government accountability, indicates that attacks on the ability of nonprofit organizations to speak out appear to be surfacing in ways that are sometimes difficult to defend against.⁶¹ Much of the speech-control activity has occurred in areas dealing with reproductive rights and HIV/AIDS.

In December 2002, an “action cable” sent to USAID mission directors around the world mandated that “any web sites fully or partially funded by USAID” must have materials reviewed before posting to the Web.⁶² Censorship of federal grantee Web sites based upon the use of forbidden words, such as “abortion” or “condoms,” raises interesting legal issues. The USAID cable seemed to imply that if any federal funds are used for an organization’s Web site, mention of abortion or other activities opposed by the administration would taint the entire Web site, meaning no federal reimbursement would be allowed. Such an interpretation, however, is contrary to existing cost allocation rules that allow grantees to pay for portions of their sites with non-government funds and thereby presumably preclude government censorship of entire sites.⁶³

⁵⁹ House Report, *supra*.

⁶⁰ Other examples of distortion and manipulation of scientific data relating to reproductive issues are noted in the House Report. For example, the administration attempted to both censor and distort research findings relating to the relationship between abortion and breast cancer. The National Cancer Institute (NCI) Web site had contained a fact sheet noting that the current body of scientific evidence does not support the claim that abortions increase the risk of breast cancer. In November 2002, the Bush administration removed this material and posted a new fact sheet that erroneously suggested it was an open question as to whether abortion caused breast cancer. As the House Report notes, the *New York Times* called the NCI’s new statement “an egregious distortion of the evidence.” After public outcry, NCI convened a three-day conference of experts who reviewed all the existing research data and concluded that “induced abortion is not associated with an increase in breast cancer risk.” In March 2003, the NCI Web site was updated to reflect this conclusion of cancer experts and researchers. *Ibid* at 10.

⁶¹Bass, Gary, Kay Guinane, & Ryan Turner. (July 2003). “Attack on Nonprofit Speech: Death by A Thousand Cuts,” OMB Watch. [online at <http://www.ombwatch.org/article/articlereview/1706/1/41.html>]

⁶²*Ibid* at 7.

⁶³ *Ibid*.

The impact of the administration's censorship policy has been seen on USAID's own Population & Reproductive Health resources Web pages. According to an anonymous source, links to resource organizations, including International Planned Parenthood Federation, were deleted in January 2003 because some of the organizations previously listed support legal abortion. As mentioned earlier, federal Web sites, including those of the CDC and NIH, have had materials relating to abortion and condom use removed, revised, or altered to fit right-wing ideology rather than scientific facts.

The administration has sent other disturbing messages to the scientific community.

Officials at NIH have warned HIV

researchers to expect increased scrutiny of any research grant requests using the words "gay" or "men who sleep with men."⁶⁴ A researcher at the University of California

was told to "cleanse" his grant application of contentious wording like "gay" or "homosexual" or "transgender" and advised that grants that included those words were being screened out and subjected to more intense review.⁶⁵ Dr. Alfred Sommer, dean of the Bloomberg School of Public Health at Johns Hopkins University, observed, "If people feel intimidated and start clouding the language they use, then your mind starts to get cloudy and the science gets cloudy."⁶⁶

...the idea that [NIH] grants would be subject to political surveillance was creating a 'pernicious sense of insecurity' among researchers...if researchers feared that federal support for their work might be affected by politics, whether it was true or untrue, it could take a toll.

Alfred Sommer, Dean, Bloomberg School of Public Health, Johns Hopkins University, New York Times, April 18, 2003.

The simple word "reproductive" appears to be forbidden in this administration's vernacular.

For example, the Bush administration's delegation to the U.N. Children's Summit fought to remove the words "reproductive health services and education" from an international plan of action to promote children's well-being and rights, claiming that the language implied a right to abortion and abortion counseling. The U.S. delegation at the Children's Summit included such ultra-right wing domestic groups as Concerned Women for America, the World Congress of Families, and the Heritage Foundation.⁶⁷ Another noteworthy member of the U.S. delegation was former Vatican envoy, John Klink. In 2001, the Bush administration floated Mr. Klink's name as a possible nominee to oversee the U.S. global population program. His name was withdrawn after advocates exposed his history of opposition to promoting condoms to prevent the spread of HIV/AIDS and to providing reproductive health services for refugee women. Klink was the Vatican's spokesperson when it cut funding for the United Nations Children's Fund (UNICEF) in 1996, because UNICEF had cosponsored a manual that endorsed making

⁶⁴ House Report, *supra* at 21.

⁶⁵Goode, Erica. (April 18, 2003). "Certain Words Can Trip Up AIDS Grants, Scientists Say," *New York Times*.

⁶⁶ House Report, *supra* at 22.

⁶⁷ Curphey, Shauna. (May 7, 2002). "U.N. to Focus on Teen Reproductive Health." [online at <http://www.womensenews.org/article.cfm/dyn/aid/901/context/archive>]; Ireland, Doug. (May 16, 2002). "US and Evil Axis: Allies for Abstinence." *The Nation*; Linzer, Dafna. (August 29, 2001). "Bush to Alter Child Summit Policy." *Associated Press*; Reuters. (May 10, 2002). "UN Children's Summit Hits Snag." [online at <http://www.cbsnews.com/stories/2002/05/10/world/main508694.shtml>]; "UN Special Session on Children — Reproductive Health Debate." (May 1–May 16, 2002). Media Analysis. [online at <http://www.planetwire.org/details/2714>].

emergency contraception available to women who have been raped during civil conflicts and refugee crises.⁶⁸

More recently, administration officials appear to have painstakingly purged the forbidden word from its June 2003 Title X grant announcement. The phrase “reproductive health,” which appeared in earlier *Federal Register* announcements regarding Title X grants, was stripped from the June 2003 notice and replaced with the term “related clinical preventive health services” or “related preventive health services.”⁶⁹

Perhaps the most pernicious type of censorship involves the imposition of gag rules on family planning providers that forbid them from mentioning abortion in any manner. As discussed below, these gag rules are designed not only to censor speech, but to drive family planning providers out of federal programs.

Covert attacks: waging war against family planning providers

In addition to the overt attacks against family planning discussed above, the administration and its allies have other tactics they are using to undermine family planning. By harassing providers and imposing unacceptable conditions on family planning programs, the opponents of birth control are set on making it more and more difficult for family planning programs to continue to meet the needs of their patients.

Gag rules: more than censorship

When George W. Bush took office in January 2001, one of his first acts was to issue an executive memorandum reinstating the global gag rule. Gag rules on family planning providers were first advanced in the 1980s during the Reagan-Bush administrations. The international gag rule was originally imposed by President Reagan in 1984. The policy was announced at a world conference on population held in Mexico City; hence, it is sometimes referred to as the “Mexico City” policy. It was in effect between 1984 and 1992, and prohibited U.S. family planning funds from going to foreign nongovernmental organizations (NGOs) that used any of their own private, non-U.S. dollars to

- provide advice and information to a patient regarding the availability of abortion, including counseling and referral for abortion services
- advocate to make or keep abortion legal in their own country
- conduct a public information campaign regarding the availability of abortion
- provide legal abortion services
- procure or distribute equipment intended for use in inducing abortion

⁶⁸ Catholics for a Free Choice. (2002). “Background — John M. Klink” [online at <http://www.catholicsforchoice.org/new/KlinkFactSheet.htm>]

⁶⁹ Compare June 19, 2003 announcement of the anticipated availability of funds for family planning services grants (*Federal Register*, Vol. 68, No. 118) with the July 5, 2002 announcement of family planning services grants (*Federal Register*, Vol. 67, No. 129).

It is important to remember that this policy was not focused on restricting the use of U.S. funds, but rather on activities recipients can and cannot do or say with their own money. It was an attempt to squelch the ability of family planning providers to engage in activities that related to abortion in any manner, including exercising their right to speak out in favor of laws making abortion safe and legal. Long-standing federal laws have prohibited the use of U.S. funds for these purposes. This policy was intended to silence advocates and de-fund NGOs who refused to yield to U.S. censorship of their non-U.S. funded activity.

In 1988, President Reagan proposed a domestic gag rule for recipients of Title X family planning programs that prohibited Title X projects from providing counseling concerning abortion or providing referrals to patients for abortions. It also required separation of abortion activities from the Title X project. After several years of litigation, the U.S. Supreme Court upheld the authority of the federal government to impose a gag rule on Title X funds, but indicated that there were limits on the ability to reach private, constitutionally protected activities of family planning providers. The administration began trying to compel Title X recipients to sign assurances of compliance, but in the midst of the continuing litigation and maneuvers, President Clinton was elected and immediately suspended the domestic gag rule and lifted the international rule.

Given President Bush's imposition of the gag rule on international family planning programs, many advocates believe that the administration may attempt to revive a gag rule for domestic programs as well, particularly if he wins a second term and is no longer restrained by the potential backlash such a move would create. Some members of Congress have proposed these kinds of amendments to Title X legislation, and various forms of gag rule legislation and attempts to bar providers that offer abortion services or referrals from family planning programs are surfacing at the state level.⁷⁰

These measures are designed not only to prevent family planning providers from meeting their ethical responsibilities to inform their patients of all legal options,⁷¹ but to drive legitimate family planning providers out of publicly funded programs. It needs to be understood that gag

⁷⁰ For example, Representative David Vitter (R-LA) has authored an amendment, never adopted, that would prohibit agencies that perform abortions with private dollars from receiving Title X funds. Texas recently enacted a law that bars public funding of family planning agencies that provide abortion services with their own money or contract with other entities to provide abortions. In August 2003, Texas Planned Parenthood affiliates won a preliminary injunction from a federal court blocking enforcement of the law. The judge who enjoined enforcement of the statute noted that Planned Parenthood was likely to succeed in its claim that the law was unconstitutional because it penalizes family planning providers for engaging in the constitutionally protected activity of providing abortion services. Other states have had legislation introduced that would impose gag rules on family planning providers, prohibiting them from counseling patients about abortion options or referring patients for abortion. For example, in 2002, Michigan passed a law prioritizing allocation of family planning funds to organizations that do not perform or refer for abortions or advocate for abortion rights. Similar legislation was introduced in Iowa in 2003. Legislation has been introduced in Minnesota that would prohibit family planning funds from going to organizations that refer, advocate for, display or distribute marketing materials about abortion services, or maintain a policy that abortion is considered part of a continuum of family planning services or reproductive health services.

⁷¹ Gag rules violate professional codes of ethics and have been strongly condemned by medical and other professional associations. The American Medical Association's policy "strongly condemns any interference by the government or any other third parties that causes a physician to compromise his or her medical judgment as to what information or treatment is in the best interests of the patient," AMA, H5-989, Freedom of Communication between Physicians and Patients.

rules that bar discussion by family planning providers with patients about abortion options or exclude providers who offer abortion services are not simply efforts to make access to abortion more difficult; they are aimed at weakening family planning programs as well.

The impact of the international gag rule on the delivery of family planning services in developing countries has been devastating. As a result of the Bush administration's global gag rule, there is less contraception available in regions where programs have been affected.⁷² Respected family planning providers have refused funding and curtailed their activities because they cannot ethically comply with the mandate to deny information or services to their patients. Unable to terminate the programs directly, the opponents of family planning resort to imposing unacceptable conditions, like gag rules, on the programs as a means of undermining their effectiveness and drive prominent family planning organizations out of the program. And what these anti-family planning proponents have also tried to do is redirect the money toward organizations that will promote abstinence, rather than contraceptives.

In many cases, the administration appears to be using the guise of its faith-based initiative to cloak its efforts to change direction for key programs, like family planning and HIV/AIDS. The administration has aggressively sought to ensure that religious groups are able to receive federal dollars for various social programs. In December 2002, President Bush issued an executive order relating to the funding of faith-based initiatives, circumventing legislation being developed in Congress.⁷³ The programmatic impact of this bias has already surfaced in the international family planning arena. In an attempt to favor abstinence-promoting religious organizations, Representative Chris Smith (R-NJ) succeeded in inserting language into the global AIDS bill that not only allows religious organizations to opt out of any particular prevention method (i.e. condom promotion), but was explicitly intended to allow them to disparage condoms as an expression of their religious beliefs.⁷⁴

There are already signs that the administration intends to make similar shifts in the domestic family planning program. The June 2003 announcement of new priorities for Title X grantees included a specific new reference to partnering with faith-based organizations. The 2002 Title X program priorities spoke only of partnering with public health providers and other community-based organizations that have related interests and work with similar populations. The new emphasis on faith-based partners could spell another step, along the lines of the Smith amendment to the global AIDS bill, of rewriting laws in order to allow faith-based organizations to transform the family planning program from a program designed to serve the needs of low-income women and families into a vehicle for religious groups to proselytize their beliefs.

⁷² International Planned Parenthood Federation — The International Planned Parenthood Federation (IPPF), made up of more than 150 autonomous family planning agencies working in 180 countries, is the largest provider of family planning and reproductive health services worldwide. Following the January 2001 reinstatement of the global gag rule, IPPF headquarters lost \$8 million in U.S. government funds — mostly for contraceptive supplies — for the two-year period covering 2001–2003.

⁷³ Executive Order 13279 – Equal Protection of the Laws for Faith-Based and Community Organizations, Federal Register, Vol 67, No. 241, December 16, 2002 at 77141.

⁷⁴ United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (HR 1298).

Harassment of family planning providers: back to the '80s

In the past, right-wing extremists in Congress and the executive branch have waged systematic campaigns against nonprofit organizations that opposed administration policies. Those campaigns used a range of tactics that included subjecting administration opponents to repeated audits and seeking changes in laws governing advocacy to intimidate these groups from speaking out.⁷⁵ Family planning providers were often the targets of these campaigns.

There are growing indications that the Bush administration intends to follow the same path. A recent report by OMBWatch documented some of the early examples of a new campaign to silence critics.⁷⁶ Head Start grantees who spoke out opposing administration plans to block grant the program and transfer the funds to state governments were sent threatening letters by HHS that misstated the law and were clearly intended to intimidate the grantees into silence. During consideration of legislation dealing with programs for children with disabilities, language was proposed that would have restricted the advocacy voice of nonprofit organizations that seek federal grants to run parent centers.⁷⁷ Although the restrictive language was deleted after nonprofit groups across the country protested, it sent a chilling signal that the price for acceptance of federal dollars might be surrender of free speech rights.

Recently, an organization that has vigorously fought against the abstinence-only agenda of the Bush administration was subjected to its third audit in a single year. In August 2003 it was reported that CDC was investigating Advocates for Youth, again, in response to complaints filed by Representative Joseph Pitts (R-PA) and other congressional supporters of the abstinence-only programs.⁷⁸

In July 2002, a group of House Republicans requested that HHS provide a list of organizations receiving any federal funds that participated in a protest of U.S. HIV/AIDS policies at an international conference in Barcelona. In response to questions about retaliation against these organizations, Claude Allen, Deputy Secretary of HHS, said that the department did not want to engage in a witch hunt, but was quoted by the *Washington Post* as saying that protestors “need to think twice” before preventing administration officials from speaking.⁷⁹

It is to be expected that a President will push his or her policy agenda and use the tools at hand to do so. However, it is not appropriate for a President to attempt to silence those that disagree....

“An Attack on Nonprofit Speech: Death by a Thousand Cuts, OMBWatch (July 2003)

⁷⁵ “Attack on Nonprofit Speech: Death by a Thousand Cuts,” *supra*.

⁷⁶ *Ibid.*

⁷⁷ *Ibid* at 2-5. The language proposed in the Individuals with Disabilities Education Act, H.R. 1350, was reminiscent of 1995-96 language proposed by Representative Ernest Istook, Jr. (R-OK) when proponents of a right-wing agenda sought to curb free speech of nonprofit agencies.

⁷⁸ Kaufman, Marc. (August 16, 2003). “Sex-Ed Group Faces New Review: Government Plans a Third Look at Advocates for Youth, *Washington Post*.

⁷⁹ “Attack on Nonprofit Speech: Death by a Thousand Cuts,” *supra* at 9-10, citing *Washington Post*. (August 19, 2002). “HHS Studies Funding of AIDS Groups.”

In May 2003, Andrew Natsios, the head of USAID, gave a speech indicating that he would personally “tear up” the contracts of any American NGO receiving funding for humanitarian work in Iraq that refused to publicize their work as an “arm of the U.S. government, and that he would “find new partners” to replace them.⁸⁰

These actions clearly send a chilling message to advocacy groups that receive public funds. And they are undoubtedly intended to have that effect.

Rumors continue to circulate that similar pressures soon will be applied to recipients of Title X family planning monies. In July, it was reported that the Office of Population Affairs had asked Title X regional program officers to collect information for the General Accounting Office (GAO), the investigative arm of Congress, regarding the amount of funding to Planned Parenthood clinics across the nation.⁸¹ In fact, it appears that the information was being collected for an HHS response to a report GAO has regularly prepared for Congress on expenditure of federal funds by six organizations (Planned Parenthood Federation of America, the Population Council, the International Planned Parenthood Federation, the Alan Guttmacher Institute, Advocates for Youth, and the Sexuality Information and Education Council of the United States (SIECUS)). In its response to the GAO report entitled “Reproductive Health: Federal Funds that Support Six Nonprofit Organizations,” HHS indicated it had several significant concerns regarding the report, challenging the figures reported by GAO and the fact that the information utilized was submitted by the organizations under review and not based upon administration figures. HHS also objected that the GAO report appeared to focus on reproductive health funding received by the six agencies, rather than all funding.⁸² Although it remains unclear what HHS’s intentions are in challenging the GAO’s findings, it may signal yet another wave of harassment of family planning providers.

Strangling family planning providers by increasing mandates while limiting fiscal support

Finally, another mechanism for undermining family planning programs is to pile on additional bureaucratic requirements while continuing to withhold adequate funds. As noted earlier, family planning providers have struggled for years with increased costs and essentially frozen levels of funding, despite increases during the Clinton years and modest increases provided by Congress in the past several appropriation cycles. Additional burdens without additional resources will threaten continuation of services to those most in need. For example, the Bush administration recently proposed a series of changes to the Family Planning Annual Report (FPAR) required of Title X programs.⁸³ Although family planning providers support the collection of data that will yield better information on the socio-economic status and health care needs of the patients served in the Title X program, the new requirements will necessitate significant modifications of current data collection systems, retraining of clinic staff to ensure proper and consistent collection of information, and increase the length of each patient visit to obtain the required data. Without

⁸⁰ *Ibid* at 13.

⁸¹ “Information on Title X Funding to Planned Parenthood Clinics Sought by GAO,” NFPRHA Report, July 2, 2003.

⁸² U.S. General Accounting Office. (May 16, 2003). “Federal Funds Spent by Selected Organizations,” GAO-03-527R.

⁸³ *Federal Register*, Vol. 68, No. 100, at 28227. (May 23, 2003).

additional funds to meet these new requirements, Title X providers will be faced with even more financial pressures to continue services.

In addition to the financial pressures caused by limited federal dollars, family planning providers are also facing severe budget restrictions at the state level as state budget crises have forced cuts in health programs. Combined with restrictive amendments on state family planning funds and harsh budget realities, family planning providers are facing ever-increasing challenges from multiple directions, threatening the nation's ability to make good on the 1970 commitment of President Nixon to ensure that no woman be denied access to family planning services because of economic conditions.

Conclusion

Few Americans are aware of the breathtaking scope of the campaign against birth control and family planning undertaken by the Bush administration and its allies. The battle is being waged on many fronts, at both domestic and international levels, and behind a veil that hides the ultimate goal of these ideologically driven extremists: to roll back the clock on reproductive freedom. Knowing they would surely lose a public debate on this radical agenda, these hardliners have worked hard to keep much of their deadly campaign hidden from view. The challenge ahead is to pull aside the curtain of secrecy, raise public awareness about the true scope of the anti-choice agenda, and halt the assault on our fundamental right to make our own reproductive decisions.

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