Editors' Note: In the face of the global HIV/AIDS epidemic, United States policies on reproductive health–abstinence in place of contraception, for example–are bewildering for those of us living in the United States. But at home we see other aspects of the peculiar political perspective that cherishes life while blatantly causing so many preventable deaths. It is all part of US politics in 2006. For our international readers, especially those in developing countries subject to US foreign aid, the horror may seem impossible to comprehend. Thus, this article may be helpful to our non-US readers. McFarlane describes controversial US reproductive policies and a climate that affects many abroad, particularly those who turn to the US for help. It may be useful when grappling with infusions of PEPFAR funds, replete with admonitions to avoid sex and contraception, to learn about the domestic roots of US foreign aid policies.

Reproductive Health Policies in President Bush's Second Term: Old Battles and New Fronts in the United States and Internationally

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ABSTRACT

The current Bush Administration has made dramatic changes in US domestic and international reproductive health policies. This paper discusses the issues involved in some of these changes, and it considers likely developments in this area during the remainder of George W. Bush's second term. The first section of the paper defines the term reproductive health and presents a framework for classifying reproductive health policies. The second section examines changes that the Administration has made in domestic family planning policies. The third section looks at analogous changes in American assistance for reproductive health internationally. The final section considers the implications of these trends for future policy and women's health.

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INTRODUCTION

The controversies surrounding reproductive health policies began long before the presidency of George W. Bush. For well over two

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decades, American reproductive health politics have been contentious and partisan, affecting both domestic and international policies. An example of a long-standing domestic struggle is whether to mandate parental involvement in minors' decisions to seek services; and, internationally, how much to separate family planning assistance from induced abortion.

During President Bush's tenure, these reproductive health battles have intensified as the Administration has made dramatic changes in both domestic and international reproductive health policies. There are new fronts to some of the old battles. Federal funding for abstinence-only education has increased dramatically, while there has been little growth in funding for family planning services. Once again, the US has cutoff funding to the United Nations Population Fund (UNFPA) for alleged activities related to abortion. On both the domestic and international fronts, the Administration has denigrated the efficacy of condoms.

REPRODUCTIVE HEALTH POLICIES WITHIN THE UNITED STATES

Reproductive health policies include those that address abstinence, contraception, and induced abortion. Figure 1 shows these policies in relation to the three major steps in human reproduction. Except for procedures requiring advanced technology, the first requirement is sexual intercourse. The second step is conception, and the third is gestation and parturition.

Figure 1 illustrates the interventions in relationship to the steps in reproduction. Before Step 1 are the abstinence programs, intended to discourage sexual intercourse. Between Steps 1 and 2 is contraception, designed to decrease the likelihood that sexual intercourse

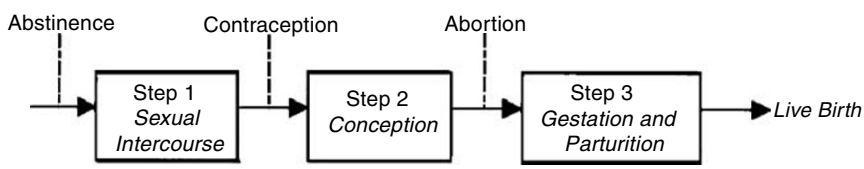

Figure 1
The reproductive process. *Source*: Reference: 1 (Reprinted with permission of the publisher)

will lead to conception. Between Steps 2 and 3 is induced abortion, which terminates a pregnancy.

The steps in reproduction and the effectiveness of the interventions are intrinsically related. When abstinence is not practiced consistently, contraceptive services are needed for those who do not wish to become pregnant. Similarly, when sexually active women not wanting to become pregnant do not use contraception, the demand for induced abortion increases. Thus, this article examines both domestic and international reproductive health policies in terms of abstinence, contraception, and abortion.

DOMESTIC REPRODUCTIVE HEALTH POLICIES

Abstinence

Organized efforts to promote abstinence as the only acceptable behavior for young and unmarried persons are often called either "abstinence programs" or "abstinence-only education". Family planning programs often present abstinence as an option to their clients, especially the very young. Abstinence programs promote this behavior as the preferred or only acceptable alternative for young and unmarried persons. Abstinence programs are educational interventions, not clinical services. The extent to which abstinence-only educational programs present abstinence as the *only* acceptable behavior, or denigrate contraception, varies by program.

Federal support for abstinence-only education began prior to the presidency of George W. Bush and flourishes during his tenure. In the 2000 presidential campaign, he promised to spend as much money on abstinence programs as he claimed the federal government was spending on contraceptive services for adolescents – $135 million. While the accuracy of this figure has been questioned (2), the President has kept his word. By fiscal year 2006, the federal government alone committed $176 million for abstinence programs (3).

Federal funding for abstinence-only education derives from more than one legislative source (Table 1). The Adolescent Family Life Act has promoted abstinence since the Reagan Administration. The 1996 Personal Responsibility and Work Opportunity Reconciliation Act (widely known as "Welfare Reform") authorizes $50 million per year to be given to the states for abstinence programs.

Table 1: Funding by the United States Federal Government for Domestic Abstinence-Only Education, FY 1997–2006

Program	*Amount (millions $)*
Adolescent Family Life Act (enacted in 1981)	125
Welfare Reform funds (enacted in 1996)	
Federal	500
State	375
CBAE, strictest federal abstinence-only education (enacted in 2001)	484
	1,484

References: 3,4,6

Upon assuming office in 2001, President Bush successfully advocated for authorization of a third federal abstinence program, Community Based Abstinence Education (CBAE), authorized under Title V of the Social Security Act, the Maternal and Child Health block grant (4). This new abstinence-only program adheres to more rigid guidelines than do the other federal abstinence programs. Grantees, often religious organizations, are required to teach that abstinence from sexual activity is the *only* way to avoid out-of wedlock pregnancy and sexually transmitted diseases. "Sexual activity refers to any type of genital contact or sexual stimulation between two persons including, but not limited to, sexual intercourse" (5). Funded curricula must embrace the perspective that sexual activity outside of marriage is likely to have harmful psychological and physical effects. Table 2 shows dramatic increases in funding for this strict abstinence-only educational program. CBAE gained 40% in fiscal year 2005; the Presidential request was for a 148% increase (6).

Contraception

Worth watching in the contraceptive policy arena are funding for family planning, emergency contraception, condoms, and parental involvement.

Table 2: Comparison of Funding by United States Federal Government for Domestic Programs for Abstinence-Only Education and Family Planning Services

Year	*Abstinence-Only Education*		*Family Planning*
	Strictest abstinence program- CBA (millions $)	*Total Federal Funding for Abstinence (millions $)*	*Dedicated Family Planning Funding- Title X* (millions $)*
2001	20	80	239
2002	40	100	254
2003	55	117	265
2004	75	138	273
2005	103	166	278
2006	115	176	286
2007	137[†]	200[‡]	283[§]

References: 3,4,6,9

* Authorized as Title X of the Public Health Service Act in 1970 (Family Planning Services and Population Research Act).

[†] Presidential request. Both the House Appropriations and Senate Appropriations Committees approved $113 M for Title X for FY 2007.

[‡] Presidential request. Both the House Appropriations and Senate Appropriations Committees approved $176 M for FY 2007.

[§] Presidential request for FY 2007 that was approved by both the House Appropriations and Senate Appropriations Committees.

Family planning

Annual increases in federal funding for family planning services have not kept pace with those for abstinence-only education (Table 2). The FY 2006 Congressional appropriation for Title X, the only source of dedicated federal money for domestic family planning services, did not increase, while funding for the strictest abstinence educational program, CBAE, rose 11% (3). For FY2007, the President requested $3 million less for dedicated family planning funds and $27 million more for the strictest program of abstinence-only education (7). Congressional appropriations for family planning are unlikely to increase in 2007 (8,9). While dedicated federal appropriations for family planning still exceeds those for abstinence, these family planning funds support clinical services for women in all

reproductive ages. In contrast, abstinence-only education programs include no costly clinical services and focus primarily on adolescents.

Taking into account medical inflation and small increases in funding, the federal family planning program has been diminished during President Bush's tenure. Rising costs of contraceptive supplies exacerbate this trend. From 1995 to 2001, contraceptive prices to family planning clinics increased 58% (10).

Emergency Contraception

Emergency contraception offers the potential to prevent over a million induced abortions in the US annually (11). During the Clinton Administration, the Food and Drug Administration (FDA) approved a dedicated product for post-coital contraception, and the government encouraged federally funded family planning clinics to provide emergency contraception.

The political climate changed dramatically with the Bush Administration. In 2003, Barr Laboratories, the manufacturer of a brand of emergency contraception, submitted an application to the FDA to approve sale of their product without prescription, as "over-the-counter" status was already the norm in many countries. The FDA defied the recommendation of its own expert panel in refusing to grant "over the counter status". Going far beyond the issue of drug safety, an FDA official reported worrying that if young people had easier access to emergency contraception, they might be more likely to have sex without using condoms (12–14).

Several months later, Barr Laboratories tried again to accommodate the FDA's stated concerns about adolescents, ages 16 and younger. The revised application would allow emergency contraception to be sold without a doctor's prescription to women ages 17 and older, but dispensed only with a doctor's prescription for girls ages 16 and younger. In spite of a promised deadline, several high profile resignations, ongoing litigation, and a report from the Government Accounting Office concluding that the FDA's review process had been "unusual," the FDA continued to stall approval throughout 2005 (14).

The FDA finally approved non-prescription sales of emergency contraception in August 2006 – but only after a major political confrontation between Democratic and Republic members of the

Senate – and only to women 18 years of age and older. (On 31 July 2006, the FDA sent a letter to Barr Pharmaceuticals saying that it was ready to engage in discussions with the company regarding the over-the-counter sale of its emergency contraception product to this age group. Barr Pharmaceuticals again amended its application to accommodate the FDA's age preference. Then began Senate confirmation hearings for the acting FDA Commissioner, during which Democratic Senators blocked approval of the candidate until FDA completed its decision.) Many reproductive health advocates and certain members of Congress remain concerned about the lack of scientific evidence to support this new age restriction, as well as its implications for teenage pregnancy in the US (15,16).

Condoms

Given the President's commitment to abstinence, his Administration evinces ambivalence toward the use of the male condom. The same FDA that expresses concern that emergency contraception may discourage condom use, proposes to require warning labels for condom acknowledging value, as prophylactics "greatly reduce, but do not eliminate" the risk of pregnancy and HIV infection when used during sexual intercourse. Many public health professionals worry that such warning labels will discourage the use of condoms (17).

Another issue that has received increased emphasis in the Bush Administration is parental involvement in minors' contraceptive decisions, in the context of the provision of services in the federally funded family planning program. In fact, Title X has required providers to encourage family participation since 1981 (PL 97–35) and certify it since 1997 (PL 105–78). What is new here is that clinic-based family planning programs are now required to include activities that promote proactive family planning relationships," and are encouraged "to partner with faith-based organizations" (18).

Abortion

Within the reproductive health arena, abortion politics are the most vitriolic. During President Bush's first term, the domestic abortion-related issues receiving the most attention were partial birth abortion, stem cell research, and fetal homicide. In the second term,

the most salient issues concerning abortion have been appointments to the US Supreme Court and the pending vote on the Child Interstate Abortion Notification Act. In spite of the build-up of US troops in Iraq, there has been little publicity on the unavailability of abortions in military hospitals.

Partial birth abortion is not a medical procedure, but a political term, emanating directly from the agenda of the Christian Coalition (19). While his predecessor vetoed the Partial Birth Abortion Ban Act twice (20), President Bush signed it into law on 5 November 2003 (21). This legislation defines such an abortion as one "in which the person performing the abortion partially vaginally delivers a living fetus before killing the fetus and completing the delivery." The law is directed toward late second trimester and third trimester abortions, that account for only 1% of the abortions performed in the US (22,23).

Stem cell research can, but does not necessarily, involve induced abortion. It does, however, raise the issue of when life begins. Research that uses fetal tissue has been ongoing for decades and has been vital in vaccine development. For example, the 1954 Nobel Prize for Medicine was given to scientists whose work on cultures of human fetal kidney cells contributed to the development of the polio vaccine" (24).

The federal government funded fetal tissue research until 1988 when the Reagan Administration issued a temporary moratorium. President Clinton lifted the moratorium by executive order in early 1993. Later that year, Congress passed the NIH Revitalization Act, allowing federal funding for research using embryos created through *in vitro* fertilization (IVF). Within a year and a half, the new 104th Congress blocked funds for IVF research. In 1998, two separate teams of scientists announced their respective capabilities to isolate and cultivate stem cells, a breakthrough that many biomedical researchers consider extremely promising. This development increased pressure for the federal government to resume research funding (24–26).

After 3 years, President Bush responded by announcing that he would allow the use of federal funds for embryonic stem cell research. This declaration, however, had an important limitation. Federal funding was to be limited to what the President said were 60 existing stem cell lines, since the life and death decision (for those embryos) has already been made (27).

President Bush's decision has not quelled the stem cell controversy (26,28). Within the scientific community, the major debate has been the number of cell lines truly available to researchers, most say only a fraction of 60 (26). Since 2001, scientists have developed new and more productive lines of embryonic stem cells, but under the Bush policy, these cannot be used in federally funded research (29). The stem cell debate gained prominence during the 2004 presidential election (30), with John Kerry saying that if he were elected, he would lift the President's restrictions (25). Within the Republican party, too, many, including Senate Majority Leader Frist and former First Lady Nancy Reagan, have called for a less restrictive policy (31).

By July 2006, both the House and the Senate had passed legislation to expand federal support for embryonic stem cell research. The bill that was sent to President Bush for his signature would have allowed federal funding for research on embryonic stem cells, regardless of the date these lines were developed. Like the President's 2001 decision, this bill required that the stem cells had, with the donors' consent, to be extracted from frozen embryos that were going to be destroyed (27,31).

Instead of signing this legislation, George W. Bush exercised the first veto of his Presidency, saying that "this bill would support the taking of innocent human life in the hope of finding medical benefits for others" (31). Within hours of the President's veto, a House effort to override it fell 51 votes short of the two-thirds majority needed to override a Presidential veto (27). Despite bipartisan Congressional support for changing the policy, Bush's 2001 decision continues to govern federally funded embryonic stem cell research.

The Child Interstate Abortion Notification Act, which passed the House in April 2005, would criminalize the act of assisting a minor to cross state lines for the purpose of obtaining an abortion without parental notification. The bill would impose fines of up to $100,000 or up to 1 year in prison for people who violate the measure and also could penalize doctors who perform abortions on minors from other states. In the House, amendments to allow exceptions for adult relatives, such as grandmothers and aunts, were struck down. A corresponding bill, the Child Custody Protection Act, overwhelmingly passed the Senate in July 2006 (32). When the House and Senate bills are reconciled, there is little doubt that President Bush will sign this legislation (33).

The Bush Administration has shown no signs that it would reconsider the current prohibition on performing abortions in military hospitals, even when private funds are used. After assuming office in 1993, President Clinton removed the abortion ban for military hospitals that had been in effect during the Reagan-Bush years. However, the Republican majority in the 104th Congress reinstated this ban in 1995 (34,35).

INTERNATIONAL REPRODUCTIVE HEALTH POLICY

The Bush Administration has made dramatic changes in international reproductive health policy. Early in his first term, President George W. Bush reinstated the "Mexico City policy" from the Reagan-Bush era. Under this policy the US Government refuses to fund any foreign organization that provides abortion services or counseling "even with funds from non-US sources." It gets its name because the US first announced it at the 1984 World Population Conference held in Mexico City (36,37). Since 2002, the President has refused to contribute to the UNFPA, contending that the agency sanctions coercive practices in China.

Abstinence

The Administration's international abstinence efforts, endorsing the ABC approach, have focused on HIV/AIDS policy, not on international family planning and reproductive health assistance *per se*. As the delivery of reproductive health services and the prevention of sexually transmitted diseases are inherently linked, the parameters of US HIV/AIDS policy become important.

During President Bush's tenure, the US has responded to the international HIV/AIDS pandemic by funding the multilateral Global Fund and operating the much larger bilateral President's Emergency Plan for AIDS Relief (PEPFAR). PEPFAR's spent $2.7 billion in fiscal 2005 for HIV/AIDS, while the US appropriation for the Global Fund was $435 million (38).

PEPFAR pays for HIV/AIDS treatment, care, and prevention. It targets 15 countries that together have over 50 percent of the world's HIV cases: Botswana, Cote d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa,

Tanzania, Uganda, Vietnam, and Zambia (38). PEPFAR embraces the ABC approach to HIV/AIDS prevention, which is "Abstain, Be faithful or use Condoms if you cannot follow A or B" (39,40).

PEPFAR has stressed abstinence. In fiscal 2006, the Administration increased PEPFAR resources to promote abstinence while limiting funds for condoms. PEPFAR authorizing legislation requires one third of prevention funds be spent on "abstinence-until-marriage programs", ((38), p. 11) but the administration now says "66 percent of the resources dedicated to the prevention of HIV from sexual transmission must be used for activities that promote abstinence before marriage and fidelity" (41). The Bush Administration stipulates that PEPFAR funds may not be used for marketing or distributing condoms within school settings or for promoting condoms as the primary method of HIV prevention among youth (40).

PEPFAR contractors must also make an anti-prostitution pledge, but a federal court found that this violated the first amendment of the Constitution (42,43). Public health advocates worry that this stipulation could "inhibit the ability of NGOs to work with a group that is a key vector for HIV" ((38), p. 11).

Contraception

Reinstatement of the Mexico City policy, withholding all money from UNFPA, and no increases for family planning dominate Bush Administration policy.

The Mexico City policy applies only to US funds for international family planning assistance authorized under Title X of the Foreign Assistance Act; it does not extend to US international HIV/AIDS policy and other global health assistance. Under the Mexico City policy, no US family planning funds can be granted to foreign non-governmental organizations that provide abortion counseling or pregnancy terminations, even if using non-US sources. The 1984 Mexico City policy had been in effect until 1993 when President Clinton rescinded it (37,44).

The Mexico City policy has some interesting twists. It does not apply to foreign governments, thus population assistance to governments continues. India and Bangladesh receive US funds for national public health systems that include menstrual regulation or

induced abortion. In nations where abortion is illegal, the current Mexico City policy forbids foreign non-governmental recipients of American population assistance from engaging in political advocacy for changing these laws (45). This limitation would be unconstitutional if applied to American non-governmental organizations.

This policy has presented a real dilemma for foreign non-governmental organizations, which provide reproductive health services, particularly for past recipients of US family planning assistance. If they accept American family planning funds, they may continue to provide the same level of contraceptive services, but they cannot participate in civil dialogue about abortion in their countries. By forgoing US support, they must cut back services or find other monies (45).

Because of the Mexico City policy, approximately 480 organizations in 50 countries have agreed not to perform or refer for abortions or to speak about liberalizing abortion laws (46). According to 2003 data from the International Planned Parenthood Federation, foreign non-governmental organizations in more than 20 African countries declined to sign the Mexico City policy. As many African countries do not have well-developed public health infrastructures, their refusal to sign has meant that the poorest continent in the world is most affected by this policy. Country case studies have documented clinic closings and contraceptive shortages (45).

In 1969, the United Nations created its program to provide family planning and demographic assistance to developing countries. Ironically, another Republican US president, Richard Nixon, spearheaded the creation of UNFPA, as he preferred a multilateral approach to family planning assistance. Over the years, UNFPA's has broadened its mission to include additional reproductive health concerns, such as obstetric fistula. For the last two decades, American politicians opposed to abortion or contraception have attacked any assistance for UNFPA. During the second Clinton term, Congress and the President struggled endlessly over UNFPA funding and whether UNFPA's involvement in China implied that it was endorsing coercive practices (46,47).

During fiscal year 2002, UNFPA continued to receive US funding. In May 2002, the Bush Administration sent a team to investigate China's UNFPA program. After a 2-week visit, team members concluded that they had found no evidence that UNFPA "knowingly

supported or participated in the management of a program of involuntary sterilization in the PRC," and they recommended continued US support for UNFPA. Their findings were corroborated by an independent British team. Nevertheless, the State Department stopped funding UNFPA in July 2002 stating that China's population programs "retain coercive elements in law and practice" ((47), p. 397), skirting the role of UNFPA. Since 2002, the Senate has sought to reinstate funding, but not the House.

The US provided about 13 percent of UNFPA's budget in 2002 when the Bush Administration suspended the Congressionally authorized $34 million payment. In 1986, UNFPA was intended to get $46 million, about 25 percent of its budget. No published analysis describes how US actions since 2002 have affected donations from other countries, but the total budget for UNFPA has increased markedly since the US curtailed its funding. The Netherlands, Japan, and the UK were the largest three donors in 2004 (48).

Table 3 shows that US bilateral funding for international family planning and reproductive health has remained largely flat during the Bush years (49). The Presidential request for the fiscal year that begins in October 2006 cuts 18 percent from international family planning programs (50,51). As costs for contraceptives and other

Table 3: Funding by United States Federal Government for International Family Planning Assistance*

Year	*Bilateral Programs(USAID) (millions) ($)*	*UNFPA (millions) ($)*
2001	425.0	21.5
2002	446.5	0.0
2003	446.5	0.0
2004	429.5	0.0
2005	437.3	0.0
2006	435.6	0.0
2007	357.0†	0.0

References: (49–51)

* Authorized under Title X of the Foreign Assistance Act (Programs Related to Population Growth) enacted in 1967.

† Presidential request. The House Appropriations Committee approved a funding level of $432 M while the Senate Appropriations mark is $465 M.

necessary commodities rise (52), even flat funding means less capacity to provide reproductive health services.

Abortion

The Bush Administration opposes induced abortion, but the current Mexico City policy permits recipients of American population assistance to provide post-abortion care to patients, meaning that family planning grantees may treat post-abortion complications. These same grantees are not, however, allowed to refer women to clinics that provide safe abortion care. In a further twist, recipients of US population assistance may treat post-abortion complications, but they are not allowed to purchase supplies for doing so, such as manual vacuum aspiration equipment (53).

DISCUSSION

During its first term, the Bush Administration changed both domestic and international reproductive health policy. Abstinence programs became far more prominent, support for contraceptive programs decreased, and induced abortion faced new restrictions. The Administration has emphasized programs that precede sexual intercourse. (See Table 1) If oriented toward prevention, this would be very much within the rubric of public health-risk reduction. For abstinence-based interventions, "the evaluations of such programs find little evidence of efficacy in delaying initiation of sexual intercourse" ((54), p. 83). Thus, although President Bush may be technically correct in saying that abstinence is the only fail-safe way to avoid sexually transmitted diseases, he ignores critical facts: the majority of people in their reproductive years are sexually active, and they need realistic options to reduce their health risks (54).

Contraception can prevent pregnancy. Condoms also reduce the risk of contracting sexually transmitted diseases. Maternal and child health indicators, show that family planning programs and safe abortion services reduce risk substantially (55). Contraceptive services, moreover, reduce demand for abortion services (56,57).

This scientific evidence has been ignored and Presidential budgets starting with his first suggest that the Bush Administration will continue to promote abstinence, decrease support for contraception,

and restrict induced abortion. What are the implications for public health?

New money for abstinence programs is unlikely to achieve substantial public health gains domestically or internationally. First, many antecedents of sexual activity are simply outside the scope of public policy, at least in the short run. We know, for example, that adolescent girls whose mothers have more years of schooling delay sexual initiation. But mothers' formal education remains beyond the scope of abstinence policies (1). Second, evidence suggests that domestic abstinence-only programs rely on mis-information (58). Without accurate information, adolescents are unlikely to practice behaviors leading to real risk reduction (54).

Internationally, the Bush Administration appears to have over-valued abstinence-only interventions (59–61). Most experts agree that under current conditions, the world needs many approaches to combat HIV/AIDS: abstinence, fidelity, treatment, and condoms (62). Researchers continue to debate the relative importance of each type of intervention(39,60,63) but agree that consistent condom use and sustained behavioral change can reduce the transmission of the virus (62). Nevertheless, the Bush Administration continues to fund abstinence-only programs, often ones that refuse to dispense information about condoms and others that provide misleading facts about these prophylactics (64,65).

Simply by failing to provide more money for conception, programs have been diminished. Rising drug prices, additional clinical services, and "family involvement mandates" reduce the capacity of publicly supported family planning providers. Further cuts in the federal family budget in FY 2007, will surely result in fewer services (Table 2).

Internationally, the family planning outlook is also troubling. Prices for contraceptives and other drugs are also increasing and, due to the Mexico City policy, many providers can no longer benefit from the contraceptive commodity provision. The Administration recently requested a smaller budget for international population assistance (Table 3) (50,51).

The Mexico City policy asserts a continuing pernicious effect as diminished contraceptive services translates into more unwanted pregnancies and more demand for abortion services. Rising numbers of sexually active young people will add to demand. In

countries with restrictive abortion laws, non-governmental agencies accepting US funds are precluded from advocating liberalization. In nations where abortion is legal, recipients of US population funds may not refer their own patients for medically safe procedures (45,46).

Lack of US support for UNFPA has translated worldwide into an estimated 2 million additional unwanted pregnancies annually; 800,000 illegal, induced abortions; approximately 4,700 maternal deaths; and 77,000 infant and child deaths (66). These effects are multiplied over time. On the domestic front, the outlook for safe and legal abortion is ominous. The President's most powerful lever is judicial appointments, particularly to the US Supreme Court. Given the split nature of most recent Supreme Court abortion decisions (1), the new justices may well establish the boundaries of national abortion policy.

President Bush appointed John Roberts as Chief Justice in 2005, and in 2006, Associate Justice Samuel Alito. Both have distinctly anti-abortion records. A case to reconsider partial birth abortion is pending (67).

Ironies dominate the international picture. Symbolically anti-abortion, both the Mexico City policy and eliminating support of UNFPA decrease contraceptive capacity and probably increase demand for abortion (see Figure 1). For many women around the world, particularly in Africa, this means unsafe procedures (68).

In short, President Bush's second term record in reproductive health is proving to be an amplification of his first term: more money for abstinence education despite doubts about efficacy; declining family planning services despite evidence of efficacy; Funding for abstinence education is increasing, in spite of the lack of evidence about its effectiveness, and new abortion battles in the legislatures and the courts. In each of these areas, poor women at home and abroad continue to be the most easily harmed.

REFERENCES

1. McFarlane DR, Meier KJ. *The Politics of Fertility Control: Family Planning and Abortion Politics in the American States*. New York: Chatham House Publishers (Congressional Quarterly Press); 2001.

2. Dailard C. Understanding Abstinence: Implications for Individuals, Programs and Policies. *The Guttmacher Report* 6(5) 2003; http://www.guttmacher.org/pubs/tgr/06/5/gr060504.html, accessed 11 August 2006.
3. DeSarno JM, Keefe MJ. *Weathering the Storm: Federal Legislative and Regulatory Action on Reproductive Health in 2005*. Washington, D.C.: National Family Planning and Reproductive Health Association; 2006; http://www.nfprha.org/site/c.ggLRIWODKtF/b.1390439/k.A294/Publications.htm, accessed 11 August 2006.
4. DeSarno J, Keefe M, Hessburg L, Bruce D, Lewis C. *Orange Alert forReproductive Health: Congressional and Federal Regulatory Action in 2003*. Washington, DC: National Family Planning and Reproductive Health Association; 2004; http://www.nfprha.org/site/c.ggLRIWODKtF/b.1390439/k.A294/Publications.htm, accessed 11 August 2006.
5. United States Department of Health and Human Services, Administration for Children and Families. Grant Opportunities. 2006; http://www.acf.hhs.gov/grants/open/HHS-2006-ACF-ACYF-AE-0099.html, accessed 16 August 2006.
6. DeSarno J, Keefe M, Hessburg L, Bruce D. *Deja Vu All Over Again: Legislative and Regulatory Action on Reproductive Health in 2004*. Washington, DC: National Family Planning and Reproductive Health Association; 2005; http://www.nfprha.org/site/c.ggLRIWODKtF/b.1390439/k.A294/Publications.htm, accessed 11 August 2006.
7. National Family Planning and Reproductive Health Association. President's Budget Request for FY 2007 Flat-Funds Title X, Boosts Abstinence-Only Funding by $27 Million. 2006; http://www.nfprha.org/pac/fy07presidentbudgetrequest.asp, accessed 7 August 2006.
8. National Family Planning and Reproductive Health Association. House Appropriations Committee Approves Labor-HHS Bill; Title X Flat Funded. 2006, June 13 http://www.nfprha.org/site/apps/nl/content2.asp?c=ggLRIWODKtF&b=1849691&ct=2765793, accessed 7 August 2006.
9. National Family Planning and Reproductive Health Association 2006 Senate Appropriations Committee Approves Labor-HHS Bill; Title X Flat-Funded (July 20) http://www.nfprha.org/site/apps/nl/content2.asp?c=ggLRIWODKtF&b=1849691&ct=2789981, accessed 7 August 2006.
10. Gold RB. Nowhere But Up: Rising Costs for Title X Clinics. *The Guttmacher Report*. 2002;5(5) http://www.guttmacher.org/pubs/tgr/05/5/gr050506.html, accessed 11 August 2006.

11. Glasier A. Emergency Postcoital Contraception. *New England Journal of Medicine*. 1997;337:1058–64 http://www.guttmacher.org/pubs/tgr/05/4/gr050403.html.
12. Boonstra H. Emergency Contraception: The Need To Increase Public Awareness. *The Guttmacher Report*. 2002;5(4) http://www.guttmacher.org/pubs/tgr/05/4/gr050403.html, accessed 11 August 2006.
13. Boonstra H. Steps Being Taken to Improve Access. *The Guttmacher Report*. 2002;5(5):10–3 http://www.guttmacher.org/pubs/tgr/05/5/gr050510.html, accessed 13 August 2006.
14. US Governmental Accountability Office. *Food and Drug Administration Decision to Deny Initial Application for Over-the-Counter Marketing for the Emergency Contraceptive Drug Plan B Was Unusual*. 2005, GAO 06-109 (November). See timetable, p. 42. http://www.gao.gov/new.items/d06109.pdf, accessed 15 August 2006.
15. National Family Planning and Reproductive Health Association. FDA Could Make Decision on Plan B Within Weeks. *NFPRHA Report*. 2006, (August 9), 2–3.
16. Kaiser Family Foundation. NPR Examines Application for Non-Prescription Sales of Plan B Kaiser Daily Women's Health Policy (August 16) 2006; http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=39185.
17. Kaiser Family Foundation. Public Health & Education|FDA Releases Draft Guidelines for Latex Condoms; Packages Would Say They 'Greatly Reduce But Do Not Eliminate' Risk of Pregnancy, HIV. *Daily Women's Health Policy*. 2005, (November 11), http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=33665, accessed 26 December 2006.
18. Dailard C. Title X Program Announcement Articulates New Priorities for the Nation's Family Planning Program. *The Guttmacher Report*. 2003;6(5) http://www.guttmacher.org/pubs/tgr/06/5/index.html, accessed 11 August 2006.
19. Christian Coalition. *Contract with the American Family*. Chesapeake, VA: Christian Coalition; 1995.
20. Purdum TS. President Vetoes Measure Banning Type of Abortion. *New York Times* (April 11), A1, B10, 1996.
21. Deschner A. Federal Abortion Procedures Ban Heads to Court; Abortion Foes Pledge More Bills in 2004. *The Guttmacher Report*. 2003;6(5) 12, 14. http://www.guttmacher.org/pubs/tgr/06/5/gr060512.html, accessed 11 August 2006.
22. Bonavaglia A. Separating Fact from Fiction. *Ms*. 1997, (May/June), 54–63.
23. Rosenfield A. The Difficult Issue of Second Trimester Abortion. *New England Journal of Medicine*. 1994;331:324–5.

24. Boonstra H. Human Embryo and Fetal Research: Medical Support and Political Controversy. *The Guttmacher Report*. 2001;4(1) http://www.guttmacher.org/pubs/tgr/04/1/gr040103.html, accessed 11 August 2006.
25. Saul R. Federally Funded 'Stem Cell' Research: New Hope, Renewed Controversy. *The Guttmacher Report*. 1999;2(2):3 4, 7 http://www.guttmacher.org/pubs/tgr/02/2/gr020203.html, (accessed 8/15/06), (accessed 8/11/06).
26. Gold RB. Embryonic Stem Cell Research – Old Controversy; New Debate. *The Guttmacher Report*. 2004;7(4):4–7 http://www.guttmacher.org/pubs/tgr/07/4/gr070404.html.
27. Hook J. Stem Cell Bill Vetoed; Override Effort Fails. *Los Angeles Times*. 2006, (July 20) http://www.latimes.com/news/nationworld/nation/la-na-stemcell20jul20,1,1201827.story?coll=la-headlines-nationl, accessed 7 August 2006.
28. Drazen JM. Embryonic Stem Cell Research – The Case for Federal Funding. *New England Journal of Medicine*. 2004;351: 17 (October 21), 1789–90.
29. Faden RR, Gearhart JD. Facts on Stem Cells. *Washington Post*. 2004, (August 23), A-15.
30. American Association for the Advancement of Science. Bush and Kerry Offer Their Views on Science. *Science*. 2004;306, (October 1), 46–52.
31. Klein R. Bush Vetoes Stem-Cell Research Bill: First Use of Such Power During Presidency Survives a House Vote. *Boston Globe*. 2006, (July 20). http://www.boston.com/news/science/articles/2006/07/20/bush_vetoes_stem_cell_research_bill?mode=PF.
32. National Family Planning and Reproductive Health Association. Senate Approves Child Custody Protection Act. 2006; http://www.nfprha.org/site/apps/nl/content2.asp?c=ggLRIWODKtF&b=1849691&ct=2837397, accessed 9 August 2006.
33. Allen M. Bush Backs Abortion Measure; He Urges Senate to Enact House Bill on Parental Notification. *Washington Post*. 2005, (April 29), A04.
34. Alan Guttmacher Institute. House Hews to Antiabortion Agenda: Medicaid Funds for Abortion are Narrowed. *Washington Memo*. 1995, (August 29), 3–5.
35. Burrelli DF. *Abortion Services and Military Medical Facilities* Congressional Research Service, (September 14), 2005;95–387F http://www.law.umaryland.edu/marshall/crsreports/crsdocuments/95-387_F.pdf, accessed 12 August 2006.
36. Population Reference Bureau. Transitions in World Population. *Population Bulletin*. 2004;59(1):23–5 http://www.prb.org/Template.

cfm?Section=Population_Bulletin1&Template=/PopulationBulletin2.cfm, accessed 16 August 2006.
37. Cincotta RP, Crane BB. The Mexico City Policy and US Family Planning Assistance. *Science*. 2001;294:525–6.
38. Copson RW. *The Global Fund and PEPFAR in US International AIDS Policy*. Washington, D.C.: Congressional Research Service; 2005, (November 3). RL33135 http://digital.library.unt.edu/govdocs/crs/permalink/meta-crs-7922, accessed 12 August 2006.
39. Green EC. *Rethinking AIDS Prevention: Learning from Successes in Developing Countries*. Westport, Connecticut: Praeger; 2003.
40. Dybul M. *The President's Emergency Plan for AIDS Relief* (slide presentation). US Department of State; 2005; http://www.state.gov/s/gac/, accessed 4 July 2006.
41. Kohn D. More HIV Funds to Promote Abstinence: Researchers Call Policy Misguided. *Baltimore Sun*. 2005, (December 10).
42. United States District Court Southern District of New York. Alliance for Open Society International *et al*. v. United States Agency for International Development; 2006, (May 9).
43. Brennan Center. Federal Court Holds "Anti-Prostitution Pledge Requirement Violates First Amendment. 2006; http://www.brennancenter.org/presscenter/releases_2006/pressrelease_2006_0509.html, accessed 9 July 2006.
44. Nowels L. *International Family Planning: The Mexico City Policy*. Washington, D.C.: Congressional Research Service; 2001, (April 2) RL30830 http://digital.library.unt.edu/govdocs/crs/permalink/meta-crs-1906, accessed 15 August 2006.
45. Crane BB, Dusenberry J. Power and Politics in International Funding for Reproductive Health: the US Global Gag Rule. *Reproductive Health Matters*. 2004;12(24):128–37.
46. Donohoe M. Increase in Obstacles to Abortion: The American Perspective 2004. *Journal of the American Medical Women's Association*. 2005;60(1):16–25.
47. Green RM. US Defunding of UNFPA: A Moral Analysis. *Kennedy Institute of Ethics Journal*. 2003;13(4):393–406.
48. United Nations Population Fund (UNFPA). Resources and Management. http://www.populationaction.org/resources/data_and_graphs/USPopulationAssistance.htm, (accessed 8/17/06) 2006.
49. Population Action International. Trends in US Population Assistance. http://www.populationaction.org/resources/data_and_graphs/USPopulationAssistance.htm, (accessed 7/4/06) 2006.
50. Dugger C. US Cuts Funds for Family Planning Overseas. *New York Times*. 2006, (February 15).

51. Global Health Council. Global Health Funding. http://www.globalhealth.org/view_top.php3?id=172, (accessed 8/9/06) 2006.
52. Cohen SA. The Global Contraceptive Shortfall: US Contributions and US Hindrances. *Guttmacher Policy Review.* 2006;9(2):15–8.
53. Gillespie D. Mexico City and Postabortion Care. US Agency for International Development, Family Planning; 2001; http://www.usaid.gov/our_work/global_health/pop/mcpolicy_memo.html, accessed 24 December 2005.
54. Santelli J, Ott MA, Lyon M, Rogers J, Summers D. Abstinence-Only Education Policies and Programs: A Position Paper of the Society for Adolescent Medicine. *Journal of Adolescent Health*. 2006;38:83–7.
55. Meier KJ, McFarlane DR. State Family Planning and Abortion Expenditures: Their Effect on Public Health. *American Journal of Public Health*. 1994;84(9):1468–72.
56. Marston C, Cleland J. Relationships Between Contraception and Abortion. *International Family Planning Perspectives*. 2003;29(1):6–13.
57. Gillespie D. Making Abortion Rare and Safe. *Lancet*. 2004;363, (January 3).
58. United States House of Representatives. *The Content of Federally Funded Abstinence-Only Programs* Committee on Government Reform–Minority Staff (December), Prepared for Representative Henry Waxman. 2004; http://reform.democrats.house.gov/story.asp?id=734, accessed 24 December 2005.
59. Altman LK. Study Challenges Abstinence as Crucial to AIDS Strategy. *New York Times*. 2005, (February 24).
60. Gray RH, Serwadda D, Kigozi G, Nalugoda F, Wawer MJ. Uganda's HIV Prevention Success: The Role of Sexual Behavior Change and the National Response. Commentary on Green *et al.* (2006). *AIDS and Behavior.* 2006;10(4):347–50 http://www.springerlink.com/content/a1916q6q06v414t6/fulltext.html, accessed 15 August 2006.
61. United States Government Accountability Office. *Spending Requirement Presents Challenges for Allocating Prevention Funding Under President's Emergency Plan for AIDS Relief* GAO 06-395 (April), 2006;1–93.
62. Halperin DT, Steiner MJ, Cassell MM, Green EC, Hearst N, Kirby D, Gayle HD, Cates W. The Time Has Come for Common Ground on Preventing Sexual Transmission of HIV. *Lancet*. 2004;364:1913–5.
63. Green EC, Halperin DT, Nantulya V, Hogle J. Uganda's HIV Prevention Success: The Role of Sexual Behavior Change and the National Response,. *AIDS and Behavior.* 2006;10(4):335–46

http://www.springerlink.com/content/h00r4n6521805w27/fulltext.html, accessed 15 August 2006.
64. Human Rights Watch. *The Less They Know, the Better: Abstinence Only HIV/AIDS Programs in Uganda*. 2005;17(4A):1 81 http://hrw.org/reports/2005/uganda0305/, accessed 15 August 2006.
65. Tavrow P. Undermining the AIDS Fight. *Baltimore Sun*. 2005, (October 18).
66. Crossette B. Hurting the Poor in Morality's Name. *World Policy Journal*. 2004–2005;XXI(4) (Winter), 57–62 http://www.worldpolicy.org/journal/articles/wpj05-1/Crossette.html, accessed 15 August 2006.
67. Cohen SA. Roe or No Roe, Right to Abortion Seen Eroding Under Newly Constituted Supreme Court,. *Guttmacher Policy Review*. 2006;9(1):18 http://www.guttmacher.org/pubs/gpr/09/1/gpr090118.html, accessed 11 August 2006.
68. Kaiser Family Foundation. 44% of World's Maternal Deaths from Unsafe Abortion Occur in Africa, Group Says. *Daily Women's Health Policy*. 2006, (July 10). Available at http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=38367, accessed 10 July 2006.