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The Religious Right and the Reshaping of Sexual Policy: An Examination of Reproductive Rights and Sexuality Education

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Abstract: This article chronicles the impact on sexuality policy in the United States of the rise of the Religious Right as a significant force in American politics. Using a case study analysis of abortion-reproductive rights and sexuality education, it narrates the story of how U.S. policy debates and practices have changed since the 1970s as sexual conservatism rose in prominence and sexual progressives declined in power. The Religious Right's appeal to traditional moral values and its ability to create moral panics about sexuality are addressed, specifically with regard to abortion and sexuality education. Ultimately, political meddling and moral proscriptions, disregard for scientific evidence, and the absence of a coherent approach regarding sexual and reproductive health rights have undermined sexuality policy in the United States. The article ends on a cautious note of optimism, suggesting that the Religious Right may have overreached in its attempt to control sexuality policy.

Key words: sexual conservatism; moral panic; policy debates; controversy; abortion

The United States has a long history of sexual conservatism dating back to its puritanical founders, who put in place a regulatory framing of moral and sexual behaviors and values. This framing dictated an appropriate socialization of children within the family, as well as appropriate roles and behaviors for heterosexual couples, strictly within the confines of marital relationships. Since then, the United States has seen a number of historical periods of fluctuating[1] progressive and regressive moments pertaining to sexuality—for example, the first sexual revolution in the early twentieth century during the Progressive Era (1890–1913) was followed by the repressive dictates of legally sanctioned moral authorities during the post-Prohibition period of the late 1940s (Chauncey, 1994; D'Emilio & Freedman, 1997).

Since the 1970s—and especially since 2000, when George W. Bush first became president—the United States has experienced another wave of political dominance by sexual conservatives. This article demonstrates the unprecedented abilities of actors associated with the Religious Right to reshape policies in the areas of sexuality education and reproductive rights. The origins of this development—and, indeed, of the movement now referred to as the Religious Right—were set in motion some 30 years ago, primarily as a reaction to the women's liberation and gay rights movements of that era and the significant changes they ignited in sexual values, behaviors, relationships, and social policies.

The women's liberation and gay rights movements challenged virtually every aspect of normative sexuality of the time, primarily by asserting the legitimacy of sex outside marriage, sex separated from procreation, and homosexuality. "The Myth of the Vaginal Orgasm" (Koedt, 1973), an essay that critiqued conventional heterosexual

1 The use of the word *fluctuating* is intentional here. The rise of sexual conservatism, although long-standing since the inception of the republic, does not have a specific movement or origin—nor did it or does it take place in a linear sequence of regressive actions imposed by a dominant political power. Rather, sexual conservatism has fluctuated between ascendancy and decline within U.S. culture in a pattern contingent on historical conditions and circumstances.

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understandings, was one of the best-known feminist statements of the period. These two new movements also called into question prevailing notions of family life. Demands for a more equitable division of labor within households were expressed in another key document of the times, "The Politics of Housework" (Mainardi, 1970), as well as in demands for increased male involvement in child rearing and calls for state-funded child care centers—all of which struck a nerve with those committed to traditional conceptions of family life.

Inevitably, given the emotionally charged nature of the issues involved, a countermovement (Lo, 1982) initially referred to as the New Right (and later, the Religious Right) arose in response to these developments. The New Right's mobilization around issues of domestic policy as a response to the provocations of feminists, gays, and other progressives differentiated it from the Old Right, which had historically focused largely on foreign policy (Hardisty, 1999; Micklethwait & Wooldridge, 2004).

The first such campaign of this new movement, in fact, was not specifically about sexuality, but focused on a child care bill passed by Congress that authorized $2 billion for states to use for child care—one of the first legislative victories of feminism. This bill was ultimately vetoed by the then president Richard Nixon in 1971, partly in response to a massive outpouring of letters from alarmed housewives, organized mainly through their churches, who had been stirred to action by New Right operatives with dire warnings that the government was going to take over care of their children (Joffe, 1979). As a New Right spokeswoman later reflected on this successful effort to derail the child care bill, "The opening shot in the battle over the family was fired in 1971" (McGraw, 1980, p. 2).

This new force in American politics greatly expanded in 1973, becoming both more structured and more visible in response to the Supreme Court decision *Roe v. Wade* (1973), which recognized a legal right to abortion. Opposition to *Roe* galvanized hundreds of thousands of previously apolitical people, many of them congregation members who organized the effort through their churches. The explosive issue of abortion served as a "battering ram," in Rosalind Petchesky's (1990, p. 242) apt phrase, for a wide range of other issues that would also receive attention from social conservatives in the years ahead: sexuality education, teenage pregnancy, welfare policies, and out-of-wedlock births.

Early leaders of the New Right—such as Richard Viguerie, one of the originators of direct-mail campaigns, and Paul Weyrich, a conservative Republican Party operative—realizing the electoral potential of religious voters, moved effectively to bring these newly politicized individuals into the Republican Party. In 1979, a meeting between Weyrich and the Reverend Jerry Falwell led to the formation of the Moral Majority (Micklethwait & Wooldridge, 2004). The instrumental role that religious conservatives affiliated with the New Right played in the election of Ronald Reagan in 1980—"the Christian Right's coming out party" as one writer (Kaplan, 2004, p. 70) put it—marked the recognition of this movement as a key constituency of the Republican Party. Subsequently, a number of Religious Right–affiliated groups formed—such as Focus on the Family, the Christian Coalition, the Family Research Council, the Concerned Women of America, and the Traditional Values Coalition—and became increasingly influential in Washington, D.C., circles. Indeed, by 2006, noted political commentator Kevin Phillips stated that the two elections of George W. Bush, in 2000 and 2004, "mark the transformation of the GOP into the first religious party in U.S. history" (Phillips, 2006, p. vii).

With the advent of the HIV/AIDS pandemic during the 1980s, the Religious Right became even more noteworthy for its reassertion of religious faith and values, as well as the accompanying *cultural anger* (Frank, 2004) that targeted feminists and homosexuals as the primary sources of the supposed sexual degeneracy evident in the United States. Campaigns against gay parenting and, above all, opposition to marriage equality for lesbians and gay men have become signature issues for such key organizational entities of the Religious Right as Focus on the Family and the Family Research Council.

The Religious Right's mobilization in response to changes in Americans' sexual behavior along with the corresponding legal and policy developments (e.g., the legalization of abortion) is viewed by many as a classic instance of a *moral panic*. The originator of the term, British sociologist Stanley Cohen (1972), defined a moral panic as "a condition [that]…emerges to become defined as a threat to societal values and interests…[A]t times…it has…serious and long-lasting repercussions and might produce such changes as those in legal or social policy or even in the way society conceives itself" (p. 9).

This article discusses this moral panic over changing sexual behavior by offering case studies of two key issues: abortion-reproductive rights and sexuality education. These areas have been targets of the Religious Right from its inception and, consistent with Cohen's (1972) formulation, continue to be among the most crucial sites for contestation and political retrenchment. At the time of this

writing, some 6 years into the George W. Bush presidency, the Religious Right has been highly successful in cutting back earlier gains not only in terms of abortion rights but also with regard to contraception—an issue long regarded as common ground between opponents and supporters of abortion. With respect to sexuality education, the Right has been similarly successful in reshaping the content and intent of such programs and, in the process, steering millions of dollars to religiously affiliated organizations that promote abstinence-only-until-marriage education at the expense of contraceptive information.

Before proceeding to detailed examinations of the cases, the authors note some common themes that run through the attacks of the Religious Right on sexuality-related issues. Although these lines of attack have been evident since the early mobilization of the Religious Right in the 1970s, they have reached new heights following the election of George W. Bush.

Personnel Actions That Reward the Political Base

First and most crucial has been the administration's rush to reward the Religious Right with key appointments and massive funding for its desired programs. It would be naive to ignore the fact that all presidential administrations to one degree or another favor their supporters with jobs and desired programs—but the extent to which this favoritism occurred immediately after Bush first came into office, as well as the manner in which such appointments were made, appear truly without precedent. Here is an account by historian Garry Wills (2006) of the personnel policies in the first administration of George W. Bush:

> For social services, evangelical organizations were given the same right [as K St lobbyists were for economic legislation] to draft bills and install the officials who implement them. Karl Rove had cultivated the extensive networks of religious right organizations, and they were consulted at every step of the way as the administration set up its policies on gays, AIDS, condoms, abstinence programs, creationism, and other matters that concerned the evangelicals. All the evangelicals' resentments under previous presidents, including Republicans like Reagan and the first Bush, were now being addressed.
>
> She [Kay James, head of the White House Office of Personnel] knew whom to put where, or knew the religious right people who knew. …The evangelicals knew which positions could affect their agenda, whom to replace, and whom they wanted appointed. This was true for the Centers for Disease Control, the Food and Drug Administration, and Health and Human Services—agencies that would rule on or administer matters dear to the evangelical causes. (p. 8)

Furthermore, as a number of observers have pointed out (Mooney, 2005; Specter, 2006), the appointment procedures used to fill important government posts and advisory committees violated all previous norms of professionalism. Those named to positions relating to reproductive and sexual health policies were often chosen on the basis of their adherence to pro-life positions rather than on their professional credentials. Furthermore, such vetting took place even in areas removed from sexuality and reproduction. Scientists being considered for various appointments—such as, for example, the advisory panel for the National Institute for Drug Abuse—were asked whether they had voted for President Bush and where they stood on various social issues, such as abortion (Mooney).

An example of the extremes to which this kind of ideological purity was applied by Bush operatives is offered by journalist Rajiv Chandrasekaran (2006) in his account of the personnel decision making for the Iraq Coalition Provisional Authority. Similar to Bush administration appointees in the domestic sphere, positions for the Coalition Provisional Authority were recruited from Religious Right circles and queried about their positions on abortion. Chandrasekaran noted that the first director of health services was Frederick Burkle, a distinguished physician who was a specialist in disaster relief with extensive experience in Kurdish Iraq. Burkle was shortly replaced by James Haverman, a nonphysician whose main professional experience before taking the Iraq post was running a Christian adoption agency that sought to discourage women from having abortions. Chandrasekaran described how Iraq's ruined hospitals went unattended while Haverman initiated a no-smoking campaign and prioritized the privatization of the Iraq health care system.

Another aspect of these personnel policies was the Bush administration's willingness to attack the perceived enemies of the Religious Right and remove them from office or, in the case of researchers, to withdraw government support for their work. In a well-publicized case, Elizabeth Blackburn, a distinguished cell biologist at the University of California, San Francisco, was removed from the President's Council on Bioethics because of her support for stem cell research. She was replaced by a relatively obscure political scientist who had compared the harvesting of stem cells to slavery (Specter, 2006).

But nowhere was this willingness to go after ideological enemies made more clear than in the notorious case of

the so-called hit list that was assembled in 2003 to target sexuality researchers at odds with the Right's agenda (Epstein, 2006). In this case, staff members at the Traditional Values Coalition, one of the leading organizations affiliated with the Religious Right, made available to sympathetic members of Congress a list of 157 researchers and their projects that had been funded through the National Institutes of Health (NIH). The projects in question focused on topics that the Traditional Values Coalition found particularly objectionable, such as, for example, studies of prostitution or of various aspects of the gay and lesbian community. Even before the existence of the hit list was revealed, sympathetic staffers at NIH had warned its potential grantees to cleanse their proposals of such provocative phrases as *sex worker* and *men who have sex with men* (Epstein) in the title pages and abstracts of their grants (which were accessible to the public).

Attacks on Scientific Integrity

Ideologically driven personnel decisions, in turn, led to the second theme evident in the Bush administration's treatment of sexuality-related issues: the willingness to allow politics to trump scientific findings. Whether it was the discredited claim that abortion causes breast cancer posted on a government website by antiabortion operatives within the federal bureaucracy or the patently false statement in a federally funded abstinence-only program that HIV can be transmitted by sweat and tears (Waxman, 2004), the Bush administration repeatedly legitimated the use of misleading and false evidence to support the outcomes it desired. In one of the most notorious comments on the approach to science in the Bush administration, journalist Ron Suskind told of an encounter with a Bush senior adviser who contrasted the reality-based community of conventional scientists with the current White House: "We're an empire now, and when we act, we create our own reality" (Mooney, 2005, p. 243).

Indeed, the disdain for scientific integrity displayed during the Bush presidency across a wide variety of fields—going well beyond sexuality and reproductive health—prompted an unprecedented move by the Union of Concerned Scientists to issue a statement in February 2004 denouncing the Bush administration's policies on science. Ultimately, more than 10,000 members of the U.S. scientific community signed this statement, including 48 Nobel Laureates (Mooney, 2005).

Breaching the Church-State Barrier

The near disappearance of the line separating church and state is a third common thread in the Religious Right's involvement in sexuality-related issues and policies. Even before the full-throttle promotion of faith-based services that has hallmarked the Bush administration, high-profile instances of church-state violations had been perpetrated by the Religious Right. For example, the Reagan years saw one of the earliest manifestations of abstinence-only programming: the creation of so-called *chastity centers* under the Adolescent Family Life Act (Luker, 2006). Under this act, religious groups received public funding to urge teens to be sexually abstinent and they did so by promoting religious doctrine. This breach of church-state separation resulted in litigation that ultimately went to the Supreme Court. In *Bowen v. Kendrick* (1988), the court ruled that public money cannot be used to pay for religious activities in a publicly funded sexuality education program. But under the Bush administration, funding of religious groups has grown exponentially. Besides funding noncontroversial faith-based social services, the church-state boundary was violated by the huge influx of monies given to religious groups for both abstinence-only programs and crisis pregnancy centers, which counsel against abortion. These programs, too, have been the subject of litigation because of violation of church-state separation (Henriques & Lehren, 2006).

Traditional Views on Sexuality

Fourth, in its approach to sexuality-related issues, the Religious Right has promoted a highly traditional—some would say neopuritanical—view of sexuality, one that does not reflect the behaviors or values of most Americans in the twenty-first century. As the very phrase *abstinence only until marriage* implies, the Religious Right condemns sexual activity before marriage, as well as opposes gay marriage while demonizing homosexual behavior. Although the abstinence-only campaign is typically thought to be targeted toward teenagers, sexual conservatives within the United States Department of Health and Human Services revised the abstinence campaign in the fall of 2006 to include unmarried adults ages 20–29—even though well over 90% of people in this age group have been found to be sexually active (Jayson, 2006). Additionally, as the recently stepped-up attack on contraception in Religious Right circles suggests, the prevailing view for these groups is that all sexual activity within marriage must be open to the possibility of procreation (Shorto, 2006).

In practical terms, such views of sexuality have resulted in an often single-minded warning on the dangers of the health risks of sexual behavior (especially for youth) with no acknowledgment of the pursuit of sexual pleasure as an inalienable right, along with an inflexible condem-

nation of nonmonogamous relationships. In fact, fears of promiscuity led a number of prominent members of the Religious Right to speak out against the promising new vaccine for the human papillomavirus, which can cause cervical cancer, because this vaccine is most effective when given to girls around the age of 13 (Stein, 2006b).

Internationalism

Fifth, sexuality-related policies have served as vehicles to internationalize the efforts of the Religious Right. This tactic is, in fact, long-standing; in 1984, at a United Nations (UN) conference on population in Mexico City, the Reagan administration announced its controversial policy stipulating that no U.S. foreign aid would fund family-planning services in countries or agencies that used their own monies for abortion services or even counseled about abortion. After the Clinton administration overturned the Mexico City policy, George W. Bush reinstated the policy (often referred to as the *global gag rule*) immediately upon taking office. The Bush administration also implemented policies on AIDS education and prevention in Africa that are heavily weighted with abstinence-only provisions—provisions that many critics decry as not only unrealistic but also certain to lead to illness and death that otherwise could have been prevented. Furthermore, the Bush administration's appointments of Religious Right partisans to various delegations to the UN and other international bodies have also permitted a renewed attack on contraceptive services in other countries (Chamberlain, 2006).

The Scope of This Article

Though our research presents, from a sexually progressive viewpoint, an admittedly demoralizing account of the damage done to sexuality-related policies by the Religious Right in the United States, especially during the presidency of the second Bush, we will offer as well some cause for (cautious) optimism. In the classic manner of the hubris that typically accompanies successful social movements, it appears that the Religious Right may have overreached in its attempt to remake sexuality policy in the United States. We return to this point at the end of this article, where we offer a brief commentary on the implications of the results of the November 2006 election.

This article is not offered as a full account of the moral panics precipitated by sexual and reproductive issues since the 1970s—such an account would necessarily include additional, separate sections on gay and lesbian issues (especially marriage equality) and on the HIV/AIDS pandemic. Instead, this article makes reference to how such issues have been intertwined with the Religious Right's attacks on reproductive rights and sexuality education.

Reproductive Rights in the United States

How Struggles Around Reproductive Rights Have Unfolded Since Roe v. Wade (1973)

> A teenage boy in Texas was sentenced to life imprisonment, with no possibility of parole for 40 years, for causing the stillbirth of twins. The young man had stomped and beaten on his girlfriend's stomach, at her request, because the two feared the consequences of an unwanted pregnancy. In a similar case in Michigan, a young man caused his girlfriend to miscarry after hitting her in the abdomen with a baseball bat. Both of these incidents occurred in states with parental notification laws for abortion (Cardenas, 2005; Page, 2006).
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> A group calling itself the NAAPC (the National Association for the Advancement of Preborn Children) filed suit in California to stop research on stem cells (Uttley, 2005). The acronym NAAPC is an obvious attempt to claim identification with one of the oldest and most illustrious civil rights groups in the United States, the NAACP (the National Association for the Advancement of Colored People).
>
> Websites at two U.S.-government-supported agencies, the Centers for Disease Control and Prevention and the National Cancer Institute, posted misleading information about, respectively, the effectiveness of condoms and the alleged link between abortion and breast cancer (Committee on Government Reform, 2003).
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> At the height of the holiday shopping season, pro-life groups mounted a boycott against American Girl, a manufacturer of very popular dolls, because the company makes charitable contributions to Girls Inc., a nonprofit organization for girls and young adolescents that supports comprehensive sex education, legal abortion, and gay rights (Sanchez, 2005).

The above incidents illustrate the remarkable extent to which reproductive issues have become a key flashpoint of contemporary American politics and culture. Since 2000 and the first presidential term of George W. Bush, battles over abortion and related issues have been particularly intense; American society has experienced an unprecedented intrusion of the ascendant Religious Right far beyond the issue of abortion into multiple areas of everyday life. But abortion remains the overriding issue of concern for the movement. Its attack on abortion from 1973 to the present has been multifaceted and extremely effective.

Cliché though it may be, the abortion situation in the United States can be described accurately as a war—a

war, moreover, with many fronts. This article will analyze a number of those fronts, including the courts, the U.S. Congress, the state legislatures, U.S. popular culture, and the front lines of abortion provision. This analysis of reproductive rights in the United States concludes with a discussion of the spread of abortion to other issues.

A War With Many Fronts

The courts. The judiciary is one of the prime sites where the Religious Right has been rewarded by Republican presidents for its support. Starting with the presidency of Ronald Reagan, litmus tests have been imposed on judicial nominations for Supreme Court justices, as well as those for lower courts (McKeegan, 1992). The Religious Right's ability to act as broker in the selection of Supreme Court nominees was in full display in summer 2005, when the movement convened a number of what it called judicial Sundays (Kirkpatrick, 2005), when pastors and congregants across the country took part in a teleconference with White House officials and high-ranking Republican legislators to discuss possible nominees. Religious Right leaders, such as James Dobson of the Focus on the Family, were among the first to demand the withdrawal of the nomination of Harriet Miers, a Bush ally whom Dobson and his colleagues did not trust as being sufficiently conservative.

Among the key Supreme Court rulings on abortion have been the *Harris v. McCrae* decision in 1980, which ruled that poor women had no right to a federally funded abortion (Petchesky, 1990), and the *Webster v. Reproductive Health Services* decision in 1989, which ruled that restrictions on abortion services—such as parental notification or consent for minors seeking abortion and state-ordered scripts that physicians must read to patients—do not impose an undue burden on women seeking abortions (Garrow, 1994).

The *Planned Parenthood of Southeastern Pennsylvania v. Casey* decision in 1992 reaffirmed the essential constitutional right to an abortion, much to the relief of the abortion rights community. The decision did, however, abolish the trimester framework of the original 1973 *Roe* decision and upheld several restrictions on abortion (Garrow, 1994). Although the Supreme Court ruled narrowly against a ban on *partial birth abortion* (Center for Reproductive Rights, n.d.)—a rarely used technique known in medical terms as *intact dilation and extraction*—in the *Stenberg v. Carhart* case in 2000, a newly reconfigured court with two Bush appointees reheard this case in fall 2006, and the outcome is not known as of this writing. Within the medical wing of the abortion rights movement, many fear that an unfavorable ruling would lead to a more general ban on abortions after the first trimester of pregnancy.

Congress. The House and Senate have actively sought to intervene in abortion care in a way that is not applied to any other medical procedure. For example, besides passing the ban on partial birth abortion, an action that led to the Supreme Court hearings mentioned above, legislators have introduced measures on fetal pain requiring—against the medical community's best scientific judgment (Lee, Ralston, Drey, Patridge, & Rosen, 2005)—anesthesia for the fetus after a certain point in gestation. But the most unprecedented instance of congressional interference into medical practice came in 1996, when the Residency Review Committee for Obstetrics and Gynecology of the Accreditation College of Graduate Medical Education (ACGME) stipulated that residency programs in this field should offer routine training in abortion procedures with an opt-out clause for those who had moral or religious objections. For the first time ever, Congress held hearings on an ACGME standard and essentially nullified this new requirement by stating that no ob-gyn residency was at risk of losing funds if this stipulation was not followed (Foster, van Dis, & Steinauer, 2003).

State legislatures. Since *Roe v. Wade* (1973), state legislatures have annually considered hundreds of bills whose intent it is to restrict, if not eliminate, abortion provision—and many of these bills have become law. Empowered by the *Webster* decision, a majority of states now have either parental-notification or parental-consent laws for minors who wish to have an abortion. Additionally, a number of states have passed onerous TRAP (Targeted Restrictions of Abortion Providers) laws: These bills, which do not apply to any other areas of health care, require physicians who provide abortion services to comply with complicated and cumbersome requirements mandating, for example, the number of parking spaces, the rate of airflow, or the width of doorways for the buildings in which they work (Center for Reproductive Rights, 2004). A number of these laws have passed judicial scrutiny—often thanks to highly conservative judges vetted by the Religious Right. Even when some of these bills ultimately are overturned in the courts, dealing with them is very costly and time consuming for the abortion-providing community, so these laws can serve as a disincentive that keeps some potential abortion providers from offering this service at all.

U.S. popular culture. To a remarkable degree, the antiabortion movement has been successful in its

campaign to stigmatize abortion within U.S. popular culture. Positive or even neutral portrayals of abortion in television and film have been nearly absent, typically because of networks' fear of organized protests to advertisers from the Religious Right (Weitz & Hunter, 2007). Meanwhile, starting in 1985 with a widely distributed video, *The Silent Scream* (Smith & Nathanson, 1984), a brilliant piece of antiabortion propaganda that misleadingly claimed to portray a late-term abortion, the fetus emerged as a cultural figure in its own right (Petchesky, 1987). Such disparate events as the rise of routine ultrasonography in pregnancies (and the increasing availability of ultrasounds in nonmedical settings such as shopping malls); the rise of fetal medicine (Casper, 1998); and a strategic campaign by the Religious Right to insert the fetus as an independent actor into various legislation (Uttley, 2005) have combined to promote the notion of an adversarial relationship between the fetus and its potential enemy—the woman who would abort.

The Religious Right has skillfully capitalized on the power of ultrasounds. In response to urging from Religious Right organizations, more than $30 million of public funding has been given to pregnancy resource centers, also known as crisis pregnancy centers, during the Bush administration (Kaufman, 2006). These monies, in many cases, have been used to purchase ultrasound machines as a means of convincing pregnant women not to abort. A recently announced strategy of the antiabortion movement is working for legislation that would compel abortion-providing facilities to offer each patient the opportunity to see an ultrasound of the fetus she is carrying (Simon, 2006).

Yet another indication of the stigmatized position of abortion in American culture is its linguistic suppression. The word *abortion* is increasingly shrouded in silence—even among its advocates. "I support a woman's right to choose" or "I support choice" are commonly used formulations by politicians, who, in spite of their belief in abortion rights, feel the need to employ such euphemisms. At the same time, use of the word *choice* itself is criticized by many within the reproductive rights movement because the term suggests that abortion is a consumer item that can be freely chosen by all women, whereas the reality is that abortion is decreasingly available to many American women—especially those made vulnerable by race, poverty, or age (Joffe, 2005).

On the front lines of abortion provision. The most consequential impact of the war against abortion—but also the least visible to many Americans—occurs on a daily basis at the facilities that offer abortion services. There, beleaguered health care professionals and their staff have to manage the consequences of the various restrictions and laws that govern abortion provision in their states. Beyond that, they face enormous security concerns that occur in no other area of American medicine. Since 1993, seven members of the abortion-providing community have been murdered, six at their workplaces and one in his home. Thousands more have been terrorized, the clinics where they work have been vandalized and firebombed, and in 2000 more than half of all abortion providers experienced some form of antiabortion harassment (Henshaw & Finer, 2003).

Moreover, the daily challenges abortion providers face go well beyond security and compliance with complicated regulations. The stigma and marginalization that have come to surround abortion care in many communities (Joffe, 1995) mean that providers often confront such difficulties as hospitals who refuse privileges to abortion doctors, landlords who refuse to renew leases, and vendors who refuse to provide essential services such as laundry. These refusals are often engineered by groups and individuals affiliated with the Religious Right.

The Spread of the Abortion War to Other Issues

Emboldened by its electoral successes, especially since the 2000 election of George W. Bush, the Religious Right in the United States has extended its assault on reproductive issues beyond abortion to a variety of other areas. These new terrains provide a number of ways for this movement to expand its influence and further its various objectives. One of the most notable developments has been the emergence of *embryo politics*—an effort, on many fronts, to define the meaning of life in ways that are at odds with conventional understandings. So, for example, by its reference to human embryos as preborn or microscopic Americans (Murdock, 2001), the Religious Right has attacked not only stem cell research but also assisted reproduction techniques that use embryos, such as in vitro fertilization. Through various legislative measures—such as the Unborn Victims of Violence Act of 2004 (Laci and Conner's Law), which states that the murderer of a pregnant woman can be charged with two crimes, or an amendment to a children's health bill that mandated health care to a fetus but not to the woman carrying the fetus (Uttley, 2005)—the Right is attempting to lay the groundwork for an eventual legal (and cultural) recognition of the personhood of the unborn, an action that would render abortion illegal (American Civil Liberties Union [ACLU], 2002).

Such efforts on the part of the Religious Right to control the meanings of life extend to end-of-life issues as

well. Euthanasia, physician-assisted suicide, and other right-to-die issues have long been targets of this movement. These issues came to a head in spring 2005 with the notorious case of Terri Schiavo. President Bush and Republican legislators, seeking to please their extreme right-wing base, made unprecedented intrusions into the decision of a Florida man to withdraw a feeding tube from his brain-dead wife. In what was to prove a massive political miscalculation, Tom DeLay, then second in command in Congress, exclaimed to a gathering of the Family Research Council, "One thing that God has brought to us is Terri Schiavo, to help elevate the visibility of what is going on in America" (Kirkpatrick & Stolberg, 2005, p. A1). Bill Frist, a physician who was then majority leader in the Senate and a 2008 presidential aspirant, disgraced himself (and helped derail his presidential chances) by claiming, on the basis of watching television footage of Schiavo in her hospital bed, that he disagreed with the diagnosis of brain death given to the patient—a diagnosis that was later confirmed by autopsy (Eisenberg, 2005).

The case ultimately involved the highly unusual and irregular spectacle of Congress passing a bill—which George W. Bush signed after taking a jet to the White House in the middle of the night—specifically tailored to one event. The Schiavo case was notable for the visible presence at the dying woman's hospice of some of the key players in the most violent wing of the antiabortion movement; indeed, in an eerie echo of the most extremist antiabortion politics, these leaders issued calls for the deaths of judges who did not prevent the removal of the feeding tubes (Goldberg, 2006).

The Religious Right's aggressive campaign against emergency contraception (EC) is both an outgrowth of embryo politics as well as a suitable vehicle for the movement's escalation to a war against contraception itself. EC is a higher-than-normal concentration of oral contraception that, if taken within 72 hours of unprotected intercourse, is effective in preventing pregnancy. Although health professionals point to the fact that EC prevented an estimated 51,000 abortions in 2000 alone (Henshaw & Finer, 2003), the Religious Right has reframed EC itself as an abortifacient. This reframing is based on the unconventional definition of pregnancy that the movement has been increasingly using. Whereas the consensus in the medical community is that pregnancy commences with the implantation of a fertilized egg in the uterus, the Right now argues that pregnancy begins with the fertilization of an egg. Even though most experts agree that EC works by inhibiting ovulation, abortion opponents claim that this drug causes an abortion because it cannot be proven that EC does not ever inhibit implantation of a fertilized egg (Page, 2006).

The Religious Right fought assiduously to prevent this drug from being approved for over-the-counter (OTC) status by the U.S. Food and Drug Administration (FDA), a move that would make EC more readily available to American women. The arguments mounted by Religious Right spokespersons went beyond insisting that the drug was an abortifacient; with no evidence whatsoever, the group claimed that easier access to this drug would increase promiscuity among adolescent women—a claim that has been disproved by researchers (Couzin, 2005; Harper, Cheong, Rocca, Darney, & Raine, 2005). In spite of overwhelming consensus by the FDA's own advisory panel of experts that this drug is safe for OTC status, the agency, bowing to pressure from the Right, repeatedly denied this application. Several high-ranking FDA officials, including Susan Wood, director of the Office of Women's Health, resigned in protest over this capitulation (Wood, Drazen, & Greene, 2005). Ultimately, in the face of widespread negative publicity and with two women senators stalling the nomination of a new head of the FDA, the agency finally reached a compromise position in summer 2006, allowing the drug to have OTC status for women ages 18 and over.

Though elements of the antiabortion movement have long opposed regular contraception as well as EC, this opposition was mainly covert for fear of alienating the vast majority of Americans who use birth control. However, more recently, such opposition has become more open. The opposition to contraception is based on moral grounds, as well as the alleged health consequences of contraceptive use. For example, after hosting a conference in fall 2006 titled "Contraception Is Not the Answer," a Pro-Life Action League spokesperson commented on the organization's website that "the entire edifice of sexual license, perversion and abortion is erected upon the foundation of contraception" (Pro-Life Action League, 2006). The organization Focus on the Family posted on its website, "Modern contraceptive inventions have given many an exaggerated sense of safety and prompted more people than ever before to move sexual expression outside the marriage boundary" (Shorto, 2006, ¶ 8). As with EC, some within the Religious Right are increasingly reframing various forms of "regular" birth control, in particular oral contraception ("the Pill") as a form of "abortion" (Page, 2006, pp. 14–15).

This growing movement against contraception is revealed most dramatically in pharmacies: An increasing number of pharmacists affiliated with the Religious Right

have been refusing to fill prescriptions for EC and, in some cases, regular oral contraception. (The chain of Wal-Mart pharmacies, often the only pharmacy available to rural women, only recently reversed its long-standing policy of refusing to stock EC; one can speculate that this shift occurred because of an intensifying period of public criticism, both domestically and globally, of numerous Wal-Mart policies.). These well-publicized cases, which have included pharmacists refusing birth control to married women as well as single ones, occasionally accompanied by strident lectures, have led to a flurry of contradictory legislation in the states—with some states passing legislation compelling pharmacies to fill such prescriptions and more conservative states affirming the right of pharmacists to refuse to fill them (Stein, 2006a).

This pharmacy refusal movement, in turn, has led to a broader health care worker refusal movement associated with the Religious Right. These instances include cases of ambulance workers who have refused to transport women in need of an emergency abortion to a hospital, nurses who have refused to dispense EC at public health clinics, and doctors who will not perform sterilizations. In some cases, health workers have refused to perform services for some patients that they are willing to do for others. For example, in one well-publicized case, a lesbian was refused insemination services at a clinic that performed this service for couples and straight women. In another case, a single straight woman who wished to adopt a child was denied the necessary physical exam by a doctor who did not believe single women should have the right to adopt (Stein, 2006b, 2006c). In such cases, where health workers selectively dispense desired services, the issue is not necessarily embryo politics but rather the regulation of sexual activity to which Religious Right devotees object. The current widespread phenomenon of hospital mergers between Catholic and non-Catholic facilities has only exacerbated this problem of reproductive health services being selectively offered or not offered at all (MergerWatch, 2006).

U.S. Foreign Policy

Reproductive politics have become a central part of U.S. foreign policy as well as domestic policy. The global gag rule mentioned earlier in this article has meant the loss of millions of dollars in aid for reproductive health care to countries in the developing world. Similarly, President Bush in each year of his presidency has refused to release funds appropriated by Congress for the UN Population Fund (UNFPA), a move strongly supported by his Religious Right base. The stated reason for this freezing of funds is that UNFPA monies are used to support coercive abortion and sterilization in China—a claim that has been repeatedly disproved, including by a team sent by the U.S. Department of State. The International Women's Health Coalition (IWHC), one of the premier watchdog groups in the area of reproductive health, has pointed out that $161 million from the United States has been withheld

> at a time when over half a million women die as a result or pregnancy or childbirth each year, and over 350 million couples lack access to contraception. …the Administration…den(ies) safe motherhood services, contraceptives, fistula repair, and HIV/AIDS prevention services to women in 140 developing countries worldwide. (International Women's Health Coalition [IWHC], 2006, p. 1)

Numerous other examples exist of the centrality of antiabortion themes in the United States' involvement in international health issues. For example, the World Health Organization, in response to the nearly 70,000 women per year who die from illegal abortions and the nearly 19 million women each year who seek illegal abortions, sought to place mifepristone—a pill used for early abortions—on its essential medicines list. This list officially recommends drugs to which doctors worldwide should have access. The United States lobbied hard against the bill, stalled the process, and ultimately was defeated (IWHC, 2006).

The United States under George W. Bush has also acted unilaterally or with a small bloc of other countries at various UN meetings, pushing hard for an antiabortion and anticontraception agenda. In 2002, in one of the more bizarre such coalition efforts, the U.S. delegation, in alliance with Iran, Iraq (less than a year before the country was invaded by the United States), Libya, Sudan, and the Vatican, tried to block consensus at a special session on children. Whereas the vast majority of delegates—recognizing the realities of sexual abuse, sex work, early marriage, and consensual sex among teenagers—supported contraceptive education and services, including HIV/AIDS prevention, the abovementioned coalition unsuccessfully pushed for an abstinence-only approach (IWHC, 2006). Although the Bush administration's support for international AIDS work—known formally as the President's Plan for AIDS Relief—has drawn praise for the $15 billion that has been committed to this work, the plan has also been widely criticized for its ideologically driven limitations. For example, a considerable amount of the allocated funds are for abstinence and be-faithful programs, an approach that most international experts think is not realistic for most of those at risk for HIV and AIDS. Moreover, the Bush administration has insisted that condoms be promoted only for high-risk sexual encounters

and has discouraged the provision of needle exchanges, an approach that many in the field have found effective (Jamison & Padian, 2006).

The Impact of the Religious Right on Sexual and Reproductive Issues

What has been the cumulative impact of these unrelenting attacks by the Right on reproductive issues since 1973, especially during the Bush II years? The strategies and attitudes mentioned earlier in this article—payback appointments and deployment of resources, disdain for science, blurring of church-state separation, outdated understandings of gender roles—have worked together to significantly weaken reproductive rights and services in the United States. In the international realm, official U.S. policies have similarly eroded the promise of both much-needed medical services and sexual rights.

With specific regard to abortion, *Roe v. Wade* (1973) still stands but its future status is precarious, and even if abortion remains legal, this victory may be hollow. Currently, 87% of all U.S. counties are without an abortion provider, which, given U.S. population distribution, means that 1 out of 3 women live in counties without abortion services (Henshaw & Finer, 2003). Medical institutions, particularly residencies in obstetrics and gynecology, have done an imperfect job of training in abortion procedures—often, as already discussed, because of external political pressures. As a result, many abortion care facilities have difficulties in finding an adequate number of qualified providers. In many communities, local obstetrician-gynecologists who are personally supportive of abortion rights may feel constrained from providing abortions, fearing both sanctions from colleagues and possible violence from pro-lifers. Therefore, clinics that provide abortions often must rely on doctors who fly in from other locations (Joffe, 1995). Although the actual number of individual abortion providers in the United States is unknown, what is known is that the number of identified abortion-providing facilities has steadily declined. Between 1996 and 2000, for example, the number of such facilities declined by 11% (Henshaw & Finer).

Predictably, the most vulnerable women in U.S. society—women of color, those with low income, the young, and those residing in rural areas—have been affected most by the difficulties in gaining access to abortion services. The Hyde Amendment, originally passed in 1976 (ACLU, 2004), forbids the use of public funding to pay for abortions, and only 19 states allow the use of Medicaid funds for this purpose. Although abortion rates in general saw a considerable decline during the 1980s and 1990s, disparities between the poor and the nonpoor were noteworthy. The Guttmacher Institute, the leading research organization that tracks reproductive health events, recently gave this stark assessment: "The abortion rate among women living below the federal poverty level…is more than four times that of women living above 300% of the poverty level" (Boonstra, Gold, Richards, & Finer, 2006, p. 20). Although there may appear to be a contradiction between the statements that poor and disproportionately minority women, on the one hand, have more trouble gaining access to abortions and, on the other, have higher rates of abortions than nonpoor women, this seeming contradiction can be explained by the growing gap between the two groups' access to contraception. The institute also documented that poor women of color are those most likely to experience a delay in obtaining an abortion, thus complicating the search for someone who will perform the procedure (many abortion-providing clinics do not offer services for women who are past the first trimester of pregnancy) and making it more costly (Boonstra et al.).

For teenagers, such delays are often a function of parental-notification or parental-consent requirements. Although no firm data exist on how widespread the phenomenon is, a number of accounts document behavior similar to that occurring in the pre-*Roe* (1973) era, with desperate individuals attempting to perform their own abortions. The combination of the stigma currently associated with abortion in many communities, along with the restrictive regulations now in place, has meant that teenagers especially are vulnerable to engaging in this behavior, often with tragic consequences (Joffe, 2006).

Although much of the attention of the culture wars has been focused on abortion, in fact the Religious Right's attacks on contraception have been equally consequential. The opponents of birth control have not been effective in culturally stigmatizing birth control, but they have been very effective in cutting off state and federal public funding for family planning services, with such actions often occurring without much public notice. Title X of the Public Health Service Act (1970), the main government program that provides contraception to low-income women, has been steadfastly opposed by the Religious Right since the creation of the program in 1970—and there is a long history, starting with Ronald Reagan, of appointing antiabortion ideologues to run the Office of Family Planning, which administers the program.[2] In such a hostile environment, Title X funding has remained flat and currently is woefully inadequate to meet the needs of its low-income constituency. In some cases, states have allowed the use of Medicaid funds to pay for such services. Yet since 1994,

2 After the November 2006 election, George W. Bush continued this tradition. See the Election Epilogue section at the end of this article for details.

more than half of all the states have cut funding for family planning, in some cases having instead redirected funds to crisis pregnancy centers.

As with abortion, therefore, a wide disparity exists between contraceptive use for poor versus nonpoor women. A recent report (Frost, Sonfield, & Gold, 2006) showed fewer low-income women using any contraceptive method in 2002 than in 1995. Over the same period of time, "[T]he unintended pregnancy rate among poor women increased by 29%, even as it fell by 20% among women with higher incomes" (Frost et al., p. 7). In short, given these growing disparities in both abortion rates and birth control usage, one can meaningfully speak of two Americas when it comes to women's ability to control their fertility. The common ground that most Americans believe in no matter where they stand on abortion—the desirability of the prevention of unwanted pregnancies—has been sabotaged by the systematic defunding of contraceptive services that has been demanded by the Religious Right.

Furthermore, reproductive health and reproductive rights have been ground zero in the war against science waged by the Bush administration and its allies. As Chris Mooney (2005), one of the leading observers of this phenomenon, put it, "Where religious conservatives may once have advanced their pro-life and socially traditionalist views through moral arguments, they now increasingly adopt the veneer of scientific and technical expertise" (p. 208). Accordingly, what many have decried as *junk science* has been deployed by Religious Right–affiliated spokespeople to argue for a postabortion syndrome, which posits significant, long-term mental health effects of abortion—a claim long disputed by the American Psychological Association; for discredited links between breast cancer and abortion; and for the alleged ineffectiveness of condoms as protection against HIV and other sexually transmitted infections (Mooney; Specter, 2006). As the next section of this article will discuss, abstinence-only sexuality education curricula have been exposed by government investigators as being rife with inaccuracies. Crisis pregnancy centers, which receive millions of dollars of public funding, have similarly been shown by investigators to give inaccurate information to teenage callers on such matters as the effect of abortion on future fertility, as well as breast cancer (Kaufman, 2006).

This war on science has also included an attack on individual scientists who are out of step with the administration's collusion with the Religious Right on crucial issues. Besides the development of the hit list discussed earlier in this article, other actions have included a clampdown on the number of scientists within the federal bureaucracy who are allowed to work with the World Health Organization or to attend international health conferences. For example, in 2004, more than 150 government researchers were prevented from traveling to the International AIDS Conference in Bangkok; this decision was made, one journalist (Specter, 2006) reported, "after the organizer of the conference refused a request by the United States to invite the evangelist Franklin Graham to give a speech promoting faith-based solutions to the AIDS epidemic" (p. 62). Stem cell research has been held back at the federal level because of George W. Bush's actions since taking office and is progressing in only a few individual states. All these actions, not surprisingly, have led to a demoralization among government scientists, with many leaving their positions (Specter).

Internationally, the developing world remains highly dependent on funding from the United States for reproductive health care services but deeply frustrated by the ideologically driven constraints imposed as individuals affiliated with the Religious Right have taken charge of many aid programs. At the same time, the Religious Right's ability to place its allies into key roles as advisers and delegates to UN-related functions concerning reproductive health has enabled a further long-standing goal of that movement, to engage in "disruptive diplomacy," as a recent report (Chamberlain, 2006, p. 4) put it—that is, to weaken the United States' collaborative efforts with that international body.

The Movement for Reproductive Rights

How has the reproductive rights movement in the United States responded to these assaults by the Religious Right? Initially, the fight for abortion rights in the United States was part of a larger struggle for sexual and reproductive freedom that was a crucial component of the feminist and gay rights movements of the 1960s and 1970s. Those who fought for legal abortion, for example, also worked against sterilization abuse of women of color, for the ability of poor women to have children and raise them in dignity, for the legitimacy of lesbian and gay relationships, for deeper understandings of women's sexuality, and so on. The continual attack on legal abortion since the 1973 *Roe* decision, however, has put the reproductive rights movement on a very defensive basis, with a perhaps inevitable narrowing of focus onto the maintenance of legal abortion. What once was a vibrant grassroots movement gradually became entrenched in large bureaucratic organizations, such as Planned Parenthood, National Organization for Women, and NARAL Pro-Choice America (Joffe, Weitz, & Stacey, 2004).

However, a number of events are currently rejuvenating the abortion rights movement and returning it to its roots as a broader-based entity. The first such event is the globalization of the reproductive freedom movement. The historic UN conferences at Cairo and Beijing in the mid-

1990s and the follow-up events, most recently in 2004 and 2005 at the UN, have brought U.S. activists into contact with thousands of their counterparts elsewhere, including those in the developing world, and expanded U.S. activists' understanding of reproductive rights into a larger framework of human rights (Petchesky, 2003).

Second, in spite of continual complaints by veteran activists that the abortion rights movement has not captured the imagination of a new generation, the March for Women's Lives, held in spring 2004 in Washington, D.C., clearly challenged this belief. The march not only was thought to be the largest political gathering ever in the United States (with an estimated participation of more than a million) but also included a sizable presence of young women, many of whom were women of color. Using the frame of *reproductive justice*, many of this newer generation of activists have aligned themselves with other struggles for social justice by expanding the scope of their groups beyond abortion itself while remaining committed to keeping abortion legal and accessible in the United States (Joffe, 2005). Among the most prominent of such new groups is the SisterSong Women of Color Reproductive Health Collective, which primarily represents women from five ethnic populations: Asian American and Pacific Islander, Black and African American, Latina, Middle Eastern and Arab American, and Native American and indigenous. Besides legal abortion, the individual organizations in this collective work on such issues as HIV/AIDS services, midwifery, services for incarcerated women, teen pregnancy, and screening for sexually transmitted diseases (Silliman, Fried, Ross, & Gutierrez, 2004).

Third, as the authors will discuss further in the conclusion of this article, the escalating and provocative actions of the Religious Right may arguably provide the most potential for reviving a vibrant reproductive rights movement. Just as the feminist and gay rights movements of the 1970s, along with the *Roe v. Wade* (1973) decision, stimulated the emergence of a strengthened Religious Right, so, too, might the broad-based attack of the latter on a wide range of issues, especially contraception, spur a similar mobilization response from the reproductive rights movement.

Sexuality Education: A Politically Charged Arena

A History of Debate and Controversy, 1905–2006

The historical tracing of sexuality education in the United States is a path of controversy and debate, as was aptly shown by Irvine (2002) and Moran (2000). These reviews illustrated that this history can be viewed as a progressive narrowing of formalized opportunities for teaching about sexuality in the public schools, a curriculum currently guided by ideological intentions to impose on students a traditional moral view of sexuality.

Evident from the very first attempt to introduce a sexuality education curriculum into the U.S. public school system—initiated in 1905 by the American Society for Sanitary and Moral Prophylaxis (in response to a much-exaggerated venereal disease epidemic)—debate on the issue has taken place on a "shifting social, cultural, and political terrain…a controversial backdrop against which educators have instructed American youth about sexuality" (Rotskoff, 2001, p. 311). The predominance of controversy surrounding sexuality education has historically overshadowed an essential and, to this date, unattainable requirement for its success—namely that such education be guided by a rational, coherent national discussion taking place not only within the school system but also in the larger public arena regarding its objectives and the training of its instructors, as well as the design, the implementation, and the evaluation of its curriculum. Most striking is the fact that no such public discussion has ever taken place as part of this process to answer the question, What values and knowledge about sexuality should be taught to the next generation? What little discussion has taken place in the age of abstinence-only education focuses on the limitation of students' access to information about sexuality, lest adolescents would be encouraged to run (sexually) amok.

By the 1940s and 1950s, family experts joined the social hygienists in celebrating early marriage and domesticity by providing gender education: that is, teaching students traditional, gender-appropriate behavior for what supposedly constituted masculinity, femininity, fatherhood, and motherhood within a framework of middle-class values and conformity (Moran, 2000). By the 1960s and 1970s, sexuality education curricula incorporated the concept of *freedom of personal choice* regarding orientation and access to contraception, primarily due to increased sexual freedom regarding premarital intercourse and cohabitation—as well as the back-to-back legislative decisions of March 1972 (*Eisenstadt v. Baird*, which extended the right to purchase and use contraceptives to unmarried people) and January 1973 (*Roe v. Wade*). Equally important in triggering these changes was the emerging youth countercultural and women's liberation movements, themselves "product[s] of a confluence of social trends including growth in women's college attendance and labor force participation, delayed marriages, and a spirit of opposition nourished in part by the civil rights movement, and later opposition to the Vietnam War" (R. Petchesky, personal communication, August 10, 2006).

During this period, sexuality education experienced the beginning of its most progressive era, one that began with the 1964 founding of the first national organization to support sexuality education—SIECUS, the Sexuality

Information and Education Council of the United States. With the support and promotional efforts of SIECUS and like-minded, newly trained sexuality educators graduating from health education programs, a national campaign to support sexuality education was launched, one that pressed for a comprehensive, value-neutral framework without moralistic condemnation and that was based on factual information regarding contraception, a critique of gender role socialization, and the promotion of sexuality as a natural force of human life (Irvine, 2002).

Yet, once again, opposition was swift, as the John Birch Society, MOMS (Mothers Organized for Moral Stability) and POSSE (Parents Opposed to Sex and Sensitivity Education) condemned SIECUS's efforts, claiming, "Sexuality education was part of a deeper conspiracy to weaken America's moral fiber in preparation for a communist takeover" (Moran, 2003, p. 285). By 1968, their use of the threat of sexuality education mobilized concerned citizens to forge a new right movement committed to social and sexual issues, a movement that would in turn lead the crusade against sexuality education in the coming decade.

This New Right movement, which emerged in the 1970s, gained considerable strength with the advent of the 1980s and the HIV/AIDS pandemic. Although the term *Religious Right* would come into use only in later decades, the movement always had a strong religious and, specifically, Christian evangelical base. Initially, however, the incorporation of HIV/AIDS curricula nationwide—truly intended to decrease HIV risk—was indicative of a more comprehensive sexuality education approach taking hold across the country, one that incorporated educational (and, at that time, innovative) objectives designed to confront and repel sexism, homophobia, stigma, and discrimination. The progressive moment proved short lived as traditional and religious political viewpoints began to exploit the life-and-death urgency of HIV and AIDS to invigorate another conservative backlash. This AIDS-related backlash focused on controlling sexuality by demonizing targeted risk groups, particularly gay men and prostitutes, and warning of the dangers of unrestrained sexual impulse, especially among adolescents. Conservative organizations and their spokespersons effectively and strategically exaggerated the risk of transmission and contagion among gay people, promoting the view of HIV/AIDS as just retribution and a sign of God's wrath for the sexual depravity produced by the sexual revolution in the 1960s and 1970s.[3]

It was at this juncture that conservative organizations followed a new tactic in their approach to opposing sexuality education—namely, the championing of a new, so-called morally superior version of sexuality education—rather than working to eliminate it in the nation's schools. Initially, this abstinence-only education approach emphasized the benefits of delaying the onset of first sexual intercourse until marriage and provided little, if any contraceptive information. Ironically, prior to the late 1980s and early 1990s, sexuality education programs were not very widespread in the nation's schools—the programs became more prevalent only in response to the HIV pandemic taking hold in the United States, the resulting increase in HIV/AIDS education for grades K–12, and, in response, the conservative backlash that initiated the abstinence-focused educational approach. For conservatives, HIV/AIDS became the sexual panic of sexuality education, providing the necessary moral boost to promote abstinence-only education as a viable means for protecting youth and supporting traditional family values.[4] From the 1980s and continuing to the present, a vast network of conservative organizations mobilized, spurred by the "ascendancy of conservatism [and a] reassertion of religious faith and values" newly reemerging in the United States (G. Herdt, personal communication, June 22, 2005).

During this period, the conservative movement instituted its most successful strategy for opposing sexuality education: the use of language and emotion to seize the rhetorical higher ground by framing the issue as one between good and evil (Dickman, 1982; di Mauro & Haffner, 1990). Right-wing opponents of comprehensive sexuality education claimed that it promoted promiscuity, abortion, and homosexual recruitment and that those who opposed such education represented a responsible, morally appropriate position (Hatecrime.org, 2007).

From the mid-1980s through the mid-1990s, this large, powerful conservative network continued to grow, working primarily at the legislative level. By 1996, the Religious Right had been successful in getting its sexuality education platform enshrined in federal legislation in the form of Clinton's welfare reform legislation, the 1996 Temporary Assistance for Needy Families Act. This legislation initially provided $50 million for an even more

3 Innumerable examples of such exaggeration can be found on the hatecrime.org website at http://www.hatecrime.org/subpages/hatespeech/hate.html.

4 The first legislative success in promoting abstinence-only education took the form of the Adolescent Family Life Act of 1981. Although the new legislation benefited from the explicit support of the Reagan administration, it was sidetracked by a lawsuit instituted by the American Civil Liberties Union on the basis that it failed to incorporate secular language.

rigid educational approach than the 1981 Adolescent Family Life Act, now called abstinence-only-until-marriage education programs; since its passage, every state except California has adopted an abstinence-only education approach—one developed without community discussion or public debate—that dictates the use of an abstinence-based curriculum typically selected at the district level.[5]

This trend was accompanied by the codification of federal abstinence-only guidelines, which have differentially affected state, district, and school policies as dictated by disparate state mandates, recommendations, funding needs, accountability requirements, and community pressures (Kendall, 2006).

By the end of the 1990s, the oppositional camps engaged in the battle over sexuality education were solidified as those promoting abstinence-only-until-marriage education versus those supporting comprehensive sexuality education.[6] The disparity between the two could not have been greater. Comprehensive education seeks to promote a positive view of sexuality, to provide students with information and skills about taking care of their sexual health, and to help them acquire skills to make responsible decisions (Sexuality Information and Education Council of the United States [SIECUS], 2000). Such curricula are designed to provide age-appropriate information, as well as opportunities for students to explore attitudes and develop skills with regard to physical anatomy and bodily functions; social, individual, and family relationships; society and culture; decision making; skill building to resist social and peer pressure; and contraception. Additionally, comprehensive curricula typically contain an emphasis on abstinence with the intent to delay the onset of first sexual intercourse. It is important to note that the term *comprehensive* is often applied to a range of sexuality education curricula; for some professionals, these curricula can be considered such as long as they provide information about the use of contraceptives without focusing on the risks they pose. Also, the extent to which comprehensive curricula do in fact reflect progressive values about sexuality and gender differs significantly across the spectrum (Kendall, 2006).

Abstinence-only curricula, conversely, posit that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity and that "sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects" (Welfare Reform Act, 1996). They dictate abstinence until (heterosexual) marriage, provide little factual contraceptive information, and may even emphasize condom failure, the threat of death or serious illness (such as breast cancer or mental breakdown) from abortion and homosexuality, and the potential reversibility of homosexuality through faith and religious commitment.

Where Are the Youth in All of This?

Curiously, seldom is it affirmed as an integral objective of the health curriculum in the U.S. education system—nor as an inherent sexual right—that the primary goal of sexuality education is the right of youth to know about human sexuality. This inadequacy has historical roots in the long-standing attitude among adults that in setting educational objectives for youth concerning sexuality their primary responsibility, whether in their capacity as parent, teacher, or administrator, is to protect youth from potential harm as opposed to providing youth with appropriate services and sufficient information with which to protect themselves. Logically, this view assumes that those in the position to know what youth need are also those who determine the parameters of knowledge itself, as well as the parameters of access to that knowledge.

An interesting illustration of the significant implications of this primary difference is to look at the issue of public support for abstinence-only versus comprehensive education. This support (or the lack of it) is indicative of this view that adolescents must be protected. For example, if one were to ask, Why is there no public opposition to abstinence-only education or visible support for comprehensive sexuality education?—myriad responses might be offered. Whereas recent surveys have demonstrated significant public support for comprehensive education over abstinence-only education (Henry J. Kaiser Foundation, 2000; Kaiser Family Foundation & the Kennedy School of

5 In 2005, Pennsylvania joined California in not applying for abstinence-only federal funds; in 2006, Maine did likewise, although both Pennsylvania and Maine had previously received such support. The reasons given for not applying ranged from the rigid restrictions tied to receiving support to the demonstrated ineffectiveness of the abstinence-only approach and, in Maine's case, the potential conflict with a 2002 state law mandating the teaching of contraception in the schools (Kehrl, 2005). However, both Pennsylvania and Maine continue to receive millions of dollars earmarked for abstinence-only programs through other streams of available monies, such as the federally funded SPRANS-CBAE (Special Projects of Regional and National Significance—Community Based Abstinence Education), which go directly to groups working within the state, such as local governments and nongovernmental organizations.

6 *Abstinence-only-until-marriage* and *comprehensive sexuality* education will henceforth also be identified as *abstinence-only* and *comprehensive education*.

Government, 2004),[7] this support has not translated into tangible public opposition to abstinence-only education or into visible support for comprehensive education. Acknowledging the very active advocacy network supporting comprehensive programs, one response would highlight the lack of funding and organizational support necessary to position an effective counterpoint to the cohesive, conservative opposition; another response would point to political apathy.

Closely related to the issue of adult attitudes toward youth is the profound discomfort and ambivalence toward speaking about sexuality that in general prevails between parents and children and, by extension, between teachers (other than health educators specifically trained to conduct sexuality education) and students. In fact, in spite of the sexual saturation evident in the media and popular culture in the United States, public discussions of the relative merits of comprehensive education versus abstinence-only education are curiously absent. Supporting this view of the significance of adult attitudes toward youth is the theory that posits two dominant and distinct positions regarding the sexual maturity of adolescents: a process of dramatization on the one hand and a process of normalization on the other (Schalet, 2004).

The former view sees adolescent sexuality as a psychological, medical, and familial drama in which teen sexual urges are overpowering and difficult to control, given that teens lack self-regulatory capacities—and, consequently, their access to information about sexuality needs to be carefully circumscribed. This view also prioritizes the rights of parents as gatekeepers to their children's knowledge, an attitude not unlike the withholding of information from girls and women in the abortion arena. The second view presents a very different perspective, one that "treats adolescents as the owners of their own bodies and the agents of their own sexual behavior, [and is accompanied by a commitment] to provide them with access to the information and resources they need to exercise this rightful ownership…and agency over their sexual behaviors" (Schalet, 2004, p. 12), including knowledge about their anatomy, contraceptive methods, and decision-making processes.

Despite the aforementioned caveats, adults with adequate knowledge and access to resources—especially parents—could and should be the sources of information regarding sexuality as well as permission giving for children. However, as long as parents, teachers, religious leaders, politicians, and others view adolescent sexuality primarily as a source of danger (of unwanted pregnancy, disease, moral corruption, and the road to hell), public voices in support of comprehensive sexuality education programs will remain, at best, ambivalent and considerably less audible than those supporting abstinence-only education. Needless to say, parents often lament that adolescents in the United States are already maturing too rapidly and hence abstinence-only programs might be viewed as an appropriate slowing-down mechanism, especially in light of the sexual saturation of U.S. popular culture. A more rational, informed approach would be to address the degrading and exploitative aspects of that culture—seeking to undermine its impact when possible—while acknowledging that adolescents both are capable of and have rights to mutually respectful and pleasurable sexual relations, assisted by easy access to a wide range of information and resources.

Current Trends: More of the Same or Turning Tide?

The dire view for sexuality education in the United States: Impact at state and local levels. The increasing mobilization and consolidation of conservative groups seeking to undermine comprehensive sexuality education has resulted in effective oppositional tactics at the local, state, and national levels. The ramifications of such political entrenchment nationwide are dramatic and powerful. During 2005, the federal government spent $170 million on abstinence-only education;[8] an increasing amount of this support was provided to religious organizations. Throughout the United States, in a period of vastly shrinking federal resources for state and local social service agencies, abstinence-only education programs have been replacing

7 According to the second report (Kaiser Family Foundation & the Kennedy School of Government, 2004), 93% of parents of junior high students and 91% of high school students believe it is important to have sexuality education as part of the school curriculum; 95% of parents of junior high students and 93% of high school students believe that birth control and other methods of preventing pregnancy are appropriate topics for sexuality education programs in schools; and only 30% of American adults agree with the statement "The federal government should fund sex education programs that have 'abstaining from sexual activity' as their only purpose." As indicated in the 2000 Henry J. Kaiser Foundation Report, the majority of Americans favor more comprehensive education over abstinence-only; at least three quarters of parents say that in addition to abstinence, sexuality education should cover how to use condoms and other forms of birth control, abortion, sexual orientation, pressures to have sex, and the emotional consequences of having sex.

8 Although currently a number of streams of federal dollars are available for abstinence-only education, much of the support to states is provided via Title V (2005), which must be matched by state funds (for every $4 federal, the state must provide $3 or an equivalent in services). See http://www.nonewmoney.org/main.htm for a brief history of legislative support for abstinence-only education in the United States.

more comprehensive ones prompted by the incentive of available federal support. Currently, 86% of public school districts that have a policy to teach sexuality education require that abstinence be promoted; 35% require abstinence to be taught as the only option for unmarried people and either prohibit the discussion of contraception altogether or limit discussion to its ineffectiveness (Landry, Kaeser, & Richards, 1999). Strikingly, only 21% of junior high and 55% of high school instructors teach the correct use of condoms (Santelli et al., 2006), whereas the proportion of sexuality education teachers who teach abstinence as the only way to prevent pregnancy and sexually transmitted diseases increased from 1 in 50 in 1988 to 1 in 4 in 1999 (Darroch, Frost, & Singh, 2001a, 2001b). Instead of framing sexuality education as a means of promoting healthy adolescent sexuality, U.S. policy engenders an ever-increasing sexual illiteracy, especially among youth, who end up resorting to the Internet as their primary source of sexuality information (Kaiser Family Foundation, 2001).

Impact in the classroom. Abstinence-only curricula typically rely on misleading, inaccurate, and incomplete information by which to warn youth of the dangers of any and all sexual activity. Even more significantly—and indicative of the interest to promote social change in tune with a conservative agenda—is the inclusion in such curricula of information regarding traditional gender roles and male-female relationships. Examples are plentiful in this regard: the inclusion of gender-stereotypic information about male-female differences (e.g., Males desire casual sexual activity from any and all women whereas women agree to sexual activity to get love); an emphasis on traditional gender roles as the norm within marriage (e.g., Will the wife work after marriage or will the husband be the sole breadwinner?); and the normalizing of heterosexuality (SIECUS, 2003).

At present, the continuing and compelling mobilization of conservative and religious forces opposing comprehensive sexuality education continues to dominate the political arena, especially at the local level. In their most extreme actions, these forces rely on perpetuating a far-reaching climate of fear, ignorance, and intimidation in the classroom and in the community, whereas at a more moderate end, they employ increasingly subtle strategies to undermine other types of educational efforts. In either case, the result includes an uneven development and implementation of programs, self-censorship in the classroom, a *blanding* of the curriculum, and a cursory teaching of only those topics regarded as safe and uncontroversial. Self-censorship in the schools occurs through the outsourcing of instruction; for example, schools increasingly are hiring consultants from outside organizations to teach sexuality education so that should controversy erupt, any ensuing public attention can be diverted away from the school itself. An increase is also evident in legislated teaching via state law in opposition to homosexuality and abortion, especially in schools in southern states (SIECUS, 2003). In the end, given such tactics and increasingly hostile environments, many school districts find it much easier to implement an abstinence-only education curriculum, thereby circumventing controversy and opposition and, in the process, gaining access to government funding.

Exporting abstinence-only abroad. "The United States is using its unparalleled influence to export abstinence-only programs that have proven to be an abject failure in its own country" (Human Rights Watch, 2005, p. 5).

The abstinence-only policies of the U.S. government—based on the framework established in its domestic legislation for sexuality education—have become part and parcel of all U.S. global HIV-prevention efforts, regardless of the position or views of its international partners. For instance, the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 focused on 14 countries in sub-Saharan Africa and the Caribbean that have been severely affected by AIDS, requiring "the expenditure of 33 percent of HIV prevention funds on abstinence-only programs that exclude consideration of other approaches to HIV prevention" (Human Rights Watch, 2005, pp. 8–9).

Nowhere has such policy exportation been more keenly promoted than in Uganda, whose government has been heralded for its success in dramatically decreasing the prevalence of HIV in Ugandans[9] in the 1990s via a comprehensive public-education approach known as ABC: Abstain, Be Faithful, and Use Condoms. Yet recent analyses indicate that Uganda's success cannot be solely attributed to ABC. For one, the Uganda government did not implement abstinence-only education on a large scale until 2001, when the United States began intently promoting these programs internationally. More significantly, the decline in HIV has been credited to the government's comprehensive approach to HIV prevention, which has been in place for more than a decade and has emphasized a range of strategies, including positive behavior change,

9 According to UNAIDS (2005), HIV prevalence among antenatal clinic (ANC) female attendees (data available from Uganda on an annual basis since 1985) in Kampala, the major urban area, increased from 11 percent in 1985 to 31 percent in 1990. Beginning in 1993, HIV prevalence among ANC women began to decline in Kampala reaching 8.3 percent in 2002. In 1991, 28 percent of ANC women tested who were less than 20 years of age were HIV positive. This rate declined to 6 percent in 2001. Sentinel surveillance of ANC attendees outside of Kampala began in 1989. Median HIV prevalence declined from 13 percent of ANC women tested in 1992 to 4.7 percent in 2002. (UNAIDS, "Country Assessments")

high-level political leadership, condom use, and widespread HIV testing—all of which no doubt contributed to diminishing HIV prevalence in the country. "Nothing in the demographic or historical records suggests that abstinence education as conceived by the United States is what contributed to Uganda's HIV prevention success" (Human Rights Watch, 2005, p. 7; Cohen, 2003). Moreover, at the 2005 Annual Retrovirus Conference in Boston, Massachusetts, a presentation on research from the Rakai district in Uganda indicated that condom use, coupled with premature death among those infected more than a decade ago with the AIDS virus—not the ABC approach—was responsible for the decline in HIV infection (Russell, 2005).

For all practical purposes, ABC has been effectively changed to AB (Abstain and Be Faithful) in the years since 2001, according to the new policy of the Uganda AIDS Commission (UAC). This shift coincides with the active participation of conservative Bush administration appointees as technical advisers placed at the Uganda Ministry of Education by the U.S. Agency for International Development to oversee the Presidential Initiative on AIDS Strategy for Communication to Youth (see Girard, 2004). What is now evident in the Uganda approach is the large-scale distribution of school-based education materials that contain "numerous falsehoods about condoms, a caution that premarital sex is against religion and norms of all cultures in Uganda and considered a form of deviance or misconduct" (Human Rights Watch, 2005, p. 3). More recent developments are even less encouraging, such as the issuance of a nationwide recall of all free government condoms in October 2004 by the Ministry of Health, allegedly in response to failed quality control tests. New requirements for postshipment quality control testing have continued to create a national shortage of condoms in keeping with the ministry's intent to be "less involved in condom importation but more involved in awareness campaigns [focusing on] abstinence and behavior change" (Human Rights Watch, p. 4).

These more recent developments—including reports of newly increasing infection rates in the country—portend a difficult future ahead for HIV prevention efforts in Uganda. As the UAC director general, Dr. Kihumuro Apuuli, has publicly stated, despite the increasing financial support from the donor community, the rate of people acquiring HIV/AIDS is still increasing; 130,000 Ugandans became infected in 2005, compared with 70,000 in 2003 (Thought Theater, 2007).

On a More Positive Note: Trends and Developments

Evaluative research. To date, no conclusive research has confirmed the effectiveness of abstinence-only programs, whereas a number of organizations—including the American Academy of Pediatrics (2001); the American Medical Association (1999); the Centers for Disease Control and Prevention (1997); the Institute of Medicine (2000); and the Society for Adolescent Medicine (2006)—have each published research analyses supporting the effectiveness of comprehensive education (Howell & Feijoo, 2001). These organizations have cited evidence that comprehensive sexuality education programs providing information about both abstinence and contraception can help delay the onset of sexual activity in teenagers, reduce their number of sexual partners, and increase contraceptive use when they become sexually active (Dallard, 2002; Kirby, 2001b; Manlove, Papillio, & Ikramullah, 2004). Many of these programs are using excellent resource curricula and material reviewed and highlighted by such organizations as SIECUS and Advocates for Youth. For example, currently in use in a number of states across the United States are developmental guidelines for implementing sexuality education from kindergarten through 12th grade (National Guidelines Task Force, 1991) as well as a number of sexuality education curricula whose primary objective is preventing pregnancy and sexually transmitted infections: Reducing the Risk,[10] Teen Talk,[11] Teen Outreach Program,[12] Be Proud Be Responsible,[13] Becoming a Responsible Teen,[14] and Safer Choices[15] (Advocates for Youth, 2007).

Evaluative research has begun to demonstrate convincingly how and why abstinence-only education is scientifically unsound (Kirby, 2001a, 2001b, 2002), that it has little impact on behavior change (Hauser, 2004), that its withholding of essential health information is morally problematic because it fails to equip youth to make informed decisions, and that it promotes questionable and inaccurate opinions (Santelli et al., 2006). More specifically, according to Human Rights Watch (2005),

> government-funded evaluations in at least twelve U.S. states as well as a federally mandated independent

10 http://www.advocatesforyouth.org/programsthatwork/1reducingrisk.htm

11 http://www.teenpregnancycoalition.org/programs/teentalk/index.htm

12 http://www.advocatesforyouth.org/programsthatwork/19top.htm

13 http://www.advocatesforyouth.org/programsthatwork/14bpbr.htm

14 http://www.advocatesforyouth.org/programsthatwork/12bart.htm

15 http://www.advocatesforyouth.org/programsthatwork/4saferchoices.htm

> evaluation authorized in 1997 indicate that abstinence-only programs show no long-term success in delaying sexual initiation or reducing sexual risk-taking behaviors among program participants and that program participants are less likely to use contraceptives once they become sexually active. (p. 72)[16]

In December 2004, the Committee on Government Reform of the U.S. House of Representatives issued the Waxman Report (known more formally as *The Content of Federally Funded Abstinence-Only Education Programs*), one of the most widely disseminated reviews of abstinence-only programs. Named after Congressman Henry Waxman from California, who has taken a strong and consistent stand against the Bush administration's misuses of science, the report concluded that abstinence-only programs contain "false information about the effectiveness of contraceptives and the risk of abortion, blur religion and science, treat stereotypes about boys and girls as scientific fact, and contain scientific errors" (Waxman, 2004, pp. 3–4). It is important to note, however, that most existing comprehensive sexuality education programs could not pass any efficacy test either, primarily because evaluation researchers have set the minimum standard for what could be considered an effective program as requiring 10–14 hours of class time, a luxury simply not available in public schools.

Organizational support for comprehensive programs. Professional organizations have played and continue to play a significant role in both alerting the public to the deficient abstinence-only education policy promoted by the U.S. government and augmenting the public's knowledge of the issues at hand—and, in the process, helping to expand support for comprehensive education. A significant, recent example of such support is the position paper issued by the Society for Adolescent Medicine (2006) urging the U.S. government to abandon this policy as "current U.S. federal law and guidelines regarding abstinence-only funding are ethically flawed and interfere with fundamental human rights" (p. 86). In its indictment of the Bush administration, the report emphasized the human right to sexual health information and the obligation of governments to provide accurate information to their citizens; the report also called for a science-based government policy regarding sexual and reproductive health education.

Another important example of organizational support for comprehensive education is the National Coalition to Support Sexuality Education, convened by SIECUS in 1990, which now consists of more than 140 national organizations committed to medically accurate, age-appropriate comprehensive education; their members represent a board constituency of education advocates, health care professionals, religious leaders, child and health advocates, and policy organizations, including the American Public Health Association, Girls Inc., the National Medical Association, the National Urban League, and the YWCA of the USA, among others. The National Coalition is a strong supporter of recent legislative efforts to reimplement comprehensive sexuality education in schools, such as the Responsible Education About Life Act (2005), which was introduced in both the House of Representatives and the U.S. Senate and if enacted would provide $206 million a year to states for medically accurate, age-appropriate, comprehensive education that would include information about both abstinence and contraception, from both a values and a public health perspective.

On an individual level, the camps of support and opposition to comprehensive sexuality education are not always clearly delineated, nor do they line up neatly. In fact, recent media attention has been directed to support for sexuality education coming from an unlikely source—a young Christian activist from the small, conservative town of Lubbock, Texas. Shelby Knox, a member of the Lubbock Youth Commission attending the local high school, unsuccessfully advocated for the Lubbock school system to replace its abstinence-only program with a more comprehensive approach (Fields & Tolman, 2006); however, her video-documented activist journey has made a considerable impact in public circles.[17]

The Battle Ahead

At present, the field of sexuality education has been effectively hobbled in continuing its mission, having lit-

16 The studies cited in the report are Goodson et al. (2004), Hauser (2004), and Mathematica Policy Research Institute Inc. (2002). Additionally, see Cochrane Collaborative Review Group on HIV Infection and AIDS (2004).

17 A narrative of this attempt has been presented in the widely acclaimed 2005 documentary, *The Education of Shelby Knox*, produced by independent filmmakers Marion Lipschutz and Rose Rosenblatt. The film follows Shelby, a devoutly, self-proclaimed abstinent girl living in Lubbock, Texas, as she reconciles her religious beliefs with her commitment to comprehensive education and human rights; as the film demonstrates, by the end of the school year, both the mayor and the policy chairman of the city's Youth Council resigned, citing pressures from adults as their reason for leaving. In the film, the last words on the issue were spoken by the mayor of Lubbock: "Sexuality education is a very controversial issue; it will be dealt with at some time in the very near future. To what degree, I don't know."

tle political clout to develop relevant sexuality education policy or expand the public's understanding of sexuality and its relationship to human fulfillment and public health. With the increasing demonstration of the ineffectiveness of the abstinence-only approach,[18] however, perhaps the tide is beginning to turn, providing an important opportunity to capitalize and expand on existing support for comprehensive sexuality education and, in the process, promote much-needed sexual literacy among the general population. For such expansion to occur, the following developments would be paramount: (a) a national information-media campaign targeting not only the general public but also diverse communities and constituencies across the United States to identify potential venues of support for sexuality education and expand the cohort among parents, health practitioners, and religious and community leaders who are willing to actively and publicly work for it and (b) an increase in the capacity of national advocacy organizations working at both national and state levels, as well as local organizations working across communities, to develop appropriate communication strategies to refine public advocacy in support of comprehensive sexuality education.

Part and parcel of this dual-pronged approach is the framing of comprehensive sexuality education and its health agenda in terms of a human rights perspective focused on the negative rights of freedom from discrimination, stigma, and abuse, as well as the positive rights of self-actualization and the enrichment for society of recognizing diversity in sexuality and family structures. Such an approach not only would help build support for sexuality education but also would contribute to building the foundation for a human rights culture in the United States.

In terms of youth, this sexual rights approach to sexuality education would, by necessity, bring adolescents themselves to the foreground as the primary beneficiaries of such programs. In this view, sexuality education would ensure access to an educational opportunity for youth that went beyond teaching about risk behaviors and preventive measures to assisting young people in the process of self-actualization and in becoming capable of maintaining mutually respectful and sexually satisfying relationships and experiences with others.

Regardless of what transpires over the next 5–10 years regarding this issue, one can be sure the battle for sexuality education will remain contentious, with much at risk. After all, not only the future of American youth and their ability to function as sexually healthy and empowered individuals is at jeopardy, but also the future prospects of sexual rights being valued as human rights in American political culture.

Conclusion

The intent of this article has been to demonstrate how and why political struggles over sexuality rights in the United States have, once again, become intensified arenas of contestation, progress, and profound regression. Drawing on the examples of reproductive rights and sexuality education, this article suggests that the outcome of such struggles since the rise of the Religious Right in the 1970s can be characterized largely by the waning of sexual rights, a continuation of poor sexual health, and serious inequities in sexual expression and reproductive health.

Sobering as this account has been, however, we see a ray of hope in the evident overreaching of the Religious Right since the election of George W. Bush. We have noted the seeming difficulties the movement has experienced in its attempt to extend abortion politics to a range of other issues, particularly the repudiation of governmental intervention in the Schiavo case. Some 82% of the American public, including many self-identified evangelicals, told pollsters they felt that such intervention was inappropriate (CBS News, 2005). Moreover, although the majority of American people support legal abortion given various restrictions, they show overwhelming support for contraception, which is used at some point by 98% of all heterosexually active women in the United States (Mosher, Martinez, Chandra, Abma, & Willson, 2004). As the Religious Right's attempts to restrict access to birth control become more widely known, we believe these campaigns will only backfire in the court of public opinion—as have some cases of pharmacists' refusals to dispense birth control.

Similarly, with respect to EC, stem cell research, and comprehensive sexuality education, polls suggest that the Religious Right is significantly out of step with the majority of Americans. The veto by President Bush in July 2006—the first of his presidency after 5 years in office—of a stem cell bill passed by Congress was notable for the ensuing panic among Republicans who would be facing the voters

18 In this regard, as of this writing, 18 states (Alaska, Arizona, Arkansas, Colorado, Connecticut, Illinois, Indiana, Iowa, Maine, Massachusetts, Missouri, Montana, New Mexico, North Dakota, South Carolina, Tennessee, Washington, and West Virginia) have stopped matching the federal funds required by Title V, making it necessary for the individual grantees (such as local governments and nongovernmental organizations) to come up with all the matching funds themselves. (However, in response, the federal government has shifted abstinence-only-until-marriage funds away from Title V funding and thus away from state control.)

in fall 2006. Indeed, on this bill, some of the most stalwart opponents of abortion in the Senate broke not only with President Bush but also with their Religious Right base to support this measure (Stolberg, 2006).

Such unpopular moves by the Religious Right offer progressives a crucial opportunity to make evident to the American public the oft-disguised theocratic agenda of that movement. A society in which women cannot control their fertility, in which promising research on diseases is held back, in which young people are lied to about life-and-death matters, and in which homosexuality is demonized is simply not acceptable to the majority of Americans in the twenty-first century. Indeed, given the dynamic nature of moral panics that scholars have pointed to (Ben-Yehuda, 1990), perhaps it is not too far fetched to expect a new moral panic to arise among Americans in reaction to the unacceptable intrusions of the Religious Right into the most private spheres of people's lives.

With respect to abortion, the best defense for its supporters—morally as well as strategically—is to define it as one essential component of a larger platform of valued rights and services shared by a significant portion of the U.S. population. Such a platform includes universal access to OTC contraception (EC and condoms); universal health insurance that covers contraception, abortion, and prenatal and obstetric care; affordable child care; and support for sexual diversity and self-determination. With regard to sexuality education, this platform would be dictated not by Religious Right proponents who deny health information to youth in the name of morality, but by those parents, teachers, school administrators, and community and religious leaders who support age-appropriate comprehensive sexuality education and are willing to work for its implementation in schools nationwide. Such a platform would make clear the meanings of reproductive and sexual justice and the threat the Religious Right poses to the kind of society in which most Americans wish to live.

In conclusion, in spite of the very concrete and negative ramifications that the actions of the Religious Right have had on sexuality-related policy, the current epoch should be considered as yet another time in flux, with both regressive and progressive aspects, rather than one of hegemonic conservatism. The continual resistance to the sexual conservatives' position on the part of sexuality advocates and scholars working in the fields of reproductive rights and sexuality education, as well as those supporting marriage equality, are visible testimonies to the shifting terrain of sexual politics in the United States. One hopes that in time, these challenges will coalesce into something more than reactive politics. Perhaps in conjunction with a changing presidency in 2008, a rejuvenated movement will articulate sexual rights as a primary and fundamental concern of U.S. domestic and foreign policy. The stakes could not be higher.

Election Epilogue

Writing in the immediate aftermath of the November 2006 elections, we find grounds for cautious optimism about a reversal of some of the trends discussed in this article. The Democrats handily won control of the House of Representatives and, by a narrow margin, the Senate. The general consensus about this election—with which we agree—was that it was mainly a referendum on the Iraq war and, specifically, a vote of no confidence in the presidency of George W. Bush.

Despite this narrow focus, the hot-button sexuality-related issues addressed in this article fared better than many observers expected. Although much press attention was given to several high-profile races in which the Democrats broke with precedent and recruited antiabortion candidates—most notably, the Senate race in Pennsylvania—in fact, the election overall resulted in an additional 20 abortion rights supporters in the House, as well as several more in the Senate. Though the Pennsylvania race replaced one opponent of abortion with another, the departure of the Republican, Rick Santorum, is an enormous loss for the Religious Right, for whom he served as a leading spokesman on a range of issues going beyond abortion. His replacement, Bob Casey, is in contrast a firm supporter of contraception, stem cell research, and social welfare in general.

A welcome surprise to abortion rights supporters was a resounding victory in South Dakota, where voters decisively rejected a near-total ban on all abortions (except those necessary to save the life of the mother). The ban, which had earlier been passed by the state legislature, had attracted national—even international—attention, and thus was of enormous symbolic significance to those on both sides of the abortion issue.

Voters in California and Oregon both rejected measures that would have imposed parental-notification restrictions on teenagers seeking abortions. In a race in Kansas that drew little national attention, Attorney General Phil Kline, who is strongly affiliated with the Religious Right, was defeated in a reelection bid by a candidate who had switched his party affiliation from Republican to Democrat to run against him. Kline had gained notoriety throughout the state for his relentless pursuit of confidential records of abortion clinics and for his promotion of a law that would require health care providers to report all instances of sexual activity of teens under age 16, even if consensual. The 2006 election also marked the first time voters in a state (Arizona) rejected a ban on gay marriage, though such bans

passed in a number of other states. Finally, in the one state (Missouri) where the issue of stem cell research was on the ballot, voters approved such research.

The period surrounding the election also saw a number of public critiques of the Religious Right coming from within the religious community. For example, several self-identified evangelicals wrote books and made media appearances highly critical of the Religious Right and its tunnel-vision focus on abortion and gay issues to the exclusion of issues such as the economy and the environment (Balmer, 2006; Wallis, 2005). Furthermore, the hugely popular evangelist Rick Warren, author of the best-selling *The Purpose Driven Life* (2002), drew severe criticism from some prominent Religious Right figures after he invited Barack Obama, a Democrat and abortion rights supporter, to a conference on AIDS (Cooperman, 2006). Several weeks after the election, the Reverend Joel Hunter, the newly elected president of the 2-million-member Christian Coalition, abruptly resigned. His resignation came as a result of the Coalition board's resistance to his plans to expand the group's agenda beyond attacks on abortion and gay marriage to include addressing poverty and the environment. In explaining his decision to resign he stated that he was "less interested in the passage of certain laws and focused instead on 'living what Jesus would do'" (Banerjee, 2006, ¶ 10).

However, the election of November 2006 and internal divisions within the movement notwithstanding, the Religious Right remains an important force within the Republican Party and its influence on sexuality-related policies remains quite strong. Despite talk of bipartisanship, immediately after the 2006 election President Bush resubmitted names of six highly conservative judges favored by the Religious Right, whom the Democrats had earlier rejected as being too extreme. Most provocatively, his administration appointed as the new head of the Office of Family Planning a physician who had served as medical director for a fleet of crisis pregnancy centers and who is known for his strong opposition to birth control, his support of sexual abstinence until marriage, and his controversial and eccentric theory of the negative effects of multiple sexual partners (Lee, 2006). At the state level, it is highly likely that further attempts will be made in conservative-dominated legislatures to pass legislation banning abortion in the hope of providing the Supreme Court with the opportunity to overturn *Roe v. Wade* (1973).

Perhaps the most judicious comment to be made on the election is that although the Religious Right is hardly finished as a political and cultural force as some observers have overoptimistically proclaimed (Kristof, 2006), the movement certainly has been weakened. Their long-standing fixation on abortion and homosexuality—not to mention their more recent war against contraception—accompanied by a corresponding neglect of economic issues, clearly has cost the movement credibility with the American people, who voted overwhelmingly to pass minimum-wage hikes in all six states where such measures were on the ballot in 2006. To what degree and how quickly this weakening of the Religious Right will translate into more rational sexual policies remains to be seen.

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