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**HEARING ON DOMESTIC ABSTINENCE-ONLY
PROGRAMS: ASSESSING THE EVIDENCE**

Wednesday, April 23, 2008

House of Representatives,
Committee on Oversight and
Government Reform,
Washington, D.C.

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Committee Hearings

of the

U.S. HOUSE OF REPRESENTATIVES



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8 | Government Reform,

9 | Washington, D.C.

10 | The committee met, pursuant to call, at 10:00 a.m. in
11 | room 2154, Rayburn House Office Building, Hon. Henry A.
12 | Waxman [chairman of the committee] presiding.

13 | Present: Representatives Waxman, Cummings, Kucinich,
14 | Watson, Yarmuth, Norton, McCollum, Hodes, Sarbanes, Welch,
15 | Davis of Virginia, Burton, Shays, Souder, Duncan, Issa, Foxx,
16 | Sali, and Jordan.

17 | Staff Present: Phil Barnett, Staff Director and Chief
18 | Counsel; Kristin Amerling, General Counsel; Karen Nelson,
19 | Health Policy Director; Karen Lightfoot, Communications
20 | Director and Senior Policy Advisor; Naomi Seiler, Counsel;

21 | Earley Green, Chief Clerk; Teresa Coufal, Deputy Clerk;
22 | Jesseca Boyer, Investigator; Caren Auchman, Press Assistant;
23 | Ella Hoffman, Press Assistant; Zhongrui ``JR`` Deng, Chief
24 | Information Officer; Leneal Scott, Information Systems
25 | Manager; Kerry Gutknecht, Staff Assistant; William Ragland,
26 | Staff Assistant; Miriam Edelman, Staff Assistant; Larry
27 | Halloran, Minority Staff Director; Jennifer Safavian,
28 | Minority Chief Counsel for Oversight and Investigations;
29 | Keith Ausbrook, Minority General Counsel; Ashley Callen,
30 | Minority Counsel; Jill Schmaltz, Minority Professional Staff
31 | Member; Brian McNicoll, Minority Communications Director;
32 | Benjamin Chance, Minority Professional Staff Member; and Ali
33 | Ahmad, Minority Deputy Press Secretary.

34 Chairman WAXMAN. The meeting of the Committee will come
35 to order.

36 We are all here today because we are concerned about the
37 well-being of America's youth. We may not see eye-to-eye
38 about policy, but we share the common goal of improving
39 adolescence health.

40 The statistics are shocking. A few weeks ago the
41 Centers for Disease Control released data showing that one in
42 four teenage girls in the United States has a sexually
43 transmitted infection. Of all American girls, 30 percent
44 become pregnant before the age of 20. For African American
45 and Latino girls, the rate is 50 percent. And thousands of
46 teenagers and young adults in the United States become
47 infected with HIV each year.

48 If we are serious about responding to these challenges,
49 we must base our policy on the best available science and
50 evidence, not ideology.

51 We are here today to discuss evidence on the
52 effectiveness of abstinence-only programs. There is a broad
53 consensus that the benefits of abstinence should be taught,
54 but as part of any sex education effort. But abstinence-only
55 programs teach only abstinence. In Federally funded
56 abstinence-only programs, teenagers cannot receive
57 information on other methods of disease prevention and
58 contraception other than failure rates.

59 | To date these programs have gotten over \$1.3 billion of
60 | Federal taxpayer money, along with hundreds of millions of
61 | dollars in State funds, to conduct programs in schools and
62 | communities throughout the Country. Meanwhile, we have no
63 | dedicated source of Federal funding specifically for
64 | comprehensive classroom sex education.

65 | The purpose of this hearing is to examine whether the
66 | evidence on abstinence-only programs justifies this
67 | expenditure of \$1.3 billion in taxpayer funds.

68 | I respect the commitment and intentions of people who
69 | run abstinence-only programs. They are doing it because they
70 | care about young people and want to counter the sexual
71 | messages that are all too pervasive. Young people who work
72 | in these programs demonstrate to their peers that not all
73 | teens are having sex, which is an important message. But we
74 | will hear today from multiple experts that, after more than a
75 | decade of huge Government spending, the weight of the
76 | evidence doesn't demonstrate abstinence-only programs to be
77 | effective. In fact, the Government's own study showed no
78 | effect for abstinence-only programs.

79 | In 2007, the Bush Administration released the result of
80 | a longitudinal, randomized, controlled study of four
81 | Federally funded programs. The investigators found that,
82 | compared to the control group, the abstinence-only programs
83 | had no impact on whether or not participants abstained from

84 | sex, they had no impact on the age when teens started having
85 | sex, they had no impact on the number of partners, and they
86 | had no impact on rates of pregnancy or sexually transmitted
87 | diseases.

88 | There is a lot of talk about the failure rates of
89 | condoms. It is time we face the facts about the failure rate
90 | of abstinence-only programs.

91 | There are also serious concerns about the content of
92 | some of these programs. A report I released in 2004 found
93 | false or misleading medical information in the majority of
94 | the abstinence-only curricula most frequently used by Federal
95 | grantees.

96 | While some of these errors have been corrected, recent
97 | reviews have continued to find misinformation. Some programs
98 | are still teaching stereotypes about gender, like the idea
99 | that men judge themselves based on their accomplishments and
100 | women judge themselves based on their relationships, and the
101 | exclusive focus on abstinence until marriage ignores the
102 | needs and sometimes even the existence of gay and lesbian
103 | youth.

104 | Meanwhile, more and more research shows that many
105 | well-designed, comprehensive programs that teach about
106 | abstinence and contraception are effective. Comprehensive,
107 | age-appropriate programs have yielded results including
108 | increasing contraceptive use, delaying sex, and reducing the

109 | number of sexual partners. In other words, the evidence
110 | demonstrates that, not only do good, comprehensive programs
111 | not encourage teen sexual activity, they actually decrease
112 | it.

113 | This shouldn't be too surprising, because in effective,
114 | comprehensive programs young people are taught that
115 | abstinence is the safest choice, the healthiest choice, the
116 | choice that they should never feel pressured to abandon.

117 | Americans want taxpayers' dollars to be watched for
118 | carefully by the Congress. They want us to fund programs
119 | that produce results; yet, we are showering funds on
120 | abstinence-only programs that don't appear to work, while
121 | ignoring proven, comprehensive sex education programs that
122 | can delay sex, protect teens from disease, and result in
123 | fewer teen pregnancies.

124 | This triumph of ideology over science is bad economics
125 | and even worse health policy.

126 | Today we are going to hear from experts at the American
127 | Public Health Association and the American Academy of
128 | Pediatrics. They will tell us that, based on their
129 | professional assessments, the weight of the evidence does not
130 | support the continuation of current abstinence-only policy.
131 | Instead, both organizations support comprehensive education
132 | that includes both abstinence and information on
133 | contraception.

134 The Society for Adolescence Medicine has submitted a
135 statement that says, ``Efforts to promote abstinence should
136 be provided within health education programs that provide
137 adolescents with complete and accurate information about
138 sexual health.''

139 The American College of Obstetricians and Gynecologists
140 have a similar view. They submitted a statement that states,
141 ``Careful and objective scholarly research during the last
142 two decades has shown that sexuality education does not
143 increase rates of sexual activity among teenagers; rather,
144 sexuality education increases knowledge about sexual behavior
145 and its consequences and increases prevention behaviors among
146 those who are sexually active.''

147 The American Psychological Association submitted a
148 statement recommending that, ``Public funding for the
149 implementation of comprehensive sexuality education programs
150 be given priority over public funding for the implementation
151 of abstinence-only and abstinence-until-marriage programs
152 until such programs are proven to be effective.''

153 And the American Medical Association has an official
154 policy stating that it ``supports Federal funding of
155 comprehensive sex education programs that stress the
156 importance of abstinence in preventing unwanted teenage
157 pregnancy and sexually transmitted infections and also teach
158 about contraceptive choices and safer sex.''

159 All of these professional societies have reached the
160 conclusion that abstinence-only programs are not supported by
161 the weight of the evidence and that the Government should
162 support more comprehensive programs for youth.

163 States are also reaching that conclusion. Today 17
164 States, including California and Virginia, decline to accept
165 these abstinence-only funds. Many of these States cite the
166 lack of evidence supporting abstinence-only programs and the
167 restrictive program guidelines as a basis for their
168 decisions.

169 We will hear testimony from witnesses who believe that
170 abstinence-only education does have positive effects. I
171 respect the depth of their commitment, but ultimately we need
172 to focus on the full body of evidence on what works to
173 achieve our shared goals of keeping teenagers safe and
174 reducing teen pregnancies.

175 We have already spent over \$1.3 billion on
176 abstinence-only programs. The question we must ask today is
177 whether we can justify pouring millions more into these
178 programs when the weight of the evidence points elsewhere.

179 I look forward to our witnesses' testimony today.

180 [Prepared statement of Chairman Waxman follows:]

181 ***** INSERT *****

182 Chairman WAXMAN. I want to recognize our Ranking Member,
183 Mr. Davis, for his opening statement.

184 Mr. DAVIS OF VIRGINIA. Thank you, Mr. Chairman.

185 I know I have to go to the Floor to manage our side of
186 some of the Committee's bills, so I will not be here for the
187 full hearing, but I want to thank you for convening this
188 hearing to review the performance of Federally funded
189 education programs on sexual abstinence.

190 Not surprisingly, we can expect strong feelings and
191 views to be expressed on all sides today, because we are
192 talking an issue of fundamental importance to public health
193 and to the healthy development and well-being of our
194 children. But disagreements need not turn disagreeable. To
195 be constructive, mutual respect and understand of divergent
196 perspectives should drive our discussion.

197 We proceed from the premise that everyone here today
198 speaks and acts only out of a sincere and well-informed
199 interest in a healthy future for young people throughout our
200 Nation. Despite differences over how to best reach it, the
201 goal of delaying sexual activity among teenagers is
202 widely--almost universally--shared. The benefits of
203 abstinence are as absolute and obvious as they are difficult
204 to convey through the inconsistent surge of teenage hormones,
205 cultural stereotypes, and peer pressure.

206 In the public health realm, scientific certainties are

207 | rare, but we know without question not having sex absolutely
208 | protects young people from the physical and emotional perils
209 | that can and do befall those who engage in high-risk and
210 | age-inappropriate behaviors. High school is a difficult
211 | enough time without the added pressures of complex sexual
212 | relationships that too often result in pregnancy, sexually
213 | transmitted diseases, and emotional trauma.

214 | Young people should be spending that time of their lives
215 | focusing on school, extra-curricular activities, friends, and
216 | their futures, not succumbing to the risks of early age sex.
217 | And those risks are substantial. A third of American young
218 | people will become pregnant before the age of 20. A third of
219 | those between the ages of 15 and 17 reportedly already feel
220 | pressure to have sex. One in four teenage girls is infected
221 | with STDs. And, tragically, STDs are found at almost twice
222 | that rate in African American young women. And half of all
223 | new HIV infections occur in people under the age of 25.

224 | As dire as these numbers may seem, progress has been
225 | made since the early 1990s. Between 1990 and 2004, the teen
226 | pregnancy rate fell 38 percent. The percentage of high
227 | school students who have had sexual intercourse also declined
228 | over the same decade. Today it is estimated less than half
229 | of American high school students have ever had sex.

230 | Despite these important gains, the United States
231 | compares unfavorably in these measures with other developed

232 nations. Particularly among racial minorities, troubling
233 disparities persist.

234 So we appropriately ask today how well Federal programs
235 support abstinence education. It is a fair question, but it
236 is not the only question that bears on how to protect public
237 health and the welfare of precious young lives.

238 In this discussion we should abstain from an urge to
239 take an all-or-nothing approach or make false choices between
240 abstinence-only programs and more clinical--some might say
241 permissive--sex education. Particularly today, against
242 cultural trends that glamorize the immediate gratification of
243 physical and material wants while minimizing personal
244 responsibility, we need to use every means available to reach
245 young people to help them make responsible decisions.

246 Focusing only on the performance of abstinence-only
247 programs also risks leaving the impression the Federal
248 Government funds only those courses, or that just those
249 efforts need oversight. In fact, the Federal Government
250 funds the full spectrum of sex education, as it must under
251 our Constitutional system. Decisions about the nature and
252 content of sex education in schools are made at the State and
253 local district levels, with strong input from parents.
254 Different communities have different mores and traditions.
255 What works in Utah may not be what is needed or wanted in
256 rural Mississippi or inner city Los Angeles.

257 The Federal Government's role is to empower States and
258 localities to make those choices, not supplant the judgment
259 of parents, teachers, and school boards. So we permit
260 States, school districts, and community organizations to seek
261 Federal funds for the types of sex education they judge best
262 to meet the needs of their students. We should not deny them
263 the option of abstinence education programs because some
264 perform better than others. Each life saved is of
265 immeasurable value.

266 Data on the impact of abstinence education programs may
267 be difficult to capture or slow to be recognized, but
268 problems with how abstinence is taught cannot be allowed to
269 undermine its indispensability as a core element of what is
270 taught. It is inaccurate and unfair to claim all abstinence
271 education programs are the same or that all such programs
272 fail, therefore none should be funded.

273 To bring a more nuanced view to the evaluation, we asked
274 that Dr. Stan Weed be invited to testify. His work in this
275 field should shed a needed light on the elements of an
276 effective abstinence education program. I thank Chairman
277 Waxman to agreeing to our request for this witness.
278 Identifying what works and what doesn't can help focus
279 Federal funding on the best practices and the most efficient
280 programs.

281 We welcome all of our witnesses this morning and look

282 | forward to a constructive conversation on how to fund the
283 | very best abstinence education programs.

284 | [Prepared statement of Mr. Davis of Virginia follows:]

285 | ***** INSERT *****

286 Chairman WAXMAN. Thank you very much, Mr. Davis.

287 First of all, by unanimous consent, without objection,
288 all Members will be permitted to enter opening statements in
289 the record.

290 We are pleased to have two of our colleagues with us
291 today to present their position on this issue. We have
292 Congresswoman Lois Capps, representing the 23rd District of
293 California, where she serves on the Energy and Commerce
294 Committee. She is the founder and co-chair of the House
295 Nursing Caucus and is the Democratic Chair of the
296 Congressional Caucus for Women's Issues.

297 We are pleased to have you with us.

298 Senator Sam Brownback is the senior Senator for Kansas.
299 He serves on the Appropriations, Judiciary, and Joint
300 Economic Committees and is the Ranking Member on the Joint
301 Economic Committee.

302 We are pleased to have you here, as well.

303 I guess before we do that, I should inform you and all
304 the witnesses that it is the practice of this Committee that
305 everyone who testifies before us testifies under oath, so
306 even though you are Members of Congress I think we ought to
307 apply the same rules to you, as well.

308 [Witnesses sworn.]

309 Chairman WAXMAN. The record will indicate that the
310 witnesses answered in the affirmative.

311 Ms. Capps, why don't we start with you. Your prepared
312 statements will be in the record in full. We would like to
313 ask, if you would, to keep your oral presentation to around
314 five minutes.

315 | STATEMENTS OF THE HONORABLE LOIS CAPPS, A UNITED STATES
316 | REPRESENTATIVE FROM THE STATE OF CALIFORNIA; AND THE
317 | HONORABLE SAM BROWNBACK, A UNITED STATES SENATOR FROM THE
318 | STATE OF KANSAS

319 | STATEMENT OF LOIS CAPPS

320 | Ms. CAPPS. Thank you, Chairman Waxman, for inviting me
321 | to participate today. It is an honor for me to appear with
322 | my esteemed colleague from the Senate.

323 | I sit before you today both as a colleague in the House
324 | and as a registered nurse. Long before I entered the halls
325 | of Congress I worked as a school nurse and health educator
326 | for the Santa Barbara Public School Districts. My
327 | responsibilities then were to make decisions that best meet
328 | the needs of my students and school district, much as they
329 | are now to make decisions that best represent the needs of my
330 | constituents and the American people.

331 | As a public health nurse, it was natural for me to
332 | reinforce that prevention is a most important component of
333 | health education. Teaching young people about healthy
334 | behaviors, including the risks associated with unprotected
335 | sex and teen pregnancy, are important messages that need to

336 | be conveyed, always in alliance with the parents involved.

337 | I know from my first-hand experience what does and
338 | doesn't work with youth. That is why I promoted
339 | comprehensive health education for all students, including
340 | age-appropriate information about reproduction and
341 | decision-making associated with sex, always with the parents'
342 | permission.

343 | Knowing about mitigating the risk of sexually
344 | transmitted disease and ways to prevent pregnancy are
345 | important life skills needed in today's world. Withholding
346 | this information from teens does a great and perhaps
347 | dangerous disservice to them, and one that runs contrary to
348 | my training and education as a public health nurse.

349 | In my work as a school nurse I have been part of many
350 | curriculum review panels regarding sex education at both the
351 | school site and the local school district level. These
352 | panels are always centered around parents and include
353 | teachers, administrators, board members, and often community
354 | health professionals such as pediatricians.

355 | As a school nurse I also had the privilege of directing
356 | a program for pregnant and parenting teens, which allowed
357 | them to stay in regular high school with their peers. Part
358 | of this program was, of course, to provide care for their
359 | children while they were studying and in class, but, more
360 | importantly, this teen parenting program provided education

361 | on life skills with an emphasis on parenting, as well as an
362 | education on how to prevent or delay further teen
363 | pregnancies. After all, teen parents are all too likely to
364 | have a second birth relatively soon. About one-fourth of
365 | teenage mothers have a second child within 24 months of that
366 | first early birth.

367 | Mr. Chairman, according to a 2005 CDC study, 46.8
368 | percent of all high school students reported having had
369 | sexual intercourse. For high school seniors, this figure
370 | reaches 63.1 percent. The bottom line is, as much as parents
371 | and teachers and all of us alike stress abstinence among
372 | teens, sexual activity is a reality for many young people.
373 | So what can we do to confront that reality?

374 | Some say that abstinence-only education is the answer,
375 | but claiming that the only proper information with teens,
376 | even teens who are already parents, is abstinence only and
377 | nothing else means withholding scientifically based medical
378 | information. This is completely unrealistic, in my view.

379 | Of course, abstinence is at the core of any
380 | comprehensive sexual education curriculum. Practicing 100
381 | percent complete abstinence is 100 percent effective in
382 | preventing pregnancy, and that is a primary message. For
383 | many young people, this message reinforces positive
384 | behaviors, but it is not realistic to expect such behavior
385 | from all teens, so the best thing we can do to protect young

386 | people from the negative consequences of unsafe sex is to
387 | give them the information they need. We know this works.

388 | A national campaign to prevent teen pregnancy study
389 | revealed that over 40 percent of the comprehensive education
390 | programs that were evaluated delayed the initiation of sex,
391 | and more than 60 percent reduced unprotected sex.

392 | Furthermore, no comprehensive program hastened the initiation
393 | of sex, according to the study, or increased the frequency of
394 | sex.

395 | Conversely, just last year a Federally funded evaluation
396 | of the Title V abstinence-only programs conducted by
397 | Mathematica Policy Research, Inc. found no evidence that these
398 | programs--that is abstinence-only--increased rates of sexual
399 | abstinence. Scientific study after scientific study has
400 | shown that these programs are ineffective and often contain
401 | false information, something that bears out in my own
402 | anecdotal survey of them.

403 | I urge us not to add to the \$1.3 billion in Federal
404 | dollars that have been invested over the past decade in
405 | programs that are ineffective and many of them downright
406 | false.

407 | I am proud that my own State of California has rejected
408 | these dollars from day one. In fact, California is the only
409 | State that has never applied for and never received Title V
410 | abstinence-only-until-marriage funding. California would

411 have been eligible for over \$7 million in Title V
412 abstinence-only-until-marriage funding in fiscal year 2007,
413 but the State chose not to apply for these funds due to the
414 extraordinary restrictions upon how the money must be spent.
415 This was based on the State's previous experience in the
416 1990s with a State-funded abstinence-only education program
417 that proved to be ineffective. Evaluation of the program
418 proved that youth who were given abstinence-only education
419 were not less likely than youth in the control groups to
420 report a pregnancy or a sexually transmitted infection.

421 California isn't the only State to draw these
422 conclusions. The Kansas Department of Health and Environment
423 conducted a 2004 evaluation of abstinence-only-until-marriage
424 programs, and this evaluation found that there were no
425 changes noted for participants' actual or intended by, such
426 as whether they planned to wait until marriage the have
427 sexual.

428 The evaluation also revealed negative changes in
429 attitudes. After participating in
430 abstinence-only-until-marriage programs, students surveyed
431 were less likely to respond that the teachers and staff cared
432 about them, and significantly fewer students felt that they
433 had a right to refuse to have sex with someone. Researchers
434 therefore concluded that, rather than focusing on
435 abstinence-only-until-marriage, data suggests that including

436 information on contraceptive use may be more effective at
437 decreasing teen pregnancy. This evaluation is,
438 unfortunately, all too typical of the result of the
439 abstinence-only education programs.

440 Mr. Chairman, as of 2008, January, 17 States have
441 rejected Title V abstinence-only funding based on so
442 understood public health concerns and because governors have
443 deemed the program to be inconsistent with their State's
444 values or public health mandates.

445 I commend these States for making smart decisions
446 regarding the health of their young people and listening to
447 parents who want more comprehensive education for their
448 children. Recent polling reveals that a vast majority of
449 adults support a comprehensive approach to sexuality
450 education. According to a study conducted by the National
451 Campaign to Prevent Teen and Unplanned Pregnancy, 78 percent
452 of California residents support programs that teach about
453 abstinence as well as how to obtain and use contraceptives.

454 Furthermore, residents believe that the Federal
455 Government should pay for this instruction. That is why I am
456 proud to be a cosponsor of legislation such as the
457 Responsible Education About Life, or REAL, Act, and the
458 Prevention First Act. It is in the best interest, I believe,
459 of public health of our entire society to ensure that all
460 students are receiving scientifically and medically accurate

461 | information that will enable them to make the healthiest
462 | lifestyle decisions for them.

463 | Furthermore, I believe that we must discontinue any
464 | funding that is Federal for abstinence-only education
465 | programs. I believe they have been a waste of taxpayer
466 | dollars and have produced no positive results. As a Member
467 | of Congress, again, as a registered nurse, this is a position
468 | I encourage my colleagues to adopt as we have a
469 | responsibility, I believe, to protect the public health. We
470 | should follow the recommendations of the Institutes of
471 | Medicine: ``Congress, as well as other Federal, State, and
472 | local policy-makers, eliminate the requirements that public
473 | funds be used for abstinence-only education and that States
474 | and local school districts implement and continue to support
475 | age-appropriate, comprehensive sex education and condom
476 | availability.'`

477 | Thank you, again, for the opportunity to testify today.

478 | [Prepared statement of Ms. Capps follows:]

479 | ***** INSERT *****

480 | Chairman WAXMAN. Thank you very much, Ms. Capps.
481 | Mr. Brownback?

482 STATEMENT OF SAM BROWNBACK

483 Senator BROWNBACK. Thank you very much, Mr. Chairman.
484 Thank you for allowing me to be here and to testify. I am
485 glad to join Ms. Capps. I have worked with her on a number
486 of different issues over the years, and it is always a
487 pleasure to join her. I think we have a bit of a different
488 opinion on this one. I look forward to the discussion on it.

489 I come here because I am in the U.S. Senate, but I have
490 five children and I have got a fair amount of practical
491 experience dealing with this. Our oldest is 21, youngest two
492 are 10. I think I identify with most parents. I want the
493 best for my kids and there is hardly anything I wouldn't do
494 for them to see that they do have the best.

495 I am like most parents in this Country: I want them to
496 abstain from sexual activity until they are married. That
497 doesn't happen to be just in the Brownback household. There
498 is a Zogby poll in my testimony. Eight in ten parents want
499 that for their children.

500 I think also I am like most parents in that I feel often
501 that the current culture pushes against what we try to teach
502 in the Brownback family, that you have respect for other
503 people, that everybody is a dignified human, that we think
504 this is something that should be retained for marriage, and

505 | that that is the best place.

506 | It is something that we would hope our Government would
507 | back us up on. That, I think, is at the crux of what the
508 | debate is here, and it is about desire of parents and best
509 | for their kids, high expectations, not low expectations, high
510 | expectations for our children and a desire to cull them
511 | towards that.

512 | We have a crisis in the Country today. It is
513 | striking--I thought stunning--when I read this number, that
514 | one in four teenager girls in the United States has a
515 | sexually transmitted disease. One in four, according to CDC.
516 | That is a truly shocking number.

517 | Clearly, where we have put the bulk of our money in sex
518 | education, which is the comprehensive programs, have not
519 | worked. We have a culture that pushes another way that
520 | rarely shows consequences of early sexual activity but really
521 | just says let's just go ahead and do it.

522 | The end of this debate has been an entered the push
523 | against abstinence education, which I think probably surveyed
524 | most Members here toward their own children they would say
525 | no, that is what I would hope my kids would do, and that is
526 | what I encourage them to do. I would just say then why
527 | wouldn't we have the Government do similarly.

528 | I have followed a number of the studies that have been
529 | coming out looking at this. I don't think all of them have

530 | been followed, though. The Heritage Foundation just recently
531 | released a report looking at 15 studies that have examined
532 | abstinence based programs only. They didn't do the study on
533 | the programs, they just pulled 15 programs out, and they
534 | found 11 of these programs on abstinence reported positive
535 | findings, many of them quite extraordinary positive findings.

536 | It seems to me that the route we should do, in listening
537 | to parents and listening to our own hearts here, would be to
538 | say, okay, what of these abstinence programs are not working,
539 | and let's not fund the areas that are not working rather than
540 | throwing the whole idea out, which is supported by most
541 | parents.

542 | I am most familiar with one here in Washington, D.C.,
543 | that I have worked with over a number of years. I am the
544 | Ranking Member on the Appropriations Committee for D.C., have
545 | been the authorizing chairman for D.C. I have been very
546 | concerned about what is happening here in the District. The
547 | best one I am familiar with is Best Friends program in
548 | Washington, D.C. They had a 2005 study evaluation of the
549 | impact of the program. They found this about their program:
550 | teenage girls in the six middle schools that participated in
551 | the program were substantially less likely to engage in
552 | sexual activity than similar teenager girls in the District
553 | who did not participate in Best Friends.

554 | And they found collateral support, as well, or

555 collateral positive things. Best Friends girls were also
556 significantly less likely to use illegal drugs, smoke or
557 drink, compared to their peers. And the program worked.

558 You have got Dr. Stan Weed that has done a more thorough
559 investigation on the impact of the programs. I would hope
560 that his testimony would be seriously considered.

561 I think there is a way forward on this, Mr. Chairman,
562 and I think it is to examine the abstinence programs, because
563 not all of them are created equal. Clearly we have got a
564 huge problem. Clearly comprehensive sex education has not
565 worked with the level of STDs that we have in this Country.

566 I would hope what we would do is look at what in these
567 programs and which ones and what design of it has worked, and
568 let's replicate and let's support and let's push that. And
569 let's be very supportive of it rather than this constant
570 public debate of attack that I think reads out to most of the
571 public, Well, we just don't like this approach. Then the
572 public goes, Well, I guess you are going to attack my
573 parental ideas again. They get very frustrated. I know I
574 can speak as one.

575 I would hope we could work together on this. I don't
576 think this needs to be a partisan divide on it. I think it
577 is one that we can work with parents and work with these
578 programs and help design them to work better. It would be my
579 hope, my pledge to you and to others to work to make them

580 | work better and to use the models of the ones that do work.

581 | Thank you for allowing me to be here, Mr. Chairman.

582 | [Prepared statement of Senator Brownback follows:]

583 | ***** INSERT *****

584 Chairman WAXMAN. Thank you very much, Senator Brownback.

585 I want to start off by telling you I agree with you. We
586 ought to see what works. I don't think we ought to junk the
587 idea of trying to emphasize abstinence. I think we ought to
588 have that emphasis, because the culture does push our young
589 people to become much more sexually active, and it is
590 contrary to what many of us as parents and grandparents want
591 for our children.

592 But the Federal Government only funds abstinence
593 education programs. We don't fund comprehensive sex
594 education programs for teenagers. That is done at the State
595 and local level. I don't think we ought to fund
596 abstinence-only programs that won't talk about other
597 alternatives, talk about a comprehensive approach,
598 encouraging abstinence but also at the same time explaining
599 some public health realities to young people.

600 Some States, as Ms. Capps pointed out, Representative
601 Capps said some States have looked at the Federal requirement
602 and it is like the Federal Government telling them they had
603 to do it only one way, and the States didn't like that.

604 I think we ought to let the States, if we are going to
605 put Federal dollars into it, make a decision. I would hope
606 that all of them would emphasize abstinence, and then I hope
607 all of them would inform people about basic health
608 information.

609 Ms. Capps, is that the point that you were making?

610 Ms. CAPPs. I appreciate the chance to respond. I want
611 to also agree with the Senator. There is so much that we
612 have in common in what we desire for our young people. We
613 want them to grow up to be healthy. I will confess my strong
614 bias, which is on behalf of health education, period. When
615 you think about the diseases that are so costly to us
616 today--obesity, heart disease, and sexually transmitted
617 diseases and unwanted pregnancies--so much of it relates to
618 healthy behaviors, which can be taught starting at a very
619 young age.

620 I have always been in favor of comprehensive health
621 information so that young people know about their bodies,
622 know how their emotions work, and at age-appropriate times,
623 with the permission of parents, that this can be done,
624 including sexuality and reproductive matters.

625 Now, I am in favor of local decision-making about this.
626 That is how important I think it is. It is always the
627 prerogative of parents to have a say on sensitive issues of
628 what their children learn and don't learn. That is why I
629 believe that abstinence-only education really directs
630 something that should be decided at a more local level.

631 We do have legislation that is in the process of being
632 addressed in the House that undergirds the importance of
633 prevention, and that is something I would champion.

634 Chairman WAXMAN. Senator Brownback, do you think we
635 ought to look at these programs in a cool way, cold-hearted
636 way to see whether they are working or not, and if they are
637 not working say that we ought to adjust them? And, secondly,
638 do you think that we ought to bar at the Federal level any
639 funds for these sex education efforts to talk about anything
640 other than abstinence? Do you think it ought to be possible
641 for the local areas to decide to use the funds, as well, for
642 a more comprehensive approach that talks about ways to stop
643 the sexually transmitted diseases and unintended pregnancies
644 assuming young people decide to be sexually active.

645 Senator BROWNBACK. Well, the answer to your first
646 question, absolutely. But I think you have to also then look
647 at the whole gamut, and not just say, okay, we are going
648 after abstinence education, which, Mr. Chairman, that is what
649 this appears to be. And if you say okay, let's look at the
650 whole gamut because we have a crisis here, and STDs, one in
651 four girls, and I think in certain segmented communities it
652 is one in two, and the current approach has not worked.

653 I believe you have testimony later on five to one on
654 comprehensive. Nationwide, the dollars have been five to one
655 on comprehensive. So, I mean, if I were you as chairman and
656 you are saying let's look at this realistically, then
657 apparently the broad breadth of these dollars, it is not
658 working. I would submit to you that if you are just going to

659 | peg in on the abstinence piece of this, okay, that is fair
660 | enough, but then I can show you programs in the abstinence
661 | field where it is working. I can show you places where it is
662 | not. The idea there would be to target more appropriately
663 | how you get the abstinence programs to work. But then you
664 | should also back up and say obviously the overall approach
665 | has not worked. We have got to look at all of it. We can't
666 | just tag in on the abstinence piece of this because of
667 | whatever agenda.

668 | Chairman WAXMAN. Thank you.

669 | Mr. Souder?

670 | Mr. SOUDER. Thank you, Mr. Chairman.

671 | As you know, we have debated this subject before. We
672 | held a hearing when I was chairman of the Subcommittee and we
673 | issued a report, Abstinence and its Critics. I would ask
674 | that this would be inserted in the Committee report of this
675 | hearing.

676 | Chairman WAXMAN. Without objection.

677 | [The referenced information follows:]

678 | ***** INSERT *****

679 Mr. SOUDER. I also would like to make a brief statement
680 because of my involvement. I would like to use some of my
681 time for that at this point.

682 I share some of Senator Brownback's concerns that we are
683 not addressing the fact here that two-thirds of the money
684 that goes for education on this issue is not abstinence-only.

685 This hearing seems to be stacked against abstinence-only.
686 If your intent was truly to assess the evidence on abstinence
687 education, then why are we hearing from only one single
688 proponent of the important public health approach? Where are
689 the physicians who diagnose young girls, despite having used
690 condoms, who now have the cancer-causing virus HPV? Where is
691 the official who will talk about twice the amount of funding
692 being used on things other than abstinence education?

693 Extreme interests groups believing in sexual freedom and
694 sexual justice have denigrated the debate over abstinence
695 education by turning it into a vehicle to promote their own
696 ideological agenda of radical sexual autonomy. We ought not
697 to be persuaded by these groups who, although adopting the
698 language of science and reason, are really just evangelists
699 of a competing though tragically incorrect moral vision.
700 This debate is not between those who on one side are trying
701 to impose their values on others and those who on the other
702 are proclaiming a purely disinterested and amoral
703 rationality. Indeed, despite protests to the contrary, the

704 | other side, too, makes more arguments tethered to a
705 | particular ideology.

706 | While this hearing has been convened to assess the
707 | evidence, we must also realize that this debate involves deep
708 | disagreements between competing values. Abstinence education
709 | is a medically accurate, age-appropriate method that promotes
710 | character, healthy relationship building skills, and self
711 | worth to young people. It is far more than a just say no
712 | approach to public health.

713 | The name of this hearing, for example, wrongly suggests
714 | that teens who receive abstinence-only education are only
715 | taught to say no to sex. Mr. Chairman, this simply is not
716 | true. Abstinence education is a holistic approach to
717 | preventing the physical and emotional distress that
718 | premarital sex can bring, especially to teenagers.
719 | Abstinence education does, in fact, teach teens about
720 | contraceptives. It does teach teens about HIV/AIDS. It does
721 | teach teens about how to prevent pregnancy and disease. It
722 | encourages teens who are already sexually active to get
723 | tested for STDs, unlike the so-called comprehensive sex
724 | education curriculum, which often tells teachers specifically
725 | not to raise the failures of condoms or STDs.

726 | What abstinence education does not do, unlike
727 | contraception-based programs, is suggest to teens that they
728 | should "wear shades as a disguise" when buying condoms so

729 adults don't recognize them, or encourage teens to
730 ``fantasize'' about using a condom.

731 The Department of Health and Human Services reports that
732 most popular so-called comprehensive programs spend less than
733 10 percent of their class time promoting important health
734 message of abstaining. The curriculum does, however,
735 instruct girls on how to help their partner maintain an
736 erection and other graphic behaviors too explicit to submit
737 to the record.

738 We can parade as many critics of abstinence education
739 before this Committee as we want, and nothing will change the
740 fact that the only fully reliable way for young people to
741 protect themselves from pregnancy or STDs is by abstaining
742 from sex until a committed, faithful relationship with a
743 partner who is also free of STDs. To withhold this evidence
744 from our young people and the members of this Committee is
745 not only wrong but inexcusable and unjust. I would like to
746 ask our two witnesses--and I find some of these questions,
747 quite frankly, shocking, but since it is used in schools down
748 to age nine--do you believe this is appropriate to ask kids
749 these questions which are: do you think a person is
750 abstinent if he or she does the behaviors below: cuddle with
751 someone with no clothes on, give oral sex, masturbate with a
752 partner, receive oral sex, touch a partner's genitals? Do
753 you believe those are appropriate for kids in school as an

754 alternative to abstinence, or whether it should be defined as
755 abstinence? Ms. Capps?

756 Ms. CAPPS. Do I think this is appropriate personally?
757 Not at all. I have been a part of many, many sex education
758 classes, and I have never had this or been a witness to any
759 discussion anything like this, particularly at the age that
760 you are talking about.

761 Mr. SOUDER. My time is on yellow. Let me ask Senator
762 Brownback.

763 Ms. CAPPS. Surely.

764 Mr. SOUDER. This is a 2005 plan, Making Sense of
765 abstinence Lessons for Comprehensive Sex Education for New
766 Jersey.

767 Senator BROWNBACK. No. I don't think that is
768 appropriate. And as a parent, if that were being taught to
769 my kids I would find it very offensive. I think it is why
770 most parents really get upset about a lot of these things, is
771 that there are things being put forward that a lot of times
772 are just really trying to encourage our kids, Look, let's be
773 responsible. We don't do these sort of things. It goes
774 against what the parents are trying to teach.

775 Chairman WAXMAN. Thank you, Mr. Souder.

776 Mr. Sarbanes, I want to recognize you if you have any
777 questions.

778 Mr. SARBANES. Not at this time.

779 Chairman WAXMAN. Ms. McCollum?

780 Ms. MCCOLLUM. Thank you, Mr. Chair.

781 I am wondering, Senator Brownback, I think there is
782 great agreement. As parents we all tell our children that
783 they should delay sexual activity for many
784 reasons--emotional, health, our family values, and that. But
785 knowing what the statistics are from the CDC for the number
786 of young adults that do engage in sexual activity, do you
787 believe that we have a responsibility when Federal dollars
788 are being used, especially in abstinence-only programs, that
789 if they do refer to condoms--and there are examples in here
790 that the GAO cites in its report where inaccurate statements
791 were made that condoms are porous, therefore a condom doesn't
792 protect you against sexually transmitted disease--that we
793 should not allow Federal dollars to be used to transmit
794 misinformation, information that is not scientifically
795 accurate, that that is not a good use of our tax dollars?
796 Would you at least agree with that, that we need to make sure
797 that anything that is said in these abstinence programs must
798 be scientifically accurate?

799 Senator BROWNBACK. I would. I would hope they would be
800 applied to all sex education programs, the comprehensive
801 ones, too. I would tie back in to your earliest piece of
802 your statement. What about the emotional. There is an
803 emotional issue that is involved here. Having three children

804 | either in or recently gone through teenage time periods, this
805 | is a big emotional time period. I would hope we would have
806 | scientific evidence on all of it.

807 | Ms. MCCOLLUM. Reclaiming my time, my challenge is, as an
808 | appropriator, with the limited amount of dollars that are
809 | available for public health, that every single penny that is
810 | spent should be made sure that the information is
811 | scientifically accurate.

812 | Ms. Capps, it is my understanding--and I am sure you
813 | have read the GAO report--that is has only been recently that
814 | there has been any scrutiny on these programs to make sure
815 | that they are scientifically accurate. As a nurse, as a
816 | mother, how do you feel about that? As a taxpayer, how do
817 | you feel about that?

818 | Ms. CAPPES. That distresses me because I have had
819 | personal experience in reviewing some of the abstinence-only
820 | materials. I will agree with the Ranking Member that they do
821 | discuss contraception, but I never saw one that said anything
822 | positive about it. It was always the failure rate. In other
823 | words, to infuse a sense of distrust among the students that
824 | they should rely on anything like this.

825 | I am concerned that we are spending Federal dollars on
826 | misinformation.

827 | Ms. MCCOLLUM. Representative Capps, as a person who has
828 | worked in public health, you know that we might have juniors

829 | and seniors in high school who don't have parents such as
830 | Senator Brownback, myself, you, and other members of the
831 | panel who would sit down and discuss fully options with our
832 | children as they are getting ready to perhaps even enter
833 | marriage. So knowing that we have 17-and 18-year-olds, do
834 | you feel that for many of these young adults in committed
835 | relationships who might be getting married at a very early
836 | age, that this might be the only information that is
837 | available to them?

838 | Ms. CAPPs. I can tell you I have heard it with my own
839 | ears, I have seen, and, as I mentioned in my testimony, I
840 | worked in a program for parenting teens. Teens already
841 | having chosen to keep their parents (sic) and go to a
842 | comprehensive high school, we provided them with life skills.
843 | Many of them were married. They were asking us for help
844 | because they got pregnant in the first place because they
845 | didn't know enough, and now they wanted to make sure that
846 | they took good care of the child that they had and were able
847 | to plan their families in the future.

848 | So there is a cry on the part of many teenagers for
849 | accurate information. Then, of course, we need to always be
850 | teaching them the life skills in order to make the good
851 | decisions about it, as well. The two go hand in hand.

852 | Ms. MCCOLLUM. Thank you.

853 | Chairman WAXMAN. Thank you, Ms. McCollum.

854 Mr. Burton?

855 Mr. BURTON. I can wait.

856 Chairman WAXMAN. Mr. Shays?

857 Mr. SHAYS. I thank the colleague.

858 Sometimes I think we are trying to repeal the law of
859 gravity. There are natural instincts that young people have,
860 and they are educated by their parents hopefully first to
861 know proper conduct, and hopefully are given informed
862 information in their process of going to school and so on. I
863 am a chief cosponsor of the Responsible Education About Life,
864 the REAL Act, which was introduced by Barbara Lee, and its
865 whole purpose is to provide a comprehensive approach to sex
866 education that includes information both about abstinence and
867 contraception.

868 I read these questions and I thought, You know what?
869 Maybe they shouldn't have been asked by someone in school in
870 a program, but they turn on their TV and they see it.

871 We have had testimony in Congress where young people
872 didn't realize that oral sex they could transmit disease.
873 They just weren't informed, and they thought that wasn't sex,
874 maybe as defined by the former President of the United
875 States.

876 But the bottom line is I don't understand why you
877 wouldn't make sure that young people had all the information
878 to counteract all the information they are getting every day

879 | from the news media, from TV, from programs, from books. I
880 | mean, the books I used to read were so ridiculous compared to
881 | what kids read today. But, frankly, if it be told, probably
882 | every one of my fellow boys and young men that were at school
883 | would have had sex if the girl had said yes. So your parents
884 | basically tried to determine who you were going out with,
885 | what kind of girl you were out with. It is a different world
886 | today. It is a different world, Senator, than you grew up
887 | in.

888 | I just don't know how we are going to help young people
889 | if we don't give them the information they need to make the
890 | choices, to know that they could get ill if they do certain
891 | things, to know the benefits of abstinence in the context of
892 | truly loving someone.

893 | I would like you both to speak to that, in terms of what
894 | kids get every day in the media. So these questions aren't
895 | shocking. They get it every day. They see it. They read
896 | about it. Why shouldn't they talk about it?

897 | Senator BROWNBACK. Well, first, thanks, Chris, and,
898 | believe me, I know we are not in the world I grew up in. I
899 | have got children operating in this culture. My older
900 | daughter is doing Teach for America in Houston in 7th grade,
901 | and the things she hears, that does shock me. So I am
902 | getting that.

903 | But I think there is an issue here. What about setting

904 | a high expectation? What if she in that 7th grade class sets
905 | a very low expectation and, you know, whatever you want with
906 | it.

907 | Mr. SHAYS. I don't know what you mean by expectation. A
908 | high expectation to me means treating a young people with
909 | respect that they get the information they need to counteract
910 | the information they are getting from somewhere else, so I
911 | don't know what you mean by respect.

912 | Senator BROWNBACK. Well, what I mean by high expectation
913 | is maybe buttressing the expectations of their parents
914 | instead of attacking them or saying, Well, we don't think you
915 | are really going to make that, so therefore let's go this
916 | route.

917 | There is a down side to not having high expectations.
918 | There is a clear downside. I think we should do that even in
919 | behavior areas.

920 | What I am submitting here is that I think you can look
921 | at all these abstinence programs and find ones that haven't
922 | worked. I think that is good. Let's not do that. But let's
923 | fund the ones that do work so you really are buttressing what
924 | 80 percent of the parents want.

925 | Mr. SHAYS. Thank you.

926 | Ms. Capps?

927 | Ms. CAPPS. Again, I agree with so much of what the
928 | Senator is saying, and I totally support you. I am on the

929 same legislation that you are co-authoring with our
930 colleague, Barbara Lee. I would simply say that the studies
931 are showing that the more information young people have the
932 better decision-making skills they can employ, if they are
933 taught some decision-making skills along the way. Schools
934 are asked to do a lot of things today. They are asked to be
935 parents and they are asked to bring up, for those kids who
936 come, you know, with limited foundation at home, they are
937 asked to teach young people to make good decisions, how to do
938 that. But I believe that when you tie a hand behind your
939 back when you are withheld information, you set up a sense of
940 lacking trust. In fact, comprehensive sex education classes
941 have encouraged young people to delay sex because they know
942 all of the information.

943 Our teen program where the babies were there with the
944 moms in a classroom setting was a big deterrent for kids
945 having sex. They saw what happens when you do.

946 Mr. SHAYS. Thank you.

947 Thank you, Mr. Chairman.

948 Chairman WAXMAN. Thank you, Mr. Shays.

949 Mr. Welch, you are next.

950 Mr. WELCH. Thank you, Mr. Chairman.

951 Senator Brownback, in listening, everyone agrees that we
952 want to have kids protected as much as possible, so really it
953 seems like this is a tough discussion and debate about what

954 | is effective to help kids make the right choices. But, as I
955 | understand your testimony, your view is that there should be
956 | no sex before marriage?

957 | Senator BROWNBACK. I am saying eight of ten parents
958 | surveyed want that, and I am saying in our family that is
959 | what we talk about.

960 | Mr. WELCH. And I obviously completely respect that. But
961 | I understand the statistics are that 95 percent of the
962 | American people do have sex before marriage.

963 | Senator BROWNBACK. Well, the material I was looking at
964 | and that I think even the Ranking Member was citing was below
965 | 50 percent on teens, and I don't know of the full number of
966 | what you are talking about on before marriage activities.

967 | Mr. WELCH. I think it was a USA Today survey, and my
968 | understanding is that is a pretty accepted figure. But the
969 | question here I think that we have to resolve is effective us
970 | of taxpayer dollars to achieve the goal of diminishing teen
971 | pregnancy and diminishing sexually transmitted disease.
972 | Would you agree that that is a shared goal?

973 | Ms. CAPPS. Yes.

974 | Mr. WELCH. All right. So I would ask really both of
975 | you, bottom line, whether it is a comprehensive sex education
976 | program or an abstinence-only sex education program, that
977 | those programs should be subject to strict scrutiny for
978 | effectiveness before we allocate a taxpayer dollar. Do each

979 | of you agree with that?

980 | Senator BROWNBACK. If I could, absolutely. But you
981 | can't just look then at abstinence programs, you need to look
982 | at comprehensive ones that get, by far, the lion's share of
983 | the dollars, and obviously it has not worked.

984 | Mr. WELCH. I agree that they should be both looked at.
985 | That is what I am asking. Any time we spend money, we have
986 | got to do oversight to see whether the intended purpose is
987 | being achieved with the money we are spending.

988 | Ms. CAPPS. Can I respond to that? You are talking about
989 | tax dollars, and it has come up before. To my knowledge, I
990 | want to address something that has come up where these
991 | figures come around like we spend \$12 for comprehensive sex
992 | education, Federal dollars, for every dollar that is spent on
993 | abstinence-only education. The truth is very different. To
994 | my knowledge the Federal Government has never funded
995 | comprehensive sex education as taught in a classroom, but
996 | rather these dollars are lumped together which are part of
997 | Title X, and all of the services, direct services that we
998 | provide for every age group through the Federal programs that
999 | we provide in family planning and contraception. I think
1000 | those are very different.

1001 | I am not so sure that we want the Federal Government
1002 | doing anything prescriptive about what curriculum my
1003 | grandchildren and your children would be taught in a school

1004 | district. I think school districts and school boards and
1005 | parents have the right and obligation really to choose what
1006 | is appropriate for them. What I think we can lay out in
1007 | these bills that I mentioned and that our colleague Mr. Shays
1008 | is a coauthor of talk about the importance of doing that and
1009 | making funds available so that districts can choose the
1010 | appropriate methods that they want to teach.

1011 | Mr. WELCH. Thank you.

1012 | You know, we have been referring to this GAO report that
1013 | has done a study of abstinence education programs and come to
1014 | the conclusion that they are not effective. Now, if that is
1015 | the report that gives us guidance and money spent on these
1016 | programs is not achieving the intended result, would it be
1017 | your position, Senator, that we should continue to spend more
1018 | money on programs that are judged to be ineffective?

1019 | Senator BROWNBACK. My position would be I think you
1020 | should look at all the studies. There are studies that I
1021 | cited. You are going to have another witness here today that
1022 | is citing studies of ones that have worked. My position
1023 | would be that you should look at those that work so that you
1024 | are really going in flow with what the parents of the Country
1025 | want. The parents of the Country want their children to be
1026 | abstinent. That is what they do in the survey results. So
1027 | why would we flow against it? Why wouldn't you find the ones
1028 | that are working well and then let's fund those? And you

1029 | really should look at comprehensive, because that is where we
1030 | put most of the money, and that hasn't worked.

1031 | Mr. WELCH. Well, the dilemma we have is this: those of
1032 | us who advocate always find something to hang our hat on to
1033 | justify our position. That is you, it is me, it is all of
1034 | us. But there are referees, and the GAO, when they do these
1035 | studies at our request, is, in effect, an arbiter, and we
1036 | either can disregard their study or accept the results and
1037 | act accordingly.

1038 | My understanding is that the study that the GAO has
1039 | done, kind of a peer reviewed study, has concluded that these
1040 | abstinence-only programs are not achieving the results that
1041 | you would like to see achieved, so why would we spend more
1042 | money?

1043 | Senator BROWNBACK. I would hope you would look at all
1044 | studies, sir.

1045 | Mr. WELCH. Okay. Thank you, Senator.

1046 | Chairman WAXMAN. Thank you, Mr. Welch.

1047 | Mr. Burton?

1048 | Mr. BURTON. Thank you, Mr. Chairman.

1049 | Let me just say I am going to yield to my colleague from
1050 | Indiana, Mr. Souder, but before I do let me just whistle into
1051 | the wind a little bit. Mr. Shays mentioned what children are
1052 | exposed to all the time, and I am sure this isn't going to
1053 | change, but one of the things that disturbs me so much is

1054 | there is a constant barrage of sex and violence on television
1055 | all the time. I know that you can't really stop it, I guess,
1056 | but that has to be a contributing factor to the violence that
1057 | we have seen in places like Columbine and this boy that was
1058 | stopped from blowing up his school the other day and these
1059 | college campus attacks. We have got to figure out some way
1060 | as a society to cut back on the sex and violence that we are
1061 | consuming, because as long as we do that, the kids are going
1062 | to get a steady diet and you are going to have this thing go
1063 | on and on.

1064 | With that, I yield to Mr. Souder.

1065 | Mr. SOUDER. I would first like to correct the record on
1066 | a couple of things. I didn't use 12-to-1. I used 2-to-1
1067 | Federal funding for--

1068 | Ms. CAPPS. I am sorry. I have seen 12-to-1.

1069 | Mr. SOUDER. And you said that. You said you have seen
1070 | 12-to-1. You didn't say that I said that, but I wanted to
1071 | point out that I said 2-to-1 in direct Federal funding, 68
1072 | percent of the schools offer contraceptive education compared
1073 | to 25 percent offering abstinence education. Not all of that
1074 | is Federal funding and not all of it is even dollars, but
1075 | that is also a fact. And there are ten Federal sources for
1076 | funding for contraceptive education and just one for
1077 | abstinence education.

1078 | Now, depending on what a school does with that funding,

1079 | they may not use it for the curriculum. They may be blending
1080 | this with local funding from different health groups, like in
1081 | our community part of it is funded by Planned Parenthood
1082 | directly, maybe not from Government funds, or from a health
1083 | center, not from Government funds. But the fact is that the
1084 | disproportionate amount of money in the United States is, in
1085 | fact, going to contraceptive education.

1086 | And we are also really happy to see that a number of
1087 | people here seem to be expressing disappointment, even on the
1088 | majority side, that we aren't looking at science on not only
1089 | abstinence education but on the other, because clearly study
1090 | after study have shown that contraceptive education hasn't
1091 | worked on HPV, has not worked, either. And you can't just
1092 | apply science when you ideologically oppose one goal but then
1093 | not look at science, and we shouldn't pretend like science,
1094 | GAO, or otherwise has defended the effectiveness of
1095 | contraceptive programs.

1096 | But there is another fundamental question here that we
1097 | are debating, and that is that 70 to 90 percent of American
1098 | people oppose explicit sexual content in comprehensive sex
1099 | education; 67 percent of teens who have initiated sex express
1100 | regret for doing so; 90 percent of American people believe
1101 | adolescents should not become sexually active; 70 to 90
1102 | percent want a strong abstinence message taught.

1103 | Do you believe, Senator Brownback and then Ms. Capps,

1104 | that the public, what they want from the schools, is at all
1105 | relevant in this debate?

1106 | Senator BROWNBACK. I would hope it is relevant in this
1107 | debate, and if it is not, you are going to be running at
1108 | counter purposes and people are going to be arguing with it
1109 | all the time and it is not going to be effective. But if we
1110 | will work in concert with parents, I think we can have an
1111 | effective program moving on forward.

1112 | Ms. CAPPS. Thank you. I want to stress again that all
1113 | of us--and I am now going back to my past life as a school
1114 | nurse--in the local schools I don't know a person who doesn't
1115 | favor abstinence-only until it comes to the point of the
1116 | knowledge that is available should abstinence not work for a
1117 | particular child. We can't control what happens to them
1118 | after school. Most of us want not abstinence-only but
1119 | abstinence coupled with an understanding of available
1120 | resources should they need it.

1121 | Now, I also would like to say that I have never been a
1122 | part of a plan or program that is called contraceptive
1123 | education. I have only been associated with anything in my
1124 | schools where I worked that was comprehensive sex education
1125 | that included abstinence and also gave other information.

1126 | Now, what I would say is that this decision, the public
1127 | has its way of recording its desires and what it believes in
1128 | and so forth, but really the important people in this

1129 conversation who we are talking about are the parents who
1130 send their kids to public school every day.

1131 Mr. SOUDER. How do you handle this question, and that is
1132 that those using the male condom at first sex has tripled
1133 from 22 to 67 percent, contraceptive use has nearly doubled
1134 since the 1970s to 79 percent, and yet STDs and other
1135 problems are still increasing. How can anything but
1136 abstinence be said to be working?

1137 Ms. CAPPS. Abstinence works 100 percent, and that is why
1138 it should be the core of any kind of comprehensive education
1139 that involves sexuality with teenagers. Again, the decision
1140 should be made by the parents, and the young people are
1141 asking for information, and if they are asking they should
1142 get reliable information.

1143 Chairman WAXMAN. Thank you very much.

1144 I am going to now recognize Ms. Norton, but I want to
1145 indicate that our second panel will discuss evaluations of
1146 both and all sex education classes, which I think will be
1147 very helpful for the Committee.

1148 Ms. Norton.

1149 Ms. NORTON. Thank you, Mr. Chairman.

1150 I have had the pleasure of working with you both, and I
1151 want to thank you both for very important leadership that I
1152 am personally aware of. Ms. Capps, you have become a
1153 particular leader on health issues here in the Congress, and

1154 | Mr. Brownback and I have worked together on a number of
1155 | issues, including issues that proved controversial in some
1156 | forms--the marriage issue, where there has been a decline
1157 | among African Americans. It is catastrophic. And I must say
1158 | a similar decline among white people, except for people in
1159 | the upper middle and upper classes.

1160 | May I thank you, Mr. Brownback, for what you said about
1161 | Best Friends. Best Friends has done an extraordinary job in
1162 | the District of Columbia with its abstinence-only approach.
1163 | The kind of caring attention that it gives is rare for any
1164 | program. I know you did not mean to indicate that that was
1165 | what abstinence programs usually offered; nevertheless, this
1166 | has been an extraordinary program of great value to us and
1167 | the children and the parents that have chosen it.

1168 | I don't understand why this subject has been so
1169 | contentious. I agree with Mr. Brownback we ought to look at
1170 | all the studies. Don't put a dime on comprehensive sex
1171 | education programs that don't work. Test them in the same
1172 | way that we test abstinence-only programs.

1173 | The concern that many of us have with abstinence-only
1174 | programs is the notion that there would be any such matter
1175 | where one size could possibly fit all. It is so individual,
1176 | so family oriented.

1177 | Mr. Brownback, you have been Chair of the D.C.
1178 | Appropriations Subcommittee. I don't need to tell you that

1179 | you would be laughed out of many classrooms in the District
1180 | of Columbia if you talked about abstinence where the children
1181 | come to junior high school and high school already
1182 | experiencing sex. This troubles me greatly. I wish there
1183 | were some way. I cannot imagine wanting my own child to do
1184 | anything but abstain until marriage. Frankly, that would be
1185 | my wish. I would do everything I could to encourage that to
1186 | happen, and many parents find that is a failing effort today.

1187 | My question is particularly, Mr. Brownback, I know from
1188 | my friendship with you, from your own work, your respect for
1189 | local control, for the views of parents, the sensitive way
1190 | you have handled the marriage funding that we did here, all
1191 | with consent and encouraging greater marriage in some of our
1192 | poorer communities. I am wondering why committing this to
1193 | local control, where you might have some people--and I can
1194 | tell you there would be some in the District that would say,
1195 | I want a program like Best Friends in my community, and where
1196 | you would have others with parents who are at their wits'
1197 | end. Many of them are poor parents and single parents. Many
1198 | of them are single parents of boy children. They can't begin
1199 | to even talk with them about sex. If there is somebody in
1200 | school that will give them the whole deal when this mother
1201 | who works every day as a single mother doesn't even know how
1202 | to approach the subject, is poorly educated, if you tell her
1203 | that her son or her daughter should have an abstinence-only

1204 | program she will be puzzled.

1205 | Would there be any harm in allowing local communities to
1206 | make this decision based on their own family needs, based on
1207 | the composition of the community? Would that be consistent
1208 | with your values and mine?

1209 | Senator BROWNBACK. First, let me say it has always been
1210 | my pleasure to work with you, and I was looking at you and
1211 | thinking there is nobody on your side of the aisle that has
1212 | gotten more votes out of me than you on a whole range of
1213 | topics, and I can't recall me getting one back from you.

1214 | Ms. NORTON. There is one more I want from you, too.

1215 | Senator BROWNBACK. I just want my first out of you. That
1216 | is all I am looking for. I can't even get her to--I don't
1217 | know, did you cheer for the Jayhawks in the final four?

1218 | Ms. NORTON. Don't change the subject, Sam.

1219 | Senator BROWNBACK. I just wanted you to at least give me
1220 | that.

1221 | You know, I have enjoyed working with you. I have
1222 | enjoyed working in D.C. I know you say I would get laughed
1223 | out of the classroom. I recall I think we were getting
1224 | laughed out when we were promoting marriage. There are
1225 | certain areas that people getting married is unusual within
1226 | that block or that area. Now we have got people that are
1227 | getting married in some of these communities.

1228 | Ms. NORTON. Yes, but we don't have marriage only. We

1229 encourage them to come in. It is the exclusivity of the
1230 approach.

1231 Senator BROWNBACK. I know, but let me make my point on
1232 this. Let me make my point, because you are very good at
1233 making yours.

1234 Ms. NORTON. Okay.

1235 Senator BROWNBACK. Senator Moynihan, I took a lot of
1236 guidance from him before he left this body and passed away,
1237 and his view was the key thing we ought to be focused on is
1238 how you raise your next generation. The key thing you ought
1239 to be focused on is how you raise your next generation. I
1240 think for us, the Federal Government, to say, Here are funds
1241 that we believe this is the high expectation approach is
1242 fully appropriate for the Federal Government to do, of a high
1243 expectation.

1244 Now, you are saying a bunch of States say we don't want
1245 it. Maybe the District of Columbia has said the same thing.
1246 We have got a lot of money going to the sex education
1247 programs. GAO says it is 5-to-1 on comprehensive. There is
1248 a lot of funds going in there. I think this amount that we
1249 are putting in, what I would be critical of on it is that I
1250 think we need to make sure we are at ones like Best Friends
1251 that work and not ones that don't work. I think that really
1252 is where our focus should be.

1253 Chairman WAXMAN. Thank you, Ms. Norton.

1254 Let me advise the members of the Committee that our two
1255 witnesses have other responsibilities and are anxious to go
1256 to them. I don't want to deny or deprive any Member of an
1257 opportunity to ask questions, because our rules do provide
1258 for five minutes.

1259 Let me ask Members who are cognizant of that fact to try
1260 to limit your questions, recognizing the time constraints of
1261 our witnesses.

1262 Ms. FOXX. Mr. Chairman?

1263 Chairman WAXMAN. Yes.

1264 Ms. FOXX. I am having difficulty hearing people down
1265 here. I would just like to ask if people could really put
1266 the mics close and speak up. I just ask for clarity. I
1267 would really appreciate that. Thank you.

1268 Chairman WAXMAN. Good point.

1269 Mr. Duncan?

1270 Mr. DUNCAN. Thank you, Mr. Chairman. I have someone
1271 waiting in my office, so I will be very brief.

1272 Senator Brownback just said a few minutes ago that the
1273 culture is pushing in the opposite or harmful direction at
1274 times, and someone else mentioned the TV shows and the
1275 movies, and they all work together to almost seem to pressure
1276 young people into thinking that they are odd if they don't
1277 have early sex. But Senator Brownback just mentioned Senator
1278 Moynihan, and Senator Moynihan made a famous statement

1279 | several years ago. He said we have been defining deviancy
1280 | down, accepting as a part of life what we once found
1281 | repugnant. That seems to become more true with each passing
1282 | year. So I think Senator Brownback is right when he says
1283 | that we should encourage people to higher expectations or
1284 | higher or better goals.

1285 | There is some discrepancy that I don't understand.
1286 | Maybe the witnesses can explain it later. But there is a
1287 | Heritage study that came out yesterday that said we spend 12
1288 | times this much on comprehensive sex education as opposed to
1289 | abstinence-only education, but the Zogby poll that has been
1290 | mentioned showed that by more than a 2-to-1 margin that
1291 | parents want or prefer the abstinence approach, and it seems
1292 | rather elitist to me for people who maybe have degrees in
1293 | this field to feel that they, because they have studied it,
1294 | somehow know better than the parents what is best. I still
1295 | think parents know what is best for their children.

1296 | The message that teens receive from abstinence is pretty
1297 | simple and very clear. The only way to avoid all the harmful
1298 | consequences of sexual activity is to abstain. Education
1299 | about abstaining teaches young people how to set goals and
1300 | build healthy relationships. So I don't think it is
1301 | something that we should abandon, which seems to be sort of
1302 | the thrust of where we are headed.

1303 | The people who want to encourage young people to abstain

1304 | could have produced numerous witnesses here to support or to
1305 | show that this type of training is working, and so with that
1306 | I will yield whatever time I have left to Mr. Issa.

1307 | Mr. ISSA. I thank the gentleman, and I will try to use
1308 | this time rather than any further time.

1309 | Lois, Sam, if we can get you two to agree on things I
1310 | think it would go a long way towards this Committee doing the
1311 | right thing. Nancy Reagan, a famous California lady, had the
1312 | expression Just Say No when it came to drugs. It didn't
1313 | work, did it? People still use illegal drugs, don't they?

1314 | Ms. CAPPs. Yes, they do.

1315 | Mr. ISSA. Okay. We agree. But don't we also agree that
1316 | the message of not doing illegal drugs is a good one to
1317 | continue having?

1318 | Ms. CAPPs. Are you asking me?

1319 | Mr. ISSA. Both of you.

1320 | Ms. CAPPs. All right. I will answer quickly.

1321 | Mr. ISSA. I am looking for all yeses, because I think in
1322 | a sense we are concentrating on what we disagree on rather
1323 | than what we agree on.

1324 | Ms. CAPPs. We agree on that, but I guess I would say
1325 | knowing why you are saying no is a good idea.

1326 | I apologize. I am going to have to leave the rest of
1327 | this.

1328 | Senator BROWNBACK. I agree.

1329 Mr. ISSA. So, Senator, continuing on with you, when we
1330 get to what is being called abstinence here, aren't we really
1331 just saying no, but the reason it is a chorus and not just
1332 abstinence is that it takes longer to explain to young and
1333 women why there are advantages health-wise, relation-wise,
1334 future-wise, that, in fact, abstinence training is a process
1335 of teaching why waiting makes sense, isn't it?

1336 Senator BROWNBACK. Absolutely. And you didn't touch on
1337 the emotional side of it, but you are dealing with a teenage
1338 person generally with this, and the emotional side of this is
1339 so critical. And you are finding, too, in these studies that
1340 I have reviewed, that the abstinence programs that work the
1341 best generally spend the most time. They spend a lot of time
1342 drilling into these concepts as to why. And those are the
1343 ones that are more successful, not a superficial deal.

1344 Mr. ISSA. So, just to conclude, because my time is
1345 limited, too, or Mr. Duncan's time is limited, two things:
1346 one, even though we will not have 100 percent success in
1347 abstinence, even though the figures will show that it does
1348 not work all the time, there is no reason not to continue
1349 doing it, for the same reason as we continue to teach not to
1350 take illegal drugs because men and women are dying in
1351 America.

1352 Senator BROWNBACK. Agreed.

1353 Mr. ISSA. And then, last, when it comes to the other

1354 side of the issue, teaching people that transmittable
1355 diseases have to be prevented and teaching about the
1356 consequences of those, that has to be done regardless of
1357 whether you are teaching it through abstinence or you are
1358 teaching it through other parts of sex education. That is
1359 just as important for men and women for their protection,
1360 young men and women.

1361 Senator BROWNBACK. I have got a book here that we could
1362 enter into the record that does that that is an abstinence
1363 education booklet that teaches about that, as well.

1364 Mr. ISSA. Thank you. Mr. Chairman, I would ask the
1365 Chairman's consent that be entered into the record.

1366 Chairman WAXMAN. Without objection, that will be the
1367 order.

1368 [The referenced information follows:]

1369 ***** COMMITTEE INSERT *****

1370 Mr. ISSA. Thank you, Senator.

1371 Thank you, Mr. Chairman.

1372 Chairman WAXMAN. Ms. Watson, do you wish to take your
1373 time? What some of the Members are going to be doing on the
1374 other side is splitting their time.

1375 Ms. WATSON. Okay. I will be real quick. I would like
1376 permission to submit my speech into the record, please.

1377 Chairman WAXMAN. Without objection.

1378 [Prepared statement of Ms. Watson follows:]

1379 ***** INSERT *****

1380 Ms. WATSON. I just wanted to say this. As I listened to
1381 these two very fine, fine colleagues of mine, I see an
1382 ideological discussion versus a reality discussion.
1383 Abstinence-only is more ideological rather than comprehensive
1384 sex education programs. Reality.

1385 I represent a community called Hollywood, and so many of
1386 the young people in my District and in California look at
1387 these performers as idols, and we watch their behavior and
1388 they pattern after that behavior. Abstinence-only does not
1389 reach in a comprehensive way these young people, because they
1390 take their lead from what they see on the Internet, what they
1391 see on television, what they hear in terms of music.

1392 So my question is: how do we get to the range of
1393 experiences when we talk about abstinence-only? Also, I
1394 represent an area where there are no fathers in the home, and
1395 mothers are there taking care the best they can. They are
1396 busy working one, two, and three jobs. They don't have time
1397 to focus on discussions of sex when the youngsters are on the
1398 streets and they take the lead from their peers. So my
1399 question to you, Senator Brownback: how do we then convey
1400 with funding only for--California turned down the
1401 abstinence-only funds. How do we convey to our young people
1402 when we don't have an intact home, we don't have a
1403 functioning home, we don't have two parents in the home, and
1404 we don't have the resources to really address

1405 | abstinence-only? We really need to look at a comprehensive
1406 | sex education program.

1407 | Senator BROWNBACK. Well, number one, I think you and the
1408 | Chairman probably represent the Districts that could affect
1409 | this debate more than anybody else in the whole world, and
1410 | your working with people in your Districts would probably do
1411 | the most to change this whole debate of anybody anywhere
1412 | because of what is coming out culturally--

1413 | Ms. WATSON. Taking back my time for a second, I have got
1414 | a bill out there that we are using films as diplomacy. It
1415 | happens to be down in South Africa, because we are looking at
1416 | the spread of HIV/AIDS. I would like to talk to you about
1417 | going on as an author, because what we are trying to do is
1418 | use those quality films to impress certain behaviors in other
1419 | people and certain respect for us here in the United States.
1420 | I would like to talk to you about it, because we are trying
1421 | to use a media to give the right messages.

1422 | But I don't see it in a narrow perspective of
1423 | abstinence-only. We have to face the reality of the
1424 | audiences that we are dealing with, and we are trying to do
1425 | that through a means of communication. We are going to use
1426 | films, Hollywood.

1427 | Senator BROWNBACK. I work with a number of people from
1428 | Hollywood a lot on African issues, because I have been
1429 | involved a lot with the African continent. They are the ones

1430 | that could change this debate more than anybody else. I
1431 | would hope and pray they would do it in an abstinence and be
1432 | faithful setting.

1433 | Ms. WATSON. But, you see, that is not the only means.

1434 | Senator BROWNBACK. I know that.

1435 | Ms. WATSON. Yes.

1436 | Senator BROWNBACK. You know that. But there is an
1437 | expectation that we can set for society, we can set for our
1438 | kids. You know, I want you to make all A's.

1439 | Chairman WAXMAN. And not see those movies and not listen
1440 | to those records.

1441 | Senator BROWNBACK. But my point is I don't set a low
1442 | expectation--

1443 | Chairman WAXMAN. I think you can that in Kansas, not
1444 | only in Hollywood.

1445 | Senator BROWNBACK.--and nor should the Federal
1446 | Government set a low expectation.

1447 | Ms. WATSON. Just the bottom line is I don't think one
1448 | size fits all, and that is the reason why California turned,
1449 | because we deal with the realities of our various diversified
1450 | segments of California, and we have to send a comprehensive
1451 | message out there and hope that it can be backed up in the
1452 | home and in the community as a whole.

1453 | Senator BROWNBACK. The comprehensive message hasn't
1454 | worked. We have got one in two African American teenage

1455 | girls with an STD.

1456 | Ms. WATSON. Well, abstinence-only, and we have results
1457 | from other areas where it has not worked, so I don't know if
1458 | we are using our money wisely.

1459 | Thank you, and I yield back my time.

1460 | Senator BROWNBACK. The current approach hasn't worked.

1461 | Chairman WAXMAN. We are going to find out from the next
1462 | panel, because they have done actual measurements, not just
1463 | given us opinions. Let's find out what has worked.

1464 | Senator, we still have some other Members who wish to
1465 | ask you some questions.

1466 | Senator BROWNBACK. I am way past due on another set of
1467 | activities that I was supposed to go to. I need to move on
1468 | if I can, Mr. Chairman.

1469 | Chairman WAXMAN. Well, my colleagues, I don't know what
1470 | to do here, but I think out of respect to the Senator, who
1471 | has given us very generously a great deal of his time, I
1472 | think we ought to release him, unless there is objection.

1473 | Mr. SOUDER. Reserving the right to object, what I have
1474 | said is I will yield my time first on the next panel to the
1475 | Members on our side who didn't get a chance.

1476 | Senator BROWNBACK. Mr. Chairman, thanks for your time
1477 | and thanks for your courtesy. I appreciate both greatly.

1478 | Chairman WAXMAN. Thank you so much.

1479 | For our next panel we have the following witnesses who

1480 | will share their assessment of the existing body of evidence
1481 | on abstinence-only and comprehensive sex education programs.

1482 | Dr. John Santelli is a Professor and Chair of the
1483 | Halbren Department of Population and Family Health at the
1484 | School of Public Health at Columbia University and a Senior
1485 | Fellow at the Guttmacher Institute. He is a pediatrician, an
1486 | adolescent medicine specialist who has conducted research on
1487 | HIV/SKD risk behaviors, programs to prevent STD, HIV, and
1488 | unintended pregnancy among adolescents, women, school-based
1489 | health centers, and research ethics.

1490 | Dr. Georges Benjamin has been the Executive Director for
1491 | the American Public Health Association, the oldest and
1492 | largest organization of public health professionals in the
1493 | United States since December of 2002. His prior positions
1494 | include Chief of Staff for Emergency Medicine at Walter Reed,
1495 | and he is also a member of the Institute of Medicine,
1496 | National Academy of Science.

1497 | Dr. Margaret J. Blythe is Chair of the Committee on
1498 | Adolescence for the American Academy of Pediatrics. She is a
1499 | Professor of Pediatrics at Indiana University School of
1500 | Medicine.

1501 | Dr. Stanley Weed is the Director of the Institute for
1502 | Research and Evaluation, which he and colleagues formed in
1503 | 1988 to focus on social problems and programs related to
1504 | adolescence, including teen pregnancy, drug abuse, and

1505 delinquency.

1506 Finally, we are very honored to have Dr. Harvey
1507 Fineberg, President of the Institute of Medicine of the
1508 National Academies. At the IOM he has chaired and served on
1509 numerous health policy panels ranging from AIDS to new
1510 medical technology.

1511 The last two speakers on this panel will help us put a
1512 face on the scientific evidence we discuss here today.

1513 At the age of 15, Shelby Knox led a campaign to replace
1514 her high school's abstinence-only curricula with the
1515 medically accurate, comprehensive sex education after
1516 realizing the programs were ineffective in preventing rising
1517 teen pregnancy and sexually transmitted diseases. Today she
1518 is a writer and speaker on youth and reproductive health.

1519 And Max Siegel leads the student-based HIV prevention
1520 interventions and is a policy association at the AIDS
1521 Alliance for Children, Youth and Families.

1522 We are pleased to have you here us at this hearing.
1523 Your prepared statements will be made part of the record in
1524 its entirety. We would like to ask each of you, however, to
1525 limit your oral presentations to no more than five minutes.

1526 Dr. Santelli, we will start with you. There is a button
1527 on the base of the mic. Please be sure it is pressed in so
1528 that the microphone is working. We will start with you.

1529 STATEMENTS OF JOHN SANTELLI, DEPARTMENT CHAIR, PROFESSOR OF
1530 CLINICAL POPULATION AND FAMILY HEALTH, MAILMAN SCHOOL OF
1531 PUBLIC HEALTH, AND PROFESSOR OF CLINICAL PEDIATRICS, COLLEGE
1532 OF PHYSICIANS AND SURGEONS, COLUMBIA UNIVERSITY; GEORGES
1533 BENJAMIN, EXECUTIVE DIRECTOR, AMERICAN PUBLIC HEALTH
1534 ASSOCIATION; MARGARET J. BLYTHE, M.D., CHAIR OF AMERICAN
1535 ACADEMY OF PEDIATRICS' COMMITTEE ON ADOLESCENCE; STANLEY
1536 WEED, PH.D., DIRECTOR, INSTITUTE FOR RESEARCH AND EVALUATION;
1537 HARVEY FINEBERG, M.D., PH.D., PRESIDENT, INSTITUTE OF
1538 MEDICINE OF THE NATIONAL ACADEMIES; MAX SIEGEL, POLICY
1539 ASSOCIATE, AIDS ALLIANCE FOR CHILDREN, YOUTH AND FAMILIES;
1540 AND SHELBY KNOX, YOUTH SPEAKER

1541 STATEMENT OF JOHN SANTELLI

1542 Dr. SANTELLI. Thank you, Chairman Waxman, distinguished
1543 members of the Committee, and guests. Thank you all for the
1544 opportunity today to speak to you about the health needs of
1545 adolescents and my own research on abstinence-only education.

1546 My name is John Santelli, as the Chairman indicated. I
1547 am a pediatrician, a father, and chair a department at
1548 Columbia.

1549 Importantly, before moving to New York City I worked for

1550 thirteen years with the CDC and, in fact, five years as a
1551 school health doctor for Baltimore City, worked extensively
1552 in research ethics.

1553 In the past few years I have conducted research that
1554 seeks to understand adolescent sexual behavior and the
1555 reasons for the recent declines in teen pregnancy rates.
1556 That is what I would like to speak with you about today.

1557 My written testimony goes into some of the other
1558 important scientific and ethical critiques that have been
1559 raised about abstinence-only education for young people. I
1560 brought slides today, so I hope this works.

1561 [Simultaneous slide presentation.]

1562 Dr. SANTELLI. First I would like to speak they about
1563 some of the demographic realities for young people. I would
1564 suggest to you that the current U.S. emphasis on
1565 abstinence-only or abstinence-until-marriage is out of touch
1566 with the broad demographic trends and the realities of young
1567 people's lives. Premarital sex is nearly universal among
1568 young people. Based on CDC data, by the time one reaches age
1569 44, 99 percent of Americans have had sex, and 95 percent have
1570 had premarital sex.

1571 This reality is the result of both trends towards an
1572 earlier age of sex, beginning in the 1960s at some point, but
1573 also later trends in marriage. So, as the slide shows, in
1574 1970 there was a gap, a small gap of only about a

1575 | year-and-a-half between first sexual intercourse and
1576 | marriage, but by 2002 the gap for young women was a full
1577 | eight years. For young men it is more like ten years. This
1578 | is a fairly universal phenomenon. It is seen around the
1579 | globe, this rising age at marriage. And it suggests that
1580 | trying to get young people to wait until marriage is going to
1581 | be somewhat unrealistic.

1582 | This is just to remind you of the statistic that has
1583 | already been mentioned today. Teen pregnancy rates really
1584 | declined fairly dramatically. Beginning around 1990 both
1585 | teen birth rates and teen pregnancy rates declined pretty
1586 | dramatically. The biggest declines have been among young
1587 | people, often among minority youth, and that is all good
1588 | news.

1589 | Of course, there is this worrisome trend that is a
1590 | little hard to see, but in 2006 the birth rates went up. Let
1591 | me then talk about some of the explanation for that.

1592 | Recent declines in teen sexual activity appear to be
1593 | unrelated to the Federal program. According to data from
1594 | CDC, rates of sexual experience among high school kids grades
1595 | nine to twelve declined from about 54 percent in 1991 to
1596 | about 47 percent in 2002, and essentially have been flat
1597 | since 2001.

1598 | Much of the reduction in the rates of adolescent sexual
1599 | activity occurred before the Federal Government began

1600 | widespread funding of abstinence education in 1998. You can
1601 | see the points at which the two Federal programs were
1602 | instituted.

1603 | My own research suggests that most of the decline in
1604 | teen pregnancy rates, about 86 percent among 15-to
1605 | 19-year-olds between 1995 and 2002 was the result of improved
1606 | contraceptive use. Not surprisingly, abstinence played a
1607 | somewhat greater role for the younger kids, those 15 to 17,
1608 | but even in that group three-quarters of the decline was the
1609 | result of improved contraceptive use. This is data based on
1610 | the CDC's National Survey of Family Growth, but we have
1611 | recently repeated that data using the Youth Risk Behavior
1612 | Survey data, and again we found about 70 percent of that
1613 | decline was the result of improved contraceptive use,
1614 | consistent, I would suggest, with the European experience
1615 | where European teens have much lower pregnancy rates, similar
1616 | rates of sexual involvement, but much, much better
1617 | contraceptive use, and therefore much lower pregnancy rates.

1618 | Unfortunately, these positive trends in contraceptive
1619 | use reversed in 2005. Again, the top line is condom use, but
1620 | you can see many of the other methods listed there. And you
1621 | can see that in 2005, again in the high school data, condom
1622 | use declined somewhat. Use of no method increased somewhat.
1623 | This lines up precisely with the increase in birth rates. It
1624 | is only a one-year change, but we need to keep monitoring

1625 | this.

1626 | Chairman WAXMAN. Thank you very much, Dr. Santelli.

1627 | Dr. SANTELLI. Am I out of time?

1628 | Chairman WAXMAN. You are.

1629 | Dr. SANTELLI. Okay.

1630 | Chairman WAXMAN. Do you want to make a concluding
1631 | statement?

1632 | Dr. SANTELLI. Let me just say one thing. I think a lot
1633 | of what we are going to hear today or we have already heard
1634 | today are differences of opinion about the facts. Good
1635 | commonality on our goals. We all care about young people and
1636 | I am glad to hear that. I think the panel today represents
1637 | the folks who put together scientific and medical consensus
1638 | in this Country, and I hope we will stop arguing over the
1639 | facts and move on to what we know works.

1640 | Thank you.

1641 | [Prepared statement of Dr. Santelli follows:]

1642 | ***** INSERT *****

1643 | Chairman WAXMAN. Thank you very much.

1644 | Dr. Benjamin?

1645 STATEMENT OF GEORGES BENJAMIN

1646 Dr. BENJAMIN. Good morning, Mr. Chairman and members of
1647 the Committee. Let me just first of all thank you very much
1648 for having this hearing and just say that I am here
1649 representing the American Public Health Association, and we
1650 adopt policies every year looking at very, very important
1651 public policy issues. We have addressed this issue in 1990,
1652 2003, 2005, and then again in 2006.

1653 Let me just say the bulk of our policies certainly
1654 recognize the critical, critical importance of ensuring
1655 abstinence. I think every public policy person and every
1656 parent certainly wants to do that. But we have expressed
1657 significant concern about abstinence-only programs, and
1658 actually would call for their termination in terms of Federal
1659 funding in their current form.

1660 We have had three areas of concern. Area of concern
1661 number one is fundamentally do they work. We think certainly
1662 that the weight of the evidence today, as they are currently
1663 constructed they do not work. What I mean by work means that
1664 do they create abstinence and do they create the public
1665 health outcomes that we really need in the long term. We
1666 don't think that they do that.

1667 Secondly, just to point out that we do believe that the

1668 alternative is comprehensive health education, particularly
1669 around sexuality issues, and we do think they work. We think
1670 that certainly nothing is perfect, but when you compare the
1671 two, that the comprehensive approach is much better.

1672 Secondly, do the abstinence-only programs complicate
1673 other public health measures? The answer to that we
1674 certainly think is that they do, and they do in a variety of
1675 ways. One, they cause a great deal of confusion. One of the
1676 things I have learned, both in my time practicing clinical
1677 medicine, and, of course, certainly my time as a parent, that
1678 our kids are much farther along than we think they are. They
1679 know much more and they are a whole lot more curious than we
1680 think. So when you give them only a single message, they are
1681 going to seek the stuff we don't tell them in other places.

1682 These programs in many cases don't give the kids the
1683 tools that they need, the facts that they need to combat in
1684 appropriate or inadequate or unscientific information that
1685 they may hear or pick up amongst their peers or in other
1686 places. We think there are lots of problems with that.

1687 We think that there has been real targeting on the
1688 efficacy of condoms as an alternative, again, for those
1689 children for which abstinence has now failed. It really
1690 doesn't give them the tools to go about that, because of the
1691 lack of facts.

1692 We think that certainly the fact that 17 States have now

1693 | said that they are not going to take funding, having been a
1694 | health officer in two jurisdictions, here in the District of
1695 | Columbia and in the State of Maryland, I can tell you for a
1696 | health department to give up funding is a very, very
1697 | significant act. That is money that could go for very
1698 | important public health efforts.

1699 | And then I think finally significant ethical concerns.
1700 | As a clinician, one of the challenges that I have always is
1701 | figuring out what to tell people, what to tell patients, what
1702 | to tell the community. I have discovered the best answer to
1703 | that is to tell them what I know, tell them what I don't
1704 | know, to be very clear with them, to tell them at a level,
1705 | either if I am writing, at a literacy level, or in speaking,
1706 | in a language that they will understand, that is culturally
1707 | appropriate, that is age appropriate, and to deal with that
1708 | in the most honest way that I can.

1709 | My real concerns, I think the concerns of APHA, is that,
1710 | at least as currently constructed, these abstinence-only
1711 | programs on bulk don't do that, and so we have real
1712 | significant concerns about their continuation.

1713 | With that I will stop. Thank you.

1714 | [Prepared statement of Dr. Benjamin follows:]

1715 | ***** INSERT *****

1716 | Chairman WAXMAN. Thank you very much, Dr. Benjamin.
1717 | Dr. Blythe?

1718 STATEMENT OF MARGARET J. BLYTHE

1719 Dr. BLYTHE. Chairman Waxman, Ranking Member Davis,
1720 members of the Committee, good morning and thank you for
1721 inviting me.

1722 As a current Chair for the Committee on Adolescence, I
1723 have been asked to give testimony regarding the position of
1724 the American Academy of Pediatrics on Abstinence-Only
1725 Education and comprehensive sexuality education and the
1726 evidence supporting this decision.

1727 The American Academy of Pediatrics supports
1728 age-appropriate, comprehensive sexuality education and wants
1729 to ensure that our Nation's resources are being allocated
1730 towards educational approaches that are science based,
1731 emphasize abstinence, but also provide medically accurate
1732 information for those teens contemplating or already having
1733 sexual experiences. That support for comprehensive education
1734 is apparent in the policies that we have written and endorsed
1735 and listed in this testimony.

1736 Nearly all teens experience pressure to have sex at some
1737 time, and therefore nearly all teens are at risk for having a
1738 pregnancy or a sexually transmitted infection.

1739 Abstinence-only programs have not been proven to change or
1740 impact adolescent sexual behaviors in an effective way, as

1741 | documented by five reviews, which include the Federally
1742 | funded evaluation. Yet, vast sums of Federal monies continue
1743 | to be directed towards these programs.

1744 | In fact, there is evidence to suggest that some of these
1745 | programs are even harmful and have negative consequences by
1746 | not providing adequate information for those teens who do
1747 | become sexually active. Comprehensive sexuality education
1748 | supports abstinence as the best strategy in which a teen can
1749 | use to decrease the risk of unintended pregnancy and sexually
1750 | acquired infections. Those adolescents who choose to abstain
1751 | from sexual intercourse should obviously be encouraged and
1752 | supported in their decisions by their families, peers, and
1753 | communities. But abstinence should not be the only strategy
1754 | that is discussed. Rigorous scientifically valid research
1755 | supports the effectiveness of comprehensive sexuality
1756 | education in delaying the initiation of sexual intercourse
1757 | and reducing risky sexual behaviors.

1758 | When the information presented is straightforward, that
1759 | means real or relevant to their life experiences and
1760 | specific. That means medically accurate and correct. This
1761 | means that sex education must include information on
1762 | contraception and condom use.

1763 | Providing information to adolescents about contraception
1764 | does not result in increased rates of sexual activity,
1765 | earlier age of first intercourse, or result in a greater

1766 number of sexual partners. Emphasizing both abstinence and
1767 protection for those who do have sex is a realistic,
1768 effective approach that does not appear to confuse young
1769 people, only perhaps sometimes the adults around them.

1770 But, despite the encouraging results that have been
1771 reported when using comprehensive approaches, there have been
1772 no Federal monies directed specifically towards education
1773 programs. Getting teens to delay having sex or to use safer
1774 sex practices remains a challenge, as there are many factors
1775 that determine sexual behavior, and estimates suggest that
1776 there are over 500 different factors.

1777 The most recent data suggests for the first time in 14
1778 years the birth rate for teens in the United States has
1779 increased across virtually all racial and ethnic groups. A
1780 recent report by the Center for Disease Control estimates
1781 that one in four girls between the ages of 14 to 19 has at
1782 least one sexually transmitted infection, and, as already
1783 indicated this morning, citing the ineffectiveness of
1784 abstinence-only programs, 17 States have opted out of Federal
1785 funding.

1786 Adolescence is a time of growth both physically,
1787 psycho-socially, and emotionally. Developing a healthy
1788 sexuality is a key developmental task for adolescents. As a
1789 physician, I spend the majority of my professional time in
1790 the trenches. Each week I personally see teens in

1791 | consultation clinics, three different community sites, a
1792 | school-based clinic, and the county juvenile detention
1793 | center. I also serve as the medical director of the clinical
1794 | program that provided over 40,000 visits to teens last year
1795 | in these different settings. In every venue teens are trying
1796 | to figure it out--who they are, where they want to go, and
1797 | what they want to be.

1798 | Adolescence is a time of trial and error, and, frankly,
1799 | sometimes they get burned even when appropriate information
1800 | has been offered or given. But we do not want them to get
1801 | burned just because the information given or offered was
1802 | inaccurate or distorted or not available at all. We need
1803 | available to us in the trenches evidence-based approaches
1804 | that support healthy decision-making regarding sexuality,
1805 | which will benefit not only the health of the teens we work
1806 | with on a day-to-day basis, but ultimately the health of our
1807 | society and Nation as a whole.

1808 | Thank you.

1809 | [Prepared statement of Dr. Blythe follows:]

1810 | ***** INSERT *****

1811 | Chairman WAXMAN. Thank you very much, Dr. Blythe.

1812 | Dr. Weed?

1813 STATEMENT OF STANLEY WEED

1814 Mr. WEED. Thank you, Mr. Chairman, for inviting me here
1815 today. I have been working in this field for almost 20
1816 years. I have learned some things about abstinence education
1817 programs. I started with a very skeptical attitude thinking
1818 how in the world could this work, given the culture and the
1819 society that kids live in. Since that time I have learned
1820 that it can work. Not all of them do, but many of them do,
1821 and we have learned which ones do and why.

1822 I have also seen that there is a lot of misunderstanding
1823 and misperceptions. Let me give you two examples.

1824 One young man who was asked about if he was abstinent
1825 said, No, sir. I am here every day. Another example, I have
1826 heard the phrase abstinence-only maybe 100 times here today,
1827 and in the 100 programs that I have evaluated I wouldn't
1828 classify any of them as abstinence-only. They are much
1829 broader, they are much richer, and they are much deeper than
1830 an abstinence-only just say no kind of message.

1831 [Simultaneous slide presentation.]

1832 Mr. WEED. With chart number four I would like to
1833 illustrate some examples of programs that work. This is out
1834 of Virginia. This program, the comparison group without the
1835 program, their initiation rate 12 months later was 16.4

1836 | percent. The program kids, their transition rate was 9.2
1837 | percent. That is a fairly substantial and significant
1838 | difference in terms of impact on initiation rates.

1839 | Patters of evidence are critical in terms of
1840 | understanding program and policy effects. One rigorous study
1841 | along is not sufficient. Informed decisions require multiple
1842 | studies with replication of results across populations,
1843 | programs, and settings. Our goal should be to look for
1844 | patterns of research results that can inform best practices
1845 | for risk avoidance programs.

1846 | Here is another example. This one comes from Georgia.
1847 | Our comparison kids, the transition rate for this group is
1848 | 20.9 percent, and for our program kids it was 11.1
1849 | percent--again, 47 percent is likely to initiate sexual
1850 | activity, a fairly substantial impact in terms of initiation
1851 | rates.

1852 | The next example, this one comes from South Carolina, a
1853 | large study of kids where the comparison group initiation
1854 | rates of sexual activity is 26.5 percent, and in our program
1855 | group it was 14.5 percent.

1856 | Again, in all three cases cutting initiation rates in
1857 | half in a one-year time period.

1858 | Now, there is a public perception that abstinence
1859 | education doesn't work and that contraceptive education does
1860 | work. In fact, there is a brochure out by the national

1861 Campaign to Prevent Teen Pregnancy. There is a brochure that
1862 says we have strong evidence about what works in preventing
1863 teen pregnancy. They list 28 programs, the impression being
1864 any one of these 28 will reduce teen pregnancy. Twenty of
1865 those twenty-eight never measured the impact on teen
1866 pregnancy. The eight that did measure it, three had results
1867 twelve months or beyond. One of the three was not a sex
1868 education program, one was retested later and failed to find
1869 results, and one of twenty-eight reported pregnancy reduction
1870 beyond twelve months. That does not constitute, in my
1871 opinion, strong evidence, nor does it support the public
1872 perception that we have mounds of evidence that this works.

1873 Douglas Kirby, a colleague of yours and mine, I think,
1874 reviewed 115 programs--released in 2007 called Emerging
1875 Answers--108 could be considered, could be categorized as
1876 comprehensive in terms of providing contraceptive education
1877 to kids. However, only 22 of those 115 measured the most
1878 important measure of condom use, which I think we all agree
1879 is consistent condom use. Of those twenty-two, one reported
1880 an increase in consistent condom use, and this occurred in a
1881 clinic setting not in a public school education setting. One
1882 reported no increase, but it did better than the comparison
1883 group. One out of one-hundred-and-fifteen does not
1884 constitute compelling evidence favoring contraceptive
1885 education.

1886 There is an important point here about measurement and
1887 impact and effects. This critical measure of consistent
1888 condom use is the best indicator of success. Anything less
1889 than this standard of effectiveness cannot be considered
1890 success. Inconsistent use, according to the CDC, failure to
1891 use condoms with every act of intercourse, can lead to STD
1892 transmission because transmission can occur with a single act
1893 of intercourse.

1894 So when we look at these programs, we are trying to
1895 compare them and weigh the evidence--which I think is your
1896 goal and I applaud you for it--we have to look at these
1897 programs in terms of do they have similar behavioral
1898 outcomes, and abstaining from sexual activity is a clear one,
1899 and consistent condom use is as close as we can come in
1900 comprehensive sex to that behavioral short-term kind of
1901 outcome. We have to have similar target populations and
1902 appropriate and similar timeframes.

1903 Based on comparability categories--that is, population
1904 and program settings are the same, follow-up is the same,
1905 outcome measures are the same--we have only got eight studies
1906 in the abstinence category, we have thirty-four, and not all
1907 of them measure CCU.

1908 Here's the bottom line: even when we have comparable
1909 programs, the abstinence education in Kirby's review showed
1910 five out of seven increased abstinence and nine out of

1911 | thirty-four increased abstinence in the comprehensive
1912 | program. However, consistent condom use, zero out of
1913 | thirty-four in the comprehensive side, zero out of
1914 | thirty-four that decreased STD rates. It was three that
1915 | decreased pregnancy, but one of them was, as I mentioned, not
1916 | replicated.

1917 | I see my time is up. I can hold my last two slides if
1918 | there are questions. Thank you very much.

1919 | [Prepared statement of Mr. Weed follows:]

1920 | ***** INSERT *****

1921 | Chairman WAXMAN. Okay. Thank you very much, Dr. Weed.
1922 | Dr. Fineberg, good to see you again.

1923 STATEMENT OF HARVEY FINEBERG

1924 Dr. FINEBERG. Thank you very much, Mr. Chairman, members
1925 of the Committee. I am Harvey Fineberg. I am the President
1926 of the Institute of Medicine. Prior to becoming the
1927 President of the organization, I did serve as the chair of
1928 the committee that was looking into ways to reduce the risk
1929 of HIV infection, produced a report in 1999, No Time to Lose.
1930 Before that I served as Dean at the Harvard School of Public
1931 Health, and prior to that practiced part time in neighborhood
1932 health centers in Boston. I have seen this issue from a
1933 variety of perspectives.

1934 I would like to make five points in my oral presentation
1935 to supplement the written testimony that I have submitted.

1936 First point I would like to make is that we are dealing
1937 with very complicated and variable interventions when we talk
1938 about sex education. Even though we are lumping them in two
1939 big categories of abstinence-only or abstinence-plus, the
1940 variety of elements in these programs should be a cautionary
1941 note to us in trying to interpret their effects. Exactly
1942 what is included? Exactly who is taught? Exactly how often?
1943 Exactly by whom? Over what timeframe? What exactly is being
1944 measured as the outcome that you are interested in? And how
1945 are you deciding whether or not the program is successful?

1946 | These are all highly variable enterprises.

1947 | My second point: if you are looking for penicillin to
1948 | treat pneumonia, something that has proven to work and is
1949 | demonstrably successful almost all the time, no one has yet
1950 | found that magic formula for sex education. Programs can be
1951 | variably successful for variable times on variable outcomes,
1952 | but fundamentally the dominant problems that we have in
1953 | sexually transmitted infections in our young people and the
1954 | continued risks of exposure to infection, as well as these
1955 | other problems, are still very significant and still the most
1956 | important problem that I believe you, as Members of the
1957 | Congress, should be concerned with and attempting to help our
1958 | Nation do better with.

1959 | My third point: because of all the variability and
1960 | because of the emotionality and the prefixed positions about
1961 | what works or should work, what do we want to work, one has
1962 | to be especially scrupulous in examining the evidence in
1963 | order to try to discern what does it tell us to date beyond
1964 | this fundamental conclusion that there is no dominant,
1965 | clearly victorious, magic strategy that will solve all of
1966 | these problems.

1967 | And if you look at the studies that have tried to
1968 | separate out the most rigorous evaluations and combine them
1969 | in these broad clusters of abstinence-only or abstinence-plus
1970 | and ask them, when they have looked at behavioral

1971 interventions, that is behavioral outcome reports by
1972 individuals in the studies--are they having sex earlier, are
1973 they having more or less sex, are they using protection--when
1974 you apply those standards and look at the studies in that
1975 light, two very significant reviews from the Cochran
1976 Collaborative give us the following bottom-line information:

1977 If you look at the abstinence-only studies of the 13
1978 that they included, none of those studies that passed this
1979 rigorous methodologic standard demonstrated to have enduring
1980 behavioral affects. If you look at the 39 studies that they
1981 classified as abstinence-plus--and there is a lot of
1982 variability of what counts as abstinence-plus--23 of the 39
1983 of those studies in this rigorous review found at least some
1984 benefit reported on one or another measure of behavior as a
1985 result of exposure to the programs.

1986 Now, that doesn't mean they worked very, very well, and
1987 it doesn't mean that it is impossible that other programs
1988 could be constructed that would work better. In fact, my
1989 hope is and my urging is that we will look for those.

1990 So my fourth point is: if you want to base your
1991 judgment on the evidence and where your dollars will go the
1992 furthest, to hamstring the interventions and the assessments,
1993 to limit them to abstinence-only education does not, in my
1994 judgment, comport with the evidence. It does not seem wise.

1995 And my final point is that it is incumbent, I believe,

1996 | to have a more flexible, substantive, careful, evaluative
1997 | approach, allowing more different strategies to be tried that
1998 | are built upon the evidence to date so that we can learn
1999 | better what works over time, and in another ten years, when
2000 | another committee is looking at the question of sex
2001 | education, we will not be in the same position that we are
2002 | today.

2003 | Thank you very much, Mr. Chairman.

2004 | [Prepared statement of Dr. Fineberg follows:]

2005 | ***** INSERT *****

2006

Mr. SARBANES. [Presiding]. Thank you.

2007 | STATEMENT OF MAX SIEGEL

2008 | Mr. SIEGEL. Good morning. My name is Max Siegel. Thank
2009 | you for the chance to address abstinence-only-until-marriage,
2010 | a policy that has transformed my life.

2011 | I share my recommendations on how to improve sexuality
2012 | education programs as a 23-year-old living with HIV who has
2013 | spent the entirety of his young adulthood working to prevent
2014 | new infections. My goal is to portray the personal impact of
2015 | this flawed policy, while explaining how the lessons I have
2016 | learned may apply to other young people who today make up 15
2017 | percent of all new HIV infections.

2018 | Thank you to Chairman Waxman and the Committee on
2019 | Oversight and Government Reform for including a HIV-positive
2020 | young people in today's hearing.

2021 | I experienced abstinence-only-until-marriage education
2022 | taught by my junior high school gym teacher. In his class he
2023 | told me and my male classmates that sex is dangerous and that
2024 | we should think more seriously about it when we grow up and
2025 | marry. He made clear that only one kind of sexuality,
2026 | heterosexuality, ending in marriage was acceptable to talk
2027 | about. Already aware of my sexual orientation, I found no
2028 | value in his speech. It did not speak to me in my life. It
2029 | might as well not have happened.

2030 While most formal abstinence-only programs are more
2031 extensive than the class I experience, they rely on similarly
2032 exclusive and stigmatizing messages that lack basic
2033 information about sexual health. Multiple studies, including
2034 a recent Federal evaluation, have found that the more
2035 expansive abstinence-only programs do not work either.

2036 When I was 17 I began seeing someone 6 years older than
2037 me. The first time we had sex I took out a condom but he
2038 ignored it. I did not know how to assert myself further. I
2039 knew enough to suggest a condom, but I didn't adequately
2040 understand the importance of using one. And even if I did, I
2041 had no idea how to discuss condoms with my partner. The
2042 abstinence-only message did not prepare me for life, and I
2043 contracted HIV from the first person with whom I consented to
2044 having unprotected sex. I was still in high school.

2045 I was diagnosed with HIV a few months after becoming
2046 infected. My friends and family were devastated. We didn't
2047 know about HIV, and we quickly developed false and damaging
2048 beliefs about my situation. It seemed as though I had done
2049 something particularly wrong, but it never occurred to us
2050 that I, in fact, engaged in fewer risk behaviors for HIV
2051 infection than most of my peers.

2052 My parents were in no position to dispel these beliefs
2053 or otherwise educate me about HIV or AIDS because they, too,
2054 lacked sufficient knowledge of sexual health. Instead, they

2055 | mourned the loss of their child.

2056 | I decided to pursue a career in the prevention and
2057 | treatment of the virus, and one role I assumed was the role
2058 | of an HIV test counselor. Over three years I gained a great
2059 | deal of insight into the shared experiences of individuals
2060 | living with HIV. I have not allowed discomfort to prevent me
2061 | from addressing the needs of those around me, and as an
2062 | educator from reacting in ways that are proven to be helpful.
2063 | Sexuality education shouldn't be different. Adults should
2064 | not allow their moments of discomfort to trump the needs of
2065 | youth for complete and accurate information.

2066 | Sexuality education programs must be as focused as my
2067 | counselling sessions. Programs must be designed to meet the
2068 | needs of individual students, most of whom will be sexually
2069 | active before high school graduation. Students of all ages
2070 | should know abstinence as the primary method to maintain
2071 | one's sexual health, but they must be given additional tools
2072 | to equip them for later life. Those tools should be
2073 | discussed in a way that is age appropriate by educators with
2074 | whom students can identify and communicate openly. We must
2075 | facilitate critical thought about sexuality in terms of
2076 | keeping students healthy and ultimately alive.

2077 | Today's hearing is not about abstinence being a
2078 | prevention tool--I think we all agree it is--but rather
2079 | whether abstinence-only programs are deserving of Federal

2080 resources, and the answer is no.

2081 More individuals have this virus now than ever before in
2082 history. Most children born with HIV no longer die, they go
2083 into adolescence and adulthood. Within and outside of
2084 marriage, these young people must know how to prevent
2085 transmission of HIV to their sexual partners and how to
2086 protect themselves from further co-infection, other
2087 infections, and unintended pregnancy.

2088 Abstinence-only curricula fail to meet the needs of
2089 individuals who are living with HIV. They further disparage
2090 HIV-positive youth by suggesting that they are dirty, dying,
2091 and unfit to be loved.

2092 What I experienced in junior high gym class is a routine
2093 example of the messages of abstinence-only-until-marriage
2094 programs that children across the Country still experience
2095 today. These programs ignore the needs of lesbian, gay,
2096 bisexual, and trans-gender youth who are at particularly high
2097 risk for HIV infection, and use Government dollars to condemn
2098 them. They also compromise young women's safety by
2099 portraying sexually active females as scarred and
2100 untrustworthy.

2101 From the health care perspective, it is essential that
2102 Congressional scrutiny of these programs focus on the
2103 consequences of abstinence-only's condemnation of young
2104 people.

2105 HIV prevention must respond to the state of our domestic
2106 epidemic now. I have worked with many women who contracted
2107 HIV within marriage. A woman asking her husband to respect
2108 her decision to abstain from sex or to use a condom is not
2109 supported by abstinence-only's teaching that sex is an
2110 expectation within marriage and that condoms do not work.
2111 There is no sufficient reason why this completely preventable
2112 infectious disease should have impacted any of our lives.

2113 After six years of living with HIV and striving to
2114 prevent this virus in others, I strongly believe that it is
2115 society's responsibility to give young people all the tools
2116 they will need to lead healthy lives. Any American infected
2117 with HIV is a societal failure. I see no room for
2118 abstinence-only in this time of shrinking public health
2119 budgets and increased accountability. Please end the failed
2120 experiment of abstinence-only-until-marriage education.

2121 [Prepared statement of Mr. Siegel follows:]

2122 ***** INSERT *****

2123 | Mr. SARBANES. Thank you very much, Mr. Siegel.

2124 | Ms. Knox, please, five minutes.

2125 | STATEMENT OF SHELBY KNOX

2126 | Ms. KNOX. Thank you.

2127 | Good morning distinguished members of the Committee. My
2128 | name is Shelby Knox, and I am a 21-year-old speaker and
2129 | sexual health educator. It is an honor to be here to share
2130 | my personal experience with abstinence-only-until-marriage
2131 | programs and to provide a youth perspective on their
2132 | appropriateness and effectiveness.

2133 | I was born and raised in a Southern Baptist family in
2134 | Lubbock, Texas, a city with some of the highest rates of
2135 | sexually transmitted infection and teen pregnancy in the
2136 | Nation. At 15, in accordance with my faith, I took a
2137 | virginity pledge at my church. The same pastor who
2138 | officiated at my religious pledge ceremony also presented a
2139 | secularized abstinence-only program to students in my school
2140 | district. Many students were already having sex and needed
2141 | information to protect their health; however, he expounded on
2142 | the ineffectiveness of condoms, explaining in graphic detail
2143 | and with even more graphic pictures the sexually transmitted
2144 | infections one could get if we trusted our health to a flimsy
2145 | piece of latex.

2146 | We were all too intimidated or embarrassed to ask for
2147 | clarification, but it seemed as if sex with a condom was the

2148 | equivalent of sex without a condom.

2149 | He also touched on the ills of masturbation and warned
2150 | against homosexual sex. One demonstration he used left
2151 | little doubt as to our worth as a future spouse or partner or
2152 | person if we were to engage in sexual activity before
2153 | marriage. He pulled an often squirming and reluctant and
2154 | always female volunteer onto the stage, took out a toothbrush
2155 | that looked like it had been used to scrub toilets, and asked
2156 | her if she would brush her teeth with it. When she
2157 | predictably refused, he pulled out another toothbrush, this
2158 | one pristine, in its original box, and asked her if she would
2159 | brush her teeth with that toothbrush. When she answered in
2160 | the affirmative, he turned to the assembly and said, If you
2161 | have sex before marriage, you are a dirty toothbrush.

2162 | Many of my peers were struggling with questions, and
2163 | most were not abstaining from sex. The statistics became
2164 | alarmingly personal when the girl who sat next to me in math
2165 | class got pregnant. She told me her boyfriend had said she
2166 | couldn't get pregnant the first time she had sex. Her
2167 | growing belly was the result of that first and only time.

2168 | Another friend, trying to be responsible, used two
2169 | condoms at once. He had been taught that using a condom
2170 | wouldn't work, so he tried two. Only later did I find out
2171 | that using two condoms together was likely to cause both to
2172 | break.

2173 I believed in abstinence in a religious sense, but it
2174 was clear that abstinence-only as a policy for students who
2175 simply were not abstaining was dangerous. Even if we did
2176 wait until marriage, we still lacked a basic understanding of
2177 our bodies, reproduction, and how to prevent pregnancy, as
2178 well as a long list of sexually transmitted infections,
2179 including HIV, and the skills to have conversations about sex
2180 and protection. I felt betrayed by the people who I trusted
2181 to tell me the truth--my pastor, my teachers, the school
2182 district, and the elected officials who deemed an ineffective
2183 policy good politics if not sound science.

2184 I got involved with a group urging the school district
2185 to change the abstinence-only policy to a more comprehensive
2186 sexuality education curriculum that would include abstinence,
2187 as well as medically accurate information on a wide range of
2188 human sexuality topics.

2189 My parents, proud conservatives who encouraged my
2190 virginity pledge, joined me in asking the school board to
2191 change the curriculum, because they wanted me to have
2192 complete and accurate information about my body and
2193 sexuality. They didn't see a conflict with encouraging me to
2194 remain abstinence while at the same time ensuring that my
2195 classmates and I received the tools in school to make healthy
2196 and responsible decisions about our lives. They were in good
2197 company--85 percent of parents believe that teens should

2198 | receive information about abstinence as well as how to
2199 | protect themselves.

2200 | Abstinence works. Abstinence-only-until-marriage does
2201 | not. It is morally unethical to leave young people without
2202 | the information they need to protect themselves. Studies
2203 | have shown a more comprehensive approach to sex education
2204 | that gives us a strong message about abstinence and
2205 | information about condoms and contraception do a better job
2206 | helping young people abstain than do
2207 | abstinence-only-until-marriage programs.

2208 | So why is it that not a single Federal dollar has ever
2209 | been dedicated to a comprehensive approach while more than \$1
2210 | billion has been spent on abstinence-only education? As a
2211 | young person with first-hand experience about the
2212 | misinformation, shame, guilt, and intolerance propagated by
2213 | these programs, I urge you to eliminate funding for
2214 | abstinence-only-until-marriage programs and to, instead,
2215 | allocate those funds to comprehensive, medically accurate sex
2216 | education that provides young people with the tools they need
2217 | to make responsible, informed decisions about their sexual
2218 | health.

2219 | Once again, it was an honor to speak to you today, and I
2220 | will be happy to answer any of your questions at the
2221 | appropriate time.

2222 | [Prepared statement of Ms. Knox follows:]

2223

***** INSERT *****

2224 Mr. SARBANES. Thank you very much for the testimony,
2225 everybody on the panel, in particular Mr. Siegel and Ms. Knox
2226 for relating your personal perspective on these issues.

2227 I share the concern of a number who have already spoken
2228 today about the failure of these programs to demonstrate
2229 success, the abstinence-only programs, to demonstrate
2230 success, and the fact that we plow over \$1 billion now into
2231 these programs.

2232 One of the questions that I wanted to ask you, Dr.
2233 Benjamin, you noted--and I have taken note of this, as
2234 well--that 17 States have now refused to take this funding
2235 because of the restrictions that accompany it, and you
2236 mentioned that that is a huge decision. I mean, States are
2237 strapped. They need as many dollars as they can to support
2238 their public health initiatives. I was curious if you could
2239 maybe expound on that a little bit. What would go into a
2240 decision at the State level to pass up that kind of funding?
2241 what would the discussion process be inside the department?

2242 Dr. BENJAMIN. You know, we would first of all look at
2243 the program guidance and see if a particular program strapped
2244 our hands around our other programs. That would be the first
2245 thing we looked at. If that did, that creates a real problem
2246 for us.

2247 Secondly, we have lots of programs already in place, and
2248 the question is would it create a dilemma for us to have a

2249 | program where our citizens were going into Door A and getting
2250 | one kind of program, which was maybe State funded and
2251 | supported, which was more comprehensive, and then Door B,
2252 | where they could only get another particular program. That
2253 | creates logistical, ethical, and programmatic problems.

2254 | I think at the end of the day are the reporting
2255 | requirements and are the logistical problems and ethical
2256 | problems not worth taking the money, quite frankly. At least
2257 | that is what we would do at my health department. We would
2258 | have sat down and had those discussions.

2259 | We would certainly also ask ourselves how can we
2260 | effectively evaluate these programs. In other words, you
2261 | know, we are always doing pilots. As you know, I am from
2262 | Maryland, so we love pilots in Maryland, at least we did. We
2263 | might have even tried to do a pilot program. Let's see if
2264 | they work. But then, of course, we would have to have
2265 | adequate funds to evaluate that program. And then, of
2266 | course, if it didn't work we would stop.

2267 | Mr. SARBANES. Beyond the logistics of it, presumably
2268 | these States have made a judgment, based on the research and
2269 | the success or lack of success of these programs, that it is
2270 | not worth the funding.

2271 | Dr. BENJAMIN. I think from a programmatic and policy
2272 | perspective, absolutely.

2273 | Mr. SARBANES. Right.

2274 Dr. BENJAMIN. And the more evidence that comes out that
2275 suggests they may not work, the more States you will see not
2276 taking the dollars.

2277 Mr. SARBANES. This is a question I would put to anyone
2278 on the panel who would like to answer it, including Mr.
2279 Siegel and Ms. Knox, and that is: I am getting the
2280 impression that there has been a lot of testimony that the
2281 comprehensive sex education programs are more effective, and
2282 the debate is largely a false one because we keep hearing
2283 people interpret the objection to abstinence-only programs as
2284 an objection to abstinence education, when, in fact, I don't
2285 think that is what anyone is saying here who opposes
2286 abstinence-only. So we kind of dance around the concept, but
2287 not landing on it four square yet, and that is this:
2288 listening to testimony and reading the research, it strikes
2289 me that the abstinence education actually is advanced and
2290 reinforced when it is inside of a comprehensive program, so
2291 that those who feel strongly about the message of
2292 abstinence--and I echo the parents who have spoken here
2293 today. I have a 17-year-old, a 14-year-old, and a
2294 9-year-old, so all these statistics are ones that catch my
2295 attention, and I understand what my own kids are grappling
2296 with. But as somebody who would like them to get that
2297 message of the benefits of abstinence, I come away from this
2298 discussion believing strongly that if they get that message

2299 | inside a larger program it is going to be more effective.

2300 | I invite anybody to address that. We can just go down
2301 | the line here.

2302 | Mr. WEED. I would like to respond to that, Mr. Chairman.

2303 | Looking at the evidence in terms of abstinence in the
2304 | context of the broader, there are some studies that have
2305 | produced effects in terms of initiation of sexual activity,
2306 | but those effects have been smaller for initiation than the
2307 | effects that we find in programs that are abstinence
2308 | centered, and I will use that term advisedly rather than
2309 | abstinence-only. The effects are smaller when it is in the
2310 | context than they are when it is done well and separately.

2311 | Mr. SARBANES. Let me get some other perspectives on
2312 | that, going down the line.

2313 | Dr. SANTELLI. I guess I would firmly agree with you. I
2314 | draw the attention of the Committee to the written testimony
2315 | of Doug Kirby, who is, I think, the leading expert at
2316 | reviewing sexuality education. It is fully consistent with
2317 | what Dr. Fineberg was talking about, the Cochran reviews.
2318 | Those evaluations suggest that many of the comprehensive
2319 | sexuality education programs are effective when they deliver
2320 | both messages, if you will, are effective at getting kids to
2321 | delay initiative.

2322 | Now, on the other hand I would point out that across
2323 | these programs, even the best ones, we are talking about a

2324 delay of maybe four to six months, sometimes smaller, and
2325 that really begs the question: what are we doing for kids
2326 for the rest of their lives? So if we delay from 15 to
2327 15-and-a-half or 17 to 17-and-a-half or 18, we need to make
2328 sure that those young people are ready.

2329 Dr. BLYTHE. Can I have another comment?

2330 Mr. SARBANES. Yes.

2331 Dr. BLYTHE. As a physician in the field, in the
2332 trenches, one of the issues that has come up is the teaching
2333 that we give in clinics, and even families give to their
2334 young people, are being revoked by the education in school.
2335 We had a clear example of this last week when a young man was
2336 being pulled into the clinic by his Mom, 16-year-old, with an
2337 obvious genital infection, and his comment to her was, But,
2338 Mom, I was told in school they don't work. So when our
2339 clinical messages are being revoked by the education that
2340 they are getting in the schools, it is clearly
2341 counterproductive to the health of these young people.

2342 Mr. SARBANES. I have run out of time, but maybe if you
2343 two have a brief response.

2344 Mr. SIEGEL. It is a blatant indication of policy-makers'
2345 distrust of youth to make responsible decisions about their
2346 sexual health, and it is not empirically supported. It has
2347 been shown repeatedly in Federal evaluation that
2348 comprehensive sexuality education is better at leading to

2349 | abstinance, which should be the goal of these programs, along
2350 | with preventing HIV and other STIs and unintended pregnancy.

2351 | Mr. SARBANES. Thank you very much.

2352 | Mr. Sali?

2353 | Mr. SALI. Thank you, Mr. Chairman.

2354 | First of all, I have a written statement that I had
2355 | intended to give at the beginning of the meeting but wasn't
2356 | allowed the opportunity. I would ask unanimous consent that
2357 | that be added to the record.

2358 | Mr. SARBANES. Without objection.

2359 | [Prepared statement of Mr. Sali follows:]

2360 | ***** INSERT *****

2361 Mr. SALI. As a part of this, as well, Senator Brownback
2362 referred to a Heritage Foundation study that was released
2363 yesterday, and I would ask unanimous consent that that be
2364 included as part of the record of the hearing today, as well.

2365 Mr. SARBANES. Without objection.

2366 [The referenced information follows:]

2367 ***** INSERT *****

2368 Mr. SALI. Thank you.

2369 Dr. Benjamin, a moment ago I was hearing some discussion
2370 about the delay of sexual activity, and I think I heard a
2371 number of four to six months delay. I think in your
2372 testimony you refer to a delay from abstinence pledges by up
2373 to 18 months, delaying the sexual activity. Am I correct,
2374 number one, in your statement? And can you tell me why we
2375 are getting that disparity in the figures that we are hearing
2376 here?

2377 Dr. BENJAMIN. The answer is yes, that is what we said.

2378 Dr. SANTELLI. I mean, one has to look at programs that
2379 are attempting and a curriculum that are attempting to change
2380 something and a study that is following kids who then self
2381 report. Okay? So the 18-month delay which was found by
2382 Peter Bearman and his colleagues was a study where kids said
2383 they signed up for a virginity pledge. If you intend to be
2384 abstinent, you are more likely.

2385 I would also point out that in Dr. Bearman's own work,
2386 that the long-term follow-up of that was that STD rates were
2387 the same among the pledging group and among the non-pledging
2388 group, and, in fact, there was--what shall we say, a
2389 displacement phenomenon? So word on anal sex was increased
2390 in the pledging group. So yes, there is one study that shows
2391 this long delay, but in terms of the outcomes that Stan was
2392 mentioning, we are not seeing them.

2393 Mr. SALI. That would lead me to believe that the
2394 information about abstinence was incomplete. Is that what
2395 you are saying? In other words, nobody told the kids that if
2396 they deviate from regular intercourse, heterosexual
2397 intercourse, that that wouldn't be abstinent? Is that the
2398 message you are telling?

2399 Dr. BENJAMIN. That is correct. I think the point is
2400 that if you don't give kids all of the information, then they
2401 misinterpret vaginal intercourse and they totally associate
2402 that with abstinence, and yet then they have these other
2403 risky behaviors, which they do continue because they don't
2404 think that is sex.

2405 Mr. SALI. Thank you.

2406 Dr. Weed, you had a couple slides you didn't get to. Is
2407 there any way we could see those at this time?

2408 Mr. WEED. I could tell you something. Put number 15 up
2409 there. There are effective programs, there are
2410 less-effective programs when it comes to abstinence
2411 education. Just to clarify, however, on the Bearman study,
2412 we wouldn't call that an abstinence education program. It
2413 was kind of a rally and a pledge deal, but it didn't fulfill
2414 the kinds of requirements we think that effective programs
2415 need.

2416 I have listed them up here. First of all, an effective
2417 program has adequate dosage. Successful programs attend to

2418 | the critical factor of adequate dosage and deliver that
2419 | dosage on an effective schedule.

2420 | The pledge programs don't meet that criteria. There are
2421 | important mediating factors, and this goes beyond the
2422 | simplistic notion of providing information, but effectively
2423 | addressing the key predictors of adolescent sexual risk
2424 | behavior that are amenable to intervention, and we have
2425 | identified at least a half dozen of these important mediating
2426 | variables, and if a program doesn't address those it will
2427 | not, in all likelihood, produce an effect on sexual activity.

2428 | We have also determined that the messenger in a program
2429 | is at least as important as the message. I am thinking of
2430 | Max's example. I think he didn't have a very good messenger
2431 | in that gym teacher. Effective teachers make more of a
2432 | difference in program outcomes than do printed materials.
2433 | These teachers engage students in the learning process, gain
2434 | their respect, model their message, and believe in their
2435 | ability to impact students.

2436 | Finally, effective programs conduct quality program
2437 | evaluation and take seriously the lessons learned, especially
2438 | those that identify program shortcomings.

2439 | So it is a process of growth and development and
2440 | maturation, and effective programs that follow even those
2441 | basic steps are within a 12-month period, after a 12-month
2442 | period are reducing transition rates by 50 percent.

2443 Mr. SALI. Dr. Weed, if I understand you correctly, your
2444 message here is that an effective abstinence program will
2445 make a difference, but the program is most of what has been
2446 passing for abstinence, that message is either not the
2447 message, it is not delivered in the correct manner, or the
2448 people who are delivering it are not doing a good job at it.
2449 Is that accurate?

2450 Mr. WEED. That is correct.

2451 Mr. SALI. Thank you.

2452 Mr. WEED. And there are good ones, there are weak ones.
2453 They vary.

2454 Dr. BLYTHE. Can I just hasten to make a comment?

2455 Mr. SALI. Quickly.

2456 Dr. BLYTHE. That particular study is good, but we also
2457 have to realize that was in 7th graders, and so when the rate
2458 of sexual experience is very low we need to look at programs
2459 that carry forth the message of abstinence in a realistic way
2460 into the high school years in terms of as kids get older. I
2461 just hesitate to say that this gives a good example of all
2462 the information that kids need, obviously.

2463 Mr. SARBANES. Thank you.

2464 Mr. Hodes?

2465 Mr. SIEGEL. May I also respond to the personal statement
2466 about my personal experience?

2467 Mr. SARBANES. Let me just get to Mr. Hodes, because I

2468 | know he has to get to another hearing.

2469 | Mr. Hodes?

2470 | Mr. HODES. Thank you very much, Mr. Chairman.

2471 | I want to thank the panel for your testimony. We are
2472 | dealing with what strikes me as a public health crisis, and
2473 | we are doing so in a society which has an extraordinarily
2474 | uneasy relationship with the issues of sexual activity, given
2475 | what we see in the media, given the messages our kids get,
2476 | given my experience prior to coming to Congress as a family
2477 | lawyer where I saw divorce rates above 50 percent, so
2478 | marriage isn't always working the way it should.

2479 | But our Nation is facing a crisis in adolescent
2480 | reproductive health--750,000 pregnancies among teens aged 15
2481 | to 19 annually, nearly one in three teen girls becomes
2482 | pregnant before reaching the age of 20. Last year, as we
2483 | have heard, the teen birth rate rose for the first time in 15
2484 | years, and the CDC is telling us that one in four teen girls
2485 | has a sexually transmitted disease.

2486 | In terms of an effective response to this public health
2487 | crisis, does the impartial, peer-reviewed, scientific
2488 | evidence support abstinence-only programs as an effective
2489 | response to this crisis? Dr. Santelli?

2490 | Dr. SANTELLI. No. You would have to say no. I mean, I
2491 | think science operates by a number of mechanisms, one of
2492 | which is peer review, another of which is weight of the

2493 | evidence, so one realizes that it is difficult to establish
2494 | cause and effect, that the program actually worked. These
2495 | are not easy things, and so scientists work together through
2496 | their professional associations, through journals, medical
2497 | and scientific journals, to establish what we understand is
2498 | the weight of the evidence. And then people like the Cochran
2499 | Group in Great Britain, people like Doug Kirby then try to
2500 | review the evidence.

2501 | The answer, from both Cochran and Dr. Kirby, is no,
2502 | these programs are not working. I know we have heard some
2503 | evidence presented today. I would take exception to some of
2504 | the specifics that I heard today. At least one of the
2505 | studies was passing out condoms that is represented as an
2506 | abstinence-only study. I think that the work of Mr. Rector
2507 | and Stan's review here needs to be subjected to peer review,
2508 | and I don't think it is going to hold up.

2509 | Mr. HODES. Dr. Benjamin?

2510 | Dr. BENJAMIN. I think the answer is not as currently
2511 | constructed for the abstinence-only programs. May I go
2512 | further by saying that I do think that we have a crisis. I
2513 | agree wholeheartedly with you. And I believe that means that
2514 | we need to structure, fund, and fully support a more
2515 | comprehensive approach. I do believe those programs should
2516 | be evaluated, and then we should continue to fund those
2517 | things that work, and they need to have a very strong

2518 | abstinence component to them.

2519 | Mr. HODES. Dr. Blythe?

2520 | Dr. BLYTHE. I think the short answer is no, obviously
2521 | both from the reviews that are being mentioned, but also from
2522 | a clinical perspective, as well as a policy perspective.

2523 | Mr. HODES. Dr. Weed?

2524 | Mr. WEED. Thank you. It is true that there is a small
2525 | amount of evidence even available on abstinence education.
2526 | There is not a lot of people that do that kind of work. Our
2527 | company probably does more than anybody in the Nation. But
2528 | if you look on balance, you look at where we are with
2529 | contraceptive programs, contraceptive education, and after
2530 | 115 peer-reviewed studies they haven't been able to
2531 | demonstrate an impact on STD rates, then we are not very good
2532 | in that camp, either. So let's look at both, figure out what
2533 | is going to work, and be fair about how we compare them.

2534 | Dr. Fineberg mentioned that there were nine studies that
2535 | showed some positive outcomes. Well, that is great, but if
2536 | they don't produce consistent condom use they are not going
2537 | to be protected, and we can't find any studies in a school or
2538 | community setting, never mind the clinic, but in a school or
2539 | community setting where consistent condom use has been
2540 | increased by contraceptive and comprehensive sex education.

2541 | Mr. HODES. Dr. Weed, could I just drill down for a
2542 | moment?

2543 Mr. WEED. You bet.

2544 Mr. HODES. One thing I would like to ask you. You
2545 understand the importance and value and general accepted
2546 standard of impartial peer review of studies, do you not?

2547 Mr. WEED. Sure.

2548 Mr. HODES. Has an impartial peer review journal ever
2549 endorsed or reported your findings?

2550 Mr. WEED. Yes. The three that I put up, two of them
2551 have been peer reviewed and the third one is in the pipeline.

2552 Mr. HODES. Could I ask one last question, just finish
2553 this with Dr. Fineberg?

2554 Briefly, Dr. Fineberg, my question: does the impartial
2555 peer-reviewed scientific evidence support abstinence-only as
2556 an effective response to our public health crisis?

2557 Dr. FINEBERG. It does not.

2558 Mr. HODES. Thank you.

2559 Thank you, Mr. Chairman.

2560 Mr. SARBANES. Mr. Jordan?

2561 Mr. JORDAN. Thank you, Mr. Chairman. I would ask
2562 unanimous consent that my statement and some accompanying
2563 abstinence education material be included in the record.

2564 Mr. SARBANES. Without objection.

2565 [Prepared statement of Mr. Jordan and referenced
2566 information follow:]

2567 | ***** INSERT *****

2568 Mr. JORDAN. Thank you.

2569 I want to thank the panel for being here, too. I have
2570 got two fundamental questions that I want to ask, and I was
2571 going to ask these of the Senator and I should say at the
2572 start I kind of share the Senator's perspective on this
2573 entire issue, but I want to get to two fundamental questions.

2574 Do you really think the Federal Government should be
2575 involved in this area to begin with, the same Federal
2576 Government that can't secure the border, loses your tax
2577 return, the same Federal Government that is going to spend
2578 \$3.1 trillion this year? Do you really think this is an area
2579 that the Federal Government should be involved with to begin
2580 with, regardless of which one it is, but particularly, in my
2581 judgment, the comprehensive approach?

2582 And then the second question--and you can all jump in on
2583 both of these when I finish--the premise of all this,
2584 particularly the comprehensive approach is--and we have heard
2585 this discussed here all morning long--the premise is the
2586 culture is such young people are bombarded with all kinds of
2587 messages, they are already engaging in some of this risky
2588 behavior, so we need to talk about a comprehensive approach,
2589 we need to give them the facts on how to prevent disease,
2590 etc.

2591 But do you ever think that by the fact we are having
2592 educators, people in positions of authority, talk about this,

2593 | we actually might contribute to the problem? I think,
2594 | Doctor, we talked about effective educators versus those who
2595 | aren't. Maybe this is just a country boy from ohio talking,
2596 | but I have heard this from constituents: the more you talk
2597 | about it, the more it happens, particularly when someone in
2598 | positions of authority giving mixed messages to young people.

2599 | I want to just cite one example of that, and then I will
2600 | be happy to hear your response.

2601 | This is material our office obtained. It is called, Be
2602 | Proud, Be Responsible: Strategies to Empower Youth to Reduce
2603 | the Risk of HIV and AIDS. It was put together by a grant.
2604 | Are any of you familiar with this curriculum? Heads shaking.
2605 | Okay.

2606 | I look at one of the worksheets here. Talk about mixed
2607 | messages and are we maybe even contributing to some of the
2608 | figures that were given to us. This is an HIV risk continuum
2609 | worksheet, lists different things. Then it has on the side
2610 | here red light, yellow light, green light. Red light, don't
2611 | do; yellow light caution, obviously. And we are all familiar
2612 | with this green light, or some of us view yellow lights as
2613 | different than caution, but I understand.

2614 | But I will list just a couple. One says having sex with
2615 | multiple partners and not using a condom, red light. Two
2616 | others, though, showering together, green light. So maybe
2617 | there is a green light, but think about the message that

2618 | indirectly sends to young people. The third, doing drugs but
2619 | not sharing needles and syringes, and the correct placement
2620 | here on the side says yellow or green light.

2621 | Again, I think sometimes we get so focused on what is
2622 | happening, but we might be sending the wrong kind of message,
2623 | and that has always been my concern with the comprehensive
2624 | approach, the mixed messages we are sending out there to
2625 | people.

2626 | I would also argue that folks in west-central Ohio,
2627 | which I get the chance to represent, when you talk to them
2628 | about the Federal Government getting involved--I made a
2629 | statement yesterday to a group of folks I made a speech to,
2630 | and I said 15 months on the job--I am just a rookie--has
2631 | confirmed what I suspected: with the exception of the
2632 | military, the Federal Government doesn't do anything very
2633 | well. And now we are going to get into this whole area.

2634 | With all that, fire away and tell me if I am wrong or
2635 | tell me if you agree with me.

2636 | Mr. SIEGEL. Can I respond? It is great to hear someone
2637 | from Ohio speak. Ohio recently rejected the Title V funding
2638 | and applied for CDC-dash funding, so they are moving in the
2639 | direction of comprehensive from what I can tell.

2640 | Responding to your first question about Government
2641 | involvement, I definitely understand what you are saying. I
2642 | mean, if Government is a consumer they have two products to

2643 | buy from. They can buy from the abstinence-only program or
2644 | they can buy from the comprehensive sexuality education
2645 | program.

2646 | Mr. JORDAN. My point is this, though: should they be
2647 | buying from the Federal Government, or would we be better
2648 | served if they bought from the State and local government,
2649 | parents, school boards, teachers, and folks at the State
2650 | level.

2651 | Mr. SIEGEL. Which I agree with. I definitely think that
2652 | local level they need to make those decisions, which Ohio is
2653 | doing, from what I can tell.

2654 | Also, as far as mixed messages, I don't totally
2655 | understand that logic and never have as an educator. I mean,
2656 | I feel like if you teach students about fire extinguishers,
2657 | you are not encouraging them to start fires. I don't see
2658 | what the mixed message is and I don't think that shows up in
2659 | the research as frequently.

2660 | Mr. JORDAN. Most everywhere else educators set the
2661 | standard, recognizing that 100 percent of the students won't
2662 | meet the standard, but we set the standard and that is what
2663 | we aim for. We don't say, Oh, because we know some of you
2664 | aren't going to get there, here's what you should.
2665 | Everywhere else in our culture, everywhere else in life,
2666 | everywhere else in education we set the high standard. This
2667 | is coming from someone that spent years in the coaching and

2668 | teaching profession. That is what we do. Yet this area is
2669 | different.

2670 | Mr. SIEGEL. It hasn't been different, though, is the
2671 | thing.

2672 | Mr. JORDAN. I would argue it has.

2673 | Ms. KNOX. May I respond, as well? Could I say that west
2674 | Texas is a lot like Ohio. That is where I come from, west
2675 | Texas. My parents, who are no fans of Government involvement
2676 | in anything, always told me that they wanted the school to be
2677 | teaching this information because they didn't have that
2678 | information themselves. They wanted me to have complete and
2679 | accurate medical information about my sexual health, but
2680 | neither of them had been to medical school, neither of them
2681 | had gotten information about the up-to-date information to
2682 | protect yourself, so they wanted a reliable sex education
2683 | program within the schools to be teaching me that
2684 | information. That is just coming from my perspective with my
2685 | parents.

2686 | I also wanted to add really quickly--

2687 | Mr. JORDAN. I want to hear from two others up there.

2688 | Ms. KNOX. I have always liked the analysis that
2689 | umbrellas don't cause rain. Young people are smart enough to
2690 | make responsible decisions, especially when they are given
2691 | the tools to interpret those complex messages that we are
2692 | receiving.

2693 Mr. JORDAN. Let me hear from Dr. Weed and Dr. Santelli.

2694 Mr. WEED. The question I think you are asking--let me
2695 get back to it--is should the Federal Government be involved
2696 in trying to promote good health and preventive medicine. If
2697 we could do it right, if we could do it well, I would say
2698 yes. So far we haven't done that. I think there are ways
2699 that we can structure policies and programs and funding
2700 strategies to be more effective.

2701 For example, in the abstinence education area I have got
2702 some suggestions on how that money could be better spent. I
2703 have also got some suggestions on how we could do better with
2704 our comprehensive sex dollars and hold them to a standard and
2705 evaluate them the same way we are doing with the abstinence
2706 programs.

2707 I think there is a role, but it is that the
2708 responsibility is so huge and the impact is so large it has
2709 to be done extremely well, and we haven't been very good at
2710 it.

2711 Mr. SARBANES. Thank you.

2712 Ms. McCollum?

2713 Ms. MCCOLLUM. Thank you, Mr. Chair.

2714 I was in my office, and people were kind of watching
2715 this along with me, so I didn't get all of the testimony but
2716 quite a bit of it.

2717 Dr. Blythe, if I could pull from the back end of your

2718 | testimony, the Society of Adolescence Medicine summarizes its
2719 | expert review of sexuality education with the following:
2720 | ``Abstinence from sexual intercourse represents a healthy
2721 | choice for teenagers. As teenagers face considerable risk to
2722 | their reproductive health from unintended pregnancies, STIs,
2723 | including infection with HIV. Remaining abstinent--`` and I
2724 | am quoting from your words. I think this is wonderful.
2725 | ``Remaining abstinent, at least through high school, is
2726 | strongly supported by parents and even adolescents,
2727 | themselves. However, few Americans remain abstinent until
2728 | marriage. Many do or cannot marry, and the most intimate
2729 | sexual intercourse and other sexual behaviors as adolescents.
2730 | Abstinence as a behavioral goal is not the same as
2731 | abstinence-only programs. Abstinence from sexual
2732 | intercourse, while theoretically is fully protective, often
2733 | fails to provide against pregnancy, disease, and actual
2734 | practice because abstinence is not maintained.'' In other
2735 | words, it is having all the information available to you.

2736 | We talked to the earlier panel. There is a continuum of
2737 | sex education. I mean, parents with different skill sets
2738 | feel more comfortable talking to their children. We just
2739 | heard Ms. Knox say her parents liked having accurate,
2740 | scientific information made available to their daughter.

2741 | I would like you to address why it is so important that
2742 | age-appropriate, parent-involved--and I think school boards

2743 | need to involve the parents when they do this--why this is so
2744 | important to a whole child's health, because pediatrics
2745 | doesn't end when they are 10, 12, 13, or 14.

2746 | And then to the two women on the panel, I am kind of
2747 | concerned about some of the things that have been said both
2748 | in testimony and by some of my colleagues up here. One in
2749 | fourteen (sic) girls having sexually transmitted diseases.
2750 | Well you know, folks, it just isn't the girls that have the
2751 | sexually transmitted diseases. You know, checking out who my
2752 | son was going out with or who my daughter is going out with,
2753 | with the implication one gender is more temptuous or
2754 | whatever. I hope we can leave those stereotypes behind,
2755 | because the stereotypes are also in some of the
2756 | abstinence-only, such as the man's role is to protect the
2757 | woman, or that women need financial support. Women, we need
2758 | to protect ourselves and we need to support ourselves.

2759 | Doctor, would you please?

2760 | Dr. BLYTHE. Well, obviously the statement stands, as we
2761 | believe. I think a couple comments. Abstinence is part of
2762 | comprehensive sexuality education, and we have heard several
2763 | comments this morning about parents want abstinence for their
2764 | children, and that is correct, but in all the surveys that we
2765 | have available--and the most recent one actually just came
2766 | out of Minnesota--is that 89 percent of parents of
2767 | school-aged children want their young people to have

2768 comprehensive, age-appropriate sexuality education, with
2769 abstinence as a center stage, but also giving them the tools
2770 to deal with the complexities of life that they are faced
2771 with on a day-to-day basis.

2772 So in young people, meaning in the middle school age,
2773 strong messages of abstinence often work. But as they get
2774 older and they become more cognitively complex, then they
2775 need more answers than just this or that, so we need to be
2776 able to give them the tools to deal with the different
2777 issues, the different situations that come up on a day-by-day
2778 basis as they get older.

2779 Ms. MCCOLLUM. Thank you.

2780 Thank you, Mr. Chairman.

2781 Mr. SARBANES. Thank you, Ms. McCollum.

2782 Ms. Foxx?

2783 Ms. FOXX. Thank you, Mr. Chairman.

2784 There is so much to try to get on the record in so
2785 little time. I want to ask the panel a question. Mr. Hodes
2786 a few minutes ago made the comment that 50 percent of
2787 marriages end in divorce. How many of you have heard that
2788 before and think that it is the commonly accepted fact in our
2789 Country? Would you hold up your hand? Just hold up your
2790 hand if you believe that.

2791 Mr. WEED. That was 50 percent of what?

2792 Ms. FOXX. That 50 percent of marriages end in divorce.

2793 | How many of you have heard that comment over and over in our
2794 | Country and believe it? You believe it, hold up your hand.

2795 | [Show of hands.]

2796 | Ms. FOXX. All right. Well, let me tell you, in 1987
2797 | pollster Lew Harris has written, ``The idea that half of
2798 | American marriages are doomed is one of the most specious
2799 | pieces of statistical nonsense ever perpetuated in modern
2800 | times. It all began when the Census Bureau noted that during
2801 | one year there were 2.4 million marriages and 1.2 million
2802 | divorces. Someone did the math without calculating the 54
2803 | million marriages already in existence, and presto, a
2804 | ridiculous but quotable statistic was born.'' Harris
2805 | concludes, ``Only one out of eight marriages will end in
2806 | divorce. In any single year, only about 2 percent of
2807 | existing marriages will break up.'' task order my point on
2808 | that is to support what Mark Twain said: figures often
2809 | beguile me, particularly when I have the arranging of them
2810 | myself, in which case the remark attributed to Desraili would
2811 | often apply with justice and force. There are three kinds of
2812 | lies: lies, damn lies, and statistics. Both of those things
2813 | I think sort of the framework for what we have been listening
2814 | to this morning.

2815 | I want to also make a comment about what Ms. Knox said
2816 | in her comments: ``So why is it that there is not a single
2817 | Federal dollar dedicated to a comprehensive approach, while

2818 | more than \$1 billion has been spent on
2819 | abstinence-only-until-marriage?'' This from someone who sat
2820 | through all of the testimony this morning on the fact that
2821 | seven times more money is going into comprehensive programs
2822 | than abstinence programs.

2823 | I have one other question I would like to ask you, and I
2824 | just want a yes or no answer from each member of the panel.
2825 | I will start on that end.

2826 | If, provided evidence of abstinence education programs
2827 | are as or more effective than comprehensive sex education,
2828 | would you support optional Federal funding for such programs?
2829 | I just want a yes or no.

2830 | Dr. SANTELLI. No.

2831 | Ms. FOXX. Next person.

2832 | Dr. BENJAMIN. No.

2833 | Dr. BLYTHE. No.

2834 | Mr. WEED. Yes.

2835 | Dr. FINEBERG. Yes.

2836 | Mr. SIEGEL. No.

2837 | Ms. KNOX. No.

2838 | Ms. FOXX. Okay. Thank you very much. The record will
2839 | show how each person answered.

2840 | To me I think this shows the situation that we are
2841 | dealing with here. I also find it very interesting that the
2842 | word scientific has been used a lot. Do we have scientific

2843 studies that prove the abstinence issue? Well, I would like
2844 to say to you that there is no more scientific fact than that
2845 abstinence is the only sure way to avoid pregnancy and
2846 sexually transmitted diseases. I don't know how anybody
2847 could argue that that is the scientific fact. Yet, people
2848 keep saying we need scientific evidence that these programs
2849 are working, and we don't have the scientific evidence that
2850 they are working.

2851 I want to tell you I come from a background of being a
2852 social scientists, so I know a little bit about how these
2853 things can be used.

2854 I have one more question. Dr. Weed, you stated about
2855 goals, intensity, content, all of those things vary across
2856 all types of sex education programs. Do we have any kind of
2857 evidence as to the effectiveness of the programs? And, Dr.
2858 Fineberg, you can answer this, too, but, Dr. Weed, would you
2859 answer it? I believe you have a study that shows that; is
2860 that correct?

2861 Mr. WEED. I am trying to sort the question out. The
2862 studies that we have done, if the program is designed well,
2863 implemented well, has the right kind of teachers, focuses on
2864 the right kind of issues, and is not narrowly defined and
2865 prescribed as an abstinence-only, which I think is a terrible
2866 misnomer, if it is done well, if it is done right we see
2867 impact. However, programs that are fairly new, fresh out of

2868 | the block, they are trying to figure it out, it sometimes
2869 | takes them about three years to work out the kinks and get on
2870 | a track where they have an impact.

2871 | Ms. FOXX. Thank you.

2872 | Dr. Fineberg, would you like to say anything?

2873 | Dr. FINEBERG. Again, the most rigorous comparisons with
2874 | very strict methodologic requirements to look at the studies
2875 | find that the more comprehensive and inclusive programs do
2876 | have approximately two-thirds of the time in those studies
2877 | some positive effects. That was 23 of 39 studies.

2878 | Of the studies that were looked at, the 13 that were
2879 | more narrowly framed as abstinence-only, they found in none
2880 | of those cases that there were positive behavioral effects.
2881 | That was in, again, applying this very strict, rigorous,
2882 | methodologic screen for studies aimed at preventing infection
2883 | of HIV and sexually transmitted infections.

2884 | Ms. FOXX. Who did that study?

2885 | Dr. FINEBERG. These are studies by the Cochran
2886 | Collaboration, the lead author is Underhill. I did include
2887 | the citations in my written testimony.

2888 | Ms. FOXX. Mr. Chairman, I have just one other comment to
2889 | make.

2890 | We have thrown again a lot of statistics around here,
2891 | and much has been made about the fact that 17 States are not
2892 | taking the funding, but let me point out 33 is more than 17.

2893 Thank you, Mr. Chairman.

2894 Chairman WAXMAN. [Presiding]. Mr. Yarmuth?

2895 Mr. YARMUTH. Thank you, Mr. Chairman. I thank all the
2896 witnesses.

2897 Doctor Weed, you showed us some studies that indicated
2898 that in--I guess you call them abstinence-centered programs?

2899 Mr. WEED. Abstinence-centered would be the preferred
2900 term.

2901 Mr. YARMUTH.--succeeded in reducing the rate of
2902 initiation of sex by 40 something percent, which I think
2903 people would say that is a benefit. That would be
2904 successful. But in the most optimum case, the rate of those
2905 who, if I read the chart correctly, who did initiate sex in
2906 spite of that was still around 10 percent. That was the best
2907 performance. So my question is, While we may say that the
2908 program was successful in one respect, was it a failure with
2909 regard to the 10 percent or more, and, in fact, did we not do
2910 them a disservice and maybe even put them at risk because we
2911 didn't give them other information?

2912 Mr. WEED. I think that is a good question, because--by
2913 the way, it applies broadly. If we want to apply that
2914 standard of success, we say yes, we had a 10 percent failure,
2915 whereas in terms of consistent condom use we have 100 percent
2916 failure. So let's kind of balance it and look at both sides.

2917 Mr. YARMUTH. I get that, but would not the real

2918 | follow-up to that be: did you do any damage by including
2919 | comprehensive? Did you make it worse for anyone by including
2920 | comprehensive sex education, because, as I understand all the
2921 | rest of the studies, there really isn't any evidence that
2922 | comprehensive sex education increases the rate of sexual
2923 | activity.

2924 | Mr. WEED. We can apply one standard that says it doesn't
2925 | increase the rate, and we can apply the other standard that
2926 | says it fails 10 percent of the time. Those are two
2927 | different standards. I am just asking for using the same
2928 | standards when we do the comparison.

2929 | Mr. YARMUTH. All right. Let me ask Mr. Siegel and Ms.
2930 | Knox, because they both alluded to things that have intrigued
2931 | me, and I only focus on you because you are the youngest
2932 | among us.

2933 | Is sex education, whether it is abstinence-only or
2934 | comprehensive or anything else they learn in school the only
2935 | thing kids learn about sex?

2936 | Mr. SIEGEL. Absolutely not.

2937 | Mr. YARMUTH. So what you may learn in abstinence-only
2938 | education or in comprehensive sex education actually is
2939 | considered, and it is input that is taken against a backdrop
2940 | of a lot of different input about sex, including peers,
2941 | information from your peers, including media, all sorts of
2942 | things.

2943 Ms. KNOX. Yes, I would agree, although let me point out
2944 quickly that I have undergone both abstinence-only and
2945 comprehensive sex education. Only comprehensive sex
2946 education gave me the tools, gave me the information to go
2947 out and interpret the other messages that I was getting from
2948 the media, from my peers, other things that I was hearing.

2949 Mr. YARMUTH. So if you are getting information, let's
2950 say you are getting abstinence-only education in school or
2951 abstinence-centered education, there is a real danger that it
2952 is going to run up against a lot of different contrary input
2953 that you are getting from your friends. I mean, you may be
2954 talking to your friends who are having sex every weekend,
2955 unprotected, protected, but you are getting different
2956 information from them than you are getting in school. My
2957 question would be: how does that make you feel about the
2958 rest of your education? Does it undermine the credibility of
2959 what you are getting in other areas?

2960 Ms. KNOX. It would be the same to me as if I went into
2961 math class and my teacher said two plus two is five. I mean,
2962 that doesn't jive with anything that I have ever heard out
2963 there in the world. That is what abstinence-only education
2964 was to me. It was not in reality as to what was happening in
2965 my life and in the lives of other people in my community.

2966 Mr. SIEGEL. May I also add abstinence-only education
2967 teaches stigma. If you can't get married, how is abstinence

2968 | ever going to help you? That is reinforced by the rest of
2969 | society as a young person when you go out there, and it
2970 | doesn't serve the needs of young people living with HIV,
2971 | because they will need to know how to use condoms even if
2972 | they get married. So once again it is neglected. It is
2973 | neglected in greater culture and it is neglected in the
2974 | classroom.

2975 | Mr. YARMUTH. I am not sure exactly how this relates, but
2976 | I know it relates in some way. I was a journalist before I
2977 | entered politics, and the paper that I worked with did a
2978 | story several years ago about oral sex among 12-and
2979 | 13-year-olds, and we sent actually teenage reporters out into
2980 | the community and talked to them. The response that we got
2981 | or our reporters got most frequently was they didn't consider
2982 | that sex. This was just fun and games. It was no different
2983 | than hugging.

2984 | So I wonder whether, when we talk about educating some
2985 | of these programs starting in 7th grade, whether even that is
2986 | early enough, whether the horse is out of the barn on this
2987 | issue even by that time.

2988 | Dr. Weed?

2989 | Mr. WEED. We found, of course, lots of variety. There
2990 | are some places where 7th grade could be too late and other
2991 | places where it wouldn't be. I think that the good programs
2992 | really do take into account the cultural context in which

2993 | they are being delivered, and the program that might work
2994 | well in an inner city, high-minority, high-risk population,
2995 | lots of broken families, might be a different kind of
2996 | strategy than the one you would do in middle America where it
2997 | is pretty calm and peaceful.

2998 | Mr. YARMUTH. My time is up. Thank you, Mr. Chairman.

2999 | Chairman WAXMAN. Thank you, Mr. Yarmuth.

3000 | Mr. Burton?

3001 | Mr. BURTON. Dr. Fineberg, you talked about these
3002 | studies. Have they ever included in these studies that you
3003 | are referring to the Peers program in Indiana?

3004 | Dr. FINEBERG. Not to my knowledge, Mr. Burton. The
3005 | studies that I talked to were premised on peer-reviewed,
3006 | published studies that were randomized or quasi-randomized,
3007 | and so these other experiences would not have been included.

3008 | Mr. BURTON. Gotcha. I understand. But you are not
3009 | familiar with the Peers program in Indiana?

3010 | Dr. FINEBERG. I am not.

3011 | Mr. BURTON. The Peers program was started in 1994 by St.
3012 | Vincent's Hospital in Indiana, and it is an abstinence
3013 | program. I have been watching on television and listening to
3014 | the debate on this issue. I just want to read you a little
3015 | bit about this particular program that has been in effect
3016 | since 1994.

3017 | ''Does abstinence education really work?'' This is one

3018 of their brochures. ``Compared to non-participants, the
3019 Peers project participants were four times more likely to
3020 have remained virgins. Seventy percent of peers program
3021 participants reported that they have remained committed to
3022 abstaining from sexual activity at the conclusion of a
3023 three-year, independent evaluation.''

3024 Then the brochures go into some other details about it.
3025 Since 1994 nearly 15,000 peer mentors--they use students that
3026 they train, come in and work with them at St.
3027 Vincent's--15,000 peer mentors have taught the Peer Educating
3028 Peers curriculum to 150,000 program participants throughout
3029 Indiana. Organizations and other States have replicated the
3030 Peers model.

3031 The result in my Congressional District--they sent this
3032 to me--was in Miami County there was, for 15-to 17-year-olds
3033 between 2000 and 2005 there was a decrease in teen birth
3034 rates and sexually transmitted diseases by 34 percent. In
3035 Wabash County the decrease for that age group was 28 percent.
3036 So it has been very beneficial.

3037 It was students talking to students after they had been
3038 made aware and trained in the Peers program. So abstinence
3039 programs do work. I know you can go across the Country and
3040 do these national studies and come up with these statistics,
3041 like my colleague was talking about, which make it sound like
3042 it is a waste of money to train and create abstinence

3043 | programs, but this is a fact in Indiana. This is my
3044 | Congressional District. It does work. I think that funding
3045 | these programs does create some real positive results.

3046 | I know some of my colleagues say we ought to just have a
3047 | complete sex education program, we don't need abstinence
3048 | training, but it does work, and it is helping in Indiana, and
3049 | I think it is something that we ought to continue to fund.

3050 | Dr. Weed, you are moving around there. Did you have
3051 | anything you would like to comment on that?

3052 | Mr. WEED. Well, a point that I think is relevant is that
3053 | we have heard discussion about embedding abstinence and
3054 | comprehensive sex education together, and that that may be
3055 | more effective. But I think I have heard agreement, which I
3056 | am encouraged by, that abstinence ought to be the central
3057 | message and the major emphasis.

3058 | If you look, however, at the programs that claim to be
3059 | abstinence-plus, the ratio of a contraceptive and condom
3060 | education to abstinence education is about 9-to-1, so it is
3061 | really not the major emphasis, it is kind of an afterthought.
3062 | It is kind of stuck in there to meet, I think in some cases,
3063 | the political correctness of yes, well, we teach abstinence.

3064 | If you look at the reality of the ratio, however, of
3065 | what gets the most attention, that is not what is happening.

3066 | Ms. KNOX. Could I respond quickly, as well?

3067 | Congresswoman Foxx was talking about the statistics we use

3068 | and the studies that we use. The study that Mr. Weed is
3069 | referencing I believe was a study that looked at how many
3070 | times the word abstinence was mentioned on a page of
3071 | comprehensive sex education curricula. Now, that is just the
3072 | word abstinence. That is how they got that statistic.

3073 | When the Federal Government does their abstinence PSAs,
3074 | public service announcements, they don't use the word
3075 | abstinence. They use wait for sex until marriage. So I
3076 | think that we have to re-look at the studies that we are
3077 | using, and I just want to point that out there to correct the
3078 | Congressional record.

3079 | Mr. BURTON. I think this has been a very interesting
3080 | hearing. You know, when you represent 700,000 people, like
3081 | we do, and you see some positive results in a program in your
3082 | District, and it is irrefutable as far as the statistics are
3083 | concerned in my District, it sounds like to me, at least in
3084 | my District, and I think across the Country, as well, but at
3085 | least in my District abstinence programs specifically
3086 | designed for that do work. They have reduced by 34 and 28
3087 | percent the pregnancy rates and the rates of communicable
3088 | diseases. I think that is something that we should continue
3089 | to support.

3090 | Thank you, Mr. Chairman.

3091 | Chairman WAXMAN. Thank you, Mr. Burton.

3092 | I am going to take my time.

3093 My view is that if the local area wants to try something
3094 that they think is best, let them spend their money on it;
3095 but if we are going to use Federal dollars, I want to be sure
3096 those Federal dollars are being used for a program that works
3097 and is successful. If we have had studies showing they are
3098 not successful, as we have with the abstinence-only programs,
3099 then I think we ought to let the local governments decide
3100 whether they are going to pay for it.

3101 Dr. Weed, there is one thing I wanted to ask you about.
3102 In explaining the evidence for some of these abstinence-only
3103 programs, you referred to them in your testimony as
3104 abstinence-centered programs. One of the studies has an
3105 abstract that states, "The intervention is not an
3106 abstinence-until-marriage intervention. The target behavior
3107 is abstaining from sexual activity until later in life when
3108 the adolescent is more prepared to handle the consequences."

3109 Would a program that is not focused on abstinence until
3110 marriage qualify for Federal funding under the State-or
3111 community-based abstinence-only programs?

3112 Mr. WEED. Would it qualify for funding if it did not
3113 target abstinence until marriage?

3114 Chairman WAXMAN. Yes.

3115 Mr. WEED. Well, of course, you know how the A3H
3116 guidelines are written, but I think one of the things that
3117 helps us in this area is that young people who are fairly

3118 concrete--

3119 Chairman WAXMAN. I am asking a very specific question,
3120 because my understanding is the answer would be no, that
3121 teaching abstinence until marriage is the sole and mandatory
3122 purpose of these programs. This illustrates some of the
3123 concerns I have with the current policy. It isn't just for a
3124 committed relationship or later in life, as valuable as I
3125 think that might be in and of itself. There are programs
3126 that appear to have real success, but they are being excluded
3127 from Federal funding because they don't meet this strict
3128 ideological test. It has to be until marriage, itself.

3129 Mr. WEED. Well, I guess I don't see that these other
3130 programs are being excluded because 68 percent of our school
3131 systems are using comprehensive and contraceptive education,
3132 as compared to 25 percent who get abstinence education, so I
3133 think it is probably a misunderstanding to think that
3134 abstinence-centered education is displacing and replacing all
3135 this other stuff. I think it is still there. Kids can--

3136 Chairman WAXMAN. It is certainly still there, but it is
3137 being funded at the local level, while these abstinence
3138 programs are being funded exclusively at the Federal level
3139 with over \$1 billion.

3140 Dr. Santelli, did you want to comment?

3141 Dr. SANTELLI. Yes. I think Stan is absolutely wrong on
3142 that. I mean, the research we did, which was based again on

3143 national data between 1995 and 2002, showed that virtually
3144 every 15-to 19-year-old young woman in this society and the
3145 young men as well are getting abstinence education. They are
3146 getting it. What we found, though, was education about
3147 contraception declined sharply, so many fewer. So almost 100
3148 percent of young people are getting abstinence education. It
3149 may not be abstinence-only. We don't know whether it is
3150 abstinence-only, but they are getting the abstinence message,
3151 but only two-thirds are getting the message about
3152 contraception, and that is going down.

3153 Chairman WAXMAN. I appreciate that point.

3154 Now, you were asked, all of you, a few minutes ago by
3155 Ms. Foxx to give a yes or no answer only to a more
3156 complicated question of whether you would support
3157 abstinence-only if evidence became available that it was
3158 successful, and you had to say yes or no. A number of you
3159 said no and you didn't have a chance to explain, but I
3160 presume that you would have said because it is not public
3161 health information, it is not the full story.

3162 Dr. Blythe, is that accurate?

3163 Dr. BLYTHE. I totally agree. It was, I felt, like a
3164 trick question almost. I think that none of us at this table
3165 deny the importance of abstinence as a major part of the
3166 message, but it is, again, including all that other
3167 information that will help young people develop healthy

3168 | sexual lives.

3169 | Chairman WAXMAN. Thanks. I presume that was
3170 | also--without responding, because I have very limited time
3171 | already to go to other questions.

3172 | One of the major concerns of opponents of comprehensive
3173 | sex education is that teaching teens about condoms and other
3174 | contraceptives will encourage them to have sex. The
3175 | suggestion is that teaching about contraception will delude
3176 | or confuse an abstinence message.

3177 | Dr. Benjamin, is there any scientific evidence that
3178 | comprehensive sex education encourages sexual activity?

3179 | Dr. BENJAMIN. The answer is to the contrary, that it
3180 | does not.

3181 | Chairman WAXMAN. Dr. Weed, do you think it encourages
3182 | sexual activity to talk about more comprehensive approach
3183 | than just the abstinence-only?

3184 | Mr. WEED. I haven't seen evidence that addresses that
3185 | directly. We are currently doing a study where both messages
3186 | are combined in the classroom. It is very early, but the
3187 | evidence looks like that the impact of the program gets
3188 | minimized when the combination is in place.

3189 | Chairman WAXMAN. Okay. Well, let me ask the two young
3190 | people, Shelby and Max. In your experiences now as young
3191 | adults who speak with young people, what is your
3192 | understanding? Does comprehensive sex education cause teens

3193 | to have sex, or is this kind of education effective in
3194 | encouraging teens to delay sexual activity?

3195 | Ms. KNOX. I would say once again umbrellas don't cause
3196 | rain. Young people are smart enough to make responsible
3197 | decisions when they are given all the information. Myself,
3198 | the young people that I talk to, we actually are encouraged
3199 | to make more responsible decisions when we understand about
3200 | contraception, when we understand about using condoms, when
3201 | we are not confused, when we don't have misinformation, then
3202 | we are more likely to make responsible decisions.

3203 | Chairman WAXMAN. Thank you very much.

3204 | Mr. SIEGEL. I would assert that when we are being told
3205 | that condoms and contraceptions do not work we are less
3206 | likely to use them if we do choose to go about that path.

3207 | Chairman WAXMAN. Thanks.

3208 | Mr. Shays?

3209 | Mr. SHAYS. Thank you, Mr. Chairman. I am sorry I was
3210 | away. I was speaking on the floor of the House and then I
3211 | was meeting with a mother whose daughter was raped allegedly
3212 | by a Marine and then killed. I was meeting with that family,
3213 | with her, talking about that issue.

3214 | I know Mr. Burton has one quick thing he wants to say
3215 | and I will yield to him for that purpose.

3216 | Mr. BURTON. Real briefly, I think one of the reasons the
3217 | Peer program in Indiana has been successful is they are

3218 | training students to work with students, and peer to peer I
3219 | think really has a tremendous impact on the attitudes of
3220 | these young people. I think that is why these statistics
3221 | show some dramatic results.

3222 | I thank the gentleman for yielding.

3223 | Mr. SHAYS. What I am struck with is that young people
3224 | learn from TV, the movies, the books they read, the magazines
3225 | they read, they learn from the Internet, they learn things
3226 | from their peers. I think that there is a natural interest
3227 | on the part of young people to know about things about sex.
3228 | They are going to learn it. The question is: are they only
3229 | learning part of it, and what part are they learning?

3230 | Dr. Weed, where I have my problem is that you would
3231 | object to them having the armor they need in the daily battle
3232 | of life. You want to tell them one way, one kind of armor,
3233 | but you don't want to protect them, it seems to me, in all
3234 | the other ways.

3235 | Would you agree that some young people are going to not
3236 | practice abstinence?

3237 | Mr. WEED. Yes. Some will not, and I would say that the
3238 | armor is great, but if it is flawed armor we don't give them
3239 | the kind of help you need.

3240 | Mr. SHAYS. You tell them it is flawed, but you tell them
3241 | risks and you tell them information, so what you are doing is
3242 | basically saying if you are going to abstain you are going to

3243 | be protected, but if you do anything else you are on your
3244 | own. It seems to me that that borders on cruelty, and the
3245 | young man to your left dealing with HIV is one of the
3246 | outcomes. That is tragic.

3247 | I just don't get it. I don't understand why it has to
3248 | be only. Why only? Tell me why only?

3249 | Mr. WEED. I think that maybe you weren't here when I
3250 | mentioned this. I think that is a poor definition of
3251 | abstinence education programs.

3252 | Mr. SHAYS. It is an accurate one.

3253 | Mr. WEED. No, it is not. Abstinence-centered is a very
3254 | different picture than abstinence-only.

3255 | Mr. SHAYS. Let me just say why. You can't rest on the
3256 | laurels of saying the States do it and someone else will tell
3257 | you the rest of the story. The reason why my State chooses
3258 | not to be part of it is they think it is going to ultimately
3259 | result in young people being deprived of knowledge that could
3260 | save their lives.

3261 | Mr. WEED. We do have a premise, sir, that if we give
3262 | kids more and better information they are going to be better
3263 | decision-makers. The recent research in the last five to ten
3264 | years on the adolescent brain makes us rethink that
3265 | conventional wisdom. It is a whole different kind of picture
3266 | that is happening with young people.

3267 | Mr. SHAYS. Isn't it an interesting concept. Really what

3268 | you are saying is abstinence-only works better if they don't
3269 | know all the information, so we are going to deprive them.
3270 | But you know what? Some of them are going to then try to
3271 | find it on their own and it is going to be incomplete
3272 | information, it is going to be from the wrong places. It
3273 | seems to me it would be better that they get the right
3274 | information from the right place.

3275 | Mr. WEED. That is part of the misunderstanding, that
3276 | abstinence-only, as we use that label, assumes that they
3277 | don't learn anything else. The fact is they do.

3278 | Mr. SHAYS. Yes, but they learn it from the wrong places.

3279 | Mr. WEED. I am saying within an abstinence program, a
3280 | good abstinence program isn't that narrow kind of definition
3281 | that you--

3282 | Mr. SHAYS. Is there anyone on the panel that would
3283 | disagree with that? And tell me why? Do you agree that Dr.
3284 | Weed is correct when he says that they are going to learn all
3285 | that they need to know--

3286 | Mr. WEED. I didn't say all. I said that it is not
3287 | narrow the way you have defined it.

3288 | Mr. SHAYS. Well, if they are not going to learn all they
3289 | need to know, then your comment to me is disingenuous.

3290 | Mr. WEED. I don't think they are going to learn all they
3291 | need to know in any program, including a comprehensive sex
3292 | education program. And, as we have seen, as I have shared

3293 | with you, we don't have any program yet that has shown a
3294 | reduction in STD rates that is a comprehensive education
3295 | program.

3296 | Mr. SHAYS. Well, even if that were true--

3297 | Mr. WEED. And it is. Yes.

3298 | Mr. SHAYS. Even if it were true, I would say to you that
3299 | at least we gave them the information. So if Mr. Siegel
3300 | decides to do something and he takes risk, at least he did it
3301 | with the knowledge that he was taking the risk and that he
3302 | wasn't ignorant of it.

3303 | Mr. WEED. And I think good abstinence programs do that.

3304 | Mr. SHAYS. Well, all that I have read about it would
3305 | totally refute that.

3306 | Mr. WEED. You know, I have been there in them. I have
3307 | watched them. I have observed them. I have interviewed
3308 | thousands of kids. It is not this narrow kind of--

3309 | Mr. SHAYS. Could I just make one more point.

3310 | Mr. WEED.--perspective that we are hearing here.

3311 | Mr. SHAYS. If you are telling me that an abstinence-only
3312 | program is compromised by telling them about other ways to
3313 | deal with the issue of sex and not having a pregnancy and not
3314 | having an illness, if you are telling me that that then
3315 | encourages them to do it, you have this conflict, because you
3316 | are telling me on one hand that that weakens the program, and
3317 | then you are telling me the program does it.

3318 Mr. WEED. I am saying that you can do both if you do it
3319 right and if you do it well. But most of the time, as we
3320 have seen in a lot of these programs that are now on the CDC
3321 website as being effective and proven, the information that
3322 is in both programs I think is going to be harmful to kids,
3323 not helpful.

3324 Mr. SHAYS. Thank you.

3325 Chairman WAXMAN. The gentleman's time has expired.

3326 Mr. Souder?

3327 Mr. SOUDER. Thank you.

3328 Mr. Siegel and Ms. Knox, were the programs at your
3329 school funded by the Federal Government?

3330 Ms. KNOX. Yes.

3331 Mr. SIEGEL. I believe so. I am not certain.

3332 Ms. KNOX. I believe so.

3333 Mr. SOUDER. What years were they?

3334 Mr. SIEGEL. Sorry?

3335 Mr. SOUDER. What year were you in the program?

3336 Mr. SIEGEL. What year was I in the program? It must
3337 have been 12 years ago. I believe--

3338 Mr. SOUDER. There was not abstinence education--

3339 Ms. KNOX. I was in the program from 2001 to 2004, so it
3340 was within the funding.

3341 Mr. SOUDER. And you are sure that your school--

3342 Ms. KNOX. I cannot say absolutely sure, but I can get

3343 | the information to find out.

3344 | Mr. SOUDER. And we would like that for the record,
3345 | because a description that you had of your program, that a
3346 | church came in, did an independent program, is not likely a
3347 | Federal program.

3348 | Ms. KNOX. Can I just make the clarification? That was a
3349 | secular program. It was done by a local pastor. He was
3350 | operating within a secular capacity within the school. That
3351 | was made sure of by the school district.

3352 | Mr. SOUDER. Because most likely that your two
3353 | programs--you have both been very articulate, very
3354 | passionate--but are mostly irrelevant to this debate,
3355 | because, in fact, what you are advocating is what everybody
3356 | on the Republican and Democratic side said is that these
3357 | should be State and local decisions, and abstinence education
3358 | programs coming out of Washington, abstinence-centered, which
3359 | I agree with Dr. Weed, have to meet certain criteria. They
3360 | go through certain bid process, and they generally aren't
3361 | random at a local level. Most likely you are dealing with
3362 | something that, were it done out of the Federal Government,
3363 | you wouldn't have had the experiences that you had at your
3364 | school.

3365 | In response to Mr. Jordan, one of the questions, if we
3366 | are going to get into this, how much do we decentralize and
3367 | wind up with all sorts of variations, or how much do we

3368 | centralize. This is an interesting debate back and forth,
3369 | but for the most part your experiences, if they were Federal
3370 | funded, none of us would have ever supported, and that really
3371 | weren't relevant.

3372 | Further, you had a major factual error, Ms. Knox, and
3373 | Chairman Waxman and I have been going around this. It is
3374 | incorrect to say that the Federal Government funds no
3375 | programs. The Federal Government plans--a statement that Dr.
3376 | Weed made and was debated--12 times as much money goes into
3377 | family planning. Not all of that goes into schools. I use
3378 | the figure 2-to-1 into the schools. In addition, I know from
3379 | my own home town that displacement of other funds go--for
3380 | example, in safe and drug-free schools--if you get your money
3381 | for drug-free schools from other programs, that you can then
3382 | use the money for other health programs, which then they use
3383 | for a comprehensive sex education and health care program in
3384 | the schools with direct Government funding, because under our
3385 | Education Committee rules, if you cover one category then it
3386 | becomes fungible funding for the school.

3387 | It is absolutely false to assert that no Federal money
3388 | is in. The only question is whether it is twice as much in
3389 | the so-called comprehensive or twelve times as much, but
3390 | clearly far more is spent of Federal dollars in this
3391 | category, and it is important that the record shows that.

3392 | We are going to try to sort out exactly how that funding

3393 goes, but that is just not true.

3394 Ms. KNOX. Can I ask you for a minute to respond, as
3395 well, about the--

3396 Mr. SOUDER. There is not really a response to that.

3397 And let me say one thing else, Mr. Chairman. We have
3398 six witnesses on the majority side and one on the minority
3399 side.

3400 Dr. Weed, I would take you in any battle with me to do a
3401 course with six people, but this is as stacked a panel as I
3402 have ever experienced as a staffer or Member in the House to
3403 only have one person on one side and six.

3404 Furthermore, this was represented as a scientific panel.
3405 Mr. Siegel and Ms. Knox have been very articulate, but they
3406 are not scientists. Out of the others, from what I can tell,
3407 Dr. Santelli is a scientist who has worked with it directly,
3408 but he is on, as he says in his testimony, he is a senior
3409 fellow at the Guttmacher Institute, very tied in with Planned
3410 Parenthood. He clearly has a bias, just as others would have
3411 a bias.

3412 It isn't clear to me, did you do field research yourself
3413 or were you summarizing studies, Dr. Santelli?

3414 Dr. SANTELLI. I have worked in public health for 20
3415 years. I worked in Baltimore for five and did a lot of field
3416 studies and I worked at CDC for 13 years and was involved in
3417 a whole bunch of studies.

3418 Mr. SOUDER. Reclaiming my time, your charts did go to
3419 direct questions, while I may not agree with them, may not
3420 agree with your summary.

3421 Dr. Fineberg clearly has summarized a group of studies,
3422 but did you do any of those yourself? Are you a scientist
3423 who has been out in the field and studied this issue?

3424 Dr. FINEBERG. No.

3425 Mr. SOUDER. And Dr. Blythe and Dr. Benjamin basically
3426 read ideological statements on the behalf and summarized
3427 other people's studies. But this was supposed to be a panel
3428 of scientists who were going to show us the true science
3429 debate that was occurring, and that has not happened today.
3430 It was false representation.

3431 Dr. Weed, I happen to remember you from another life of
3432 mine three jobs ago when I was the Republican staff director
3433 on the Children and Family Committee, and I believe in the
3434 mid-1980s you did a study in Baltimore on teen pregnancy; is
3435 that correct?

3436 Mr. WEED. Yes.

3437 Mr. SOUDER. That is how you more or less got started in
3438 this field, by showing some of the ineffectiveness of the
3439 teen pregnancy programs in Baltimore that was astounding and
3440 resulted in programs being put in in Baltimore because their
3441 teen pregnancy was totally--it was 90-some percent in some of
3442 the schools. I went up there and met with them. You are

3443 actually a field researcher.

3444 Mr. WEED. Yes. All my work has been on the ground. I
3445 have interviewed thousands of kids. I have personally
3446 evaluated over 100 programs. I have data on 500,000
3447 teenagers in my files.

3448 Chairman WAXMAN. The gentleman's time has expired.

3449 The Chair wants to indicate that the witnesses who are
3450 here were invited because either they have done the research
3451 or they represent organizations. I don't think it is fair to
3452 criticize them if they represent groups like the
3453 pediatricians or the OB/GYNs or the American Medical
3454 Association or the Institute of Medicine. I also think it is
3455 unfair to say that they are not only unbalanced because they
3456 represent medical organizations, but that they in some way
3457 lack credibility because they represent--and the American
3458 Health Association and others--because they represent these
3459 organizations. That is why they have been invited.

3460 Secondly, we have accepted every witness that has been
3461 recommended to us from the Republican side of the aisle.
3462 Matter of fact, we have never turned down a request from the
3463 Republicans on any witness at any hearing.

3464 Thirdly, I just think that an attack on people's views
3465 by calling them ideological when they are scientists and they
3466 are medical professionals is trying to turn tables by calling
3467 them ideological when, in fact, I think that you are

3468 attacking them from an ideological perspective.

3469 Do you want to say anything, since I have jumped on you?

3470 Mr. SOUDER. I wasn't questioning the organizations. What

3471 I was questioning is that you earlier stated this was a

3472 scientific panel, and I was trying to establish that you only

3473 have two people who appear to have done scientific research;

3474 others were summarizing or giving their personal opinions.

3475 In fact, Dr. Weed was criticized for being ideological. I

3476 certainly criticized a number of people here for being

3477 ideological--making the point again that this is not really a

3478 scientific debate but a heavily ideological one.

3479 Chairman WAXMAN. Okay.

3480 Well, we have the positions set out.

3481 Dr. Santelli, we are going to have to move on. We have

3482 a third panel waiting. Yes?

3483 Dr. SANTELLI. I just spent two days, because I am here

3484 the third day missing part of the meetings. The American

3485 Public Health Association and the Academy of Pediatrics, I

3486 have served on committees on both of them, spend a lot of

3487 time trying to review scientific evidence. I mean, they also

3488 filter it through their clinical wisdom. Maggie is a great

3489 example of combining the two. All the professional medical

3490 groups in the Country are very attuned to the science and try

3491 to represent the best science.

3492 Chairman WAXMAN. I think that is an important statement

3493 | to make.

3494 | I want to thank all of you very much for your
3495 | presentation to us and your willingness to answer questions
3496 | from members of the Committee. Thank you very much.

3497 | Our third panel, I want to call forward Charles Keckler,
3498 | who is the Acting Deputy Assistant Secretary for Policy at
3499 | Administration for Children and Families at the Department of
3500 | Health and Human Services. His department coordinates the
3501 | two largest Federal abstinence-only programs.

3502 | Dr. Marcia Crosse is the director for the Healthcare
3503 | Group in the U.S. Government Accountability Office. She has
3504 | been with GAO's Healthcare Group since 1996, and since then
3505 | has led a variety of assignments on public health issues.

3506 | I want to welcome you to our hearing today. Your
3507 | prepared statements will be in the record in full. We would
3508 | like to ask if you would to limit your oral presentation to
3509 | five minutes.

3510 | It is the policy of this Committee that all witnesses be
3511 | sworn in before they testify, although it was pointed out to
3512 | me that perhaps that didn't happen with the last panel, but I
3513 | am not sure. But we will continue the practice with you two,
3514 | if you would please rise and raise your right hand.

3515 | [Witnesses sworn.]

3516 | Chairman WAXMAN. The record will indicate that both
3517 | witnesses answered in the affirmative.

3518

Mr. Keckler, why don't we start with you?

3519 | STATEMENTS OF CHARLES KECKLER, ACTING DEPUTY ASSISTANT
3520 | SECRETARY FOR POLICY, ADMINISTRATION FOR CHILDREN AND
3521 | FAMILIES, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; AND
3522 | MARCIA CROSSE, PH.D., DIRECTOR, HEALTHCARE, U.S. GOVERNMENT
3523 | ACCOUNTABILITY OFFICE

3524 | STATEMENT OF CHARLES KECKLER

3525 | Mr. KECKLER. Mr. Chairman and members of the Committee,
3526 | thank you for the opportunity to discuss abstinence education
3527 | programs administered by the Department of Health and Human
3528 | Services.

3529 | The Administration continues to support abstinence
3530 | education programs as one among several methods to address
3531 | the continuing problems created by adolescent sexual
3532 | activity, the result of which includes unacceptably high
3533 | rates of non-marital child-bearing and sexually transmitted
3534 | diseases among America's youth. Remarkable progress has
3535 | occurred in this area over the last 15 to 20 years.
3536 | Pregnancy among 15-to 17-year-old girls declined over 20
3537 | percent since the early 1990s, although it remains above the
3538 | rates for other industrialized nations.

3539 | Teenage sexual activity and non-marital child-bearing

3540 | have serious consequences for teens, their families, their
3541 | communities, and our society. The two greatest risk factors
3542 | for teen pregnancy and transmission of STDs are age at first
3543 | onset and number of partners. In other words, if a teen
3544 | delays the onset of sexual activity and reduces the number of
3545 | partners, they are much less likely to become pregnant or get
3546 | someone pregnant.

3547 | By definition, abstinence education programs aim to
3548 | address these two risk factors. Abstinence is the only 100
3549 | percent effective method to prevent pregnancy and sexually
3550 | transmitted diseases. Through education, mentoring, and peer
3551 | support, abstinence education helps teens delay the onset of
3552 | sexual activity and reduce the number of sexual partners they
3553 | have. In addition to the serious risks of disease, early
3554 | child-bearing often limits later opportunities for both the
3555 | parents and the children involved, creating risks of a
3556 | fragile family structure, poverty, and welfare dependence.

3557 | HHS' abstinence education programs are part of a broader
3558 | strategy to combat teen pregnancy and STDs. Over the last
3559 | five years, the Department estimates that it has expended
3560 | billions of dollars towards this effort.

3561 | HHS funds a variety of interventions, both primary
3562 | models, which include a risk avoidance message provided
3563 | through abstinence education programs, as well as secondary
3564 | models, which include a risk reduction message. These

3565 | interventions provide information about the risks of sexual
3566 | activity and the ways to eliminate or reduce these risks,
3567 | with the goal of altering adolescent attitude and behaviors
3568 | in ways that lead to healthier outcomes.

3569 | Other interventions can provide direct health services
3570 | to adolescents, including administering contraception and
3571 | providing information about its proper use. Beyond
3572 | abstinence education, the Department provides at least \$300
3573 | million annually to administer a variety of pregnancy
3574 | prevention or STD/HIV prevention and awareness programs.
3575 | Some of these programs may include information about
3576 | abstinence or encouraging delayed sexual activity, but are
3577 | not subject to the Title V, Section 510 A-H definition of
3578 | abstinence education in the Social Security Act.

3579 | Curriculum often called abstinence-plus or comprehensive
3580 | sex education could be supported under these funding streams.
3581 | Additionally, the Department provides hundreds of millions
3582 | annually in family planning services to adolescents through a
3583 | variety of programs. Of the total Federal resources devoted
3584 | to combatting teen pregnancy and STD prevention, abstinence
3585 | education accounts for a fraction.

3586 | As a general matter, health education interventions have
3587 | a record of mixed success. While the majority of studies
3588 | have shown a limited impact on sexual behavior, some programs
3589 | have shown evidence for effectiveness. This became

3590 | increasingly apparent during the 1990s, as studies showed
3591 | certain programs had affects of delaying the age at first
3592 | intercourse and sometimes reducing the frequency of sexual
3593 | activity or the number of partners involved.

3594 | The use of abstinence education curricula as such has a
3595 | shorter history of evaluation, but the results have been
3596 | similar. Some peer reviewed research has shown an effect in
3597 | delaying intercourse among program participants. Other
3598 | studies have shown some affect on partner number, even if
3599 | intercourse is not delayed.

3600 | We are using the results of these studies to identify
3601 | the characteristics that distinguish effective from
3602 | ineffective implementations. There is no strong evidence for
3603 | a decline in the use of contraception as a consequence of
3604 | these programs.

3605 | The Administration believes that the abstinence
3606 | education program sends the healthiest message, as it is the
3607 | only certain way to avoid out-of-wedlock pregnancy and
3608 | sexually transmitted diseases. The great majority of
3609 | American parents agree. A 2007 poll conducted by the
3610 | National Campaign to Prevent Teen Pregnancy found that 90
3611 | percent of teens age 12 to 19 and 93 percent of adults agree
3612 | that it is important for teens to be given a strong message
3613 | that they should not have sex until they are at least out of
3614 | high school.

3615 The Administration appreciates the opportunity to update
3616 the Committee on the progress we are making in this important
3617 area of adolescent health and remains committed to providing
3618 accurate information that effectively assists young people to
3619 make healthy and responsible choices as they mature toward
3620 adulthood.

3621 I would be pleased to take any questions that you may
3622 have.

3623 [Prepared statement of Mr. Keckler follows:]

3624 ***** INSERT *****

3625 Chairman WAXMAN. Thank you very much.

3626 Dr. Crosse?

3627 STATEMENT OF MARCIA CROSSE

3628 Ms. CROSSE. Mr. Chairman and members of the Committee, I
3629 am pleased to be here today as you examine abstinence
3630 education programs.

3631 My testimony is based on GAO's report on this topic that
3632 we prepared for you and other Congressional requesters in
3633 October, 2006, and we have updated certain information for
3634 today's hearing. You asked that we examine efforts to assess
3635 the scientific accuracy of materials used in abstinence
3636 education programs and efforts to assess the effectiveness of
3637 these programs.

3638 I will also discuss a Public Health Service Act
3639 requirement regarding medically accurate information about
3640 condom effectiveness that may be relevant for abstinence
3641 education materials.

3642 We reported 18 months ago that efforts by HHS and States
3643 to assess the scientific accuracy of materials used in
3644 abstinence education programs have been limited. At the
3645 time, HHS' Administration for Children and Families, or ACF,
3646 did not review its grantees' education materials for
3647 scientific accuracy in either the State-or the

3648 | community-based programs, nor did it require the grantees in
3649 | either program to do so. Further, not all States that
3650 | received funding from ACF had chosen to review the accuracy
3651 | of their program materials.

3652 | In contrast to ACF, HHS' Office of Population Affairs,
3653 | or OPA, had reviewed the scientific accuracy of its grantees'
3654 | proposed education materials and any inaccuracies that were
3655 | found had to be corrected before those materials were used.

3656 | The extent to which Federally funded abstinence
3657 | education materials are inaccurate wasn't known, but both OPA
3658 | and some States reported finding inaccuracies. For example,
3659 | one State official described an instance in which abstinence
3660 | education materials incorrectly suggested that HIV can pass
3661 | through condoms because the latex used in condoms is porous.

3662 | To address concerns about the scientific accuracy of
3663 | materials used in these programs, we recommended in our
3664 | report that the Secretary of HHS develop procedures to help
3665 | assure the accuracy of such materials. In response to our
3666 | recommendation, ACF is currently implementing a process to
3667 | review the accuracy of community-based grantees' curricula
3668 | and has required those grantees to sign assurances that the
3669 | materials they propose using are accurate. HHS reported to
3670 | us that in the future State program grantees' will also have
3671 | to sign written assurances and provide ACF with descriptions
3672 | of their strategies for reviewing the accuracy of their

3673 | programs.

3674 | We also examined efforts to assess the effectiveness of
3675 | abstinence education programs. At the time of our report, we
3676 | found that HHS, States, and researchers had made a variety of
3677 | efforts to assess effectiveness. For example, ACF analyzed
3678 | national data on adolescent birth rates and the proportion of
3679 | adolescents who report having had sexual intercourse.
3680 | Additionally, six of the ten States in our review worked with
3681 | third party evaluators to assess the effectiveness of their
3682 | programs.

3683 | However, the conclusions that can be drawn from these
3684 | efforts are limited because most of the efforts to evaluate
3685 | program effectiveness have not met certain minimum criteria,
3686 | such as random assignment of participants and sufficient
3687 | follow-up periods and sample sizes that are necessary for
3688 | such assessments to be scientifically valid.

3689 | Further, the results of some efforts that do meet such
3690 | criteria have varied. Since our report was issued, a key
3691 | HHS-funded study has been completed which found few
3692 | differences on a variety of measures of sexual activity
3693 | between youth who participated in abstinence education
3694 | programs and control group youth.

3695 | Finally, while conducting work for our 2006 report we
3696 | identified a legal matter that required the attention of HHS.
3697 | A section of the Public Health Service Act, Section 317 P,

3698 requires certain educational materials to contain medically
3699 accurate information about condom effectiveness. At the time
3700 of our review, an ACS official reported that materials
3701 prepared by abstinence education grantees were not subject to
3702 this provision. However, we concluded that this requirement
3703 does apply to abstinence education materials prepared and
3704 used by Federal grant recipients, depending on their
3705 substantive content. In other words, for materials that meet
3706 the statutory criteria, HHS' grantees are required to include
3707 information on condom effectiveness, and that information
3708 must be medically accurate. Therefore, we recommended that
3709 HHS adopt measures to ensure that, where applicable,
3710 abstinence education materials comply with this requirement.

3711 HHS has told us that they have accepted our
3712 recommendation. The fiscal year 2007 community-based program
3713 announcement provides information about the applicability of
3714 this requirement, and future State program announcements will
3715 also include information on this requirement.

3716 In conclusion, when we reported to you 18 months ago on
3717 this topic we identified several concerns and information
3718 gaps in HHS' abstinence education programs and made
3719 recommendations to the Department. HHS has now begun to make
3720 changes in response to our recommendations which could
3721 improve the accuracy of the materials used in these programs.

3722 Mr. Chairman, this concludes my prepared remarks. I

3723 | would be happy to answer any questions that you or other
3724 | members of the Committee may have.

3725 | [Prepared statement of Ms. Crosse follows:]

3726 | ***** INSERT *****

3727 Chairman WAXMAN. Thank you very much for your
3728 presentation to us and the hard work that you have done at
3729 our request.

3730 Mr. Keckler, I have some questions about your
3731 characterization of the evidence on abstinence-only programs.
3732 You acknowledge that the data supports the effectiveness of
3733 teen sex education programs in delaying sex and reducing
3734 sexual frequency or the number of partners. You then said
3735 that ``the use of abstinence education curricula has a
3736 shorter history of evaluation, but the results have been
3737 similar.''

3738 But this isn't the view of medical experts. The
3739 American Medical Association, the American Public Health
3740 Association, the American Academy of Pediatrics have all
3741 looked at abstinence-only programs and found that they are
3742 not as effective as comprehensive sex education. Why is it
3743 what you are telling us is so different from the expert
3744 medical bodies? You are drawing one conclusion, and they look
3745 at the same evidence and draw a completely different
3746 conclusion.

3747 Mr. KECKLER. Thank you for the question, Mr. Chairman.

3748 Well, I think that we need to be, when we say one works
3749 better than the other, that comparison has never been done.
3750 We have a study ongoing that will compare the two treatments
3751 side by side. But some of these statements and some of the

3752 | collections of studies which were referred to earlier are
3753 | something else. They are accumulations of studies of, on the
3754 | one hand, studies that have been done of comprehensive sex
3755 | education over the years, and some studies that have been
3756 | done on abstinence until marriage.

3757 | Chairman WAXMAN. Well, OMB, for example, the Office of
3758 | Management and Budget at the White House, does program
3759 | assessments of different Government programs called part
3760 | assessments.

3761 | Mr. KECKLER. Yes.

3762 | Chairman WAXMAN. In its assessment of the
3763 | abstinence-only programs, OMB gave the program a very low
3764 | score of 33 out of 100 for program results and
3765 | accountability. The answer to, "Has the program
3766 | demonstrated adequate progress in achieving its long-term
3767 | goals" was small extent. The answer to whether the program
3768 | achieves its annual performance goals was no, because the
3769 | programs won't even set baselines until March, 2009, so
3770 | basically we have no idea if individual programs are having
3771 | any impact on participant behavior and health. Why are we
3772 | continuing to fund programs where even OMB is saying there is
3773 | virtually no evidence of effectiveness?

3774 | Mr. KECKLER. Mr. Chairman, with regard to the OMB part
3775 | assessment, the part assessment ultimately of these programs
3776 | was ranked as adequate with the conditions that we make

3777 | certain evaluation changes that OMB recommended. We are
3778 | making those changes, which include standardized reporting
3779 | from CBA grantees on the outputs of their programs and,
3780 | starting in the upcoming year, standardized survey of
3781 | participants, which will include outcomes of the programs,
3782 | including whether or not the participants are having sexual
3783 | activity.

3784 | Chairman WAXMAN. Let me ask Dr. Crosse about that
3785 | evaluation. Do you think the Administration is doing enough
3786 | to establish baselines and other measurement goals for these
3787 | programs so we can measure them and see whether they are
3788 | succeeding?

3789 | Ms. CROSSE. Well, they are currently funding some
3790 | well-designed studies, and the one study that I cited that
3791 | had been completed since our report was issued was one of the
3792 | studies that the Department funded that did meet the
3793 | standards for a scientifically valid study that was a
3794 | situation where they had random assignment.

3795 | I think some of our concerns are some of the measures
3796 | that the Department has been using are ones that cannot be
3797 | clearly linked back specifically to the program. The
3798 | national rates of pregnancy is not something where you can
3799 | say that the impact on that is specifically because of the
3800 | program, because you don't have any information about the
3801 | differences in the rates between those who have received that

3802 information and those who didn't.

3803 Chairman WAXMAN. Let me get into another question.

3804 Mr. Keckler, we know some teens are going to have sex.
3805 We can talk to them about abstinence until marriage, but
3806 let's say a young people comes to you and says, I put a lot
3807 of thought into it, but I am going to go have sex. I have
3808 reached a point that I am going to do this. The question
3809 comes to you, Should I use a condom? What would you say to
3810 him or her?

3811 Mr. KECKLER. Well, I am not sure that my personal
3812 response to a teen in my life is germane, but I think--

3813 Chairman WAXMAN. What do you think somebody running a
3814 program should say to that individual?

3815 Mr. KECKLER. Well, I can tell you what they will say in
3816 the CBA programs, which is that if somebody is in need of
3817 other services, our grantees are asked and encouraged to give
3818 them referrals to other services. Our grantees, of course,
3819 are bound by the A through H requirements to focus on
3820 abstinence, but they will make referrals for other services,
3821 and that is what they would say.

3822 Chairman WAXMAN. I find that nonsense, nonsensical. If
3823 somebody is coming to you and asking in one of these
3824 programs, admitting that they are going to be sexually
3825 active--which probably means they already are sexually
3826 active--to tell them, I am going to refer you to someone else

3827 | will probably mean that, if they go to someone else, it will
3828 | be after they have already had enough sexual contact where
3829 | they might have contracted HIV or some other sexually
3830 | transmitted disease. That is one of the big problems I have
3831 | with this separation. We can only talk about abstinence. We
3832 | can't talk about the rest of the information that is
3833 | pertinent.

3834 | I just know, if the Members will forgive me--and I will
3835 | allow them a little extra time, as well--I know a lot of
3836 | people have said over the years we ought to let States and
3837 | local governments make the decision. Maybe we ought to just
3838 | have a block grant. Let the States and local governments
3839 | decide if they want an abstinence-only program or if they
3840 | want to use the money for a broader comprehensive program.
3841 | But here we have Washington, D.C., saying, We know what is
3842 | best, and if you want money for sex education in the schools,
3843 | you have to use abstinence-only funds.

3844 | When we hear about these other programs being funded,
3845 | most of them are at the local level, and the others are
3846 | extrapolations for saying all Medicaid funding for family
3847 | planning services--they are not going to schools, they are
3848 | not going to teenagers. Their funding for Title X clinics,
3849 | well, they are clinics. They are not in the schools. They
3850 | may have some relationship. The Indian Health Services and
3851 | some of these others, I think that is being used to say we

3852 | have a lot more dollars going to these other programs. Well,
3853 | they are not Federal dollars for the most part.

3854 | Is that an accurate statement, Dr. Crosse? Have you
3855 | looked at the funding mechanisms?

3856 | Ms. CROSSE. My understanding is that the only Federal
3857 | money that specifically is targeted for sex education
3858 | programs is through these programs that we focused on, these
3859 | three big programs at the Department--the State program, the
3860 | community-based program, or CBA program, and the adolescent
3861 | family life program. There may be small amounts in other
3862 | areas, but the targeted areas for sex education are
3863 | abstinence-only ones.

3864 | Chairman WAXMAN. Thank you.

3865 | I have used 7.4 minutes, but I am going to yield to the
3866 | gentleman and each of the other gentleman on the panel eight
3867 | minutes so we will be fair. They don't have to use it all,
3868 | but each will get eight.

3869 | Mr. SOUDER. It won't be entirely fair because it is two
3870 | against one again.

3871 | Chairman WAXMAN. Well, I haven't used the full eight.

3872 | Mr. SOUDER. First, let me say sometimes I get in trouble
3873 | for this, and I have complained about a number of hearings
3874 | that we have had here, including today, but I find the
3875 | chairman very fair. We have a good personal relationship. It
3876 | concerns some of my colleagues that I speak highly of him

3877 | many times, but, in fact, he attempts to be fair. Sometimes
3878 | liberals have a tough time understanding our perspective
3879 | enough to what we consider fair or not, but I believe he is
3880 | genuine in his ability to desire to do that.

3881 | Chairman WAXMAN. Time's up.

3882 | [Laughter.]

3883 | Mr. SOUDER. Mr. Keckler, we have had a lot of discussion
3884 | today about the Federal funding for sex education. I would
3885 | appreciate your getting back to the Committee with the
3886 | specifics here. You chose your words carefully. You said
3887 | that the Federal Government funds money for Planned
3888 | Parenthood, family planning, and other types of things. What
3889 | we really need here is how much of that actually goes to
3890 | schools. Dr. Crosse picked her words very carefully there,
3891 | said the dedicated stream. But, in fact, we all know these
3892 | programs are in the schools, have been in the programs for
3893 | many years. They are funded through the Federal Government,
3894 | through the family planning that comes through. There are
3895 | also health grants that come through that may not be in your
3896 | area, but if you could break that out. I mentioned how safe
3897 | and drug free schools because I wrote that section and
3898 | allowed it to be fungible funding, and I know that in school
3899 | districts people use it there. But we need some kind of a
3900 | read with this, because this has, in my opinion, been a false
3901 | track that we got off to. I think it is a legitimate debate

3902 that the Chairman said should any be specifically dedicated.
3903 That is a fair debate.

3904 But partly what Dr. Crosse, whose recommendation seemed
3905 pretty reasonable, has suggested is that when we, the Federal
3906 Government, give the funds without any guidelines, then we
3907 get charges like came up from the two younger people here
3908 today that clearly those wouldn't have met Federal standards
3909 to do a program like that.

3910 It would be very helpful if you can get us a funding
3911 stream, not only of this much goes in family planning, but to
3912 see if we can do a down-stream track of where that funding
3913 breaks out. I don't know whether this is a school survey
3914 working with the Department of Education, but I think it is
3915 very important for us to understand how these programs are
3916 funded in the schools.

3917 [The information follows:]

3918 ***** COMMITTEE INSERT *****

3919 Mr. KECKLER. I agree with you, Congressman, and the
3920 problem has been that, because the other forms of
3921 comprehensive sex education and prevention programs are
3922 folded into, sometimes they are block granted, they are
3923 folded in throughout the Department of Health and Human
3924 Services in a variety of ways, and some of them are also
3925 directed both to young adults and to adolescents in order to
3926 get a real apples-to-apples comparison.

3927 There is some work that needs to be done with our budget
3928 people, but we will be happy to get you firmer estimates
3929 along those lines.

3930 Mr. SOUDER. Because without that it is hard for anybody
3931 to allege scientific comparisons if, in fact, we don't even
3932 know what Federal funding is where. I support block grants,
3933 but I also have historically believed there should be
3934 accountability. We have run into huge problems with the No
3935 Child Left Behind with this, because then nobody likes the
3936 accountability measures and we argue over the accountability
3937 measures. But the fact is that if the Federal Government is
3938 going to be tasked with raising the taxes and spending the
3939 funding, we shouldn't dictate how a local district meets it,
3940 but there ought to be requirements that meet basic standards
3941 so that we know tax dollars are being spent.

3942 If you are a Libertarian and don't want the Federal
3943 Government to do it, that is one thing, but if the Federal

3944 Government is going to do it, in the day and age of the
3945 computer reporting system it seems like this would be not
3946 that hard to put a designation on a form for the data to come
3947 back of did this go into school, how many dollars went to the
3948 school, the schools to report back. I mean, they already
3949 deal with mounds of reports, and I understand that, but if we
3950 are going to have--how are people alleging scientific
3951 comparisons here, because there are controlled programs and
3952 non-controlled programs.

3953 I heard data thrown out today not comparing, when they
3954 were comparing abstinence programs, comparing it to the
3955 universe rather than the schools around it, may have had an
3956 alternative program, which in science would have been
3957 mandatory. What is the universe? What is the comparison?
3958 What are the control groups?

3959 One of the most famous early studies in the 1980s was in
3960 Minnesota, where a school that had a family planning program
3961 said they reduced teen pregnancy. A quick check showed that
3962 every other school in Minneapolis went down more, because
3963 there were cultural variables and other things happening in
3964 the community, not just that program. So you have to have
3965 multiple control groups.

3966 We are having this debate today sounding like the
3967 science is in one direction when, as Dr. Crosse has pointed
3968 out, and I think fairly, that there should be factual

3969 information in any abstinence program. They shouldn't be
3970 able to put out false information. There ought to be
3971 accountability to it.

3972 One other question I had that was raised by--I forget
3973 her name, the young girl on the first panel--she said, as I
3974 understood her to say--Shelby--it was a secular program and a
3975 pastor came in as part of that. In these programs, are they
3976 allowed to invite guest speakers in? And if guest speakers
3977 come in, are they held to any accountable standards, which is
3978 something else that ought to be looked at. Did you look at
3979 that, Dr. Cross?

3980 Ms. CROSSE. We did not look at the specifics of the
3981 structures. And our recommendations are to the general
3982 information that are distributed for the programs. There is
3983 certainly always the possibility that someone can come in and
3984 write something up on a blackboard that would not be under
3985 any kind of control or review.

3986 Mr. SOUDER. Because when we are dealing with these
3987 social, controversial issues, often somebody will be invited
3988 in from a local church, or somebody will be invited in from
3989 the other side. If, in fact, it is a religious community
3990 they will invite somebody in from Planned Parenthood to
3991 present that. The question is: how fact-based are we going
3992 to have this? Is there an accountability procedure? But I
3993 would think we should at least know in the presentation of a

3994 grantee whether they intend to do that, because otherwise it
3995 becomes hard. Do you know whether that is done now?

3996 Mr. KECKLER. Well, there are a variety of methods. I
3997 think Dr. Fineberg talked about the great variety of methods
3998 that people are using, and we as a Department are going
3999 through this process to try to identify best practices, along
4000 with many other people in the field. So could somebody come
4001 in and speak? Yes. The grantee, however, is responsible
4002 under our current rules for ensuring medical accuracy, and
4003 when we make a site visit there, either because we think
4004 there are good practices there or we have heard some problems
4005 with the grantee, medical accuracy is looked at, as well. So
4006 it is their assurance and their responsibility to maintain
4007 medical accuracy.

4008 Our efforts on that have been welcomed by all the
4009 grantees. They want to be medically accurate. They
4010 appreciate our help.

4011 Mr. SOUDER. I need to get another factual question on
4012 the record here. We have heard about the 17 States opting
4013 out, 33 are in. Have you had a drop-off in application
4014 rates?

4015 Mr. KECKLER. The CBA grants have not shown any
4016 particular drop-off in that program. There have been this
4017 year fewer States applying for the State funds.

4018 Mr. SOUDER. But there is still more demand than there is

4019 money?

4020 Mr. KECKLER. Oh, yes. The CBA grants are probably the
4021 most competitive grant program that is currently making
4022 grants in ACF. In the last three years--

4023 Mr. SOUDER. You are saying of all the programs--

4024 Mr. KECKLER. In ACF, all the grant programs.

4025 Mr. SOUDER. So the demand for this is huge.

4026 Mr. KECKLER. Right. We have funded between 8 and 14
4027 percent of grant applications in the last three fiscal years,
4028 so there is tremendous unmet demand.

4029 Chairman WAXMAN. Thank you, Mr. Souder.

4030 Mr. Shays?

4031 Mr. SHAYS. Thank you.

4032 I don't intend to use my full eight minutes, given I
4033 missed a good chunk of this hearing, but I want to ask you an
4034 ethical question, both of you. I think it clearly matters if
4035 a program is successful or not, and we determine success
4036 based on certain outcomes. I guess the first outcome, are
4037 young people having premarital sex or not. The outcomes
4038 disease, pregnancy, emotional issues, as well.

4039 But the ethical question for me is let's just say that
4040 an abstinence program was equal to, in terms of outcome, as
4041 one that was more comprehensive. Let me even say it this
4042 way. Let's just say an abstinence program was even better.
4043 Don't young people have a right to know the truth? And it

4044 | seems to me that we are almost suggesting that if we can just
4045 | focus on abstinence-only and leave out the rest of the story,
4046 | because if we leave out the rest of the story they may have
4047 | more sex, so we leave out the rest of the story.

4048 | But it seems to me that is unethical. It seems to me
4049 | maybe when you are talking to a 6th grade kid I don't know,
4050 | but it seems to me by the time a young people is a junior in
4051 | high school they just deserve to know the truth, whatever the
4052 | truth is. And you try to have impact on their young minds to
4053 | do what we as adults thinks is responsible.

4054 | The irony, I was speaking to some of my colleagues here
4055 | and asked them if they had premarital sex. They said they
4056 | did. And when they started to talk about it, it was almost
4057 | like it was a good thing. I mean, the irony, the hypocrisy
4058 | of this is kind of interesting, too. So I am just asking you
4059 | about the ethics of denying people information. Do they not
4060 | deserve to know it? Or if they do know it, do you think they
4061 | are going to do the wrong thing, so they shouldn't have it?

4062 | Chairman WAXMAN. Before you answer that question I want
4063 | to indicate for the record that the gentleman did not ask me
4064 | that question.

4065 | [Laughter.]

4066 | Mr. KECKLER. Well, Congressman Shays, that is a very
4067 | important question. Clearly, teens need to know the truth
4068 | about their lives and about this area. The question, though,

4069 | is do they need to know it all at once and in the same place.
4070 | The Department supports a risk avoidance message and a risk
4071 | reduction message. There is important programmatic and
4072 | practical reasons why we should have the capacity to be able
4073 | to keep those messages distinct. There is a lot of
4074 | jurisdictions and there is a lot of grantees that want to
4075 | help and want to give the risk avoidance message but they
4076 | don't want to be compelled to include with that a risk
4077 | reduction message.

4078 | So being able to deliver those separately is useful from
4079 | a programmatic context. There are hypotheses out there on
4080 | both sides of whether it is more effective to deliver a
4081 | focused, pure risk avoidance message or whether it might be
4082 | more effective some way combining it. As I have mentioned,
4083 | that direct comparison of whether it is better to put them
4084 | together or keep them separate has never fully been done, but
4085 | it is important that both messages be out there and that both
4086 | messages be accurate.

4087 | Ms. CROSSE. Just for the record, GAO has no position on
4088 | this, but I will answer your question in that I think it is
4089 | important and it is ethical for students, teenagers to be
4090 | given complete information. I think it is a policy question
4091 | where they get that information. I think the heart of the
4092 | ethical issue that we spoke to in our work is whether they be
4093 | given any misleading information, and that clearly we have

4094 | taken a position would not be ethical, and certainly not that
4095 | the Federal Government would be supporting the dissemination
4096 | of the information that is not accurate to these teenagers in
4097 | the programs.

4098 | Mr. SHAYS. I thank both of you.

4099 | Mr. SOUDER. Mr. Chairman, very briefly?

4100 | Do you favor the same policy for cigarettes, that
4101 | low-tar cigarettes, that we would show kids the level of
4102 | nicotine and tar in the cigarettes between the different
4103 | brands so that, since a high percentage of them smoke anyway,
4104 | we can give them better information on which cigarettes would
4105 | be better to smoke?

4106 | Mr. SHAYS. I would do this. I would make sure they had
4107 | total knowledge, because if a young person is going to smoke,
4108 | then I want to make sure that they have a sense of the
4109 | degrees of harm they are causing themselves, so in that
4110 | answer, yes, but I would be working overtime to have them
4111 | understand that it would be a pretty bad thing to smoke.

4112 | Chairman WAXMAN. Does the gentleman yield back the
4113 | balance of his time?

4114 | Mr. SHAYS. I do yield back.

4115 | Chairman WAXMAN. I thank you very much. I thank the two
4116 | of your for your presentation.

4117 | Without objection, we are going to keep the record open
4118 | for an additional seven days so that Members may ask all the

4119 | witnesses or any of the witnesses additional questions and
4120 | get a response in writing, and then others may be able to
4121 | submit additional information for the record.

4122 | Thank you very much. This hearing is adjourned.

4123 | [Whereupon, at 1:50 p.m., the committee was adjourned.]