Public health experts and policymakers have voiced growing concern in recent months “that scientific decision-making is being subverted by ideology” at the Department of Health and Human Services (HHS)”1 – a trend that some fear could lead to “adverse effects on our nation’s health” and “the waste of scarce health resources.”2 While examples can be seen in a range of fields – from occupational safety to new drug reviews to environmental health3 – the flagship is sex education and efforts to prevent HIV/AIDS, STDs, and teen pregnancy.

In fiscal year 2005, President Bush is seeking a record $273 million for unproven programs that teach teens that they must abstain from sex until they are married – and that not doing so is likely to have “harmful psychological and physical effects.” Since 1998, nearly a billion in federal and state dollars have been directed to these “abstinence-only-until-marriage” programs, which prohibit information about the health benefits of using condoms and other methods of contraception.4

In addition to expanded federal funding for these programs, reports indicate that government health information “based on science is being systematically removed from the public when it conflicts with the Administration’s political agenda.”5 And federal health officials and public health programs are shifting away from encouraging sexually active individuals to use condoms to prevent HIV transmission.

Scientists whose research on HIV/AIDS, human sexuality, and risk-taking behavior has met rigorous peer review standards also report a new “atmosphere of intimidation” – and fears they could lose their government grants.6 At the same time, “organizations that provide science-based programs to prevent pregnancy and sexually transmitted diseases in youth, but disagree with the Administration’s ‘abstinence-only’ position, are being singled out for discriminatory audits.”7

As The Lancet stated in a recent editorial, “Any threat to impartial science-policy advice, especially advice that affects health and health-care choices, will harm most . . . those at risk of sexually transmitted infection (especially young people) and young people who need realistic contraceptive advice.”8

Given that one-half of adolescents in the United States are . . . sexually active – and at risk of unintended pregnancy and STD/HIV infection – it seems clear that adolescents need accurate information about contraceptive methods so that they can reduce those risks.9

-- U.S. Surgeon General David Satcher

Scientific Findings Ignored, Data on Effective Sex Ed Programs Eliminated

Substantial peer-reviewed research has demonstrated the effectiveness of teaching young people about both abstinence and contraception.10 The nation’s major medical and public health organizations – including the American Medical Association, the American Academy of Pediatrics, and the Society for Adolescent Medicine – support programs that discuss how to delay sexual initiation and how to protect against disease and pregnancy.11 Five successive U.S. Surgeons General – dating from the early days of the AIDS epidemic (C. Everett Koop) to today (Richard Carmona) – have also endorsed a more comprehensive approach to sex education.12

In contrast, abstinence-only programs do not appear to change teen sexual behaviors – and none to date have shown “reasonably strong evidence that they actually delay the initiation of sex or reduce its frequency.”13 The lack of evidence that these initiatives work led the Institute of Medicine to deem their continued funding to be “poor fiscal and public health policy.”14

While the U.S. has experienced a decade-long decline in teen sexual activity and teen pregnancy, public health experts note that this trend largely pre-dates the federal government’s significant investment in abstinence-only-until-marriage programs.15 An interim evaluation of a select group of federally funded abstinence-education programs issued in 2002 even recognizes that “[a]t this time . . . no definitive research has linked the abstinence education legislation with [] downward trends”16 in teen sex.
Concerns are now being raised that future evaluations of federal abstinence programs may be insufficient. For instance, the Department of Health and Human Services has crafted a new set of performance measures, which critics say “appear designed to make abstinence-only programs look good – not to measure their actual effectiveness in preventing teen pregnancies or sexually transmitted diseases.”17

Meanwhile, the Centers for Disease Control and Prevention (CDC) has eliminated from its website “Programs that Work” – an initiative created “to help educators identify curricula that effectively reduce sexual risk behaviors that contribute to HIV and other STD infections and unintended pregnancy.”18 Developed in 1992 “in response to requests from schools for effective prevention programs,” the effort was designed to “inform local and state choices.”18 Over the years, “Programs That Work” provided resources and trainings to thousands of community leaders, health department personnel, and educators.

Curricula were chosen because they had been found to increase the likelihood that sexually active teens would use contraception – including condoms; some also reduced initiation of sexual activity, frequency of sex, and/or number of sexual partners.19 Discussion included how to use contraception to protect against disease and pregnancy. As a result, the curricula did not conform to the federal government’s definition of “abstinence,” and “Programs That Work” was called into question by abstinence-only-until-marriage proponents in several states.20

**Virginity Pledges: Just the Facts**

Contrary to simplistic claims made by abstinence-only-until-marriage proponents,21 research into the impact of “virginity pledges” on teen sexual activity has actually found mixed results. While signing such pledges does appear to help delay initiation of sexual intercourse by up to 18 months, it tends to be most effective for 14- to 16-year-olds, not younger (under 14) or older teens (17 and above). Also, there appeared to be no delay in sexual initiation once more than 30 percent of teens in a community had taken the pledge. Finally, those who ultimately did “break” the pledge – and became sexually active – were less likely than their non-signing peers to use condoms or other birth control methods that can protect against pregnancy and STDs, including HIV/AIDS.22

**Condoms Come Under Fire Despite Evidence of Effectiveness**

According to a 2001 report from the National Institutes of Health (NIH), correct and consistent use of male latex condoms is “highly effective” in preventing HIV transmission in women and men and gonorrhea in men – and “might afford some protection in reducing the risk of HPV-associated diseases.”23 The NIH panel that reviewed current evidence about condom effectiveness also cautioned that “an absence of definitive conclusions [about other STDs] should not be interpreted as proof of the adequacy or inadequacy of the condom to reduce the risk” of transmission.24

When the NIH report was issued, public health experts expressed concern that the findings would be misconstrued or misunderstood – and deter some people from using condoms.25 Indeed, after its release, proponents and providers of abstinence-only-until-married programs seemed to argue even more vehemently against informing young people about the potential health benefits of contraception. A press release from former U.S. Representative Tom Coburn – now Chair of the President’s Advisory Council on HIV and AIDS – asserted that it means “that when condom use is discussed it is no longer medically accurate – or legal for the CDC – to refer to sex as ‘safe’ or ‘protected.’”26

Despite the scientific consensus about condom effectiveness and decades of public health practice at the CDC, federal health officials have moved away from emphasizing that – for people who are sexually active – condoms are the surest way to prevent against transmission of HIV and other STDs. Now, according to the CDC’s Deputy Director of Science, the agency is trying “not to nuance it in the direction either of encouraging or discouraging use of condoms.”27

Indeed, after the NIH report was issued, the CDC removed from its website a user-friendly fact sheet that informed the public about the health benefits of condoms and encouraged sexually active individuals to use them. A set of “prevention messages” – developed to comply with new federal legislation requiring “medically accurate information regarding the effectiveness or lack of effectiveness of condoms”28 – was also taken out of circulation. It, too, had emphasized condom effectiveness in protecting against HIV transmission.29

In December 2002, amid news reports criticizing these CDC actions,20 the agency posted a new
document in place of the original condom fact sheet. This “fact sheet for public health personnel” places greater emphasis on abstinence and stresses that “condom use cannot guarantee absolute protection against any STD.” Just as members of Congress note, the new document “has been carefully edited to deny the public important information about the role condoms can play in reducing sexually transmitted diseases and pregnancies.”

Key elements of the original fact sheet no longer appear, including sections detailing how to use a condom consistently and correctly, describing different condom types and how they perform with respect to HIV/STD prevention, and discussing proper storage and expiration dates. Also removed was a discussion of “numerous studies that have shown that that HIV education and sex education that included information about condoms ‘either had no effect upon the initiation of intercourse or resulted in delayed onset of intercourse.’” As a result, members of Congress concluded “that political ideology – not ‘excellence and scientific integrity’ – have guided the development of the new fact sheet.”

The shift in public health messaging about condoms and greater funding for “abstinence-only-until-marriage” programs (which can only discuss health risks and failure rates of contraceptives) coincides with troubling trends in young people’s knowledge and attitudes about condoms. While the numbers of high school students who report using a condom the last time they had sex has increased over the last decade, a closer look at government data shows a spike in condom use from 1991-97 followed by a leveling off between 1999 and 2001.

Reports in both public health journals and the popular press also point to a kind of “condom fatigue” – with roughly half of sexually active high school and college students admitting to having had sex without a condom. Even when young people do use condoms, a sizeable proportion do so incorrectly: In one recent survey at a large state university, 4 in 10 men reported acting in ways shown to decrease a condom’s protective effect.

Researchers Questioned, Health Agencies and Advisory Panels Reshaped

In October 2003, more than 150 scientists who receive federal funds to study HIV/AIDS, sexuality, and risk-taking behaviors were contacted by NIH staff and questioned about their work – which “collectively aims to promote scientific understanding that could save millions of lives around the world.” The NIH calls, prompted by Congressional critics of this research, raised fears that the scientists could be defunded – even though their studies had already undergone rigorous peer review and met the stringent standards for government grants. The list of those targeted for scrutiny was likely compiled by the Traditional Values Coalition, a conservative religious organization that opposes federal spending on research into AIDS prevention and human sexuality; HHS officials may also have been involved.

Just six months earlier, government-funded scientists studying HIV and other STDs received unofficial warnings that using “sensitive language” in reports or grant proposals to the CDC or National Institutes of Health could trigger unusual HHS or Congressional scrutiny – and thus jeopardize their funding.

According to some HHS employees, “mounting pressure for abstinence education has created an atmosphere of intimidation for those advocating condom-use and other measures to prevent teenage pregnancy and sexually transmitted diseases, including HIV/AIDS.”

Former CDC personnel note that more than half of the senior staff holding positions in HIV/AIDS prevention were reassigned in a two-year period. Then, in April 2003, the agency announced significant changes in its approach to HIV prevention, choosing to focus primarily on HIV testing and prevention programs aimed at people who are already infected with the virus. Members of Congress and HIV/AIDS advocates fear that the new initiative will reduce funding for health education and risk reduction programs aimed at those who are uninfected and at greatest risk for contracting the virus.

The new CDC approach was unveiled just six months after an HIV prevention summit at which the agency “received a mix of scientific advice and value statements . . . including [those] expressing pointedly negative attitudes towards gay men.” The event prompted one prominent health expert to author a note of caution in a leading scientific journal “that suggestions to the CDC and to other public health agencies that fail to meet basic tenets of ethics and human rights should be dismissed.”

Leading public health experts and members of Congress are also concerned that “[e]xpert appointments to scientific advisory boards are going to individuals with specific ideological viewpoints rather than scientific credentials.” This apparent committee “stacking” includes the appointment of...
W. David Hager, MD, to the Food and Drug Administration’s Reproductive Health Drugs Advisory Committee, despite his record of refusing to prescribe birth control pills to unmarried women and his involvement in efforts to reverse the agency’s approval of the abortion drug mifepristone.50

Similar concerns have been raised about the appointment of Joe McIlhaney, MD, to the Presidential Advisory Council on HIV and AIDS because of his staunch opposition to informing teens and adults about using condoms to prevent the spread of disease.51 (A second appointee to that panel, Jeffrey Thacker – a marketing consultant who had called homosexuality a “deathstyle” and AIDS the “gay plague”– withdrew after public outcry over his views.52)

**Politics Limits Foreign Aid, Unproven Abstinence-Only Approach “Exported”**

Years of experience in HIV/AIDS prevention internationally demonstrates the importance of promoting abstinence and monogamy along with information about how to use condoms to protect against infection. Studies in Cambodia, the Dominican Republic, Senegal, Thailand, Uganda, and Zambia have found that better access to and effective use of condoms “played a pivotal role in slowing and even reducing the rate of HIV transmission.”54

Researchers have found that condom use among sexually active couples has been “an essential aspect of every HIV success story throughout the world,” and “the availability of condoms makes the difference between life and death” for millions of women and girls each year.55 Uganda, in particular, has been cited as a success story because it significantly reduced both the prevalence and the incidence of HIV in the last decade. Since the early 1990s, the country has invested in a widespread HIV prevention program dubbed “ABC” because it relies on the three essential tenets, Abstinence, Be faithful, and use a Condom.56

Yet, the U.S. government has started to reverse decades-old policies concerning reproductive and sexual health in the international arena. At the United Nations Asian and Pacific Population conference in Bangkok in December 2002, U.S. delegates tried – without success – to remove language encouraging “consistent condom use” as an HIV/AIDS prevention tool from that meeting’s international consensus document. According to press reports, the U.S. argued that promoting condom use encourages teenage sex.57

U.S. representatives have instead urged the international community to embrace an abstinence-only approach at high-level UN meetings.58 At the historic Special Summit on Children in May 2002, the U.S. allied itself with Iran, Iraq, Libya, Syria, and the Sudan – against other industrialized nations – to eliminate support for sex education from an important international declaration. Ultimately, the U.S. failed to gain an endorsement of language to promote only abstinence.59

In his 2003 State of the Union address, President Bush surprised many observers by calling for a new five-year, $15 billion initiative to combat HIV/AIDS internationally.60 Proponents of abstinence-only-untill-marriage immediately called on the Bush Administration to rely on a narrow, abstinence-only approach.61 Their allies in Congress argued that the aid package should focus primarily on abstinence, rather than the combined “ABC” approach – which also includes information about and distribution of condoms as a core element.62 They argued that abstinence was the key to Uganda’s success, despite research demonstrating that “the approach [must] be not only flexible but also comprehensive.63

In the end, one-third of the $15 billion was earmarked for programs using only abstinence.64 Critics of this approach note that neglecting condom use as a prevention strategy could be particularly devastating in countries where poverty, economic dependency, and social factors – ranging from child marriage and widow inheritance to trafficking and trading sex to meet basic needs – give women and girls little control over whether, when, and with whom to have sex and place them at greater risk for HIV infection.65

Condoms are a way to prevent infection, and therefore, I not only support their use, I encourage their use among people who are sexually active.66

--- U.S. Secretary of State Colin Powell

**STD and Teen Pregnancy Prevention Groups Face Federal Audits**

The Department of Health and Human Services (HHS) “appears to be using financial audits as a political tool to harass non-profit Department grantees that provide comprehensive education on
prevention of sexually transmitted diseases and pregnancy, but do not adhere to the Administration’s position that the only acceptable means of achieving this goal is to urge abstinence,” according to members of Congress. In contrast, groups receiving federal grants to support abstinence-only-until-marriage programs, they note, appear to receive no such scrutiny.67

In August 2002, more than a dozen AIDS service organizations reported that HHS was auditing their activities. The investigations were launched in response to a request by several members of Congress reportedly dismayed by the tenor and scope of activities at the international AIDS conference held in July in Barcelona.68 Many of those same U.S. Representatives sent an additional letter to the Secretary of HHS the next month, seeking a second set of investigations.

This time, they requested that the agency review the financial records of Advocates for Youth, Planned Parenthood Federation of America, and SIECUS – three non-profit organizations that receive HIV/AIDS prevention funds from the CDC.69 In May 2003, the General Accounting Office issued a report – at the behest of two of the same members of Congress – on these group’s overall federal expenditures for health-related activities.70 Two of them – Advocates for Youth and SIECUS – were subsequently informed that the CDC would conduct further review of their financial records in the fall of 2003.71

Programs to Help Parents Talk to Their Children about Sex Stymied

Although President Bush has said “the best sex education takes place at home,” an innovative program designed to promote healthy dialogue between parents and children about sex has been placed on indefinite “hold” by the Department of Health and Human Services. Commissioned by the CDC as part of its Business Responds to AIDS Programs, *Lifelong Dialogue: A Workplace Program to Enhance Parent-Child Communication* was created in response to research showing that good parent-child communication about sexuality can act as a protective factor against risky adolescent sexual behavior, thus lowering young people’s risk for pregnancy, HIV/AIDS, and other STDs.

To help parents gain the information and skills they need to talk to their children about sex, a series of training manuals were developed by Advocates for Youth in conjunction with an advisory committee comprised of representatives from the CDC, educational organizations, public health groups, and communications and business leaders. The materials were submitted to the Department of Health and Human Services in October 2000, but no action was taken to distribute them.

An HHS e-mail leaked nearly a year later suggested that the Roman Catholic beliefs of HHS Secretary Tommy Thompson and others at the agency might lead them to object to the materials;72 subsequent statements by agency spokespeople have claimed that the *Lifelong Dialogue* program is being held up because the manuals and videos are “graphic” – an apparent reference to video clips in which children use the correct terms for parts of male and female anatomy.73
References

2 Association of Reproductive Health Professionals, Preserving Core Values in Science, Petition signed by 108 organizations representing 120,000 leading health professionals, researchers, and educators 1.9 million advocates, February 20, 2003.
4 “Providing instruction in or promoting the use of birth control would be inconsistent with the . . . definition” of abstinence education established as part of the new Title V grant program – and “programs receiving these abstinence education funds may not endorse or promote contraceptive use.” Mathematica Policy Research, Inc., The Evaluation of Abstinence Education Programs Funded Under Title V Section 510: Interim Report, submitted to U.S. Department of Health and Human Services, April 2002, 1, 4 (hereinafter Mathematica Interim Report to HHS).
7 Waxman October 2002 letter.
8 The Lancet supra.
9 Department of Health and Human Services, Office of the Surgeon General, Call to Action to Promote Sexual Health and Responsible Sexual Behavior, July 9, 2001, Section V: Evidence-Based Intervention Models - School-Based Programs.
13 Kirby, D, Emerging Answers.
14 Institute of Medicine, No Time to Lose: Getting More from HIV Prevention, National Academy Press, 2000.
16 Mathematica Interim Report to HHS, 1.