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Opening Statement of Rep. Henry A. Waxman Chairman, Committee on Oversight and Government Reform Domestic Abstinence-Only Programs: Assessing the Evidence April 23, 2008

We are all here today because we are concerned about the wellbeing of America's youth. We may not see eye to eye about policy. But we share the common goal of improving adolescents' health.

The statistics are shocking. A few weeks ago, the CDC released data showing that one in four teenage girls in the U.S. has a sexually transmitted infection. 30% of all American girls become pregnant before the age of 20; for African-American and Latina girls, the rate is 50%. And thousands of teenagers and young adults in the United States become infected with HIV each year.

If we're serious about responding to these challenges, we must base our policy on the best available science and evidence, not ideology.

We're here today to discuss evidence on the effectiveness of abstinence-only programs. There is a broad consensus that the benefits of abstinence should be taught as part of any sex education effort. But abstinence-only programs teach only abstinence. In federally-funded abstinence-only programs, teenagers cannot receive information on other methods of disease prevention and contraception, other than failure rates.

To date these programs have gotten over \$1.3 billion dollars of federal taxpayer money, along with hundreds of millions of dollars in state funds, to conduct programs in schools and communities across the United States. Meanwhile, we have no dedicated source of federal funding specifically for comprehensive classroom sex education.

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

I respect the commitment and intentions of people who run abstinence-only programs. They are doing it because they care about youth and want to counter the sexual messages that are all too pervasive in popular culture. Young people who work in

these programs demonstrate to their peers that not all teens are having sex, which is an important message.

But we will hear today from multiple experts that after more than a decade of huge government spending, the weight of the evidence doesn't demonstrate abstinence-only programs to be effective.

In fact, the government's own study showed no effect for abstinence-only programs. In 2007, the Bush Administration released the results of a longitudinal, randomized, controlled study of four federally-funded programs. The investigators found that compared to the control group, the abstinence-only programs had no impact on whether or not participants abstained from sex. They had no impact on the age when teens started having sex. They had no impact on the number of partners. And they had no impact on rates of pregnancy or sexually transmitted disease.

There's a lot of talk about the failure rates of condoms. It's time we face the facts about the failure rate of abstinence-only programs.

There are also serious concerns about the content of some of these programs. A report I released in 2004 found false or misleading medical information in the majority of the abstinence-only curricula most frequently used by federal grantees. While some of these errors have been corrected, recent reviews have continued to find misinformation. Some programs are still teaching stereotypes about gender, like the idea that men judge themselves based on their accomplishments and women judge themselves based on their relationships. And the exclusive focus on abstinence until marriage ignores the needs — and sometimes even the existence — of gay and lesbian youth.

Meanwhile, more and more research shows that many well-designed comprehensive programs that teach about abstinence and contraception are effective. Comprehensive, age-appropriate programs have yielded results including increasing contraceptive use, delaying sex, and reducing the number of sexual partners.

In other words, the evidence demonstrates that not only do good comprehensive programs not encourage teen sexual activity, they actually decrease it. This shouldn't be too surprising, because in effective comprehensive programs, young people are taught that abstinence is the safest choice, the healthiest choice, and a choice that they should never feel pressured to abandon.

Americans want Congress to be good stewards of their tax dollars. They want us to fund programs that produce results. Yet we are showering funds on abstinence-only programs that don't appear to work, while ignoring proven comprehensive sex education programs that can delay sex, protect teens from disease, and result in fewer teen pregnancies. This triumph of ideology over science is bad economics and even worse health policy.

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

The Society for Adolescent Medicine has submitted a statement that says: “Efforts to promote abstinence should be provided within health education programs that provide adolescents with complete and accurate information about sexual health.”

The American College of Obstetricians and Gynecologists has a similar view. They submitted a statement that states: “Careful and objective scholarly research during the last two decades has shown that sexuality education does not increase rates of sexual activity among teenagers. Rather, sexuality education increases knowledge about sexual behavior and its consequences and increases prevention behaviors among those who are sexually active.”

The American Psychological Association submitted a statement recommending that “[p]ublic funding for the implementation of comprehensive sexuality education programs be given priority over public funding for the implementation of abstinence-only and abstinence until marriage programs until such programs are proven to be effective.”

And the American Medical Association has an official policy stating that it “[s]upports federal funding of comprehensive sex education programs that stress the importance of abstinence in preventing unwanted teenage pregnancy and sexually transmitted infections, and also teach about contraceptive choices and safer sex.”

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

States are also reaching the conclusion that abstinence-only programs aren’t working. Today 17 states — including California and Virginia — decline to accept these abstinence-only funds. Many of these states cite the lack of evidence supporting abstinence-only programs and the restrictive program guidelines as the basis for their decisions.

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

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

I look forward to our witnesses’ testimony today.