

Congress of the United States
House of Representatives
Washington, D.C. 20515

The Honorable Tommy Thompson
Secretary of Health and Human Services
U.S. Department of Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201

Dear Secretary Thompson:

The Bush Administration has taken a welcome step in the fight against global HIV/AIDS by proposing to give \$15 billion for AIDS prevention and treatment efforts in Africa and the Caribbean over the next five years. We agree with President Bush that we cannot watch Africa succumb to AIDS. And we commend his proposed initiative, which will help Africa take a big step forward in the treatment of HIV.

We also agree with Secretary of State Colin Powell, who has courageously and clearly articulated the need for science-based approaches to HIV/AIDS prevention, particularly for young people. Secretary Powell has underscored the importance of having "the whole international community come together, speak candidly about it, forget about taboos, forget about conservative ideas with respect to what you shouldn't tell young people."¹ Secretary Powell is clearly right when he says that where fighting HIV/AIDS is concerned, it is essential that ideological objections to proven prevention methods be put aside.

Unfortunately, other elements of the Administration are working to undermine the effectiveness of the President's new AIDS initiative in Africa before it begins. In a string of actions, the Administration has tried to impose its domestic "abstinence-only" policies – which are misguided and dangerous even in our own country – on international HIV/AIDS prevention efforts, while rejecting scientifically proven prevention strategies that include condom use. There is even a growing clamor from abstinence-only advocates to prevent the use of funds from the President's international AIDS initiative for programs that include condom distribution.

¹ *Powell talks openly with world's youth on MTV*, USA Today (Feb. 14, 2002).

Exporting this far-right ideological agenda to the international arena could result in hundreds of thousands of unnecessary deaths from HIV/AIDS worldwide.

When this many lives are at stake, it is vital that we pursue science-based prevention strategies, not ideology. We urge you to take a forceful public stand in support of comprehensive HIV prevention strategies and to use your office to ensure that all U.S. international HIV policies and programs are based on scientific and medically accurate information and proven field strategies.

Prevention Is Cost Effective

Prevention is the most cost-effective strategy for improving public health. The Administration estimates that it will spend \$5 billion to treat two million cases of AIDS, which is \$2,500 per infected person treated. We fully support this ongoing and generous commitment of funds to treat those already infected with HIV. In the long run, however, we should not simply resign ourselves to the costs of treatment for an ever-expanding pool of people affected by AIDS: we must work simultaneously to reduce the spread of HIV.

The cost of treatment has been estimated to be 28 times higher than the cost of effective prevention strategies, per year of life saved.² Preventing an infection in the first place also costs far less in both economic and social terms than does treatment of infected individuals later on. Support for effective prevention strategies must therefore remain a core pillar of our international HIV/AIDS policies and programs.

In his State of the Union address, President Bush recognized the importance of both approaches in principle by stating his intention to provide one-third of the new money requested in his proposal for prevention efforts. But the Administration's recent efforts to undermine proven prevention strategies leave us concerned that this activity will be self-defeating and that much of the money will be wasted if ideological objections continue to take precedence over scientific and medical evidence in the struggle to prevent HIV.

AIDS Prevention: What Works

Years of work in the field of HIV/AIDS now show unequivocally that comprehensive approaches to reproductive and sexual health can prevent transmission of HIV and other sexually transmitted infections (while also reducing unintended pregnancies and other adverse outcomes of

² Marseille E, Hofmann PB, Kahn JG, *HIV Prevention before HAART in Sub-Saharan Africa*, Lancet 359:1851-56 (2002).

unprotected sex).³ Such programs simultaneously provide individuals and couples with the information, education, and tools to practice abstinence and monogamy when possible, while also enabling sexually active people to practice safer sex.

Condom use is an essential aspect of every HIV success story throughout the world. Studies show that in countries as diverse as Thailand, Cambodia, Senegal, Zambia, the Dominican Republic, and Uganda, increased access to and effective use of condoms has played a pivotal role in slowing and even reducing the rate of HIV transmission.⁴ In most of these countries, a critical synergy was developed through comprehensive approaches to behavior change that simultaneously emphasized the benefits of abstinence while providing the skills and tools necessary to practice safer sex. In Uganda, for example, a comprehensive approach to behavior-change was put in place in the early nineties, the key elements of which are "Abstinence," "Be faithful," and "use Condoms" (or ABC). The evidence now shows that as a result of behavior change in all three of these areas (delays in the onset of sexual activity, reductions in the number of sexual partners, and increased condom use), the spread of HIV in Uganda has slowed dramatically.⁵

In contrast, "abstinence-only" programs have no such track record of success in slowing HIV transmission at the population level.⁶ Two reviews of scientific evidence of abstinence-only programs conclude: "there do not currently exist any abstinence-only programs with strong evidence that they either delay sex or reduce teen pregnancy. [G]iven the great diversity of the abstinence-only programs combined with very few rigorous studies of their impact, there is simply too little evidence to know whether abstinence-only programs delay the initiation of

³ Centers for Disease Control and Prevention, *Compendium of HIV Prevention Interventions with Evidence of Effectiveness*, from CDC's HIV/AIDS Prevention Research Synthesis Project, November 1999 (Revised on August 31, 2001); USAID website, *Primary AIDS prevention and the "ABC" approach*, www.usaid.gov/pop_health/aids/News/abcfactsheet.html.

⁴ USAID website, *The Effectiveness of Condoms in Preventing Sexually Transmitted Infections*, www.usaid.gov/pop_health/aids/TechAreas/condoms/condom_effect.html; *USAID: HIV/AIDS and Condoms*, www.usaid.gov/pop_health/aids/TechAreas/condoms/condomfactsheet.html; *USAID's Efforts: HIV/AIDS Prevention*, www.usaid.gov/pop_health/aids/TechAreas/prevention/preventionfactsheet.html.

⁵ USAID website, *Primary HIV Prevention and the "ABC" Approach*, http://www.usaid.gov/pop_health/aids/News/abcfactsheet.html; Singh S, Darroch JE, Bankole A, *The Role of Behavior Change in the decline in HIV prevalence in Uganda*, Memo, The Allan Guttmacher Institute (October 2002).

⁶ In the United States, abstinence-only programs have not delayed the onset of sexual activity among adolescents. Council of Scientific Affairs. *Report of the Council on Scientific Affairs*. [Action of the AMA House of Delegates 1999 Interim Meeting, SCA Report 7-I-99.] Chicago, IL: American Medical Association, 1999.

sex."⁷

In fact, reliance on abstinence-only strategies can endanger women and girls in many countries. Social and economic dependency and cultural practices such as child marriage and widow inheritance, among others, leave women with little say over when and with whom they will marry, and when and with whom they will have sex. And even women who are themselves monogamous can become infected as a result of the sexual behaviors and practices of their husbands or partners. In many developing nations, young women and girls are married at very young ages, frequently to older men who have already been sexually active and who continue to have sexual partners outside the marriage.⁸ Sexual violence and coercion are epidemic, even within marriage. The results of these cultural and social constraints on women are starkly evident in the available data: 60% to 80% of HIV-positive women in countries throughout Africa have been infected by their husbands.⁹

Poverty, economic dislocation, lack of education and training, and lack of access to jobs leave an increasing number of women and girls at risk of HIV infection. Each day, millions of women and girls are forced through physical coercion, poverty, or a combination of both to resort to exchanging sex for food, clothing, school fees, and other basic needs.¹⁰ This "informal exchange" of sex for survival is the less visible parallel to the illegal trafficking of women for commercial sex work that is now rampant in many regions. An estimated two million girls between the ages of 5 and 15 are brought into the commercial sex market each year worldwide, where they too are vulnerable to infection, among other things.¹¹ For all of these girls and women, the availability of condoms makes the difference between life and death. In Thailand, for example, a dramatic increase in consistent condom use among commercial sex workers has led to an equally dramatic reduction in HIV infection.¹² Limiting prevention efforts to preaching

⁷Kirby D, *Do Abstinence-Only Programs Delay the Initiation of Sex among Young People and Reduce Teen Pregnancy*, Washington, DC: National Campaign to Prevent Teen Pregnancy (2002); Kirby D, *Emerging Answers – Research Findings on Programs to Reduce Teen Pregnancy*, Washington, DC: National Campaign to Prevent Teen Pregnancy (2001).

⁸WHO Fact Sheets, *Women and HIV/AIDS*, Fact Sheet No. 242, Geneva: World Health Organization (2000).

⁹Joint United Nations Programme on HIV/AIDS (UNAIDS), *Gender and AIDS Almanac*, p. 22, 2001.

¹⁰Heise L, Ellsberg M, and Gottemoeller M, *Ending Violence Against Women*, Population Reports, Series L, No. 11 (1999); *Sexual Violence Against Girls and Women*, Nairobi, Kenya: Population Council, Gender, Family and Development Program.

¹¹WHO Fact Sheets, *Gender, Health, and Poverty*, Fact Sheet No. 251, Geneva: World Health Organization (2000).

¹²USAID website, *USAID's Efforts: HIV/AIDS Prevention*,

www.usaid.gov/pop_health/aids/TechAreas/prevention/preventionfactsheet.html.

abstinence and monogamy tragically fails to address the real lives of these girls and women.

The only scientifically valid approach to HIV prevention – and the only moral and ethical one – is a comprehensive approach. Such an approach must be based on sustained investment in programs that provide couples and individuals with information, education, and skills to practice abstinence, monogamy, *and* safer sex.

U.S. Actions that Undermine AIDS Prevention

Despite the overwhelming evidence that comprehensive HIV prevention can save millions of lives, the Bush Administration has persisted in its efforts to undermine support for effective programs at every level. The Administration has used numerous means to undermine public confidence in condoms as an effective barrier to HIV infection, has erroneously attributed declines in HIV prevalence in countries such as Uganda solely to abstinence, and has reduced funding overall to the primary health care programs on which effective prevention strategies must be built.

At the U.N. Special Summit on Children in May 2002, for example, the United States threatened to scuttle a global declaration designed to set funding priorities for improving children's health unless the United Nations deleted an endorsement of sex education for adolescents. Instead of sex education, the United States urged abstinence as the means of preventing sexually transmitted diseases and pregnancy. Allying itself with Iran, Iraq, Libya, Syria, Sudan, and no other industrialized nations, the United States succeeded in eliminating endorsements of sex education from the declaration, alarming health experts about the potentially damaging impact on HIV/AIDS prevention efforts. The United States failed, however, to get any support for its position on abstinence only.¹³

In December 2002, the U.S. delegation at the U.N.-sponsored Asian and Pacific Population Conference attempted to delete endorsement of "consistent condom use" as a means of preventing HIV infection. According to news accounts, U.S. delegates argued that recommending condom use would promote underage sex.¹⁴ Scientific studies prove that programs that combine abstinence education with information about safe sex are more effective

¹³ *U.N. speaks softly about youth sex*, Los Angeles Times (May 11, 2002); *AIDS fear as Bush blocks sex lessons: U.S. undermines global declaration*, The Observer (May 5, 2002).

¹⁴ *U.S. stance on abortion and condom use rejected at conference*, San Jose Mercury News (Dec. 17, 2002).

at delaying first sexual activity than abstinence-only programs.¹⁵ But this did not deter the U.S. representatives. Nor did the fact that undermining condom use in countries with high rates of HIV infection would condemn countless individuals to death. In a demonstration of how isolated the United States has made itself with its abstinence-only agenda, the U.S. position was rejected, 32-1.

These incidents are part of a systematic effort by the Administration to replace HIV/AIDS prevention programs that include condom use with ideologically driven "abstinence-only" initiatives. In recent months, the Centers for Disease Control and Prevention (CDC) has removed or altered scientifically accurate information from its website describing the effectiveness of condoms in preventing sexually transmitted infections, as well as about effective sex education programs. The CDC and the Department of Health and Human Services have also, at the request of certain members of Congress, begun a series of audits intended to harass groups providing condoms for prevention. And the Administration has dramatically increased funding to abstinence-only programs, while failing to increase family planning programs.

Undermining effective HIV/AIDS prevention in the United States in pursuit of an unproven ideological goal is dangerous enough, and we have written to you previously to protest these actions.¹⁶ But impeding international HIV/AIDS prevention efforts on ideological grounds could be catastrophic. The combined effects of these actions is to reduce the use of condoms and impede the practice safer sex. These efforts could result in hundreds of thousands of new infections and unnecessary deaths from HIV/AIDS around the world. At a time when 15,000 people are newly infected with HIV *every day*, there can be no justification for pursuing anything other than comprehensive, evidence-based programs employing all available prevention measures.

We are therefore appealing to you to take whatever steps are necessary to ensure that the United States remains a global leader in the fight against HIV/AIDS, and that this leadership provides unequivocal support for comprehensive prevention efforts that address the real needs of real people. We ask for your assurances of the ongoing commitment of the United States to an integrated behavior-change approach in all HIV-related prevention programs supported by U.S. foreign assistance. We also ask you to ensure that the positions being advanced by the United States in future international meetings reflect USAID's experience on the ground rather than an


¹⁵ Baldo M, Aggleton P, Slutkin G, *Does Sex Education Lead to Earlier or Increased Sexual Activity in Youth?* Presented at the IXth International Conference on AIDS, Berlin 6-10 June 1993. Geneva, Switzerland: World Health Organization (1993).


¹⁶ See attached letters to Secretary Thompson from Members of Congress, dated October 21, 2002 and December 18, 2002.


ideological agenda.

In the State of the Union message, the President proposed a level of funding necessary to treat two million people. At current rates of HIV infection, this number will represent less than 5% of those estimated to become infected by the year 2010. Clearly, we cannot be content only to help the sick. We must also work to stop this epidemic in its tracks. The only way to do so is to support prevention strategies that work.


Signed:


HENRY A. WAXMAN
Member of Congress

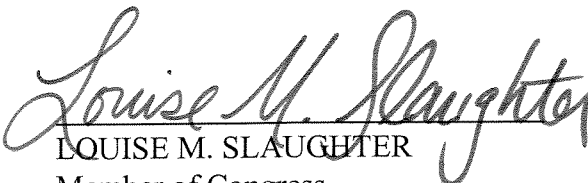

SHERROD BROWN
Member of Congress

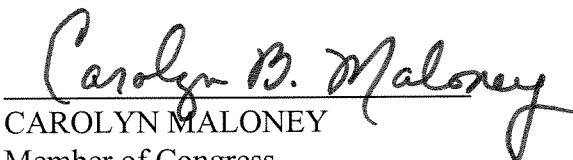

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Member of Congress

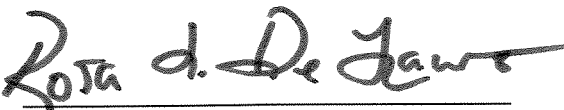

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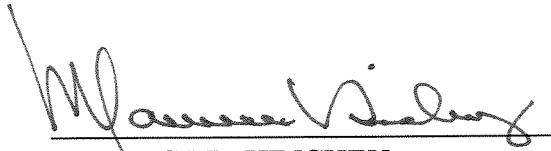
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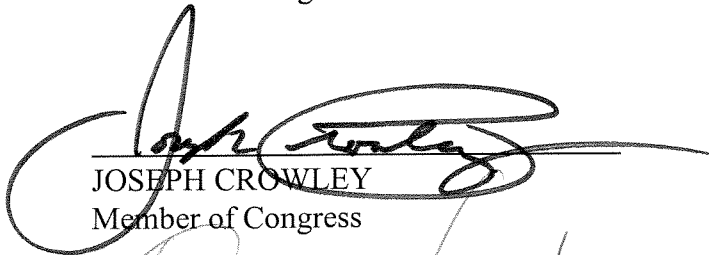
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SAM FARR
Member of Congress



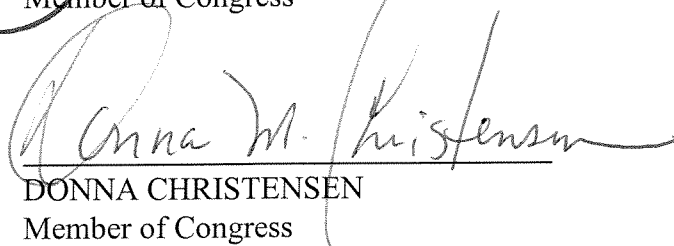
BENJAMIN L. CARDIN
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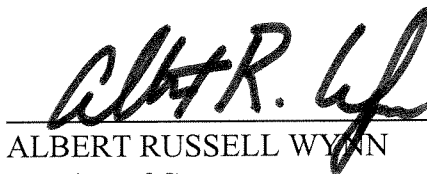
JOSEPH CROWLEY
Member of Congress



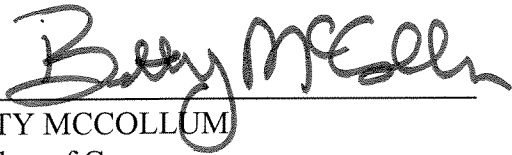
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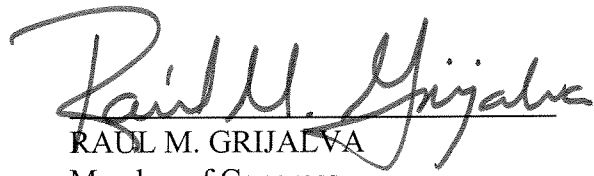
DONNA CHRISTENSEN
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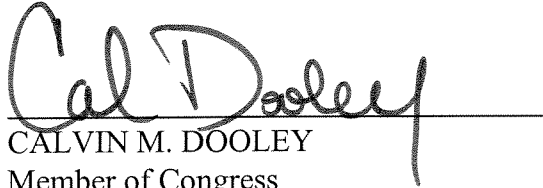
ALBERT RUSSELL WYNN
Member of Congress



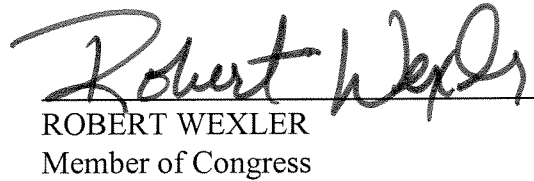
BETTY MCCOLLUM
Member of Congress



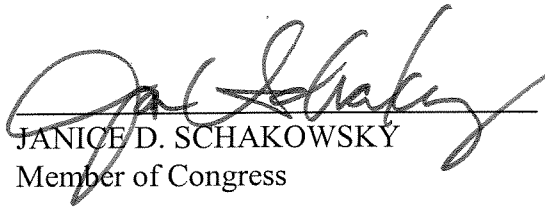
RAUL M. GRIJALVA
Member of Congress



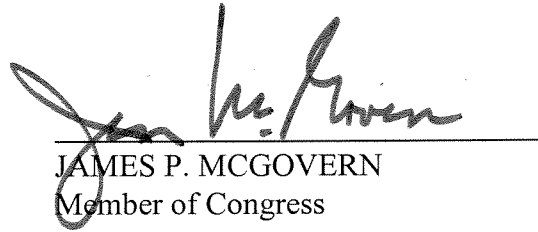
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ROBERT WEXLER
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JANICE D. SCHAKOWSKY
Member of Congress



JAMES P. MCGOVERN
Member of Congress



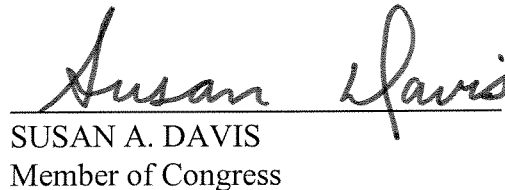
ELLEN TAUSCHER
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NEIL ABERCROMBIE
Member of Congress



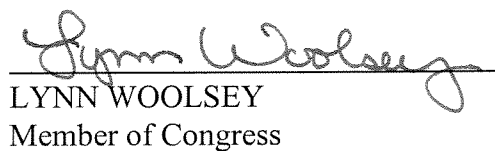
DAVID WU
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SUSAN A. DAVIS
Member of Congress



CAROLYN KILPATRICK
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LYNN WOOLSEY
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Congress of the United States
House of Representatives
Washington, D.C. 20515

October 21, 2002

The Honorable Tommy Thompson
Secretary of Health and Human Services
U.S. Department of Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201

Dear Secretary Thompson:

We are highly concerned by a pattern of events at the Department of Health and Human Services (HHS) suggesting that scientific decisionmaking is being subverted by ideology and that scientific information that does not fit the Administration's political agenda is being suppressed. HHS is our country's most important public health agency. It includes some of the most respected scientific and public health organizations in the nation, including the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), and the Food and Drug Administration (FDA). HHS has a long tradition of recruiting the nation's most qualified scientific experts to carry out its public health responsibilities and of basing policy decisions affecting the lives and health of Americans on the best available scientific information. Honoring this tradition is critical not only to the credibility of the Department, but to the health of our citizens.

Over the last several months, a series of troubling reports have come out casting doubt on the Administration's commitment to the tradition of scientific excellence and science-based decision-making at HHS, suggesting that the tradition is being substantially undermined. A growing number of cases provide evidence that actions directly affecting the public health are being driven by ideology rather than by science. Scientific information that does not serve the Administration's ideological agenda is being removed from HHS websites. Expert appointments to scientific advisory boards are going to individuals with specific ideological viewpoints rather than scientific credentials. And 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.

Scientific information on both the NIH and CDC websites has been removed, apparently because it does not fit with the Administration's ideological agenda. On the NIH website, information has been removed discussing scientific findings of the National Cancer Institute that, contrary to popular myth, abortions do not increase the risk of breast cancer. On July 9, 2002, a bipartisan group of congressional representatives wrote to you seeking an explanation for the removal and asking that you contact the NIH to have this information re-posted. We agree with

those members, who wrote to you that "women must have access to scientifically accurate and unbiased health information." To date, they have received no reply.

In at least two cases, scientific information has also been removed from the CDC website. First, information concerning educational programs that have been shown through scientific studies to be effective in reducing risky behavior among adolescents has been taken down from the website. At the request of schools, the CDC created a web page, called "Programs that Work," to identify for educators "curricula with credible evidence of effectiveness in reducing health risk behaviors among young people. . . to help inform local and state choices." The website did not recommend any particular program, instead stating that "the choice to adopt a curriculum ultimately rests with local decision makers and must address community standards and needs." Yet despite this objective, science-based approach, the entire "Programs that Work" page has been eliminated.

Second, fact sheets regarding the effectiveness of condoms have been removed from your web site. These fact sheets which were based on an NIH working group report stated the following: "Latex condoms, when used consistently and correctly, are highly effective in preventing transmission of HIV, the virus that causes AIDS. In addition, correct and consistent use of latex condoms can reduce the risk of other sexually transmitted diseases...[and]...has been associated with a reduction in risk of HPV-associated diseases, such as cervical cancer." Having evidence-based information on preventing pregnancy and sexually transmitted diseases is critical to the health of our young people. Removal of this information from the CDC website strongly suggests an ideological, rather than a scientific, agenda at work.

Other HHS actions also signal that ideology has replaced scientific qualifications as the basis for choosing scientific experts to provide advice on critical public health issues. The *Washington Post* reported on September 17, 2002, that the Administration is closing down expert advisory committees whose conclusions are at odds with the Administration's agenda and is seeking to replace well-qualified experts on health-related advisory committees with individuals chosen because of their ties to industry rather than because of their scientific qualifications.¹ According to the *Washington Post*, for example, the Administration has terminated two committees: one that had urged HHS to regulate gene testing kits, and another that was in the process of recommending tighter controls on testing of human subjects. The Post also reported that 15 of 18 members of a CDC committee on environmental health issues were let go and replaced with a large number of individuals with strong ties to the chemical industry. And a highly qualified candidate for another committee was asked about his views on cloning, human embryo research, and assisted suicide, then told that he would not be nominated because his views did not match those of the Administration.

¹ *HHS Seeks Science Advice to Match Bush Views*, *Washington Post*, (Sept. 17, 2002).

Similarly, Rep. Ed Markey released a report last week that showed that the Administration has withdrawn the nominations of respected academic experts and instead has moved to appoint consultants of the lead industry to the CDC's advisory committee charged with making recommendations on safe lead levels for children.² One administration nominee, who has no background of research in lead poisoning, has testified on behalf of the lead industry that a level of 70 micrograms per deciliter of blood is safe for children. Current guidelines place the safe level at 10 micrograms per deciliter. The idea that seven times this amount is safe is not only contradicted by dozens of scientific studies but also by the expert opinion of every public health and medical organization to have considered the hazards of lead ingestion in the last 25 years.

Time.com has reported that the Administration wants to appoint as Chair of the FDA's important Reproductive Health Drugs Advisory Committee a physician whose most notable contribution to the field of reproductive health is a book recommending the reading of specific Biblical texts as treatments for various conditions, and who is reported to have refused to prescribe contraceptives for unmarried women.³ According to *Time*, the appointee's resume describes himself as a University of Kentucky professor, but "a university official says his appointment is part time and voluntary and involves working with interns at Lexington's Central Baptist Hospital, not the university itself."

We are deeply concerned that stacking scientific advisory committees with individuals whose qualifications are ideological rather than scientific will fundamentally undermine the integrity of scientific decision-making at our leading public health agencies, jeopardizing the trust that Americans now place in their decisions and actions.

Finally, 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 ("abstinence only"). Three such grantees have been singled out for recent audits. Comprehensive sex education of the kind provided by these grantees is supported by the leading medical and research organizations, including the American Medical Association, the American Academy of Pediatrics, the American Nurses Association, and the NIH. To our knowledge, no "abstinence only" organizations are being audited. These audits appear to follow a pattern of Bush Administration audits and investigations of HIV-prevention groups.⁴

To determine whether there is a sound scientific foundation for the HHS actions described in this letter, we would like you to provide the following information:

² *Turning Lead into Gold: How the Bush Administration is Poisoning the Lead Advisory Committee at the CDC*, Rep. Ed Markey, U.S. House of Representatives, (Oct. 8, 2002).


³ *Jesus and the FDA*, *Time.com*, <http://www.time.com/time/nation/article/0,8599,361521,00.html>, (Oct. 5, 2002).

⁴ *HIV prevention groups say Bush Administration is targeting their work*, Associated Press, (Oct. 1, 2002).

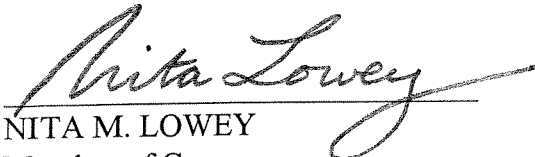
1. All instances in which scientific information has been removed from any HHS website since January 2001 on the basis of a request from someone inside or outside the Department, the name of the requester, and the reason for the removal. If there was a scientific basis for the removal, please describe it in detail. For example, if the information was perceived to be scientifically or methodologically flawed, please provide a detailed description of the perceived flaws, and efforts—if any—to correct the flaws and restore the information to public availability on the website.
2. The name of each HHS advisory committee that has been terminated or has not been re-chartered since January 2001, with the basis for each termination or failure to re-charter.
3. The names and scientific qualifications of each expert who was recommended for the position of Chair of the Reproductive Health Drugs Advisory Committee, from whom the recommendation was received, and the reason for the final selection, if any.
4. The names of each HHS advisory committee on which the Administration has replaced, or plans to replace within the next year: (a) members whose terms have not expired, and the names of the members to be replaced; or (b) more than 2 members within a 6-month period. In each case, to the extent known, provide the names and qualifications of the individuals who will replace the removed members, and if they were recommended by any industry groups, or other outside organizations, from whom the recommendation was received.
5. HHS and CDC policies on audits, and a description of the controls in place to ensure that the process is not subject to political abuse.
6. The number of audits HHS or CDC has undertaken or planned of: (a) HIV/AIDS prevention education groups, (b) groups that oppose abstinence-only policies, and (c) abstinence-only programs.

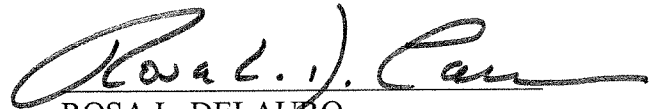
Thank you for your co-operation with these requests. Please provide your responses to these questions by October 30, 2002. If you have any questions, you may call Ann Witt on Mr. Waxman's staff (202-225-3976).


Signed,


HENRY A. WAXMAN
Member of Congress


SHERROD BROWN
Member of Congress


NITA M. LOWEY
Member of Congress



ROSA L. DELAURO
Member of Congress


DIANE E. WATSON
Member of Congress



BERNARD SANDERS
Member of Congress


EDOLPHUS TOWNS
Member of Congress


CAROLYN MALONEY
Member of Congress


WM. LACY CLAY
Member of Congress


ELIJAH E. CUMMINGS
Member of Congress


TOM ALLEN
Member of Congress


DENNIS KUCINICH
Member of Congress

Congress of the United States
Washington, DC 20515

December 18, 2002

The Honorable Tommy G. Thompson
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Thompson:

We are writing to protest the alteration and removal of important public health information from federal websites concerning (1) the use of condoms to prevent sexually transmitted diseases and (2) the alleged association between abortion and breast cancer. In both cases, the Department of Health and Human Services removed scientific fact sheets from its websites earlier this year and has now reposted significantly altered versions. These new versions distort and suppress scientific information for ideological purposes.

On October 21, 2002, twelve House members, including several of us sending this letter, wrote to you expressing concern that scientific information that does not fit the Administration's political agenda is being suppressed. Among other examples, we noted that the Centers for Disease Control and Prevention (CDC) had removed from their website the fact sheet entitled "Condoms and Their Use in Preventing HIV Infection and Other STDs" and that the National Cancer Institute (NCI) had removed scientific information finding that there is no demonstrated link between abortion and breast cancer.

You responded on November 27, 2002, explaining that the reason that the fact sheet on condoms had been taken down from the CDC's website was that some of the scientific information on the fact sheet had become out of date. According to your response "CDC and NIH scientists have worked to update the fact sheet and it will appear on the CDC website shortly." You further responded that the information on abortion and breast cancer had been removed "to review the accuracy and completeness of its content." You also said that you are "committed to maintaining and strengthening the Department's reputation for excellence and scientific integrity."

The recent revisions to the CDC and NCI fact sheets make it clear, however, that political ideology — not "excellence and scientific integrity" — have guided the development of the new fact sheets.

The CDC Fact Sheet on Condoms and Sexually Transmitted Diseases

The CDC recently posted an altered version of the fact sheet on condom use, calling it the "Fact Sheet for Public Health Personnel: Male Latex Condoms and Sexually Transmitted

Diseases.”¹ The revisions to the CDC’s fact sheet conflict fundamentally with your commitment to make scientifically sound information available to the public. Instead, the new fact sheet has been carefully edited to deny the public important information about the role condoms can play in reducing sexually transmitted diseases and pregnancies. The alterations are certainly not in the interest of the public health, and they appear to have been made for political rather than scientific reasons.

The first change in the fact sheet is the deletion of important information on how to use condoms effectively. The original fact sheet read: “As mentioned previously, the primary reason that condoms sometimes fail to prevent HIV/STD infection or pregnancy is incorrect or inconsistent use, not failure of the condoms itself.” The fact sheet then goes on to describe the five steps for effective use of the condom.

Information describing the proper use of condoms has been completely purged from the current fact sheet. The fact sheet does point out that in order for condoms to protect against the transmission of HIV, they must be used correctly, but there is no discussion of how to use condoms correctly. Other CDC websites about condoms and HIV transmission point the user to this fact sheet for more detailed information about condoms.² But that detailed information is no longer available on this webpage.

The fact sheet also deletes information regarding the relative efficacy and usefulness of different condoms. The original fact sheet had a section entitled “Condom users have product options.” This section provided a detailed description of different condom types and how they perform with respect to HIV/STD transmission. Specifically, the fact sheet explained that some condoms, like lambskin condoms or novelty condoms, should not be used for HIV prevention. The fact sheet also explained that for people who are allergic to latex, there are synthetic materials that have also been shown to provide an effective barrier to HIV. The current fact sheet does not have this information, making it more difficult for people to make informed choices about which condoms are effective in preventing HIV transmissions and which are not.

Finally, the original fact sheet discussed the numerous studies that have shown 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.” This information has been completely expunged from the revised fact sheet. In fact, according to recent press accounts, the Administration is now taking the exact opposite position at an international conference on population, arguing that despite scientific studies to the contrary, providing

¹According to this new fact sheet, it was updated on December 2, 2002.

²See *How Effective Are Latex Condoms in Preventing HIV* (available online at <http://www.cdc.gov/hiv/pubs/faq/faq23.htm>).

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education about condom use will increase teenage sex. For example, Reuters has reported that the Administration is seeking to delete a reference to “consistent condom use” as a means of reducing HIV infection.³ According to the Associated Press, the Administration’s position is that promoting condom use, even for HIV prevention, will encourage teenage sex.⁴

The apparent purpose of these alterations and deletions is to remove information that conflicts with the Administration’s preference for “abstinence-only” programs. Proponents of abstinence-only programs have long claimed that providing information about contraception, including condoms, encourages young people to have sex. Although the research clearly rebuts these claims, the CDC appears to have abandoned its commitment to be guided by this research. Instead, it is now censoring the scientific information about condoms that it makes available to the public.

The NCI Fact Sheet on Abortion and Breast Cancer

The newly posted, but altered information on the NCI website regarding the alleged link between abortion and breast cancer is another example of science being distorted for ideological reasons. On November 25, the National Cancer Institute posted “Early Reproductive Events and Breast Cancer,” a fact sheet intended to replace “Abortion and Breast Cancer,” which was taken down earlier this year. As with information on condom use, the new NCI fact sheet appears to have been changed to reflect the political agenda of the White House, not scientific facts.

The original NCI information stated: “The current body of scientific evidence suggests that women who have had either induced or spontaneous abortions have the same risk as other women for developing breast cancer.”

This conclusion was based on a reasoned analysis of available studies. The NCI fact sheet noted that early studies were inconsistent, with some investigators reporting an increase in risk and others finding no such increase. The fact sheet indicated that these early studies “relied on self-reports of induced abortion, which have been shown to differ between breast cancer patients and other women” and had other problems, including “small numbers of women, questions of comparability between women with breast cancer and those without, inability to separate induced from spontaneous abortions and incomplete knowledge of other breast cancer risk factors that may have been related to a woman’s history of abortion.” For these reasons, the original NCI fact sheet found that the most important studies were several recent large and better designed investigations. As the NCI fact sheet correctly stated, these recent studies “generally

³*U.S. Anti-Abortion Stand Under Fire at U.N. Meeting*, Reuters (Dec. 16, 2002).

⁴*Population Meeting Delegates Blast United States for Anti-Abortion Stand*, Associated Press (Dec. 16, 2002).

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show no association between breast cancer risk and previously recorded spontaneous or induced abortions.” The largest such study was of such high quality that it was published in the *New England Journal of Medicine*.⁵

The “updated” NCI information presents none of this reasoned analysis of the difference among studies of abortion and breast cancer risk. It instead states:

[T]he possible relationship between abortion and breast cancer has been examined in over thirty published studies since 1957. Some studies have reported statistically significant evidence of an increased risk of breast cancer in women who have had abortions, while others have merely suggested an increased risk. Other studies have found no increase in risk among women who had an interrupted pregnancy.

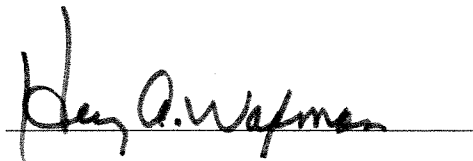
The contrast between the original and revised NCI information is striking. Rather than a measured scientific discussion leading to a conclusion that available evidence does not support an increase in risk, NCI’s web site now simplistically says that studies are “inconsistent.” This is nothing more than the political creation of scientific uncertainty. The disturbing result of political interference with NCI’s information is that the revised fact sheet may unnecessarily scare women who have either spontaneous or induced abortions about their risk of breast cancer.

Conclusion

We are extremely concerned about these alterations and deletions of important scientific information. They appear to be part of an Orwellian trend at HHS. Simply put, information that used to be based on science is being systematically removed from the public when it conflicts with the Administration’s political agenda.

We urge you to stop this subversion of science and suppression of information. Your job should be to make sure that people who visit the CDC and NCI websites are fully informed — not to limit their access to vital health information.

Signed:

A handwritten signature in black ink, appearing to read "Henry A. Waxman", is written over a horizontal line.

⁵Mads Melbye, *Induced Abortion and the Risk of Breast Cancer*, *New England Journal of Medicine* (Jan. 9, 1997).

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