

Mr. Michael Curtis  
Deputy Chief Information Officer  
Director, Office of Information Services  
Administration for Children and Families  
370 L'Enfant Promenade, SW  
Aerospace Building, 7th Floor  
Washington, D.C. 20447

September 13, 2005

Dear Mr. Curtis,

Pursuant to Section (b)(2)(B), Data Quality Act of 2000 and the guidelines set forth by the U.S. Department of Health and Human Services, Advocates for Youth and the Sexuality Information and Education Council of the United States herein issue a challenge to the data quality of information disseminated through the Community-Based Abstinence Education, or C-BAE program as sponsored by the Administration of Children and Families (ACF) and the Department of Health and Human Services.

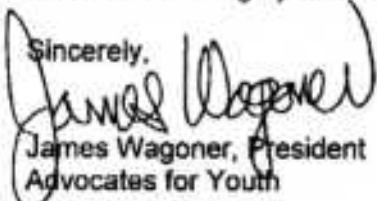
ACF currently funds over 100 C-BAE grantees to conduct abstinence-only education. Eleven of the 13 curricula most commonly used by these grantees contain false, inaccurate or incomplete information, as detailed herein. Federal review policy indicates that all publications, curricula, audio visuals and other materials disseminated with federal grant monies must first be reviewed and then approved by the granting agency. As such, the Administration for Children and Families is accountable for curricula used by its C-BAE grantees and is therefore, in violation of the Data Quality Act of 2000

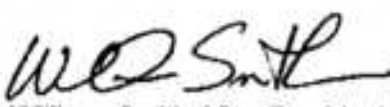
ACF's dissemination of inaccurate and misleading information about the prevention of teenage pregnancy, HIV and other STDS through its C-BAE grantees jeopardizes the trust American's place in our federal public health agencies and endangers the health and well-being of America's youth.

Advocates for Youth and the Sexuality Information and Education Council of the United States request that the Department of Health and Human Services and the Administration for Children and Families immediately cease sponsorship of those C-BAE grantees that fail to provide medically accurate, complete sexual health information.

Guarding the public health of this nation is a responsibility that demands conscientious adherence to scientific fact. It is deeply troubling that a public health agency such as the Department of Health and Human Services be complicit in undermining science-based education for the prevention of teenage pregnancy, HIV and other sexually transmitted diseases. We urge you to act quickly to remedy the situation.

Sincerely,

  
James Wagoner, President  
Advocates for Youth

  
William Smith, Vice President  
SIECUS

Cc: Mike Leavitt, Secretary of Health and Human Services  
Wade F. Horn, Assistant Secretary for Children and Families

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**Before the U.S. Department of Health and Human Services**

**Administration for Children and Families  
Washington D.C.**

**ADVOCATES FOR YOUTH and  
THE SEXUALITY INFORMATION AND  
EDUCATION COUNCIL OF THE  
UNITED STATES**

**Complainants**

**vs.  
DEPARTMENT OF HEALTH  
and HUMAN SERVICES**

**Agency**

**Dkt. No. \_\_\_\_\_**

**September 13, 2005**

**Data Quality Challenge Relative  
to Community-based Abstinence  
Education (CBAE)**

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**COMPLAINT OF  
ADVOCATES FOR YOUTH  
AND THE SEXUALITY INFORMATION AND EDUCATION COUNCIL OF THE UNITED  
STATES  
PURSUANT TO THE DATA QUALITY ACT OF 2000**

**To:**  
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Pursuant to Section (b)2(B), Data Quality Act of 2000 and the guidelines set forth by the U.S. Department of Health and Human Services, Advocates for Youth and the Sexuality Information and Education Council of the United States hereby challenge the data quality of information disseminated by the Department of Health and Human Services through its sponsorship of the Community-Based Abstinence Education, or C-BAE program, as detailed infra.

Advocates for Youth (Advocates) is a nonprofit organization dedicated to creating programs and advocating for policies that help young people make informed and responsible decisions about their reproductive and sexual health. Advocates provides information, training, and strategic assistance to youth-serving organizations, policy makers, youth activists, and the media in the United States and in the developing world. The Sexuality Information and Education Council of the United States (SIECUS) affirms that sexuality is a fundamental part of being human, one that is worthy of dignity and respect. SIECUS advocates for the right of all people to accurate information, comprehensive education about sexuality, and sexual health services. Together, Advocates and SIECUS serve thousands of young people and their families across the United States. These young people, their families, and the youth-serving professionals who work with them rely heavily on the information disseminated through the Department of Health and Human Services, the Administration of Children and Families, and its grantees. Young people, their families and youth-serving professionals look to HHS to guide their efforts in the prevention of teenage pregnancy and sexually transmitted infections (STIs), including human immunodeficiency virus (HIV). The dissemination of false or inaccurate information through the C-BAE program negatively affects the complainants' ability to assist these clients to reduce rates of teenage pregnancy and STIs, including HIV, and leaves millions of young people at risk.

The Data Quality Act (DQA), Pub. L. 106-554 § 515 (Dec. 21, 2000), directs federal agencies to establish guidelines to ensure the "quality, objectivity, and integrity of information disseminated by federal agencies." Section A of the United States Department of Health and Human Services (HHS) guidelines for implementing the Office of Management and Budget's rules enabling the Data Quality Act states that HHS is the "United States government's principal agency for protecting the health of all Americans and providing essential human services, especially to those who are least able to help themselves." Section A of the guidelines further states, "It is HHS' goal to ensure and maximize the quality, objectivity, utility, and integrity of information that it disseminates to the public." Further, Section D2 of HHS' guidelines identifies and defines the data covered under the DQA and includes agency initiated or *sponsored* distribution of information to the public."

In fiscal year 2004, the Department of Health and Human Services through the Administration of Children and Families funded over 100 C-BAE grantees to conduct abstinence-only education. Eleven of the 13 curricula most commonly used by these grantees contain false, inaccurate or incomplete information, as detailed below. The Administration of Children and Families and the Department of Health and Human Services are currently in violation of the DQA by sponsoring the dissemination of information that is erroneous and misleading.

Advocates for Youth and the Sexuality Information and Education Council of the United States demand that the Department of Health and Human Services and the Administration of Children and Families immediately review all abstinence-only curricula and materials used by its grantees and purge or correct all inaccurate and false information included therein. Further, the complainants demand that, henceforth, the Department of Health and Human Services and the Administration of Children and Families sponsor under the C-BAE program only those grantees that provide medically accurate and complete sexual health information.

### **Description of the Materials**

The current complaint relates to two specific categories of inaccurate information disseminated through the Administration of Children and Families' sponsorship of C-BAE grantees:

- I. Curricula used by C-BAE grantees that contain inaccurate information about the effectiveness of condoms in the prevention of sexually transmitted infections and pregnancy;
- II. Curricula used by C-BAE grantees that contain false or incomplete information about sexually transmitted infections themselves, including HIV.

#### **Category I: Inaccurate Information about Condoms**

The Administration of Children and Families' sponsorship of C-BAE grantees that disseminate inaccurate and biased information about condom effectiveness is in direct violation of the Data Quality Act of 2000. Specifically, inaccuracies about condom effectiveness in the fight against unwanted pregnancy, HIV and other STIs, are disseminated by C-BAE grantees through their use of the following curricula as detailed below: *Choosing the Best Life* (used by 32 grantees); *Choosing the Best Path* (used by 28 grantees); *Choosing the Best Way* (used by 11 grantees); *A.C. Green's Game Plan* (used by 23); *Me, My World, My Future* (eight grantees); *Why kNOW* (seven grantees); and *Navigator* (seven grantees).

#### **Inaccuracy IA. Understating the Effectiveness of Condoms in Preventing Transmission of HIV**

The Administration of Children and Families disseminates inaccurate information about condoms by sponsoring C-BAE grantees in their use of four abstinence-only curricula that understate the effectiveness of condoms in the prevention of heterosexual HIV transmission.

- o *Me, My World, My Future*, a curriculum used by eight grantees, states on page 141 of the text, "A meticulous review of condom effectiveness was reported by Dr. Susan Weller in 1993. She found that condoms were even less likely to protect people from HIV infection. Condoms appear to reduce the risk of heterosexual HIV infection by only 69%."
- o *Why kNOW* (used by seven grantees) states on page 91, "In heterosexual sex, condoms fail to prevent HIV approximately 31% of the time."
- o *Choosing the Best Path* (used by 28 grantees), states on page 18, "HIV is reduced by 69-90 percent" with condom use.
- o *Choosing the Best Life* (used by 32 grantees), similarly states on page 25, "Studies that have investigated condom effectiveness against HIV/AIDS have shown a risk reduction of between 69-90 percent."

#### **The Facts**

Each of these inaccuracies appears to be based, in whole or in part, upon a 1993 study by Dr. Susan Weller. [Weller 1993] Weller's analysis concluded erroneously that condoms reduce transmission by 69%. However, the Department of Health and Human Services itself issued a statement in 1997 informing the public that Weller's analysis was seriously flawed and should not be used as a basis for teaching about condom effectiveness. Numerous methodological problems including the mixing of data on consistent and inconsistent condom use meant that Weller's conclusions were based on "serious error." [Dept. of Health & Human Services, 1997]

Further, the Centers for Disease Control and Prevention (CDC) issued a statement in December 2002, stating that latex condoms, when used consistently and correctly, are highly effective in preventing the sexual transmission of HIV, the virus that causes AIDS. [CDC, 2002]

Refereed literature reviews provide comparative analyses of the outcomes of such studies. [See references below.] A number of carefully conducted studies, employing rigorous methods and



measures, have demonstrated that consistent condom use is *highly effective* in preventing HIV transmission. For example,

- o In a two-year study of sero-discordant couples (in which one partner was HIV-positive and one was HIV-negative), no uninfected partner became infected among couples using condoms correctly and consistently at every act of sexual intercourse (vaginal or anal). Among couples who reported using condoms inconsistently, 10 percent of individuals who had initially been HIV-negative sero-converted. Studied couples reported about 15,000 episodes of sexual intercourse during the study. [de Vincenzi, 1994; cited by CDC, 1999]
- o In another study, two percent of uninfected partners among couples became infected with HIV after using condoms consistently over two years. Among couples who used condoms inconsistently, 12 percent of uninfected partners became infected. [Saracco *et al*, 1993; cited by CDC, 1999.]

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### **Inaccuracy IB: Misstating the Facts Relating to HIV Permeating Latex Condoms and the Risk for HIV**

The Administration of Children and Families disseminates inaccurate information about condoms through its sponsorship of five C-BAE grantees that use the *FACTS* curriculum. *FACTS* includes inaccurate information that misleads students into believing that HIV can permeate latex condoms, and therefore, that condoms afford little or no protection against the sexual transmission of HIV.

On page 111, the *FACTS* curricula states, "sperm cells, STI organisms, and HIV cannot be seen with the naked eye—you need a microscope. Any imperfections in the contraceptive not visible to the eye, could allow sperm, STI, or HIV to pass through." The curriculum goes on to further mislead students: "The size difference between a sperm cell and the HIV virus can be roughly related to the difference between the size of a football field and a football." And finally, "the actual ability of condoms to prevent the transmission of HIV/AIDS even if the product is intact is not definitively known."

#### **The Facts**

Materials researched and compiled by CDC state that, "Latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens." [CDC, 2002] Further, "laboratory studies that determine whether or not organisms can penetrate latex condoms under conditions more stringent than those during intercourse demonstrate that latex condoms provide an impermeable barrier to viruses even smaller than HIV." [CDC, 2000]

A report published by the National Institutes of Health further asserts, "Male latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens, including the smallest sexually transmitted virus, Hepatitis B." [National Institute of Allergy & Infectious Diseases, 2001; citing Carey *et al*, 1992; Lytle *et al*, 1992; and Lytle *et al*, 1997]

National Institute of Allergy and Infectious Diseases published a chart which shows that the relative risk of exposure to semen in case of an "invisible" hole in a condom is 0.00000004 times the risk of using no condom. Exposure risk for a condom without a break or leak (normal for condoms) is zero. Further, the chart distinguishes the amount of semen to which a partner is exposed:

- o With failure to use condoms (3.3 ml);
- o If a condom is used and breaks (1 ml x 2/100);
- o If a condom is used that has a visibly detectable hole ( $10^{-2}$  ml x 1/400);
- o If a condom is used that has no visible holes but still passes virus ( $6 \times 10^{-6}$  ml x .023); and
- o If a condom is used and has no breaks or leaks (normal for a condom) (0.0 ml). [NIAID, 2001, page 7; citing Carey *et al*, 1992; Lytle *et al*, 1992; and Lytle *et al*, 1997.]

\*Condom use without breakage or leakage would reduce (if not eliminate) exposure dramatically (0.0 probability). However, and perhaps just as importantly, condom use—even in the event of

breakage, leakage, or slippage—would also result in greatly reduced exposures.” [NIAID, 2001, page 8; citing Carey *et al*, 1992; Lytle *et al*, 1992; and Lytle *et al*, 1997.]

“Few condoms allowed any virus penetration. The median amount of penetration for latex condoms when extrapolated to expected use conditions was  $1 \times 10^{-5}$  ml. (volume of semen). Thus even for the few condoms that do allow virus penetration, the typical level of exposure to semen would be several orders of magnitude lower than for no condom at all.” [Lytle *et al*, 1997]

“Worst case condom barrier effectiveness (fluid transfer prevention) however, is shown to be at least 10,000 times better than not using a condom at all.” (Carey *et al*, 1992)

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4. Lytle CD, Routson LB, Cyr WH (1992). A simple method to test condoms for penetration by viruses. *Applied Environmental Microbiology*; 58:3180-3182.
5. Lytle CD, Routson LB, Seaborn GB *et al* (1997). An in vitro evaluation of condoms as barriers to a small virus. *Sexually Transmitted Diseases*; 24:161-164.
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#### Inaccuracy IC: Exaggerating the Size of Sperm Cells Compared to HIV

Additionally, FACTS includes misinformation about the size of the HIV, further contributing to the misperception that HIV can easily permeate condoms.

“The size difference between a sperm cell and the HIV virus can be roughly related to the difference between the size of a football field and a football.” [*I'm in Charge of the FACTS*, middle school curriculum; Northwest Family Services, 2001; page 111]

#### The Facts

In humans, sperm cells consist of a head 5 microns by 3 microns and a tail 50 microns long (1/500 of an inch). [Anderson, 2002] By comparison, the human immunodeficiency virus is 0.10 micron (Carey *et al*, 1999). One study determined that the average sperm is 40 microns long. [Sherwood, 2001]; but in terms of concern about sperm slipping through condoms, the diameter of the head of the sperm, not the length of its tail, is what would matter. The sperm cell would appear to be about 50 times the size of an HIV particle, not 300 times its size. The single most important point about all this remains the fact that “Few condoms allowed any virus penetration. The median amount of penetration for latex condoms when extrapolated to expected use conditions was  $1 \times 10^{-5}$  ml. (volume of semen). Thus even for the few condoms that do allow virus penetration, the typical level of exposure to semen would be several orders of magnitude lower than for no condom at all.” [Lytle *et al*, 1997]

\* Micron is a unit of length equal to one-millionth of a meter. [Merriam-Webster's College Dictionary, 11<sup>th</sup> ed, 2003]



"Several studies clearly show that condom breakage rates in this country are less than 2%. Most of the breakage and slippage likely is due to incorrect use rather than poor condom quality. Using oil-based lubricants can weaken latex, causing the condom to break. In addition, condoms can be weakened by exposure to heat or light or by age, or they can be torn by teeth or fingernails... Analysis of studies indicates that the large range of efficacy rates is related to incorrect or inconsistent use. In fact, latex condoms are highly effective for pregnancy prevention, but only when they are used properly." [CDC, 1999; citing Carey *et al*, 1999; Lytle *et al*, 1992; and Lytle *et al*, 1997]

#### References:

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11. WebMDHealth (2005). *How HIV Causes AIDS*; accessed January 14, 2005; [http://my.webmd.com/content/article/4/1680\\_50176.hth](http://my.webmd.com/content/article/4/1680_50176.hth).

#### Inaccuracy ID: Denying that Condom Use Can Help Reduce the Risk of Acquiring an STI

The Administration for Children and Families is also in violation of the Data Quality Act through its sponsorship of those C-BAE grantees that fail to educate students about the effectiveness of condoms in preventing STIs beyond HIV. A.C. Green's *Game Plan* (used by 23 grantees) and *Navigator Guide Book* (used by seven programs) distort public health data on this issue.

A.C. Green's *Game Plan* states on page 34 of the teacher's manual that, "[T]he popular claim that 'condoms help prevent the spread of STDs,' is not supported by the data."

The *Navigator Guide Book* on page 47 of its teacher's manual claims that "if condoms were effective against STDs, it would be reasonable to expect that an increase in condom usage would correlate to a decrease in STDs overall--which is not the case. Rather, as condom usage has increased, so have rates of STDs."

#### The Facts



"Since 2000, important new evidence (from prospective observational studies, one couple randomized trial, and additional multicomponent STI prevention trials that included condom promotion components) has come to light to support the effectiveness of condoms in preventing STIs in men and women." [Holmes *et al*, 2004]

"Gonorrhea, chlamydia, and trichomoniasis are transmitted when infected semen or vaginal or other body fluids contact mucosal surfaces. Condoms provide a great level of protection against these STIs because they protect both partners against exposure to the other's body fluids." [CDC, 2002a and CDC, 2002b; citing Cates and Stone, 1992a; Cates and Stone 1992b; d'Oro *et al*, 1994; and other studies] "Condoms also provide protection against STIs—such as genital herpes, syphilis, chancroid, and human papillomavirus (HPV)—which are transmitted primarily through contact with infected skin or with mucosal surfaces. Because these STIs may be transmitted across surfaces not covered or protected by the condom, condoms provide a lesser degree of protection against them." [CDC, 2002a; citing Cates and Stone, 1992a; Cates and Stone, 1992b; d'Oro *et al*, 1994; and other studies]

Further STI trend data do not bear out the claim that STIs are climbing. Trend data reported by CDC include the following:

- "The rate of primary and secondary syphilis reported in the United States decreased during the 1990s and in 2000 was the lowest since reporting began in 1941." [CDC, 2002b, page 25]
- "Since 1987, reported cases of chancroid have declined steadily." [CDC, 2002b, page 35]
- "Following a 73.8 percent decline in the reported rate of gonorrhea from 1975 to 1997, in 1998 the gonorrhea rate increased by 7.8 percent and has remained essentially unchanged through 2001." [CDC, 2002b, page 15]
- Visits to physicians' offices for first-time treatment regarding genital warts have gone up and down, but have generally declined since a high in 1987. [CDC, 2002b, page 37]
- The continuing increase in Chlamydia case reports most likely represents an increase in screening for this infection and also increased use of more sensitive (better) Chlamydia screening tests than used in prior years." [CDC, 2002b, page 7]

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### **Inaccuracy IE: Overestimating the Risk of Pregnancy with Condom Use**

Several of the curricula used by C-BAE grantees exaggerate how often condoms fail to prevent pregnancy. *Choosing the Best* in its parent book, *The Big Talk*, understates condoms' effectiveness in preventing pregnancy, claiming that, "14 percent of women who use condoms *scrupulously* for birth control become pregnant within one year."

*Choosing the Best Way Leader Guide*, (on page 13) and *Why kNOw* (on page 91) provide incomplete information about condoms' effectiveness. The former curriculum states, "couples who use condoms to avoid a pregnancy have a failure rate of 15%." *Why kNOw*, states, "The typical failure rate for the male condom is 14% in preventing pregnancy."

#### **The Facts**

*The Big Talk* misleads and confuses parents by obfuscating the difference between "scrupulous" and typical use of condoms. "Scrupulous," (Merriam-Webster, 2003) is defined as "painstakingly exact." *The Big Talk*, however, erroneously links "scrupulous use with the failure rates associated with "typical use." In most studies, typical use includes inconsistent and incorrect use of condoms. Inconsistent and incorrect use is associated with 15 percent of users' experiencing pregnancy within a year. [Trussell, 2004; Spruyt *et al*, 1998; Warner *et al*, 1998] Scrupulous use is properly correlated to "perfect use," which research shows to result in less than two percent of users' experiencing pregnancy within one year. [Trussell, 2004; Spruyt *et al*, 1998; Warner L *et al*, 1998]

Further, *Choosing the Best Way Leader's Guide* and *Why kNOw* both mislead students into believing that condoms are less effective in the prevention of pregnancy than they are. Each omits the important information that failure rates correspond to couples' use of condoms over an entire year. Instead, each curriculum states that there is a 14% or 15% chance of pregnancy with condom use, omitting any reference to time period. This omission misleads students into believing that they have a 14 or 15 percent chance of getting pregnant from *each act* of protected intercourse—instead of over an entire year of condom use. Further, students are lead to believe that condom failure rates are due to flaws in the condom itself. Neither curricula includes the information that "condom failure" is usually due to incorrect or inconsistent use.

**Reference:**

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**Category II: Inaccurate or Incomplete Information about STIs**

Inaccuracies or omission of important information about sexually transmitted infections (STIs), including HIV, are disseminated through C-BAE grantees in the following curricula: *Choosing the Best Life* (used by 32 grantees); *Choosing the Best Path* (used by 28 grantees); *A.C. Green's Game Plan* (23 grantees); *WAIT Training* (19 grantees); *Choosing the Best Way* (11 grantees); *Sexual Health Today* (10 grantees) *Me, My World, My Future* (eight grantees); *Friends First/STARS* (eight grantees); *Why kNOw* (seven grantees); *Navigator* (seven grantees); and *FACTS* (five grantees).

**Inaccuracy IIA. Omission of Essential Information about Pap Smears to Prevent Cervical Cancer**

Cervical cancer is an important topic that should be covered completely and accurately in sex education. The majority of the C-BAE grantees use abstinence-only curricula that emphasize the risk of cervical cancer but fail to provide complete and accurate information about its prevention. The role of Pap smears in the prevention of cervical cancer is not discussed in *Choosing the Best Life* (used by 32 grantees); *Choosing the Best Path* (used by 28 grantees); *A.C. Green's Game Plan* (23 grantees); *Choosing the Best Way* (11 grantees); *Me, My World, My Future* (eight grantees); *Friends First/STARS* (eight grantees); *Why kNOw* (seven grantees); *Navigator* (seven grantees); or *FACTS* (five grantees).

**The Facts**

Leading medical authorities, including the National Cancer Institute and the American Medical Association concur that "If all women had pelvic exams and Pap tests regularly, most precancerous conditions would be detected and treated before cancer develops... A Pap test is a simple, painless test to detect abnormal cells in and around the cervix... Women should have regular checkups, including a pelvic exam and a Pap test, if they are or have been sexually active or if they are age 18 or older." [American Medical Association, 2004].

Further, research indicates that consistent use of condoms can help prevent cervical cancer. "We investigated the effect of condom use on regression of CIN lesions and on clearance of HPV... The 2-year cumulative rates of HPV clearance were 23% vs. 4%, respectively ( $p = 0.02$ ) among condom users versus non-users of condoms. Although lower regression rates were found if women were HPV-positive and had  $\geq$ CIN2 lesions at baseline, effects of condom use



were found both in women with CIN1 and in women with  $\geq$ CIN2 lesions. Condom use promotes regression of CIN lesions and clearance of HPV.\* [Hogewoning *et al*, 2003]

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#### Inaccuracy IIB. Overstating the Risk of Developing Cervical Cancer from HPV

Some curricula greatly overstate the risk of cervical cancer. For example, *Why kNOw*, (used by seven grantees) states, "What is the leading medical complication of HPV? *Cervical Cancer*." Another curriculum, the *Navigator* (used by seven grantees) states in its teaching manual, "It is critical that students understand that if they choose to be sexually active, they are at risk for cervical cancer. The curriculum's authors fail to mention that although cervical cancer is strongly associated with HPV infection, it is a **rare** consequence of HPV. Again, both curricula fail to mention that cervical cancer is highly preventable if women get regular Pap smears.



Finally, *First Friends/STARS* (used by eight grantees) and *Choosing the Best Way* (used by 11 grantees) tell students that condoms have not been proven effective in blocking the transmission of HPV and that "no evidence" demonstrates condoms' effectiveness against HPV transmission. (p.51 and 33 respectively) Both omit information that condoms have been proven to reduce the risk of cervical cancer itself.

### The Facts

"There are over 80 types of human papillomavirus (HPV). Approximately 30 types are transmitted sexually and can infect the cervix. About half of these have been linked to cervical cancer. Cervical infection with HPV is the primary risk factor for cervical cancer. However, HPV infection is very common and *only a very small percentage of women infected with untreated HPV will develop cervical cancer.*" [Italics added; National Cancer Institutes, 2004] "Based on a study in which people without a history of genital warts were tested for the DNA of the virus in the genital area, it is estimated that between 40 and 70 percent of sexually active adults have the genital warts virus." [Marr, 1998] This would mean that, of the nearly 50 million women in the United States ages 20 through 44, between 20 million and 35 million have been infected with HPV. [U.S. Census Bureau, 2002] At the same time, about 10,500 women are diagnosed each year with invasive cervical cancer, and about 3,900 women died of this disease in 2004. [American Cancer Society, 2004] Finally, recent research indicates the very positive impact of condoms in helping prevent cervical cancer in HPV-infected young women. [Hogewoning *et al.*, 2003]

"We investigated the effect of condom use on regression of CIN lesions and on clearance of HPV... The 2-year cumulative rates of HPV clearance were 23% vs. 4%, respectively ( $p = 0.02$ ) among condom users versus non-users of condoms. Although lower regression rates were found if women were HPV-positive and had  $\geq$ CIN2 lesions at baseline, effects of condom use were found both in women with CIN1 and in women with  $>$ CIN2 lesions. Condom use promotes regression of CIN lesions and clearance of HPV." [Hogewoning *et al.*, 2003]

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### **Inaccuracy IIC. Chlamydia Causes Heart Attacks**

*Sexual Health Today*, a resource published by the Medical Institute of Sexual Health and used by 10 C-BAE grantees, claims [slide 12, page 24], "The full clinical spectrum of many STDs is still being described. . . [An] example is that studies are finding chlamydia in the atherosclerotic plaque ('hardening of the arteries') that is often the cause of heart attack and stroke many Americans suffer. Some researchers are suggesting that chlamydia may actually cause this problem."

### **The Facts**

This claim demonstrates a complete confusion of two very different bacteria—one sexually transmitted and one communicated by respiration (i.e., sneezing and coughing). The research [Saikku *et al*, 1992; Mendall *et al*, 1995; and Patel *et al*, 1995] actually had reference to *Chlamydia pneumoniae*, a type of chlamydia that is **not** sexually transmitted. *Chlamydia pneumoniae* is a bacterium that is spread from person to person through respiratory transmission (coughing, sneezing, etc.); *Chlamydia pneumoniae* is a common cause of pneumonia among children and adolescents. *Chlamydia trachomatis* is sexually transmitted; it is an entirely different bacterium; and no studies show an association between *Chlamydia trachomatis* and atherosclerotic plaque.

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#### **Inaccuracy IID. HIV is Transmitted through Tears and Sweat**

*WAIT Training*, a curriculum used by 19 C-BAE grantees, inaccurately disseminates information regarding the transmission of HIV by including on page 219 "tears" and "sweat" in the column titled "At risk" for HIV transmission.

#### **The Facts**

The Centers for Disease Control & Prevention asserts that "Contact with saliva, tears, or sweat has never been shown to result in transmission of HIV. [*Italics added*; CDC, 2003] Moreover, a current review of research studies found no evidence of infection related to saliva, tears, or sweat. [Crombie *et al*, 1998; Crutcher *et al*, 1991; Kalichman *et al*, 1997; Katz *et al*, 2005; and other studies] "Epidemiologic studies have failed to implicate in HIV transmission ... [the following]: feces, nasal secretions, sputum, sweat, tears, urine, vomitus, breast milk, and saliva, unless they contain visible blood." [Crutcher *et al*, 1991]

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#### **Recommendations**

Advocates for Youth and the Sexuality Information and Education Council of the United States demand that the Department of Health and Human Services and the Administration of Children and Families immediately cease from disseminating inaccurate, incomplete and biased sexual health information and the prevention of unwanted pregnancy, HIV and other STI's. HHS and the Administration of Children and Families should immediately review all abstinence-only curricula and materials used by their grantees and purge or correct all inaccurate, incomplete or false information included therein. Further, the complainants demand that, henceforth, the



Department of Health and Human Services and the Administration of Children and Families sponsor under the C-BAE program only those grantees that provide medically accurate and complete sexual health information.

### **Description of Impact on Complainants**

Advocates for Youth is a nonprofit organization dedicated to creating programs and advocating for policies that help young people make informed and responsible decisions about their reproductive and sexual health. Advocates provides information, training, and strategic assistance to youth-serving organizations, policy makers, youth activists, and the media in the United States and in the developing world about what works in the prevention of teen pregnancy, HIV and other STI's. The Sexuality Information and Education Council of the United States (SIECUS) affirms that sexuality is a fundamental part of being human, one that is worthy of dignity and respect. SIECUS advocates for the right of all people to accurate information, comprehensive education about sexuality, and sexual health services. Together, Advocates and SIECUS serve thousands of young people and their families across the United States. The dissemination of inaccurate, incomplete, or biased sexual health information by the Department of Health and Human Services, the Administration of Children and Families and the C-BAE grantees negatively affects the complainants' ability to assist these families. Recent research shows that young people exposed to abstinence-only education that exaggerates and obfuscates condoms' failure rates results in an increase in negative attitudes about condoms and a decrease in students' intention to use condoms; yet not one evaluation of abstinence-only education shows a reduction in teen sexual intercourse.<sup>1,2,3</sup> By denigrating condoms through the C-BAE program, HHS leaves young people unequipped to protect themselves from unwanted pregnancy, HIV and other STIs.

In sum the dissemination of inaccurate, incomplete or biased information by the Department of Health and Human Services confuses American parents about the facts, leaves young people unprepared to make healthy and informed choices and spreads distrust of public health institutions among the public. The misinformation disseminated by HHS through its C-BAE program sheds doubt on the veracity of all public health organizations, including the complainants and negatively affects the complainants' ability to assist their clients in efforts to reduce adolescents' risk for pregnancy, HIV and other STI's. America's families look to HHS to guide the country's public health efforts. The dissemination of false, incomplete or inaccurate sexual health information through the C-BAE Program, is unacceptable and should be stopped immediately.

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