

## **PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS**

### **RESOLUTION: SUPPORT COMPREHENSIVE SEX EDUCATION FOR OUR NATION'S YOUTH**

WHEREAS young people ages 13 – 29 make up one third of new HIV infections, the largest share of any age group;

WHEREAS data released in August 2011 from the Centers for Disease Control and Prevention (CDC) show that the only age group where HIV incidence is increasing is young people ages 13 – 29, driven by an increase in new infections among young men who have sex with men, primarily young black men;

WHEREAS the National HIV/AIDS Strategy goal of reducing new infections by 25% cannot be reached without addressing the age group most impacted by new HIV infections;

WHEREAS comprehensive sex education programs give young people the information and tools they need to make healthy and responsible decisions about their sexual health, not only in their adolescence, but throughout their lifetimes;

WHEREAS the finalized Fiscal Year (FY) 2012 funding included a devastating \$10 million cut to the CDC's Division of Adolescent and School Health (DASH), the only federal funding dedicated to HIV, sexually transmitted infection (STI), and unintended pregnancy prevention in our nation's schools;

WHEREAS DASH funding helps to provide educators the tools they need to instruct students in preventing STIs, including HIV, and unintended pregnancy;

WHEREAS the FY 2012 budget also includes \$5 million in funding for abstinence-only-until-marriage programs that a preponderance of studies has shown are ineffective and that do not meet the HIV-prevention needs of young people or HIV-positive young people;

WHEREAS abstinence-only-until-marriage programs were zeroed out in FY 2010 and FY 2011, as well as in the President's Request for the FY 2013 budget, after more than \$1.5 billion in federal and state funding have been spent on these ineffective programs;

WHEREAS the Teen Pregnancy Prevention Initiative was created in FY 2010 to implement evidence-based teen pregnancy prevention interventions and to build upon the existing body of evidence of teen pregnancy prevention programs by funding innovative approaches;

WHEREAS the Personal Responsibility Education Program was created through the Affordable Care Act to provide states with funding to implement sex education programs that educate young people about abstinence, contraception, and adult preparation subjects, such as healthy relationships and communication- and decision-making skills;

WHEREAS the Title V Abstinence-Only Program was reauthorized in the Affordable Care Act even though a 2007 Congressionally-mandated study of Title V abstinence-only-until-marriage programs show funded programs to have no impact on delay of sexual activity—the entire supposed purpose of the programs;

WHEREAS leading medical, scientific, and public health organizations, including the American Medical Association, American Academy of Pediatrics, American Congress of Obstetricians and Gynecologists, and the Society for Adolescent Health and Medicine support comprehensive sex education and have called for an end to federal funding for abstinence-only-until-marriage programs;

WHEREAS evidence-based and medically accurate interventions give states and organizations a starting point to find the best programs for their communities but are not held to comprehensive sex education content standards;

WHEREAS this past World AIDS Day, the President boldly announced his Administration’s commitment “...to ending the AIDS pandemic once and for all...” and pledged to fight HIV “...today, tomorrow, every day until we get to zero”;

WHEREAS as a nation we will not be able to achieve the commendable goal of zero new infections without stemming the tide of new infections among young people; and

WHEREAS each day presents our nation’s schools and community-based organizations with the opportunity to play a critical role in reaching 56 million young people, providing them with information about health, and giving them the opportunity to practice the skills that promote life-long, healthy behaviors;

BE IT RESOLVED that the Presidential Advisory Council on HIV/AIDS requests that the federal government increase HIV prevention efforts with young people, not drastically cut funding and dismantle the programs that work on the ground where young people are – in our nation’s schools.

BE IT RESOLVED that the PACHA supports the expansion of adolescent sexual health efforts in the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) at the CDC, including the continuation of DASH as a stand-alone Division within NCHHSTP and for the funding to remain dedicated to State, Local, and Territorial Education Agencies as well as to the non-governmental organizations that support their efforts.

BE IT RESOLVED that all federally funded sex education programs should aim to reduce unintended pregnancy and sexually transmitted infections, including HIV; promote safe and healthy relationships; and promote and uphold the rights of young people to have access to information in order to make healthy and responsible decisions about their sexual health.

BE IT FURTHER RESOLVED that all federally funded sex education programs should use and be informed by the best scientific information available; be built on characteristics of effective

programs; and expand the existing body of evidence on comprehensive sex education programs through program evaluation.

BE IT FURTHER RESOLVED that no federal funds should be used for health education programs that deliberately withhold life-saving information about HIV; are medically inaccurate or have been scientifically shown to be ineffective; promote gender stereotypes; are insensitive and unresponsive to the needs of sexually active adolescents; are insensitive and unresponsive to the needs of lesbian, gay, bisexual, or transgender youth; or are inconsistent with the ethical imperatives of medicine and public health.