

ABSTINENCE EDUCATION

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ABSTINENCE EDUCATION

MONDAY, FEBRUARY 16, 2004

U.S. SENATE,
SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN
SERVICES, AND EDUCATION, AND RELATED AGENCIES,
COMMITTEE ON APPROPRIATIONS,
Harrisburg, PA.

The subcommittee met at 1:30 p.m., in room 140, Harrisburg State Capitol Building, Senator Arlen Specter (chairman) presiding.

Present: Senator Specter.

OPENING STATEMENT OF SENATOR ARLEN SPECTER

Senator SPECTER. Good afternoon, ladies and gentlemen. I regret being a little bit delayed, but I was filing my papers for reelection. And that took just a little bit of time. But I'm delighted to be here and I thank you all for coming here. We're going to proceed now with the Appropriations Subcommittee for Labor, Health and Human Services, and Education. And our topic today is going to be abstinence education.

Several years ago the subcommittee started to engage in extensive funding of abstinence education. So that next year we're looking at a proposal in excess of \$290 million. Abstinence education has demonstrated its value in a society where there is so much concern about the morality of the young people and access to abortions. It is plain that if we can persuade young people to avoid premarital sex and unintended pregnancies there will be an enormous step forward. The young people, the young women then will not have to even consider the alternative of abortion. Beyond the issue of unintended pregnancies, there is the issue of disease which is transmitted and the issue of self-esteem.

In my travels in talking to many young people who have had the benefit of abstinence education, they have a little different view of themselves. And you have some of the young women saying to the young man who says, if you really love me, you will. Her response is, if you really love me, you'll wait. The minuet, so to speak, of teenagers.

There is, we all know, the issue of peer pressure. So that abstinence education brings some counter peer pressure. And that young people don't have to be with the in-crowd and go along with what everyone else is doing, which the statistics show are really surprisingly high on sexual intercourse for youngsters in high school and even below high school, that they will say they counter peer pressure.

There are some who believe that there ought not to be only abstinence education but abstinence should be taught in conjunction with contraception. We're going to hear all points of view to give people on all sides an opportunity to be heard.

My own views up till now have been that where you have the information on contraception, that there is great value in having some abstinence-only education to see how that works. And I found that the studies show that abstinence-only education does work.

STATEMENT OF DR. WADE F. HORN, Ph.D., ASSISTANT SECRETARY FOR CHILDREN AND FAMILIES, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Senator SPECTER. With that opening statement, let me call upon our first witness. And we thank Dr. Wade Horn for coming from Washington today. If Dr. Horn would take the witness stand.

He is the Assistant Secretary for Children and Families of the U.S. Department of Health and Human Services. He has held that job since July 20, 2001. Prior to that appointment, he was president of the National Fatherhood Initiative, graduate of American University, Ph.D. in clinical psychology from Southern Illinois University. Thank you for joining us here, Dr. Horn, and we look forward to your testimony.

Dr. HORN. Thank you, Senator. Mr. Chairman, I want to thank you for providing me with the opportunity to share the administration's vision for strengthening abstinence education programs.

As you mentioned, teenager sexual activity has serious consequences for teens, their families, their communities, and our society. Teenage pregnancy rates are unacceptably high. And sexually transmitted diseases among the young continue to increase. There also are serious social and economic consequences of teenage sexual activity. Therefore, the President's fiscal year 2005 budget contains a new initiative targeted to helping teens make responsible choices.

This initiative provides, one, substantial new resources for abstinence education, including the Community-Based Abstinence Education program and the Adolescent Family Life Program.

Two, the development of scientifically based standards for model abstinence education curricula.

Three, a review of all Federal programming for youth addressing teen pregnancy prevention, family planning, STD, and HIV/AIDS prevention, and abstinence education with the goal of implementing a unified policy framework that recognizes the primary importance of helping teens delay the onset of sexual activity.

Four, a public education campaign on how parents can encourage their teens to be sexually abstinent.

I'm going to focus my comments on the role of the Administration on Children and Families or ACF in this new Presidential initiative. In particular, the Department of Health and Human Services fiscal year 2005 budget requests more than doubles the funding for the Community-Based Abstinence Education program and transfers the administration of this program from the Health, Resources, and Services Administration or ERSA to ACF.

The Community-Based Abstinence Education program provides grants to public and private entities to help teens make the decision to postpone sexual activity until marriage. The President's fiscal year 2005 budget requests a total of \$186.4 million in funding

for this abstinence education program, a \$111.9 million increase above fiscal year 2004 funding levels.

Erie County, Pennsylvania's Abstinence Advantage Program or AAP offers a good example of the kinds of activities these funds will support. AAP uses nationally recognized curriculum in schools and community-based organizations to help teens choose abstinence, healthy relationships, and positive futures.

The President's budget also supports the reauthorization of the abstinence education to States program, created under the Personal Responsibility of Work Opportunity Reconciliation Act, known as PRWORA of 1996. This program provides \$50 million annually to enable States to provide abstinence education and at the option of the State, mentoring, counseling, and adult supervised activities to promote abstinence from sexual activity until marriage with the focus on those groups which are most likely to bear or father children out of wedlock.

In conjunction with these requests, the President's budget proposes to shift responsibility for these programs to the Administration for Children and Families.

Secretary Thompson believes that by relocating these programs to ACF's Family and Youth Services Bureau, known as FYSB, they can be more fully integrated with the programs that emphasized positive youth development. Such programs have been found to be particularly effective in protecting young people not only from low sexual activity but also from drugs, alcohol, tobacco, and violence. At the same time the department will continue with scientific inquiry to what works best to further support the success of our abstinence education efforts.

PREPARED STATEMENT

In closing, I would like to thank you for focusing on improving the lives of our young people and considering how the Federal Government can help parents, schools, communities, and States make a long-term difference in the lives of our nation's youth.

As Secretary Thompson had said, quote, three-quarters of American youth are making safe sensible choices for their lives and the remaining quarter may be at risk but they certainly are not lost, end quote.

I look forward to working with you and your committee to make the fiscal year 2005 budget request a reality. I would be pleased to answer any questions you might have.

[The statement follows:]

PREPARED STATEMENT OF DR. WADE F. HORN

Mr. Chairman, thank you for providing me with the opportunity to share the Administration's vision for strengthening abstinence education programs. The President's fiscal year 2005 budget makes a major investment in this critical area and also seeks your support in shifting two of the Department's key programs for addressing abstinence education to the Administration for Children and Families. I'd like to focus my time today discussing the President's request and the benefit this approach will offer to our Nation's youth.

BACKGROUND

Teenage sexual activity and non-marital childbearing have serious consequences for teens, their families, their communities and our society. While it is true that teenage pregnancy rates are on the decline, they are still unacceptably high. More-

over, the incidence of sexually transmitted diseases among the young continues to increase. There are serious social and economic consequences of teenage sexual activity and non-marital childbearing as well. Over three-fifths of teen mothers live in poverty at the time of their child's birth, and over four-fifths will at some point live below poverty.

It is not enough for schools and government alone to educate our nations' young people on the risks and consequences of pre-marital sex. Parents also must be involved in this effort. Unfortunately, parents too often do not feel empowered to educate their children about sex because they believe that their children would rather learn about sex from their school or peers. Research from the National Campaign to Prevent Teen Pregnancy suggests that teens do, in fact, seek information and guidance from their parents. Almost 9 out of every 10 teens (88 percent) believe it would be easier for teens to postpone sexual activity and avoid teen pregnancy if they were able to have more open, honest conversations about these topics with their parents.

STRENGTHENING ABSTINENCE EDUCATION

The President's fiscal year 2005 budget contains a new initiative targeted to helping youth make responsible choices. This initiative provides for the following:

- Invest substantial new resources in abstinence education programs including Community-Based Abstinence Education and Adolescent Family Life programs;
- Development of scientifically-based standards for model abstinence education curricula;
- Review of all federal programming for youth addressing teen pregnancy prevention, family planning, STD and HIV/AIDS preventions and abstinence with the goal of implementing a coherent policy framework for all programs that recognize the primary importance of delaying onset of sexual activity among teens; and
- Launch a public education campaign to help parents teach and support abstinence with their children.

I am going to focus my testimony on ACF's role in this new Presidential initiative. Specifically, the ACF fiscal year 2005 budget includes significant funding for community and State abstinence education programs and improves these programs by fostering linkages with existing efforts to promote comprehensive, positive youth development. In fact, the budget request would more than double the funding for the Community-Based Abstinence Education program.

The Community-Based Abstinence Education Program provides grants to public and private entities for development and implementation of abstinence education programs for adolescents, ages 12 through 18, in communities nationwide. These programs are unique in that their entire focus is to educate young people and create an environment within communities that supports teen decisions to postpone sexual activity until marriage. Grantees include public and private entities such as community-based and faith-based organizations, hospitals, health centers, school systems and other youth services agencies. The President's fiscal year 2005 budget requests \$186.4 million in funding for this abstinence program, \$111.9 million above fiscal year 2004 funding. This influx of funding will broaden the availability of abstinence education for adolescents and support up to 440 grants (an additional 278 grants over fiscal year 2004 levels) to educate adolescents and parents about the risks associated with early sexual activity and provide the tools needed to help teens make responsible choices.

Erie County Pennsylvania's Abstinence Advantage Program (AAP) offers a good example of the kinds of activities these funds will support. AAP uses nationally recognized curricula and programs with schools and organizations to direct teens toward abstinence, healthy relationships, and successful marriages and futures.

The President's budget also supports the reauthorization of the Abstinence Education to States program created under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. This program provides \$50 million each year to enable States to provide abstinence education, and at the option of the State, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups that are most likely to bear children out-of-wedlock. These funds are allocated to States, who apply, according to a pro-rata method based on a ratio of the number of low-income children in each State to the total of all low-income children in all States. States are required to match every four dollars they receive of federal abstinence education funds with three non-federal dollars.

In conjunction with these requests, the President's budget proposes to shift responsibility for these programs from the Health Resources and Services Administration (HRSA) to the Administration for Children and Families. Secretary Thompson

and I agree that ACF is well suited to administer these programs and the budget request provides appropriations language to support this shift.

The programs would be relocated to ACF's Family and Youth Services Bureau (FYSB), providing linkages to community-based and faith-based youth development programs. FYSB's programs connect youth to caring adults, thereby empowering youth in their schools and communities. These programs are particularly effective in protecting young people not only against early sexual behavior but also from drugs, alcohol, tobacco and violence. We believe the shift in responsibility is important in providing a holistic approach to combating these problems.

Positive youth development provides youth with healthy messages about their bodies, their behaviors and their interactions; safe and structured places for teens to study, recreate, and socialize; positive adult role models as parents, mentors, coaches, or community leaders; skill development in literacy, competence, work readiness and social skills; and opportunities to serve others and build self-esteem. Youth who are involved with these types of structured activities that build competencies and self-confidence are more likely to abstain from sexual activity.

While HRSA has provided a strong focus on abstinence education, the shift to a human services agency will build on the progress made with a focus on positive youth development. At the same time, the Department will continue its scientific inquiry into what works best to further support the success of our comprehensive youth development efforts.

CONCLUSION

In closing, I would like to thank you for focusing on improving the lives of our young people and considering how the Federal government can help parents, schools, communities and States make a long-term difference in the lives of our nation's youth. As Secretary Thompson said, "Three quarters of American youth are making safe sensible choices for their lives, and the remaining quarter may be at risk, but they certainly are not lost." We need to do everything we can to reach these vulnerable young people and provide them a vehicle on the path to success. I look forward to working with your committee to make the fiscal year 2005 budget request become a reality.

I would be pleased to answer any questions you may have.

Senator SPECTER. Thank you very much, Dr. Horn, for that testimony. I think it appropriate to note exactly what President Bush said in the State of the Union Speech when he announced his intention to increase funding. He said, quote, to encourage right choices we must be willing to confront the dangers young people face, even when they are difficult to talk about. Each year about 3 million teenagers contract sexually transmitted diseases that can harm them or kill them or prevent them from ever becoming parents. In my budget, this is the President speaking, I propose a grassroots campaign to help inform families about these medical risks. We will double Federal funding for abstinence programs so schools can teach this fact of life. Abstinence for young people is the only certain way to avoid sexually transmitted diseases, closed quote.

Dr. Horn, I would like your own view about the statistics which the Center for Disease Control has stated, hard to know exactly where the statistics come from, but I think they are rather, well, surprising statistics. The CDC has found that 46 percent of high school students had sexual intercourse. How do you react to that statistic and the seriousness of the statistic if it is correct or close to being correct?

Dr. HORN. Well, it's 46 percent too many. And it's because we know there are lots of negative consequences associated with a young person becoming sexually active.

First of all, we have the highest teen pregnancy rate of any industrialized nation in the world. Second, we know that 3 million teenagers this year will be infected with a sexually transmitted dis-

ease. That's 10,000 new cases of sexually transmitted diseases among young people every day. And about half of those sexually transmitted diseases are viral infections that will never, ever go away.

In addition to that, we know that there is a lot of emotional heartache that comes as a consequence of this early sexual activity. In fact, according to the National Campaign Preventing Pregnancies, about 63 percent of 12- to 17-year-olds who have had sexual intercourse regret having had it and wished they had waited until later.

So by encouraging teens to choose abstinence as the healthiest choice, we ought to see a significant reduction in teen pregnancies, in teenagers acquiring sexually transmitted diseases. But even as importantly as those, we also should see a decrease in the amount of emotional heartache that early sexual activity can bring to teens.

Senator SPECTER. Dr. Horn, focus on the statistic of 46 percent reputedly high school students, reputedly 46 percent of high school students who had sexual intercourse. Does that sound like a realistic accurate figure to you?

Dr. HORN. Unfortunately, it does. And if you look at juniors and seniors, the percentage is even higher. The 46 percent figure is for all high school students. By the time they are seniors in high school it may be as much as 72 percent have had sexual intercourse.

We have a culture unfortunately today that is on the side of self-destruction, not on the side of self-restraint. And what we ought to do and what abstinence education programs do is encourage kids to make the healthiest choice for themselves that preserves the most positive future for them.

Senator SPECTER. Well, when you talk about self-destruction versus self-restraint, beyond abstinence education, is there anything that can be done in a constructive way to develop a culture which would reduce at least, if not eliminate, the incentives, all of the glamour which is attached to sexual activity that you see not only on cable television but you see in the advertisements if you pick up the Sunday newspaper. Any way to deal with that beyond asking the publishers to utilize some self-restraint?

Dr. HORN. Well, two things. First of all, one of the things that we know is that, contrary to what most parents believe, the number one source that teenagers themselves tell us influences their decisions about whether or not to engage in high risk behaviors, including early sexual activity, are parents themselves. They are hungry for the parents to monitor them, counsel them, provide them with good information. And yet most parents believe it is the peers, it is the teenager's friends which are most influential. If you ask teens themselves, survey after survey shows it's actually the parents that is most influential.

So one of the things that the President would like to do is to have a public awareness campaign targeted to parents, so that the parents can be empowered to, in fact, fulfill that role of being a good teacher and mentor to their own children and encourage them to make a choice towards sexual abstinence.

The second thing is that the President has asked that at least two of the abstinence programs be transferred into the Administration on Children and Families.

The reason for that is we want to integrate the abstinence education programs into the broader array of positive youth development initiatives, which we have been developing in Administration on Children and Families.

One of the things that positive youth development tells us is that it's not enough just to tell kids to say no to high risk behaviors. It's equally, perhaps even more important, to tell them what to say yes to. What positive youth development talks about is helping kids say yes to good positive relationship with their parents, say yes to good positive relationships to their schools and their teachers in their schools, and to engage them in positive community activities that empower them to do positive things, and occupy them in positive activities so they are less likely to become engaged in the kinds of high risk behaviors, not just sexual activity, but also less likely to be engaged in drug use, alcohol use, tobacco use, or criminal activity.

So what we would like to do is integrate abstinence education in these broader frames of positive youth development so that kids know what to say yes to, not just what to say no to.

Senator SPECTER. Dr. Horn, there will be parents watching this hearing on Pennsylvania Cable Network, and I thank PCN for carrying the show. Maybe even some teenagers watching it, too, maybe even listening to you.

At what age would you recommend that the parents sit down with their children and have a heart to heart talk about more than the birds and bees but about the problems related to premarital sex?

Dr. HORN. I think that as a child psychologist, it would be a mistake for parents to believe that this is about the talk. Often parents think that, you know, at some point along the line of their child's development they will need to sit down and have the talk about sex, about the birds and the bees.

Senator SPECTER. When?

Dr. HORN. And I think that's a mistake. I think that it's much more important that parents understand that this is something they should be engaging their children in developmentally appropriate ways from very early ages in their lives.

Senator SPECTER. When you talk about an early age, I think given your background and expertise, parents hearing your words would be interested in something more specific.

Dr. HORN. I would say that they should start as soon as their child is elementary school, talking to them about human sexuality in developmentally appropriate ways. That also gives a consistent message throughout their development that the importance of waiting—

Senator SPECTER. Have you mentioned a starting age yet?

Dr. HORN. Somewhere in elementary school I think it's important for parents to start talking to their kids about this, if not even before. I think this should be a natural part of the conversation that parents have with their children about all sorts of things.

Kids are curious. They start to ask questions. Where do babies come from. Well, when they ask that question, you ought to give them an answer in a developmentally appropriate way. Whether that question comes from a 3-year-old, an 8-year-old, or 15-year-old, you have a different conversation. So what parents ought to do is to look, hear the questions that their children are asking of them, and then respond to them in developmentally appropriate ways.

This should not be boiled down to a single talk or even a couple of single talks, but rather it should be a piece of what parents do in their course of bringing up their kids, including, by the way, insuring that young children are shielded from over-sexualized messages that come through the media. I think it's a parent's responsibility to make sure that their child is not exposed to developmentally inappropriate messages through the media, through television or the movies.

Unfortunately, there are times today where you think you are providing your child with a non-sexualized viewing experience.

For example, watching the super bowl and what do you get. Unfortunately, today you get messages that are highly sexualized, whether or not the now famous brassiere snapping occurred. Much of what was happening during half-time was completely inappropriate for young people to be watching. I know I wouldn't have wanted my 6-, 7-, 8-, or 9-year-old to be watching the kinds of very suggestive dancing that was going on during half-time. So parents need to get control of this.

Senator SPECTER. Dr. Horn, there is a very serious problem as we all know with teenage suicides. Recently our subcommittee designated or earmarked to a small county in Pennsylvania, Potter County. Happens to be the home of Mr. Tom Bowman, who is my expert who has developed a great many of these abstinence training programs, some 34 across the Commonwealth of Pennsylvania.

To what extent, if at all, are teen suicides related to pregnancies, unintended pregnancies, the fear of unintended pregnancies, or the sort of factors which are a part of premarital sex?

Dr. HORN. There is some evidence to suggest an association between early sexual activity and depression. There is some evidence to suggest that depression may be as high as three times more likely, particularly for girls, when you engage in early sexual activity. And since depression is the driver of suicide, then it's not illogical to assume that there may be some connection between early sexual activity and suicide.

This is an area that, obviously, we can't do randomized controlled studies on, and so we have to deal with correlational analyses. And there is all sorts of selection artifacts and so forth.

But if I were counseling a parent, and I used to be a counselor, I used to do family therapy and work with parents, one of the things if they were to ask me, how can I help protect my children as they grow older from depression and teen suicide, one of the things that I would say is have a good strong relationship with your kids, encourage good open communication with your children and help them avoid high risk behaviors, including early sexual activity.

Senator SPECTER. Dr. Horn, there are some who say that abstinence-only education is in the wrong direction, that the urging of abstinence is fine, but there ought to be a joinder with it on the availability of contraceptives.

What is your view of the value of abstinence-only education or how would you evaluate those who say that you really shouldn't rely solely but ought to have instruction simultaneously with respect to contraceptives?

Dr. HORN. Well, I'm worried as a matter of prevention about the double message that so-called abstinence plus education programs provide to young people. When you are talking to a 9- to 14-year-old, which is the primary target of abstinence education programs, when you are talking with a child of that age who is not yet engaged in sexual activity, if you say, well, we would like you to not do it, but you know, just in case, let's give you a lot of instruction on how to use contraception, the real message that the young person gets is we don't expect you to actually embrace an abstinence goal but we really do expect that you are going to be sexually active at an early age and that's why we are going to provide you with the rest of this information.

The administration has not asked for a reduction in contraceptive programs and services. And there are, in fact, contraceptive services available to both adults and teens through the Federal Government. But as a matter of prevention, it seems to me as a child psychologist that we ought to give a clear message, we ought to give a clear message unencumbered by this idea that we unfortunately give our kids when we also show them contraceptive at a young age that suggests that they are going to become sexually active.

Senator SPECTER. So the Bush administration has maintained really a two-front approach, one, abstinence-only education, but at the same time other programs available as you say on contraception.

Dr. HORN. For the sexually active. And I think there is a difference between prevention and intervention on this issue. Prevention ought to be clear about what is our goal, what's our goal. Our goal is for young people to be sexually abstinent. Let's not muddy that message by providing them all sorts of other information about contraception, and particularly practice the use of contraception, which a lot of abstinence programs do. That then provides with very much a double message.

Let's again remind ourselves, abstinence is 100 percent effective, contraception is not. Contraception is not 100 percent effective, but for some—

Senator SPECTER. Could you put a percentage on the effectiveness of contraception?

Dr. HORN. On the sexually transmitted disease. Certainly it provides risk reduction when it comes to HIV/AIDS, for example, when it comes to Syphilis, for example. But there is no evidence, for example, that condoms provide any protection to the transmission of human papilloma virus or HPV.

Human papilloma virus is one of the fastest growing sexually transmitted diseases in America. It is also linked very strongly to cervical cancer in women. In fact, 13,000 American women are di-

agnosed with cervical cancer every year. There are 3,000 of them—3,000 or 4,000 of them will die from cervical cancer each year. That is about the same number of women who will die from HIV/AIDS. And condoms provide no protection, none, to the transmission of human papilloma virus.

Senator SPECTER. Would you define human papilloma virus a little more?

Dr. HORN. It's a viral infection. I'm a child psychologist, not a medical doctor. But it is a viral infection which can be spread through sexual contact.

Senator SPECTER. Even with the use of a condom?

Dr. HORN. Condoms apparently—there is no scientific evidence. The CDC just issued a report very recently suggesting that there is no scientific evidence that suggests a significant reduction in risk of transmission of HPV as a result of condoms.

In addition, condoms provide a risk reduction only if you use them 100 percent of the time with 100 percent of the partners that you engage in and you use it 100 percent of the time exactly the way they are supposed to be used. Unfortunately, that's a standard that particularly young people don't live up to.

So when we tell them, look, use a condom and everything will be fine, that's a message that unfortunately I believe and science suggests can put a lot of young people at risk. And so let's give them the truth about condoms and let's tell them that there are some sexually transmitted diseases for which there is no hard evidence that it reduces substantially the risk of transmission and particularly true for human papilloma.

Senator SPECTER. Dr. Horn, what statistics or studies are available to measure the effectiveness of abstinence-only education?

Dr. HORN. There are about 10 studies that have been published that look at the effectiveness.

Senator SPECTER. What do those studies show?

Dr. HORN. It depends on the studies. Some look at abstinence pledges, for example. There is this longitudinal study called Ab Health that looked at the effectiveness of youth taking abstinence pledges and found that a youth taking an abstinence pledge were significantly less likely to engage in early sexual activity compared to those who did not. There are studies with varied length of follow-ups to look at both attitudes and behavioral change as a result of abstinence education.

But abstinence itself is 100 percent effective. We don't have to do a study with abstinence effectiveness. It's 100 percent effective.

Senator SPECTER. I'm not talking about the effectiveness of abstinence. I'm talking about the effectiveness of abstinence education programs.

Dr. HORN. Yes, I understand that. What we need to do is study the effectiveness of abstinence education programs, continue to study it so we can help more young people make that choice. But it's not as though there is this overwhelming voluminous research on the effectiveness of comprehensive sex education that shows it universally and overwhelmingly effective. That literature is kind of contradictory itself. And so we believe that we ought to study the effectiveness of both.

Senator SPECTER. How do we know if we do the abstinence education?

Dr. HORN. As I said, there is about 10 studies that have been published that show to various degrees the effectiveness of abstinence education. We are committed to continuing to fund those studies and continuing to look at the effectiveness of those studies.

Senator SPECTER. Would you make available to the subcommittee those studies which you think are most relevant to that question?

Dr. HORN. Pleased to do so.

Senator SPECTER. Dr. Horn, thank you very, very much. Your testimony is very enlightening. Thank you.

We go to the second panel, Rev. Kenneth Page, Ms. Kelly Lesh, Mr. Joe Fay, Dominick Urrutia, and Mr. Ronald Evans.

STATEMENT OF REV. KENNETH PAGE, PASTOR, GREAT ISLAND PRESBYTERIAN CHURCH, LOCK HAVEN, PA

Senator SPECTER. The first witness on this panel is Rev. Kenneth Page. He's the pastor of Great Island Presbyterian Church in Lock Haven where he has served for 8 years, has Bachelor's degree from Duke, Master of Divinity from Princeton University. Thank you for joining us, Rev. Page. We look forward to your testimony.

Rev. PAGE. Are you ready for it?

Senator SPECTER. I'm not sure until I hear it.

Rev. PAGE. I wanted to say first as august as this body is and as imposing as the room is, this isn't the most terrifying speaking engagement I've ever had. I had the honor and terror of being asked to speak to 80 8th grade boys this past fall on sexual abstinence. And that was a tough room.

My name, as you said, is Kenneth Page. I'm the pastor of Great Island Presbyterian Church in Lock Haven, been a part of the abstinence program officially for 3 years and helping out a little bit longer than that. Our program in Clinton County reaches approximately 4,700 students in grades K through 12, about 2,900 of those are in grades 5 through 12.

I want to talk a little bit about why we believe our program has been successful, but first I want to define what I mean when I say our program is successful. And that is over the last 8 years we've had 65 percent reduction in teen pregnancies.

Why do we think we've been able to do that? First of all, our program is multi-faceted. We provide abstinence education that is meeting the needs of all ages in a lot of different learning styles. It includes consistent abstinence education across our district taught by our professional abstinence educator. We have motivational speakers and dramatic presentations and music groups who come in with the same message. We send newsletters to the homes of all students in grades 5 through 12. And we've done several programs outside of the school that help to enforce the message beyond what we are teaching in the schools. Our school board and administrators are very supportive of this program. This is not an adjunct to the school program. This is a part of the school program. We believe that's part of our effectiveness.

Also we seen that students have become more open to talking about abstinence in front of their peers. It was my experience as a high school student that you didn't want to admit in front of a

group that you were a virgin. And now students we have seen, and I have seen in my youth group in my church, will talk about that and will talk about their decision to remain sexually abstinent.

Finally, we've also been able to have abstinence professionals train coaches and teachers and guidance counselors and community leaders and social service agency personnel from our county in abstinence education and have gotten their support in spreading the word around our community.

The impact on our community is primarily that 65 percent reduction in teen pregnancies. But that's not just a number. I want you to think about the changed lives that that represents. These teenagers that have so many more opportunities in their lives and so much greater chance of success because they didn't become parents when they were teenagers. And these children that would have been born to parents who were not old enough to be good mature parents and parents who very likely would not be both committed to being parents. That's what that 65 percent number really means in human terms.

The impact on our community as well, our agencies across the community have been wonderful in collaborating with our program. Those organizations include churches, the Clinton County Women Center, Communities That Care, the Penn State Extension, Geisinger Medical Center, Big Brother, Big Sister, Infant Development, and civic organizations such as AAUW and the Rotary Club. Both of those last two organizations have presented awards to the coordinator of our abstinence program recognizing the success of the program in Clinton County.

Also parents around children have become connected in talking about abstinence. And we encourage that by sending this newsletter to the homes of the children in grades 5 through 12. That helps them to have a launching point for one of these conversations that Dr. Horn was talking about. It's so important that parents talk to their kids about abstinence.

Also, our abstinence program has been a part of presenting programs to the community and to students on heroin use, which is a burgeoning problem in our area and other drug usage. Those programs are well attended. People are very eager to get good information and good motivation.

We've also been training Lock Haven University health and physical education majors and have planned to increase that so that students coming out to be teachers in this area will have good education on abstinence and also have been able to talk and train professors from Lock Haven University on abstinence education.

That's why we think our program has been successful and how we think it's been successful. But I want to also talk about what makes all that possible. And Keystone Central School District began receiving funding for abstinence education in the spring of 1997 with a 5-year abstinence education and related services grant. Those are funds that you, Senator Specter, were very instrumental in providing.

Senator SPECTER. I'm sorry. I didn't hear that.

Rev. PAGE. I said those are funds that you, Senator Specter, were very instrumental in providing.

Senator SPECTER. I heard it. I just wanted to have it repeated.

PREPARED STATEMENT

Rev. PAGE. In July 2002 Keystone Central School District received a 3-year Special Projects of Regional and National Significant Community-Based Abstinence Education Grant. It's a mouthful. But that is federally funded national competitive grant that we received. For the last 2 years our program has received \$78,487 each year through funding again that you were instrumental in providing for abstinence education. We want to thank you for that commitment to this program. And we want to tell you we desperately need more funds to continue this vital program for our community. Thank you for this opportunity.

[The statement follows:]

PREPARED STATEMENT OF REV. KENNETH PAGE

My name is Kenneth Pace and I am the Pastor of Great Island Presbyterian Church in Lock Haven. I have worked with the Abstinence Program in Keystone Central School District for 3 years. This program reaches approximately 4,700 students in grades Kindergarten through 12th grade each year, specifically approximately 2,900 in grades 5 through 12. The program has been successful for the following reasons:

1. Teen pregnancies have been reduced by 65 percent at the present time.
2. The program is multi-faceted, providing abstinence education that meets the needs of all ages and their academic levels. This includes consistent abstinence education across the district taught by a hired abstinence educator, motivational speakers and dramatic presentations, newsletters to all homes of students in grades 5 thru 12 and programs outside of school that help to enforce the abstinence message that is taught in school.
3. Our School Board and administrators have been very supportive.
4. Students have become much more open and willing to talk about abstinence in front of their peers.
5. Coaches, teachers, guidance counselors, community leaders and agency personnel have been able to be trained by abstinence professionals and have been instrumental in spreading the word to the remainder of the community.

The Impact on our community:

1. Reduction in teen pregnancies.
2. Agencies have been wonderful in collaborating with our district program when appropriate and necessary. These organizations include churches, the Clinton County Women's Center, Communities That Care, Penn State Extension, Geisinger Medical Center, Big-Brother Big Sister, Infant Development, and civic organizations such as the American Association of University Women and the Rotary Club. Both the former two organizations have presented awards to the coordinator of the abstinence program for its success.
3. T.V. ads, radio spots and billboards have been excellent in creating awareness of our abstinence program.
4. Parents and their children have been connected by way of a newsletter from the abstinence program, giving parents tips on how to talk to their children about sexuality and remaining abstinent until marriage. Parents can also request literature mentioned in the newsletters from the abstinence office.
5. The program has presented programs to the community on heroin and other drug usage which have been well attended.
6. Lock Haven University's Health and Physical Education Department has requested our coordinator to speak to future Health and Physical Education Majors on how to teach abstinence to their future students. Professors from LHU have also received professional abstinence training.

Keystone Central School District began receiving funding for abstinence programming in the spring of 1997 with the 5-year abstinence Education and Related Services Grant Funds that Senator Specter was instrumental in providing, beginning in July of 2002. KCS D received a 3-year Special Projects of Regional and National Significance Community-Based Abstinence Education Grant that is a federally-funded nationally competitive grant. For the last 2 years, they have received \$78,487 each year through funding that Senator Specter has specifically provided for abstinence education. We desperately need continuance of funding to provide this vital pro-

gramming for our students and community. We would especially like to thank Senator Specter for his work in providing these funds.

Senator SPECTER. Thank you very much, Rev. Page, for your testimony.

STATEMENT OF DOMINICK URRUTIA, PROGRAM COODINATOR, ABSTINENCE IS BEST PROGRAM

Senator SPECTER. We now turn to Ms. Dominick Urrutia who teaches kindergarten at the Ronald Brown Charter School in Harrisburg and is the program coordinator for the Abstinence is BEST program. B.A. degree and master's in teaching from Hampton University. Thank you for joining us, and the floor is yours.

Ms. URRUTIA. Good afternoon. My name is Dominique Urrutia and I am the program coordinator for the Abstinence BEST program. BEST stands for Building Educated Successful Teens. The program is managed by Diakon Lutheran Social Ministries Life Family Services Counseling Department. We would like to thank you, Senator Specter, because you are responsible for contributing to the \$136,000 grant that we are using to make the program go.

We are currently servicing 106 students ranging from ages 12 through 18. By incorporating the positives from the young hip culture of today with an abstinence until married center curricula, we have designed a fun, educational and interactive professionals that will teach participants how to build a successful and healthier future by abstaining from having sex and other risky behaviors.

The program consists of adult facilitators as well as peer educators. The peer educators deliver instruction in the format of interactive rap sessions. Rap sessions are designed to positively influence and better equip our youth with the tools they need to overcome peer and social pressures to engage in other risk behaviors as well as sexual intercourse.

The program is broken down into eight interactive rap sessions. Session 1 is sex, emotions, and self-respect; session 2, sex, alcohol, and respect; session 3, sex, STDs, and honesty; session 4, sex, pregnancy, and responsibility; session 5, HIV and AIDS; session 6, choosing the best path; session 7, setting limits and self-discipline; and session 8, resisting the pressure.

In addition to speaking to the children, refreshments are served at every session. And we do serve pizza at least twice a month.

There are four games that we use with the curriculum, STD roulette, rock around the clock, drugs are losing game, and sex and consequences. The information that's given during the sessions is outstanding and the feedback is always positive.

I have three testimonies from different participants we've had throughout the course of the sessions that I would like to share. We have a small container, which is called a rap box, that is there at every session and students are able to put in confidential questions or give their feedback. And I'm going to read the first one.

I learned a lot of things we think prevent HIV and other sexually transmitted diseases that just might not work. I learned how some people have to live with HIV or AIDS and STDs, but having sex is not the only way you can get disease. You can get a disease by sharing needles, too. I also got to see what it looks like to have diseases. I also got to learn a lot about relationships and how bad

dudes treat chicks and also date rape. I learned that if you sleep with somebody, you should think about all the people they have slept with. The most important thing that I have learned is that you can either have sex and worry or have sex and get checked constantly to feed into someone's pressure, or you can practice abstinence. I like the program a lot. I got a lot out of it. And if I had to change something about the program or the staff, I would not change a thing.

The second testimony, I like the program a lot. I learned things that I never knew like everything that enters your body can affect your baby. I learned that you can get STDs without having sex but mainly because of having sex. Condoms don't protect 100 percent like you think they would. Condoms are not 100 percent sure and even wearing a condom you can get an STD by the top areas of your privates rubbing together. You can't get AIDs from drinking off another or touching another. AIDS is spread by breast milk, open cuts, and having oral or anal sex. You cannot get rid of AIDS. HIV does not mean you are fully infected. It is a stage before you get AIDS. The best way not to get anything is to practice abstinence. Abstinence is not having sex at all, to wait until you are married. Someone who has AIDS does not 100 percent to pass it onto their unborn baby. I still don't understand why this is true. Drinking and smoking can cause physical and mental problems to the unborn baby. Most people who have sex don't think about how many people their partner slept with, and they do not realize that if they slept with only three people it is really like sleeping with five people altogether. A person may look clean on the outside, but you don't know about their inside. I love this group. I really appreciate you coming and taking time out of your busy schedule to teach us these important things for our lives. I've learned a lot about the commercials that don't tell you about the consequences that may occur from having sex. I learned how to say no to having sex even if I am pressured. I've learned that what can happen even in your life by just having sex. I decided the best thing for me is abstinence. Your body may want to have sex but your mind should be telling you no. P.S. You made a difference in our lives. Thank you.

The last one, I just wanted to thank you for having this program. Because I came here I was never aware of all the consequences involved in having sex. Because of your program it made me think twice. I did have sexual contact with a person that I have known for 1½ years. After watching the movie on STDs, I asked the nurse to get me a test. I have chlamydia. This person I had sex with told me he was clean and now he's in Washington D.C. probably infecting another girl. I've come to realize that no matter how long you've known a person you can still be cold hearted and not tell them that you have something. They tell you that they care about you or that they love you, but do they love you enough to tell you they have an STD. I didn't know. But I kept telling myself I should have known. But what I would like to say you can never tell a person what they have by just looking at them. Now on my third day of taking these pills that are blue, I have to take one in the morning and one at night, I hate taking pills. Having chlamydia makes me realize a lot of things now. I've asked the doctor, should they

give me an HIV test. I should be getting that soon. You guys should keep coming so that others like myself would be more educated. Thank you for changing my insight on life. Because this is a new chapter in my life, I will unfold it and begin to live a more clean and responsible life. I guess for every action there really is a consequence.

That would be the end of our testimonies from the children. We've completed sessions at Middletown High School, Abrasas, Schaffner, Antioch Tabernacle, Redeeming Life Church, the Wilderness School, and Yellow Breeches. Thank you.

STATEMENT OF JOE FAY, EXECUTIVE DIRECTOR, PENNSYLVANIA COALITION TO PREVENT TEEN PREGNANCY

Senator SPECTER. Thank you very much. Next witness is Joe Fay, executive director of the Pennsylvania Coalition to Prevent Teen Pregnancy. Twenty-five years experience as a health and sexuality educator, graduate of Gettysburg College, Master's degree in psychology from University of Richmond. Thank you for being with us, Mr. Fay. The floor is yours.

Mr. FAY. Thank you, Senator Specter, for the opportunity to be here today. Pennsylvania Coalition to Prevent Teen Pregnancy is the only statewide group that is concerned solely with the issue of teen pregnancy prevention. We provide statewide leadership on the issue and support for community efforts. We embrace abstinence and contraception as legitimate strategies.

My organization is in favor of teaching young people about abstinence. It should clearly be the primary message we give to teenagers. It is the only method of pregnancy prevention that is 100 percent effective. I myself am a health and sexuality educator and a parent of two teenage children. I have spent a great deal of time teaching young people the skills of abstinence. I have little doubt that the programs we're hearing about today are doing many good things for kids. But are they reducing teen pregnancy? If so, where is the evidence. As simply as possible, I would like to explain why my organization opposes Federal funding for abstinence-only until marriage education.

First, major medical and health organizations in the United States agree that it is not good public health policy to actively deprive young people of information that helps prevent pregnancy and disease. To do so implies that we believe that young people cannot handle information about condoms and other forms of birth control. But the fact is that teens can handle this information when presented in an age appropriate fashion. The evidence clearly shows that teaching teens about birth control does not increase sexual activity.

Second, abstinence-only programs do not reflect the views or the behavior of most Americans. Most parents of teens reject the view that talking about abstinence and birth control sends a mixed message. Surveys show most parents believe that teens should wait at least until they are out of high school to have intercourse but still believe that teens should have contraceptive education and access to birth control. Our programs would have a better chance of success if they reflected this cultural consensus.

Third, some abstinence programs are fear based, factually inaccurate, and use religion to promote their message. I don't think that anyone intends to do harm. But in today's world who can doubt that our zeal to do good can have unintended consequences. In my written testimony I elaborate on this point with examples.

Fourth and most importantly, there is an absence of solid research documenting the effectiveness of abstinence-only until marriage education. Minnesota recently became the latest State to report their 5-year \$5 million abstinence-only program failed to reduce sexual activity. We should be spending our very scarce taxpayer dollars on proven programs. Put simply, what works is teaching young people to wait to have sex, but also teaching them how to use contraception if they don't. Decades of peer-reviewed research shows such programs delay intercourse and improved contraceptive use among sexually active teens. These effective programs have been summarized in numerous reports disseminated by variety of reputable organizations, including the National Campaign to Prevent Teen Pregnancy, Advocate for Youth, and the Surgeon General's Call to Action to Promote Sexual Health.

Finally, several years ago Pennsylvania completed an evaluation of its abstinence-only program. However, the Ridge administration did not release the results. I do not know what the Rendell administration plans to do. But I ask you, Senator Specter, to join with our coalition in requesting that the public be allowed to see this study. Regardless of what the results show, the report will contain valuable information that will enable educators to continue to improve their programs. The taxpayers paid for these abstinence programs and they pay for the evaluation. They deserve to see the results.

To carry out a truly fair and impartial evaluation, we should conduct both abstinence-only and comprehensive sex ed programs and compare the results. Why not fund such a pilot program to truly determine the approach that is most effective here in Pennsylvania.

PREPARED STATEMENT

In conclusion, I thank you for your desire to improve the sexual health of teens and reduce the negative consequences of sexual behavior. The Pennsylvania Coalition to Prevent Teen Pregnancy looks forward to collaborating with you on this important issue.

[The statement follows:]

PREPARED STATEMENT OF JOE FAY

Thank you, Senator Specter, for the opportunity to be here today. My name is Joe Fay. I'm the Executive Director of the Pennsylvania Coalition to Prevent Teen Pregnancy. Our coalition is the only statewide group that is concerned solely with the issue of teen pregnancy prevention. We provide statewide leadership on the issue and support for community efforts. We embrace abstinence and contraception as legitimate strategies.

Over the weekend, I visited my 91 year-old mother, who is in a nursing home. I asked her if she knows who Arlen Specter is. She said, "Of course. I've seen his ads on TV. He wants teenagers to abstain." I told her Senator Specter was holding hearings on Monday in Harrisburg on that very subject and that I would be the lone dissenting speaker. She said to me with surprise, "You're against abstinence?"

So now I'm going to explain to you what I first had to explain to my own mother. My organization is in favor of teaching young people about abstinence. It should clearly be the primary message we give, especially to children aged 9-14. I myself am a health and sexuality educator and have spent a great deal of time teaching

young people the skills of abstinence. I have little doubt that the programs we're hearing about today are doing many good things for kids. But are they reducing teen pregnancy? If so, where is the evidence?

Of the programs here today, I am most familiar with the Lancaster McCaskey IM-PACT program. I have known their leader, Pat Kinsey, for years. I have worked with her on a variety of projects. I would be happy to have my own children enrolled in her program. The young people who are part of her program are very blessed to have Pat in their lives, giving them guidance, support, education, and a sense of belonging. Pat and I agree on most things, but not on the issue of comprehensive sexuality education for teens. As simply as possible, I would like to explain why my organization opposes federal funding for abstinence-only-until-marriage education.

1. The major medical and health organizations in the United States agree that it is not good public health policy to actively deprive young people of information that helps prevent pregnancy and disease. To do so implies that we believe that young people cannot handle information about condoms and other forms of birth control. I know from my twenty years of experience conducting both abstinence and contraceptive education that teens can handle this information, when presented in an age-appropriate fashion. This is the approach that is used in most of Europe, where teen pregnancy rates are considerably lower than ours. The teens at our youth conferences make it clear every year that they want all of the facts.

2. Abstinence-only programs do not reflect the views or the behavior of most Americans. According to the National Campaign to Prevent Teen Pregnancy, only 15 percent of Americans support abstinence-only sex education. Most parents and teens reject the view that talking about abstinence and birth control sends a mixed message. The cultural consensus in this country, according to numerous surveys, can be summarized by this statement: "Teens should abstain from intercourse at least until they are out of high school. However, they should also be educated about contraception and should always use it if they are sexually active." Our programs would have a better chance of success if they reflected this cultural consensus.

3. Some abstinence-only programs are fear-based, factually inaccurate, and use religion to promote their message. I don't think that anyone intends to do anything harmful, but who can doubt in today's world that our zeal to do good can have unintended consequences? I give examples from my own experience at the end of this article.

4. Most importantly, there is an absence of solid research documenting the effectiveness of abstinence-only-until-marriage education. Minnesota recently became the latest state to report that their five year, \$5 million abstinence-only program failed to reduce sexual activity. We should be spending our scarce taxpayer dollars on proven programs. Put simply, what works is teaching young people to wait to have sex but also teaching them how to use contraception if they don't. Decades of peer-reviewed research shows such programs delay intercourse and improve contraceptive use among sexually active teens. These effective approaches have been summarized in numerous reports disseminated by a variety of reputable organizations, including the National Campaign to Prevent Teen Pregnancy, Advocates for Youth, and, most importantly, The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior, 2001.

Pennsylvania completed an evaluation of its abstinence-only program several years ago, but the Ridge Administration did not release the results. I do not know what the Rendell Administration plans to do, but I ask you to join with the PCPTP in requesting that the public be allowed to see the study. Regardless of what the results show, as an educator I can assure you that the report will contain valuable information that will enable educators to continue to improve their programs. Furthermore, the taxpayers paid for these abstinence programs, and they paid for the evaluation. They deserve to see the results.

To carry out a truly fair and impartial evaluation, we should conduct both abstinence-only and comprehensive programs and compare the results. Why not fund such a pilot program to truly determine the approach that is most effective here in Pennsylvania? The PCPTP, through our connections with university researchers and with twenty-three local coalitions, would be willing to work with you on this project.

For the written record, I would like to focus my additional comments on a question of concern to us all. Given the reality that abstinence-only programs will continue to be funded, how can we make these programs as good as they can be? How can they be conducted in a way that is healthy for young people?

As someone who has conducted abstinence programs and who has also spent many hours at conferences listening to different views and learning about other people's programs, it is clear to me that there are good methods of teaching abstinence and there are bad methods. My friend Mary Jo Podgurski, our Board President and a former recipient of abstinence funding, has an excellent rule in this regard. She

says, "First, do no harm." We should all try our best to ensure that abstinence programs are not harmful in any way to young people. Here are a few approaches sometimes used in abstinence-only-until-marriage programs which, in my opinion, are harmful or at least confusing. 1. The use of fear and guilt to promote abstinence. This is my biggest concern. In a group of 9–14 year olds, it is highly likely that those who have already had intercourse did not do so by choice. Most likely, it was the result of physical or psychological coercion. This is what the research tells us. The last thing that these young people need is for someone to come into their classroom and lay a guilt trip on them. Activities that compare nonvirgins to half-eaten cookies, chewed pieces of gum, or dirty drinking glasses convey a message that if you've had intercourse, you are no longer whole. You are used, dirty, and certainly less desirable than your virginal peers. Even the term "secondary virginity," so popular among many, implies a second-class status. We know from research that low self-esteem is correlated with risky sexual behavior. So the guilt engendered by these activities could actually be increasing the sexual acting-out that is often typical of sexual abuse victims. 2. The dissemination of misinformation about birth control. We must attempt to ensure that these programs do not exaggerate the failure rates of condoms in order to scare teens out of having sex. There are well-funded groups telling teens that condoms have microscopic holes which allow HIV to pass through. For example, when I worked for the York City Health Bureau, we hired researchers from Penn State to conduct a thorough evaluation of a local middle school's abstinence-only program that was taught by an organization affiliated with the Catholic Church. The results showed positive changes in attitudes about abstinence. However, the only statistically significant change in behavior was a decrease in condom use among sexually active teens. When we looked at the curriculum to determine how this could have come about, we learned that the instructor was showing them a video produced by James Dobson's Focus on the Family called "Sex, Lies, and the Truth." This video clearly led children to believe that condoms were porous and highly unsafe. This was not one of the federally-funded programs. However, to what extent are these programs being monitored to ensure that teens are getting medically accurate information? 3. The use of religion to promote the abstinence-only-until-marriage message.

I have read about many examples of this. Several years ago at our annual conference, an abstinence-only peer education group (this one was an AERS grantee) performed a skit. The skit ended with the singing of a Christian hymn. How many other programs, in the privacy of their own communities, are using similar methods? 4. Many programs are unclear about how to define abstinence.

Repeatedly, we have found in forums comprised of both professionals and teens that people disagree on what the word "abstinence" means. When someone says they are in favor of abstinence, my first question is "Abstinence from what?" Does it mean avoiding intercourse (if so, which kinds?)? Or does it mean all forms of sexual activity? What about hugging, kissing, petting, fondling, touching genitals? What about oral sex? What about masturbation? Teens at our youth conferences define it in all sorts of ways. There is very little clarity. Many teens, for example, do not consider oral sex to be sex. To be effective, educators need to clarify these issues and be able to talk directly and specifically to teens about the many varieties of sexual behavior. Teens need to learn how to set limits and how to communicate those limits to a partner. All too often, especially in the public school setting, this does not occur. It is next to impossible to promote a desired behavior (e.g., abstinence) when its proponents have not clearly defined the term.

These four issues are my main concern. Great strides could be made in improving abstinence-only programs if these four concerns are openly addressed. Perhaps you have already taken steps to address them. If so, it would be helpful for us to learn about them.

In conclusion, I thank you for your desire to improve the sexual health of teens and reduce the negative consequences of sexual behavior. The PCPTP looks forward to collaborating with you on this important issue.

Senator SPECTER. Thank you, Mr. Fay.

STATEMENT OF KELLY LESH, ABSTINENCE EDUCATION SPECIAL INITIATIVE COORDINATOR, HEARTBEAT COMMUNITY SERVICE, MILLERSTOWN, PA

Senator SPECTER. Our next witness is Ms. Kelly Lesh, Abstinence Education Special Initiative coordinator for Heartbeat Community Services in Millerstown. She's a registered nurse and also works for Pinnacle Health System. Her nursing degree is from Lan-

caster General School of Nursing and associate's degree from Franklin and Marshall College. Thank you for being a witness today, Ms. Lesh. We look forward to your testimony.

Ms. LESH. Thank you, Senator, for having me. As you said, my name is Kelly Lesh, and I am the coordinator for the Abstinence Education Special Initiative for Heartbeat Community Services in Millerstown, Pennsylvania. I am a registered nurse with 18 years of experience. And a majority of my nursing career has been spent in maternal child health field. I've worked in the neonatal intensive care unit where I cared for critically ill premature babies and, unfortunately, a number of those babies were born to teen parents.

I've also worked in a pediatric and teen clinic where teens would come in for birth control. One of the forms of birth control we did use was Depo-Provera. We did teach them also about condoms. But we do know that sometimes if they have Depo-Provera and a condom is not available they will not use it because the real fear is the pregnancy issue. And I would have arguments with some of the staff that we weren't protecting these girls from sexually transmitted diseases, that we were really just giving them the okay to go out and have more casual frequent sex.

The past 2 years in my nursing career I've been a community health educator. And one of the programs that I've had the opportunity to develop is a teen parenting program. And this program goes out to young teens who have had babies or who are expecting a baby, and we teach them how to love and bond with their child. I find it's very difficult sometimes to go out and teach young girls how to love and bond with their child, the importance of that bonding process when at this point in their lives some of them don't even love themselves or have even experienced love in their families. So it can be very difficult.

I think I'm with Dr. Horn in that we need to look at abstinence as prevention and not an intervention. We need to look at it as a prevention.

Over the years I've watched teens make the decisions to become sexually active, and I've seen it ruin their lives. I've seen teens mourn for a premature child that died, I've seen teens come in for treatment of STDs, and I've seen teens emotionally scarred for life by this decision.

In November, I've only been active in this really for the past couple of months, I've had the opportunity to work at a whole new level. I've actually taken the coordinator position for the Abstinence Education Special Initiative for Heartbeat Community Services. And this has given me an opportunity to make a change in the role that I had over the past couple years. And hopefully, I'm hoping that I'm going to be part of breaking this teen cycle of teen pregnancy, disease, and emotional trauma.

Heartbeat Community Services, Incorporated, offers abstinence education to the Perry and Juniata School Districts. And this is made possible by the \$51,669 in grant funding that we've received from your committee, and we thank you for that. With this funding, I've been able to offer the abstinent curriculum, Choosing the Best, to students in the 5th grade at one of the school districts, two of our 6th grade classes in two school districts, and at four school districts we've offered this to complete 8th grade.

Choosing the Best is an abstinence focused curriculum and it is designed to offer six to eight classroom sessions to students. In addition, we do offer assemblies to six of the school districts. And these are for grades 7 through 12. And it is on abstinence education. This year we're working with a motivational educator from Teen Aid, Incorporated. He will be coming to speak at the school districts in these counties.

Also, this spring we will be doing a prom extravaganza. And what that is is we will have select teens from all of the school districts will be modeling tuxes and prom gowns. And during this event, we will have a guest speaker on abstinence and also a guest speaker on drugs, alcohol, club drugs, and date rape as well. During this event, we give out door prizes throughout the day. It's sort of motivational way to get the students there. And the grand prize is that we give a limo ride to the prom to the students that is drawn in that day. So it is a way to get the students out there to hear the message. And they sort of take charge of the whole day, hosting it. And it's in essence, it's something good for them to be involved in.

The other thing is that we have also have Baby Think It Over dolls, which one of the school districts has used as well. And they have really been effective, that they really enjoyed using them. It's been part of their family life classes as well.

The total number of students impacted by all of these programs each year is approximately 3,000 students in the Perry and Juniata School Districts. And in many of the follow-up evaluations that we do receive the students express that they are choosing abstinence because of the information that they received during our program. And also many of the evaluations do say that parents have been a big impact on their decision for abstinence. And I think it is truly really important that we start educating our parents on how to teach their children abstinence.

I know that I have a 13-year-old and a 10-year-old. And from the time they have been little I have been telling them, all your decisions have consequences. If you start this at a young age, they will make good decisions throughout the rest of their life.

I thank you for the funding and I hope that you will continue on this funding so we can get this important message out to our youth. Thank you.

STATEMENT OF RONALD EVANS, DIRECTOR, BRIDGE YOUTH SERVICES

Senator SPECTER. Thank you very much. Our final witness in this panel is Mr. Ronald Evans, Director of the Bridge Youth Services in northeastern Pennsylvania, Bachelor's degree from Wilkes College and Master in social work from Marywood College. Thank you for coming to Harrisburg today, Mr. Evans. We look forward to your testimony.

Mr. EVANS. Thank you very much. Again, my name is Ron Evans. I'm currently the director of Bridge Youth Services, which is a project of the Catholic Social Services of the Diocese of Scranton. For nearly 30 years I've been working with youth, developing youth serving programs. These programs include Big Brothers, Big

Sisters, runaway and homeless youth, shelter programs for dependent children, parenting programs, and counseling programs.

However, obviously, we're here to discuss today our Smart Choices program, which is an abstinence-only educational program, which has been funded by the Department of Health and Human Services, obviously, through the efforts of Senator Specter.

During this time we have received over \$300,000 to initiate and continue this program. However, as I believe you will see, this is a small price to pay when you consider the impact that I believe this type of service has on children and families. The Smart Choices program in Luzerne County addresses high risk population by going directly into the neighborhoods where children reside. When we were devising the program, we had the opportunity to even go into the schools or into the neighborhoods. We really believe that the after-school programs in the locations where they are in the neighborhoods make them much more conducive to working with the families and give us access to the parents and the children right there. A lot less stress to moms and dads as far as trying to find good baby-sitting programs and things like that. They can be right there with their children, if need be.

Again, the major role of the program is to lower the incidents of teenage pregnancies and making abstinence from sexual activity outside of the marriage as the expected standard.

Our objectives vary in our program depending on the age group of the population we are serving. For our younger participants, increasing self-esteem is a very high priority. Learning to handle peer pressure, developing refusal skills, and improving communication and decision making skills are also important activities. Developing conflict management skills, improving parent/child communications are among our objectives, as well as increasing positive attitudes towards abstinence. Emphasizing the importance of academic achievement, as well as lowering drug and alcohol use, are also high priority goals from this program. Once again, by going on site and having access to parents where they are joining the children, this only seems to help the program along in some of its results.

The program is presented using a very small group format. We average between 8 and 12 students per group with a variety of approaches, including lecture, presentation, and interactive group discussions. The abstinence-only curriculum uses various approaches that emphasize the use of creativity and reflective techniques. Coaching techniques are used to teach problem solving skills and model behaviors, including role playing utilized in demonstrating refusal skills and to help the youth feel more comfortable when faced with difficult choices.

In addition to Smart Choices program, we offer the following supportive services to youth and their families. We have the curriculum on one side and then we go in on the counselors and our case workers and evaluate a family. We can offer a whole host of other services to them as we were mentioning earlier, sir. We will offer Big Brother Big Sister mentoring services, counseling programs, parenting programs. It's all on site. We believe being able to be there once again, I think is very important to stress. When you are on site with the families that are there, it's a lot easier to

engage in meeting with families and their children that are there also and have everyone working together on the same goal.

Our results to me do bear witness to a program such as this. To our knowledge, we've served well over 1,000 children in the past 6 years. To my knowledge, there has only been one incident of pregnancy by program participants during the 6-year program. We view this as very remarkable. Penn State University shows that births to teens in Pennsylvania is 3.8 percent or over 15,000 children. Our county does have a slightly lower rate of 3.4 percent. However, again, given the high risk nature of the developments that we're going into, Mercy Health Care, which sends doctors and nurses directly into the housing projects, do estimate the overall pregnancy rate in the housing projects to be close to 6 percent. So if you look at those who have gone through our program, we are obviously very proud of that. We believe very much in the program as it is set up.

Children living in low income housing developments are at high risk for teenage pregnancy. Economic deprivation is proven risk factor in early sexual activity is compounded by the low neighborhood attachment due to a very transient population. They have management problems and poor academic performances. This program addresses many of the needs of over 1,000 children who have participated in our services during the last 6 years.

In closing, funding earmark for preventative programs such as this may very well be the most significant act Congress makes with regard to human services. Much of the funding in programs that human services must perform deal with the immediate needs children and families are facing. Obviously, this is exceptionally important for us to address and cannot be ignored. However, funding for the programs to prevent these same needs are often overlooked.

Once again, I've been doing this for nearly 30 years. It's hard to believe, but my age says it's true. In all my years as working in this field, I have found that there is far greater value in helping families avoid this situation than in treating them once they have occurred. I think preventative programs are exceptionally important. I hope the funding continues to be there.

Senator SPECTER. Thank you very much. Ms. Urrutia, let's start with you. I find it intriguing that you are a kindergarten teacher at the same time you are the coordinator for abstinence of the BEST program. It leads me to a question. Does abstinence instruction start in some way as early as your kindergarten class?

Ms. URRUTIA. If the children ask questions as a teacher, I will answer them in a roundabout manner. But normally they don't ask any questions of that nature.

Senator SPECTER. I was interested in the examples that you gave about students who have benefitted from abstinence education. What was the age range of those students?

Ms. URRUTIA. The age ranges would be 12 to 18. I know one of the letters that I have the child was 17. And the other two were anonymous. Because they are not obligated to write their name on the letter for feedback. It's completely optional. They were anonymous. But the majority of our students that we service are ages 15 through 18.

Senator SPECTER. When you said that you are not only sleeping with the person, you are sleeping with all the people whom he or she had slept with and all the people whom they have slept with, et cetera, I saw a fascinating chart in one of the schools. Two people together on one side the person slept with two, and one of those had slept with four, and one had slept with six, and they had slept with—the number grows exponentially. I think that's a factor which is worth noting. Until I had seen that chart, that thought had not crossed my mind.

Ms. URRUTIA. Yes. We use a chart similar to that for our discussions. I believe it's session 5. And it actually shows a breakdown. It begins with number 1 and it goes to 15. And in actuality, if you sleep with 15 people, you are sleeping with 1,037 people. And the children are really amazed by the breakdown. If you've had—

Senator SPECTER. 1,037?

Ms. URRUTIA. Yes. If you've had more than 15 sexual partners, it's not on the actual handout, but they really have a lot of questions. And I think the program is very successful and the information that we give—

Senator SPECTER. You teach a course in higher mathematics.

Ms. URRUTIA. I'm also an adult facilitator. I do serve as a facilitator for the program as well at one of our sites. So I get to actually go in and participate, listen to the feedback, and it's very rewarding.

Senator SPECTER. Rev. Page, you assigned statistics of 65 percent of your teens had a reduction in pregnancy. Can you amplify that just a little more?

Rev. PAGE. As far as where those statistics come from or what that means in the lives of?

Senator SPECTER. What is the evidentiary base for your conclusion that there has been a 65 percent reduction in teen pregnancy?

I'm about to ask Mr. Fay this question about the Minnesota study. I'm about to call on Mr. Evans to amplify his statistic, that he made a statistic of 60 percent, and you were very proud of your programs. What I would like to do, it's not possible to have a comprehensive analysis with the experience we've had here. But I think anecdotally it is worthwhile to explore, which is what I want to do. I tip my question to Mr. Fay, so he will be prepared, not that he wouldn't be anyway.

Rev. PAGE. Because our program is school district based and young people of that age are in school, the vast majority of them, those statistics are very easy for us to come up with. The school district knows when those teen pregnancies happen. Those come from—our program has been going on for 7 years, and so we are using the figures from 8 years ago before the program started and the program's most recent survey.

Senator SPECTER. Mr. Evans, you a cited 60 percent figure. Can you amplify?

Mr. EVANS. Sixty percent figure with regards to? When I was talking about Penn State—

Senator SPECTER. You were talking about pregnancy and I thought I heard you say 60 percent.

Mr. EVANS. No. Actually within our program we've served over 1,000 youth, to our knowledge, which is documented. We have

those in our figures that we submit to the department. However, there has always been to our knowledge one pregnancy during that time for individuals who went through our program. I can't attest to the fact if any of those individuals have had sexual intercourse. But to our knowledge, there has only been one pregnancy during that time by those individuals.

Senator SPECTER. You don't have any comparison, though, as to how many there had been before?

Mr. EVANS. No. All I have is Penn State percentages, which in Luzerne County is 3.4 percent. And within that, within the housing authorities themselves, Mercy Hospital, Mercy Health Span, who has clinics directly in all the low income housing projects in Luzerne County, they believe the number to be close to 6 percent. So I'm sorry. That's where that came from. That was 6 percent, not 60.

So when I look at those numbers, to me our program is doing—it's absolutely phenomenal when you look at the rate who have gone through our program. When you are talking about one individual versus the rest of that same population that we are dealing with, where possibly could be looking as high as 6 percent or minimally probably as low as 3-something percent.

Senator SPECTER. Mr. Fay, you have cited the Minnesota study. I'm familiar with it, but I don't have the details. I have a one page summary of it.

Mr. FAY. Neither do I.

Senator SPECTER. What is your evaluation just from your experience and judgmental factor? You heard the testimony of Dr. Horn about the studies that he cited, you heard what the witness here has said. Do you think that abstinence-only education is not effective in reducing teenage pregnancy?

Mr. FAY. I wouldn't go that far. I think the jury is still out. And that's why I asked, where is the evidence. I would be very interested to see. And my question would be, are they reducing teen pregnancy or have they indicated an increase in abstinence. Because there are two different things. You think, if we're increasing the number of teens who are abstaining, won't that automatically reduce teen pregnancy. Not necessarily.

My concern is that abstinence-only programs may actually decrease contraceptive use among teens who ultimately decide to have intercourse. And the concern I have is, and I think it needs to be studied, is to what extent are emphasis only on failure rates of contraception actually scaring kids or dissuading kids from protecting themselves when they do begin to have intercourse, which most people do at some point in their lives. I think most abstinence programs from what I've seen that actually show delay in sexual activity, which is good and something everyone supports, they also show that once those teens begin to have intercourse they are less likely than a control group to protect themselves, which therefore makes them more at risk for pregnancy and disease.

I think we have to be very careful about the messages we are conveying to children about contraception. These programs are scaring them out of using condoms or exaggerating the failure rates of condoms. Many teens are going to think what's the point of

using a condom if, you know, I've just learned that they are ineffective.

Senator SPECTER. Mr. Fay, you have testified that you oppose depriving teens about information on birth control. Do you think there is something of a mixed message or a message which is not really promoting abstinence if at the same time you say to the teen, if you decide to have sex, this is the contraception, doesn't that to some extent undercut the first message of abstaining?

Mr. FAY. No, I don't think so. The national campaign did a study on that. They surveyed parents and teens. And over two-thirds believe that that is not a mixed message, that that is clear and consistent message. It's a complete message. And we don't give teens enough credit. We don't really have much faith in the whole educational process if we don't think teens can handle that message.

Dr. Horn mentioned the rates in Europe were so much lower than ours. That is the message that they give teens and they have no problem following that message. Generally, their rates of teen pregnancy are considerably lower than ours. And their rates of contraception, more teens who are sexually active are well over 90 percent, where in this country it's around 50 percent. So we're not doing a very good job in this country of encouraging sexually active teens to use contraception. Obviously, they should wait.

We should all do everything we can to deliver that clear message, wait, wait, wait. That's the message I gave my kids, wait until you are older. There is negative—We tend to talk about—emphasize pregnancy and disease, but there is also the negative emotional consequences of all too early sexual activity. We have to really stress that in every way we can to get them to delay. I think we can also deliver a consistent message about using contraception without making them feel guilty, wrong, or confusing them about how effective it's going to be.

Senator SPECTER. When you talk about denying information about contraception, is that really likely? If you talk to them about abstinence, don't they already know about contraceptives, so there is really no denying them information that they don't already have?

Mr. FAY. Well, I don't think they really do know much about it. They may know that it exists. We hold a youth conference every year. We are surprised how little they know. Again, I wish there were more studies on this. But generally a lot of teens don't know enough to use contraception well when they do use it. Dr. Horn pointed out that teens have problems using contraception effectively. To me the answer is not to tell them not to—not to stop educating them about it but educate them better.

It's like when teens turn 16, we teach them how to drive a car. That's a more complicated and deadly skill than learning how to put on a condom. If they can learn how to drive a car, we can certainly learn how to put on a condom properly if we give them the proper education.

Senator SPECTER. I'm not with you on that analogy, but I'll go on. One final question. From the point of view of a public policy-maker like a senator, when we take a look at the programs and you have groups, perhaps religiously oriented, value oriented who do not want to get involved in contraception, just from their own personal views, don't you think it makes sense to have a variety

of programs which are available? One is abstinence-only, so that we have funds available. Tom Bowman on my staff deals with many, many locales with appropriate living for them. And then as Dr. Horn testified they also have the contraceptive programs, you are not eliminating those. Don't you think it makes sense with such different views of people, there are really poles apart on this question. If you had to find the toughest one that a U.S. Senator has to deal with is the pro-life/pro-choice question trying to straddle and trying to accommodate a lot of conflicting interests. In that context do you see some value in your approach of having a program for those who want abstinence-only?

Mr. FAY. I'm very open minded and so is my organization. And I personally think there is no simple answer to this or no one approach that's going to work for every teenager. All teens are different. I would love to see a variety of different approaches tried, funded by the Federal Government, and evaluated properly. And for everyone to go into it with an open mind, put aside their preconceived notions. Let's all focus on the fact that we all want the same end result. We only disagree about some of the methods.

I would take issue with one of the assumptions of your question, which is that we're providing birth control. We are providing through Title 10, we're providing birth control services. But to my knowledge, there is no Federal funding for comprehensive or abstinence plus sexuality education. The only Federal funding for sexual education programs is abstinence-only until marriage.

Senator SPECTER. Ms. Lesh, when you made a comment about abstinence prevention, not intervention, that's an interesting concept. Could you expand on that a little?

Ms. LESH. I guess from my nursing career taking care of teens in these situations where they have been sexually active, it would be much easier to help them through life if we could have prevented this. We tend to be reactive a lot I find in my whole nursing career with a lot of disease processes. And I think we can take more initiative to be preventative we could really save a lot of teens from having to go through all these risks that they do go through.

Senator SPECTER. And you are the parent of a 10-year-old and a 13-year-old?

Ms. LESH. Yes.

Senator SPECTER. What ages did you start to give them some information about the problems of disease, et cetera?

Ms. LESH. Well, actually, we've talked about consequences and risks since they were very little. Your choices always have consequences. I would say from 5th grade we really started it with my older son that is now 13, when we started talking about the risks and the consequences. But all through life we've talked about decisions have consequences. I think if you start with that as a parent at an early age they will make good decisions.

Senator SPECTER. Thank you very much, Ms. Lesh. Thank you Mr. Evans, Ms. Urrutia, Reverend Page, Mr. Fay. I think we will rerun this several times on Pennsylvania Cable Network. You've said a lot of things that I think are worth listening to.

We'll move on now to our third panel, Tyler Barth, Jesse Walton, Jennifer Bruno, Sierra Leiphart, Nelly Torres, and Miranda Ship-

ley. Thank you for joining us. We have asked for these young ladies and gentlemen to limit their testimony to one minute. So when they are brief, you'll know it's not because they don't have a lot more to say.

STATEMENT OF TYLER BARTH, PERFORMER, ABSTINENCE GROUP CHOICE INITIATIVE

Senator SPECTER. Our first witness is Mr. Tyler Barth at Central Mountain High School, Mill Hall, Pennsylvania, letterman of football, baseball, National Honor Society, and a performer of the abstinence group Choice initiative. We look forward to your testimony.

Mr. BARTH. Good afternoon, Mr. Specter. Thank you for taking the time to listen to the views of the students actually about this subject because I mean it's us who you are affecting. We appreciate your interest in us.

As Senator Specter said, my name is Tyler Barth, I'm a senior at Central Mountain High School in Lock Haven, Pennsylvania, Clinton County. I am 17 years old. I am involved in football and baseball where I have lettered 3 years in both sports and twice in basketball, which is not mentioned. I'm also member of the National Honor Society, president of the Nature Club, a member of student council, and performer in the Abstinence Skit Group known as Choices. Outside of school I am a member of the Church of Christ Youth Group. I referee youth sporting events and coach youth baseball clinics.

I've been a part of Keystone Central School District Abstinence program for 4 years. I think this program is a successful thing because the education experiences provided by our abstinence curriculum have created lifelong valuable lessons deep within my heart. Another great point about our abstinence program is the ways that it can reach different children. We all know children learn different ways and receive things through different messages. It's been a great way because we've been able to have TV commercials, radio spots, and billboards throughout the counties. These experiences provide great solutions to peer pressure in the minds of students all across the district.

The program has made a difference in my life in that it has helped me to learn creative effective ways to reach my peers and younger children who are interested in knowing what abstinence is all about. Overall, I can't truly express how lucky I am to be part of the abstinence education at our school. And it's been a great experience for myself and my fellow classmates. And it's just a great opportunity for myself to tell everybody else how I feel about abstinence and what it truly is and what it's all about.

Finally, I would like to personally thank Senator Specter for making the funding for the abstinence program available for our school district. Thank you.

STATEMENT OF MIRANDA SHIPLEY, VOLUNTEER, PEER EDUCATION, REAL COMMITMENT PROGRAM

Senator SPECTER. Thank you very much. Turn now to Ms. Miranda Shipley, Fairfield, Pennsylvania, high school senior and volunteer of Peer Education with the Real Commitment program. Thank you for joining us. We look forward to your testimony.

Ms. SHIPLEY. Thank you, Senator Specter. I have been volunteering with Real Commitment as a peer educator for the past 2 years. I am a senior as a home schooled student. As far as the education program that we do, we represent our message, which is abstinence, through role plays, skits, and our own personal experiences as far as why we chose abstinence.

The children respond very well to what we have to say. We have had several evaluation charts that we do at the end of each presentation where kids tell us why they think our message is good. Real commitment is a non-profit abstinence education organization. And it's been my greatest desire to serve people in mine and other communities and to have a positive impact on the people of my country.

When I discovered the need for Peer Educators for Real Commitment, I jumped at the chance to be involved. Kids and parents I think are creating a new message. Real Commitment is something with meaning that they can take to heart. Something that they never heard before or at least not in such an influential way. I've gained so much from Real Commitment, from Director Jean Fletcher and Coordinator Marya Tipton.

My whole experience in this organization has been such a blessing to my life that I wanted to give something back. The best opportunity for me to do that would be for my senior project, which is coordinating a fashion show about modesty. My goal for this fashion show is to present a clear and attractive picture of how we can be as people to look decently in attractive attire, not exploiting ourselves as sexual objects, but presenting ourselves as respectful individuals.

My purpose today was to tell you our abstinence education program. Some may say abstinence programs are a waste of time. It is true that some will choose to ignore helpful information. But that doesn't mean that the information shouldn't be presented, because some will choose to benefit from it.

I wanted to read a statement from one girl in the Adams County area. After presenting the program to middle school in the Adams County area, I was reading comments on performance of myself and other peer educators. This one came from an 8th grade girl, and it went like this.

I really enjoyed your program. I liked what you had to say. I only wish you could have been here a couple weeks ago. I'm already pregnant.

PREPARED STATEMENT

There are other young people who are in need of this message who would choose a better way if only they knew how. That 8th grade girl heard what we had to say and wished for a better choice. Other teenagers do, too.

Finally, I would like to thank Senator Specter for the abstinence-only education funding that has enabled Real Commitment to continue its work. I would like to request that future funding continue. Thank you.

[The statement follows:]

PREPARED STATEMENT OF MIRANDA SHIPLEY

My name is Miranda Shipley. I am a 16—soon to be 17—year old home schooled senior. I have been volunteering with Real Commitment for two years (since 2002) as a Peer Educator. I am very excited about this organization for the many different opportunities it has offered me. Opportunities such as speaking in front of a variety of people, sharing a good message with a strong impact, meeting many kids of the same age with like-goals and working with good, strong women such as Jean Fletcher and Marya Tipton.

The responses that the group receives vary, but for the most part they are very good. People in the public school, private school and home school remain alike, see the desperate need for the very message Real Commitment is delivering, that is the message of purity.

Through my involvement with Real Commitment and the satisfaction I have gained from it, I have desired to give something back. Because of that I am coordinating a fashion show about modesty through Real Commitment for my senior project. I feel, as well as many other people feel, that modesty plays a key role in abstinence in both males and females. Modesty is more than what a person wears it is an attitude. That attitude has sadly been corrupted over generations of time and it is my goal and the goal of the people involved with Real Commitment to deliver a sound message about not only a change in wardrobe but also a change in attitude. This we hope to accomplish through the fashion show, “Smashin’ Fashion” which will be held March 6th at the Gettysburg College Ballroom. This is my gift to Real Commitment.

I would like to thank Senator Specter for the abstinence only education funding that has enabled Real Commitment to continue its work and I would like to request that, that funding continue. Thank you.

Senator SPECTER. Thank you very much. Appreciate that, especially lobbying for more money.

STATEMENT OF NELLY TORRES, PEER EDUCATOR, IMPACT GROUP

Senator SPECTER. We return now for Ms. Nelly Torres, junior at Millersville University, graduated from J.P. McKaskey High School in Lancaster, and is peer educator with the IMPACT Group. Thank you for sharing your stories, and the floor is yours.

Ms. TORRES. Good afternoon, ladies and gentlemen. My name is Nelly Torres. I’m a graduate of J.P. McKaskey High School and presently a junior at Millersville University, majoring in communications with an option in theater. Post-graduation I would like to work for the youth on play productions that are self-written by myself and performed by plays involving all ages and continue to work for the Impact program.

IMPACT stands for Individuals Motivated to Promote Alternative Choices for Teens. I’m a peer educator and peer mentor for grades 6 through 12th. And I assist with the after-school program held for middle school students. I’ve been involved with IMPACT program for 6 years, 4 years as a student and 2 years as an employee. The program was exceptionally helpful in ascertaining my strengths and weaknesses.

I found a place to where I could voice my opinions and address my concerns and take action. I discovered that I could work with students and effectively educate them and make a difference in their lives, thus making a difference in mine. I also realized that I didn’t have all the knowledge that I thought I possessed, and there was always room to learn and grow, to be strong and healthy and an active member in my community.

I recall as a student how my friends would tell me that I needed a boyfriend and why I didn’t let them set me up with someone. I felt like I was the only one, you know, uninterested in relationships

and sex, preferring to pursue my education, so I wouldn't have to struggle like my mother did and most families that I knew had to.

I love volunteering and helping. And IMPACT served as a support system that I needed that I wasn't getting anywhere else. People view me as a strong individual, but it's also nice to have others to be strong with.

Education is the tool we need to be equipped with to abstain from the daily pressures we face. If not, we can continue to see children lose their innocence, babies having babies, less students graduating with diplomas and acquiring a college education and a healthy foundation for a family. We all are affected in some shape or form.

So in closing, on behalf of IMPACT program, parents, and I myself would like to thank you, Senator Arlen Specter, for funding us for these past few years on carrying out our goals for abstinence-only education, in the efforts of getting our children back and giving them a fighting chance to have a successful future. Without your support many of our youth, such as myself, wouldn't have an avenue to bypass many pressures and be individuals motivated to promote alternative choices for teens akin to themselves. Thank you very much.

STATEMENT OF SIERRA LEIPHART, VOLUNTEER, HUMAN LIFE SERVICES, YORK COUNTY, PA

Senator SPECTER. Thank you. Sierra Leiphart is a junior at Dallastown Area High School, honor student, volunteer with Human Life Services, a pregnancy resource center in York County. Thank you for coming up to Harrisburg, Ms. Leiphart, and we look forward to your testimony.

Ms. LEIPHART. Thank you. As he said, my name is Sierra Leiphart, and I'm an honor student at Dallastown High School. I'm 17 years old, and I enjoy traveling. I have been to Australia and Europe with People to People Student Ambassadors, which is a nationwide organization that promotes peace between nations through the education and interaction of students to close the gap between different cultures. I've also been to Ecuador on a missions trip with Focus on the Family, a non-profit Christian organization based out of Colorado Springs, Colorado.

In addition to traveling, I have been a teen abstinence presenter and a spokesperson at the annual banquet for Human Life Services. I've been a part of Human Life Services' It's Smart to Wait program for a year. I believe the program is having a strong impact on students' choices about sexual activity. It covers topics from relationships to the consequences of having premarital sex. This program is very straightforward but is not forceful in its view of abstinence. The choice the student chooses to make is his or her personal choice, but the consequences may reach farther than just that one student. The content of the Smart to Wait program is current information that can affect personally each student's life.

I would like to thank on behalf of Human Life Services Senator Specter for providing funding for the education department at Human Life Services and for its continued support of abstinence education.

STATEMENT OF JENNIFER BRUNO, BOARD MEMBER, YOUTH AS RESOURCES PROGRAM

Senator SPECTER. Thank you. Our next panelist is Ms. Jennifer Bruno, student at Lehigh Valley High School performing arts in Bethlehem, board member of Youth as Resources program. Thank you for coming over today, Ms. Bruno. We welcome your testimony.

Ms. BRUNO. In January 2003, I entered YAR Goes to College program at Northeast Middle School and participated in the developing and acting in an abstinence education video which was partially funded through the CHOICES program. Doing this and becoming involved in both CHOICES program and Youth As Resources helped me change my life forever.

See, the summer of 2002 I moved from the Bronx, New York, for a better life, but things just got worse. I was getting pushed around and made fun of for no reason and getting in trouble in school. It got so bad one day that I brought a flip knife to school. It really belonged to a boy I was going out with at the time, but he was no help either. He just helped me get into more trouble and more problems. I wasn't really planning to use the knife, but the school found out and called the police. I was searched, my grandparents sat in the office so very disappointed, and I was put into probation for 6 months.

But then January 17, 2003, I was given a second chance in life when I joined Youth As Resources, and we decided to work with the Choices program. I loved making the video about pregnant teens and teaching others how to say no to sex. Working with the Choices program helped me get the confidence to make my own decisions about relationships, life, and my career.

For example, I auditioned for the School of Performing Arts and was accepted. I am proud to say in addition to creating and acting in the abstinence education video, I am also chairperson of the fundraising committee for Youth As Resources. The creator and editor of Youth As Resources newsletter and tomorrow hopefully will be elected vice-president.

Thank you for allowing me to speak to you today about this very important pre-teen and teen issue. Thank you, Senator Specter, for supporting the Choices program in Pennsylvania. Thank you very much. Can I ask the staff to hand him the video?

STATEMENT OF JESSE WALTON, STAFF MEMBER, BOYS TO MEN PROGRAM

Senator SPECTER. Our next witness on this panel is Mr. Jesse Walton, staff member of Boys to Men program, graduate of McKeesport High School, involved in youth programming at Mercy Hospital of Pittsburgh. Thank you for your testimony, Mr. Walton, which we are about to hear.

Mr. WALTON. Thank you. Good afternoon. My name is Jesse Walton. I'm 19 years old. I was introduced to Boys to Men program when I was about 14, 15 years old. I was given an ultimatum by a teacher at school, either join the new program or be expelled. Personally, I would have chosen to let her kick me out of school, but my mother and my father wouldn't let me. At first I wasn't interested in the program. I was more interested in the life that my friends had to offer.

But shortly after joining the Boys to Men program, a group of us went on a trip that we like to call destiny trip. This was a field trip to a cemetery, dinner at a buffet, and also a visit to western penitentiary. While we were at the cemetery, we saw the graves of students who were my age and some even younger that had died as a direct result of gang activities. The staff helped me to see that how the choices—how the consequences of the choices we make have permanent outcomes, and that it is up to me to choose a path for my life and be responsible for the consequences that result. As a result of that trip, my eyes have been opened. And with the help of the Mercy staff, I was able to focus on creating a new and promising future for myself.

I did this by graduating from high school with honors, as well as graduating as one of the top 10 African-American students in my graduating class and becoming president of the Boys to Men program my senior year.

For the past 2 years I have been working at Mercy Hospital of Pittsburgh in the community programming department teaching the Boys to Men curriculum to other youths such as myself. I've worked with hundreds of kids that I have made relationships with. And thanks to those relationships I have learned new techniques that help me service my students better.

So thank you, Senator SPECTER, for allowing this program to change my life and allowing me to help change the lives of my students. Thank you.

Senator SPECTER. Thank you very much, Mr. Walton. Let me start with a tough question that I won't direct at anybody in particular but to the panel as a whole. And that is, have any of you ever found yourself in a compromising situation where you were tempted to do the wrong thing but found sustenance support from your abstinence education to pull you back, so to speak, from the brink of disaster attributing your strength to the abstinence education program?

Ms. SHIPLEY. I have, Senator. Over the summer—

Senator SPECTER. Tell us all about it.

Ms. SHIPLEY. Over the summer there was a young man that I was seeing, and he was well aware of my commitment and how I was working with Real Commitment and the plans I had for my future. He seemed to act like he wanted to go along with that as well. But then later he started asking me questions about being intimate and things like that. I, of course, told him no. But it was really hard. He was using other pressures as far as—I'm trying to think of the correct term—aggressiveness. He would—it's called emotional abuse. And he would do that. Finally, I just broke up with him.

It was after a Real Commitment Youth retreat. I had taken him to it. After sitting through those sessions, I was again realizing what this group had to offer and I was part of it. I broke up with him the next day.

Senator SPECTER. Congratulations. Anybody else have similar experience they would like to share? Jennifer Bruno.

Ms. BRUNO. I was at a party and I was with my friends, and all of us had a boyfriend. So most of the girls that were my friends were like going to rooms and kissing and everything. And two of

my best friends decided that they were going to go with their boy-friends downstairs and they asked me if I wanted to go, and I said no because I knew what was going to happen.

So after the party was over, I went to the performing arts school and they went to Liberty. And I didn't see them for like 3 months. I recently found out that both of them had babies. And I was proud of the decision that I made and that I chose to stay abstinent.

Senator SPECTER. That's pretty persuasive proof I'd say. Pastor Page talked about people being more open about talking about abstinence in front of their peers. Let me ask you, either Mr. Walton or Mr. Barth, there is a tradition for locker room talk about conquests. Not too hard to talk about that, whether it's true or not, that is whether the conquests are true or not.

Is there more of an inclination after the abstinence education to stand up with your peers and say, I have abstained, I'm not doing it to counteract the traditional peer pressure to be a part of the group and to engage in the sexual activities?

Mr. BARTH. I'm glad you could come up with a question that I could relate to so easily, being athletic and being a member of several sports teams.

Senator SPECTER. You say you're glad I came up with the question that you could relate to?

Mr. BARTH. Yes.

Senator SPECTER. You couldn't have answered the first question about being on the brink of temptation?

Mr. BARTH. Well—you got me.

Senator SPECTER. I'm asking another question. Stop blushing.

Mr. BARTH. No. But in all serious, locker room talk is a big part of high school athletics. I'm sure anybody can tell you that. And it's more of like when it comes up, students don't necessarily, after receiving the education in our health classes and our abstinence education performances and whatnot, it's not necessarily that student athlete has to say, look, guys I learned about this in abstinence education class, I'm not going to do it. They don't even have to mention it. It's just a fact that it's in some kids hearts. And it's just a fact that they can say no without explaining why. It's a great testimony to what we do at our school. And it's great to see the kids that are affected by it. And it absolutely comes up. It's like an everyday occurrence, guys will come in and say, did you hear about this and stuff like that and the kids—

Senator SPECTER. Stuff like what?

Mr. BARTH. Stuff like sexual activities that occurred the night before, weekend before, or even like alcohol. That's part of our abstinence, abstaining from alcohol use and drug and tobacco use. Any of that comes up, kids can just have the strength and understand in our school that it's okay to say, hey, I'm not a part of that nor do I look forward to being a part of it. And it's just a great atmosphere to have. And it's great camaraderie between students to be able to stand up together and say we don't support this.

Senator SPECTER. Ms. Torres, you commented that some of your friends say you needed to have a boyfriend and tried to fix you up.

Ms. TORRES. Yes, they did. I disagreed.

Senator SPECTER. You're not testifying that you need to be fixed up, are you?

Ms. TORRES. No.

Senator SPECTER. Tell us a little more about your friends saying that, I think as you put it, quote, needed a boyfriend, closed quote, how you responded to that kind of peer pressure.

Ms. TORRES. I said no, I don't, I don't need a boyfriend. I'm fine just as Nelly. Nelly is an individual. I'm going to be myself, and that's not a problem.

Senator SPECTER. You're self-sustaining?

Ms. TORRES. I'm very self-sustaining. And that finding another program that took my values, took my morals so seriously helped, and that's why it was nice to have that support system there because you can be a strong individual and still have a support system—still need a support system.

Senator SPECTER. Ms. Leiphart, to what extent have you found the abstinence training helpful in resisting peer pressure from what may be all around you? Were you surprised by the statistic, 46 percent of high school students have had sexual intercourse?

Ms. LEIPHART. No, I wasn't surprised by that. There are a couple of girls at school who they would be talking to their friends or talking about something that they did this weekend. When I say, well, you know, I'm not really into that, I don't want to do that type of thing, they are just amazed that I haven't done anything with my boyfriend. We've been together for about 2 years. And they are just amazed that in 2 years we haven't done anything and we don't fool around and we haven't had sex.

It's kind of been another reason to keep my stand on abstinence. My mom is a presenter for HLS. And she asked before if it would be okay if she used me and my boyfriend as an example, that not every teenage couple is having sex or sleeping around. I told her that would be fine. To me, that's kind of—it's like a reason, another reason not to just give in to peer pressure and temptation because then, you know, I would be disappointing her and myself and the program as a whole. It wouldn't only affect me.

Senator SPECTER. We have other students who are with us today who are not witnesses. I would like to ask every other student who is part of an abstinence program to stand.

We are going to be pursuing these questions. I think today's hearing was really very, very much worthwhile. Mr. Fay, who has dissented from the program, has raised a couple of points which I am going to pursue under the Pennsylvania study, No Commitments, but I am going to make inquiries to see about the study and find out more about it. I had not heard of it, to see if it would be appropriate for me to weigh in or for the subcommittee to weigh in and have a disclosure.

When you said there is no comprehensive program in the other direction, I want to take a look at that because I think that in a culture as complex as ours on a subject as sensitive as this there ought to be all viewpoints expressed.

I came to this hearing a believer in abstinence. And I have worked hard to develop it. Really when I became chairman of the subcommittee there was—we had initiated the program during my tenure. And these students are really very, very impressionable and very candid. And that candor and that openness and willingness to speak up is indicator of confidence, you know who you are.

Ms. Torres expresses it very well. She's self-sufficient, she knows who she is, she doesn't need anything to boost her ego. I think that's a sense that has come across from everybody who has testified here today.

So thank you all for coming. We're going to go back to Washington. And I've listened very closely to very effective lobbying in this room today for more funding. Thank you.

CONCLUSION OF HEARING

Thank you all very much for being here. That concludes our hearing.

[Whereupon, at 3:20 p.m., Monday, February 16, the hearing was concluded, and the subcommittee was recessed, to reconvene subject to the call of the Chair.]

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