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COLLECTION:

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Heather Howard (Subject Files)
OA/Box Number: 21198

FOLDER TITLE:

Abstinence

2012-0254-S

rc654

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

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- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Jen Farney
54926

Isturb
proposed to cut
under AFZ
(of Pop Affairs)

we always
received very
little for AFZ;
Coyne up

abstinence only
education

20 million 2001
30 million 2002 } —

MCH block grant
special projects
SPRANS

Special - 19.5 million for
abstinence (with the pot)

programs not proven to be
effective

Senate doesn't have - \$19 million
for program

Bettie Tensley

7/20/70

408-13-2333

Monday
7:30

Withdrawal/Redaction Marker

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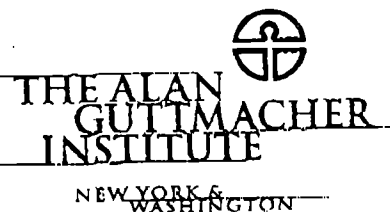
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MEMO



TO Heather Howard
FROM Cynthia Dailard
DATE June 5, 2000
SUBJECT History of abstinence programs

1120 Connecticut Avenue, NW
Suite 460
Washington, DC 20036
Phone: 202 296-4012
Fax: 202 223-5756
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Web site: www.agi-usa.org

This memo provides you with more than you ever wanted to know about recent activity involving abstinence programs in federal law.

Adolescent Family Life Program

Enacted as part of OBRA 1981 during the first year of the Reagan Administration, the Adolescent Family Life (AFL) program funded demonstration projects designed to test new approaches to preventing teenage pregnancy and providing support to pregnant and parenting teenagers. The law, created under Title XX of the Public Health Services Act, earmarked at least two-thirds of the funding available for demonstration projects for services to pregnant and parenting teenagers ("care"), and not more than one-third for education programs designed to prevent teen pregnancy ("prevention").

Welfare Reform Act

The Personal Responsibility and Work Opportunity Act ("welfare reform act"), signed into law in 1996, created a separate program funded through Title V of the Social Security Act (the Maternal and Child Health Block Grant) for abstinence-*only* education programs. This new program designated \$50 million per year for five years in grants to states to fund programs which exclusively teach:

- 1) the social, physiological, and health gains to be realized from abstinence;
- 2) that abstinence outside of marriage is the expected standard for all school age children;
- 3) that abstinence is the only certain way to avoid out-of-wedlock pregnancy, STDs, and other associated health problems;
- 4) that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;
- 5) that sexual activity outside of marriage may have harmful psychological and physical effects;
- 6) that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
- 7) how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
- 8) the importance of attaining self-sufficiency before engaging in sexual activity.

Welfare Definition is Applied to AFL

Following the enactment of welfare reform, Congress changed the funding formula for AFL as part of the FY97 Labor HHS appropriations bill. This was done largely at the behest of Senate Labor/HHS Appropriations Subcommittee Chairman Arlen Specter (R-PA), who was supportive of funding some abstinence programs in Pennsylvania. As a result, the Labor HHS bill waived the one-third "prevention"/two-thirds "care" requirement, instead of devoting most of the funding to prevention. The bill also required prevention programs funded under AFL to comply with the eight-point definition contained in the welfare reform act. This new funding formula and the eight-point definition was included in every subsequent Labor H bill and remains in effect today.

FY2000 Activity

During the House Committee markup of the FY00 Labor/HHS appropriations bill, Representative Ernest Istook (R-OK) offered an amendment agreed to on a voice vote that dramatically increased funding for AFL, in exchange for not pressing for a parental consent requirement under Title X.¹ His amendment also included report language that directs these funds to be spent in accordance with the eight-point definition under the welfare reform act.

Ultimately, the language passed into law as part of the FY00 Omnibus Appropriations Act, provided \$2 million in additional funding for FY00 (the Senate-proposed level), bringing the total up to \$19.7. However, an additional \$20 million was forward funded for FY01 (for a total increase of \$22 million). Istook's proposed report language requiring compliance with the eight-point welfare definition was also adopted.

FY2000 Emergency Supplemental

Along the way, Istook decided that he did not want his new money to flow through the AFL program, but instead wanted to create a new abstinence-only grant program that would allocate funding through the Maternal and Child Health Block Grant via the SPRANS grant program (Special Projects of Regional and National Significance). He negotiated language in the context of the FY2000 emergency supplemental that would repeal the \$20 million forward funded through the AFL program, and instead direct it through this new grant program (for release on October 1, 2000). This funding would also be tied to the 8-point welfare reform definition of abstinence-only education. This language was passed by the full House. The Senate, however, did not pass its own emergency supplemental and the bill ultimately died.

FY2001 Labor HHS Appropriations bill

While the language that Istook negotiated in the context of the FY2000 emergency supplemental did not become law, it has been included in the House version of the

¹ While the House bill already contained \$17.7 million for FY2000, Istook requested that \$50 million in funding be pre-obligated for FY2001.

Chairman's mark of the FY2001 Labor HHS appropriations bill. The chairman's mark would release \$20 million on October 1, 2000 through the MCH program, and forward funds an additional \$30 million for release October 1, 2001. The Senate bill does not include comparable language.

In addition, the House bill contained \$24 million for the AFL program. This represents a \$5 million increase over current level (Mrs. Lowey requested this increase and included report language earmarking it for the care of pregnant and parenting teenagers.) The Senate bill contains \$19 million, of which Specter earmarked \$9 million for abstinence-only education that is tied to the welfare law's 8-point definition.

President Clinton's FY2001 Budget

Starting with his FY99 budget request, President Clinton has proposed significant cuts to AFL, largely on the basis that it duplicates the funding available under the welfare reform law. In FY01, the President proposed funding for AFL at \$8 million (almost a \$12 million cut from the FY00 level). The budget also proposed the repeal of the \$20 million in AFL funding that was advanced funded by Istook.

Funding History for Abstinence Programs

<u>AFL</u>		<u>Welfare Reform*</u>	
FY02	N/A	FY02	50,000,000
FY01	20,000,000 (advanced from FY00)	FY01	50,000,000
FY00	19,700,000	FY00	50,000,000
FY99	17,700,000	FY99	50,000,000
FY98	16,709,000	FY98	50,000,000
FY97	14,209,000		
FY96	7,698,000		
FY95	6,698,000		
FY94	6,250,000		
FY93	7,598,000		
FY92	7,789,000		
FY91	7,789,000		
FY90	9,421,000		
FY89	9,529,000		
FY88	9,626,000		
FY87	14,000,000		
FY86	14,689,000		
FY85	14,716,000		
FY84	14,918,000		
FY83	13,518,000		
FY82	11,080,000		

**Under the MCH program, states are required to match three dollars for every four dollars in federal funds received; the program is authorized through FY02.*

Fueled by Campaign Promises, Drive Intensifies to Boost Abstinence-Only Education Funds

By Cynthia Dallard

The debate over sexuality education and teenage pregnancy prevention has been extremely divisive for many years, and it promises only to heat up in the coming months in the context of the presidential campaign. Texas Gov. George Bush, who locked up the Republican nomination in March, has long made abstinence promotion a prominent feature of his campaign rhetoric. Gov. Bush has promised that, if elected president, he would "elevate abstinence education from an afterthought to an urgent priority" by dramatically increasing funding for federal abstinence-only programs.

On the congressional front, Rep. Ernest Istook (R-OK), a long-standing opponent of the Title X family planning program, secured a major down payment on this effort during last year's annual appropriations cycle and has already pledged to come back this year for more. Yet the drive to boost funding for abstinence-only education programs—already up some 3,000% since 1996—continues despite a dearth of evidence that these programs are effective in delaying sexual activity. Instead, the evidence strongly supports the effectiveness of more comprehensive efforts and the important role of contraceptive use in reducing teenage pregnancy rates.

Federal Funding for Abstinence

Gov. Bush promises that his administration would spend at least as much each year on promoting abstinence education as it does on providing contraceptive services to teenagers. However, quantifying the exact amount being spent in each area is not easy.

Currently, there are two federal programs that provide funding specifically for abstinence-only education. One is the 1981 Adolescent Family Life Act (AFLA), sponsored by Title X opponents and promoted as a "family-centered" approach to teenage pregnancy prevention that would "promote chastity and self-discipline" to teenagers rather than provide them with contraceptive services. AFLA has been dogged by controversy from the beginning, and, until recently, its funding has been low. In its early years, it was attacked from the left and was subjected to a protracted lawsuit alleging numerous constitutional violations. Subsequent reforms instituted by the Clinton administration to ensure that AFLA funding did not promote religious dogma or provide medically inaccurate information only alienated conservatives, who charged that the administration had watered down the original abstinence-only thrust of the program ("Whatever Happened to the Adolescent Family Life Act?" April 1998).

In 1996, conservative policymakers and activists were successful in including, with virtually no debate, a provision in the massive welfare reform bill that resulted in a major infusion of dollars into abstinence-only education. Unlike AFLA, which targets premarital sex, the new program funds education efforts that must have as their "exclusive purpose" censoring *all* sex outside of marriage, at any age; the provision of any information about contraception beyond failure rates is prohibited. To qualify for funding, education programs under the welfare provision must adhere to a strict eight-point definition of "abstinence education."

Together, these two programs provide significant funding—*notwithstanding* the protestations of those who claim that funding for abstinence remains woefully low. The welfare law entitles states to \$50 million in federal funds annually; because states must spend \$3 for every \$4 they receive, the total amount spent pursuant to this one program alone is almost \$90 million annually. Due to Rep. Istook's efforts, a 1999 appropriation bill doubled funding for the AFLA program to \$40 million (some of which, however, will not become available until October 1), requiring most of those funds to be spent on abstinence-only education under the strict welfare-program definition ("Congress in 1999: Actions on Major Reproductive Health-Related Issues," December 1999).

In addition to this dedicated federal funding, funds available to the states under other health or social welfare programs also may be used for abstinence education or counseling; such programs include the maternal and child health (MCH) block grant and the social services block grant, as well as the Title X program. In fact, more than half of agencies that receive Title X funding run programs at one or more clinic sites designed to encourage adolescents to postpone sexual activity. Finally, abstinence promotion is strongly supported by state and local governments, and it is now required by the overwhelming majority of local school districts that have a policy to teach sexuality education (see box, page 2).

Assessing the Impact

Clearly, then, there is a substantial amount of federal and other public support for abstinence education—and for abstinence-only education. Yet, the fact remains that, to date, there is a stunning lack of evidence of the effectiveness of this approach. While AFLA was enacted as a temporary "demonstration" program specifi-

cally to test and evaluate various program interventions. Two decades and millions of dollars later there is no conclusive evidence that abstinence-only education works. In the most complete analysis of AFLA evaluations to date, a team of university researchers concluded in a 1996 report that "the quality of AFLA evaluations funded by the federal government vary from barely adequate to completely inadequate." Indeed, the researchers report that they "are aware of no methodologically sound studies that demonstrate the effectiveness" of abstinence-only curricula.

Other evaluations of abstinence-only programs arrived at a similar conclusion. A 1997 report commissioned by the National Campaign to Prevent Teen Pregnancy, while noting that methodological limitations due to the poor quality of the evaluations could have obscured program impact,

nonetheless concluded that published studies of abstinence-only programs yielded no evidence that such programs delayed the onset of sexual activity. In contrast, the review concluded that more comprehensive sexuality education programs—those which included discussion of contraception—did not hasten sexual activity as their critics claim but, instead, helped teenagers to delay sexual activity. When teenagers who received more comprehensive education did become sexually active, the report found, they had fewer partners and were more likely than their peers who did not receive such messages to use contraceptives.

Finally, an article published in the *Journal of the American Medical Association* in 1998, which reported the results of the first-ever randomized controlled trial comparing an abstinence-only program with a

"safer-sex" initiative designed to reduce the risk for HIV infection through condom use and a control group that received health education unrelated to sexual behavior, found similar results. After one year, the abstinence group reported similar levels of sexual activity as the safer-sex group and the control group. For teenagers who were already sexually active at the inception of the program, there was less sexual activity reported among the safer-sex group than among the abstinence or control groups. Those in the safer-sex group also reported less frequent unprotected sex than did the abstinence and control groups, suggesting that abstinence-only efforts may discourage effective contraceptive use and thus put individuals at greater risk of unintended pregnancy or sexually transmitted diseases (STDs) when they do become sexually active.

Study Finds Local Public School District Policies Overwhelmingly Promote Abstinence

A 1998 study by researchers at The Alan Guttmacher Institute found that among the seven in 10 public school districts that have a district-wide policy to teach sexuality education, the vast majority (86%) require that abstinence be promoted, either as the preferred option for teenagers (51% have such an abstinence-plus policy) or as the only option outside of marriage (35% have such an abstinence-only policy). Only 14% have a comprehensive policy that addresses abstinence as one option in a broader education program to prepare adolescents to become sexually healthy adults. In almost two-thirds of district policies across the nation—those with comprehensive and abstinence-plus policies—discussion about the benefits of contraception is permitted. However, in the one-third of districts with an abstinence-only policy, information about contraception is either prohibited entirely or limited to discussion of its ineffectiveness in protecting against unplanned pregnancy and sexually transmitted diseases.

The study, conducted before states began implementing any abstinence-only efforts stemming from the 1996 national welfare reform legislation, found that there was significant regional variation in the prevalence of abstinence-only policies. School districts in the South were far more likely to have such policies in place (55%) and were the least likely to have comprehensive programs in place (5%). In contrast, school districts in the Northeast were least likely to have abstinence-only policies in place (20%).

Among the superintendents surveyed who knew when their current policy was adopted, over half (53%) said that it was adopted after 1995, and another 31% said that it was adopted between 1990 and 1995. Among districts that switched their policies, twice as many adopted a more abstinence-focused policy as moved in the other direction.

Funding for Contraception

If it is difficult to quantify exactly how much the federal government spends on abstinence education, it is even harder to measure how much is being spent on contraceptive services to teenagers. Both the U.S. General Accounting Office and Advocates for Youth, an advocacy organization dedicated to promoting adolescent reproductive and sexual health, have estimated the amount spent on contraceptive services to teenagers under Title X and Medicaid—the two major sources of federal funding for family planning—to be almost \$130 million annually.

Family planning experts caution that such calculations are at best imprecise and that comparisons between funding for abstinence education and contraceptive services can be misleading. Jacqueline Darroch, senior vice president and vice president for research at The Alan Guttmacher Institute (AGI), notes that "these estimates were arrived at simply by taking the proportion of clients served by the programs who were

(Continued on page 12)

Abstinence...

Continued from page 2

teens and applying that percentage to the overall funding level. That assumes all clients receive the same services, while certain populations—particularly teens—may be more expensive to serve than others, because they require more intensive counseling and may be at high risk for STDs, for example. And, to be fair," says Darroch, "it needs to be acknowledged that these estimates do not take into account funding for contraceptive services under other federal programs, such as the MCH or social services block grants."

Judith DeSarno, president and CEO of the National Family Planning and Reproductive Health Association, meanwhile, argues that "spending in these two areas is simply not comparable on a number of fronts." DeSarno notes, "Family planning involves providing a broad package of medical services beyond just the prescription of a contraceptive method, including pap smears, breast exams, and screening and treatment for STDs. It also involves in-depth, one-on-one counseling. This is a far more expensive endeavor than talking to adolescents, often in a classroom or other group setting, about abstinence."

What is clear, however, is that publicly funded family planning has a

significant effect on teenage pregnancy. Each year, subsidized family planning services prevent an estimated 386,000 teenagers from becoming pregnant. Without these services, the number of births to teenagers would increase by one-quarter, and the number of abortions to teenagers would rise by nearly two-thirds. Moreover, while abstinence advocates claim credit for recent declines in teenage pregnancy, an AGI analysis of available data suggests otherwise. In fact, this analysis found that approximately one-quarter of the decline in teenage pregnancy between 1988 and 1995 is due to increased abstinence; about three-quarters of the decline is due to improved contraceptive use among sexually active teenagers.

The Road Ahead

Gov. Bush, as have so many abstinence proponents before him, claims that "the contraceptive message sends a contradictory message [that] tends to undermine the message of abstinence." The evidence, however, suggests that the reverse is true: Teenagers who receive messages that support postponing sexual activity but also include accurate information about contraception are more likely to delay sexual initiation than those who just receive abstinence-only messages, and they are better prepared to avoid unintended pregnancy and disease when they even-

tually do have intercourse. The drive to increase federal funding for abstinence-only education is also out of step with the beliefs of most Americans, who overwhelmingly favor—by a margin of more than four to one—broader sex education programs over those that teach abstinence as the only option.

Nonetheless, the effort to further increase funding for abstinence-only education is likely to gather steam as the presidential and congressional campaigns heat up. Key conservative members of Congress are already working toward this goal, and even many progressive politicians have trouble distinguishing between abstinence education, which virtually no one opposes, and abstinence-only efforts.

After ensuring last year that an additional \$20 million for abstinence-only education will be set aside for release on October 1, Rep. Istook and his colleagues are already working for an additional \$30 million in the context of the upcoming appropriation cycle. Their goal is to raise the annual federal funding level alone for abstinence-only education beyond the \$100 million mark. Whether this effort will be successful, and whether it will be accompanied by a corresponding increase in federal funding for family planning services, remains to be seen. ☉

Hospital Mergers...

Continued from page 4

by hospital mergers, the pending California legislation, if actually enacted, would have a much broader reach. Now that the state has moved to require that all private insurance include contraceptive coverage (see *For the Record*, October 1999), for example, it could be critical to ensur-

ing that enrollees get important information about access to the care to which they are entitled. "This legislation is not everything we need to do to actually ensure access to reproductive health care in the state of California," notes Susan Berke Fogel of the California Women's Law

Center. "It is essential that we move toward really making sure that care is available when hospitals merge and also wherever religious health care dominates. But in the meantime, this bill, by providing information to consumers, is a critical first step." ☉