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ONE HUNDRED NINTH CONGRESS

# Congress of the United States

## House of Representatives

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October 6, 2005

The Honorable David M. Walker  
Comptroller General  
U.S. Government Accountability Office  
441 G St, NW  
Washington, DC 20548

Dear Mr. Walker:

I am writing to ask that GAO investigate a contract for the review of abstinence-only curricula that raises serious questions about both ideological bias and financial conflicts of interest.

In January, I wrote to you along with nineteen other Members of Congress and Senators to request that GAO review the processes within the Department of Health and Human Services for determining the accuracy and evaluating the effects of "abstinence-only" education.<sup>1</sup> This request stemmed from a report I released last December that found serious scientific and medical errors in 11 of the 13 most popular federally funded curricula.<sup>2</sup> I am pleased that GAO has agreed to undertake this investigation.<sup>3</sup>

I am writing to ask that you address in your investigation a \$2.7 million dollar, three-year contract awarded by HHS for several tasks related to abstinence-only education.<sup>4</sup> These tasks include technical assistance on medical accuracy for abstinence-only grantees; the development

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<sup>1</sup> Letter from Rep. Henry A. Waxman et al. to Comptroller General David M. Walker (Jan. 18, 2005) (online at <http://reform.democrats.house.gov/Documents/20050118130027-07348.pdf>).

<sup>2</sup> House Government Reform Committee Minority Staff, *The Content of Federally Funded Abstinence-Only Education Programs* (Dec. 2004) (online at <http://reform.democrats.house.gov/Documents/20041201102153-50247.pdf>).

<sup>3</sup> Letter from Gloria L. Jarmon, GAO Managing Director for Congressional Relations, to Rep. Henry A. Waxman (Feb. 25, 2005).

<sup>4</sup> HHS, *Award Notice — Abstinence Education Program* (Sept. 30, 2002).

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of criteria to ensure that curricula comply with the statutory definition of “abstinence,” and the creation of a directory of curricula that meet these criteria.<sup>5</sup> The contract was awarded in September 2002.<sup>6</sup>

I am concerned for two reasons. The contract has been awarded to an organization with a strong ideological bias and a history of ignoring scientific evidence that challenges its positions. Moreover, the organization that received the contract appears to have a significant conflict of interest because it earns fees from abstinence-only resource providers whose curricula it is being asked to evaluate.

My concerns are detailed below.

### **The Contract**

The Request for Proposals for the abstinence technical assistance contract was issued on June 20, 2002.<sup>7</sup> According to the Statement of Work, the Contractor was to:

1. Develop national criteria for the review of abstinence-only curricula, based on compliance with federal definitions of abstinence-only education;
2. Develop and implement a procedure for the review of abstinence-only curricula, and produce a directory of approved curricula;
3. Develop and implement a program to provide medically accurate training and information to federal abstinence-only grantees; and
4. Develop and implement a program of consultation and technical support to federal abstinence-only grantees.<sup>8</sup>

The total contract value was \$2.7 million dollars, distributed over the first year plus two option years.<sup>9</sup>

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<sup>5</sup> HHS, Health Resources and Services Administration, Maternal and Child Health Bureau, *Statement of Work — Abstinence Education Program* (June 20, 2002).

<sup>6</sup> HHS, *Award Notice*, *supra* note 4.

<sup>7</sup> HHS, Health Resources and Services Administration, *Statement of Work*, *supra* note 5.

<sup>8</sup> *Id.*

<sup>9</sup> HHS, *Award Notice*, *supra* note 4.

The agency has reported that the purpose of the criteria is to determine if curricula are in compliance with the federal definition of abstinence-only education.<sup>10</sup> This is a peculiar question since the legal definition is already quite precise.<sup>11</sup>

In contrast, medical inaccuracy is known to be a problem in abstinence-only curricula. A report I released last December found serious scientific and medical errors in 11 of the 13 most popular federally funded curricula, and this may have serious health consequences.<sup>12</sup> Yet the contract does not require review of curricula for medical and scientific accuracy, providing only trainings on medical accuracy for abstinence educators.

Inclusion in the directory of approved curricula will not be a prerequisite for funding.<sup>13</sup> However, it is reasonable to assume that applicants for federally-funded abstinence programs will want to select "approved" curricula to improve their chances of obtaining grants.

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<sup>10</sup> Telephone Interview, House Government Reform Committee Minority Staff and HHS and HRSA Staff (Apr. 20, 2005).

<sup>11</sup> The Section 510 program was created in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Pub. L. No. 104-193 (1996) (hereinafter "PRWORA"). PRWORA § 510(b) states that a qualifying program:

- (A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- (B) teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;
- (C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- (D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;
- (E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
- (F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
- (G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
- (H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.

<sup>12</sup> House Government Reform Committee Minority Staff, *supra* note 2.

<sup>13</sup> Telephone interview, *supra* note 10.

### Selection of the Contractor

The abstinence technical assistance contract was awarded to the National Abstinence Clearinghouse on September 27, 2002.<sup>14</sup> There are serious questions as to how the Clearinghouse was selected and whether it is an appropriately impartial and non-ideological contractor for the task.

First, it is uncertain how open the contracting process was. At its annual conference in August, a staff member for the Clearinghouse described the origins of the contract in the following way:

So the government said look, we're paying you to teach abstinence education, and we want to make sure that where our money is going — our money is going to quality programs. So **they came to us — or, they put out a request for proposals** .... And we put together a plan to provide some technical assistance to help the government get what they're paying for.<sup>15</sup>

The presenter may have misspoken. However, the selection criteria in HHS's request for proposals seem to point specifically to the Clearinghouse. The ideal party for establishing national criteria would be non-ideological and able to impartially assess both the law and the curricula involved. However, the selection criteria include "organizational experience in serving as a nationwide resource for information and consultation on abstinence-only education."<sup>16</sup> This description closely matches that of the Clearinghouse, which represents itself on its website as a "central location where materials and training to effectively convey the abstinence-until-marriage message could be provided" and which "serves agencies on a national, state and local level."<sup>17</sup> While a handful of other parties submitted proposals, it is important to determine whether the selection criteria were stacked in favor of the Clearinghouse from the start.<sup>18</sup>

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<sup>14</sup> HHS, *Award Notice — Abstinence Education Program* (Sept. 30, 2002). The National Abstinence Clearinghouse subcontracted with the Medical Institute for Sexual Health for Task 3, and the Institute for Youth Development for Task 4.

<sup>15</sup> National Abstinence Clearinghouse, *The Good, the Bad and the Ugly: HRSA Contract Explained* (presentation) (Aug. 6, 2005) (emphasis added).

<sup>16</sup> HHS, Health Resources and Services Administration, Maternal and Child Health Bureau, *Request for Proposals — Section L, Instructions, Conditions, and Notices to Offerors or Quoters* 50 (June 20, 2002).

<sup>17</sup> National Abstinence Clearinghouse, *About Us* (online at <http://abstinence.net/about/history.php> and <http://abstinence.net/about/>).

<sup>18</sup> According to the Federal Procurement Data Center, a total of 2-5 parties submitted proposals to HHS. *Federal Procurement Data System: Fiscal Year 2003*.

I am also concerned about the bias of the contractor. The National Abstinence Clearinghouse is a vocal advocate for a narrow form of abstinence-only-until-marriage education, often choosing ideology over evidence. The mission of the Clearinghouse is “to promote the appreciation for and practice of sexual abstinence (purity) until marriage,” and its official position statements include the following:

- **“Masturbation ...** Sex therapists consider masturbation the first stage of sexual addiction for sex addicts. This practice should not be encouraged as a ‘safe’ sexual practice.”
- **“Images in Educational Materials ....** Diagrams of internal organs are acceptable, but images or pictures of external genitalia in any form, whether diseased or healthy, can be detrimental to the health of young men and women’s minds.”
- **“Homosexuality ....** Research shows the homosexual lifestyle is not a healthy alternative for males or females. The male and female body are not anatomically suited to accommodate sexual relations with members of the same sex. Sexual practices in the homosexual lifestyle are considered very dangerous for disease, infection, etc. This lifestyle should not be encouraged as healthy or as an equal alternative to marriage.”<sup>19</sup>

In support of its ideological agenda, the National Abstinence Clearinghouse has on multiple occasions misrepresented medical or scientific data. For example, last year Texas A&M researchers found that students became increasingly sexually active after abstinence-only programs, paralleling trends among their peers in the state.<sup>20</sup> A principal investigator of the study stated, “The jury is still out, but most of what we’ve discovered shows there’s no evidence the large amount of money we’re spending is having an effect.”<sup>21</sup> Yet the Clearinghouse issued a press release titled “Texas A&M Study Shows Abstinence Education Works.”<sup>22</sup> Similarly, when last year researchers Peter Bearman and Hannah Bruckner at Columbia and Yale Universities found that teens who took “virginity pledges” were as likely to contract STDs as

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<sup>19</sup> National Abstinence Clearinghouse, *Abstinence 101* (2005) 88-90.

<sup>20</sup> Patricia Goodson, B.E. Pruitt, et al., *Abstinence Education Evaluation Phase 5: Technical Report* (Sept. 2004).

<sup>21</sup> *Bush Pushes Sexual Abstinence for Teens Despite Data*, Reuters (Mar. 17, 2005).

<sup>22</sup> National Abstinence Clearinghouse, *Press Release: Texas A&M Study Shows Abstinence Education Works: Students More Likely to Abstain* (Jan. 31, 2005) (online at <http://abstinence.net/library/index.php?entryid=1814>).

those who did not, the Clearinghouse press release read: “Bruckner and Bearman Study Shows Abstinence Education Works.”<sup>23</sup>

Clearinghouse President Leslee Unruh has also criticized crucial public health interventions on ideological grounds. For example, in recent clinical trials, new vaccines were highly effective in preventing the transmission of the human papillomavirus strains associated with most cases of cervical cancer.<sup>24</sup> This intervention could save thousands of women’s lives in the United States and many more worldwide. Yet in a Clearinghouse release, Ms. Unruh called the idea of routine vaccination “an outrage” and stated that the costs “would be much safer spent on abstinence education.”<sup>25</sup>

### Conflicts of Interest

The Clearinghouse’s financial relationship with publishers of curricula also raises questions. The group makes money from curriculum providers by selling benefits that include extensive advertising, distribution and certification. There would appear to be a conflict when an organization that solicits funds from resource providers is hired to determine which of those resources are eligible for federal funding.

The Clearinghouse has a strong financial relationship with many abstinence-only curriculum providers, offering individuals and groups varying levels of “affiliation.” At the higher levels, benefits include publicity for speakers or materials. For example, for \$480 per year, “Engagers” receive a consultation session, a quarter-page ad, “distribution service,” and a private session with President Leslee Unruh.<sup>26</sup> Prospective affiliates are told: “Getting a product

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<sup>23</sup> Hannah Bruckner and Peter S. Bearman: *After the Promise: The STD Consequences of Adolescent Virginity Pledges*. Journal of Adolescent Health (forthcoming March/April); National Abstinence Clearinghouse, *Press Release: Bruckner and Bearman Study Shows Abstinence Education Works* (Mar. 21, 2005) (online at <http://abstinence.net/library/index.php?entryid=1927>).

<sup>24</sup> L.A. Koutsky, K.A. Ault, C.M., Wheeler, et al., *A Controlled Trial of a Human Papillomavirus Type 16 Vaccine*, New England Journal of Medicine, 1645 (Nov. 21, 2002); Diane Harper et al., *Efficacy of a bivalent L1 virus-like particle vaccine in prevention of infection with human papillomavirus types 16 and 18 in young women: a randomised controlled trial*, *The Lancet* 2004; 364:1757-1765.

<sup>25</sup> National Abstinence Clearinghouse, *Drug Companies to Manufacture HPV Vaccines and Push For Mandatory Use on Minors* (Apr. 13, 2005) (online at <http://www.abstinence.net/library/index.php?entryid=1976>).

<sup>26</sup> National Abstinence Clearinghouse, *Member Center* (Feb. 2, 2004) (online at <http://www.abstinence.net/member/benefits.php>).

into the hands of consumers takes experience and the proper resources. The Abstinence Clearinghouse has both and we can help Engagers reach their product goals.”<sup>27</sup>

Similarly, for its annual conference this August, the Clearinghouse offered resource providers varying levels of sponsorship that include multiple forms of advertising.<sup>28</sup> For example, at the highest level of \$3,600, Gold Sponsor benefits included pamphlet inserts in the registration bag, one booth space, and a full-page ad in the conference binder.<sup>29</sup> The Clearinghouse’s message to resource providers was unambiguous:

The International Abstinence Leadership Conference is the world’s largest gathering of like-minded abstinence managers, coordinators, educators and students. These 1,100 plus attendees have a combined annual budget totaling more than \$250 million. This amount will increase when the President’s proposals for increasing the federal budget for abstinence education, fatherhood initiatives, and marriage preparation education are implemented. Resource providers should not be asking, “Can I afford to exhibit at this conference?” Instead they should ask, **“Is this a conference I can afford to miss?”** **The answer is a resounding “NO!”**<sup>30</sup>

In addition, the Clearinghouse charges abstinence educators for “Certification.” The significance of certification is unclear; conference attendees were told, “It’s all about credibility.”<sup>31</sup> Requirements for certification include a fee to the Clearinghouse and a test on the fundamentals of abstinence education.<sup>32</sup> However, conference attendees were assured regarding the test that “We just want to make sure . . . that the information has gone in and stayed in for a minute and then can be spewed back out, that’s basically all we need.”<sup>33</sup> Regardless of its debatable utility, the certification process represents another financial interest between the organization and the abstinence-only community.

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<sup>27</sup> National Abstinence Clearinghouse, *Abstinence Clearinghouse Affiliate Program: Networking individuals and organizations* (pamphlet).

<sup>28</sup> National Abstinence Clearinghouse, *Abstinence Takes on Hollywood* (online at <http://hollywood.abstinence.net/sponsors/>).

<sup>29</sup> *Id.*

<sup>30</sup> *Id.* (emphasis in original).

<sup>31</sup> National Abstinence Clearinghouse, *The Good, the Bad and the Ugly: HRSA Contract Explained* (presentation) *supra* note 15.

<sup>32</sup> National Abstinence Clearinghouse, *Latest News: Certification Testing* (Aug. 31, 2005) (online at: <http://www.abstinence.net/library/index.php?entryid=2246>).

<sup>33</sup> National Abstinence Clearinghouse, *The Good, the Bad and the Ugly: HRSA Contract Explained* (presentation) *supra* note 15.

With these strong financial relationships in place, it is difficult to see how the National Abstinence Clearinghouse could be seen as a disinterested arbiter of the eligibility of different curricula for federal funding.

### **Conclusion**

The GAO study will cover how HHS has reviewed the accuracy and effectiveness of abstinence-only programs it funds. I ask that as part of this review, you assess HHS's contract for national criteria and a directory and abstinence-only technical assistance.

Specific questions you may want to address include:

1. How was the National Abstinence Clearinghouse selected as the contractor?
2. What was the relevant training and expertise of the members of the expert panels that the Clearinghouse convened to develop and apply national criteria?
3. Has HHS taken any steps to address potential conflicts of interest created by the Clearinghouse's commercial relationship with abstinence-only resource providers?
4. Why doesn't the contract include criteria for assessing the medical and scientific accuracy of curricula themselves?
5. What were the training needs identified by the contractor or subcontractors in the area of medical accuracy? Did HHS review the medical or factual accuracy of information provided at the trainings given by the two subcontractors?

If you have any questions, please contact my staff at (202) 225-5420.

Sincerely,



Henry A. Waxman  
Ranking Minority Member