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(The largest public policy women's organization in the United States,  
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CWA of Ohio has some major concerns about the Prevention First Act, HB 293. One of these concerns is the violation of the conscience rights of medical professionals and religiously affiliated hospitals if they must perform abortions and give out emergency abortifacient contraceptives against their moral beliefs. Another concern is mandating that Ohio taxpayers having to pay directly for abortions.

Another concern we have is the teaching that condom use provides safe sex in the prevention of pregnancy and disease. I will go into this issue in some detail so please bear with me. I will be using and quoting from a book written by Dr. Miriam Grossman, M.D. titled; *You're Teaching My Child What?* Dr. Grossman is a physician who has worked with teens in her practice that have been adversely affected by the lies taught in comprehensive sex education.

Since Ohio House Bill 199 went into effect on March 18, 1999, Ohio children have been taught abstinence-only education. The course material teaches our children about STD's and AIDS and how harmful these diseases are to their health. Abstinence education also teaches the potential physical, psychological, emotional, and social side effects of being sexually active outside of marriage. The course material also covers the consequences of getting pregnant at such a young age.

So what is it that HB 293 wants taught in sex education that is not already taught? I'm afraid it is safe sex. But I think you know as well as I do that there is no such thing as safe sex. Using a condom can not guarantee that one will not contract a sexually transmitted disease or that a girl will not get pregnant. And even if a condom could guarantee this, we must consider the psychological and emotional state of the female because, as science has determined, girls are wired differently than boys and tend to be much more vulnerable to depression and other emotional side effects after having sex.

Many sex education teachers and organizations state that condom use can be 98 percent effective in protecting against pregnancy and sexually transmitted infections, including HIV. This statement also implies that a condom is 98 percent effective regardless if one has vaginal, oral, or anal sex. Dr. Jacobs, listed as one of D.C.'s best doctors for years, disagrees with this statement and so do other medical professionals such as family practitioners, neurologists, surgeons, OB/GYNs, gastroenterologists, ER doctors, cardiologists, pediatricians, pathologists, urologists, oncologists, endocrinologists. Dr. Jacobs states that "98 percent protection refers to avoidance of pregnancy, not infection, and is achievable, according to studies, by adult couples with 'perfect use' of condoms." However, there are few individuals that use condoms perfectly, let alone consistently and correctly each time. With "typical use" by adults, the rate of preventing pregnancy drops to 85 percent. When teenagers use condoms the pregnancy prevention

rate is much lower because of their immaturity, use of alcohol before sex and other factors.

In 2001 the NIH, CDC, and FDA brought together a panel of 28 experts and asked, “What is the scientific evidence on the effectiveness of latex male condom-use to prevent STD transmission during vaginal intercourse?” Dr. Jacobs said that their “answer to that question was – and still is – it depends.” Latex condoms are essentially impermeable to all sexually transmitted organisms, germs and sperm but these three can get outside the condom edges which means they are not 98 percent effective against disease. “At best, protection against HIV has an estimated 80 percent reduction in risk of transmission with perfect use during vaginal intercourse. Risk reduction for infections transmitted in secretions ranges from 26 percent (Chlamydia) to 62 percent (gonorrhea). In one study of sexually active African American teen girls, despite 100 percent condom use, one in five became infected with chlamydia, gonorrhea, or trichomonas within twenty-eight months. Protection against infections transmitted skin-to-skin is compromised, because sometimes the condom will not provide coverage of the area. Other research indicates perfect condom use only reduces the risk of genital herpes by 25-50 percent. Large studies have found little or no effectiveness of condoms in preventing transmission of HPV.”

Dr. Jacobs stated that the video stating 98 percent protection for pregnancy and disease was dangerously misleading. It would give students a false sense of security, and the consequences could be catastrophic. She had evidence in her own practice that even people who use condoms perfectly can be infected with HIV/AIDS. Two of her most recent cases had been patients infected with HIV who were both shocked at the diagnosis. One was a teenager, the other a mature adult. They had used condoms 100 percent of the time and couldn’t understand how it had happened. As she later recalled, “They were so angry, it was as if flames were coming out of their heads.”

Jacobs noted the absence of warnings about the danger of anal intercourse in sex education videos and classes. “Students were being told that HIV and other infections are shared through unprotected vaginal, oral, or anal intercourse, as if each activity carries the same risk. Dr. Jacobs wanted students to hear what she told her patients—that due to anatomy and physiology, anal sex has been estimated to be at least 20 times riskier than vaginal sex. Also missing was the information that condoms are more likely to fail during anal sex.” *Her years of practice taught her that with or without a condom, anal intercourse is high risk behavior, and that kids must be told, “Don’t do it.”*

A CDC study of over 12,000 people has indicated that by age 19, 11 percent of girls have had anal intercourse, and by 24, almost 30 percent. Many teens do not recognize this as risky sexual behavior, one study on urban minority females indicated 41 percent engaged in anal sex to avoid pregnancy, and 20 thought HIV could not be transmitted through anal sex, some don’t even consider anal sex, sex.

An issue never addressed in sex education classes is the link between oral sex and oral cancer. In May 2007, a group of surgeons and cancer specialists reported on the increasing incidence of oral cancers in young adults. The risk of oral cancer in these patients was related to their sexual behavior: having more than five oral-sex partners in

their lifetime increased their risk 250 percent. Evidence that the throat cancer - a type found at the base of the tongue and in the tonsils - were caused by HPV was called “compelling.”

This finding is particularly relevant to sex educators, because by ninth grade, that is by age 14 or 15, 20 percent of students have had oral sex. Online “sexperts” inundate kids with detailed and graphic information about this activity, portraying it as safe and normal. *It needs to be said that, “having oral sex with multiple partners is associated with throat cancer. Don’t do it!”*

While considering the *Prevention First Act, HB 293*’s merits we must ask some questions. Where is the curriculum going to come from; we need to see it and have time to review it before a decision can be made on this bill. We also need to ask who is teaching the material. I understand that the individual instructors will be trained and certified but by whom? Many times these instructors are trained by Planned Parenthood, Advocates for Youth, and SIECUS which are steeped in ideology, permeated with extremism. It seems that sex education is more of a social movement, a vehicle for changing the world rather than the health of our children.

We also need to ask what type of materials will be distributed: pamphlets, condoms, lists of recommended websites? Attached is a list of websites recommended by sex educators. One such website is Columbia University’s “Go Ask Alice.” There is some good information on this site but if you dig a little deeper teens learn how to purchase “adult products” by phone, arrange a threesome, and stay “safe” during sadomasochistic “sex play.” Another question is will the material relate to sexual orientation and gender? That is important because there is great confusion around these terms which need to be clarified.

Will the children’s sex education be grounded in biological truths? Dr. Grossman says that, “these are the indisputable finding from hard science that simply aren’t up for debate.” It is this hard science upon which she has based her book. She states that “ignoring these biological truths has done more than cause soaring rates of distress and disease: our youth cannot appreciate or experience the depth and power of genuine intimacy. They may understand the plumbing, but they do not grasp the big picture- that sexuality is like fire. *Depending on the circumstances, fire can sustain or destroy. Therefore, you don’t play with it.*”

“Sex education programs do not adequately address the increased danger of multiple partners, the limited efficacy of condoms and the increased danger of anal sex. When sexuality is about fleeting urges and attractions, it is hazardous. When its place in our lives is exaggerated, it is destructive.”

“It may not be politically correct to describe ills related to having multiple sexual partners and anal intercourse,” Dr. Jacobs wrote in the *Washington Times*. “However, it is scientifically correct. Our tax payer dollars should not be used to encourage or normalize risky sexual behavior or to hide the results of such behavior from youth.”

Dr. Miriam Grossman, M.D., states that “It is a sad state of affairs when, due to political correctness and social agendas, a professional with wisdom, experience, and passion must wage war to be heard.”

Why promote the untruth that anal and vaginal intercourse are alike? What’s behind the notion of “generic” intercourse? It’s the preposterous belief that males and females are the same, and their unions are equivalent. It’s another example of the indoctrination of children with radical social agendas.

The truth of biology – anal sex is too dangerous – is squelched, because it contradicts the ideology of “anything goes - no judgments allowed.” As always, when it’s health versus sexual freedom, freedom prevails. Their priority is not disease avoidance. It’s to promote a specific worldview – sex is not an appetite to be restricted-and rally kids toward social change.” Kids are encouraged to explore their sexuality, and told precisely how; with the experts’ blessings, they go out and play in traffic. We need straight talk and hard science.

Studies show that parents can be the biggest deterrent in their child’s sexual attitude and sexual activity. The parents must make sure their children know their values and expectations. If a daughter perceives her relationship with her mother is good, and her disapproval of teen sex is absolutely clear, it can have a powerful effect on her behavior. One study based on data from almost 8,000 mother-teen pairs found that the more liberal teens think their mothers’ sexual opinions are, the more likely they are to have had sex and the more sexual partners they are likely to have.

In closing I urge you to keep abstinence-only education because it has been proven to be effective if taught in the right way and covers the risks involved with having sex outside of marriage that have been discussed here. As we have also looked at comprehensive sex education, we have found it to be lacking in real concern for the child and more interested in promoting its own ideology of sexual freedom.

“When research on abstinence-based and contraception-based programs is judged using equivalent standards, there is growing scientific evidence supporting abstinence as a viable prevention strategy. Conversely, there is little research evidence to support the widespread claim that so-call comprehensive sex education programs in schools are effective. With 1 in 4 teen girls in the U.S. now infected with an STD, there is clearly a need to do more to protect adolescents. However, the scientific evidence does not support abandoning the abstinence approach in favor of a contraception/condom-based strategy that has not been proven to be successful after 20 years of study.” (The Institute for Research and Evaluation.)

Madam Chairman and members of the Health committee I thank you for your time and urge you to stop HB 293 here in the committee.

Attachment of Recommended Websites by Sex Education Providers:  
Planned Parenthood, Advocates for Youth, SIECUS

gURL.com

youthresource.com

scarletletters.com

femmerotic.com

scarleteen

sexetc.org

Teen Talk

Genderland

Rutger University's – Answer

Columbia University's - Go Ask Alice

This testimony is quoted throughout from the book titled, "You're Teaching My Children What?" by Miriam Grossman, M.D..