

**TALKING POINTS:  
A Current Events Forum  
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Joint Action Committee for Political Affairs  
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**Joint Action Committee for Political Affairs  
P.O. Box 105  
Highland Park, Illinois 60035  
Tel 847.433.5999 Fax 847.433.6194  
Email [jacpac123@aol.com](mailto:jacpac123@aol.com) Web [www.jacpac.org](http://www.jacpac.org)**

# Summary of Issues and Talking Points

## **Issue I: US-Israel Relationship**

- President Obama is now and has always been a strong proponent of the US relationship with Israel and believes the US should play a significant role in facilitating peace; the President's position is, and always has been, JAC's position.
- One of President Obama's first acts in office was to appoint a special Mideast envoy, former Senate Majority Leader George Mitchell, to work exclusively on the peace process. JAC supported Mitchell as a Senator.
- When President Obama raises specific issues, such as settlements, there is no reason to call into question whether he is pro-Israel; US policy on settlements is the same as it was during the Bush Administration.
- When America was an uncritical cheerleader of Israel, no progress was made on peace. President Obama recognizes that the status quo is not an option. It is too dangerous for both Israel and the United States. He is committed to pursuing a secure and lasting peace between Israel and the Palestinians. That is what it means to be pro-Israel.
- President Obama is the first President in history to declare before an Arab audience in a Middle East country that the US-Israel bond is "unbreakable," that Holocaust denial is "baseless, ignorant and hateful," and "threatening Israel with destruction – or repeating vile stereotypes about Jews – is deeply wrong."
- President Obama understands that the world has changed since the end of the Cold War and since 9/11. His foreign policy reflects his recognition that the security of both America and Israel depends on a new relationship with the Muslim world --without abandoning Israel.

## **Issue II: Iran**

- At the G-20 Conference, President Obama, French President Sarkozy, and British Prime Minister Brown announced that the United States, Britain, and France presented detailed evidence to the IAEA demonstration that Iran has been building a covert uranium enrichment facility. Taking a harsh tone towards the Iranian government, all three leaders felt that this was a direct challenge to the basic compact at the center of the Nuclear Non-Proliferation Treaty.
- Additionally, on September 28th, Iran test fired missiles with sufficient range to strike Israel, parts of Europe, and American bases in the Persian Gulf.
- On October 1st, delegates from Iran met with delegates of the United States, France, Britain, Russia, Germany, and China to discuss a broad range of global political concerns, including Iran's nuclear program and the their possible development of a nuclear weapon.
- House Foreign Affairs Chairman Berman (D-CA) announced that the news of Iran's secret uranium enrichment plant is deeply disturbing and will cast a heavy shadow over the negotiations with Tehran. Despite the disclosure, Chairman Berman isn't moving up his time line to mark up HR 2194, the Iran Refined Petroleum Sanctions Act of 2009. The plan remains the same: to markup both the House and the Senate version of the bill in October.

## **Issue III: Health Care**

Rep. Phil Hare (D-IL) has put together talking points on the House health care overhaul bill, HR 3200, that address the most often expressed concerns, followed by a comparison of House and Senate plans, and how deficiencies in the system affect women disproportionately. The Religious Action Center of Reform Judaism says this about the Jewish perspective on health care reform:

*Reform Jewish tradition teaches us that human life is of infinite value and that the preservation of life supersedes almost all other considerations. We are constantly commanded “not to stand idly by the blood of our neighbors.” We believe that God endowed us with the understanding and ability to become God’s partners in making a better world. Three health care obligations flow from these core values:*

*1. First, physicians have an obligation to heal. As Moses Maimonides concluded in Commentary on Mishnah Nedarim 4:4: "It is obligatory from the Torah for the physician to heal the sick and this is included in the explanation of the phrase: 'and you shall restore it to him' meaning to heal the body."*

*2. Second, patients have an obligation to obtain health care. Our bodies and souls belong to God, and we have to ensure that they are cared for. The verse in Deuteronomy (4:15) "You shall indeed guard your souls," has traditionally been interpreted as commanding us to protect our health. "Whoever is in pain, lead him to the physician," (Baba Kamma 46B).*

*3. Third, providing health care was not just an obligation for the patient and the doctor, but for the society as well. It is for this reason that health care is listed first by Maimonides on his list of the ten most important communal services that had to be offered by a city to its residents. (Mishneh Torah, Sefer Hamadda IV:23).*

*From these themes, we must conclude that when members of a society at large are ill, our responsibility — not only of the medical profession but for of all of us — expands to ensure that medical resources are available at an affordable cost to those who need them. This principle is also embodied in the concept of mipnei tikkun ha-olam — what we are obliged to do in order to repair the world in which we find ourselves.*

#### **Issue IV: Abstinence Education**

Recently a congressional committee voted to fund abstinence education, despite government commissioned research that proves such education is not effective. It does harm to the most at-risk populations and it is a waste of taxpayers’ money.

- JAC supports full reproductive freedom for women and opposes legislation that limits a woman’s right to birth control or abortion.
- The religious right is leading the opposition to abortion, family planning, sex education, cloning, stem cell research, and more — lumping these issues under their “pro-life” banner.
- Reproductive choice is more than the right to an abortion. It is about the freedom we enjoy because of the protections provided by the Constitutional wall that separates religion from state. The religious right has breached that wall and advocated legislation compatible with their theology, not ours.
- Reproductive choice is also about the right to make personal decisions about our health and life without unwarranted government intrusion.

# ISRAEL

## Trilateral: Much ado about nothing

By: Alon Pinkas

September 24, 2009 05:18 AM EST Politico.com

It was about nothing.

Before it began, while it took place and once it ended, Tuesday's trilateral summit in New York among President Barack Obama, Israeli Prime Minister Benjamin Netanyahu and Palestinian Authority President Mahmoud Abbas was a "Seinfeld" summit. As George Costanza put it in a famous episode parodying the real-life sitcom, "I think I can sum up the show for you in one word: Nothing."

The problem is that in the Middle East, "nothing" is not funny but dangerous. That is why both Israel and the Palestinians would be wise to seriously consider an important concept that Obama expressed Tuesday. In clear and unequivocal words, Obama presented an idea that none of his predecessors expounded: The resolution of the Israeli-Palestinian conflict is an American interest. If Obama develops this into a coherent policy, "nothing" will no longer be acceptable. But while formulating this policy, the administration should be aware of Israel's fundamental concern.

Here is the most excruciating dilemma: Israel wants out of most of the West Bank, yet the Palestinians cannot govern effectively and guarantee security. A Palestinian state may be supported all around the world on grounds of self-determination or as a conflict resolution formula, but if it is established prematurely, it will implode and fail. A failed state on its border is a perilous development that Israel cannot and should not accept considering the Palestinians' proclivity for terrorism.

In the broader region, Obama's Cairo speech in June presents a new and welcome approach. The more respected America is, the more power it can project and the greater its political leverage. That also implies a more robust peace process, if America's power projection is used to extract long-overdue recognition of Israel by the entire Arab world, which is fearful of Iran's nuclear ambitions far more than it is losing sleep over housing projects in some settlement.

Studying the past two decades of peacemaking and analyzing his predecessors' policies would indicate clearly to Obama that there is no causal relationship between the Israeli occupation and the Palestinians' failure to gain their desired state. While settlements are a perfectly legitimate issue for negotiations, the failure should be attributed to

Palestinian recalcitrance and lack of statesmanship when it mattered most. Had the Palestinians accepted what was offered at Camp David in 2000, they most likely would be celebrating their fifth independence day this year.

The vast majority of Israelis — including Netanyahu — endorse the two-state solution as the likeliest of outcomes of an amicable, honest and durable final-status peace agreement. The Israeli predicament concerns the daunting specter of a Palestinian state being a failed state immediately at its inception. Currently, the Palestinians lack the ability to effectively govern, their economy is unsustainable, and most important, they are split between a Fatah-controlled (through the Palestinian Authority) West Bank and an Iranian-backed Hamas in Gaza. Such a state can easily deteriorate into lawlessness and an armed-militia-controlled ragtag of fiefdoms.

Obama will also learn — and thereby avoid further "Seinfeld" summits — that one of the enduring conclusions Israelis draw from the past years of negotiations is that the Palestinians seem not to want to resolve "1967 issues" concerning borders and sovereignty. Rather, they reject any accommodation unless "1948 issues" — that is, the very establishment of Israel (and refugees) — are dealt with to their full satisfaction. This is not realist statesmanship but a recipe for continued conflict.

Ironically, a seemingly intractable situation could become an opportune moment to consider a paradigm shift. This requires a more cooperative calibration of short-, medium- and long-range attainable objectives from all parties involved. The ideas laid out by Palestinian Prime Minister Salam Fayyad on building political institutions, creating more transparency and especially developing the Palestinian economy are a bottom-up approach that can ensure positive negotiations. If a meaningful process is relaunched sometime soon, it is not unreasonable to assume that Israel will entertain the idea of a quasi-Palestinian state defined in provisional borders as a midrange goal. This is hardly a risk-averse concept, but it could prove to be a game changer.

Contrary to what some may be predisposed to think, Netanyahu currently may very well be the only Israeli leader capable of convincing a skeptical Israel that it is the right thing to do. The Palestinians would do their cause great service by announcing the "end of conflict" and recognizing Israel's right to exist, not merely its being.

## Judging Israel

By William Choslovsky

October 2, 2009 As many pious, civil-rights-minded people have noted, constructing fences to cage people in is "inhumane." As some have editorialized, it is even "racist" and creates an "apartheid" state. No wonder Israel is so criticized. After all, what kind of country would construct high walls, ditches, blockades and checkpoints and use sophisticated surveillance and armed border patrols to keep two people divided?

Oh, that's right, we do. Specifically, the United States is building a 2,000 mile fortress with Mexico. Israel's still incomplete 300 mile divide between itself and its Palestinian "neighbors" is puny in comparison.

Neither is wrong. Both work.

As the U.S. Department of Justice reported, after we increased border security, alien arrests fell to 25-year lows near San Diego. Crime rates fell more than 40 percent in border towns like Nogales, Ariz. As the DOJ's "Fact Sheet" later bragged: "Today, Gatekeeper is the model for operations in other vulnerable border regions."

And before all the high-brow critics cry foul, keep in mind that our enhanced, beefed-up divide was originally a Clinton administration initiative. That's right, "Operation Gatekeeper" was launched Oct. 1, 1994, to stem the tide of illegal aliens across our porous border. Our wall only "protects" us from people who mainly seek passage for work and a better life. The people on the other side of our wall dream only to join us, not kill us. Yet we keep them out, or try.

Imagine what we would build -- or do -- if instead of trying to take a job, those on the other side were trying to take . . . our lives. Imagine what we would do if people 10 miles away lobbed rockets each day at our children and "taught" their children with textbooks that have maps that omit our country. Imagine what we would do if instead of suffering one terrorist attack since 2001, almost 20,000 were attempted against our people. Viewed in this light, I ask, what took Israel so long?

Simply stated, Israel's "inhumane" walls and policies are the effect; the cause is terrorism. Israel seeks the same thing she has sought since her founding: true peace. As judged by deeds, not sound bites, she still awaits a willing, sincere Palestinian partner.

William Choslovsky is a Chicago attorney.

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# HEALTH CARE

## A DOSE OF REALITY: MYTH VS. FACT ON HEALTH REFORM

Prepared by the Office of Congressman Phil Hare

Re: HR 3200

Myth 1: Healthcare reform will force Americans out of their current plans.

Fact: If you like what you have, you can keep it. For those that are satisfied with your current insurance, reform will not take anything away from you. The House bill allows for existing policies to be grandfathered in, so that people who currently have health insurance will not lose coverage. House Bill, “Protecting the Choice to Keep Current Coverage”. Page 16, lines 3-9, SEC. 102.

Myth 2: A government option will result in health care rationing for Americans.

Fact: Americans’ health care is already rationed by the private health insurance industry. Private insurance companies reject applications based on pre-existing conditions every day. They rescind coverage after an illness has been diagnosed. Their premiums and deductibles are so high that millions of Americans are forced to delay care or declare bankruptcy due to high costs.

Myth 3: Health care reform will encourage euthanasia of seniors.

Fact: The House bill includes language that covers the cost of end-of-life counseling sessions. The counseling is voluntary and will provide professional, knowledgeable, and compassionate information to seniors on such issues as will preparation, medical power of attorney, resuscitation wishes, and other matters.

House Bill, “Advance Care Planning Consultation”. Page 424 -434.

Also, an amendment adopted by the Energy and Commerce Committee includes a provision that clarifies health insurers that provide information on end-of-life care planning “shall not promote suicide, assisted suicide or the active hastening of death.”

Myth 4: A government option will force private insurance companies out of business.

Fact: The introduction of competition in the health insurance market will not put private companies out of business – it will keep insurance companies honest. 72% of Americans favor a public health insurance option because they recognize it is the only true incentive for insurance companies to provide quality coverage.

Also, the nonpartisan Congressional Budget Office expects most consumers to choose a private insurance plan. CBO estimates that only 3 percent of Americans will choose to be enrolled in the public option.

Myth 5: Health care reform will provide health insurance to illegal immigrants.

Fact: The House bill specifically forbids federal dollars from going to the health insurance policies of undocumented workers, saying no federal payments will be allowed to benefit those “who are not lawfully present in the United States.” House Bill, “No Federal Payment for Undocumented Aliens”. Page 143, Line 3, SEC. 246:

Myth 6: The government-run plan will allow taxpayer funds to pay for abortions.

Fact: Abortion is not mandated in any reform legislation. Currently, private insurance companies make their own decisions on whether or not abortion is a covered procedure. Current reform proposals will continue to allow insurers to decide to cover abortion and consumers to choose a plan that is right for them.

Myth 7: Health care reform will cut Medicare benefits.

Fact: Proposed reform will strengthen and improve Medicare. The House bill fixes the Medicare Part D doughnut hole that denies drug coverage to seniors with between \$2,700 and \$6,100 per year in prescriptions. Additionally, the driving force behind Medicare reform is to make the program run more efficiently so it remains solvent while also preserving the high quality care seniors enjoy today.

Myth 8: Proposed health care reform will raise taxes on the middle class.

Fact: The House bill includes a relatively small income tax on the wealthiest 1.3% of Americans.

Myth 9: Health care reform will add to the deficit.

Fact: The nonpartisan Congressional Budget Office (CBO) confirms that the proposed healthcare reform is deficit neutral. The cost of reform is estimated at \$1 trillion over 10 years, while the bill's cost savings and revenues total \$1 trillion.

Myth 10: Changing the current system has the potential to destroy small American businesses – especially if Congress enacts an employer mandate.

Fact: Under the House bill, small businesses are winners. With tax credits and a reformed market that ensures access to affordable coverage, small business owners and their employees will have new options to purchase affordable health insurance that are not available to them now. In addition, provisions adopted by the Energy and Commerce Committee will exempt 86% of all businesses from the employer mandate.

Myth 11: Members of Congress are exempt from proposed reforms.

Fact: Nothing in the legislation exempts the Federal Employee Health Benefits plan (the plan members of Congress and staff enroll in) from the reforms. By the end of 2018, all employer-sponsored health insurance plans (including the FEHB) will have to meet at least the same basic minimum standards of coverage as those insurance plans as offered through the Exchange.

Myth 12: A public option is paid for with taxpayer dollars.

Fact: The public option pays for itself over time. After an initial investment, which will be paid back, the public option will be financed through premiums. Also, a public plan paying providers Medicare rates plus 5% would produce savings for the government of roughly \$3 trillion.

# House and Senate Health Care Reform Bills Comparison

[http://www.msnbc.msn.com/id/32872749/ns/politics-health\\_care\\_reform/](http://www.msnbc.msn.com/id/32872749/ns/politics-health_care_reform/)

## Public Insurance Option

**House bill:** Creates a federally run government insurance program to compete with for-profit insurance plans.

**Senate Finance Committee bill:** Instead of a government insurance program, creates non-profit health plans to compete with for-profit insurance plans. States would have the option of bargaining with insurers to get low-cost coverage for some uninsured people.

**Senate Health, Education, Labor, and Pensions Committee (H.E.L.P) bill:** Similar to House bill.

## Individual Mandate

**House bill:** Individuals must have insurance, a requirement enforced through a tax penalty with hardship waivers. The penalty is 2.5 percent of income.

**Senate Finance Committee bill:** With certain exceptions, would penalize people who choose to not buy health insurance, with a maximum penalty of \$750 per adult, starting in 2017.

**Senate H.E.L.P. Committee bill:** Imposes a minimum annual penalty of \$750 on individuals who do not buy coverage.

## Subsidies to Buy Insurance

**House bill:** Offers subsidies to families with incomes of up to 400 percent of the federal poverty level, which is now \$88,200 for a family of four, to buy insurance.

**Senate Finance Committee bill:** Similar to House bill.

**Senate H.E.L.P. Committee bill:** Similar to House bill.

## Tax Increases, Fees and Penalties

**House bill:** Imposes tax increases of \$544 billion over 10 years on people with incomes over \$350,000. Penalizes employers who do not offer insurance to their workers. Penalty is an amount equal to 8 percent of their total payroll costs.

**Senate Finance Committee bill:** Imposes a 40 percent tax on insurance companies for any health plan that costs more than \$21,000 for families or \$8,000 for singles. Workers in high-risk jobs would be partly shielded from this tax. Imposes annual fees of \$6.7 billion on insurance companies, \$4 billion on medical device manufacturers, and \$2.3 billion on pharmaceutical firms.

**Senate H.E.L.P. Committee bill:** Requires employers who do not offer health coverage to their workers to pay \$750 for each uninsured full-time employee.

## Expansion of Medicaid

**House bill:** Creates a uniform national eligibility standard of 133 percent of the federal poverty level, which is now \$29,326.50 for a family of four. This would cost about \$440 billion in the first ten years.

**Senate Finance Committee bill:** Similar to House bill.

**Senate H.E.L.P. Committee bill:** No provisions on Medicaid.

## Cuts in Medicare Spending

**House bill:** Would cut payments to hospitals and other providers and would cut spending on the Medicare Advantage program. According to the Congressional Budget Office, these cuts would amount to at least \$350 billion over 10 years.

**Senate Finance Committee bill:** Takes steps to move away from fee-for-service payments to doctors and hospitals and toward payments based on quality of care. Cuts payments to Medicare Advantage plans, home health providers, and others.

CBO estimate: about \$330 billion in spending cuts over 10 years.

**Senate H.E.L.P. Committee bill:** Creates grant program to award money to states and local health departments to conduct programs to improve health of the 55-to-64 year old population to prevent larger Medicare spending later.

**Employer Mandate**

**House bill:** Employers must provide insurance to their employees or pay a penalty of 8 percent of their payroll cost. Companies with payroll costs under \$250,000 annually are exempt.

**Senate Finance Committee bill:** Requires employers with more than 50 employees that do not offer coverage to pay a fee of \$400 times the total number of employees.

**Senate H.E.L.P. Committee bill:** Employers with more than 25 employees who do not offer coverage or who pay less than 60 percent of their employees' monthly premiums must pay a \$750 annual fee per uninsured full-time employee.

Sources: Senate Finance Committee; Senate Health, Education, Labor, and Pensions Committee; House Education and Labor Committee; Congressional Budget Office; The Associated Press

# What Women Need from Healthcare Reform

September 22, 2009, Washington, DC -- An op-ed entitled "What women need from healthcare reform" by NCJW President Nancy Ratzan was published online by the *Miami Herald*. The text follows:

With healthcare reform efforts reaching a critical stage, the stakes couldn't be higher for women. Women are the victims of a healthcare system that treats most people badly at one point or another, but that treats women badly all the time.

Women suffer the double blow of both legalized insurance discrimination and lack of affordable access to needed healthcare. According to the National Women's Law Center, seven in 10 women are either uninsured or underinsured, struggling to pay a medical bill or experiencing another cost-related problem in accessing needed care. More than half have been unable to get care because of cost. They haven't filled a prescription; they skipped a medical test; or they failed to see a doctor when they had a medical problem. The situation is most dire for African-American, Hispanic, and Native-American women, who suffer such problems two to three times as often as white women.

Women are less likely than men to qualify for their employer's insurance program, because they are more likely to work part-time and to have lower-wage jobs. Instead, since they are more likely to depend on their spouse's policy than men, they are more susceptible to losing insurance because of divorce or widowhood.

In 38 states, it is legal to discriminate on the basis of gender when selling insurance. Policies sold to women or their employers can cost 40 percent more than insurance for men -- even when maternity benefits are excluded. Currently permissible practices, such as denying coverage for pre-existing conditions or charging more for those with a history of health problems, disproportionately affect women, who are more likely to seek help from a doctor and to need ongoing care. One of the most egregious current practices allows insurance companies in eight states and the District of Columbia to deem domestic violence a "pre-existing condition" and deny coverage to its victims.

For women, healthcare reform must embrace principles and practices that will end gender discrimination and provide affordable quality healthcare for all, including access to the full range of reproductive health options. Tinkering around the edges and adding stopgaps won't be enough. Relying on the insurance industry alone to accomplish what it has been unable or unwilling to do for the last 50 years will only prolong an untenable situation.

New solutions must involve innovation and imagination, including creation of a public health insurance plan option to lower costs and ensure universal affordable coverage. Such an innovation has the support of three-quarters of Americans according to a recent SurveyUSA report -- a result that hasn't changed since 2003. A new poll published in the *New England Journal of Medicine* finds that 73 percent of all doctors favor a public option. Yet the public option is repeatedly dismissed out of hand in the back rooms on Capitol Hill, even by supposed moderates.

It's up to us to ensure that our elected representatives understand that half-measures won't do. The dire consequences of our patchwork healthcare system are both morally and fiscally indefensible. The 2006 estimate of "excess deaths" attributed to being uninsured was between 22,000 and 27,000 among all adults age 25-64. Our system's failures earned us a ranking of 35th among countries with a national healthcare system, while we pay the most for poorer results.

Discrimination against women must be rooted out, and we must insist on a public option. Only then will all of us enjoy a standard of health care that Congress itself takes for granted.

# REPRODUCTIVE CHOICE

## PANEL VOTES TO RESTORE ABSTINENCE-ONLY EDUCATION MONEY

WASHINGTON — A Senate committee voted Tuesday night to restore \$50 million a year in federal funding for abstinence-only education that President Barack Obama has pushed to eliminate.

The 12-11 vote by the Senate Finance Committee came over objections from its chairman, Democratic Sen. Max Baucus of Montana.

Two Democrats – Kent Conrad of North Dakota and Blanche Lincoln of Arkansas – joined all 10 committee Republicans in voting "yes" on the measure by Republican Sen. Orrin Hatch of Utah.

The measure would still have to pass the full House and Senate. Hatch said abstinence education had been shown to work, though Baucus disagreed. Obama had proposed in his 2010 budget to direct money spent on abstinence-only education to broader teen pregnancy-reduction programs.

An alternate measure offered by Baucus also passed. Baucus' measure, which passed 14-9, would make money available for education on contraception and sexually transmitted diseases, among other things, in addition to abstinence. Lawmakers will have to reconcile the two measures, both approved during debate on a sweeping health overhaul bill, as the legislation moves forward.

Read more at: [http://www.huffingtonpost.com/2009/09/29/panel-votes-to-restore-ab\\_n\\_303812.html](http://www.huffingtonpost.com/2009/09/29/panel-votes-to-restore-ab_n_303812.html)

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## Study Casts Doubt on Abstinence-Only Programs

By Laura Sessions Stepp  
Washington Post Staff Writer  
Saturday, April 14, 2007

[http://www.washingtonpost.com/wp-dyn/content/article/2007/04/13/AR2007041301003\\_pf.html](http://www.washingtonpost.com/wp-dyn/content/article/2007/04/13/AR2007041301003_pf.html)

A long-awaited national study has concluded that abstinence-only sex education, a cornerstone of the Bush administration's social agenda, does not keep teenagers from having sex. Neither does it increase or decrease the likelihood that if they do have sex, they will use a condom.

Authorized by Congress in 1997, the study followed 2000 children from elementary or middle school into high school. The children lived in four communities -- two urban, two rural. All of the children received the family life services available in their community, in addition, slightly more than half of them also received abstinence-only education.

By the end of the study, when the average child was just shy of 17, half of both groups had remained abstinent. The sexually active teenagers had sex the first time at about age 15. Less than a quarter of them, in both groups, reported using a condom every time they had sex. More than a third of both groups had two or more partners.

"There's not a lot of good news here for people who pin their hopes on abstinence-only education," said Sarah Brown, executive director of the National Campaign to Prevent Teen Pregnancy, a privately funded organization that monitors sex education programs. "This is the first study with a solid, experimental design, the first with adequate numbers and long-term follow-up, the first to measure behavior and not just intent. On every measure, the effectiveness of the programs was flat."

The report's release comes as questions are being raised in several quarters about abstinence programs. A bill introduced in Congress, sponsored by both Republican and Democratic members, would allocate money for sex education that teaches abstinence and contraception. In addition, eight states that used to receive funding for abstinence programs have decided to stop doing so, two of them very recently. Federal abstinence funds come up for congressional renewal this summer under the Title V grant.

The federal government spends \$176 million a year on abstinence-only education, and millions more are spent every year in state and local matching grants. Harry Wilson, a top official in the Department of Health and Human Services, said yesterday that the administration has no intention of changing funding priorities in light of the results.

"This study isn't rigorous enough to show whether or not [abstinence-only] education works," Wilson said.

Some federal money, in addition to state and local dollars, supports comprehensive sex education, he said. What is spent on abstinence "is not that much money when it comes to offering an alternative to the other message." He said modifications in the program are already being considered, including a focus on low-income neighborhoods and extending instruction into high school.

The study did not address the impact of a student's family income on the effectiveness of abstinence-only programs.

The results came as a bit of surprise even to Christopher Trenholm, who supervised the project at Mathematica Policy Research Inc. An early analysis by his organization showed some attitude shifts toward delaying sex among students in the abstinence programs, but those differences disappeared as students got older. One thing they also learned, Trenholm said, was that kids receiving abstinence instruction did not use condoms less often than other kids, a possibility that critics occasionally raise. They also showed slightly better knowledge about the prevention of sexually transmitted disease.

Kids in both groups were knowledgeable about the risks of having sex without using a condom or other form of protection. Knowing that did not mean they put on a condom every time, however. Condom use was not high in either group; of those who had sex, almost half said they used condoms only "sometimes" or "never."

Brown said Mathematica's results underscore what other, smaller studies have shown: "The most effective programs are those that say abstinence is the best choice but birth control and protection are also worth knowing about."

An official at the Sexuality Information and Education Council of the United States agreed

"Comprehensive education means teaching about abstinence and a myriad of other topics," said spokeswoman Martha Kempner. Among them, she said: "contraception, critical thinking, one's own values and the values of your family and your religious community

"Abstinence-only was an experiment and it failed

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