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Am. Sub. H.B. 110 Opponent Testimony

Senate Finance Committee- Primary & Secondary Education

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Chairman Dolan, Vice-Chair Gavarone, Ranking Member Sykes, and members of the Senate Finance Committee, my name is Jaime Miracle and I am the Deputy Director of NARAL Pro-Choice Ohio. I am submitting this written testimony on behalf of our more than 50,000 members in opposition to the funding for the “Ohio Adolescent Health Centers” in Am. Sub. H.B. 110.

On its face the “Ohio Adolescent Health Centers” sounds like a good program. Who wouldn’t want to support adolescents in being healthy as they grow into adults? On their website their mission states: “OAHC is a collaboration of community-based non-profit organizations dedicated to providing programs and services that support optimal health for all Ohio youth.”¹ When you look at the details of the program, the red flags begin to accumulate. This program is nothing but a rebrand of the dangerous and exclusionary abstinence-only programming that has existed for decades, providing no information at best, and misinformation at worst to our young people about healthy sexuality and preventing pregnancy and sexually transmitted infections.

These programs, misleadingly labeled “risk reduction” programs, stigmatize students who become sexually active – making them feel less valuable and less worth protecting. Elizabeth Smart even blamed her abstinence-only program experience for some of the trauma she experienced after her kidnapping, stating on a panel at John Hopkins University in 2013:

I remember in school one time, I had a teacher who was talking about abstinence. [This teacher stated] “Imagine you’re a stick of gum. When you engage in sex, that’s like getting chewed. And if you do that lots of times, you’re going to become an old piece of gum, and who is going to want you after that?” Well, that’s terrible. No one should ever say that. But for me, I thought, I’m that chewed-up piece of gum. Nobody re-chews a piece of gum. You throw it away. And that’s how easy it is to feel you no longer have worth. Your life no longer has value. The best thing we can do is educate young people as young as we can reach them. Survivors of rape and trafficking need to be given permission to fight back, and that requires them to know you are of value. Teachers can’t start early enough.²

¹ <https://oahcyouth.org/>

² <https://slate.com/human-interest/2013/05/elizabeth-smart-abstinence-only-sex-education-hurts-victims-of-rape-and-human-trafficking.html>

Although these programs might not intend for this to be the outcome of their programming, it is what happens in classrooms across the state and country where these programs are presented. In 2015, 11% of high school students experienced physical or sexual dating violence.³ Comprehensive, medically accurate, and non-judgmental sexuality education programs are a valuable part of preventing sexual violence and sexual abuse. They help individuals realize that they are being victimized and help those individuals seek assistance.

Decades of research has shown that this so-called “risk avoidance” method (and the abstinence-only approach before it) is also ineffective at achieving its goal of delaying the initiation of sexual activity or changing sexual risk behaviors. These programs are also dangerous, especially to LGBTQ- identifying students, those who have already engaged in sexual activity, and students who have experienced sexual violence by re-enforcing gender stereotypes as well as using fear and shame-based tactics.⁴ How can these programs be living up to their mission to “support optimal health for *all* Ohio youth” when their programs specifically call out, target, and endanger the very groups that need the most support and education? Medically accurate, comprehensive sexuality education programs

These programs not only fail students who have already become sexually active, but also fail the students who do wait until later in life before engaging in sexual activity. By not providing the information these people will need in order to prevent pregnancy and sexually transmitted infections when they do become sexually active, individuals who are exposed to these programs are at greater risk for unintended pregnancy and sexually transmitted infections whenever they do decide to become sexually active. In addition, these programs often downplay the effectiveness of contraceptives such that if this individual did find out about contraception from another source they are more likely to not use the contraception because of their “risk avoidance” education.

This is on clear display when you look at the curriculum used by the programs involved in the OAH. Maximize Freedom, Operation Keepsake, and Relationships Under Construction include absolutely no discussion about how to effectively use contraception to reduce the risk of unintended pregnancy or sexually transmitted infections. Instead, there are just vague references to “limitations of contraception,”⁵ “sexual risk avoidance as the **ONLY** way to protect oneself,” and how sexual activity will eliminate the ability for the individual to reach their goals.⁶ The program curriculum for Relationships Under Construction even refers to the completely outdated and stigmatizing term of “broken families” to refer to any family that is not the heteronormative two-parent family.⁷ Imagine being a young person walking into this program and learning from the outset that you are lesser than your peers because your family is “broken” and not valued simply because you have a single mother or father. Imagine the confusion if your mother was a single mother because she was a

³ Kann L et al., Youth risk behavior surveillance—United States, 2015, Morbidity and Mortality Weekly Report: Surveillance Summaries, 2016, Vol. 65, No. SS-6, https://www.cdc.gov/mmwr/indss_2016.html.

⁴ <https://www.jahonline.org/article/S1054-139X%2817%2930260-4/fulltext>

⁵ <https://maximumfreedom.org/programs>

⁶ <https://operationkeepsake.com/services/yourfuture-ontheline-middle-school-program/>

⁷ <https://drive.google.com/file/d/1KvAbwvUsaOqWwTrMKhA4OqYRXdp86vNQ/view>

victim of violence in the relationship with your father. This program is telling you that a two-parent household was better than your single-parent household free from violence. What message is that sending to our young people?

In the U.S. two-thirds of 18-year-olds have had sexual intercourse, and nine in 10 people have had sex by their mid-20s.⁸ But across this nation only 57% of sexually active young women and 43% of sexually active young men have received any sort of formal education about birth control methods before becoming sexually active, and even fewer have received complete and accurate information.⁹ We MUST be investing our valuable tax dollars in programs that provide comprehensive, non-judgmental, non-stigmatizing, medically accurate information to our young people. Our young people deserve facts and information so that they can make informed decisions about their health, not lies and misinformation which could impact their physical and mental health for a lifetime. We urge you to remove this \$2,000,000 in funding for these so called “risk avoidance” and instead invest it in comprehensive, medically accurate programming for Ohio’s youth.

⁸ <https://www.gutmacher.org/gpr/2018/02/new-name-same-harm-rebranding-federal-abstinence-only-programs#>

⁹ Lindberg LD, Maddow-Zimet I and Boonstra H, Changes in adolescents’ receipt of sex education, 2006–2013, *Journal of Adolescent Health*, 2016, 58(6):621–627, <http://www.jahonline.org/article/S1054-139X%2816%2900051-3/fulltext>.