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AND

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BEFORE THE  
SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES  
U.S. HOUSE OF REPRESENTATIVES

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Mr. Chairman and members of the Committee:

I welcome the opportunity to appear before you on an issue of the utmost concern to me -- teenagers and AIDS. As a practicing pediatric surgeon for over forty years, the welfare of children and young adults has always been foremost in my thoughts.

Adolescents and pre-adolescents are those with behavior we wish to especially influence because of their vulnerability when they are exploring their own sexuality and perhaps experimenting with drugs. Teenagers often consider themselves immortal, and these young people may be putting themselves at great risk.

#### **Extent of Risk**

Some data provide information about the risk American teenagers have for becoming infected with the AIDS virus.

- o About 2.5 million teenagers are affected by sexually transmitted diseases each year. In the United States, the most frequent mode of transmission for the AIDS virus is through sexual contact.

- o American teenage females experience about one million unplanned pregnancies each year. These data indicate not only the extent to which teenagers are sexually active, but also the extent to which they might transmit the virus perinatally.

o More than 80 percent of unmarried males and 70 percent of unmarried females self-report that they have experienced intercourse at least once by age 20.

o About one percent of American high school seniors self-report having ever used heroin, 16.7 percent report having ever used cocaine, and 23.4 percent report having ever used stimulants; all of these drugs can be taken intravenously. Although teenagers generally do not inject drugs, those who do and share needles are at increased risk for infection with the AIDS virus.

Since the most frequent mode of transmission for the AIDS virus is through sexual contact, it is clear that teenagers are very much at risk. To date, only one percent of all AIDS cases has occurred among persons under age 20 (most of whom were infected by transfusion or perinatal transmission); about 21 percent of all cases have been diagnosed in the 20-29 age group. Since the time between infection with the AIDS virus and onset of symptoms may be several years, some proportion of those aged 20-29 who have been diagnosed with AIDS were most likely infected as teenagers.

Although these data demonstrate that many teenagers are at risk of becoming infected, most teenagers do not believe they are. Indeed, a random sample of 860 Massachusetts youth aged 16-19 revealed that while 70 percent reported they were sexually active

only 15 percent of them reported changing their sexual behavior because of concern about contracting AIDS; and only 20 percent of those who changed their behavior used effective methods.

I believe that education about AIDS should begin at home so that children can grow up knowing the behavior to avoid to protect themselves from exposure to the AIDS virus. This behavior should be reinforced in the schools. I recommended that parents establish the biological and moral bases for sexual activity early so that when their children become teenagers they will make decisions about their sexual behavior that can eliminate the risk of getting AIDS.

Most teenagers want to know more about AIDS. In a public poll conducted in the fall of 1986, 86 percent of parents questioned agreed that sex education courses should be taught in school; and, of those, 95 percent agreed that such courses should teach 12-year-olds about the danger of AIDS. The Nation's system of public and private schools can play a vital role in assuring that all young people rapidly understand the nature of the epidemic they face, and specific actions they can take to protect themselves from becoming infected, especially during their teenage years, as well as when they become adults. We believe that: (1) the scope and content of AIDS education should be determined locally and should be consistent with parental values; (2) that information developed by the Federal government

to educate young people about AIDS should encourage responsible sexual behavior -- based on fidelity, commitment, and maturity, placing sexuality within the context of marriage; (3) any health information provided by the Federal government that might be used in schools should teach that children should not engage in sex before they are ready to marry.

These principles, approved by the President and cited by Secretary Bowen in the AIDS information plan, will be followed to the fullest extent in the development of any Federal educational material that might be used in schools.

According to information gathered during the winter of 1986, 40 of the Nation's 73 largest school districts were providing education about AIDS, 24 more were planning such education. Of the districts that provided AIDS education, 90 percent provided it during 10th grade 63 percent provided it during 7th grade and 60 percent provided it during 9th grade. I agree with Mayor Koch of New York that, in addition to not using IV drugs, abstinence from promiscuous sexual activity or monogamy is the only way for adolescents to avoid getting AIDS.

#### **School Health Education**

Because AIDS is a fatal disease, and because educating young people becoming infected through sexual contact can be controversial, health education programs about AIDS should be

developed as quickly as possible by all school systems with parental participation. In each community, parents, representatives of the school board, school administrators and faculty, school health services, local medical societies, the local health department, students ( at appropriate grades), religious organizations, and other relevant community organizations should be involved in planning and periodically assessing programs of school health education about AIDS.

It is most important that teenagers receive education that specifically would enable them to understand and avoid behaviors associated with transmission of the AIDS virus. A single pamphlet, a single filmstrip, a single lecture about AIDS will not be sufficient. Similarly, education about the biology of the virus, the symptoms of the disease, or the social and economic consequences of the epidemic will do little to influence its spread. Programs need to be designed specifically to help teenagers adopt the kind of behavior which will keep them from contracting this disease. It is especially important that school sex education programs emphasize to teenagers the need to refrain from sexual intercourse until they are ready to establish a mutually faithful, monogamous relationship. I believe that it is possible to focus on preadolescent youngsters and produce a generation of teenagers who will remain abstinent until they develop a mature, monogamous relationship.

Outlined below are some of the efforts being undertaken by agencies of the Public Health Service that focus on the problem of AIDS among teenagers. All of these programs are meant to assist local organizations in establishing their own prevention programs.

#### **CENTERS FOR DISEASE CONTROL (CDC)**

In fiscal year 1987, CDC will work with national educational organizations and State and local departments of education to develop information that may help schools across the Nation implement effective education to prevent the spread of AIDS.

#### **National Organizations**

CDC will award cooperative agreements to about seven national organizations that represent parents, school boards, school administrators, teachers, medical professionals, church groups, and other important professional and voluntary health and education organizations. In addition, four awards will be made to national organizations that respectively can develop AIDS education programs for minorities, mainly Black and Hispanic; develop programs for college students and develop programs so that colleges of education deliver inservice and preservice training to teachers so that they may be able to provide effective education about AIDS. Finally, one cooperative agreement will be awarded to a national organization that can

help all 56 State and Territorial departments of education to assist schools in their respective jurisdictions provide effective education about AIDS.

### **State and Local Departments of Education**

In 1987, CDC plans to award cooperative agreements to ten State departments of education and 12 local departments of education that serve jurisdictions with the highest cumulative incidence of AIDS. Nineteen States that had reported 200 or more diagnosed AIDS cases, and 18 cities that reported 150 or more cases, by the last day of 1986, will be eligible for these awards. The purpose of these agreements is to provide fiscal support and technical assistance to help State and local education departments implement intensive education about AIDS principally for school-age youth, in and out of school.

### **Training and Demonstration Projects**

In the fall of 1987, CDC will provide additional support to each of three local and one State departments of education to also establish training and demonstration projects. Support consequently will be provided to at least 300 local and State department of education personnel from other jurisdictions to attend these projects and to receive assistance for implementing effective school health education about AIDS in their own areas.



## Development and Dissemination of Educational Curricula and Materials

Technical and limited fiscal assistance will be provided to help relevant private sector organizations develop, evaluate, and disseminate a variety of scientifically accurate and effective educational materials for school-age populations. CDC has established a subfile on School Health Education about AIDS within its Combined Health Information Database system, an annotated computerized bibliography that can be easily accessed. The file describes age-appropriate AIDS education materials, curricula, programs, research, and resources that have already been developed and how to acquire them. A compendium of selected resources will be published and disseminated periodically.

## Research and Evaluation

CDC will compile synthesize, apply, and disseminate the results of research that could improve the effectiveness of school health education to prevent the spread of AIDS; and will assist national, State, and local agencies to evaluate and consequently improve their program efforts.

**ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION (ADAMHA)**

An example of research on AIDS conducted by the National Institute on Drug Abuse that focuses on teenagers is an AIDS demonstration/training project entitled AIDS Prevention Among High Risk Adolescent Populations. This one year project to be awarded in fiscal year 1987 is designed to identify specific subsets of adolescent populations at the highest risk for AIDS and develop strategies for reaching, communicating AIDS information to, and counseling them. After an initial data collection effort, experts will be brought together to review what has been learned regarding informing and counseling adolescents. A guide will be developed based upon clinical experience and research. A training program will be tested and developed, also.

In addition, a group of young people who appear to be at high risk for contracting AIDS are adolescents who are homeless and living on the streets or in shelters. The National Institute of Mental Health, in collaboration with other PHS components and the Administration on Children, Youth and Families, has organized a workshop on June 22-23 on AIDS and Adolescents in Crisis to discuss prevention, intervention and treatment for this high risk group.

**HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)**

Two of the four AIDS Service Demonstration Program grant projects administered by HRSA have components on adolescent prevention/education:

- o The New York State Department of Health has awarded a three year subcontract to the Institute for the Protection of Lesbian and Gay Youth. HRSA and Robert Wood Johnson Foundation grant funds are assisting them in developing AIDS/HIV infection materials and teaching strategies for adolescents, and provide direct counselling services at a "drop-in center" to high risk adolescents, some of whom are homeless, and many of whom are or have been involved with prostitution.
  
- o The Los Angeles Department of Health, AIDS Program Office, has three subcontracts supported with HRSA service demonstration funds, that reach adolescents in Black and Hispanic communities in Central, South Central, and East Los Angeles. The Watts Health Foundation and the Minority AIDS Project are involved with risk reduction education programs, outreach and referral services targeted to minority youth. El

Centro Human Services organization is attempting to reach adolescents at risk, particularly IV drug abusers, in a predominantly Mexican American area of Los Angeles.

### NATIONAL INSTITUTES OF HEALTH (NIH)

The National Institute of Child Health and Human Development (NICHD) plans to support several research initiatives that are expected to provide valuable information related to AIDS and teenagers. NICHD will request grant applications for projects that would describe and explain the behavior patterns that put teenagers at risk of exposure to HIV and for projects to study the processes by which individuals incorporate concerns about sexually transmitted diseases and AIDS into decisions to be sexually active and to use or not use contraceptives. The Institute also plans to support seminars concerning AIDS for obstetricians, gynecologists, and pediatricians. These seminars, planned for the fall of 1987, will provide information for further dissemination to other medical providers, patients, and educators.

### CONCLUSION

Although 148 cases of AIDS have been reported to date among young people aged 13 to 19; there is hope that:

- o AIDS is not common yet among adolescents.
- o We know a lot and can know more about how to effectively work with this age group.
- o For many of our teenagers, this would be a preventive intervention, especially in very young teens. And after all, it is easier to prevent some behavior than to change it.
- o AIDS may give us the impetus to deal knowledgeably and effectively with a whole range of health-related behaviors in adolescents.

Let me conclude with a quote from the Surgeon General's Report on AIDS, "Those of us who are parents, educators, and community leaders, indeed all adults, cannot disregard this responsibility to educate our young. The need is critical and the price of neglect is high. The lives of our young people depend on our fulfilling our responsibility."

Thank you for the opportunity to testify. I would be pleased to answer any questions.