



WASHINGTON, DC

Washington, DC received \$1,146,785 in federal funding for abstinence-only-until-marriage programs in Fiscal Year 2005.¹

Washington, DC Sexuality Education Law and Policy

Washington, DC regulations state that District public schools must provide comprehensive school health education, including instruction on human sexuality and reproduction. The instruction must be age-appropriate and taught in grades pre-kindergarten through 12.

This instruction must include information on the human body, intercourse, contraception, HIV/AIDS, sexually transmitted diseases (STDs), pregnancy, abortion, childbirth, sexual orientation, decision-making skills regarding parenting and sexuality, and awareness and prevention of rape and sexual assault.

The Superintendent of District of Columbia Public Schools is charged with ensuring that sexuality education is taught in schools and that students have a minimum proficiency in this area. Accordingly, the superintendent must provide systematic teacher trainings and staff development activities for health and physical education instructors. A list of all instructional materials for student and teacher training must be included in the list of textbooks submitted annually to the District Board of Education. The Board of Education must then approve these materials.

Parents or guardians may remove their children from sexuality education and/or STD/HIV education classes. This is referred to as an “opt-out” policy.

See District of Columbia Municipal Regulations Sections 2304 and 2305.

Recent Legislation

SIECUS is not aware of any proposed legislation related to sexuality education in Washington, DC.

Events of Note

District of Columbia-Based HIV/AIDS Clinic in Financial Crisis: Staff and Service Cuts Decided

June 2005; Washington, DC

Whitman-Walker Clinic, which provides health care and social support services to thousands of people living with HIV/AIDS in the Washington, DC area, has faced a number of financial setbacks over the past few years. In mid-May 2005, the clinic was forced to take crisis actions including withholding half of each employee’s paycheck. In June 2005, the board of directors announced permanent cuts to both programs and staff totaling \$2.5 million of the clinic’s \$29

million budget for 2005, and it is likely that both the Arlington County, VA and Takoma Park, MD satellite centers will be closing.²

Known for providing sensitive care and programming for the lesbian, gay, bisexual, and transgender (LGBT) community, Whitman-Walker is the region's largest AIDS service provider and offers a wide range of critical services to low-income individuals, such as testing for sexually transmitted diseases, breast cancer screening, and assistance in applying for Medicaid.

The fiscal crisis is a result of a combination of mismanagement, national trends, and local failure to support the clinic. According to Whitman-Walker's interim executive director, Roberta Geidner-Antoniotti, the terrorist attacks of September 11, 2001, and the related general economic slump hurt non-profit organizations across the country that depend on private donors.³ AIDS activists have also noted that the changing demographics of the AIDS epidemic from "mostly middle class white gay men during the early years of the epidemic to mostly African-American, lower-income men and women in more recent years" has had a significant impact on donations.⁴

In addition, Whitman-Walker's board president, Billy Cox, suggested that the clinic's growth over the past few years left it overextended and vulnerable to exactly this kind of financial crisis. Cutbacks and the recent missed payroll, in particular, have also been blamed on the perpetual delays by the DC HIV/AIDS Administration (HAA) in reimbursing the clinic for hundreds of thousands of dollars in funds for AIDS-related services.

The shortfall has been further compounded by a bookkeeping error in which Whitman-Walker overcharged the DC government as much as \$2 million dollars for AIDS-related lab fees. This resulted in the clinic suspending billing the city government for lab services until it could verify how much it must repay.

On a brighter note, the community has done some promising fundraising since news of the financial setbacks. Most notably, CareFirst BlueCross BlueShield, a wealthy regional health insurer, donated \$500,000 to help keep vital programs running at Whitman-Walker.

*Report Finds Major Flaws in Washington, DC's Handling of the HIV/AIDS Epidemic
August 2005; Washington, DC*

An August 2005 report found that Washington, DC is failing both in its efforts to prevent new HIV infections and its attempts to treat those living with HIV/AIDS in the city. The report, titled *HIV/AIDS in the Nation's Capital: Improving the District of Columbia's Response to a Public Health Crisis*, was released by the DC Appleseed Center for Law and Justice in conjunction with the law firm Hogan & Hartson L.L.P.

The report explains, "the District's annual rate of new AIDS cases is over 10 times the national average and is believed now to be *the highest of any major U.S. city*."⁵ In real numbers, nearly one out of every 50 District residents is living with AIDS. Frighteningly, public health officials working in the District of Columbia estimate that one out of every 20 District residents is infected with HIV and many of these individuals do not know they are infected and may be infecting others.⁶

The report cites four main areas of concern:

- the District is not systematically collecting and analyzing data about the epidemic, thereby hindering the planning of prevention and care efforts;
- the District is not sufficiently coordinating and supervising the work of government agencies and private organizations that provide services to individuals living with HIV/AIDS;
- the District needs to improve prevention efforts; and

- the services offered by the District are insufficient for certain populations, including youth in public schools, drug users, and the incarcerated.⁷

The report also focuses on several high-risk populations in the District, including young people. The report points to the high number of 20–24 year-olds who are living with AIDS as a population that was infected with HIV at a younger age, but was not tracked. The report estimates that at least 2,200 youth are infected in the greater Washington, DC area.

In order to combat HIV infection among youth, the report recommends that:

- the Board of Education and the District of Columbia Public Schools (DCPS) should develop content standards regarding HIV/AIDS education to be implemented throughout the system and then make sure that all school staff are trained in these regulations;
- the District should ensure that these standards are evaluated in all schools;
- the District should improve the collection of data regarding HIV/AIDS education and services in DCPS to help ensure that all schools have appropriate education and services available;
- DCPS should better align the responsibilities of its offices that coordinate health policy and health education; and
- the Board of Education should establish an advisory council on student and school health.⁸

In response to the report, District of Columbia Mayor Anthony Williams promised personal involvement by stating that he would not only form a taskforce to deal with all of the recommendations in the report, but also that he would personally chair the taskforce.⁹

Advocates praised the report. Adam Tenner, executive director of Metro Teen AIDS, stated, “the report is a timely shot in the arm for the growing awareness of systemic problems facing HIV/AIDS services in the District. [Metro Teen AIDS is] excited that both the Mayor and the Superintendent are on board to make these necessary changes.”

Washington, DC’s Youth: Statistical Information of Note¹⁰

- In 2005, 42% of female high school students and 55% of male high school students in the District of Columbia reported ever having had sexual intercourse compared to 46% of female high school students and 48% of male high school students nationwide.
- In 2005, 5% of female high school students and 18% of male high school students in the District of Columbia reported having had sexual intercourse before age 13 compared to 4% of female high school students and 9% of male high school students nationwide.
- In 2005, 9% of female high school students and 23% of male high school students in the District of Columbia reported having had four or more lifetime sexual partners compared to 12% of female high school students and 17% of male high school students nationwide.

- In 2005, 31% of female high school students and 36% of male high school students in the District of Columbia reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey) compared to 35% of female high school students and 33% of male high school students nationwide.
- In 2005, among those high school students who reported being currently sexually active, 70% of females and 82% of males in the District of Columbia reported having used condoms the last time they had sexual intercourse compared to 56% of females and 70% of males nationwide.
- In 2005, among those high school students who reported being currently sexually active, 10% of females and 6% of males in the District of Columbia reported having used birth control pills the last time they had sexual intercourse compared to 21% of females and 15% of males nationwide.
- In 2005, among those high school students who reported being currently sexually active, 10% of females and 17% of males in the District of Columbia reported having used alcohol or drugs the last time they had sexual intercourse compared to 19% of females and 28% of males nationwide.
- In 2005, 91% of high school students in the District of Columbia reported having been taught about AIDS/HIV in school compared to 88% of high school students nationwide.
- In 2000, Washington DC's abortion rate was 55 per 1,000 women ages 15–19 compared to a teen abortion rate of 24 per 1,000 nationwide.¹¹
- In 2002, Washington DC's birth rate was 69 per 1,000 women ages 15–19 compared to a teen birth rate of 43 per 1,000 nationwide.¹²

Title V Abstinence-Only-Until-Marriage Funding

Washington, DC received \$142,000 in federal Title V funding in Fiscal Year 2005. The Title V abstinence-only-until-marriage grant requires states to provide three state-raised dollars or the equivalent in services for every four federal dollars received. The state match may be provided in part or in full by local groups. The District of Columbia matches the federal funding with \$120,000 in DC funds.

The Washington, DC Department of Health, Maternal and Child Health Division uses these funds to administer the *I'm Worth the Wait* campaign, which consists of a peer education program, a media campaign, school-based abstinence-only-until-marriage programs, and a parent/youth advisory board. The program targets young people ages 8–12 and is run in schools and communities.

Community-Based Abstinence Education (CBAE)¹³ and Adolescent Family Life Act (AFLA) Grantees

There is one CBAE grantee in Washington, DC: the Best Friends Foundation. There are no AFLA grantees in Washington, DC. The Best Friends Foundation runs a number of programs, including the *Marriage is Manly* media campaign, after school groups, and peer mentoring programs. Best Friends also received an additional grant through an earmark in the Fiscal Year 2005 Omnibus Appropriations bill.

Federal and State Funding for Abstinence-Only-Until-Marriage Programs in FY 2005

Abstinence-Only-Until-Marriage Grantee Length of Grant	Amount of Grant	Type of Grant (includes CBAE, Title V, AFLA, and FY05 Earmark)
DC Department of Health www.dchealth.dc.gov	\$142,000 federal \$120,000 state	Title V
Best Friends Foundation 2004–2007 DUAL GRANTEE www.bestfriendsfoundation.org	\$754,785 \$250,000	CBAE FY05 Omnibus Appropriations Bill

Title V Abstinence-Only-Until-Marriage Coordinator

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Government of the District of Columbia
Department of Health
Office of Maternal and Child Health
825 North Capitol St., NE
Washington, DC 20002
Phone: (202) 541-6306

Washington, DC Organizations that Support Comprehensive Sexuality Education

DC Campaign to Prevent Teen Pregnancy	Metro Teen AIDS
1112 Eleventh St., NW, Suite 100	651 Pennsylvania Ave., SE
Washington, DC 20001	Washington, DC 20003
Phone: (202) 789-4666	Phone: (202) 543-9355
www.teenpregnancydc.org	www.metroteenaids.org

Planned Parenthood of Metropolitan
Washington
1108 16th St., NW
Washington, DC 20036
Phone: (202) 347-8500
www.ppmw.org

Sexual Minority Youth Assistance League
(SMYAL)
410 7th St., SE
Washington, DC 20003
Phone: (202) 546-5940
www.SMYAL.org

Washington, DC Organizations that Oppose Comprehensive Sexuality Education

Best Friends Foundation
5335 Wisconsin Ave., NW, Suite 440
Washington, DC 20015
Phone: (202) 478-9677
www.bestfriendsfoundation.org

Newspapers in Washington, DC

Washington City Paper
Sean Daly
Assistant Editor
2390 Champlain St., NW
Washington, DC 20009
Phone: (202) 332-2100

The Washington Monthly
Joshua Green
Social Opinion Editor
733 15th St., NW
Washington, DC 20005
Phone: (202) 393-5155

The Washington Monthly
Stephanie Mencimer
Social Opinion Editor
733 15th St., NW
Washington, DC 20005
Phone: (202) 393-5155

The Washington Post
Ceci Connolly
Health & Medicine Reporter
1150 15th St., NW
Washington, DC 20071
Phone: (202) 334-5684

The Washington Post
Scott Higham
Social Issues Reporter
1150 15th St NW
Washington, DC 20071
Phone: (202) 334-7300

The Washington Post
Marc Kaufman
Health & Medicine Reporter
1150 15th St., NW
Washington, DC 20071
Phone: (202) 334-7469

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Caryle Murphy
Religion Reporter
1150 15th St., NW
Washington, DC 20071
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The Washington Times

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3600 New York Ave., NE
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The Washingtonian

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Washington, DC 20033
Phone: (202) 296-3600

¹ This refers to the fiscal year for the Federal Government, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, Fiscal Year 2005 begins on October 1, 2004 and ends on September 30, 2005.

² Susan Levine, "Officials Look for Ways to Maintain AIDS Care," *Washington Post*, 8 June 2005, B02.

³ Lou Chibbaro Jr., "Whitman-Walker Plans Layoffs, Program Cuts," *Washington Blade*, 20 May 2005, 27.

⁴ Lou Chibbaro Jr., "Graham Seeks \$500,000 Grant for Whitman-Walker," *Washington Blade*, 10 June 2005, accessed 14 June 2005, <<http://www.washblade.com/2005/6-10/news/localnews/whitman.cfm>>.

⁵ *HIV/AIDS in the Nation's Capital: Improving the District of Columbia's Response to a Public Health Crisis* (Washington, DC: DC Applesseed Center for Law and Justice, Aug 2005), 85.

⁶ Ibid.

⁷ Ibid.

⁸ Ibid.

⁹ Eric M. Weiss and Theola S. Labbe, "Williams Vows to Have Hand in AIDS Reform: Spurred by Report Faulting Agency, Mayor to Lead Task Force for Improving Services," *The Washington Post*, 11 August 2005, B2.

¹⁰ Unless otherwise cited, all statistical information comes from: Danice K. Eaton, et. al., "Youth Risk Behavior Surveillance—United States, 2005," *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 55, no. SS-5 (9 June 2006): 1-108, accessed 8 June 2006, <<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>>.

¹¹ *U.S. Teenage Pregnancy Statistics: Overall Trends, Trends by Race and Ethnicity and State-by-State Information* (New York: Guttmacher Institute, February, 2004), accessed 28 January 2005, <http://www.guttmacher.org/pubs/state_pregnancy_trends.pdf>.

¹² *National Vital Statistics Reports 52.10* (Hyattsville, MD: National Center for Health Statistics, 2003), 48, accessed 4 February 2005, <<http://www.cdc.gov/nchs/births.htm#stat%20tables>>.

¹³ In Fiscal Year 2004 SPRANS—CBAE was administered within the U.S. Department of Health and Human Services (HHS) by the Maternal and Child Health Bureau. In Fiscal Year 2005 this funding stream was moved to HHS' Administration for Children and Families and is now referred to simply as Community-Based Abstinence Education (CBAE).