



**Testimony on HF358
House Preventive Health Division
February 24, 2021**

Madam Chair and Representative Jordan, thank you for the opportunity to testify in opposition to HF358, the mandated comprehensive sexual health education (CSE) programs for Minnesota K-12 schools. The Child Protection League Action (CPLA) is a nonprofit that seeks to protect children from exploitation, indoctrination and violence.

Since we are addressing “preventive health” concerns in this committee, I would like to begin by pointing out what has become so obvious in the past few years: the field of medicine and health has become starkly politicized. Claiming to be “scientifically and medically accurate,” science is increasingly agenda driven. Where once Americans relied on science to provide genuine information, today what comes out of the mouths of so-called “experts” is one-sided, rarely neutral, and usually omits important data.

In HF358, the words “medically accurate” obscure a multitude of fallacies. For example, “consent” is implied to mean sexual abuse prevention. However, teaching minors how to negotiate sexual encounters or how to ask for or get ‘consent’ from other children is encouraging them to consent to sex! Sexual activity and exploration between children is neither safe nor healthy.

“Comprehensive” sex education also normalizes high-risk sexual behaviors. For example, CSE curricula normalizes anal and oral sex, but frequently omits the medical fact that such practices are closely linked to high rates of STI infections, injuries and cancers.

HF358 also mentions “abstinence” but CSE fails to establish abstinence as the *expected standard* for school-age children. Rather, the default value underlying the entire CSE ideology is that all sexual activity is safe and healthy as long as it is “protected” and consensual. In fact, CSE teaches young people that being sexually active is itself healthy.

Both SIECUS (Sexuality Information & Education Council of the U.S.) and Planned Parenthood have programs recruiting children to advocate for their “sexual rights.” Part of this training is to have children advocate for CSE itself, and we have seen that here in the committees: young people advocating for their right to be taught in school how to be sexually active...safely.

CSE advocates claim studies show that CSE is effective. But competing studies show CSE is not. Referencing five different studies, the CDC Teen Pregnancy Prevention Program that found that school-based CSE **increased sexual risk behavior** for *all* participants or major subgroups, many being 12 or 13 years old. Substantial increases were found in sexual initiation, oral sex, recent sex, number of partners, or pregnancy. I reference those at the end of my testimony here.

Additionally, research has shown that sexually active girls were three times more likely to be depressed and to attempt suicide than teen girls who were abstinent. Sexually active teen boys were twice as likely

to be depressed and a shocking eight times more likely to attempt suicide than their abstinent counterparts. References are also included below.

Members of the Committee, this mandate is neither safe nor healthy for our children. Vote NO on HF358.

Thank you.

Michele Lentz
President, Child Protection League Action

Studies endorsed by the CDC Teen Pregnancy Prevention:

1. Abt and Associates. Reducing the Risk: Impact findings from the Teen Pregnancy Prevention Replication Study, 11/5/18. U.S. Dept of HHS
2. Kelsey, M., et. al. (2016). Replicating ¡Cuídate!: 6-Month Impact Findings of a Randomized Controlled Trial. American Journal of Public Health, 106(S1), S70–S77.
3. Markham, C. M., et al. (2014). Behavioral and psychosocial effects of two middle school sexual health education programs at tenth-grade follow-up. Journal of Adolescent Health, 54(2), 151–159
4. Philliber, A. E., et al. (2015). Evaluation of the Teen Outreach Program® in The Pacific Northwest.
5. Potter, S., et al. (2016). It's Your Game ...Keep It Real in South Carolina: A Group Randomized Trial Evaluating the Replication of an Evidence-Based Adolescent Pregnancy and Sexually Transmitted Infection Prevention Program. Am. J. of Public Health, 106(S1), S60–S69

Studies on effects of school-based CSE:

1. Robert E. Rector, et al, "Sexually Active Teenagers are more Likely to be Depressed and Attempt Suicide", The Heritage Foundation, 3 June 2009.
2. D. P. Orr, M, Beiter, G. Ingersoll, "Premature Sexual Activity as an Indicator of Psychosocial Risk", Pediatrics 87:2 (Feb 1991): 141-147.
3. Sandberg-Thoma, S.E. and Kamp Dush, C.M., Casual sexual relationships and mental health in adolescence and emerging adulthood, Journal of Sex Research, 10/29/2013.