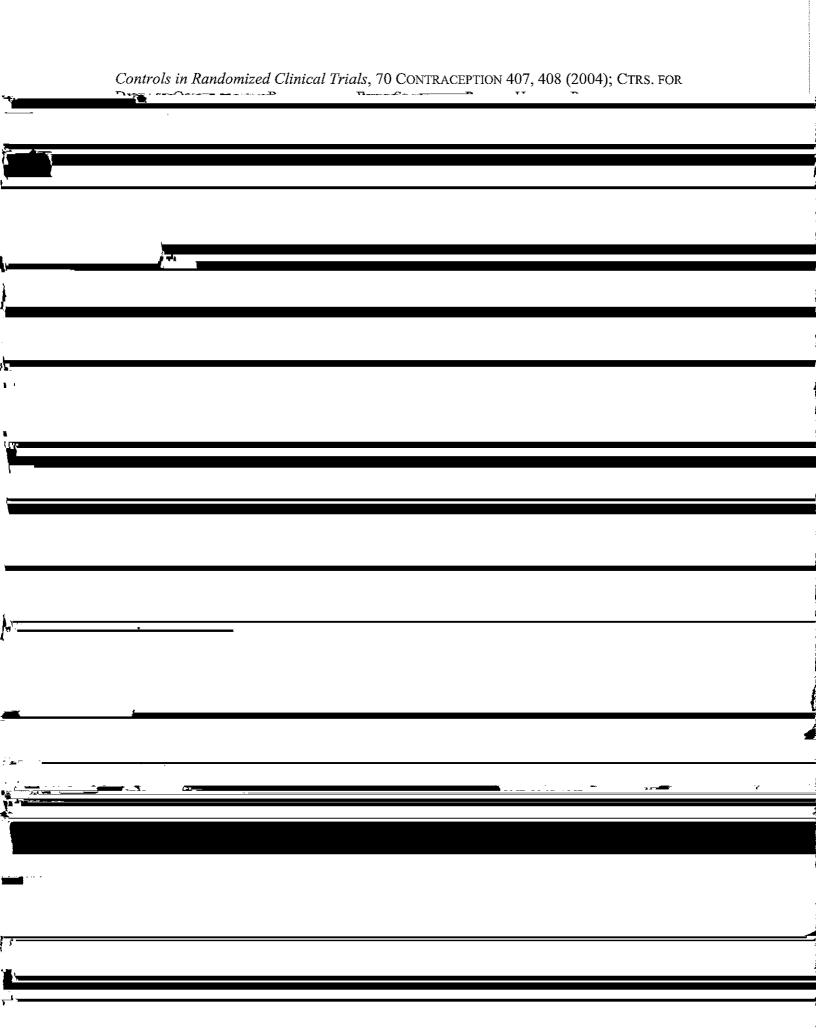
DECLARATION OF JOHN S. SANTELLI, M.D., M.P.H.

I, JOHN S. SANTELLI, M.D., M.P.H., declare and state the following:

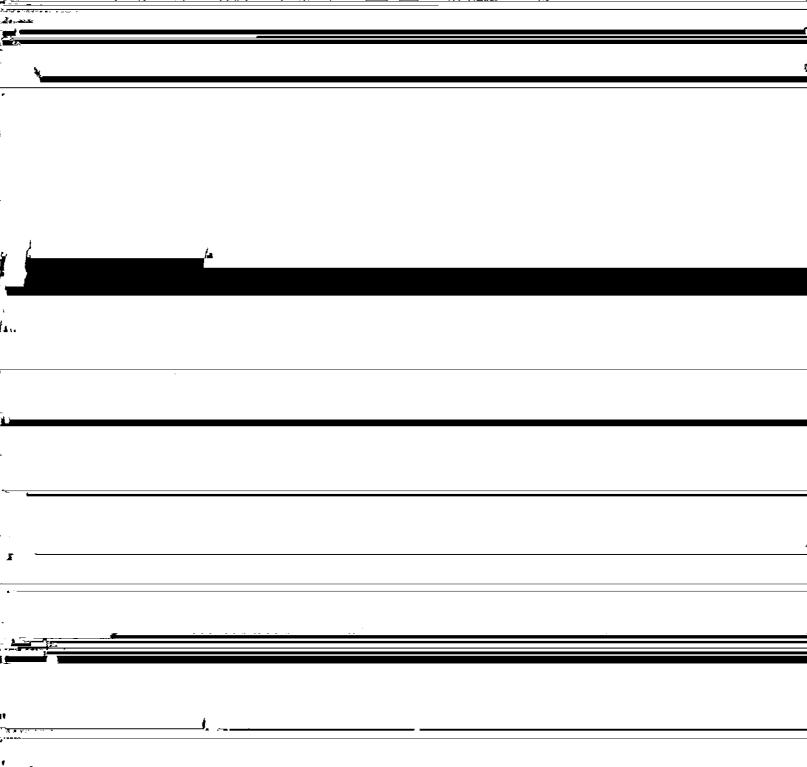
1.	I am Chairman of the Heilbrunn Department of Population and Family
Health and	Professor of Clinical Population and Family Health at Columbia University's
Mailman S	School of Public Health. I am also Professor of Clinical Pediatrics at Columbia
University	's College of Physicians and Surgeons. My curriculum vitae is attached.

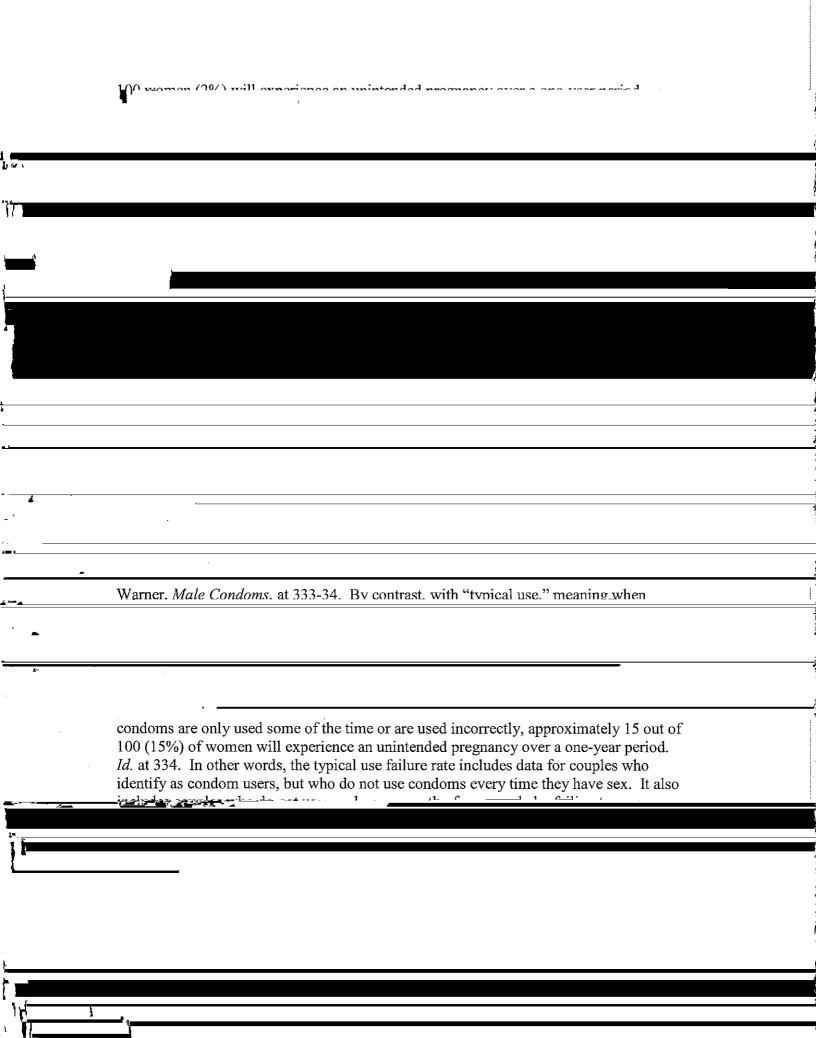
	Health, I provide strategic direction to an academic department with major domestic and			
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I have served on the editorial board of a number of academic journals, including AIDS Education and Prevention, the Journal of Adolescent Health (the official journal of the Society for Adolescent Medicine), Perspectives on Sexual and Reproductive Health, and the American Journal of School Health. I also serve as a peerreviewer for numerous journals, including the Journal of the American Medical Association, Pediatrics (the official journal of the American Academy of Pediatrics), the francis on In the American Destrict Health (the official insural of the American Destrict Health



pandam afficiary nublished on ar hafara Tuna 2000 Danad on this research wa analyded that "opnointant condam was decreased the ride of UNI/ATDS tenemission by 20. Since June 2000 – the cutoff date for studies included in the NIH Report – well-designed, peer-reviewed studies published in leading journals have shown that condoms provide protection against gonorrhea, chlamydia, syphilis, and herpes simplex virus-2 in men and women. See Holmes, supra ¶ 11, at 455-59; Willard Cates, Jr., The NIH Condom Report: The Glass is 90% Full, 33 FAM. PLAN. PERSP. 231, 232 (2001). For gonorrhea and chlamydia, numerous studies show that this level of protection is significant, although less than the level of protection provided by condoms against HIV, for the reasons discussed in ¶ 12, supra. See L. M. Niccolai et al., Condom Effectiveness





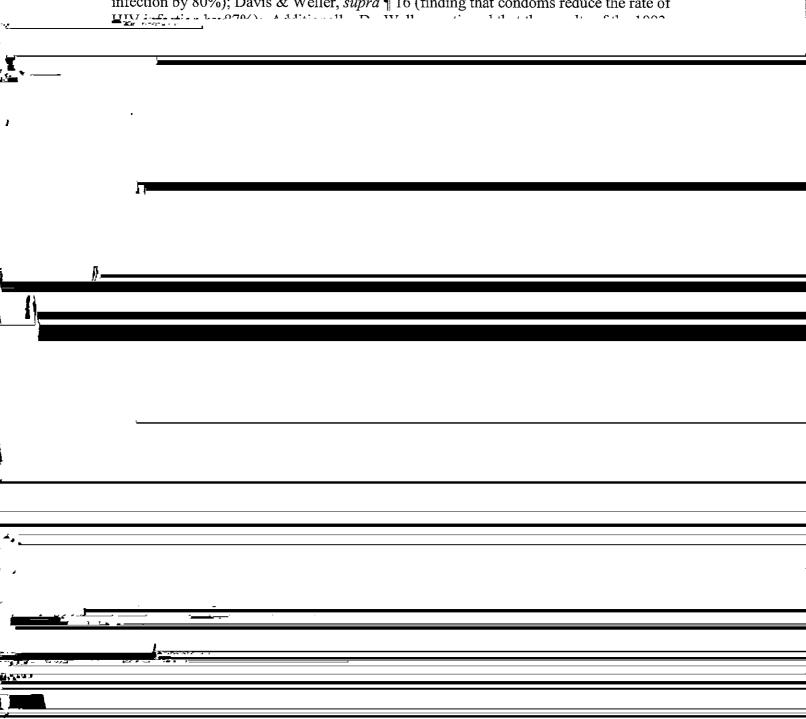
A. Condoms and HIV

26. For example, the Teen-Aid curricula compare relying on condoms to prevent STIs to playing "the insane game of Russian roulette." *Me, My World, My Future* at 215, 258; *Sexuality, Commitment and Family* at 19. The curricula explain that in Russian roulette, "[a] cartridge is loaded into one of the six chambers of a revolver. The first 'player' spins the cylinder, points the gun at his/her head and pulls the trigger. He/she has only one in six chances of being killed. But if one continues to perform this put the absorber with the bullet will ultimately fell into position under the barmer, and

the game ends as one of the players dies." *Me, My World, My Future* at 215, 258; *Sexuality, Commitment and Family* at 19. Similarly, they state that "[c]ondoms are like Russian roulette. Condoms do not prevent pregnancy, STI's [sic] or AIDS; they only delay them. Theoretically, the longer one relies on them, they will fail and the 'game' is

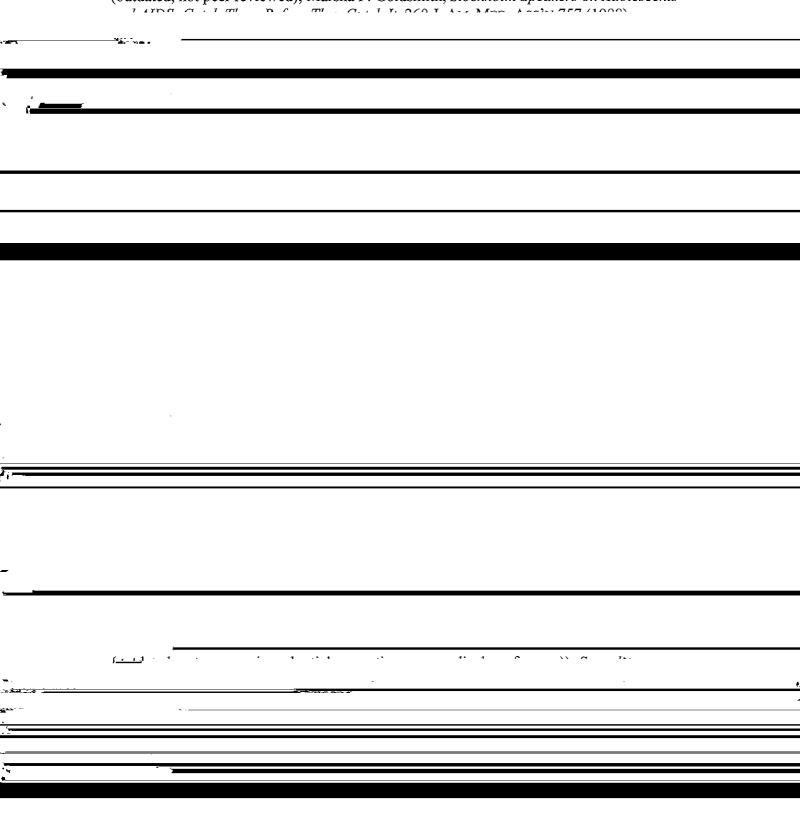
27. The Teen-Aid curricula also claim that "[c]ondoms appear to reduce the risk of heterosexual HIV infection by only 69%," relying on what is deemed to be a "meticulous review of condom effectiveness . . . reported by Dr. Susan Weller in 1993."

Me, My World, My Future at 214, 256 (citing Susan C. Weller, A Meta-Analysis of Condom Effectivness in Reducing Sexually Transmitted HIV, 36 Soc. Sci. Med. 1635 (1993)); Sexuality, Commitment and Family at 19, 36 (citing same). The Why kNOw curriculum also cites Dr. Weller's 1993 meta-analysis for the proposition that condoms fail to prevent HIV transmission 31% of the time during heterosexual sex. See Why kNOw at 90 (citing same). However, Dr. Weller has co-authored two more recent meta-analyses of condoms and HIV in 1999 and 2002, in which she concluded that condoms afford significantly greater protection from HIV than was originally reported in 1993. See Weller & Davis-Beaty, supra ¶ 13 (finding that condoms reduce the rate of HIV infection by 80%); Davis & Weller, supra ¶ 16 (finding that condoms reduce the rate of



í	frequency of intercourse and infected norther's viral load stage of infection and	
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-	treatment). Now, with the benefit of an additional twenty years of research, we know that condoms are highly effective in preventing HIV transmission. <i>See, e.g.</i> , NIH REPORT, supra ¶ 9, at 14; Weller & Davis-Beaty, supra ¶ 13, at 1; Davis & Weller, supra ¶ 16, at	
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MED. ASS'N 3155, 3159 (1990) (concludes that study results demonstrate the need for STI/AIDS risk reduction education that focuses, in part, on training on how to increase and improve condom use); Steven E. Keller et al., Letter to the Editor, *The Sexual Behavior of Adolescents and Risk of AIDS*, 260 J. AM. MED. ASS'N 3586 (1988) (outdated, not peer reviewed); Marsha F. Goldsmith, *Stockholm Speakers on Adolescents*

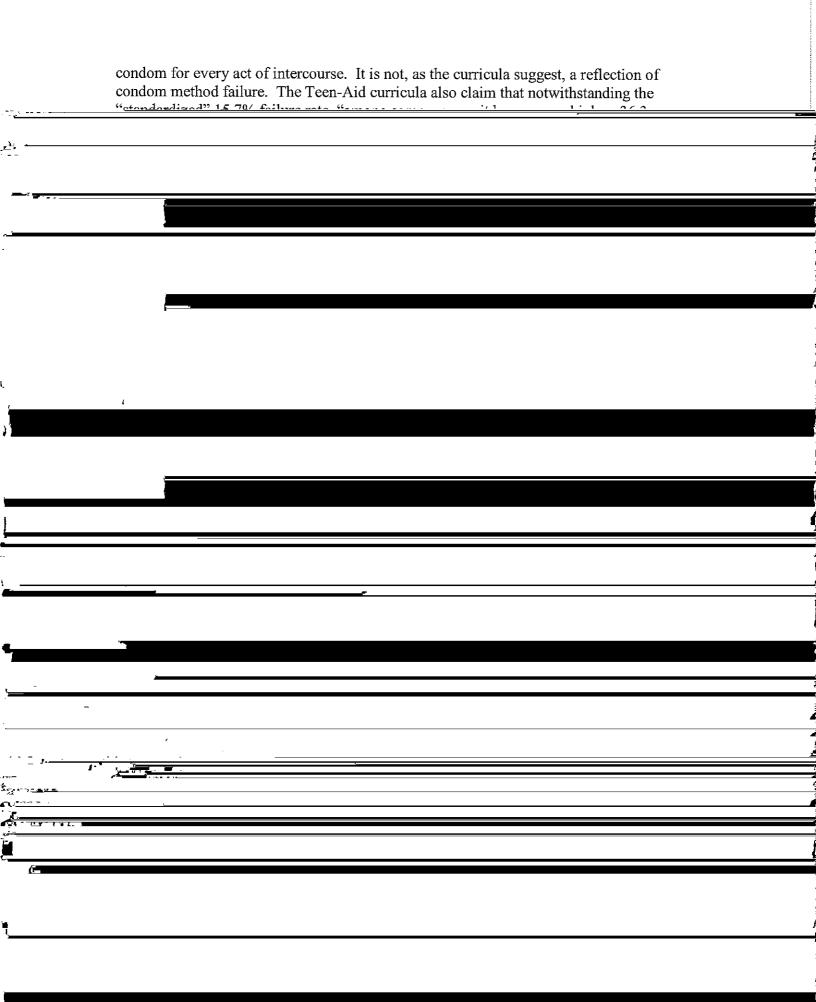


<u> </u>	33. Apart from discussing condoms in relation to HIV and chlamydia, the Teen-Aid curricula fail to give information on the effectiveness of condoms as a means of preventing other STIs, despite the fact that the curricula discuss the symptoms, treatment,	
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	syphilis, herpes simplex virus, and HPV. See Me, My World, My Future at 222-30;	
	Sexuality, Commitment and Family at 241-49. Similarly, in addition to HIV, Why kNOw	
	discusses syphilis, gonorrhea, chlamydia, herpes simplex virus 2, HPV, and hepatitis B,	
	yet the curriculum does not give information on condom efficacy that is specific to these diseases. <i>See Why kNOw</i> at 90-95. By failing to even mention condoms, the curricula	200
	leave the erroneous impression that condoms provide no protection for these STIs. Yet	1
	the medical literature shows that condoms, when used consistently and correctly, provide	200
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	35. The Teen-Aid curricula claim that "[d]uring vaginal intercourse condoms have been reported to break or slip off 14.6% of the time." <i>Me, My World, My Future</i> at 214 (citing James Trussell et al., <i>Condom Slippage and Breakage Rates</i> , 24 FAM. PLAN. PERSP. 20 (1992)): Sexuality Commitment and Family at 19 (citing same) However
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	more recent studies based on better data – including the NIH Report and materials
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significantly lower range of condom slippage and breakage. See NIH REPORT, supra ¶ 9,

	37. Compounding the exaggerated breakage and slippage rates, one Teen-Aid curriculum also give a wide range of additional statistics on condom failure – a total of fourteen different percentages ranging from 0.6% to 15.1% – that serve to misleadingly suggest both that condoms are unreliable and that the public health community cannot establish, within a narrow range of percentage points, the actual rate of method failure.	And an incident with the control of
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	communities agree that condoms are reliable; and, recent, reliable resources cite rates of	<u>.</u>
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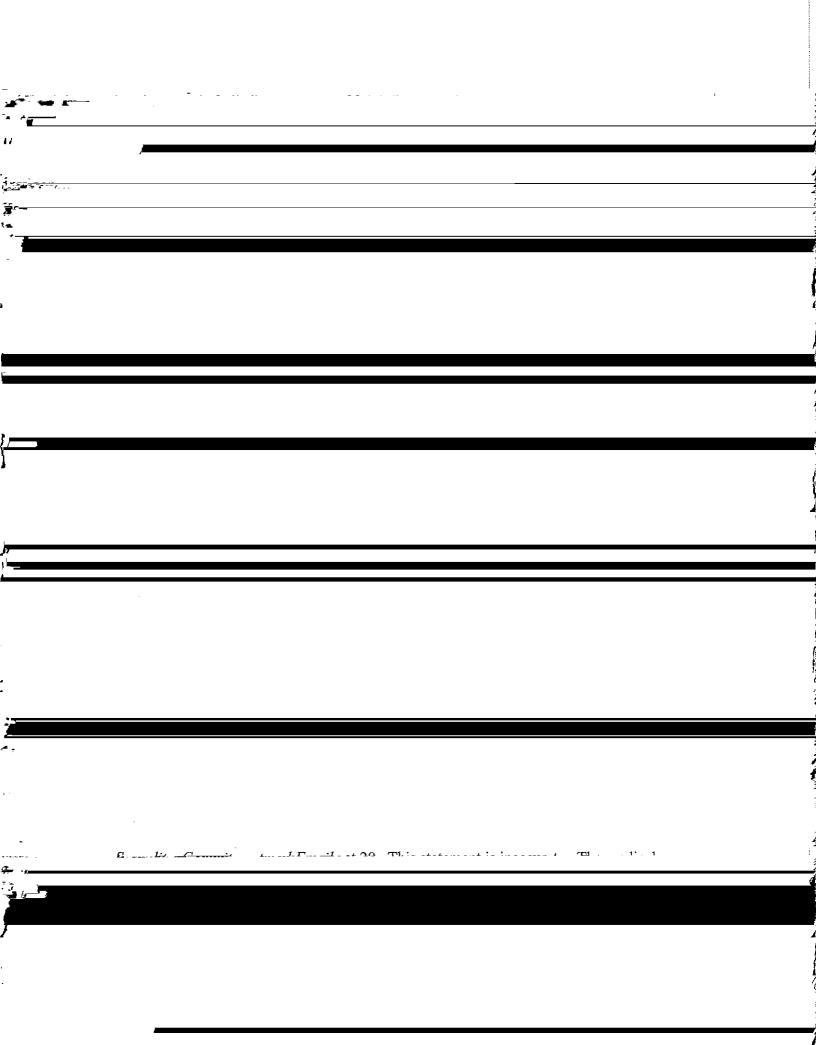


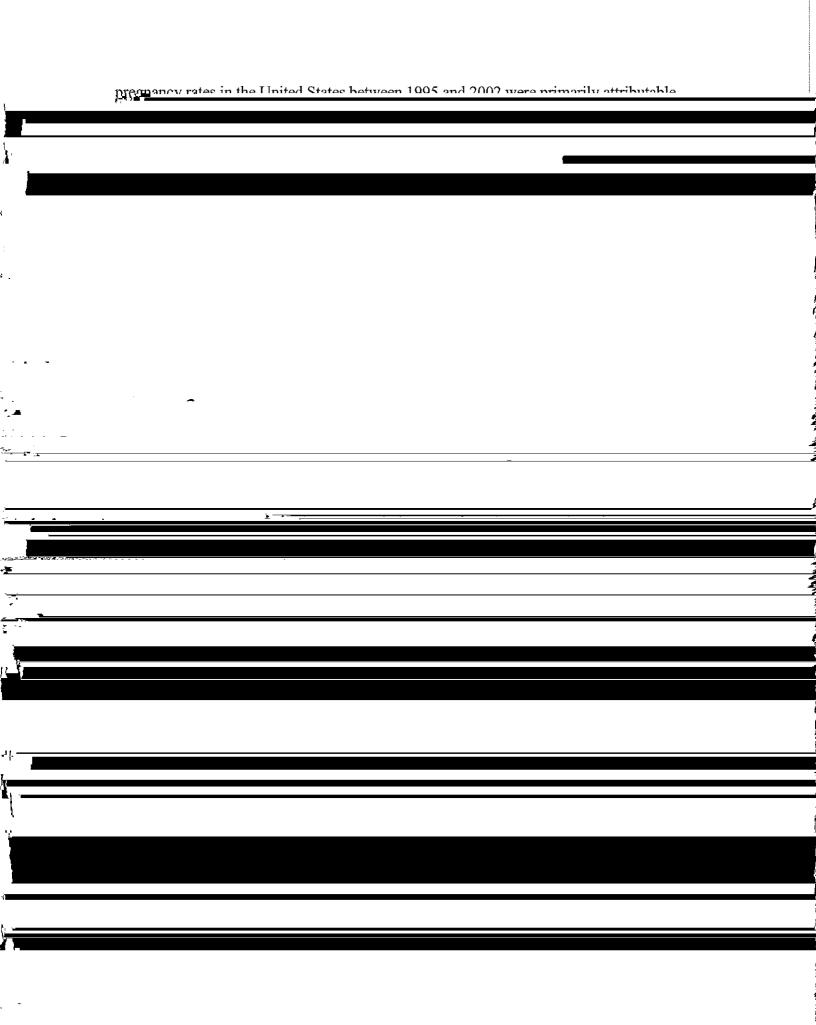
see also id. at 96 (concluding that "the failure rate of the condom to prevent AIDS is logically much worse than its failure rate to prevent pregnancy"). However, the comparison between acquiring an STI and becoming pregnant is not valid because the risk of acquiring an STI depends on completely different factors than the risk of pregnancy. To acquire an STI, one must engage in sexual activity with a partner who is infected with the STI; therefore, the risk of contracting an STI depends on the prevalence

of the virus in the population and is affected by condom use and efficacy in preventing that particular disease. See, e.g., discussion, ¶ 15, supra. The risk of pregnancy depends on a women's fertility during intercourse and is affected by contraceptive use (including condom use) and the efficacy of the contraceptive method used in preventing pregnancy. Thus, the comparison of these two risks as presented in Why kNOw and the Teen-Aid.

curricula is not scientifically accurate.

42. Why kNOw builds on its misleading statistics about condoms and pregnancy by inviting students to "consider" that a human sperm is 450 times larger than the HIV virus. Why kNOw at 90. The curriculum includes directions for an in-class illustration of this size difference, using an 18.75 ft. model of a sperm (named "Speedy")





Later Risk of Teenage Pregnancy in Girls, 11 DEV. PSYCHOPATHOLOGY 127 (1999); Yu-Wen Chen et al., Mental Health, Social Environment, and Sexual Risk Behaviors of Adolescent Service Users: A Gender Comparison, 6 J. CHILD & FAM. STUD. 9 (1997)); see also John S. Santelli, Abstinence-Only Education: Politics, Science, and Ethics, 73 Soc. Res. 835, 843-44 (2006) ("[R]esearch shows that early sexual activity and

intercourse, sexual abuse, unsupportive social environments, and individual mental health problems such as conduct disorder and substance abuse. Thus, certain mental health problems are associated with early sexual activity, but these peer-reviewed studies suggest that sexual activity is a consequence of pre-existing mental health problems.").

CONCLUSION

I declare under penalty of perjury that the foregoing is true and correct. Dated: 4/18/07					
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