

Abstinence Education On the March

In Alabama, 'A' is For Abstinence

MONTGOMERY, AL — Alabama parents are celebrating passage of an abstinence bill that requires sex-education and drug-education programs in public schools to emphasize the importance of abstinence.

The Abstinence Act of 1992 (S.72) passed the House on May 18 with an overwhelming victory vote of 83-16. The Senate had approved the measure previously, and Governor Guy Hunt is expected to sign it into law.

In the past, abstinence has been mentioned in sex education classes as merely one of several options, but this bill makes teen abstinence Alabama's societal standard. Sex courses may no longer present the misleading, potentially fatal "safe sex" message, and students will be instructed that they are expected to abstain from sex outside of marriage.

Students will also be taught and expected to abide by the drug and alcohol laws of Alabama. This bill brings Alabama into compliance with the existing federal law which requires schools to teach "that the use of illicit drugs and unlawful possession and use of alcohol is wrong and harmful."

Opponents of the bill used scare tactics to try to kill it, but they were unsuccessful because of the grassroots lobbying effort. An unsatisfactory Substitute Abstinence Bill failed 48-47.

The new Abstinence Act has been the subject of a lot of controversy because it requires sex education instruction to include information that homosexuality is not an acceptable lifestyle and is a crime in Alabama. The bill requires textbooks to emphasize "in a factual manner and from a public health perspective that homosexuality is not a lifestyle acceptable to the general public and that homosexual conduct is a criminal offense under the laws of the state."

D.A.R.E. Opposes Abstinence Bill

The Alabama D.A.R.E. Association came out against the abstinence bill. The officials of this drug abuse prevention program, which is used in schools all over the country, objected to section 3-(2) which states that programs must include "information conveying to students that the use of illicit drugs and the unlawful possession and use of alcohol is wrong and harmful and is punishable by fines and imprisonment."

The D.A.R.E. spokesmen also objected to section 4 which states: "Conduct that is illegal under state or federal law, including but not limited to, illegal use or distribution of controlled substances, under-age alcohol use or distribution, sexual intercourse imposed by means of force, or sexual actions which are otherwise illegal, shall not be encouraged or proposed to public school children in such a manner as to indicate that they have a legitimate right to decide or choose."

It was a shock to many legislators to discover that the promoters of a widely-used drug education course were lobbying against an Abstinence bill. It is not widely known that most drug abuse curricula use the same non-directive approach to which parents object so strenuously in the sexuality curricula.

This parallel teaching technique was made clear by the letter written by Sgt. Charles Thompson, president of the Alabama D.A.R.E. Officers Association, requesting legislators to delete the above two sections. Thompson stated



Governor Guy Hunt

in his letter that these sections "would effectively remove DECISION MAKING SKILLS and CRITICAL THINKING as prevention techniques from all currently practiced curriculum." He claimed that this bill "if passed as is, would return all drug abuse prevention programs to those that reigned scare tactics upon youth in the late sixties and seventies."

The D.A.R.E. curriculum is unique in that it uses local policemen as instructors. However, D.A.R.E. is typical of the non-directive drug courses based on "decision making" by the child. D.A.R.E. was developed by the Los Angeles Police Department, which some would say has had its own problems with decision making.

New York Board of Education Decides Abstinence is Best

The New York City Board of Education surprised the nation by passing an abstinence resolution for New York City public schools which requires that all school AIDS education "must stress that abstinence is the most appropriate premarital protection against AIDS, and no such instructor shall ever portray abstinence and 'protected sex' as equally 'okay.'"

Parents all over the country are celebrating this victory, because they know how New York often sets a national trend, and they hope passage of similar bills in other areas will become easier.

This resolution means that abstinence may not be presented in class as just an "option." Instead, this bill requires that instruction on AIDS prevention "must devote substantially more time and attention to abstinence than to other means of prevention" and "must emphasize that no other mode of prevention can provide the same 100% protection against HIV infection as abstinence." This bill also requires that AIDS instruction "clearly disclose the various risks and consequences of condom failure."

In another significant sector, the New York City School Board resolution requires outside organizations and individuals who "take part in any aspect" of the AIDS education program to sign a written agreement that it will comply with these rules.

The new policy was passed by a vote of 4 to 3, and observers believe it represents a dramatic change in how AIDS education is currently presented.

RESOLUTIONS RELATING TO COMPLIANCE WITH STATE EDUCATION DEPARTMENT REGULATIONS GOVERNING AIDS EDUCATION

WHEREAS, Sections 135.3(b)(2) and 135.3(c)(2) of the State Education Department's regulations mandate that all elementary and secondary school AIDS education programs "must stress abstinence as the most appropriate and effective premarital protection against AIDS"; and

WHEREAS, the Board of Regents has unanimously adopted a resolution dated July 26, 1991 explaining that this means that written and oral instruction on AIDS prevention "must devote substantially more time and attention to avoiding AIDS infection" and "must always make it clear that no other mode of prevention can provide the same 100% protection against the infection as abstinence"; and . . .

WHEREAS, Sections 135.3(b)(2) and 135.3(c)(2) of the State Education Department's regulations further mandate that all elementary and secondary school AIDS education programs must provide students

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Give Condoms? Get Single Moms!

COMMERCE CITY, CO — One of the nation's first high schools to give out condoms has been rewarded by a soaring birth rate among its students.

Adams City High's birth rate has climbed to 31% above the national average of 58.1 births per 1,000 students in the three years since it started handing out condoms. Last year, 76 high school students became teen mothers, and this year more than 100 births are expected.

Adams City High has long been recognized throughout Colorado for its innovative educational and social programs, but school officials can't explain this unintended result.

"Being pregnant at Adams City High used to be a social death sentence," reports *USA Today's* Jana Mazanec. That "was before AIDS, safe sex and condoms became household words and teen pregnancy came out of the closet," she adds. According to student Lisa Gomez, 17, "Now people won't even look at you twice."

Many people blame the increasing birth rate and the overall "acceptance" of pregnancy not only on condom distribution, but also on the controversial teen parenting program which the school offers. The program, which began in 1979, includes an on-campus nursery which takes care of the babies while the young mothers attend school. The program's goal is not to prevent pregnancy, but to fulfill the school's role to educate. Stacey Gonzales, an



18-year-old student and mother, says, "If the program weren't there at least half of the girls wouldn't graduate."

The school leaders say they're simply doing their job by keeping kids in school. Principal C. Thomas Budde says, "We can't educate them if they die of AIDS, and we can't educate them if they stay home with children."

Many parents blame the sudden rise in

teenage pregnancies on the school's social acceptance of out-of-wedlock births through condom distribution and the parenting program. Some students believe the program encourages them to have babies for all the wrong reasons — like to keep a boyfriend or gain attention, and that having all the cute babies right on the high school campus tempts other young girls into having their own children.

EDUCATION BRIEFS

The Seattle School Board voted overwhelmingly in May to phase out mandatory busing for racial balance in the district's schools. "People now want choices," said Superintendent of Schools William Kendrick, who proposed the plan to end busing gradually; "They want to shop more." Voluntary desegregation measures that give parents the choice of sending their children to magnet schools or to schools closer to home will be instituted as an alternative. Families will be given a choice of schools in their area, and steps will be taken to make unpopular schools more appealing to students from different races and backgrounds. The plan is for the district to phase out the mandatory busing program by the end of the 1994-95 academic year. As part of the plan, district officials are also asking the state board of education to change its definition of racial balance so that district schools can be considered racially balanced with proportionately larger minority populations than currently allowed.

Yale President Benno Schmidt, Jr. stunned the education world when he announced he is leaving the University to head the Edison Project, an ambitious but risky venture to create 1000 profit-making schools. The project is the brainchild of entrepreneur Christopher Whittle who runs the controversial Channel One classroom educational program. Schmidt said he had been thinking about the move for a year, as he struggled with Yale's \$12 million budget deficit. The Edison Project's goal is to design completely new schools, charge \$5,500 tuition (which is what public schools cost), and make substantial profits. Whittle hopes to build and open a total of 1,000 daycare-through-high school campuses by 2010. Critics fear that only the businessmen — not the students — will profit, and they wonder if parents will pay the \$5,500 tuition, which is twice the average of private schools.

This summer the University of Southern Maine is offering the "First Annual Institute in Computer Networking: Linking Educators and Students to the Global Village." In this 5-day microcomputer institute, presented by the Professional Development Center, College of Education, the student is taught, among other things, how to participate in discussion groups and on-line conferencing, how to link children to children and others for educational activities, and how to retrieve educational information from world-wide sources.

The Plano (TX) School District is suing a 14-year-old student, Jamie Tellier, to stop her from distributing realistic pro-life literature to schoolmates. The suit is believed to be a first by a school against a student.

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Summer History Tour Will Provide Learning and Fun

Students can learn about America's Christian history where it was lived by joining the Christian Heritage Study Tour July 8-18. This unique history tour, offered by the Hoffman Center and Dallas Christian School, is for parents, grandparents, and children who want to learn about our Founding Fathers and God's providential hand in our nation's history.



James Madison (1751-1836)

This special tour begins in Richmond, VA on July 8 and concludes there on July 18. History will be taught from a Biblical perspective, pointing out God's providence in the raising up of individuals who brought into our government the fullest expression of civil and religious liberty that the world has ever known.

This tour gives students the opportunity to "walk in the footsteps of the Founding Fathers and study our great heritage of religious and civil liberty," and an opportunity to "reclaim for our children a thoroughly Biblical world and life view of American history."

Mrs. Bobbie Ames, the tour director, has

been involved in American Christian Heritage studies for some 20 years. Mary Elaine Swanson, one of today's foremost Christian historians, will be teaching from her recent research book, *The Education of James Madison*. Other teachers will join the tour for special presentations.

The trip begins with a historic tour of Richmond's capitol building and seven national historic landmarks, including St. John's Church where Patrick Henry delivered his "Give me liberty or give me death" speech. The tour continues with an in-depth study of Madison and Jefferson in beautiful Charlottesville, with visits to the University of Virginia, Monticello, the Rutherford Institute, the Providence Foundation, and Montpelier — Madison's 55-room mansion.

A visit to Washington, D.C. will include a special White House Tour and Capitol Tour in the morning, a "Treasures of the Smithsonian" tour in the afternoon, and an evening tour of Washington and its monuments by night. A visit to George and Martha Washington's home, Mount Vernon, Woodlawn Plantation, and old Alexandria is also included in the tour, as well as visits to Jamestown, Yorktown, and Colonial Williamsburg.

For more information on the Christian Heritage Study Tour, write or call Bobbie Ames at the Hoffman Center, 5266 Citizens Parkway, Selma, AL 36701. Phone: (205)872-3851. The price of the tour is \$1,199 per person for two in a room; \$1,119 per person for 3 in a room; and \$1,059 per person for 4 in a room. The tour includes all transportation from Richmond to the end of the tour, all hotels, all breakfasts, 8 dinners at night, all entrance fees, and the handling of luggage.

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with "accurate information... concerning the nature of the disease, methods of transmission, and methods of prevention"; and

WHEREAS, the Regents' July 26, 1991 resolution explains that, among other things, this means that "any written or oral instruction relating to condoms must fully and clearly disclose the various risks and consequences of condom failure"; and

WHEREAS, it has come to this Board's attention that certain AIDS education materials and programs which outside organizations have produced for teenagers do not fully and clearly disclose the various risks and consequences of condom failure; it is hereby;

RESOLVED, that all AIDS education programs presented in New York City public schools shall comply with the following rules:

(1) All written and oral instruction relating to AIDS prevention must stress that abstinence is the most appropriate premarital protection against AIDS, and no such instruction shall ever portray abstinence and "protected sex" as equally "okay";

(2) Whenever students are assembled for classroom or other instruction relating to AIDS prevention, the written and oral instruction presented to them on that occasion must devote substantially more time and attention to abstinence than to other methods of prevention;

(3) All written or oral instruction relating to AIDS prevention must emphasize that no other mode of prevention can provide

the same 100% protection against HIV infection as abstinence and must fully and clearly disclose the various risks and consequences of condom failure;

(4) No outside organization or individual shall be allowed to take part in any aspect of any New York public school's AIDS education program unless such organization or individual has furnished the Chancellor a signed written agreement that such organization or individual will comply with each of the foregoing rules.

AND FURTHER RESOLVED, that the Chancellor is hereby directed to take all steps necessary to ensure full compliance with the four rules set forth in the foregoing resolution, including but not limited to the following specific compliance measures:...

(2) The Chancellor shall see that the same notice regarding such rules is set forth as an introduction to all curriculum outlines or other AIDS education materials which are addressed to teachers, supervisors and staff members.

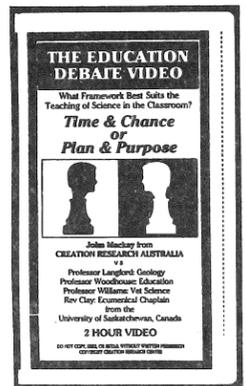
(3) The Chancellor shall see that a copy of the same notice regarding such rules is sent to each outside organization or individual now or hereafter expected to take part in any aspect of any New York City public school's AIDS education program.

(4) The Chancellor shall see that no New York City public school makes any further use of the video entitled "AIDS: Just Say No", or the New York City Department of Health leaflet entitled "Teens Have the Right", or any other AIDS education material which does not comply with such rules.



Video of the Month

The Education Debate Video: Time & Chance or Plan & Purpose with John Mackay, Creation Research Centre, P.O. Box 281, Hartsville, TN 37074, (615)374-3693, 2 hours, \$35.00.



Evolution vs. Creation — What framework best suits the teaching of science in the classroom? That is the question addressed in this debate video between John Mackay, noted Creation Scientist from Australia, and four evolutionists from the University of Saskatchewan, Canada.

In the first 20 minutes, Mr. Mackay presents his arguments against evolution and in support of creation. He boldly states the fact that scientific evidence goes *against* evolution. He says there is "no evidence that evolution is happening and no evidence that it ever has." He proves this by pointing to the stability of the fossil record, a point which he says Darwin could not even explain. The fossil record shows that, if one goes back many years, the fossil pattern in the rock is stable. Organisms only produce variations of their own kind. He says, "Many varieties can be formed from a single kind, but one kind of organism never becomes something else."

"If we teach students that evolution is a fact," Mackay said, "you're teaching them to believe a process you can't see, which has occurred by a mechanism you cannot demonstrate, with a history which has left no visible signs it ever did happen!"

"The only way you'll be able to get intelligent students to believe that," he continues, "is if you teach them *what* to think instead of *how* to think, so when they need to think they won't because they can't."

When addressing the question of why teach creation, MacKay said that science education is just another way of making the next generation the sort of people we want them to be. He said, "What you teach them about our past, will govern the way they develop their future."

The four panelists speaking in favor of evolution were given 10 minutes each, with a 5-minute response from Mackay between each one. The four men who debated Mackay were Professor Langford (Geology), Professor Woodhouse (Education), Professor Williams (Vet Science), and Rev. Clay (Ecumenical Chaplain).

Prof. Langford claimed that "geology just doesn't fit with creation." He said, "I have to read the real story in the rocks made by God, rather than read the story in the Bible made by man."

This video is useful for home, church, or classroom viewing and is a helpful educational tool for teacher, student, or anyone interested in the evolution vs. creation debate. It is not expensively produced for entertainment, as we are accustomed to see on television.

Parents Put HIV/AIDS Curriculum on Hold

NEW YORK, NY — On June 10, the Board of Education of the City of New York postponed a vote on a proposed new HIV/AIDS curriculum for grades K-6 until its next meeting. Parents for the Restoration of Values in Education (PROVE), a Staten Island group opposing the curriculum, hailed the decision as a victory for their forces. PROVE members had requested the delay to allow more time for the city's 32 school districts to comment on the curriculum. The Board is expected to vote on the controversial material at its next meeting, June 24.

A 23-member HIV/AIDS Advisory Council established by the Board of Education recommended approval of the curriculum in its Majority Report. The Minority Report of the same council, however, found the curriculum "unacceptable." While conceding that the curriculum "has many good points," the four council members who dissented from the

Majority Report insisted that "there are fundamental philosophical differences on how to do this teaching which prevent us from endorsing it." The four dissenting members are Dr. Rabbi Herbert Bomzer, Rev. Michael Faulkner, Dr. Lilianna Trivelli, and Joanne Gough, a registered nurse and founder of PROVE.

The Minority Report lists four areas of concern: the lack of age appropriateness of much of the curriculum material; the inadequate emphasis on abstinence as the only safe method of prevention; the absence of support for traditional values and the role of parents; and the use of a non-directive educational approach.

"Many of the lessons are unnecessarily sexually explicit," the Minority members contend. "Encouraging sexual preoccupation at this age can act as premature seduction, cause extensive psychological harm, and produce disturbed behavior, sexual dysfunction, and addictions in

adulthood." In response to the Majority contention that explicit material is necessary because some children in grades 4-6 are sexually active, the Minority members "strongly recommend that the curriculum should not be written to address the problems of a very small minority at the risk of damaging the greater majority." They argue that those children who are "at risk at these vulnerable ages need special individualized instruction, counseling, and the vital involvement of parents."

The Minority members charge that the curriculum violates the mandate of the Board of Regents, the state legislative body, which requires that "written and oral instructions on AIDS prevention must devote substantially more time and attention to abstinence than to other means of avoiding HIV infection" and that "instruction relating to condoms must fully and clearly disclose the various risks and

consequences of condom failure." They argue that the curriculum's "consistent, positive presentation of condoms . . . is misleading and will encourage young people to engage in destructive behavior due to a false sense of protection."

According to the Minority members, the curriculum also "fails to affirm the value of the traditional two-parent heterosexual family." Nor does it "directly involve the parents in the process of teaching sexual values." Under the guise of "value-free" instruction, they say, the curriculum instead affirms "non-traditional values such as premarital sex, promiscuity, and other deviant sexual practices." The "value-free" rubric also affords a convenient pretext for stifling dissent. "Suggestions and recommendations from members of the clergy were consistently rejected as 'religiously biased,'" say the Minority members. The non-directive approach only compounds the problem of "value-free" instruction and "makes it impossible to propose simple changes that would make the curriculum acceptable," they conclude.

The two-week delay in the Board's decision on the curriculum will allow more time for groups like PROVE to circulate the Minority Report and generate opposition to the proposed material. "The more pressure we can bring to bear on the Board the better," confides Gough. She contends that supporters of the curriculum, hoping to "railroad" it through, were dealt a serious setback by the postponement. "They don't want feedback from the districts," she says.

The battle is not over yet, however. "If the Board votes on the Majority Report, which is the curriculum, without the changes that we want to make, it comes to the districts as a *fait accompli*; it's mandated, and we're in trouble," concedes Gough. "This curriculum is carrying another agenda," she warns, noting that the HIV/AIDS Advisory Council contained several gay members (at least two of whom have AIDS). "A large percentage of the staff writers and the so-called experts who screened this material before we got it are also gay," she adds.

Gough believes that the AIDS curriculum was designed to promote two objectives — the ostensible objective of disease-prevention and the hidden objective of accepting alternate lifestyles. "Let's not have our prevention program carry this other agenda," she urges.

Gough describes the meetings of the Advisory Council with one word — "unbelievable." Despite her experience as a registered nurse, she admits that she has received quite an education from her fellow Council members. "They don't want to say no to any behavior," she observes. "Their motto is, if it feels good, do it. And the more information you can give our children, and the sooner you can give it to them, the better."

Curriculum supporters experienced their first major defeat on May 27 when the Board of Education voted 4-3 to adopt a resolution requiring all elementary and secondary school AIDS education materials to stress abstinence. (See related story on Page 1.)

"It's all-out war up here," says Gough, describing the incensed reactions the resolution has provoked among alternative lifestyle advocates. Groups such as the Gay Men's Health Crisis, which had been "knocking the doors down" for opportunities to proselytize in the public schools, may find it difficult to abide by the restrictions, Gough observes. "They're yelling censorship and violation of free speech rights." Gough, on the other hand, thinks it's about time that someone reaffirmed the rights of parents to monitor the materials and the people coming into their children's schools. ■

A Minority Report on the HIV/AIDS CURRICULUM Submitted to the Board of Education, City of New York, April 1992

The following document was written in response to the HIV/AIDS curriculum for grades K-6. It was compiled by members of the HIV/AIDS Advisory Council who have dissented from the majority recommendation and who were opposed to adopting the final revision of the HIV/AIDS curriculum.

The comments made in this document are general in nature. This approach was taken because we were dealing with the broad, underlying philosophy of this curriculum rather than specifics. However, we have cited specific examples for clarification where we felt it was necessary.

The goal of this curriculum is to avoid an AIDS epidemic in adolescents by teaching prevention in the preadolescent age group. Although the curriculum has many good points, there are fundamental philosophical differences on how to do this teaching which prevent us from endorsing it. Without going into detailed analysis, we have organized our dissenting views in four areas.

I. AGE APPROPRIATENESS

Many of the lessons are unnecessarily sexually explicit, elaborating on body parts, body fluids, various kinds of sexual intercourse, details about condoms and their usage (e.g., lesson 3, 4th grade; lessons 2 and 3, 5th grade; lesson 2, 6th grade). This type of sex education is problematic. There are many developmental child psychiatrists, psychologists, and theorists who stress that the prepubertal latency period (the interval that spans from approximately age five to adolescence) in child development is extremely important and should be protected. During this phase of personality development, the mentally healthy child is not interested in sex. The major purpose of this phase is to afford a child the opportunity to develop his intellectual, physical, and social abilities. Sexual preoccupation at this stage diverts the child's energies from this area and causes serious developmental deficiencies. As educators, we must not violate or bypass this important developmental stage. Encouraging sexual preoccupation at this age can act as premature seduction, cause extensive psychological harm, and produce disturbed behavior, sexual dysfunction, and addictions in adulthood.

It was argued by many on the council

that sexually explicit information would be appropriate for grades 4, 5, and 6 because there are some children who are sexually active at these ages. We believe that this is not true for the majority of children in this age group. Yet when explicit sex is first introduced to 4th graders, it is stated that "many students may be unfamiliar with specific methods of sexual intercourse," and the teacher is supposed to bring up the subject if the children do not ask. We strongly recommend that the curriculum should not be written to address the problems of a very small minority at the risk of damaging the greater majority. At this age, it is sufficient to teach that HIV can be transmitted by sexual intercourse with an infected person.

Recommendation

There is no need to give detailed descriptions. Those children who are sexually active and at risk at these vulnerable ages need special individualized instruction, counseling, and the vital involvement of parents.

II. ABSTINENCE

The curriculum, even improved with the recommendations of the council majority, is far from complying with the Regents mandate and government guidelines which stress that children should abstain from sex until marriage. Specifically, it does not comply with the Regents' mandate that written and oral instructions on AIDS must devote substantially more time and attention to abstinence than to other means of avoiding HIV infection, and that condom instruction must fully disclose the various risks and consequences of condom failure. At present, there is no substantial stress on abstinence.

The federal guidelines state that any health information developed by the federal government that will be used for education should encourage responsible sexual behavior based on fidelity, commitment, and maturity, placing sexuality within the context of marriage.

They also state that the school system should make programs available that will enable young people who have not engaged in sexual intercourse and who have not used illegal substances to:

— Abstain from sexual intercourse until they are ready to establish a mutually

monogamous relationship within the context of marriage; and
— Refrain from using or injecting illegal drugs.

The existing abstinence message is further diluted with a consistent, positive presentation of condoms as a recommended option for prevention. This approach is misleading and will encourage young people to engage in destructive behavior due to a false sense of protection.

It is imperative that young people realize the high risks of condom failure. According to Elise F. Jones and Jacqueline Dorroch Forrest, data gathered from thousands of participants in a 1988 survey showed that 27.3% of never-married teenage girls who relied on condoms for birth control experienced accidental pregnancies within one year ("Contraceptive Failure Rate based on the 1988 NSFG," *Family Planning Perspectives*, January/February 1992, Table 2, p. 15)! Logic dictates that the failure rate for preventing the transmission of the HIV virus would be at least this high, and possibly higher. Even more disturbing is the fact that a task force appointed by the Department of Health and Human Services concluded that there are no clinical data to support the value that condoms prevent the spread of a range of diseases including syphilis, herpes, hepatitis-B and HIV (Asta Kenny, "School-Based Clinics: A National Conference," *Family Planning Perspectives*, January/February 1986, pp. 6, 28).

Furthermore, sex is treated casually throughout the curriculum. It states that sex is permissible and even desirable if it is "protected" and produces "feelings of intimacy and joy." The curriculum should treat sex with proper respect by teaching that sexual intercourse is to be reserved for marriage. Given all of the evidence concerning condom failure, teenage pregnancy, and long-term psychological effects, adolescent intercourse should be presented as an inappropriate and harmful choice. A motion to replace the term "protected sex" with "promiscuous sex and sex outside marriage" was voted down by the council majority 11 to 4.

The curriculum presents the assumption that children will become sexually active under any circumstances and that they

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must therefore be taught to practice "protected sex" with condoms. This assumption is dangerous. As previously cited, there is no clinical data to support the notion that condoms prevent the spread of many diseases, including syphilis, herpes, hepatitis-B, and HIV.

Teenage pregnancies, sexually transmitted diseases, and AIDS are serious health problems. Sexual activity in children is damaging to their emotional and physical health. Abstinence for children is possible and healthy. Children are capable of exercising self-control. It has been shown that girls want to be taught how to say "no" to premarital sex. Children need to have good reasons for abstinence, good skills, and support from adults. It is the responsibility of the school system to promote the most healthy behaviors, not just try to reduce the risks with a device that has no proven track record of effectiveness in preventing sexually transmitted diseases.

Abstinence is the most appropriate protection against AIDS and this must be stressed and presented in a positive way as a desirable lifestyle for young people. This is a lifestyle that promotes self-control, builds character, and constitutes a solid foundation for committed love in marriage. Recommendations to teach that sex is not for children but for marriage were rejected by the council majority. The curriculum presents abstinence as the 100% safe method of avoiding HIV infection, but it is presented on the same level as protected sex with condoms — just another option which is okay too.

Recommendation

We recommend that the Regents' clarification of the New York State Education Regulations relating to the HIV/AIDS instruction be placed at the beginning of the teachers' guidelines so that teachers will know what the requirements are. Nowhere in the curriculum is it clearly stated that "abstinence is the *most appropriate* premarital protection against AIDS." We recommend that abstinence be presented in a positive way, as a desirable and achievable lifestyle for young people that promotes self-control, builds character, and constitutes a solid foundation for committed love in marriage. The curriculum, as it stands, presents abstinence as the 100% safe method to avoid HIV infection. However, it is presented on the same level as "protected sex" with condoms as the safest option, not as the *only* option. There is no mention that sex is for marriage; recommendations to teach that sex is not for children but for marriage were rejected by the council majority. We urge that abstinence be presented as the correct and most appropriate choice before marriage.

III. FAMILIES, PARENTS, AND VALUES

Marriage and the traditional role of the family must be recognized as the foundation of society and the basic framework for sex education. The curriculum fails to affirm the value of the traditional two-parent heterosexual family.

The curriculum does not directly involve the parents in the process of teaching sexual values. Parental involvement is essential for successful sex education. A motion to include obtaining parental consent when inviting a guest speaker to address the class in lesson #2, grade 3, was voted down by the majority. Parents should be supported and encouraged rather than

undermined and excluded. The education of parents who need information and assistance in the area of AIDS should not merely be indoctrination by Board of Education staff, but rather a collaboration in the teaching of values and in the building of character.

An important point must be made concerning the Prevention lessons which are the only lessons parents may choose to opt their children out of. Many parents are opposed to the "safe sex" message with explicit descriptions of condom use and would opt their children out of the Prevention lessons for this reason. The problem is that in this curriculum, the full description of condom usage is presented in the non-optional Transmission lessons and omitted from the optional Prevention lessons. Condoms are not fundamental to HIV transmission. If parents opt their children out of the Prevention lessons, their children will not benefit from the lessons in this curriculum where positive values like abstinence, consequences, and peer pressure resistance are discussed. Thus, parents will have been misled.

Every teacher brings his/her values to the classroom. There is no such thing as "value-free" instruction. This curriculum chooses to teach non-traditional values such as premarital sex, promiscuity, and other deviant sexual practices which are presented as acceptable options. The roles and the values of the parent are repeatedly overlooked. There is no Parents Manual or any clear role for parents in the plan, and no provision is made for parents to preview sensitive material which will be shown to their children.

Personal responsibility for one's behavior is not taught, although behavior modification is essential to the prevention of AIDS. "AIDS is no one's fault" is stated at the beginning of the curriculum. This implies that any sexual behavior, even those that could be harmful or irresponsible, does not lead to the contraction or transmission of the HIV virus. A recommendation to delete this confusing statement was voted down by the council majority. Usage of condoms with their well-documented high failure rate (27.3% for teenage pregnancy) is a denial of one's personal responsibility.

In the wide-sweeping effort to make this curriculum "value-free," values such as commitment, respect, self-control, responsibility, friendship, compassion, generosity, spirit of service, sincerity, honesty, loyalty, order, and patience were rejected by the council majority. Suggestions and recommendations from members of the clergy were consistently rejected as "religiously biased." The result is not a value-free curriculum, but one that replaces traditionally accepted values with questionable non-traditional values that may lead to irresponsible and destructive behavior. The above-mentioned values are unmistakably universal and are necessary for the survival of society. The personal, relative values embraced by this curriculum are indulgent; they are chosen because they "feel good." This will ultimately cause the deterioration of our society.

IV. DIRECTIVE VS. NON-DIRECTIVE EDUCATION

The curriculum uses a non-directive approach in which young students are taught details about normal and abnormal sexual intercourse in the hope that they will make good sexual choices which will

subsequently prevent HIV transmission. For example, the curriculum teaches that the use of a condom by a child or adolescent is an acceptable alternative to abstinence. It fails to take a directive approach which emphasizes that abstinence from premarital intercourse is a normal and positive lifestyle for children and adolescents. It also fails to emphasize parent and family involvement as a foundation for directing a child to a rational recognition of what is objectively good and true.

Consequently, this non-directive approach makes it impossible to propose simple changes that would make the curriculum acceptable. A large number of curricula are available that are directive and build on the principle that abstinence is the most appropriate and healthy choice. In the future, such resources and the respective experts must be included as principal resources and writers of a new curriculum throughout the process, from its inception to its completion.

There are a number of excellent abstinence-based curricula which are proving to be very successful in deterring children from becoming sexually active. To cite one example, "Sexuality, Commitment, and Family" used by San Marcos Junior High School (San Marcos District in San Marcos, California, 1984-1985) decreased the number of teenage pregnancies from 147 to 20 among their students, after only two years of implementation. If the pregnancy rate dropped, it follows that the risk for HIV and other STD transmission also dropped. We have seen no evidence that staff writers have shown an interest or initiative to investigate or consider any such successful programs.

Recommendation

We recommend that the Board of Education try one of these suggested abstinence-based curricula in at least five schools in New York City. The trial period could continue for three years. There would need to be a pre-test/post-test evaluation done to properly assess the impact such programs have on both attitudes towards and incidences of sexual activity among youth.

CONCLUSION

In conclusion, we find the approved curriculum for K-6 unacceptable. As we have stated in the beginning and was stated in the overall approved curriculum, the purpose for the HIV/AIDS education curriculum is to stop the spread of the HIV/AIDS virus among adolescents. The way to do this is to inform young people of the methods and modes of transmission as well as the risky behaviors that promote transmission while giving them concrete definitive steps on how to avoid contact with the virus while living healthy productive lives.

While this curriculum does give explicit details as to the nature of the disease and the modes of transmission, it falls far short of the targeted goals in terms of giving young people any definitive and/or concrete framework for a decision making process that will cause them to avoid risky behavior.

This curriculum is another example of the contraceptive comprehensive sex education programs that have been used in our public schools for more than twenty years. During all of this time, we have only seen the incidents of sexual activity among adolescents along with the detrimental

effects (i.e., the spread of sexually transmitted diseases and unwanted pregnancies) increase at dramatic and alarming rates.

In order for programs of this type to be successful, they must begin to address the root cause of the problem. The root cause of the problem with the sexual transmission of AIDS is not young people's lack of information about risky versus not risky behavior. We must give young people correct information so that they can make informed decisions concerning abstinence and seek out adults and other support systems to strengthen and support their decisions concerning abstinence and non-promiscuous lifestyles.

Further, we see this curriculum that attempts to be value-free in fact affirm another group of values that are non-traditional and promote the same risky behavior that the curriculum claims to be warning against. Although only about two percent of the overall population is homosexual, a disproportionate number of organizations and advocates for these causes provided leadership in the development of this curriculum.

This philosophy appears throughout the curriculum and is especially obvious in the section from pages 108-110 in listing a number of these organizations as resources to whom children can write or call for more information. Several of these organizations are unsuitable because they advocate sexual practices that are dangerous. As examples, please see the attached documents, published and promoted by these organizations. The public school is no place for the promotion of such lifestyles nor should this curriculum be used as a forum to give legitimacy to said lifestyles.

Further, a class on homophobia is to be given in the 5th grade, according to the curriculum. While we do recognize the need for more understanding throughout our society, we do not feel that the place for this type of discussion should occur at such an early age, nor should it be linked arm-in-arm with the HIV/AIDS message.

We feel that the HIV/AIDS prevention message is a health issue that must be addressed in the context of the family.

This curriculum needs to be age-appropriate. This curriculum should promote abstinence as the most appropriate means for the prevention of the sexual transmission of the HIV/AIDS virus. And this curriculum should be geared toward promoting family values.

Our troubled youth are on a path of self-destruction which includes not only sexual involvement, but alcoholism, drugs, homicide, and suicide. The deeper problem is what needs to be addressed. Successful sex education can only be taught through building character. Only those programs which address the reasons why children engage in sexual activity or other self-destructive behavior will be successful.

Teen sexuality is a symptom for a deeper problem. We must begin to address the true needs of teenagers and all children in order to solve these problems and not simply attempt to resolve the symptoms. It is our duty as educators to instill positive healthy values in our children — values that will make them strong, stable, and productive members of our society.

Respectfully submitted, Mrs. Joanne Gough, Dr. Rabbi Herbert Bomzer, Dr. Liliana Trivelli, Rev. Michel J. Faulkner.