



# The Phyllis Schlafly Report

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## The High Costs of Free Sex

"When you have sex with someone today, you also have sex with everyone they've had sex with for the last five to seven years." That's the one line most people remember from the blunt and graphic CBS documentary in October 1986 called "AIDS Hits Home." The same refrain was echoed repeatedly in the NBC documentary on AIDS in January 1987.

What an awful thought! Just imagine all those other people in the same bed with you and your current lover! Crowded, isn't it! And even if you think you are a good judge of the character, cleanliness and lifestyle of your sex partner, you can't possibly evaluate all those who preceded you.

The horror of this thought has apparently scared the media to the point of hysteria. For 20 years, the big media and entertainment moguls have preached Sexual Liberation, and now, suddenly, they've discovered that liberated sex has built its own prison walls.

The CBS and NBC television specials did an effective job of showing that AIDS is hopeless (there is no cure), horrible (it's a slow, painful death), depressing (all the victims are young), and costly (each AIDS victim requires about \$150,000 in medical services).

There are already 15,000 deaths from AIDS and, with an estimated two million Americans now infected and infectious with the virus, there could be 200,000 deaths by 1990. The load on insurance companies, private savings, medicaid, and welfare will be horrendous.

The Scylla and Charybdis of sex are now AIDS and teenage pregnancies. During most of 1986, two separate lines of thought and remedies were urged as the way to deal with these problems.

(1) AIDS is spreading rapidly. It isn't just a homosexual disease; it's a terrible problem for all of us. We ALL need to spend much more money for research to find a cure, and for hospital care for the afflicted.

(2) Teenagers are having babies out of wedlock at an alarming rate. We ALL need to spend more money to put sex clinics in the public schools, and for in-school medical care for the children and their babies.

In 1987, media hysteria about these problems has both accelerated and fused. Now, the media are trying to offer the same plan of action to address both problems: (1) getting everybody to carry and use condoms all the time (never leave home without them, like your driver's license), and (2) public

school instruction in what they call "safe sex."

The television talk shows on this subject border on the ridiculous. The condom advocates get so tangled up in their arguments that they talk about "contraceptives" as a barrier to AIDS; whereas avoiding conception is not a problem for most of those at risk for AIDS, and AIDS is not an imminent problem for most teenagers at risk for pregnancy.

If you want to avoid AIDS, venereal diseases, unwanted pregnancies, and other high costs of free sex, the way to go is so simple. Just practice abstinence until you get married and then remain faithful to your spouse.

But the media programmers, assignment editors, sex educators, and Planned Parenthood propagandists haven't thought of presenting or even discussing that method. If you try to suggest this solution on a television talk show, you'll be met with astonishment and pessimism that abstinence is possible.

Maybe it's because the people participating in media programming have a personal, emotional stake in the Sexual Liberation lifestyle. The famous Lichter-Rothman survey of the national media elite, published in *Public Opinion* magazine in 1982, showed that big media are strong supporters of sexual permissiveness: 54 percent believe that adultery is not wrong; 76 percent believe that homosexuality is not wrong; and 90 percent agree that abortion should be legal.

### Teach Abstinence, Not Promiscuity

The time has come for the American public to demand that the public schools teach children to say NO to fornication, as well as NO to drugs, and NO to alcohol. Any other instruction in the public schools about these three subjects is tantamount to leading children down the primrose path of behavior that is unhealthy, emotionally traumatic, financially costly, illegal, and possibly fatal. Fornication, drugs and alcohol are all illegal for children.

There simply isn't any "safe" sex for schoolchildren. Courses and teachers that instruct otherwise are betraying the confidence that parents and the public have put in them in entrusting children to their care. Schoolchildren should be taught to practice abstinence until marriage and fidelity after marriage, and to expect your future spouse to do likewise.

For the last 20 years, the public schools have been teaching that fornication with contraceptives is acceptable and "responsible." This type of teaching has had disastrous results:

more promiscuity, more pregnancies, more disease, more divorce, and more mixed-up children.

Furthermore, it's not true that most teenagers are sexually active. A new study made at Ohio State University shows that only 47 percent of girls at age 18 have had sexual intercourse — which means that 53 percent have not. The same study found that, at age 15, only 7 percent of girls have had sexual intercourse.

There are very, very few public school curricula that teach abstinence. Two good ones are *Project Respect*, P.O. Box 39, Golf, IL 60029, and *Teen-Aid, Inc.*, West 22 Mission, Spokane, WA 99201. You can write for free descriptive brochures.

Two groups vehemently oppose teaching chastity: those who have a psychological need to validate their own lifestyle of Sexual Liberation, and those who have a commercial interest in promoting promiscuity.

Unfortunately, media messages, overt and subliminal, still invite young people to enjoy the forbidden, temporary thrills of the Sexual Revolution without regard to the now-obvious disease consequences. Television entertainment showed some 9,000 illicit sex acts last year without showing their unhealthy and unhappy consequences.

The electronic and print media have been telling us over and over again that our traditional-family social structure is changing to one of "serial marriages." That means a society in which the norm is for everyone to be married and divorced several times.

This editorial refrain was the thesis of the ABC-TV documentary called "After the Sexual Revolution" on July 30, 1986. The narrators solemnly assured us that, instead of one lifelong marriage, the future will be a "merry-go-round of marriage and divorce."

The Knight-Ridder newspapers released a big "news" feature in October 1986 called "What shape will marriage take in the 21st century — if it survives at all?" Its principal sales pitch was that "until death do us part is on the way out," and that "marriage is no longer a prerequisite for having a family."

Even the *Wall Street Journal* in September 1986 published a "news" story under the headline, "If you see families staging a comeback, it's probably a mirage." This pompous newspaper reported as page-one "news" the ridiculous statement that "departures" from the traditional family lifestyle are now "75 percent of the norm."

Ortho Pharmaceutical Corporation is an example of the commercial interest in promoting promiscuity. This contraceptive manufacturer sent its own sex education kits to 3,000 public schools. That's quite an ingenious marketing scheme to develop teenage customers for Ortho's contraceptives.

Burroughs-Wellcome is a \$554 million company whose stock has been rising fast because it produces drugs sold to those who suffer from the incurable venereal diseases, AIDS and Herpes. Of course, these drugs cannot cure the diseases, but anyone with an incurable disease will grasp at any straw in the hope that something can alleviate the misery.

Burroughs-Wellcome carries on an expensive advertising campaign, with full-page advertisements in *Time* and *Newsweek*. The ads are very curious because they don't sell any product — they sell promiscuity. The ads show very attractive young couples who are sexually active, and appar-

ently enjoying the so-called "good life" even though one partner has incurable venereal Herpes. The message of the ads is that infected persons can still get and keep a good-looking lover because it's now socially acceptable to have Herpes.

So, a lot of people are making big money out of promiscuity. Maybe someday their customers will wake up and realize that free sex isn't free at all. It's quite costly, and someone else is making the profit.

These two groups of powerful and influential people like to think that their own permissive attitudes and associates are typical, and that their mores are the norm, but they are out of step with reality. They may live in a world where divorce, adultery, abortion and homosexuality are acceptable behavior, but that isn't heartland America. According to the latest available U.S. Census Bureau figures, 77.5 percent of all married couples living together have NEVER been divorced.

## Questions About Sex Clinics

A consortium of well-financed foundations and social service professionals is pushing hard to place sex clinics in all public high schools. It's a good idea to write or telephone the principal of the high schools in your area and ask if any plans are underway to install a sex clinic. Often, they are installed surreptitiously and then presented to the public as a fait accompli.

Of course, the promoters of these clinics don't call them sex clinics; they call them school-based health clinics and try to throw you off the trail by describing the many health services they will dispense to schoolchildren. This is just window-dressing for the dispensing of contraceptives. All those other services are easily available elsewhere, as well as the means of financing them.

If you find that plans are underway for a school sex clinic, here are some questions to ask the principal, superintendent, and school board.

What literature, statistics, or other resource materials were reviewed to determine the alleged need for a school-based clinic? What specific health needs are unmet in the area? Who determined the need for the clinic?

Give us a copy of the psychosocial questionnaires that will be given to the children who use the clinic. Who developed them? Give us the evaluation of the effectiveness and the need for these questionnaires.

How many births and abortions occurred in this high school last year? State the source of the figures. How many cases of AIDS, chlamydia, and other venereal diseases have occurred among students in this school?

Describe your program, if any, for teaching schoolchildren to say NO to premarital sex. If you do not have one, why not? Does your program teach children that fornication with contraceptives is okay?

Provide the forms under which you plan to get parental consent for use of the clinic. Do you plan to give the children confidential medical treatment without parental knowledge or consent? Will minor children be referred to hospitals or other clinics during school time? If so, will parents be contacted?

What guarantees and procedures have you established to prevent those children from getting birth control whose parents do NOT want them to have it and who have NOT signed a parental consent form?

Will the school board assume the financial liability for

lawsuits because of damage to health and reproductive systems by the Pill and by promiscuity of young girls? Will the school board assume the financial liability if a virgin contracts VD because he or she felt "safe" to have sex with condoms?

If a girl becomes pregnant due to failed birth control, will the school board assume the financial liability for the baby? Will the school's policy be to induce abortions in order to avoid financial liability?

Will a doctor issue the birth control prescriptions? Or will prescribed prescriptions be dispensed by a nurse or other clinic employee?

Provide us with all letters to and from all organizations involved in setting up the school-based clinic. Provide information on all meetings with insurance companies, agencies or lawyers with respect to liabilities which could be incurred by the school board or school employees or clinic employees, and an estimated amount of coverage required.

Provide us with all correspondence pertaining to legal opinions as to the liability of school officials for criminal charges under the statutory rape laws.

All taxpayers, especially parents, are entitled to have the answers to these questions about what goes on inside public schools.

### What Causes Teenage Pregnancy?

Giving free contraceptives and abortions to teenagers *increases* the number of pregnancies. Yes, you read that sentence correctly. Publicly-funded contraceptives and abortions increase — do NOT reduce — the number of teenage pregnancies.

But how can that be? Isn't their very purpose to prevent pregnancies? And, isn't it logical to believe that more contraceptives will stop more conceptions? Maybe that's the motive of it and maybe that's the rationale of it, but the facts prove otherwise.

We are indebted to economics Professor Jacqueline R. Kasun, Ph.D., for her research and scholarly analysis of the statistical data on teenage pregnancy. When facts collide with purpose or rationale, reasonable people should face reality.

The 50 American states vary widely in teenage pregnancy rates and also in per capita government spending on birth control and abortions. California spends three times as much per capita on birth control as North Dakota and five times as much as Utah. Yet, California's pregnancy rate is twice as high as those states.

Four states are the leaders in publicly-funded birth control: California, Hawaii, Georgia, and New York. California spends 227 percent of the national average; the other three states spend well above the national average. All four provide abortions at public expense, and they provide contraceptives and abortions to minors without parental consent or notification.

When we look at the rate of abortions-plus-unmarried births to teenagers in these four states as a percentage of the national average, we find that these same four states are also in the lead. The California rate is 150 percent of the national average, New York's is 135 percent, Hawaii's is 134 percent, and Georgia's is 131 percent.

California has consistently spent far more on birth control (per capita as well as in total) than any other state. The California State Office of Family Planning started with \$4

million in 1971; by 1983 California was spending \$95 million a year on contraceptives, sterilizations, and abortions. That was one-fifth of the national total, although California has only one-tenth of the U.S. population.

In addition, California has promoted sex education at all grade levels, sent pregnancy counselors into public schools, and provided and promoted contraceptives and abortions to teenagers at public expense without parental knowledge. Students have even been excused from school to obtain abortions without notifying parents.

The result? California's teenage pregnancy rate is now 30 percent above the national level, and California's teenage abortion rate is now 60 percent above the national level.

By contrast, when other states reduced their spending on birth control, or required parental consent for minors to get birth control or abortions, pregnancy rates and abortion rates fell dramatically.

There are large racial differences in pregnancy for all age groups, and states have widely different proportions of minorities. To avoid the statistical distortions caused by these differences, Dr. Kasun examined and compared the pregnancy rates of white teenagers in those states where the white population includes less than 6 percent Latin Americans.

Using reliable published sources, Dr. Kasun then prepared a table comparing per capita public expenditures on birth control (consisting of per capita state and federal expenditures on contraceptives and abortions) with the pregnancy rate of white teenagers (consisting of the rate of abortions-plus-unmarried-births among white women, age 15-19).

The correlation is amazing! The states that spend the most on contraceptives and abortions tend to have the highest rate of teenage abortions-plus-unmarried-births, namely, Georgia, Vermont, South Carolina, and Tennessee. The states that spend the least on contraceptives and abortion have the lowest rate of abortions-plus-unmarried births, namely, Utah, South Dakota, Idaho, North Dakota, and Missouri.

The evidence shows that government birth control increases teenage pregnancies, but restrictions on teenage access to birth control can reduce pregnancies.

### Strange Paradoxes in the Koop Report

The November 1986 report on AIDS (Acquired Immune Deficiency Syndrome) by Surgeon General C. Everett Koop contained some strange paradoxes. The report was as notable for what it didn't say as for what it did.

Koop said: "Persons who have engaged in homosexual activities or have shot street drugs within the last 10 years should **never** donate blood." (emphasis in the original) But why, in the interest of public health and safety, doesn't Koop call for making it a felony for such persons to donate blood?

Koop said: "Some persons with hemophilia (a blood clotting disorder that makes them subject to bleeding) have been infected with the AIDS virus either through blood transfusion or the use of blood products. ... This group represents a very small percentage." But why doesn't Koop tell us that this "very small percentage" is 9,000 hemophiliacs now infected with the AIDS virus?

Koop said: "Some people may have had a blood transfusion prior to March 1985 before we knew how to screen blood for safe transfusion and may have become

infected with the AIDS virus. Fortunately there are not now a large number of these cases." Why didn't Koop tell us that these infected people whom he describes as not "now" a large number are already at least 29,000 (the 9,000 hemophiliacs plus 20,000 others)?

More important, why didn't Koop explain that, although blood-bank authorities did not know how to "screen blood" prior to March 1985, they knew perfectly well starting in 1981 that the AIDS-infectious blood was coming almost entirely from male homosexuals. Why weren't they immediately barred from donating blood, not only to protect blood recipients from AIDS, but also from Hepatitis B?

Koop admitted that the current AIDS test used by blood banks cannot detect newly-infected persons because it takes the anti-bodies some months to form. Koop said: "This might occur less than once in 100,000 donations." Why doesn't Koop tell us that doctors estimate this to be 2,000 persons per year, and that, in addition, a new strain of the AIDS virus is undetectable by the blood-screening test?

When Koop gets to his "look to the future," he opposes requiring AIDS cases to be reported, or their sex or I.V. drug contacts to be traced, as is the practice with other sexually transmitted diseases. Koop wants to protect the "privacy" and "confidentiality" of the AIDS carriers. Koop doesn't even mention closing the homosexual bathhouses.

He does, however, come out with the bizarre idea that "early elementary" schoolchildren "who do not yet know they will be homosexual" must be "taught the risk behaviors that expose them to infection with the AIDS virus." How are they to be taught to avoid getting AIDS? Koop's message is mixed.

In one place, he seems to urge that teenage boys be taught they should "not have rectal intercourse with other males — it may result in AIDS." In another part of the report, he appears to urge the teaching of "safe" sodomy by the use of condoms. Koop is out of touch with the real world if he thinks parents will tolerate this kind of "sex education."

Koop's most ridiculous statement is that "unreasonable fear can be as crippling as the disease itself." He admitted that 12,500 Americans have already died from AIDS, and predicted that 179,000 will die by 1991, but he failed to cite one person who ever died from fear of AIDS. Koop's report sounds as though it were written or edited by the National Gay Task Force.

## Why?

Why, if the nation's blood supplies are safe from AIDS, does CBS show us that the way to avoid getting contaminated blood is to donate your own blood several weeks in advance of your elective surgery so you won't run any risk? And what about the people who need blood after an automobile accident they didn't plan to have?

Why, when it has been well known for years what kinds of people are the majority of AIDS carriers, does our government not make it a crime for people in those high-risk groups to donate blood?

Why are we continually told that the AIDS-antibody test will screen out all AIDS-infected blood when the fact is that there is an up-to-six-months lag between the time a person becomes infected with AIDS and the time that person shows "positive" on the AIDS antibody test?

Why don't we hear complaints from civil liberties groups against those whose negligence allowed an estimated 9,000 hemophiliacs plus 20,000 other innocent people to become infected with the AIDS virus from blood transfusions, when most of this contamination could have been avoided by preventing homosexuals from donating blood to blood banks?

Why are we not told that the statistics of AIDS victims are grievously understated because the Centers for Disease Control do not include in their reported AIDS cases the ten times as many persons suffering from AIDS Related Complex who are also capable of transmitting AIDS to others?

Why are we not told in primetime news that the Centers for Disease Control spokesman said that "in many areas the number of persons infected with AIDS is at least 100 times greater than that of reported cases of AIDS"? Why are we not told that 70 to 90 percent of homosexuals in San Francisco and New York City are AIDS-infected and AIDS-infectious?

Why are young boys and men not warned that all who engage in homosexual activities can expect to become infected with AIDS, just as the Centers for Disease Control now warn that all such persons are virtually certain to get Hepatitis B and should be vaccinated?

Why do the media, which generally show sex so explicitly and often offensively, suddenly become so prudish when it comes to telling the American people about the bizarre, bloody, and unsanitary acts of male homosexuals which spread AIDS, and about their extravagant promiscuity which spreads AIDS so rapidly?

Why is AIDS presented by the media as a homosexuals' civil rights problem instead of as a public health problem which the government can isolate and treat as it treats other virulent sexually transmitted diseases such as syphilis?

Why do the media carry on a massive campaign to convince us that AIDS cannot be transmitted by casual contacts, but do not tell us the elaborate precautions given to health care workers who serve AIDS patients?

Why do the media continue to repeat the myth that "people don't die of AIDS; they die of other diseases they can't fight off because of AIDS," when it is well known that the AIDS virus can kill directly by destroying cells in the brain?

Why are we given extravagant news coverage of speculation about a cure, when in truth there is no prospect of a cure in the foreseeable future because AIDS is a "lentivirus," a deadly and little understood family of viruses that mutates very rapidly and has been completely resistant to treatment or vaccine?

For all those who have been wondering why, there is a new book called *The AIDS Cover-Up* by Gene Antonio (Ignatius Press, San Francisco, CA). Its 376 footnotes are mostly from medical journals. It's the book that stopped Chicago from passing Mayor Harold Washington's "gay rights" ordinance.

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