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AIDS, Teen Pregnancies, Suicide, Death Education, Daycare

Liberal 'Solutions' Make Problems Worse

Condom Fraud in New York City

The proposal of the chancellor of the New York City Board of Education to hand out condoms to public school students, called "The Expanded HIV/AIDS Education Program Including Condom Availability," is a fraud. There is absolutely no evidence that this proposal can achieve its announced objectives. In fact, several studies indicate that the plan could well increase the number of teenagers with AIDS.

Close to 90 percent of AIDS cases are still found in just three specific risk groups: male homosexuals, male and female IV drug users, and female sex partners of male IV drug users. Condoms are not likely to prevent AIDS within those risk groups, but they may actually increase AIDS among teenagers outside these risk groups.

Giving condoms to teenagers who use IV drugs or even to their partners is unrealistic. Are we really supposed to believe that a teenager hyped up on drugs and sexually excited is going to stop and use a condom — and use it properly?

Giving condoms to teenage homosexuals won't help, either, because it creates the false impression that using a condom makes anal intercourse safe. Even former Surgeon General C. Everett Koop, a proponent of condoms for heterosexual adults, states unequivocally: "Anal intercourse, with or without a condom, is risky."

It's not as though we don't know what happens when high schools give condoms to teenagers. We do. For the last several years, at least 138 school-based contraception clinics have been operating in various locations all over the United States, and about one-fourth of them dispense condoms. They were introduced into the public schools for the express purpose of reducing teenage pregnancies.

Take the words of a researcher for the Center for Population Options, a leading advocate of school-based sex clinics and birth control. Dr. Douglas Kirby reported to a professional conference in 1988: "We have been engaging in a research project for several years on the impact of school-based clinics. . . . We find basically that . . . there is no measurable impact upon . . . pregnancy rates."

Pediatrics Magazine in 1989 reported on a study by Drs. J. W. Stout and F. P. Rivara. They concluded: "Sex education

programs in junior and senior high schools have little or no effect . . . on preventing unplanned teenage pregnancy."

The reason for this is that condom distribution programs produce an increase in teenage sexual activity, and that completely offsets the effect of any increase in teenage condom use. As a result, the programs don't bring about any net reduction in teenage pregnancies, and they likewise won't bring about any reduction in teenage AIDS infection.

Two studies published in *Family Planning Perspectives*, one by Deborah Anne Dawson and the other by William Marsiglio and Frank L. Mott, covered thousands of teenagers who were exposed to programs which either provided them with condoms or told them how and where to get them. Dawson concluded that this kind of program "increases the odds of starting intercourse at 14 by a factor of 1.5." Marsiglio and Mott concluded that such programs are "positively and significantly associated with the initiation of sexual activity at ages 15 and 16," increasing the odds by a factor of at least 1.2.

Other studies corroborate the conclusion that giving contraceptives to teenagers not only encourages them to initiate sexual activity but increases their activity once they have begun. It is reasonable to expect that distributing condoms in New York City's public high schools will follow the same pattern.

If not condoms, then what? We need a two-part program. First, we should adopt a program to tell teenagers that using illicit drugs is wrong. Dr. Rand Stoneburner of the New York City Department of Health stated that condom programs "simply are not going to succeed. What will succeed are drug treatment programs and efforts to stem the cause of addiction in poor communities."

Second, we should adopt a serious sexual abstinence program, and fortunately several such programs have had successful results. In the Henry Grady program in Atlanta among minority youth (much like those at risk in New York City), sexual activity decreased by 80 percent among 9th graders and 38 percent among 10th graders. Two other abstinence programs, *Project Respect* of Golf, Illinois and *Teen-Aid* of Spokane, Washington have been used in hundreds of public schools with highly successful results.

Spinning Our Wheels on Teen Pregnancies

So far as is known, no count has ever been made of the hundreds of millions of taxpayers' dollars that are spent every year for the announced purpose of preventing teen pregnancies. The spending flows through schools and colleges, public health and family service agencies, welfare and other children's services, and an untold number of private "providers" or "grantees."

It's bad enough that no accounting is ever made of the money so freely spent. It's unconscionable that it continues without any evidence that the expenditures have achieved any goal.

The first serious attempt to evaluate government programs whose stated goal is to reduce teen pregnancies was made by the Illinois State Auditor who concluded in August 1990 that "There is no direct link between most Parents Too Soon-type services and a reduction in adolescent pregnancy." The audit stated that it could not be determined "which program strategies and elements were effective, ineffective or even counter-productive."

Parents Too Soon (PTS) is the Illinois agency that dispenses tax dollars to combat teen pregnancies. Never authorized by the Illinois Legislature, it is an Executive Branch initiative started by the Governor in 1983 with a budget of \$6.5 million and by 1990 had risen to a budget of \$20.7 in line-item appropriations from various state agencies.

The state evaluation of the Parents Too Soon program was made by state Auditor General Robert Cronson under a legislative mandate that ordered him to identify PTS's "goals" and to determine "the extent of their achievement" and "what the expenditures accomplished." The audit failed to unearth any positive achievements toward PTS's stated goals.

Parents Too Soon personnel have relied on a decreased teen birth rate to claim success in their multi-million dollar expenditures to help 74,000 teens. However, the state audit pointed out that "a reduction in teen births is not necessarily a reduction in teen pregnancies." Public health officials have not counted abortions in Illinois since 1980 when pro-abortionists won a court case overturning a state law requiring abortions to be reported.

The state audit detailed heavy funding of Planned Parenthood and school-based clinics, with heavy emphasis on the distribution of "contraceptive devices and drugs." The audit made several references to "Mental Health Encounters" at the school-based clinics and "in classroom" presentations.

The audit found that "the impact of these services on reducing teen pregnancies was not measured," either by PTS or by the clinics which received the funds. Instead, PTS relied on prior studies to justify its expenditures, but even these studies were inconclusive, and at least one study found "that simply providing contraceptive services does not reduce teen pregnancy rates."

Despite a 1980 Illinois court ruling requiring that abstinence be taught as part of any sex education program, the only PTS-funded program that stresses abstinence is *Project Respect* (Box 97, Golf, Illinois 60029), which last year received a puny \$77,000 out of the \$20.7 million budget. *Project Respect*, run by Project Director Kathleen Sullivan, is also one of only two out of 320 contracts awarded to 174 service providers by PTS which had an independent

evaluation.

Project Respect's evaluation shows a positive attitudinal improvement toward abstinence on the pre-to post-tests. Mrs. Sullivan argues that this improvement in teen attitudes about sex "makes the program extremely cost-effective" because, if teens can avoid promiscuity, "they then don't need expensive social services to deal with the physical, emotional and financial consequences."

Now that Illinois has demonstrated that most tax-funded programs spent for the alleged purpose of stopping teen pregnancies is just going down the drain, perhaps other states — and even the Federal Government — will consider ordering an audit to find out how their money is being spent.

Suicide Courses are Dangerous

Two separate new studies have just concluded that suicide curricula in the schools and made-for-television movies about teen suicide do more harm than good. The evidence produced by these two research projects knocks the props out from under one of the psychological courses that has been a trendy fad in the public schools. Five years ago, there suddenly developed a frenzy to "deal" with the problem of teenage suicide. Government-financed conferences were held, a whole new social service bureaucracy started to form, and some legislatures even mandated that suicide courses be taught in the public schools.

Classroom courses and TV movies were "sold" to unsuspecting parents as "suicide-prevention" programs, supposedly designed to help combat the high rate of suicides among teenagers. Like most psychological courses, these courses are non-judgmental; they do not say "suicide is wrong." They tell the student he can decide questions of life and death.

According to a Columbia University study reported in the December 26, 1990 *Journal of the American Medical Association*, researchers found that the school courses stir up suicidal feelings when teenagers discuss the topic openly. Teenagers continued to believe that suicide was a possible solution to their problems, and those who took the course said that "talking about suicide makes some kids more likely to try to kill themselves." The researchers concluded that, "There is a clear need to evaluate such programs to determine their efficacy and safety." The courses produce "unwanted effects" and the results are seen as a "cause for concern."

The Columbia University team was headed by Dr. David Shaffer, director of the division of child and adolescent psychiatry at the medical school. It studied the attitudes of students in the 9th and 10th grades who had taken a public school suicide course.

The suicide and "death and dying" courses given in so many public schools today deal with the subject by having a counselor who has had only 6 to 10 hours of training lead discussions in a classroom setting. The courses are based on the unproven concepts that suicide is caused by typical teenage stresses and that all teenagers share a potential vulnerability to suicide.

But most teenagers are *not* at risk for suicide and it is dangerous to pretend they are and expose them to classroom discussions about suicide. The Columbia study concluded that, because of the negative reactions to the suicide courses plus the evidence of "imitative or stimulatory effect on suicidal

behavior" among adolescents, "the practice of addressing such programs to unselected audiences should be viewed with caution."

Dr. Shaffer warns that "suicide can be subject to imitation" and that since, in any group, an unknown number of teens is pre-suicidal, talking about suicide could be "playing with fire." Telling them that "almost everyone has thought about suicide" tends to legitimize it. Several "cluster suicides" are a matter of record.

Another negative report about school suicide courses appeared in the December 1990 issue of *Pediatrics*. According to experts from Massachusetts General Hospital, Boston, and the Somerset County, Maryland, Health Department, no school services, lectures, surveillance or discussion are known to prevent teen suicides.

The second new research project concluded that movies about teenage suicide which purport to caution young people against it may actually have the opposite effect. This is the first systematic analysis of the content of media portrayals of teen suicide.

Dr. Daniel Castellanos, a psychiatrist at the University of Miami and formerly with Columbia University Department of Child Psychology, announced preliminary findings of his analysis of media images of teen suicide. His team of 30 experts on adolescent suicide studied four made-for-television movies about teen suicide which aired in 1985 and 1986: *Surviving*, *Silence of the Heart*, *Hear Me Cry*, and *Desperate Exit*.

The researchers found that these movies could be considered "dangerous" because they "glamorize, simplify, or otherwise distort the true picture of suicide." They specifically criticized the movies for their detailed descriptions of how to commit suicide, for showing those who commit suicide as adolescent role models, ignoring the harmful consequences of suicide attempts, showing trivial events such as a low exam grade as triggers to suicide, portraying suicide as a means of becoming famous or "getting even," and fostering undeserved guilt among family and friends.

In the movies, "teenagers who succeeded at killing themselves were portrayed as stronger, more likable people than those who attempted suicide but lived," according to Dr. Castellanos. "In one movie, the boy who killed himself was the football quarterback, was rich, had a girlfriend and his own car. But another boy who attempted suicide and survived was portrayed as a nerd, a loner, someone without friends."

Dr. Castellanos said that the films could be dangerous for some teenagers who "have distorted emotions" and believe that suicide "is a rational solution to something like being angry." Some movies presented suicide in so much detail that they became "how to" episodes.

These two new studies provide the proof for what people with common sense said five years ago. Psychotherapy about a sensitive and volatile subject such as suicide, administered to a class of minor children (each with different emotional makeup) by a "counselor" (i.e., an unlicensed psychologist) who has spent a few hours in a workshop, should be prohibited in the public school classroom. It is to be hoped that legislatures and schools will now abandon their folly about suicide education.

Death Education Courses Are a Tragedy

Of all the psychological experimentation that takes place in the public school classroom, courses in death and dying are the strangest, and often the most secret. These morbid courses broke into national news on September 21, 1990 when ABC-TV's news show *20/20* aired a program called "Death in the Classroom." It showed a typical death education class: students visited a morgue where they were encouraged to feel a corpse and to touch "still warm human remains" in a cremation room; they visited a cemetery and were encouraged to design their own tombstones and write their obituaries.

The TV report noted that students in the class "relive intensely emotional experiences." One student was shown sobbing after reliving the death of her father a year ago. Another student interviewed after the death education class said, "Now I'm not scared to die."

Tara Becker Merrill, a Colorado woman who several years ago attempted suicide after a high school class about death, said that she was taught that "death is exciting, appealing, something to look forward to." She said that her teacher, who believed in reincarnation, discussed death as if it were an answer to adolescent problems. Mrs. Merrill mentioned that she was so caught up in these induced illusions about death that she even fantasized over what she would look like in her casket.

The ABC reporters appeared shocked at their own report and urged parents to go and ask the schools about any death education that may be in their children's course schedule. ABC-TV called the "therapeutic techniques" used in death education "potentially dangerous," since the teacher is not a psychologist and only receives a one-day workshop training in teaching death education.

Unfortunately, death courses have become rather common in public schools, and the variations of activities are macabre. Most schools teach death and dying as a one- to two-week unit in a required health class. It can also be presented in elective psychology, sociology or family living courses. Sometimes it crops up in English composition or literature, such as in classroom discussions of Shakespeare's *Romeo and Juliet* or Sylvia Plath's *The Bell Jar*.

In March 1990, a second grade boy in Canton Township, Michigan killed himself the day after watching a film about suicide in his class. The teacher had not even previewed the film before showing to her class. In 1987 a 17-year-old girl and an 18-year-old boy at O'Hara High School in Kansas City, Missouri, killed themselves while they were taking a nine-week death education course.

A courageous father and mother in suburban Chicago, whose son was a victim of a death course given without prior parental knowledge or consent, went public last year with their story in order to alert other parents to the danger. Mr. and Mrs. Ed Garvey are convinced that a death and dying course given at Schaumburg High School triggered the suicide of their 15-year-old son Scott Garvey. The high school sophomore, who was a good student, a football player and had no known problems, took his life last year just three days after his teacher in a mandatory Health class distributed a book called *Coping With Death and Dying* by Russell and Purdy (Scott, Foresman Publishers).

Coping asks students how they would choose to die. The

section on euthanasia states: "Committing suicide may represent a last attempt to make an independent, personal decision." Another "health" textbook used in the same class tells students to role-play a telephone call in which one teenager threatens suicide.

The school denies that the two-week course had anything to do with the suicide, but the "timing is chilling," according to the local newspaper which published a series of three feature articles on the case. The parents found the book *Coping* neatly placed in Scott's room in such a special way that they believe it was Scott's last message to his parents.

The school claimed that the compositions Scott wrote for his English class on immortality and death were subjects "of his own choosing." Actually, the list of topics provided by the teacher included "Active euthanasia for deformed infants—right or wrong?" "Death—do the hopelessly ill have the right to die?" "End of the world—coming soon or not?" "Reincarnation—can we come back from the dead?" and "Infanticide—right or wrong?"

The Garveys' repeated attempts to deal with the school after the tragedy were met with stonewalling, delays, and prevarications. Neither the principal nor the death course teacher has ever told the Garveys what was actually taught in Scott's class, and school officials have declined to talk to the press at all. It took the school a year to set up a committee to study the case. The committee concluded that the death course and its textbooks should be retained, conceding only that, henceforth, parents should be notified what topics are included in the Health course.

Conservative Ideas Get Liberal Endorsement

One of the principal battles between liberals and conservatives over family issues has been over whether tax-funded government agencies should assume responsibilities (through taxes and regulations) that traditionally have belonged to the family. Implicit in that issue, of course, is how much families are to be taxed to provide such services.

The pro-family approach says, "cut our taxes and let us make our own choices." The liberal approach says, "raise taxes and impose regulations so we can make sure that families get the services and the supervision we think they ought to have." Conservatives believe that liberal programs are usually part of the problem.

In the last Congress, the liberals fought hard for expensive daycare provided and regulated by the feds. The conservatives fought hard for a reduction of taxes on families with children, either by increasing the dependent child's personal exemption or by a tax credit for dependent children.

The Congressional compromise was to give a tax credit to families earning less than \$21,000 a year, but to hit those earning more than \$21,000 with higher taxes in order to provide government daycare. Nobody ever explained why those earning more than \$21,000 per year are less trustworthy to spend their own money and more dependent on government services and regulations than those earning less than \$21,000.

Now comes a report called *Putting Children First: A Progressive Family Policy for the 1990s*. It was written by four Ph.D.s: one worked with Michael Dukakis's campaign, one with Walter Mondale's campaign, another worked on three Democratic presidential campaigns, and a fourth is an expert

in class action litigation. The surprising conclusion of these liberals is that "public policy programs cannot fully substitute for healthy families and should not try. Instead, government should work to stabilize families and enhance their child-rearing capacity." Hallelujah!

The report suggests that the two-parent family is by far the most stable unit in which to raise a child, and says there is "simply no substitute for moral education that effectively conveys values" the way the family does. The report asserts that "stable families are the most effective teachers of the values needed for a healthy liberal democratic community," and that the role for the public schools is to reinforce—not replace—the family.

For years, conservatives have charged that liberal social programs were replacing the family, especially the father, by taxpayer handouts. But this report concludes that the government should "look for ways to create *stable* families, not *substitute* families." "It is no exaggeration to say that a stable, two-parent family is an American child's best protection against poverty," this report says, because coming from a broken home has more of an effect on a predisposition to commit crimes than either race or poverty.

The Progressive Policy Institute proposes the elements of what it calls "a progressive family policy." Here are the main features.

1) Restore the value of the dependent child's exemption by raising it from its present \$2,000 to between \$6,000 and \$7,500 per child. This is exactly what conservative and pro-family types have been demanding since 1982, and it was called for by Ronald Reagan's White House Working Group on the Family in 1986.

2) Create a non-poverty working wage by "expanding the Earned Income Tax Credit and tying it to the number of dependents in the home." Conservatives have been urging this for years, and it was finally adopted in the child care segment of the 1990 budget bill.

3) Reform divorce laws because no-fault divorce laws have failed women and children. The easy no-fault divorce laws, which swept through nearly all states in the 1970s, were a major legislative goal of the feminists, and that's one reason why pro-family groups have always opposed feminism.

4) Make the workplace "family friendly." Conservatives and liberals differ on some of the specific items under this heading, but conservatives have long been encouraging some of them, such as home-based employment.

The liberals still have the majority of votes in Congress—they passed a giant daycare bill in 1990. But this report shows that the conservatives are winning the battle of ideas, and that some of the smart liberals understand that liberal "solutions" don't work and it's time to give conservative solutions a chance.

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