

**Evaluation
Of
The Alpha Pregnancy Resource Center's
Abstinence-only Till Marriage
HIV/STD Sex Education Curriculum
Presentations In
Poudre School District Schools
Fort Collins, Colorado**

2002-2003

2001-2002

In my daughter's high school health class.

Respectively Submitted to Poudre School District
October 20, 2003

By

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Date: October 20, 2003

TO: Poudre School District

FROM: Peggy Loonan

- **Executive Director – Life and Liberty for Women**

A 501 c 3 non-profit abortion rights education organization based in Fort Collins. We believe that the reduction of the number of abortions performed in this country is a function of reducing unintended pregnancies not by again criminalizing abortion. We are advocates of safe legal abortion.

Life and Liberty for Women are advocates of an abstinence-based age appropriate comprehensive sex education and STD/HIV curriculum, believing it to be the best approach to educating our children in the public school system about the need and importance of remaining abstinent until they are in an adult committed relationship and protecting themselves from an unintended pregnancy and the transmission of HIV/AIDS and other STDS should they become sexually active as a teenager or not until adulthood.

Life and Liberty for Women advocates the provision of proven scientifically accurate information regarding pregnancy prevention, STDS, and HIV/AIDS prevention in a public school sex education curriculum.

Life and Liberty for Women are advocates for a sex education curriculum that addresses negotiation skills for navigating within a relationship, a curriculum that helps students build a healthy self-esteem, helps them deal with intense peer pressure to be sexually active as teens, and provides information and help to students and parents in forging good communicative relationships with one another about issues surrounding sex.

Life and Liberty for Women are advocates for a sex education curriculum that provides help for teens in developing refusal skills and the communicative skills to talk to a partner about sex, HIV/STDS and pregnancy prevention should they choose to become sexually active. We advocate providing students with information about where and how to obtain STD/HIV testing and contraceptives.

- **I am also mother of two daughters in the Poudre School District** – ages 17 and 13 at Rocky Mountain High School and Blevins Junior High respectively.

REGARDING:

This report concerns the results of my evaluation of The Alpha Pregnancy Resource Center's abstinence-only till marriage HIV/STD sex education curriculum presentations in Poudre School District Schools in Fort Collins, Colorado during the 2002-2003 school year and during the 2001-2002 school year in my daughter's high school health class.

The Alpha Center is an anti-abortion anti-birth control Christian-based organization known as a Crisis Pregnancy Center or CPC and is located in Fort Collins.

I visited Alpha Center's abstinence only till marriage and STD/HIV/AIDS presentations in February 2003 at Rocky Mountain High School, in March 2003 at Poudre High School, and in May 2003 at both Lincoln and Leshar Junior Highs. I was also present during the Alpha Center's abstinence-only till marriage presentation in my oldest daughter's high school health class at Rocky Mountain High School during the 2001-2002 school year. And I was present during the Alpha Center's abstinence-only and STD/HIV presentation in my oldest daughter's ninth grade health class at Blevins Junior High during the 2000-2001 school year.

My ten-plus years as a reproductive health care rights activist as well as my familiarity with and understanding of the Alpha Center's philosophical and religious beliefs and bias is a major asset to an investigative critique of the curriculum they presented to our children in the Poudre School District. It allows me a very different perspective of the Alpha Center's abstinence-only till marriage sex education and STD curriculum than that of many Poudre School District administrators and teachers especially those administrators and teachers who are truly unfamiliar with the Alpha Center's political and religious ideology and agenda or who may share the Alpha Center's religious and or philosophical beliefs that abstinence-only until marriage is the only option teenagers should be presented with.

Thus, my critique of the presentations I was able to observe in the second semester of this past school year, 2002-2003, by the Alpha Center is presented from the view point of a parent very concerned with the accuracy of the sex education and HIV/STD curriculum her children are exposed to and the view point of an organization in the community that advocates for a sound proven and scientifically accurate abstinence-based comprehensive sex education STD/HIV curriculum.

QUESTIONS:

For Poudre School Board Members, District Administrators, School Administrators, and District Educators regarding the level of effectiveness of current Poudre School District sex education curriculum or curriculums that have been in place for a number of years.

1. Can Poudre School District board members, administrative officials, school administrators and or district educators readily identify and quantify the positive and negative results of its current sex education curriculum (s)?
2. Has the current Poudre School District sex education curriculum (s) actually reduced teenage sexual activity with a significant percentage of teens choosing to remain abstinent during their junior and senior high school years and even beyond?
3. Has the current Poudre School District sex education curriculum (s) actually reduced the number of sexual partners sexually active teens in the district report engaging in sex with?
4. Has the current Poudre School District sex education curriculum (s) been successful at convincing sexually active teens to correctly and consistently use contraceptives to prevent an unintended pregnancy and condoms to protect against STD and HIV transmission?
5. Are the current Poudre School District sex education curriculum (s) in compliance with Poudre School District's stated comprehensive health education policy?
6. Is current Poudre School District sex education curriculum (s) in compliance with Article 25 of the Colorado State Statutes regarding sex education presentations in Colorado public schools?
7. Are all Poudre School District students receiving adequate and scientifically accurate sex education information?

Colorado State Law:

The State of Colorado has no law requiring schools to provide sexuality education. Instead, Colorado law encourages schools to establish comprehensive health education programs including human growth and development, family life and sex education, and HIV/AIDS education. However, the law does require a school district that uses state funds through the comprehensive health education grant program to provide sexuality education, to provide curriculum and materials used which “shall include values and responsibility and shall give primary emphasis to abstinence by school aged children.”

Article 25 of the Colorado Revised Statutes titled *Colorado Comprehensive Health Education Act* contains a legislative declaration: “The general assembly hereby finds and declares that comprehensive health education is an essential element of public education in the state of Colorado. The school system is a logical vehicle for conveying to children and parents significant health information, developing an awareness of the value of good health to the individual and to the community, promoting healthy behavior and positive self-concepts, and providing means for dealing with peer and other pressures. It is further declared that many serious health problems in Colorado, including high-risk behaviors, are directly attributable to the insufficient health knowledge and motivation of the school-age population and the general public and that studies have demonstrated the effectiveness of a planned school curriculum throughout the elementary and secondary grades in developing healthy behavior. The purpose of this article is to foster healthy behaviors in our children and communities through a comprehensive educational plan, which has as its goal not only the increase of health knowledge but also the modification of high-risk behaviors.”

Article 25 defines *Comprehensive health education*: “means a planned, sequential health program of learning experiences in preschool, kindergarten, and grades one through twelve which **shall include**, but shall not be limited to the following topics:

- Communicable disease, including, but not limited to, acquired immune deficiency syndrome (AIDS) and human immunodeficiency virus (HIV) related illness...
- Tobacco, alcohol, and other drug use...
- High-risk behaviors and concerns: means actions by children and adolescents which present a danger to their physical or mental health or which may impede their ability to lead healthy and productive lives...includes, but is not limited to dropping out of school, incest, and other sexual activity with adults, sexual activity by school aged children...”

Article 25 defines *Local Comprehensive Health Education Program*: “means a health education program instituted by a school board or board of cooperative service in accordance with the requirements of this article.”

Further, Colorado school districts that have a comprehensive health curriculum are required by law to adopt a policy regarding the teaching of Family Life/Sex Education. Specifics of the policy are not set forth in the law except for these exceptions. Instructional materials **shall** be available for inspection by the public during school hours. A public forum **shall** be scheduled to receive public comments.

Second, Parents/guardians of all students **shall** be notified that such courses have been scheduled and that they may request that their child be exempt from a specific portion of the program on the grounds that it is contrary to their religious beliefs. While Colorado law specifies a religious exemption, school boards may include additional reasons as a matter of policy. There **shall** also be an exemption procedure in place by which an alternate educational assignment **shall** be arranged. And finally, teachers who provide instruction in Family Life/Sex Education **shall** have professional preparation in the subject area, either at the pre-service or in-service level.

Regarding **HIV/AIDS education**, school districts are not required by law to adopt a policy on this subject, but there are some legal requirements school districts must follow.

A school district's health education program **shall** include **factual information regarding HIV infection and how the virus is transmitted**. Students **shall** be told what voluntary behaviors put them at risk of infection and also students **shall** be motivated to prevent infection by making wise decisions in their daily lives. Such instruction **shall** be developmentally appropriate to the grade level of the students and **shall** occur in a systematic manner.

Further, teachers presenting this material **shall** receive continuing in-service training, which includes appropriate teaching strategies and techniques. Other school staff members not involved in direct instruction but who have contact with students **shall** receive basic information about HIV/AIDS and instruction in the use of universal precautions when dealing with body fluids.

School faculty, parents, community members including physicians, and students as appropriate **shall** be involved in the development of HIV education and parents/guardians **shall** have an opportunity to review the HIV education program before it is presented to students. Also, parents/guardians of all students **shall** be notified when HIV/AIDS instruction is scheduled so they may request that their child be exempt on the grounds that it is contrary to their religious beliefs or any other exemption for which individual school district policy provides for.

RECOMENDATIONS:

1. **It is my recommendation** as a parent of two daughters in the Poudre School District and it is the recommendation of Life and Liberty for Women, that the Poudre School District move quickly to adopt a district-wide comprehensive sex education curriculum taught in-house by its own district teachers that includes a proven abstinence curriculum and a scientifically based and proven HIV/STD and contraceptive curriculum.
2. **It is my recommendation that Poudre School District officials** responsible for seeing to the adherence by all district schools to the spirit and letter of the district's comprehensive health education policy, review carefully and in a very timely manner the findings and evidence presented in this report and move quickly to terminate the abstinence-only till marriage STD/HIV curriculum presentations presented district wide by the local crisis pregnancy center, The Alpha Center.
3. **It is my recommendation that individual school administrators** responsible for their own school's adherence to the spirit and letter of the district's **comprehensive health education policy**, review carefully and in a very timely manner the findings and evidence presented in this report and move quickly to terminate the abstinence-only till marriage STD/HIV curriculum presentations presented by the local crisis pregnancy center, The Alpha Center.

***The Alpha Center's abstinence-only till marriage and STD/HIV curriculum **is not in compliance with the Poudre School District's Comprehensive Health Policy.**

In a March 3, 2003 Fort Collins Coloradoan Newspaper article, reporter Stacy Nick noted that the Poudre School District, "sex education curriculum is based on abstinence but also provides information on the prevention of sexually transmitted diseases, on STDS, and pregnancy...Sex education begins in seventh grade with basic biology. By 10th grade, the curriculum expands to include contraceptives, including condoms." Nick's article also stated, "The district is preparing to start a new abstinence-based sex education program," she said, "called 'Sex Can Wait.' Instead of abstinence-only programs, it includes information on birth control, specifically condoms, which fit in with the district's policy of teaching about sexually transmitted diseases.

The Alpha Center's abstinence-only till marriage STD/HIV curriculum **is also not in compliance** with, Poudre School District's High School Health Course *stated philosophy, goals, standards and objectives in their human sexuality health course.* (Copy Enclosed) Below is a portion of my daughter's 2001 health class course description.

Human Sexuality Philosophy Policy at the Senior High School level – Rocky Mountain High School Handout 2001- consists of: {but not limited to these items}

Statement: The High School Health Course will provide current, **accurate information** regarding human sexuality throughout the life span, **acknowledging a variety of belief systems** to promote responsible personal sexual decisions.

Sexuality Unit Standards includes:

- Students will know up-to-date information about abstinence, pregnancy and prevention.
- Students will know **accurate** and current information regarding STD/STI'S and know how to avoid behaviors that risk infection.

Unit Objectives: includes:

- Understand how conception occurs and **methods of preventing unwanted pregnancy.**
- Define STD, methods of transmission, physiological effects **and prevention.**

The Alpha Center's abstinence-only till marriage and STD/HIV curriculum deliberately contains misleading and inaccurate information regarding, but not limited to HIV/AIDS, STDs, and the ability of condoms to prevent STDs and HIV transmission.

Again from the March 3, 2003 Fort Collins Coloradoan article, Brian Oliver, then PSD Science and Health Curriculum Coordinator and now one of the five curriculum Generalists, said the information included in the presentation he attended in 2002 disturbed him. "He said he was upset that the group made the statement that condoms were like a mesh material, which viruses such as AIDS easily could penetrate. 'The Alpha Center teacher told the students that it was like playing tennis with BBs.'"

The Alpha Center's choice to deliberately disseminate inaccurate information and oppose the dissemination of birth control information to teenagers is a direct result of their religious and philosophical beliefs that sex is only appropriate and moral inside the confines of marriage and their religious belief that all but barrier forms of birth control operate as an abortifacient or that is they believe they interfere after conception and cause an abortion. It is wrong to deliberately place Poudre School District students at risk to further any one particular community organization's religious, philosophical, and political beliefs or agenda.

Responding to my complaints in 2001 to the inaccuracies I witnessed in my daughter's Rocky Mountain High School health class presentation by the Alpha Center, (one being: "Condoms are meant to protect you from pregnancy not HIV.") my daughter's teacher told me that she makes sure her students are provided with "both sides." My daughter's teacher accomplishes that by supplementing the Alpha Center's presentation with a presentation from someone who, by way of the reasoning she submits for doing so, is, **unlike the Alpha Center**, providing scientifically accurate information on HIV/STDS, condoms and other forms of contraceptives.

But a sex education curriculum should not be about "providing both sides," as if the information being presented to our students about abstinence, pregnancy prevention, STDs, and HIV prevention, is up for debate as to its accuracy or truthfulness. It should be about the presentation of scientifically proven accurate and truthful information, period.

4. **It is my recommendation** that district board members, district administrators and individual school administrators who are responsible for the district's adherence to the spirit and letter of Colorado state statutes addressing sex education in the state's public schools, review carefully and in a very timely manner the findings and evidence presented in this report and move quickly to terminate the abstinence-only till marriage STD/HIV curriculum presentations presented by the local crisis pregnancy center, The Alpha Center.

The Alpha Center's sex education curriculum does not fall within the perimeter of the legislative directive contained in Article 25 of the Colorado Revised Statutes that declares that comprehensive health education is an essential element of public education in the state of Colorado.

The Alpha Center's sex education curriculum presentations in district classrooms places the district out of compliance with Article 25, which states, "A school district's health education program **shall** include factual information regarding HIV infection and how the virus is transmitted. Students **shall** be told what voluntary behaviors put them at risk of infection and also students **shall** be motivated to prevent infection by making wise decisions in their daily lives."

5. **It is my recommendation** that Poudre school district board members, administrators and teachers begin the much-needed step toward complying with the Poudre School District comprehensive health education policy and the state statute legislative declarative by first embracing two well-proven and scientifically based curriculums, ***Sex Can Wait***, an abstinence curriculum and ***Reducing the Risk***, a HIV/STD and contraceptive curriculum, that would be taught in-house district-wide and two, by terminating the Alpha Center's abstinence-only till marriage sex and HIV/STD curriculum presentations district-wide which places the district out of compliance with its health education policy and Colorado State Statues.

It is my understanding that Poudre School District administrative officials are now preparing to introduce to the school board, individual school administrators and teachers a scientifically based

comprehensive sex education curriculum that includes a strong proven abstinence curriculum, *Sex Can Wait*, and a strong proven contraceptive curriculum, *Reducing the Risk*, that was recommended by the health advisory committee at the end of the 2002-2003 school year. District educators' district-wide would teach both sections of the sex education program in-house and parents would have the opportunity to place their children into the abstinence program and/or the contraceptive program or neither. I personally would have my daughters attend both classes.

I have looked at both those curriculums and found them to be good solid proven curriculums. I was impressed with the way *Sex Can Wait* addressed the issue of self-esteem and values, and helped teens, which rarely see beyond the moment, contemplate their future. I was impressed with how the curriculum made every effort to include parents making several opportunities for parents and their teenagers, who often find it difficult or impossible to have discussions on issues surrounding sex, to communicate about sex, values and goals during homework assignments.

I was also impressed with the number of lessons and the length of time spent on this curriculum as was also the case with the *Reducing the Risk* HIV/contraceptive curriculum. As you will see later in this report, a 2000 study, "**Sex Education In America**," by the Henry Kaiser Family Foundation, which interviewed some 1,501 pairs of parents and teens, found that parents and their teens alike desired more time be spent on sex education curriculum – not less. More meaning at least half a semester if not more than that.

I also like *Sex Can Wait's* emphasis on gender role discussions noting that "way too often discussions of sexual responsibility have been geared toward females. This double standard needs to be addressed by explicit discussion of male sexual responsibility. To encourage the postponement of early sexual involvement, males must be made aware of their role in human reproduction and their responsibilities in relationships." The curriculum makes clear that sexual responsibility is a two-way street.

I personally, as the mother of two daughters, believe that as a society we have failed in educating young males that they, not just females, have both the responsibility and the means and the power to prevent unintended pregnancies and disease transmission. Males must be taught early on that they, not just females, are responsible for saying "no" and being diligent about the use of a condom, even if his female partner takes the birth control pill or uses another method of female birth control.

Life and Liberty for Women too believes and strongly puts forth the understanding that reducing the number of abortions in this country is a function of reducing unintended pregnancies and that one of the four key components to accomplishing that is men and condoms. As condoms are 98% effective, if used consistently and correctly, in preventing pregnancy and preventing HIV transmission and the transmission of all STDS except skin-to-skin contact STDS where the condom would not cover, if every man wore a condom when he had sex and was not prepared to become a father, married or not, guess how many unintended pregnancies there wouldn't be? And how many abortions would be avoided. And how many less transmissions of HIV/STDS would be avoided.

I was also very impressed with the HIV/contraceptive curriculum, *Reducing the Risk*. It is a well-proven curriculum that received praise by the National Campaign To Prevent Teen Pregnancy in their study, *Emerging Answers* published in May 2001. Dr. Douglas Kirby, PhD, said in *Emerging Answers* of *Reducing the Risk*, "it delayed the onset of intercourse and increased the use of condoms or contraceptives among some groups of youth. This is the first time that research on replications of a sex education program has confirmed initial findings of effectiveness."

6. Further, I understand that strategies to implement Poudre School District's Human Sexuality Goals and Objectives from elementary age through the high school age are currently a site-based decision.

In that March 3, 2003 Fort Collins Coloradoan newspaper article, Brian Oliver, a curriculum Generalist with the district, stated that the decision to allow the Alpha Center to make the

presentations is a site-based decision, not a district decision. That has allowed for unchecked implementation practices that are not in keeping with the district's health education policy.

I as a parent and a spokesperson for Life and Liberty for Women recognize and acknowledge the need for and the advantages of some site-based decisions or individual school and teacher autonomy to apply some individual site-based implementation strategies upon some district policy and curriculum. However, the issue of sex education is too controversial and too important to all our children's immediate and future health for district school board officials, district administrators, school administrators, and district educators not to agree to abandon hodge-podge site-based implementation practices, including the Alpha Center's appearance in some schools in some classrooms presenting an abstinence-only till marriage STD/HIV curriculum and instead embrace the ***Sex Can Wait*** and ***Reducing the Risk*** curriculums that will bring the district into compliance with their own comprehensive health education policy and the legislative declarative in Article 25 of the Colorado State Statues.

I would add here that I and Life and Liberty for Women recognize that the Poudre School District serves a diverse population of students with very different needs even from one individual school to another. Also recognized and acknowledged is the need for some site-based autonomy in tailoring some specific or particular parts or exercises in the ***Sex Can Wait*** and ***Reducing the Risk*** curriculum to the particular needs of the student population they serve, however, site-based tailoring should never take on such a life of its own as to place the district out of compliance with its stated comprehensive health education policy or Article 25 of the Colorado Revised Statues.

By not requiring or providing a single district-wide proven abstinence-based comprehensive sex education curriculum that is scientifically accurate and which strictly adheres to the district policy of comprehensive health education, district school board members, district administrative officials and school administrators and educators expose district students to an abstinence-only till marriage and STD/HIV curriculum that does not deal with the reality of teenage sexual activity and promotes a specific religious belief about what information teenagers should or should not be given regarding sex, STD/HIV transmission and prevention and contraceptives, especially condoms. The Alpha Center's abstinence-only till marriage STD/HIV curriculum disavows any moral appropriateness to sexual activity outside of marriage. Andrea Barber said in the March 3, 2003 Coloradoan article, "We never try to say that sex is bad or evil. We just elevate sex within the boundaries of marriage as being at its best."

The Coloradoan article noted that, "While curriculums focus on avoiding sex as a sure-fire way to avoid pregnancy or diseases, few Americans make the choice to abstain. More than 90 percent of American adults surveyed reported their first sexual experience occurred outside of marriage, and 74 million adults are unmarried but sexually involved with a partner." The reporter cited, for that information, the 2000 Census.

Moreover, a May 20, 2003 article in The New York Times titled, "*1 in 5 Teenagers Has Sex Before 15, Study Finds*" says that according to a report released on May 19, 2003 by the National Campaign To Prevent Teen Pregnancy, an analysis of seven studies conducted in the late 1990's revealed that, "About 20 percent of adolescents have had sexual intercourse before their 15th birthday – and one in seven of the sexually experienced 14-year-old girls has been pregnant. The study found that only about a third of parents of sexually experienced 14-year olds knew that their children were having sex – and while most parents said they had spoken to their young adolescent children about sex, far fewer teenagers reported having had such conversations with their parents."

According to a Kaiser Family Foundation study released on May 19, 2003 and highlighted in the Daily Reproductive Health Report dated May 20, 2003, "Most teenagers say that although abstinence is 'a nice idea, nobody really does it.'" *The National Survey of Adolescents and Young Adults: Sexual Health Knowledge, Attitudes and Experiences*, is a nationally representative survey of more than 1,800 young people ages 13 to 24. The survey said "more than 75% of adolescents and young adults

‘expressed a need’ for more information about sexual health topics, including information about how to recognize STDS and HIV infection, what testing for HIV and other STDS entails and where they can be tested.”

Julie Davis of the Kaiser Family Foundation said the study shows that young people have “a lack of knowledge about core sexual issues and how sexual health issues impact their generation.” She added that the report shows many young people subscribe to a lot of “myths and mis-information.” And Tamara Kreinin of the Sexuality Information and Education Council of the United States (SEICUS) said that the study, “tells us that young people are craving medically accurate information and the skills to negotiate relationships.”

The Alpha Center’s abstinence-only till marriage curriculum also disavows any moral appropriateness to the discussion of contraceptives and condoms with teenagers, except in terms of their alleged failure rates, and promotes questionable and untrue information about HIV, STDs, contraceptives, and condoms. In the Coloradoan article, Alpha Centers’ Andrea Barber said, “We don’t present birth control as an option. But we don’t ignore the fact that they exist. We do tell students that they are not 100 percent effective.” That statement is on its face deliberately misleading with no basis in fact. It insinuates birth control products themselves are highly unreliable when the evidence is clear to the contrary and it ignores the fact that it is user failure rate, a correctable variable that is problematic.

While some Poudre school district educators supplement the Alpha Center’s curriculum presentation with a speaker or speakers from other organizations that talk about contraceptives and condoms or while they may choose instead to render that information to students themselves, others, particularly any educator who may be an avid supporter of the abstinence-only till marriage approach, may not render further information on contraceptives and condoms or may pay mere lip service to such. With such hodge-podge site-based implementation of the district’s comprehensive health education policy and little or no oversight by school board members or school or district officials of what is or is not going on in the classroom, it is our children who are shortchanged and whose health may be placed at risk.

If the high school policy statement, standards, and objectives like that of Rocky Mountain High School listed above, are indicative of the goals of the Poudre School District comprehensive health education program, those goals cannot be realized through an abstinence-only till marriage STD/HIV curriculum because those programs, like the Alpha Center’s, do not provide scientifically accurate information nor do they speak to methods of pregnancy and disease prevention beyond abstinence except to give erroneous information regarding condom failure rates. Presenting abstinence until marriage as the only option for teens is found nowhere in the definition of the word comprehensive and in the spirit of the district’s policy and Article 25 of the Colorado State Statues, it fails the smell test here.

A comprehensive health education policy is not just incompatible, it is in fact diametrically opposed to an abstinence-only till marriage curriculum. Moreover, such incompatibility must be confusing to students and can only undermine, not reinforce, an abstinence message. It also undermines the message to teenagers that using pregnancy and disease prevention should they ever become sexually active, is critical to their well-being and is expected of them as a responsible response to a decision to become sexually active.

In essence district school board members and district administrative officials by their lack of attention and oversight to the district’s sex education curriculum over a period of several years now, has in effect sanctioned site-based hodge-podge implementation practices that squarely puts Poudre School District out of compliance with its own stated comprehensive health education policy and out of compliance with the legislative declarative in Article 25 of the Colorado state statues and which confuses and endangers our children.

7. **I also recommend** that, at the very least, specific course information and parental permission forms for sex education courses be made uniform throughout Poudre School District. Such a uniform policy setting forth course descriptions, how to handle parent and public viewing of all class materials, as well as uniformity in parental permission forms, would prevent, whether intended or not, the current lack of proper and accurate information being sent home to some parents about the sex education curriculum their children are being taught.

I recommend a parental permission form that every parent in the district would have to sign that describes in depth the class material to be used, a time when all materials to be used is available for public inspection at the school and at the bottom, in clear terms to be checked off, should be language to the effect:

_____ Yes I have read the above information regarding the sex education material to be presented in my child's sex education class and I understand that I have an opportunity to inspect all materials to be used in the class at the above listed times and place.

1. _____ **YES, I give my permission** for _____ to participate in the Abstinence Class featuring the "Sex Can Wait" curriculum.

_____ **NO, I do NOT give my permission** for _____ to participate in the Abstinence Class featuring the "Sex Can Wait" curriculum.

2. _____ **YES, I give my permission** for _____ to participate in the STD/HIV/Contraceptive Class featuring "Reducing the Risk" curriculum.

_____ **NO, I do not give my permission** for _____ to participate in the STD/HIV/Contraceptive Class featuring "Reducing the Risk" curriculum.

Parents Signature _____ Date _____

While hopefully this would not be the only notification to parents of the impending sex education class and times for inspection of materials, this method of seeking parental permission and denial of permission, would give parents a final opportunity to be informed of the availability of inspection times of all sex education materials to be used as well as offering parents both an option of opting-in or opt-outing out their child.

I also think that an opt-in and opt-out opportunity for parents presented together like this makes it a much less confusing method for parents and more beneficial to all parents. It will also reduce the likelihood that they opted their child in when they meant to opt their child out or vice-versa.

I also believe that it is more beneficial to both district educators and administrators because they will then have a form presented to back to the school from every parent clearly defining that parent's wishes.

Personally, I also think it may encourage some parents who may not otherwise take a second glance at the information on the form to do so. We can only hope.

8. **I recommend** a process be developed that would be applied uniformly throughout all Poudre District Schools in which parents and others in the community can be notified that sex education and HIV/AIDS instructional materials are available for inspection as per Article 25 of the Colorado Revised Statutes.

At no time during back-to-school night at Blevins Junior High or Rocky Mountain High School for my oldest daughter, was my husband told of an opportunity to view all the materials that would be used by either the district educator or the Alpha Center, or any other outside presenter. Moreover, the

parental opt-in form, while listing the core curriculum, philosophy statement, unit standards and objectives, never offered an opportunity to view course materials to be used, including again that which would be presented by the Alpha Center.

Additionally, the parental opt-in form that was utilized in the 2002-2003 school year at Poudre High School, offered no opportunity for parents to preview the materials to be used, again, including that of the Alpha Center, while the opt-OUT form used at Rocky Mountain High School and in one classroom that I am aware of at Leshar Junior High, apparently composed by the Alpha Center, offered parents the opportunity to view the Alpha Center's materials at the Alpha Center. That the viewing of materials to be used by a district educator, even by way of an outside organization they bring into the classroom, is to only be made available by contacting that outside organization, I believe is both inappropriate and does not comply with Article 25 of the Colorado Revised Statutes, that states that Colorado school districts that have a comprehensive health curriculum **shall** make instructional materials available for inspection by the public during school hours. In addition, it states, "A public forum **shall** be scheduled to receive public comments."

Moreover, Article 25 states that parents/guardians **shall** have an opportunity to review the HIV/AIDS education program before it is presented to students. The STD/HIV slide presentation the Alpha Center presented in my daughter's health class at Blevins Junior High School was never made available to us as parents prior to its presentation in the classroom. The Alpha Center's STD/HIV slide presentation was also not made available for parents to view at Leshar Junior High, in accordance with Article 25 of the Colorado Revised Statutes and prior to its presentation to students in the last school year.

Clearly a hodge-podge of site-based implementation practices is responsible for placing the district out of compliance with stated policy and law. Such diverse implementation practices is responsible for allowing critical sex education and HIV/STD materials to be used in the classroom by an outside organization whose religious and political agenda drives a bias against accurate scientifically based information. A hodge-podge of site-based implementation practices has also prevented consistent and proper accountability to parents and the community in general. That lack of accountability to parents and the community also places Poudre School District out of compliance with Article 25 of the Colorado Revised Statutes.

SPECIFIC CONCERNS

- **Full Disclosure to Parents and Students**

One of the changes the Alpha Center was required to make by the Poudre School District after the 2001-2002 school year presentations, was full disclosure to parents and students about what kind of organization they are, that is Christian-based, and what the services are that they provide and do not provide.

First, regarding disclosure in the classroom. While in all the presentations I observed, the Alpha Center volunteer displayed an overhead that did state what services they provide and don't provide including that they do not provide abortions or birth control nor referrals to an abortion provider or for birth control, the volunteers did not always note or point out from the overhead that they were a Christian based organization. That is important because their religious beliefs and bias determine what information they withhold from students and the accuracy of information they give to students.

Second, as a result of the complaint I made in 2001, Rocky Mountain High School seemed to be the most prepared with a **Parent Opt-Out Form** (Copy enclosed) that gave virtually the same information to parents as what the overhead gave to students in the classroom including that the Alpha Center is Christian-based and doesn't provide abortions and birth control nor make referrals for either.

The teachers in the two presentations I observed at Rocky Mountain High did read the disclosure statement prior to the beginning of the presentations that they had sent home to parents, which included the above disclosure.

However, I am skeptical that the Alpha Center provides students with the overhead when they are not being observed by either an outside person or district administration official. My skepticism is defined by a couple of things the first being my knowledge of their political agenda which is to prevent as many “abortion-minded” women as they can from having an abortion. Female teenagers in the classroom who may become pregnant and become an “abortion-minded woman” someday, would not necessarily choose to seek the Alpha Center out as a resource if they were seriously considering abortion and knew the Alpha Center would not refer them to an abortion provider even if they asked.

The first and primary reason for the existence of crisis pregnancy centers is to persuade “abortion-minded” women not to have an abortion. Their religious belief is that abortion is murder and immoral. *At The Center*, is a Christian magazine supporting crisis pregnancy centers (CPC’s). Jerry Thacker, a Bob Jones University alumnus who in January pulled his name from consideration for President Bush’s advisory panel on AIDS because of anti-gay remarks, publishes it. Its winter 2000 issue said the number of abortion-minded women coming into CPC’s was significantly decreasing and needed to be reversed because, **“CPC’s were originally organized to reach the abortion-minded woman.”**

Classroom presentations are being strategically used to make contact with unsuspecting future, if not current, “abortion-minded” young girls. That is precisely why, in addition to the disclosures the district required in 2002, the Alpha Center should have been required to be totally honest with students and disclose that because they are religiously and philosophically opposed to abortion, that if given the opportunity their intention would be to talk a woman out of having an abortion.

In fact, that is the sole reason crisis pregnancy centers like the Alpha Center, are taking steps to now turn their centers into state licensed medical clinics. Becoming a state certified medical clinic is necessary if they want to utilize ultrasound equipment. The new strategy to persuade abortion-minded women not to have an abortion is the use of ultrasound technology. A little further on in this report I will address in depth my specific concerns regarding the Alpha Center’s lack of full disclosure to students as it pertains to this new service they offer women and teenagers faced with a crisis pregnancy.

Last year when I confronted the Alpha Center about the lack of full disclosure to parents and students in a letter to the editor in the Fort Collins Coloradoan, executive director Sharon Hindman’s response was to say, “This is not what abstinence programs are about,” which did not at all speak to the organizations wanton failure to provide full disclosure, especially a Christian-based family values organization who wholeheartedly supports parental notice for minors seeking an abortion.

Also, district officials, after my initial encounter with the Alpha Center’s abstinence-only till marriage curriculum and after observing the Alpha Center’s presentations, had demanded full-disclosure from the Alpha Center. District officials told me that the Alpha Center expressed some reluctance in doing so, fearing parents would then opt their children out of their presentations.

Secondly, there was absolutely no consistency in the statement of disclosure to parents that was utilized between schools or even teachers within a given school. The Rocky Mountain High School form was the best parent permission form of the two I saw, however, it did not let parents know when the materials to be used in the sex education class would be available for scrutiny by parents, nor that as a fundamentally Christian-based organization, Alpha Center’s sex education curriculum is driven and framed by a religious bias. That is a very necessary disclosure to parents. It is information they need to make an informed decision about including or excluding their child from their presentations.

In contrast the parent permission form that Poudre High School used (Copy enclosed) **did not** fully disclose to parents who the Alpha Center was and what services they did and did not provide including the all-important facts mentioned above that Rocky Mountain High School’s form did. Poudre’s form noted that the Alpha Center “is a faith-backed organization, which believes in abstinence, but doesn’t include any religious

connotations in their presentations,” but that is misleading at best. Once again the form doesn’t note for parents that the Alpha Center’s sex education curriculum is driven and framed by their fundamental Christian religious bias. Such disclosure cannot morally or reasonably be withheld from either parents or students.

The form at Poudre High School was an **Opt-In form** whereas the Rocky Mountain High School form was an **Opt-Out form** providing no consistency whatsoever within the district. At Leshar Junior High one teacher gave me a copy of the form used at Rocky Mountain High School that he said his students received before the Alpha Center’s presentation. However, another teacher at Leshar said she had never seen that form and had not passed out any permission form to her students. At Lincoln Junior High the same seemed to be the case.

I was invited to speak to the girl’s health class at Lincoln Junior High about abstinence along with the Alpha Center in mid-May. While I was most pleased to be asked and was ever so delighted to be able to speak to these young ladies about abstinence in a manner I felt was more appropriate and honest than that of the Alpha Center, I don’t believe my presence and the details about Life and Liberty for Women was ever disclosed to parents nor were they given the opportunity to Opt-In or Out-out their children. That was as equally disturbing to me as having the Alpha Center asked to speak without the proper disclosure being made to parents.

Such inconsistency within the district and lack of adherence to the spirit and letter of Article 25 of the Colorado Revised Statutes for fully informing and disclosing to parents is unacceptable.

Specifically related to the Alpha Center, who is still presenting their abstinence-only till marriage HIV/STD curriculum in the district this year, the parent disclosure and permission form that I recommend, would seem to me to be the most correct and appropriate to utilize. However, until that or a similar parental permission form is considered, debated, and adopted district wide, the permission form used by Rocky Mountain High School with some modifications including formulating the permission statement **from an Op-out to an Opt-In** statement could be used.

The reason for changing from an opt-out to an opt-in permission form is that traditionally or most of the time anyway, a parent is asked to sign a permission slip to give permission for their child to be involved in a school activity not to deny their child permission. Again, it should be a desire of the district to make such forms easy for parents to understand what is being asked of them and again, this should be applied district-wide, in an effort to seek the benefits to parents, students, and the district that consistency can provide.

In addition, for the current **Opt-In form** that was used by Rocky Mountain High School (copy enclosed) to be valid and present with the utmost accuracy for district-wide use for any current Alpha Center presentations, the Rocky Mountain High School form should be further amended to say:

1. In paragraph one, sentence number one the sentence should be amended to say, ...an *abstinence-only* till marriage education presentation...
2. In paragraph one, third sentence, to say, ...presentation helps educate students regarding the option of sexual abstinence until marriage as the healthiest choice...
3. In the second paragraph sentence number four, the sentence should be amended to say, ...free *ultrasound through the first three months of pregnancy used to date the pregnancy and persuade women thinking about having an abortion not to have an abortion*...
4. In the second paragraph sentence number three should be amended to say, ...The Alpha Center does not provide nor make referrals for abortion *because our religious and philosophical beliefs are that abortion is murder. We do not provide nor make referrals for contraception because our religious and philosophical beliefs are that teens and adults should be abstinent until they are married, that the IUD and many or most hormonal contraceptives cause an abortion by acting after conception has taken place. Our religious and philosophical belief is that condoms will not always protect a person or provide 100% protection from HIV/AIDS or STDs*...

5. In the second paragraph sentence number four should be amended to say, ...The Alpha Center does provide free pregnancy tests, free limited ultrasound *which we recommend for all women and teenage girls coming into the Alpha Center to be sure how far along the pregnancy is and to give those woman or teenage girls considering an abortion the opportunity to see their baby perhaps hear a heart beat and be persuaded not to have an abortion...*
6. In the third paragraph sentence number one, the sentence should be amended to say, “If you wish for your child to participate in this presentation...”
7. The final paragraph should be amended to read, “*I wish for my child to participate in the H.E.A.R.T. Choices abstinence-only till marriage presentation.*” The second sentence should be omitted.
8. An additional paragraph should be added between the current second and third paragraphs. It should read... “*We offer every woman and teenage girl, complete confidentiality regarding all the services we provide, including from parents.*”
9. Finally, as I stated in the Recommendations portion of this report, a parental permission form sent home to each child in the district who will be involved in that quarter in the sex education unit, should define specific days and times that all materials to be used in the health class’s sex education STD/HIV will be made available at the school for parental inspection.

- **Lack of monitoring of information disseminated in the classroom**

I also have great concern about the lack of attention that individual school administrators and teachers gave to the very important responsibility of assuring the accuracy of the information of an outside organization that teachers invite into the classroom, especially an organization, as I said earlier, that is controversial, deals with such a controversial subject, and has an admitted religious bias in what information they provide to students and the accuracy of that information.

First, some teachers did everything but listen to the presenter while others listened with one ear while they worked on the computer on their desks or graded papers. Some teachers came in and out of the presentations and some teachers were absent leaving their students with a substitute teacher or student teacher, the former, I understand from district officials, is not appropriate according to district policy.

During the 2001 school year, in my daughter’s health class at Rocky Mountain High School, the teacher, in my judgment, clearly sympathetic to the Alpha Center, told me she had previously reprimanded the Alpha Center for using inaccurate information, telling them that until they changed or removed the information they could not present in her classroom. She told me that the Alpha Center had referred to their not being allowed to present in her classroom on that occasion as “black Tuesday.” But then this same teacher invited the Alpha Center back into her classroom in the subsequent year, into my daughter’s health class, where she was absent during the Alpha Center’s presentation and a substitute or student teacher, I am not sure which, was present. In this presentation the Alpha Center did not disclose to students what kind of organization they are or all of the services they do not provide, though they did place their phone number on the board telling students they were a resource for them if they became pregnant. The Alpha Center also said in that class, “***Condoms aren’t meant to protect you from HIV just pregnancy.***”

That outright false statement the Alpha Center presenter made regarding the protection condoms offer against HIV, was a statement the substitute/student teacher never heard or he simply did not recognize the information as being erroneous information. That is dangerous and could prove deadly for our children. In either case the Alpha Center was not challenged nor was such erroneous information corrected, on the spot, for the students, as it should have been. While I could speak to my daughter at home and correct that dangerous information, no other parent of a child in that classroom was afforded that opportunity.

It is also important to note that this particular educator said she was capable of looking out for her students' best interest and would indeed be upfront with the Alpha Center should they present inaccurate information in her classrooms. Yet, in spite of her statement she left my daughter's classroom without the close scrutiny and oversight she said she was capable of providing and which she agreed to give, even after admitting that she had in the more recent past reprimanded the Alpha Center for delivering inaccurate and erroneous information to her students. And remember, she is the educator who said she brings other speakers into the classroom after the Alpha Center to present "the other side" to students.

Moreover, this teacher clearly resented my intervention on behalf of my daughter and my review of what was transpiring in her classroom as both a parent of a child in the district and most likely as a representative of Life and Liberty for Women. In fact in this last school year as I began requesting of teachers who were going to utilize the Alpha Center again, this teacher among them, to observe their presentations, this teacher was adamant that she would physically bar me from her classroom if I tried to enter. Consequently, either a district official or her vice-principal or neither was present in the spring when the Alpha Center presented in her classroom.

In my many observations at both the junior and high school level in the 2002-2003 school year, I found that sentiment is apparently shared by other school administrators and teachers, at least in practice, because some invited the Alpha Center to present their abstinence-only till marriage curriculum and then supplemented information about STDs/HIV/AIDS, condoms, and contraceptives with other organizations like Colorado State University Health Services or NCAP - Northern Colorado AIDS Project. One junior high instructor told me, in a nutshell; that NCAP's presentation on HIV/AIDS and STDS was more the way such information should be presented and was more accurate.

Moreover, it is important to understand that a forum for competing ideas is a debate format or a panel discussion format in which two competing ideas can be simultaneously presented, heard, and compared and contrasted by students. Such a forum is reserved for and best used for topics in which debate is appropriate. For example, should sex education be taught in public schools? Should the sex education program be an abstinence-based comprehensive one or an abstinence-only till marriage program? Should condoms be distributed on high school campuses?

A forum in which competing ideas and philosophies or methods are offered is not an appropriate forum for the delivery of a sex education program. There is no such thing as a competition of ideas when it involves mainstream well proven, documented and accepted scientifically based information such as the pregnancy and disease prevention qualities of consistently and correctly used condoms.

An educator viewing an abstinence-based comprehensive curriculum and an abstinence-only till marriage curriculum as merely "competing views" that can be presented in any other forum other than a debate or panel discussion forum is doing the wrong thing for his/her students.

And it is clear that parents have no idea about exactly what is being presented or what forum it is being presented in, including that their student is receiving "two competing views" about avoiding and preventing a life-altering unintended pregnancy, a sexually transmitted disease, or HIV/AIDS, which leads to certain death. That is very problematic and troubling and I am sure would concern every parent who was made aware of such, regardless of whether they are abstinence-only till marriage supporters or supporters of an abstinence-based comprehensive sex education program.

Thirdly, teachers who are sympathetic to the Alpha Center, would not challenge erroneous information because they would not believe it to be erroneous while many, if not most other teachers, who may not be trained sex educators or more likely, aware of the role the organization's religious and philosophical bias plays in their presentations, will trust the organization to present scientifically accurate information. Inaccurate information presented as a result of the Alpha Center's religious beliefs may end up going unnoticed and unchallenged.

It is equally important for school principals and vice-principals to be fully aware of the outside organizations and speakers their teachers are bringing into the classroom, most particularly when these groups or speakers are dealing with such sensitive information as is involved in sex education programs. I am confident they realize there comes with such individual school oversight, a very serious responsibility to ensure the accuracy of the information presented in their school's classrooms.

While Rocky Mountain High School had a vice-principal that observed at least one Alpha Center presentation, I am not clear that he, also not a trained sex educator, was aware of the particulars of the Alpha Center's religious bias and agenda and how that bias colored what they presented, such as the information on condoms the Alpha Center presented in 2001 to my daughter's health class. Unless an administrator sits in the classroom in the first place, and as with teachers, know what to listen for and actively listens for both accuracy of the sex education information presented and information presented that goes to the organization's religious bias in the second place, they cannot render proper oversight to the accuracy of information district students are being presented with from this outside group.

Finally, I think too that it is important to be aware that any changes in the way the Alpha Center conducted their presentations or any change to the information they relayed in the classroom that Poudre School District demanded in 2001, has not changed any philosophical or religious beliefs they hold regarding abstinence, contraceptives and condoms, or that any such demands by the district has changed their primary purpose for existence, that is to bring in to their center as many abortion-minded or abortion-vulnerable women and teenage girls as they can so they may persuade them not to have an abortion. That fact makes it questionable, or should for parents, community members, school district board members, school district officials, and district educators, that the Alpha Center, which has and still is presenting inaccurate information, **could be trusted in the classroom without constant oversight** from individuals familiar with their philosophical and religious beliefs and agenda.

I do not believe it is wise for Poudre School District to involve itself with a community organization in the manner it has involved itself with the Alpha Center, when such an organization has proven itself time and again to be so very untrustworthy. Nor is it wise for the district to involve itself with an organization which disseminates sex education information that is colored by a religious bias and goals and a philosophical belief that is diametrically opposed to the district's goals and philosophical belief made clear in their comprehensive health education policy.

OBSERVATION:

It was clear that while Alpha Center volunteers had a notebook of information in front of them from which to refer, and while some material was common in all the presentations I observed, they clearly had broad discretion about what information they personally wanted to deliver and how they would deliver it, what "games" they wanted to expose students to, and the introduction of statements or material clearly biased toward personal beliefs and the organization's religious beliefs and political agenda. I am concerned that the lack of consistency in their presentations from one classroom to another is confusing for students, not productive toward promoting abstinence and is highly detrimental to students.

• Ultrasound

In all the presentations I observed at both Rocky Mountain and Poudre High Schools, and Leshar and Lincoln Junior Highs, I was concerned with how the Alpha Center handled information about the "limited ultrasound" their center, now a Medical Clinic, offers women.

One volunteer didn't know what "limited" meant and deferred the question to Andrea Barber, the center's education director, who said limited meant through the first three months of pregnancy but she did not tell students what it was used for. Two volunteers, using vague language addressed what the ultrasound was used for. One volunteer said, in two out of three presentations he made, that the ultrasound was so you can "see inside – what's going on "see if a baby- so you can see what's going on inside you." Andrea Barber said to

students in her presentation at Lincoln Junior High that they “recommend an ultrasound to be sure how far along the pregnancy is.” **But that is not the whole truth.**

The reason full disclosure about what the ultrasound is used for is so important, and which teachers and administrators not familiar with the Alpha Center’s anti-abortion bias would not know, is that the ultrasound is a new strategy used by crisis pregnancy centers in their effort to lure abortion-minded women into their center and prevent as many women as possible from deciding to have an abortion. The Alpha Center uses the ultrasound as the leverage to guilt, often unsuspecting, abortion-minded women into not having an abortion.

At The Center magazine, a Christian-based publication designed as a resource for crisis pregnancy centers, said in its premiere issue in late 2000, “A major challenge to life-affirming pregnancy help centers in the next decade will be to find new methods to attract abortion-minded women. CPC’s {Crisis Pregnancy Centers} are reporting a disturbing trend. Each year, statistics reveal a decreasing number of truly abortion-vulnerable women as clients. Interestingly enough, however, there has been an increase in the number of clients who are not abortion-vulnerable, but simply want material resources such as furniture, maternity clothes, or baby accessories. Of course, every woman in need who comes to a pregnancy help center is important, regardless of her attitude toward abortion and should be helped. However, CPC’s were originally organized to reach the abortion-minded woman and save her and her baby from abortion. The concern is that CPC’s may no longer be attracting as many of their potential clients as they once did. The good news is that leaders of CPC’s that have made the conversion to medical clinics are providing new services that attract abortion-vulnerable women...with the use of ultrasound to confirm pregnancies and the Doppler to allow the woman to hear her baby’s heartbeat, clinics find that there is often an immediate bonding between the mother and her unborn baby. That bonding between mother and baby becomes a powerful force to persuade the mother to choose life.”

The Spring 2001 issue of *At the Center Magazine*, said in an article titled: *The Language of Life vs. the Language of Choice* by Thomas Glessner, the President of the National Institute of Family and Life Advocates, accessed 9/2/02 online, “The role of the pregnancy help center in the life of an abortion-minded woman is to empower her to choose life. One of the best tools for empowering women to choose life is the provision of the medical service of an ultrasound examination. This view into the amniotic chamber inside her introduces the mother to her unborn child. In the vast majority of cases, once such a connection and bonding are made, the mother chooses life. The National Institute of Family and Life Advocates recently launched a program that incorporates the Biblical concept of choosing life. It is called The Life Choice Project (TLC). TLC provides pregnancy help centers with all of the necessary resources, including an ultrasound machine, to provide medical services to clients and to empower them to choose life.”

And an article in The Spring 2000 issue of *At The Center* on their web site titled: *Providing Limited Obstetrical Ultrasound* said, “The powerful impact of an ultrasound examination upon a woman contemplating an abortion cannot be overstated. Because of the powerful impact the ultrasound images have upon a woman’s choice, many pregnancy help centers are now seriously looking into providing ultrasound examinations to their abortion-minded clients.”

And in an article entitled “*Now is the Time to Go Medical,*” in the Autumn 2001 issue of *At The Center Magazine*, Thomas A. Glessner, J.D, says, “Pregnancy medical centers are able to use ultrasound to confirm pregnancy and, in doing so, introduce the abortion-minded client to her unborn child. Centers which have made this step to the next level of operation are finding: (1) an increase in the number of truly abortion-minded clients coming to the center and seeking a pregnancy diagnosis to determine if they are pregnant; and (2) an increase in the percentage of these abortion-minded women who change their minds and choose life after seeing their unborn child on the ultrasound screen.”

While Andrea Barber offered no further explanation to students about what “limited ultrasound” means, the same web page cited above offers a more precise explanation saying, “A ‘limited ultrasound examination’ is one in which an exam is given to provide specific limited information regarding the pregnancy...so that the client will be given adequate information to make a well-informed decision. For the abortion-minded client,

such an examination can be undertaken to provide information to confirm the existence of a viable pregnancy and the existence of a fetal heartbeat.”

By not fully disclosing to students the reason they have now licensed themselves as Medical Clinics to offer limited ultrasound, the Alpha Center is once again being deceptive with an audience that is young, vulnerable, and trusting, especially of sources their teachers allow into the classroom. This lack of full-disclosure is as problematic as the Alpha Center’s reluctance last year to disclose what kind of organization they were and what services they did or did not provide because both goes to deceiving what might be one day “abortion-minded” women or in this case, abortion-minded teenagers.

Additionally and very troubling is the fact that parents were again left totally in the dark about the Alpha Center’s new anti-abortion strategy aimed squarely at their children. Andrea Barber said to students in one of her presentations that not only did the Alpha Center provide confidentiality from parents, but also that a majority of persons they see are teenagers. Parents are left in the dark because Poudre School District is out of compliance with stated district policy requiring such and Article 25 of the Colorado Revised Statutes requiring full disclosure to parents of the curriculum and materials to be presented.

It is clear that the primary function of ultrasound screening at the Alpha Center is to act in creating the opportunity to guilt unsuspecting abortion-minded women and teenagers, which Ms. Barber said is the major population they serve, into not having an abortion. The Alpha Center, which is still presenting in the Poudre school district, has no place presenting in the classrooms, if fully disclosing their purpose in providing limited ultrasound in their Medical Clinic is not acceptable to them.

• **STATISTICS and FACTUAL STATEMENTS**

Observation:

The Alpha Center presenters did not give cites on the statistics they used or information they portrayed to students as factual. According to a presenter at Rocky Mountain High, the best feedback he has received from students was how glad they were to get statistics yet, he did not cite the statistics for the students or send home with students to share with their parents the cites on all statistics they presented or claims they made. And, as stated above, the material and statistics the Alpha Center uses in their presentations should have been made available for parents and the community to view prior to their presentations. That did not occur.

Statistical and factual information cites are very important for parents, teachers and school administrators to pay close attention to in these particular types of presentations. Such attention works to keep honest an organization that is admittedly biased and is discussing a very sensitive topic and has a history of dishonesty and deception. It is important that teachers and administrators protect the young impressionable audience in their classroom who are not likely to question or investigate the statistics or facts presented to them by the Alpha Center, statistics and facts clearly designed to impress, frighten and manipulate. That is why it is critical that the district make every effort to make sure both parents and the community have ample opportunity to inspect materials to be used in such presentations.

I am positive that Poudre School District teachers and many PSD administrators who observed the Alpha Center’s presentations in which they passed out their **“Sexual Health/Knowledge Pretest Game” (Copy attached)**, for example, was totally unaware of the dangerous, biased and untrue information the Alpha Center passed off as factual, true and unbiased information.

Bert Wright, a long time volunteer with the Alpha Center who made several presentations I observed this past school year as well as conducting a presentation I observed in 2000 at Blevins Junior High School, used this “game” in a coed classroom presentation on March 3, 2003 at Poudre High School and again when he presented to an all-boys class on May 6, 2003 at Lincoln Junior High.

“Sexual Health/Knowledge Pretest Game”

- **Number 7** on this Pre-test says, “A properly used condom prevents transmission of which of the following STD’s: *Chlamydia, Herpes, Human Papillomavirus (HPV), All of the above, None of the above.*” The Alpha Center said the answer was none of the above. **But that is not the truth.**
 1. On the CDC web site, last reviewed May 2, 2001, The CDC in a March 11, 1988 paper titled: “*Perspectives in Disease Prevention and Health Promotion Condoms for Prevention of Sexually Transmitted Diseases,*” said, “Laboratory and epidemiological studies have provided information about the effectiveness of condoms in preventing STDs. Laboratory tests have shown latex condoms to be effective mechanical barriers to HIV, Herpes Simplex Virus (HSV), cytomegalovirus (CMV), (HBV), Chlamydia trachomatis, and *Neisseria gonorrhoeae*. Latex condoms blocked passage of HBV and HIV in laboratory studies...”
 2. In March 2003, The Alan Guttmacher Institute said, in a public policy report by Heather Boonstra, that a June 2000 review panel that included the National Institutes of Health, the U.S. Agency for International Development, the FDA, and the CDC, convened by now former U.S. Representative Tom Coburn (R-OK) a staunch opponent of comprehensive-sex education and supporter of abstinence-only sex education, reviewed the body of evidence on the effectiveness of condoms in preventing the transmission of eight STDs: HIV, Gonorrhea, Chlamydia, Syphilis, Chancroid, Trichomoniasis, Genital Herpes and HPV. The Panel considered 138-peer reviewed articles in all. It determined that “condition specific” studies were sufficiently methodologically strong to warrant a *definitive* conclusion for HIV and Gonorrhea. It also concluded, said Boonstra, that condoms are “essentially impermeable” to even the smallest of STD viruses. Based on that finding – that “studies...have demonstrated that condoms provide a highly effective barrier to the transmission of particles of similar size to those of the smallest STD virus” – two important assumptions can be made and, in fact, are made in the workshop report itself. The first assumption is that there is a “strong probability of condom effectiveness against so-called discharge diseases that, as with HIV, are transmitted by genital secretions, such as semen or vaginal fluids. Included here would be Chlamydia and Trichomoniasis in addition to Gonorrhea. The second assumption is, once again, that there is a “strong probability of condom effectiveness” against infections that are transmitted through “skin-to-skin” contact – provided, however, that the source of the infection is in an area that is covered or protected by the condom. Three “genital ulcer diseases” – Genital Herpes, Syphilis, and Chancroid – as well as HPV fall into this category. All can occur in genital areas that are covered or protected by condoms, but they also can occur in areas that are not. Therefore, correct condom use would be expected to protect against transmission of genital ulcer diseases and HPV in some but not all, instances.”
 3. Citing W. Cates and KM Stone, in the article “Family Planning, Sexually Transmitted Diseases and Contraceptive Choice: a literature update: Part I,” in March/April 1992 Family Planning Perspectives, Drs. William L. Roper, Herbert B. Peterson, and James W. Curran, all of the CDC, said in the CDC HIV/AIDS Prevention Newsletter May, 1993, “Studies of sexually active persons show that correct and consistent use of latex condoms is highly effective in preventing HIV infection and other STDs, including Gonorrhea, Chlamydia, Genital Ulcers, and Herpes Simplex Virus infection.” This commentary was posted on Safer Sex web site that I accessed on June 28, 2002.

Mr. Wright’s explanation for the answer he claimed was a correct answer, was that a person can contract these STDs by skin-to-skin contact where a condom would not be able to protect them, **but Chlamydia is not a skin-to-skin contact STD.** “*4woman.gov, The National Women’s Health Information Center*”: “Chlamydia is a common sexually transmitted disease **caused by bacteria.**”

The Public Health web site of Seattle King County Washington says, “Condoms are less effective for STDS transmitted by skin-to-skin contact {note it did not say it is totally ineffective precisely because if the condom is covering the entire area of infection it will protect from transmission} such as human

papillomavirus (HPV, the cause of genital warts and cervical cancer) and genital herpes – than for diseases transmitted through body secretions, such as HIV, gonorrhea, and **chlamydia.**”

Mr. Wright’s statement dangerously misleads teenagers into believing that condoms provide no protection whatsoever against the most common of STDs, **Chlamydia**, falsely claiming it is a skin-to-skin contact STD and thus unnecessarily places students who may become sexually active at extreme risk while doing absolutely nothing to further an abstinence message.

Clearly, on its face that statement in #7 on the **“Sexual Health/Knowledge Pretest Game” is a bald-faced lie.** And for the Alpha Center to compound that lie with another saying that condoms offer absolutely no protection, if used consistently and correctly, against skin-to-skin contact STDs, is not just wrong and irresponsible but it showcases their religious and philosophical beliefs that run contrary to mainstream well-proven scientific findings. Honest and accurate information cannot and should not be denied students in the Poudre School District.

It is the responsibility of school authorities, including school board members, administrators, principals, and teachers to be sure that facts presented in sex-education presentations to students is correct, scientifically based, and consistent among all classes in all district schools.

- **Number 8**, a true/false designed statement on the **“Sexual Health/Knowledge Pretest Game”** says, *“Participants in abstinence education programs are just as likely to engage in sexual activity as students who have received ‘safe-sex’ education (instruction in how to use condoms, etc.)”*

The Alpha Center says the answer is FALSE.

This statement of “alleged fact” also goes directly to the Alpha Center’s religious and philosophical beliefs. When I asked, the Alpha Center told me the proof for this statement was from *Family Planning Perspectives, 1990* (a publication of the Alan Guttmacher Institute, the well respected research arm of Planned Parenthood). So I consulted that cite. **That statement by the Alpha Center is, on its face, absolutely false.**

The January/February 1990 issue of *Family Planning Perspectives* was titled, “Helping Teenagers Postpone Sexual Involvement,” and was authored by Marion Howard and Judith Blamey McCabe. They looked at a curriculum called **“Postponing Sexual Involvement (PSI)**, a school-based program designed to delay sexual activity among teens. The program curriculum was developed at Atlanta’s Grady Memorial Hospital in 1983 and was added to the existing sexuality education program. The revised program was then introduced into the Atlanta public schools in 1985.

PSI was first implemented in regular classrooms in one school district to 536 low-income African-American 8th graders in Atlanta, GA, whose parents attended a public hospital. A comparison group included students from 3 smaller adjacent school districts that received existing sex education programs. Telephone interviews were conducted in the 8th, 9th, and 12th grades for both program and comparison groups at baseline and after the intervention.

The hospital had initiated in mid-1970, a sex education program called “Human Sexuality,” which consisted of five classroom sessions in which basic human sexuality, decision-making, and contraceptives were discussed, but evaluations of the program revealed that only providing information was not effective in changing teen behavior.

Dr. Marion Howard and Marie Mitchell developed PSI to supplement the Grady Memorial Hospital’s Human Sexuality program. PSI is based on the ‘social influence’ theory. The theory says that young people are more likely to become sexually active not because a lack of knowledge but because of social and peer pressure. *Promising Practices Network on their Web Site in February 2002* said, “PSI utilizes activities that help identify the origins of pressure to engage in sexual activity, examines the motivations behind that pressure, and helps students develop skills to respond to that pressure

effectively. The program is also built on research that shows that teenage leaders (11th and 12th graders in this program) produce greater and more lasting effects on other teens' behavior than do adults." These peer role models present factual information, identify pressures, role-play responses to pressures, teach assertiveness skills and discuss problem situations. BUT, says Howard and McCabe, "because young people also need the detailed information about reproduction, family planning and sexually transmitted diseases contained in the original curriculum, **'Postponing Sexual Involvement' was added to the existing program.**

The PSI program covers four main areas: **an emphasis on abstinence from or delay of sexual activity, life-skills training, sexuality education, and contraceptive education.** Abstinence is presented as the best way to prevent unintended pregnancy and sexually transmitted diseases. The life-skills component includes activities that help students build decision-making skills, set goals for their lives, learn how to say no to sex and negotiate within relationships. Sexuality education refers to a broad-based curriculum covering physical growth and the development of healthy sexual attitudes and values. Contraceptive education covers methods of contraception, how such methods are used, and their effectiveness in preventing pregnancy and sexually transmitted diseases. Although PSI does not directly provide access to contraceptives, some of the Atlanta staff members were from a nearby family planning clinic and therefore provided indirect access to contraceptives."

The complete 10-period sexuality education program, 5 periods devoted to the abstinence curriculum and 5 to reproduction, family planning or contraceptives and sexually transmitted diseases – with the 5th period of the abstinence curriculum delivered 1-3 months later to reinforce program content, is presented each year to all eighth grade students in 19 separate schools-approximately 4,500 students each year.

So, the sex-education curriculum under review in *Family Planning Perspectives – January/February 1990*, is an **abstinence-based comprehensive or safe-sex program – NOT an abstinence-only till marriage sex education curriculum such as the Alpha Center provides.**

But the Alpha Center isn't the only promoter of abstinence-only till marriage sex education programs playing foot-loose with the truth about Howard and McCabe's evaluation of the Grady Memorial Hospital's Revised Human Sexuality program. *Virginia State Department of Health's Office of Family Health Services* said on their Web Site page titled Virginia Abstinence Education Initiative – Data and Statistics on March 25, 2003, "An evaluation of the Postponing Sexual Involvement (PSI) curriculum showed that its participants were five times less likely to become sexually active than those not involved in the program." They cite Howard and McCabe's article in *Family Planning Perspectives*, however, the conclusion the reader of that statement is left to draw; the insinuation, is that this was a typical abstinence-only till marriage curriculum which references contraceptives and condoms only in terms of their "alleged" failure rates; that no other sex education curriculum was in play, which isn't just misleading, it too is flat out on its face untrue. Moreover, this particular statement is more general in its conclusion than the true statement made by Howard and McCabe in their evaluation of the Grady Memorial Hospital's Revised Human Sexuality program.

In addressing the issue of success, of, this abstinence-based comprehensive program, Howard and McCabe said, "To evaluate the revised program, a prospective study was designed to determine whether adding *Postponing Sexual Involvement* to the existing human sexuality program would reduce the rate of sexual involvement among young people." The authors concluded the following:

"The major goal of Grady Memorial Hospital's Postponing Sexual Involvement program given in eighth grade was to assist young people in postponing sexual intercourse. Overall, nearly three-quarters of the students in the program group had not had sexual intercourse before participating in the program. Based on the reports of these students, the study found that almost all (95 percent) who had not had sexual intercourse and who participated in the hospital's program felt the information personally would be helpful in saying no to sexual involvement. By the end of eighth grade, students who had not participated in the program were as much as five times more likely to

have begun having sex than were those who had had the program. Program students were also more likely to continue to postpone sexual involvement: by the end of ninth grade, 24 percent of the students who were participants in the program had begun having sex, compared with 39 percent of those who were not. The program appeared to help both boys and girls to postpone sexual activity.”

Moreover, as a result of the Grady Hospital revised outreach program that added the PSI curriculum to an existing contraceptive/HIV/AIDS/sexually transmitted disease curriculum, not only were students who participated in the program postponing first time sexual involvement at a greater rate than those not involved in the program, but, according to Howard and McCabe, “Among students who had not had sex before the program began but did have sex after that time, many did use contraceptives – nearly half in the program group and close to one-third in the no-program group. Not only did more program than no-program students use contraceptives, but also 73 percent of the program students who used them said they did so because of what they had learned in school. In the no-program group, only 38 percent said they used birth control because of what they had learned in their schools.”

Along that same line, and providing further indictment of #8 on the Alpha Center’s “*Sexual Health/Knowledge Pretest Game*,” Howard and McCabe noted, “Some parents and educators have wondered whether giving young people information about contraceptives along with support for postponing sexual involvement is too confusing a message. Our data suggest that the two messages are not incompatible. Young people who received instruction from family planning counselors about human sexuality, including family planning, and advice from student leaders about postponing sexual involvement used information from each component of the program. Students involved in the program were more likely both to postpone sexual involvement and to use contraceptives when they did have sex than were the no-program group.” Howard and McCabe also noted however, that “the majority of young people in both the program and no-program groups who did have sex did not use contraceptives.”

Even The Colorado Department of Health Web Site Titled: Highlights – Chapter VII – Healthy Teen Sexuality, says:

“MYTH: If I talk to my child about sex, he or she will be more likely to ‘do it.’
FACT: Children whose parents talk with them about sexual matters or provide sexuality education or contraceptive information at home are more likely than others to postpone sexual activity. And when these adolescents become sexually active, they have fewer sexual partners and are more likely to use contraceptives and condoms than young people who do not discuss sexual matters with their parents.”
Source: *Talking with Kids about Sex, Talking with Kids about Tough Issues:* www.talkingwithkids.org

And the web site also says, “Comprehensive approaches to sexuality education have been tested and evaluated for the last two to three decades. Well-researched comprehensive sexuality programs that have been found to be effective, when implemented as designed, can be successful in preventing teen pregnancy. Existing research on mixed programs indicates that encouraging abstinence and teaching about contraception are not incompatible. Programs that urge teens to postpone having intercourse but also discuss contraception do not accelerate the onset of sex, increase the frequency of sex or increase the number of partners. They do increase the use of contraception among teens that become sexually active.”

Additional evidence of the success of Atlanta’s Grady Memorial Hospital’s revised Human Sexuality program is the speculation about the results of the program. Howard and McCabe in their critique asked the question: “*Would the Postponing Sexual Involvement component given by itself, without a complementary human sexuality education program, be as effective?*” The answer appears to be no, it would not be as effective.

Promising Practices Network, again on their Web Site in February 2002 noted, “Based on PSI, a similar program was implemented in Great Britain. The program there consisted of 25 to 30 one-

hour lessons given in Grades 9 and 10. A team consisting of a doctor and a teacher presented six of the lessons. They then trained other teachers, who presented 15 to 20 lessons, and peer leaders, who led four of the sessions. The program covered topics such as puberty, reproduction, contraception, negotiation in relationships, and training in assertiveness skills... Mellanby, in *School Sex Education: An Experimental Program with Educational and Medical Benefit*, *British Medical Journal*, evaluated the program in Great Britain and found that: 'in each year, program students increased their knowledge related to contraception, sexually transmitted diseases, and the true prevalence of sexual activity among their peers and there was a relative decrease in sexual activity among program students compared to control students. In 1994, control students were 1.45 times more likely to have had sex than program students'... the program in Great Britain was based on PSI and seems to have been successful in obtaining similar results regarding youths delaying their sexual activity."

Promising Practices Network then noted that a large-scale replication of the program in California "did not produce any of the positive effects seen in the Atlanta study. The California program, called *Education Now and Babies Later (ENABL)* initiative, took place from 1992 to 1994. An evaluation (by Douglas Kirby, PhD of the National Campaign to Prevent Pregnancy in Family Planning Perspectives, 1997)... found that youths in treatment and control groups were equally likely to have become sexually active or to have reported a pregnancy or sexually transmitted disease seventeen months after the program." *Promising Practices Network* in identifying one of the factors contributing to its failure said, "Personal observations of the sessions revealed that some of the adults did not like the program's emphasis on postponing sexual involvement and the exclusion of information about contraception and disease prevention. This identifies a problem with the replication given that the Human Sexuality program in Atlanta provided that information."

Additionally, the Kaiser Daily Reproductive Health Report dated May 9, 2003 said that Dr. Blair Johnson of the University of Connecticut-Storrs Center for Health/HIV Intervention and Prevention, along with other colleagues, reviewed 44 studies that were available as of January 2, 2001, comprising data for more than 56 interventions including 35,000 participants between the ages of 11 and 18. "Researchers found reductions in sexual risk for teens who participated in intervention programs that offered more information on condoms or dispensed condoms were more likely to reduce teens' high-risk sexual behavior. In addition students in 'generic sex education' programs were less likely than teens in programs that included behavioral skills to use condoms – the 'clearest indication that information alone is insufficient to alter condom use behavior."

The Colorado Department of Health Web Site: Highlights – Chapter VII – Healthy Teen Sexuality, offers this evidence:

TRENDS:

"Over the decade, teen sexual activity and birthrates have declined, nationally as well as in Colorado.

In 2001, 42.3% of high school students surveyed reported having had sexual intercourse at least once in their lives, compared to 46.6% percent in 1995.

In 2001, 66.7 percent of currently sexually active high school students had used a condom during their last sexual intercourse, compared to 52.9 percent in 1995.

Among teens 15-17 years old, the birth rate has declined from a high of 36.3 per 1,000 in 1992 to 25.4 in 2001. In 2000, rates for African American teens declined 40 percent.

Birth rates for white non-Hispanic teens declined by 29 percent; and rates for Hispanic teens declined 15 percent."

PROGRESS REPORT:

“By 2000, reduce the birth rate for teen girls aged 15-17 to 29.5 per 1,000, from the 1990 baseline of 32.8 per 1,000.

Status: **Objective Met** – In 2000, the birth rate declined to 29.4 per 1,000, and declined further in 2001 to 25.4 per 1,000

Source: *Vital Statistics, Colorado Department of Public Health and Environment*

AND THIS: “By 2000, increase to 25% the proportion of high school youth that report use of birth control pills during last intercourse, from the 1990 baseline of 10.4%. Status: **Objective Not Met** Use of birth control pills increased to 16.9%. However, use of other new hormonal contraceptives increased. (Under Table 1: Teen Sexual Activity: Risk and Protective Factors: Longer-acting hormonal contraceptives such as Depo-Provera are now readily available, making consistent use of contraceptives easier for sexually active teens.)

AND THIS: “In 2001, 66.7 percent of currently sexually active high school students had used a condom during their last sexual intercourse, compared to 52.9 percent in 1995...By 2000, increase to 60% the proportion of high school teens that report use of condoms during last intercourse, from the 1990 baseline of 53.1%. Status: **Objective Exceeded.** Condom use increased to 66.7%.”

Source: *2001 Colorado Youth Risk Behavior Survey, Colorado Department of Public Health and Environment.*

AND FINALLY THIS: “By 2000, decrease the rate of gonorrhea in teens 15 to 19 year-old to 400 per 100,000, from the 1990 baseline of 525 per 100,000. Status: **Objective Exceeded.**

Gonorrhea rates declined to 230.8 per 100,000.

Source: *Disease Control and Environmental Epidemiology Division, Colorado Department of Public Health and Environment*

Abstinence-based Comprehensive Sex Education Programs in Colorado, that stress abstinence but which also provides **accurate information** about HIV/AIDS, STDs, contraceptives and condoms seems to have positively impacted the behavior of Colorado teens with more choosing to remain abstinent and more sexually active teens using condoms and contraceptives. If the only information about condoms nearly all or a majority of Colorado students had received during this time period consisted of statements like these made by Andrea Barber, educational director at the Alpha Center, “If a person has AIDS a condom can prevent it in some cases yes but it won’t always protect you, they can slip and break...condoms provide risk reduction for some STDs and won’t work 100% of the time..” etc., I seriously doubt the above results would have been possible.

Next, Dr. Joseph McIlhaney, well known for his anti-condom and abstinence-only till marriage sex education views, designed the slide presentation the Alpha Center uses in its STD presentation called, “**Safe Sex.**” The Medical Institute for Sexual Health was founded by Dr. McIlhaney and is based in Austin, Texas.

McIlhaney’s web site page titled *The Medical Institute Advisory*, dated April 18, 2000 says, “The most dominant sexuality education of the past two decades has included a ‘dual message – abstinence is best, but if you cannot be abstinent, use contraceptives.’ The abstinence education component of some ‘dual message’ programs has been effective in influencing young people to remain abstinent. The effectiveness of the abstinence-education component contained in some ‘dual message’ programs that have resulted in delaying the onset of participants’ sexual activity proves that young people can hear an abstinence message and respond by controlling their behavior. In those ‘dual message’ programs that have resulted in delaying the onset of participants’ sexual activity, there is no logical reason to believe that any aspect of the program’s contraceptive component causes this positive effect. When evaluating the results of sexuality education programs and similar activities, understanding the definition of ‘effective’ is critical.

Some ‘dual message’ programs have been called ‘effective’ by proponents because more participants report they used condoms or participants report fewer sexual partners. These are likely not the measures of effectiveness that most parents desire or that will adequately protect young people.”

These statements on McIlhaney’s web site attempting to disparage and discount the success and effectiveness of abstinence-based comprehensive sex education programs, in fact, only admits and makes clear their success.

McIlhaney acknowledges the real success and effectiveness of the abstinence piece of abstinence-based comprehensive sex education programs and even acknowledges that the contraceptive piece has a positive effect on teenager’s choices to have fewer sexual partners and use contraceptives and condoms to protect themselves from pregnancy and STDs. But then, attempting to defend an anti-contraceptive, anti-condom, abstinence-only till marriage agenda, McIlhaney minimizes or tries to discount the effectiveness of the contraceptive piece, by implying it cannot be considered “effective,” when you understand the only definition of “effective” in sexuality education is, in so many words, being abstinent till marriage, even going as far as to speak for “most parents” in his assertion.

There is every logical reason to believe, and the evidence I discussed in the preceding pages clearly makes the case, that a scientifically correct and frank discussion of HIV, STDS, contraceptives, and the need for correct consistent use of contraceptives and particularly of condoms to prevent the transmission of HIV/AIDS and STDS, contributes to such a “positive effect” upon students to decide to remain abstinent.

Sex educators of an abstinence-based comprehensive sex education curriculum want the abstinence message part of the program to encourage teens to remain abstinent, give them the skills and tools to abstain from sex until they are adults, give them an understanding that adults expect them to be abstinent as teenagers and that adults believe they are so capable. At the very least sex educators want the program to encourage teens and give them the skills necessary to postpone or delay sexual activity for a longer period than they might have without the abstinence message.

The fact is that abstinent-based comprehensive sex education programs can absolutely be declared successful and effective if there’s both an increase in the number of teens who remain abstinent or remain so for a longer period than previously recorded or in previous years and if teens who, in spite of parents desires and educator’s teachings, become sexually active but report having fewer sexual partners and report that they used pregnancy and disease protection which in turn leads to a decline in the number of teen pregnancies and cases of sexually transmitted disease, and teenage abortions.

Finally, McIlhaney does not provide any substantiation whatsoever for the statement that, “These are likely not the measures of effectiveness that most parents desire or that will adequately protect young people. In fact, 93% of Americans support teaching sex education to high school students and 89% of Americans believe it is important for young people to have information about contraception and STD prevention, according to data from public opinion survey conducted in March 1999 by Hickman-Brown Public opinion Research for Advocates for Youth and SEICUS, (Sexuality Information and Education Council of the United States).

Moreover, according to Henry J. Kaiser Family Foundation interviews conducted in 2000, 65 percent of parents favor an abstinence-based comprehensive sex education program. The study said, “**Most parents (65%) say that if the topic of when young people should begin having sex is brought up, sex education should teach that ‘young people should wait to have sex, but if they don’t they should use birth control and practice safer sex;’** one third (33%) say that if the topic comes up, abstinence as the only option until marriage should be presented.”

In September 2000, the Kaiser Family Foundation released findings of their extensive study regarding sex education in America, (accessed on-line) which further proves McIlhane's statement is self-serving and without basis in fact. In their study they interviewed 313 principals, 1001 teachers of sex education and 1,501 pairs of students and parents nationwide.

The report notes that for most students, sex education is taught over a few class periods as part of health education. Seventh grade through twelfth grade students typically will take sex education only once with seventh and eighth grade classes typically providing the basics of reproduction. High school sex education classes tend to cover a wider range of topics including HIV/AIDS, STD's, the basics of reproduction and abstinence.

The report notes that "important negotiation and coping skills do not receive the same amount of classroom time," and "more practical skills such as where to get and how to use birth control, talk to a partner about an STD, or where to get tested are less frequently covered."

Kaiser's findings show that students and educators describe most sex education taught in public schools today as a comprehensive approach or teaching abstinence and providing some information about birth control and safer sex with one in three schools nationwide describing the main message in their sex education as an abstinence-only or teaching abstinence, most often till marriage as the only option for teenagers.

The report notes, "**Some of the most surprising findings of the report involve what parents say they want schools to teach their children.** In general, parents want a wider range of topics taught than is often included in sex education today. Not only do parents strongly support covering the "core elements" already taught in most sex education – HIV/AIDS and other STD's, the basics of reproduction, and abstinence – they often want sex education to cover topics that are not uniformly taught, such as safer sex and negotiation skills. While nearly all parents report wanting sex education to teach students about safer sex and negotiation skills, far fewer students say that these topics were covered in their most recent sex education course. In some cases the gap is as wide as 25 to 35 percentage points between the percent of parents who say they want such topics included and the percent of students who report that they are covered."

When asked what they wanted their children to learn parents cited these topics and skills: pressure to have sexual intercourse (94%), how to discuss birth control with a partner (88%), how to use condoms (85%), other forms of birth control (84%), abortion (79%), and sexual orientation (76%).

In the March 3, 2003 Coloradoan newspaper article cited above, the education director for the Alpha Center, Andrea Barber said their abstinence-only till marriage class doesn't just tell students they should abstain from sex, but also tells them how to abstain and the importance of getting to know someone well before dating and having a date plan rather than just hanging out at someone's house. She said they also discuss refusal skills to use in different situations. But in fact, contrary to Barber's assertion, a recognizable and even in depth discussion of how to abstain, having a date plan and what that looks like in theory and practice, and the identification or even discussion of refusal skills was sketchy in some presentations and non-existent in the remainder I observed.

In Kaiser's study "one in five students (21%) say how to deal with pressure to have sex was not discussed in their most recent sex education course. Students seem to gain fewer practical skills for actually handling issues regarding sex. For example, while most sex education classes make some reference to birth control, fewer includes more detailed information such as where to get it and how to use it (59% of students and teachers say it is included)."

Further, Kaiser's report said that, "The topics for which this difference is greatest include what to do in cases of rape or sexual assault, talking to parents about sex, homosexuality, talking with partners about birth control, dealing with the emotional consequences of sex, and getting tested for

HIV/AIDS and other STD's. Most, 74 percent, say they trust that their children's sex education is teaching attitudes and values that they support."

The report says parents also believe that sex education "merits additional classroom time." Courses today typically only last for one to three class sessions. The report says parents would like to see a sex education class last half of a semester or more. And students in this study gave "somewhat higher grades for courses that last a half a semester or more, rather than just a few class periods." Further, this study found that "courses that emphasize an abstinence-only message also tended to be shorter in duration than those that emphasize a comprehensive message. Only 14 percent of teachers of an abstinence-only curriculum reported that their course lasted a quarter to half a semester, as compared to one in four (24%) of teachers of courses with a comprehensive message."

It can be concluded from these findings that parents nationwide believe sex education to be an important and vital part of their children's educational experience and their students concur. It is clear that sex education should be given the utmost priority by public school officials including Poudre School District where the provision of a good solid district-wide abstinence-based comprehensive sex education curriculum that is not diluted or compromised by a hodge-podge of site-based implementation practices that is in complete compliance with the district's comprehensive health education policy, and which is bold enough to provide what both parents and students are convinced is in the best interest of their children and themselves respectively.

Students in this study said, "They needed more information about sexual health issues than they are getting in school." They want more information about "negotiation and communication skills, in particular about how to deal with emotional issues and consequences of being sexually active (46%) and how to talk to a partner about birth control and STDS (46%). Students also want more information about what to do in cases of rape and sexual assault (55%), and how to use or where to obtain birth control (40%). Many students also said they need more information about topics that are standard in most sexuality education programs such as HIV/AIDS (47%)."

"Overall, students give mostly As and Bs in terms of how well their sex education is preparing them to understand the basics of reproduction, waiting to have sex, and dealing with pressure to have sex. Students rate the teaching of communications skills – such as how to talk with their parents or a boyfriend or girlfriend – somewhat lower. Instruction in how to use and where to get birth control – due in part to the fact that many courses do not teach this – also gets lower grades from students."

Other very interesting facts to come out of this study involve answers from **sex education teachers.**

Most described themselves as health teachers (56%). Fourteen percent described themselves as physical education teachers, ten percent biological and/or physical sciences, eleven percent home economics and/or family and consumer science and five percent described the main subject they teach as sex education.

Next, a high percentage of teachers, 88% to 98%, say they teach the basics of how babies are made, pregnancy, HIV/AIDS, sexually transmitted diseases other than HIV/AIDS, such as herpes, how to deal with the emotional issues and consequences of being sexually active, waiting to have sex until teens are older or married, and how to deal with pressure to have sex.

But only seventy-four percent reported they teach about birth control, that is methods of preventing pregnancy, and seventy-one percent say they teach students how to talk with a (girlfriend/boyfriend) or partner about birth control and sexually transmitted diseases, that is STDs, or how to talk with parents about sex and relationship issues.

Moreover, only fifty percent reported they taught students how to use condoms. Fifty-nine percent of teachers said they taught students how to use and where to get other birth control. Only forty-six percent and forty-four percent said they taught students about abortion or homosexuality and sexual orientation, that is, being gay, lesbian or bisexual, respectively. Again, something parents said they wanted public school sex education curriculum to cover.

The report said that based on those who said birth control was not covered, 13% said it was because they felt pressured by the community and parents not to teach it, 51% said it was because it was the school or district policy not to teach it, 5% because the educator personally felt it should not be taught, 4% because there wasn't enough time, 15% because the topic was covered in a previous grade or would be covered in a later grade, 2% because it was not part of the curriculum, and 3% because it was an abstinence-only curriculum.

Based on those who said how to talk with a partner about birth control and STDS was not covered, 9% said because they felt pressure from the community and parents not to teach it, 27% because of school or district policy not to teach it, 4% because the educator personally felt this shouldn't be taught, 18% because there wasn't enough time, 21% because the topic was covered in an earlier grade or will be covered in a later grade, 5% because it wasn't part of the curriculum, 2% because the class curriculum was abstinence-only, and 1% refused to answer.

Based on those who said how to talk to parents about sex and relationship issues wasn't covered, 7% said because they felt pressured by the community and parents not to teach it, 6% because the educator personally felt it was wrong to teach it, 11% said it was school or district policy not to teach it, 5% because it was not part of the curriculum, 10% because it was covered in an earlier grade or will be covered in a later grade, and 36% said it was because there wasn't enough time in the curriculum.

Based on those who said how to use condoms was not covered, 16% said it was because they felt pressured by the community and parents not to teach it, 47% because it was school or district policy not to teach it, 9% because the educator personally felt it was wrong to teach it, 5% because there wasn't enough time in the curriculum, 11% because the topic was covered in a previous grade or will be covered in a later grade, and 3% because it was not part of the curriculum.

Based on those who said how to use and where to get other birth control, 13% said it was because they felt pressured by the community and parents not to teach it and 47% said it was school or district policy not to teach it, 8% said it was because the educator personally felt it should not be taught, 7% because there wasn't enough time, 13% because the topic was covered in a previous grade or will be covered in a later grade, 4% because it was not part of the curriculum, and 1% because the curriculum was abstinence-only curriculum.

Based on those who said how to get tested for HIV/AIDS and other STDS was not covered, 6% said it was because they felt pressure by the community and parents not to teach it, 4% because the educator personally felt it shouldn't be taught, 23% said it was school or district policy not to teach it, 22% said it was because there wasn't enough time, 22% said because the topic was covered in a previous grade or would be covered in a later grade, and 5% because it wasn't part of the curriculum.

Based on those who said abortion was not covered, 20% said it was because they felt pressure by the community and parents not to teach it, 40% said it was the school or district policy not to teach it, 12% said it was because they personally felt this shouldn't be taught and only 9% said it was because there wasn't time in the curriculum.

Based on those who said homosexuality and sexual orientation was not covered, 30% said it was because they felt pressured by the community and parents not to teach it, 37% said it was school or district policy not to teach it, 5% said it was because they personally felt it shouldn't be taught, and 39% said it was because there wasn't enough time in the curriculum.

Based on those who said what to do if a student or friend had been raped or sexually assaulted was not covered, only 3% reported it was because they felt pressured by the community and parents not to teach it, 5% because the educator personally felt it shouldn't be taught, 15% because it was covered in a previous grade or will be covered in a later grade, 4% because it wasn't part of the curriculum, and 12% said it was school or district policy not to teach it while 39% said it was because there wasn't enough time in the curriculum.

Moreover, only 50% of educators felt that enough classroom time was spent in their school to properly cover sex education and 47% said too little time was spent in their school to properly cover sex education. Only 1% said too much time was spent on sex education in their school.

Regarding the material teachers reported using, 54% said they used standard material provided by the school district while 44% said they used their own material. Asked how strictly they were required to follow their schools curriculum, 23% said they could teach pretty much what they wanted, 48% said there were some guidelines and 29% said there were strict guidelines they were required to follow.

Teachers were asked whether over the last couple of years there had been discussion or debate in the PTA, school board, or at any public meeting about: whether or not to teach sex education at all. Of those saying yes - 19% said it was about whether to teach sex education at all, 29% said it was about what topics to teach such as birth control or sexual orientation, 33% said it was about teaching abstinence-only, 15% said it was about whether sex education class should be single-sex or coed, and 33% said it was about how parents give permission for their children to take or be taken out of sex education. And 71% said such discussions were very or somewhat calm. Only 28% said those discussions resulted in any changes in the sex education curriculum while 67% said no.

Of those 28% who said yes changes were made, 21% said other information was taught before and now only abstinence is taught, 16% said topics once taught are now not taught, 13% said topics once not taught are now being taught, 9% said abstinence-only was taught before, but now other information is taught as well, 65% said sending a letter to parents for participation was the change that occurred and 6% said more time being devoted to sex education than before was the result.

Ninety-two percent of teachers' thought all aspects of sex education including birth control and safer sex should be taught in grades 9-12 and 65% said the same of 7-8th grade.

Ninety-percent of teachers feel students should be given information in school and they believe it does not encourage teens to have sex.

Regarding principals:

When asked how strictly does your school need to follow local or state guidelines, 13% said teachers in their school can teach pretty much what they want, 42% said there are some guidelines, and 43% said there were strict guidelines.

When asked about the influences upon what they teach in sex education classes, eight percent said it was because of the federal government's abstinence-only funds, 27% said it was because of their state government, while 57% said it was because of influence by their local government or school district.

When asked how much influence they had over what teachers in their school teach in sex education compared to other subjects like Math and English, eight percent of principals said that their teachers teach pretty much what they want, while 50% said there were some guidelines and 42% said their were strict guidelines about what their teachers could teach in their sex education classes.

Seventy-four percent said their sex education teachers used standard material or material provided by the school district while 24% said their sex education teachers choose their own materials. And 70% of principals said they weren't required to share their teachers' sex education lesson plans with the superintendent of schools or other school administrators. Seventy-nine percent of principals were very confident that their teachers adhere to the guidelines while 19% were somewhat confident and 1% refused to comment.

When asked whether if in their opinion the sex education curriculum at their school reflects what most of the parents in their school district think should be taught to students - many of the parents - some of the parents - or only a few of the parents, 48% of principals reported most, 30% said many and 6% said some. Fifty-four percent of principals said they had participated in deciding what topics their school's sex education curriculum covered while 46% said no.

In conclusion, the false statement the Alpha Center made in #8 of their *Sexual Health Knowledge Pre-Test* game, that abstinence-only sex education program participants are not as likely to engage in sexual activity as students who have received 'safe-sex' education (instruction in how to use condoms, etc.), **is deliberately and dangerously deceptive and absolutely untrue on its face.** It is a self-serving statement used to bolster an anti-contraceptive abstinence-only until marriage agenda.

Moreover, in addition to the documented success of some abstinence-based comprehensive sex education programs I presented in this report, the above recent study confirms that both parents, their teenagers, teachers and principals alike, are not only in agreement that a comprehensive or safe-sex approach is the most appropriate and the most desired, parents and their teens agree that more information, not less is also appropriate and desired. Also more class time not less should be spent on a comprehensive sex education curriculum including more time helping parents and their teens learn how to communicate about sex and more time helping teens learn how to communicate with their boyfriends/girlfriends about sex, birth control and STDS.

• **ABSTINENCE-ONLY TILL MARRIAGE**

Another area of concern I have as I observed the Alpha Center's presentations was their presentation of their value judgment that teens should remain abstinent until marriage, saying and indicating that to do so would avoid unintended pregnancy and exposure to HIV and STDS. First, such value judgments should be left to parents to impart, not a biased organization trying to promote their own religious and moral agenda.

Second, there are two other things that trouble me as much, if not more, about this practice the Alpha Center engages in.

1. First, the Alpha Center is wrongly conveying to our students that marriage guarantees an unintended pregnancy will not occur. That is simply not the case. Many married couples seek abortion services, for example, after becoming pregnant at a time when they had not intended and were not ready, for a number of reasons, to become parents. The Christian-based Alpha Center, believes an unintended pregnancy within a marriage is, while technically an unintended pregnancy, should not and therefore will not be one that will be greeted as an unwanted pregnancy simply because the couple is married, a highly erroneous assumption to be giving our youngsters.

Randall Terry, former head of Operation Rescue, and self-described anti-abortion and anti-birth control crusader, put it this way, "Christian married couples should not use birth control. They should consummate their marriage as often as they like and if they have babies they have babies. They should leave it up to God as to how many babies they will have."

2. In a presentation at Leshar Junior High on May 8, 2003, the Alpha Center volunteer told the class that the consequences of actions are very different between being married and not being married. In marriage there was loyalty, financial support, *a wanted pregnancy*, and the father is known while outside of marriage there wasn't always loyalty nor was it as financially stable and that *a pregnancy is a crisis pregnancy or not wanted*. And at Poudre High School in March, Jeff Green a youth pastor in the community and an Alpha Center volunteer said, "Waiting till you are married to have sex is going to protect you from things." In all of his presentations that I observed, he talked specifically and often about teens remaining abstinent until marriage.

Additionally, remember the Alpha Center will not refer any woman, including a married woman, to a physician in the community for birth control. They are of the belief that all but barrier forms of birth control or the rhythm method - are abortifacient in nature, or cause an abortion, and that once married if a pregnancy results, one simply has the baby. There is no recognition whatsoever of the fact that a pregnancy can be both unintended and unwanted even inside of marriage. That is misleading our youngsters about, most importantly, the reality of marriage, which is terribly disturbing.

3. The Alan Guttmacher Institute, May 2, 2003, on their web site in an article titled, ***Marriage is No Immunity from Problems with Planning Pregnancies*** said, "Policies designed to promote and strengthen marriage are gaining currency at all levels of government, and a key goal of many of these initiatives is to reduce out-of-wedlock childbearing. By focusing exclusively on non-marital births, however, these efforts ignore that married people also face considerable difficulties planning their families. Given the large numbers of married couples who experience an unintended pregnancy and either an abortion or an unintended birth, emphasis in 'marriage promotion' policies and programs should be placed on ensuring that married couples and couples contemplating marriage have the counseling and education they need to help them avoid these stressful events...."

Guttmacher goes on to say, "According to recent data, (1994), three million married women in this country become pregnant each year. However, only seven in 10 of these pregnancies are planned. In other words, almost one million married women each year unexpectedly find themselves pregnant...and four in 10 unintended pregnancies to married women each year end in abortion...resulting in 345,000 abortions to married women each year. All in all, 17% of abortions in the United States occur to married women."

Guttmacher determined that's the case because, "Almost half (44%) of married women who had an abortion in 2000-2001 were not using a contraceptive method in the month they became pregnant, although most had used a method in the recent past...three in 10 perceived that they were unlikely to become pregnant, perhaps because they had just had a baby or because they had assumed that they were infertile, and almost half reported that they had had concerns or felt ambivalent about contraceptive methods. Other women reported that they had either unexpected or unwanted sex, that they had had difficulty obtaining contraception or that their partner preferred that they not use contraception...more than half (56%) of married women who had had an abortion, however, were using contraception during the month they became pregnant. Almost half (46%) of those had used condoms, and a quarter (24%) had relied on oral contraceptives, with most citing inconsistent contraceptive use rather than contraceptive failure as the reason they became pregnant."

Again I would submit and argue that it is not less accurate information about contraceptives and condoms that students need but more, not just to be able to successfully and effectively navigate avoidance of pregnancy and STDs if they make a decision to be sexually active as a teen, but also to be able to know how important it is to remain vigilant about the correct and consistent use of contraceptives including condoms once married so as to certainly avoid a pregnancy until they have planned for and are prepared to become parents.

Abstinence-only till marriage public school sex education curriculum, like what the Alpha Center teaches promoting the untrue and unrealistic idea that the institution of marriage will protect couples from unintended pregnancy and STDs, flowing again directly from the religious bias and political agenda of the Alpha Center, will not change the statistics reported above or bring the truth to Poudre School District students.

4. Next, as modeled by their “**Crowed Bed**” game, (which I will specifically address in a moment) marriage doesn’t mean one will be free of HIV or STD’s even from the moment of saying “I do.”

The Alan Guttmacher Institute said, again on its web site, May 2003, regarding married people’s risk of contracting STDs, “In terms of risk factors, marriage is generally regarded as being protective against sexually transmitted diseases, since married people are far less likely than single people to have multiple sexual partners. **However**, an analysis of the 1995 National Survey of Family Growth by researchers at the Alan Guttmacher Institute found that 9% of women married for more than one year reported that either they or their husband had had another sexual partner within the past year. This means that 2.5 million married women and their husbands are potentially at risk of STDs because of infidelity. Among women married less than one year, the proportion at risk is 22%, or an additional 410,000 women and their partners. (As these women were married less than a year when they were asked about additional partners during that year, some of these sexual encounters occurred prior to marriage.) Researchers believe that these figures may be quite conservative, because women may be reluctant to report their own infidelity (or sexual partners prior to marriage) and may not know when their husbands have been unfaithful.”

The Alpha Center never addresses the reality that sometimes marriage partners are not monogamous within the bounds of marriage and that will then place the husband or wife at risk. It is as if that reality does not and never will exist in anyone’s reality but it does, including within many Christian marriages throughout the country. It is of course not unusual that as a fundamentally Christian-based organization the Alpha Center touts the advantages of marriage, but when the advantages they articulate are not also tempered with the truth and reality of marriage, particularly as it relates to issues of sex, pregnancy, and disease, the Alpha Center is being dishonest and deceptive with our students about a very serious and life-altering legal and for most religious commitment.

Finally, the better instruction for a classroom group with great diversity of life experiences within their own families, including infidelity within their parent’s marriage, is to say to teenagers that they should be, are expected to be and can be abstinent until they are in an adult committed relationship. That accomplishes two things. One it stresses the concept of commitment, which is needed in a marriage or in a long-term monogamous relationship outside marriage. But it also allows families that believe that their children should wait to have a sexual relationship until they are married to say that within their family’s moral value system that an adult committed relationship is marriage. It honors the diversity within the classroom that, for example, the Senior High Health Course description I referenced earlier said is part of the Human Sexuality Philosophy Statement (copy enclosed) and it makes the abstinence point very well.

5. Next let me address the impact of the game that several of the Alpha Center presenters used called the “**Crowed Bed**” game because it is equally troubling to me. The game begins by describing a couple, Sabrina and Sam, on the eve of their wedding contemplating their sexual pasts. By the end of the game, nearly every one in the class finds themselves standing at the front of the room as a former sexual partner or wife of either Sabrina or Sam, with an STD and an abortion thrown in for good measure. The Alpha Center cleverly articulated the organization’s biased value regarding abortion into the story saying, “She (Sabrina) had an abortion and was devastated.”

The game concludes by asking what problems might this couple experience in their marriage considering Sabrina had three previous sexual partners and Sam seven. The answer was a lack of trust, STD’s, problems with honesty and even divorce. Yet one of the volunteers, who admitted

she had had pre-marital sex then married one of her pre-marital sexual partners, never told the class which of the problems she articulated they had experienced so far in their marriage or expected to experience throughout the life of their marriage that now included a toddler son. She also never shared what kind of plan she and her husband have put together to deal with these problems that **will** present themselves, so they can remain married till death do them part. In my daughter's health class in 2001, students were told these complications **would, for a fact**, occur in their future marriages if they had pre-marital sex.

The Alpha Center also delivered a mixed message. Every presenter began with an activity in which they pulled out a credit card or a piece of paper money and stepped on it or waded it up and asked if it was still valuable. What if they threw it in the trash, would someone still want it, is it still valuable? The answer is yes. The lesson: "No matter what you have done in your past, even if you have already had sex, you are still a very valuable person. No matter what your choices are or have been you are valuable. You are valuable because you are a human being. You mean the same thing to those in your life."

Yet, the point of the "Crowed Bed" game is to demonstrate otherwise and impress upon students that pre-marital sex **will** lead to a devaluing of the person or persons who were sexually active outside marriage by their future marriage partner, and that the person or persons in the marriage who engaged in pre-marital sexual activity, cannot be fully trusted nor will they in all likelihood be loyal during the life of their marital relationship. In addition to what was said in my daughter's 2001 class, I understand in other presentations the Alpha Center did this past school year witnessed by other observers, the Alpha Center again said that if a person has pre-marital sex they **will** experience certain things in a marriage, like a lack of fidelity, trust, and divorce was or could very likely be in the cards as well.

In conclusion, it takes a lot of work to make a marriage successful through a lot of trials and tribulations and the last thing young people need is to be misled about any aspect of the marital relationship, including that marriage **will prevent an unintended pregnancy or the risk of contracting STD's or HIV/AIDS** or that marriage after engaging in pre-marital sex means certain things, all bad in nature, **will** be apart of their experience in that marital relationship without any kind of scientific studies whatsoever to prove that assertion. It is also hurtful to our youngsters and does them a terrible disservice to send them mixed messages that go directly to the issue of their self-esteem.

- **The Alpha Center's STD presentation**

I have several concerns about the STD presentation The Alpha Center made at Leshar Junior High School.

First, the slide presentation, as you will remember I said earlier, was designed by Dr. Joseph McIlhaney of the Texas-based Medical Institute for Sexual Health and is called, "Safe Sex."

When asked, according to a November 17, 2002 Denver Post story by Marie Cocco, if people who are neither abstinent nor monogamous should use condoms, Dr. McIlhaney replied, "That's very simplistic and has proven so far not to be effective." That is a very dangerous and deadly statement and clearly out of touch with the conclusions of mainstream scientific and medical research. As such the legitimacy and accuracy of Dr. McIlhaney's materials is suspect from the outset. Dr. McIlhaney's organization is biased in favor of an abstinence-only till marriage sex education curriculum with a religious and political agenda in common with the Alpha Center's and his material contains inaccurate and outright false information about condoms, STD's and HIV.

For example, on Dr. McIlhaney's organization's web site is this information. "For which STD's do condoms effectively reduce the transmission?" – (Answer) "Condoms provide the best (though not

complete) protection against HIV and gonorrhea. They are less effective protecting against herpes type 2, trichomonas and Chlamydia. Condoms provide little protection against bacterial vaginosis and HPV (the most common STD).” The web page cited for this information was *Cates and Stone, Family Planning, Sexually Transmitted Diseases and Contraceptive Choice: A Literature Update – Part I, Family Planning Perspectives*, 1992.

However, nowhere in the body of that article in *Family Planning Perspectives* is McIlhaney’s statement verified with perhaps the exception of one study from Finland that found that condoms had no protective effect against cervical human papillomavirus infections (HPV).

Instead the article says, “The recent scientific literature includes numerous reviews concerning the effects of different contraceptives on the risk of STD transmission. In general, they come to the same conclusion—condoms alone, spermicides alone, and combinations of mechanical and chemical methods all provide good protection against most STDs.”

It goes on to say, “A 1990 review of the current literature on condoms addressed their quality, use and effectiveness. If properly used, condoms protect the wearer against infection by preventing direct contact between the penis and cervical, vaginal, or rectal secretions and lesions. They also protect his partner from exposure to infected semen, discharge or penile lesions.”

And this, “A growing number of laboratory studies have found that condoms provide an impervious barrier to most sexually transmitted pathogens. In experimental settings, condoms have been shown to be effective barriers against **herpes simplex virus, Chlamydia trachomatis**, cytomegalovirus, and **HIV**... In Costa Rica, women whose partners used condoms were significantly less likely to have been infected with herpes simplex type 2 than were those whose partners used other methods, and increasing durations of condom use were associated with a decreasing risk of genital herpes.”

And this, “Studies have shown that condoms have a greater aggregate protective impact on upper than on lower genital tract infections, although this difference probably reflects protection against cervical gonorrhea and Chlamydia... Three cross-sectional studies in the United States have demonstrated lower rates of HIV seropositivity among high-risk women whose partners regularly used condoms than among comparable women whose partners did not... In Florida, regular use of condoms by AIDS patients was related to a marked reduction over time in the risk of HIV seroconversion in their partners.”

Clearly, McIlhaney’s conclusion that condoms provide the best though not complete protection against HIV and Gonorrhea and are less effective as protection against Herpes and Chlamydia, based on this article is deliberately misleading and outright untrue.

ANOTHER EXAMPLE: Dr. McIlhaney’s web site page “*The Facts About Chlamydia*” says, “Condoms probably reduce the risk of **Chlamydia** transmission among sexually active people. Studies of condoms in actual use, however, show that condoms do not consistently prevent Chlamydia infection.” Dr. McIlhaney offers no cite for this conclusion he makes on his web site and insinuates by that misleading statement, that the condom itself fails in actual use. That is simply untrue, as I have previously pointed out. A distinction must be made between a product failure rate, approximately 2 percent, and the user failure rate approximately 12 to 13 percent, because mainstream scientific studies have verified that with improved user rate comes not just the reduction of risk of acquiring HIV or STDs but the actual prevention of transmission.

Further, how dangerous and deceptive is it for Dr. McIlhaney’s curriculum, as articulated by Andrea Barber of the Alpha Center, to say, imply, or insinuate that even perfect condom use only provides risk reduction from {all} STDs or that condoms provide risk reduction for some STDs but won’t work one-hundred percent of the time, again implying that condoms themselves fail to protect persons rather than the truth that product failure rate is approximately 2 percent. The Alpha Center *never* made a distinction between product failure rate verses user failure rate in the ability of condoms to protect a

person from HIV or any particular STD and that is a crucial distinction that students should be fully informed about.

Our children deserve to know that so they will understand the importance of learning and adhering to correct and consistent contraceptive and condom usage. “Practice makes perfect” we tell our children about sports they engage in for example, and that is the same message sexuality education programs should be stressing when it comes to contraceptive and condom use, whether they are going to be sexually active now or whether they wait until they are in an adult committed relationship, including marriage.

The *World Health Organization* (WHO) said in Fact Sheet # 243, “*Effectiveness of Male Latex Condoms in Protecting Against Pregnancy and Sexually Transmitted Infections*, June 2000, on their web site:

Prevention of Pregnancy

“Estimated pregnancy rates during perfect use of condoms, that is for those who report using the method exactly as it should be used (correctly) and at every act of intercourse (consistently), is 3% at 12 months. The most frequently cited condom effectiveness rate is for typical use, which includes perfect and imperfect use (i.e. not used at every act of intercourse, or used incorrectly). The pregnancy rate during typical use can be much higher (10-14%) than for perfect use, but this is due primarily to inconsistent and incorrect use, not to condom failure. Condom failure – the device breaking or slipping off completely during intercourse – is uncommon.”

Disease Prevention

The World Health Organization said, “Laboratory studies have found that viruses (including HIV) do not pass through intact latex condoms even when devices are stretched or stressed. In Thailand, the promotion by the government of 100% condom use by commercial sex workers led to dramatic increase in the use of condoms (from 14% in 1990 to 94% in 1994); an equally dramatic decline in the nation-wide numbers of bacterial STD cases (from 410,406 cases in 1997 to 27,362 cases in 1994); and reduced HIV prevalence in Thai soldiers.”

The most convincing data on the effectiveness of condoms in preventing HIV infection has been generated by prospective studies undertaken on serodiscordant couples, when one partner is infected with HIV and the other is not. These studies show that, with consistent condom use, the HIV infection rate among uninfected partners was less than 1% per year. Also, in situations where one partner is definitely infected, inconsistent condom use can be as risky as not using condoms at all.”

Additionally, remember and review the evidence from (A) above, which further confirms this statement on McIlhaney’s web site is a false statement. Drs. William L. Roper, Herbert B. Peterson, and James W. Curran, all of the CDC, said in the CDC HIV/AIDS Prevention Newsletter, 1993, “Studies of sexually active persons show that correct and consistent use of latex condoms is highly effective in **PREVENTING** HIV infection and other STDs, **INCLUDING** Gonorrhea, **Chlamydia**, Genital Ulcers, and **Herpes Simplex Virus infection**.” (I first accessed this commentary on the Safer Sex web site on June 28, 2002.)

The Alpha Center, like Dr. McIlhaney, believes and really would prefer to state plainly and outright that condoms fail to protect people from STDS or HIV, (as they did in my daughter’s class in 2001: “Condoms were meant to protect you from pregnancy not HIV”). But either because the outcry by this parent and the district in 2001 was loud and clear and or they were being observed in the presentations I sat in on, they now offered statements that are half-true and half-false. It was very clear to me that all of the Alpha Center presenters, knowing who I was, struggled with how it was they framed or phrased

certain things, particularly as it related to condoms. Most evidentiary of that was the Alpha Center's Andrea Barber's presentation of McIlhaney's STD curriculum at Lesher Junior High.

In the STD presentation using Dr. McIlhaney's curriculum and slides, Barber said all of the following:

Lesher Junior High School – May 9, 2003 #1 Smith's Class:

"...If a person has AIDS, a condom can prevent in some cases, won't always protect because it can slip or break... not effective... {but} if having sex using one better than not... If outside of area condom covers could contract it {speaking of skin-to-skin STDs} Condoms won't always protect you... Consistent condom use can reduce risk if used consistently 100 percent of the time... if you have made up your mind to have sex, need to do all you can to protect yourself... Condoms not always going to keep you safe – We see persons all the time at the Alpha Center who thought using a condom was safe, but it wasn't... don't put all your hope in a condom, abstinence offers the only 100 percent protection, condoms don't provide absolute protection."

Lesher Junior High - May 9, 2003 #2 Smith's Class Barber said:

"Condoms are more effective with fluid STDs and less effective with direct (skin-to-skin) STDs... I Encourage condom {use} if you're going to be sexually active... Consistent every time you have sex or sexual contact, 100 percent of the time... {A condom} can't totally cover the genital area {and they} are not going to protect you from every type of disease... even perfect use only provides risk reduction from STDs... {condoms provide} risk reduction for some STDs and won't work one-hundred percent of the time... Don't want you to think a condom works 100 percent of the time..."

When Barber said, "Condoms are more effective with fluid STDs and less effective with direct (skin-to-skin) STDs... {A condom} can't totally cover the genital area {and they} are not going to protect you from every type of disease," she is not being entirely forthcoming with students and misleads students by what she doesn't say and how she says it. Condoms are not less effective in protecting a person from skin-to-skin STDs **providing the condom covers the area of the skin where the infection is**. Saying or insinuating otherwise is wrong, irresponsible, and dangerous.

Studies already cited in this report, show that 100 percent correct and consistent condom use does more than reduce the risk to STDs and HIV, it prevents the spread of HIV and STDs that are bacterial, viral, or skin-to-skin contact STDs **providing they are present in the area covered by the condom**.

By encouraging condom use if a person decides to be sexually active while at the same time making very general sweeping statements to students insinuating that a condom isn't going to protect them from "every type of disease" is dangerously misleading. It is also very confusing to these impressionable junior high students who think that "experts" their teachers bring into the classroom are telling the truth, the whole truth and nothing but the truth.

The organization SIECUS, (Sexuality Information and Education Council of the United States) critiqued Dr. McIlhaney's 'Safe Sex' curriculum on their web site. Regarding how the curriculum portrays condoms, SIECUS says it calls condoms ineffective and even dangerous. SIECUS makes the point I made above that there's a failure to distinguish between product failure rate and user failure rate.

For example, SIECUS notes that McIlhaney's curriculum says that in the manufacturing end, the FDA allows 3 or 4 holes per 1,000. But, says SIECUS, "that misrepresents the standards used by the FDA to determine whether a batch of condoms can be marketed in the United States. In random testing, if four condoms in a batch of 1,000 are defective in any way, the entire lot is discarded. (CDC –The Effectiveness of Condoms, Update-August 3, 1993.)"

McIlhaney's curriculum says condoms have a 7.9% breakage rate and a 7.2% slippage rate. **At Lesher Junior High Andrea Barber said**, "If a person has AIDS, a condom can prevent {its transmission} in

some cases – yes – but it won't always protect you. It can slip and break.” Then Barber adds, “If you're having sex using a condom is better than not.” In and of itself those statements are at odds with each other and can confuse students and lead them to believe that since a condom “can't always protect them from HIV and STDs,” why bother.

But SEICUS notes that those statistics on condom slippage and breakage are from a study published in *Family Planning Perspectives* that was conducted to determine failure rates for condoms. The study, says SIECUS, “actually found that 7 out of 405 condoms, or 1.7 percent, broke. This study did, however, report that 7.9% of the condoms **EITHER** broke or slipped off and that of the remaining condoms, 7.2% slipped off during withdrawal. The investigators attribute the slippage during withdrawal to user failure. In addition, they state that some participants reported that the condom did not remain on the penis during intercourse because it was deliberately removed, and they acknowledge that poorly worded questions could have allowed the participants to answer that the condom did not stay on without indicating that it was intentionally removed.”

It is crucial that we are completely honest with our children. We should be honest and accurate about the difference between the product failure rate of a condom and the user failure rate so they come to understand that condom users are in control of the condom's effectiveness a minimum of 98% of the time. SEICUS says, “If students were trained to negotiate condom use and to use condoms properly every time they have intercourse, these problems {slippage and breakage} could be significantly reduced.”

SIECUS also expressed great concern because the curriculum is fear-based, uses shame and scare tactics “to promote” says SIECUS, “the message that abstinence until marriage is the only acceptable choice for adolescents.” Information about contraceptives is for the most part omitted or portrayed as difficult to use or ineffective. SIECUS is also concerned because the 75 slides contain “erroneous statistics, exaggerated and erroneous medical information... {and} information in the text is often not footnoted, making verification of sources difficult.” SIECUS says that studies that are cited, “are often misquoted and medical misinformation about STDs and HIV/AIDS is prevalent.”

SIECUS is concerned too because while the name of the organization suggests it carries out original research, “the Institute's publications are based largely on anecdotal data gathered by Dr. McIlhane.”

The 75 slides include 40 discussing STDs including HIV/AIDS that portray severe advanced cases of these diseases designed, says SIECUS, to scare teens instead of “helping them to recognize the signs of these diseases.” I did witness several of these types of slides.

SIECUS notes McIlhane's curriculum also says that pre-marital sexual activity **WILL** result in certain negative outcomes, including damaged family relationships, lower self-esteem and poor emotional health, inability to be normal or healthy, **and infertility as an inevitable result of STDs.**

SIECUS also found that McIlhane's curriculum attempts to convince teens that they are more susceptible to STDs than adults, stating, “The cervix of a teenage girl has a lining called ectropian...that nourishes STD germs; as women reach their 20's or have a baby, the ectropian is replaced by the tougher lining of the vagina...” (text accompanying slide 41). In fact, in Mr. Smith's class at Leshar Junior High on May 9, as Andrea Barber of the Alpha Center presented McIlhane's STD slides, she said that, “teens are at a higher risk for STDs {because there are} differences in immunity. A {teen} girl's cervix is more susceptible to an STD than older women in their 20's and 30's because it is moist, glossy, and tender.” That does not even sound reasonable.

SIECUS notes that such statements reveal several misunderstandings about female anatomy and inaccurately suggests that all teenage girls have a cervix with an ectropian lining. While some teenage girls do, SIECUS says, it is a normal condition that is found in pregnant women; women who have been exposed to DES in utero; women who take birth control pills; and very young women who have never been pregnant. An ectropian lining occurs when cells from the canal of the cervix spread to the

outer surface of the cervix. While, says SIECUS, it is true that if this condition exists, it is easier for bacteria to thrive, **vaginal cells do not eventually cover the cervix.**

In the next class in Mr. Smith's room, Barber said, as she went from slide to slide, a teenage girl's "immune system is not fully grown yet and is not as good at fighting it off," it being Chlamydia and then added, "the same {is true} with other STDs." SEICUS noted the same in McIlhaney's slide text. It states that, "Teenagers in general have lower levels of antibodies, not specific antibodies to STDs, but general resistance that we all acquire from exposure to various germs as we go through life." SEICUS said **this medically false statement** is attributed to a doctor who "did not have any studies to prove {the assertion about lower antibody levels} but feels it is a reality." (text accompanying slide 41). I agree with SEICUS, "using speculation rather than solid, medical information in an educational program is inappropriate and unethical," and, I would add, deliberately deceptive.

When I heard these statements, which Barber never provided any proof for, other than the slide itself, they certainly didn't sound on the surface plausible, correct or scientifically based and were statements about STDs that I had never before heard.

SEICUS also talked about the confusing message given students when abstinence-only till marriage HIV/STD sex education programs, like McIlhaney's *Safe Sex slide* program or The Alpha Center's *H.E.A.R.T Choices* program, consistently "emphasizes that sexual behavior **will** lead to serious STD's, **infertility**, and compromised self-esteem **but, at the same time**, in order to make the case that **secondary virginity** (*choosing abstinence until marriage after a period of sexual activity*) is a responsible, healthy choice for those who have already engaged in sexual behavior, these programs must say, as McIlhaney's curriculum states:

*"What about a future partner? Might they not have STDs if they have had sex before? – Certainly, they could. So, when a couple is considering marriage, the one who has had sex (or if both have) can get tested for STD – **any diseases present can be treated.**"* (Text accompanying slide 75)

The implication that STDs can be easily detected and treated, says SIECUS, "stands in stark contrast to the curriculum's repeated message that STDs are difficult to diagnose and cause terrible lifelong consequences."

It is the same type of confusion presented to students in the contrast between an Alpha Center volunteer wadding up a 20 dollar bill to demonstrate to students that they are valuable no matter what their past and then suggesting a few minutes later through the "*Crowed Bed Game*" that because of a past that includes sex before marriage with one or more sexual partners, they **WILL** experience a lack of fidelity and trust in their marriage, and that the marriage will or could in all likelihood end in divorce. These mixed messages are a direct result of the Alpha Center's philosophical beliefs and religious bias regarding sexuality education, marriage, abortion, and contraceptives, rather than a commitment to give our students accurate scientifically based information about sexuality, STDS/HIV/AIDS, contraceptives, and condoms.

- **Number 10**, a true/false designed statement on the "*Sexual Health/Knowledge Pretest Game*" says, "Couples who live together are just as happy and satisfied with their lives as married couples are." **Of course the Alpha Center's answer is false.**

First, as has been pointed out throughout this report, the Alpha Center deliberately makes false and or absolute general sweeping statements rather than tempering such statements with language that reflects important nuances that, if included, change the meaning entirely, as with their statements about condoms.

This is a statement that also goes directly to the fundamental Christian religious and moral bias of the Alpha Center. Cohabitation by couples is considered by their religious beliefs to be a sin and while that

would be the value they would impart to our students if they thought they could, they settle instead for misleading and untrue statements as the one above to subtly convey their Christian religious belief.

The Alpha Center should have left room in that statement for the reality that some cohabitating couples are indeed just as happy and satisfied with their lives as some married couples and they should have acknowledged that some married couples are less satisfied with their lives as some cohabitating couples. The Alpha Center should have also made room in that statement for the many different variables that have been shown to affect the satisfaction cohabitating and married couples feel about their lives, relationships, and relationship choice and variables that researchers admit needs further consideration before such a general sweeping statement is undertaken. In fact the evidence the Alpha Center cites for their statement makes that point.

The Alpha Center said the evidence for the statement in *Number 10* on their *Sexual Health/Knowledge Pretest Game*, is a “study” of a 17-nation study conducted by Steven Stack and J. Ross Eshleman of Wayne State University and published in the *Journal of Marriage and The Family*, in May 1998. Stack and Eshleman explains the study,

“The literature on marital status and happiness has neglected comparative analysis, cohabitation, and gender-specific analysis. It is not clear if the married-happiness relationship is consistent across nations, if it is stronger than a cohabitation-happiness link, and if it applies to both genders. We address these issues using data from 17 national surveys. A multiple regression analysis determined that the relationship between marital status and happiness holds in 16 of the 17 nations and the strength of the association does not vary significantly in 14 of the 17 nations. Being married was 3.4 times more closely tied to the variance in happiness than was cohabitation, and marriage increases happiness equally among men and women.”

As I said Stack and Eshleman admitted there are some variables that need further scrutiny saying in their conclusion “Two of the standard, intermediary processes that increase happiness for the married did not do so for the cohabiting population. Unlike marriage cohabitation was negatively associated with both financial satisfaction and health. Still compared with remaining single, cohabitating was associated with modest gains in happiness. Evidently, the gains of cohabitation in areas such as **social integration** and emotional support must offset losses in areas such as financial satisfaction and health. Possibly there are selection processes at work, and cohabitants are fundamentally different from married persons to begin with. Perhaps cohabitants’ levels of happiness fall short of those of married persons before marriage. Clearly more work is needed on these unanticipated findings.”

And this statement, “Separate analyses for men and women determined that there was not a significant difference between the coefficients for marriage’s effect on happiness by gender...Nevertheless, this finding needs to be taken with some caution. Although the relationship of happiness and marital status did not differ by gender, other measures of well-being (life satisfaction, anxiety) may follow a gendered pattern. More comparative research is needed on these matters.”

And this, “Although much of the impact of marriage is mediated by its associations with health and financial satisfaction, a substantial and direct effect remained when these two processes were controlled. The residual variance unexplained by these intermediary processes may be due to **social selection** (Mastekaasa, 1992). **That is, happier healthier persons are more likely to enter marriage in the first place.** Happy, cheerful, positive and optimistic people are regarded as more attractive partners than unhappy, negative brooding and depressed ones. That is, selectivity in partners operates before, during and after marriage. When an alternative to a traditional or existing marital arrangement exists that appears to be better or more desirable, that alternative **may** be selected. Single persons may decide to simply live together (cohabit) rather than to marry. Unhappily married persons may choose to divorce rather than to remain married, resulting in a net effect of higher rates of happiness among those remaining married.”

Beyond the shortcomings of the study that the author's spoke of, a look at Stack and Eshelman's multiple regression analysis reveals other shortcomings. They didn't adjust the data for example for age, where there might be significant differences in the perception of happiness in either or both living situations.

In January 2003 a study was done by Alois Stutzer and Bruno S. Frey at the Institute for Empirical Research in Economics, at the University of Zurich, titled: *The question they posed was: Does Marriage Make People Happy, or Do Happy People Get Married?* The study "analyzed the causal relationships between marriage and subjective well-being in a longitudinal data set spanning 17 years. We find evidence that more happy singles opt more likely for marriage and that there are large differences in the benefits from marriage between couples."

In that study the authors said, "There is a strong age pattern in this selection effect **{social selection}**. Those who marry young are on average singles with above average life satisfaction. By the age of 30, singles who will marry report no different subjective well-being than those who will not marry. After 30, the prospective spouses are again as systematically more satisfied selection. It is unlikely that these selection effects can explain the entire difference in well-being between singles and married people. Until age 34, married people, on average, report higher life satisfaction scores than those singles who will get married later. As the gap between the two groups is substantial, it is unlikely to be due to time patterns in selection, i.e. due to the larger selection effects for those marrying at a young age." And they found an indication "that the difference in reported subjective well-being between singles and married people diminishes with age."

Stack and Eschelman also did not adjust for how long persons had been married or had been cohabitating, which too may significantly effect the perception of happiness in one or both living situations. For example, Stutzer and Frey's study showed a noticeable pattern: "As the year of marriage approaches, people report, on average, higher satisfaction scores. In contrast, after marriage, the average reported satisfaction with life decreases... Several concepts may explain this pattern," adaptation for example. "Adaptation in the marriage context means that people get used to the pleasant (and unpleasant) stimuli they get from living with a partner in a close relationship, and after some time experience more or less their baseline level of subjective well-being. Whether this adaptation is truly hedonic, or whether married people start using a different scaling for what they consider a satisfying life (satisfaction treadmill), is difficult to assess."

Also it isn't clear if Stack and Eshelman factored in religious background, even though they acknowledged that few studies have included religion and when they have it has often showed "powerful effects on happiness." Stack and Eshelman said, "Given that married people tend to be more religious and healthier than people who are not married, it is not clear if some of the past research is reporting a spurious relationship between marriage and happiness."

But religion can be a very important factor for many reasons. For example, it may be a pressure on cohabitating couples to marry adversely affecting their satisfaction with their lives or religion may place pressure on a couple in a troubled marriage to remain married adversely affecting their satisfaction with their lives, and not taken into account can skew findings that claim a huge, overwhelming, too general of or decisive bias for marriage and against person's who cohabit or remain single. Where in the United States or the world you live for that matter, may also play a major role in how the religious factor plays out in explaining how happy and satisfied a cohabitating or married couple may or may not be.

From above you'll remember Stack and Eshelman said **social selection** was a variable they did not account for and which they concluded should probably be considered. "In a longitudinal data set, we compare singles who remain single with singles who marry later as well as with people who are already married," says Stutzer and Frey. "In a panel spanning a period of 17 years, we find that selection of happier people into marriage is pronounced for those who marry when they are young and again becomes an important factor for those who marry later in life. Moreover, a retrospective evaluation shows that those who get divorced were already less happy when they were newly married and when they were still single.

This indicates substantial selection effects of generally less happy individuals into the group of divorced people.”

But most notably, Stutzer and Frey found that “among the not married, persons who cohabit with a partner are significantly happier than those who live alone. {common sense says that is reasonable} But this effect is dependent on the culture one lives in,” (also mentioned above as a factor to be considered). “It turns out that **people living together in individualistic societies {such as the United States} report higher life satisfaction than single, and sometimes even married persons.** The opposite holds for collectivist societies.” Interestingly, Stack and Eshelman, in wanting to address the question of whether married-happiness is consistent across nations, never addressed individualistic societies verses collectivist societies, a seemingly important factor when addressing whether married-happiness is consistent across nations.

Also most notably Stutzer and Frey continue by saying, “The difference in happiness between married people and people who have never married has fallen in recent years. The **‘happiness gap’ has decreased** both because those who have never married have experienced increasing happiness, and those married have experienced decreasing happiness. (Gary R. Lee, Karen Seccombe, and Constance L. Shehan, 1991) This finding is consistent with people marrying later, divorcing more often and marrying less, **and with the increasing number of partners not marrying**, even where there are children.”

Finally, Stutzer and Frey also said, “A first step in order to get more reliable estimates is to take advantage of the fact that the same people are re-surveyed over time. A panel allows for estimating the effect of a change in the marital status for one and the same person. These within-the-individual effects are independent of time-invariant personality factors and can be averaged across individuals. Technically, the estimator takes a time-invariant base level of happiness for each individual into account (fixed effect).”

However, the 17-nation study Stack and Eshelman’s own study covered, collected data only during 1981-1983 and results were released in 1991. The 18,000 adults in those 17-nations were not re-surveyed or followed-up with which certainly limits the ability of their study to be as thorough or encompassing as Stutzer and Frey’s and certainly undeserving of the general sweeping statement the Alpha Center made from its conclusion.

So, the Alpha Center took a study that made a case for a trend but which itself acknowledged that other important factors or variables should be considered that they did not consider or which was not able to be considered with the type and scope of data they had to work with, most notably social selection, and made a false statement alleging for a fact, that married couples are happier and more satisfied than cohabitating couples. The statement is more about articulating the Alpha Center’s Christian religious and philosophical beliefs about marriage than it is about presenting students with correct and accurate information. But there is another very troubling problem with the Alpha Center’s statement; “Couples who live together are just as happy and satisfied with their lives as married couples are.” The statement does not at all reflect the district’s commitment to respect the variety of belief systems of students, expressed, for example, in the Senior High Health Course Description handed out in my daughter’s health class at Rocky Mountain High in 2001, that I spoke of earlier which states, “The High School Health Course will provide current, accurate information regarding human sexuality throughout the life span, acknowledging a variety of belief systems to promote responsible personal sexual decisions.”

In a public school setting there are students who live in both traditional and non-traditional family structures. There are students who live in a home with both parents, parents who are a cohabitating couple or a married couple. Some students live with a single parent or a single parent who is cohabitating with an individual who has never had children or who may have children that either visit regularly or even live within that home. Clearly, those students’ other parent lives elsewhere and may be re-married or cohabitating or single. Some students live in a home with a parent who has re-married and they may be living also with stepsiblings.

So not to acknowledge both the truth and reality that non-traditional family living situations, including that of a cohabiting parent or parents, may very well report as much or greater satisfaction with their lives than some married couples, is to be dishonest and deceptive with students while presenting a judgmental tone from a public educational body that should not be engaged in such and fails to reflect the district's stated commitment to respect a variety of belief systems among the student body.

When the Alpha Center was to present their abstinence-only till marriage STD/HIV curriculum in my daughter's ninth grade health class at Blevins in 2000, I spoke with the teacher and told her of my concerns about the Alpha Center's belief that the only option teens should be given is to remain abstinent until married. I told her I thought the better statement that would include an acknowledgement of the variety of family situations that students in her class experience, would be to say that we expect teens to remain abstinent until they are in an adult committed relationship. Students who live with cohabitating couples would not be left feeling that the teacher or the school was making moral judgments about their family's lifestyle choice, them or their parent or parents. The teacher agreed and expressed real concern herself about the message that would be relayed to students who did not live with both parents in a marital relationship and as a result she instructed the Alpha Center to not use the wording abstinent or abstinence until marriage.

CONCLUSION:

Sex education in the public school system may be forever in many areas of the country, a very volatile subject and a point of contention between school district board members, school district administrators, educators, parents and organizations in the community who have a specific religious bias and or a political agenda as the Alpha Center and even Life and Liberty for Women. Yet, that cannot be the reason or excuse for a school district to ignore or abdicate their responsibility to provide a consistent, accurate, factual, and scientifically based comprehensive sex education curriculum that serves the health needs of all our children, and a sex education curriculum that is in compliance with Poudre school district's stated policy on the provision of comprehensive health education and in compliance with Colorado State Statues.

The twenty-first century in which we now find ourselves, has seen fit to present us as parents, educators, school administrators, and community members with unique challenges in raising and educating our children, but perhaps none as difficult as that of trying to protect and prevent the children we love and educate from involving themselves in risky behaviors that could harm them physically and emotionally, even killing them - from speeding cars, drugs, and alcohol, to tobacco and teenage sexual activity. If every parent were responsible and responsive to their children's sex education needs, perhaps public education would not be needed to fill the gap. But that scenario is not likely to ever present itself no matter how hard we desire it, preach it, teach it, or demand it. There will always be a need for the community and its public education system to fill the gap many parents leave.

The diversity within the community is reflected in the diversity of opinion about the provision of sex education. Providing ample opportunity for the community and parents to be involved in evaluating the precise sex education HIV/STD curriculum that the public school district will ultimately take into our children's classrooms is a must.

It must be realized and acknowledged that the Poudre School District's Comprehensive Health Education Policy **does, on its face, exclude** a curriculum deliberately void of vital scientifically accurate information about how to protect themselves from unintended pregnancy, STDs, and HIV/AIDS, should they ever become sexually active as teens or someday as adults.

It must be realized and acknowledged that the Poudre School District's Comprehensive Health Education Policy **does, on its face, exclude an abstinence-only till marriage HIV/STD sex education curriculum.**

Our children's well-being should not be placed in the hands of a community organization whose philosophical beliefs and religious bias leads them to deliberately disseminate inaccurate and false information that could and most likely would ultimately prove dangerous and deadly to our youngsters. Our children's well-being should not be placed in the hands of an organization which has proven itself time and time again to be untrustworthy and who must be very carefully monitored to ensure their compliance with district officials requests or to ensure the accuracy of the information they present to our children.

Again, I strongly urge Poudre school district board members, school administrators, and educators to move quickly to adopt a district wide, well-proven, scientifically accurate abstinence-based comprehensive sex education, HIV/AIDS/STD curriculum, namely ***Sex Can Wait***, the abstinence curriculum and ***Reducing the Risk***, the STD/HIV and contraceptive curriculum that would be taught in-house by district educators.

And finally, again, I strongly urge Poudre school district board members and school administrators to move quickly to terminate the abstinence-only till marriage STD/HIV curriculum presentations presented district-wide by the Alpha Center.

Respectively submitted,

Peggy Loonan

Peggy Loonan, executive director Life and Liberty for Women, mother of two daughters

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APPENDIX

1. Senior High Health Course - Sexuality Unit - Core Curriculum and Permission Sign-In - Distributed in the health class at Rocky Mountain High School in 2001-2002 school year.

Contains: Human Sexuality Philosophy Statement
 Sexuality Unit Standards
 Unit Objectives

2. Parent-Opt Out Form used at Rocky Mountain High School, 2001-2002 and in one classroom at Leshar Junior High, 2001-2002 school year.
3. Opt – In Form used at Poudre High School, 2001-2002 school year.
4. Alpha Center’s “Sexual Health/Knowledge Pretest Game” used in presentations in the Poudre School District Schools – answers is those supplied by the Alpha Center in the classroom presentations.

**Senior High Health Course
Sexuality Unit**

STUDENT NAME _____ TEACHER _____

SENIOR HIGH HEALTH COURSE

CORE CURRICULUM

Nutrition
Fitness
Stress Management
Healthy Relationships
Personal Emergencies

PERMISSION SIGN-IN

Human Sexuality

HUMAN SEXUALITY PHILOSOPHY STATEMENT

The High School Health Course will provide current, accurate information regarding human sexuality throughout the life span, acknowledging a variety of belief systems to promote responsible personal sexual decisions.

SEXUALITY UNIT STANDARDS

- A. Students will be able to define human sexuality beyond the physical aspect.
- B. Students will know up-to-date information about abstinence, pregnancy and prevention.
- C. Students will know accurate and current information regarding STD/STI's and know how to avoid behaviors that risk infection.
- D. Students will develop skills to be able to explore feelings, set boundaries, handle pressures and know consequences of sexual behavior choices.

UNIT OBJECTIVES

Students will be able to:

- 1. Describe and understand human sexuality.
- 2. Understand how conception occurs and methods of preventing unwanted pregnancy.
- 3. Understand the levels of intimacy.
- 4. Define STD, methods of transmission, physiological effects and prevention.
- 5. Practice refusal skills to be able to delay sexual activity and avoid high risk situations.
- 6. Recognize choices and how to prevent harmful consequences.
- 7. Become familiar with coping strategies regarding sexual pressures (friends, peers, media, etc.)
- 8. Define human sexuality and recognize the wide variety of feelings around issues of relationships and sexuality.
- 9. Establish personal boundaries for sexual activity and set goals for future behavior.

IF a student **does not** participate in the sexuality unit, he/she will be assigned to resource room, the media center, computer lab, etc., and be held accountable for attendance during his/her scheduled health class. The student will be responsible for completing the alternative assignment that will be required during the sexuality unit.

Please feel free to call your son/daughter's health teacher if you have any questions.

Teacher _____ Phone Number _____

I have read and understand the above. I give permission for my son/daughter to participate in the PSD Senior High Sexuality Unit.

PARENT SIGNATURE/DATE

STUDENT SIGNATURE/DATE

PLEASE RETURN THIS FORM TO YOUR TEACHER BY _____

PARENT OPT-OUT FORM

Please be advised that there will be an abstinence education presentation made in your child’s class on February 25th, 2003. The name of the program is H.E.A.R.T. Choices, and it stands for “Helping Educate Abstinence and Relationships to Teens.” This presentation helps educate students regarding the option of sexual abstinence as the healthiest choice for their future, and helps students make positive lifestyle choices.

H.E.A.R.T. Choices is the public education program of the Alpha Pregnancy Resource Center in Fort Collins. The Alpha Center is a Christian, non-profit, pregnancy resource center, dedicated to providing free and confidential services to those who find themselves in a crisis pregnancy situation. The Alpha Center does not provide nor make referrals for abortion, nor for contraception. The Alpha Center does provide free pregnancy tests, free limited ultrasound, crisis pregnancy and abstinence counseling, a pregnancy and post abortion support group, free diapers, and practical assistance to those needing help finding additional resources.

If you wish for you child not to participate in this presentation, pleas sign this form and have your child return it to his or her teacher. Your child will not be penalized for not attending this presentation. If you have any further questions concerning the material that will be presented, or would like to see a copy of the presentation outline, pleas feel free to contact Andrea Barber, Director of Education for the Alpha Center, at 221-5121, or on her cell phone at 222-5808. She will be more than happy to accommodate your requests.

I do not wish for my child to participate in the H.E.A.R.T. Choices abstinence presentation. Please allow my child, _____ to be excused to a different setting or classroom for this time period.

Parent/Guardian Signature

Date

Poudre High School

“Proud Partnership In The Pursuit of Excellence”

During the week of March 3 through March 7 we will be covering topics in the Health classes that relate to sexual attitudes. The schedule is as follows:

Monday – March 3	* Alpha Center, “Making Good Decisions”
Tuesday – March 4	*Alpha Center, “Making Good Decisions”
Wednesday – March 5	AIDS. This presentation was on ABC’s “Night Line” TV show”
Thursday – March 6	AIDS. This presentation was on ABC’s “Night Line” TV show”
Friday – March 7	*STD’S...Sexually Transmitted Diseases.

*Alpha Center is a faith-backed organization, which believes in abstinence, but doesn’t include any religious connotations in their presentations.

In all of our classes we strongly stress abstinence but the students must also be aware of the consequences of sexual activity. We strongly recommend that all health students are involved in these classes, but if a student and their parents do not wish for them to attend, then state law states that they have that right to refuse to attend the class. If a student does not participate in the sexuality unit, he/she will be assigned to a resource room, the media center, computer lab, etc., and be held accountable for attendance during his/her scheduled health class. The student will be responsible for completing the alternative assignments that will be required during the scheduled sexuality unit.

Please feel free to call your son’s/daughter’s health teacher if you have any questions.

Teachers – Dick Morgan 416-6174, Dan Mathewson, 416-6175, Amber Huber 416-6199, Marcie Powell, 416-6013, Bill Scott, 416-6157

I have read and understand the above. I give my permission for my son/daughter to participate in the Poudre High School Health Course Sexuality unit.

Parent Signature _____ Date _____ Student Signature _____ Date _____

201 Impala Drive, Fort Collins, Colorado 80521 (970) 416-6011 Fax (970) 416-6050

Alpha Center's Sexual Health/Knowledge Pretest Game

This is an activity to test student's knowledge and get them involved in the topic.

- T** 1. T/F 58% of all Colorado high school students are virgins.
- F** 2. T/F Syphilis (a STD) is at an all time high among teens.
- F** 3. T/F The word abstinence means having other forms of sexual contact instead of vaginal sex.
- F** 4. T/F Teenage sexual activity has increased in recent years in every age group.
- F** 5. T/F Statistically, 1 in 10 girls will become pregnant within the first month of becoming sexually active.
- F** 6. T/F A woman can only conceive 3-5 days per month, but she or her partner can contract a STD 365 days a year.
- E** 7. A properly used condom prevents transmission of which of the following STDs:
- a. Chlamydia
 - b. Herpes
 - c. Human Papillomavirus (HPV)
 - d. all of the above
 - e. none of the above
- F** 8. T/F Participants in abstinence education programs are just as likely to engage in sexual activity as students who have received "safe sex" education (instruction in how to use condoms, etc.)
- D** 9. The percentage of STDs that occur in people under age 25 is:
- a. 10%
 - b. 25%
 - c. 45%
 - d. 60%
- F** 10. T/F Couples who live together are just as happy and satisfied with their lives as married couples are.

** Answers per the Alpha Center

Sources

In Order of Appearance

1. State Law: http://www.cde.state.co.us/cdeprevention/download/pdf/comp_health_guidelines.pdf
Search Engine: Colorado Comprehensive Health Education Act of 1990 – Contains a copy of Article 25 of the Colorado State Statues and Guidelines for implementation by school districts developed by the Comprehensive Health Education Advisory Committee and adopted by the Colorado State Board of Education – April 11, 1991 and May 9, 1991.

Colorado Association of School Boards (CASB) – Revised Sample Policy on Health Education, HIV/AIDS Education, and Family Life/Sex Education – A sample containing the content/language that CASB believes best meets the intent of the law in each of these areas. www.casb.org - go to Search and put in the words “Health Education.”
2. Fort Collins Coloradoan Newspaper – Monday March 3, 2003 Page A-1, “Sex education testing for PSD – Students, parents, educators, disagree on what should be taught.” – Stacy Nick
3. Senior High Health Course – Sexuality Unit: Core Curriculum/Permission Sign-In – Distributed by Rocky Mountain Health teacher, 2001-2002 school year. (Copy enclosed)
4. “Emerging Answers” Research Findings on Programs to Reduce Teen Pregnancy,” May 2001 - Douglas Kirby, Ph.D. – The National Campaign to Prevent Teen Pregnancy: www.teenpregnancy.org
5. “1 in 5 Teenagers Has Sex Before 15, Study Finds,” The New York Times, May 20 2003 accessed online at: <http://www.nytimes.com/2003/05/20/national/20TEEN.html?pagewanted=print&position=>
6. “Kaiser Family Foundation Study ‘Paints Portrait’ of Teen Sexual Behaviors, Attitudes,” The Henry J. Kaiser Family Foundation – Kaiser Daily Reproductive Health Report – Public Health and Education, May 20, 2003 – accessed online at:
http://www.kaisernetwork.org/daily_reports/print_report.cfm?DR_ID=17810&dr_cat=2
*USA Today Newspaper Story of 5/20 also quoted in this Daily Health Report
7. “At The Center Magazine” – A resource for crisis pregnancy centers – published by Jerry Thacker: www.atcmag.com - Winter 2000 Issue, Spring 2001 Issue, Spring 2000 Issue, Autumn 2001 Issue - respectively
8. CDC web site – last reviewed May 2, 2001 – A paper titled “Perspectives in Disease Prevention and Health Promotion – Condoms for Prevention of Sexually Transmitted Diseases” March 11, 1988 <http://www.cdc.gov/mmwr/preview/mmwrhtml/00001053.htm>
9. The Alan Guttmacher Institute – The Guttmacher Report – Volume 6, Number 1, March 2003 – “Public Health Advocates Say Campaign to Disparage Condoms Threatens STD Prevention Efforts,” by Heather Boonstra – <http://www.guttmacher.org/pubs/hournals/gr060101.html>
10. Cates W. Stone, Family Planning, Sexually Transmitted Diseases and Contraceptive Choice: a literature update: Part I, Family Planning Perspectives, 1992; 24:75-84 - Drs. William L. Roper, Herbert B. Peterson, and James W. Curran, all of the CDC, said in the CDC HIV/AIDS Prevention Newsletter, 1993, May; 4(1): 2-4,11-12 <http://www.aegis.com/pubs/aidslines/1992/oct/M92A0902.html>
<http://www.safersex.org/condoms/ss4.1.html>
11. “CHLAMYDIA,” 4Woman.Gov - The National Women’s Health Information Center – A project of the U.S. Department of Health and Human Services, Office on Women’s Health <http://www.4women.gov/faq/stdchlam.htm>

12. Public Health: Seattle and King County, Washington: “Sexually Transmitted Diseases: Efficacy of Condoms in Preventing STDS,” March 25, 2002
<http://www.metrokc.gov/health/apu/std/condomefficacy.htm>
13. “Helping Teenagers Postpone Sexual Involvement,” Howard, Marion; McCabe, Judith Blamey, Family Planning Perspectives, Jan/Feb 1990 Volume 22 Issue 1 p21, 6p, 2 charts – Accessed online through Fort Collins Library: <http://dalva.fcgov.com> - Click databases then magazines then Ebsco Academic Search Premier
14. Virginia Department of Health – Office of Family Health: Virginia Abstinence Education Initiative: Data and Statistics –accessed online 3/25/03 <http://www.vahealth.org/abstinence/dataaei.htm>
15. Colorado Department of Public Health: Highlights Chapter VII: “Healthy Teen Sexuality”
<http://www.cdphe.state.co.us/cdphehom.asp> Go to Search: Highlights Healthy Teen Sexuality – click on Highlights Chapter VII ... or <http://www.cdphe.state.co.us/ps/adolschool/adolhealthch7.pdf>
16. “Talking With Kids About Sex, Talking With Kids About Tough Issues” – www.talkingwithkids.org - (Source cited within the Colorado Department of Public Health: Highlights Chapter VII: Healthy Teen Sexuality)
17. “Postponing Sexual Involvement/Human Sexuality Educational Series,” Promising Practices Network – 2/02 <http://www.promisingpractices.net/program/asp?programid=29&benchmarkid=50>
18. Mellanby, A., F. Phelps, N. Crichton and J.H. Tripp “School Sex Education: An Experimental Programme with Educational and Medical Benefit,” *British Medical Journal*, 1995 Vol 311, pp. 414-417 – (cited within the Promising Practices article: “Postponing Sexual Involvement/Human Sexuality Educational Series 2/02)
19. Kirby, D., M. Korpi, R.P. Barth, and H. Cagampang, “The Impact of the Postponing Sexual Involvement Curriculum Among Youths in California, Family Planning Perspectives, 1997 Vol. 29, No. 3,pp. 100-108. (cited within the Promising Practices article: “Postponing Sexual Involvement/Human Sexuality Educational Series 2/02)
20. The Henry J. Kaiser Foundation: Kaiser Daily Reproductive Health Report Friday May, 09, 2003 – Public Health and Education, “Intensive HIV Prevention Programs Reduce Teens’ High-Risk Sexual Activity, Increase Condom Use, Study Says”
http://www.kaisernetwork.org/daily_reports/print_report.cfm?DR_ID=17627&dr_cat=2
21. Colorado Department of Public Health: Highlights Chapter VII: “Healthy Teen Sexuality”
<http://www.cdphe.state.co.us/cdphehom.asp> Go to Search: Highlights Healthy Teen Sexuality – click on Highlights Chapter VII ... or <http://www.cdphe.state.co.us/ps/adolschool/adolhealthch7.pdf>
*Vital Statistics – Colorado Department of Public Health and Environment
*Colorado Department of Public Health and Environment – Colorado Youth Risk Behavior Survey (COYRBS) 2001, 1995 – in depth description of what and how they were used in the End Notes of this Cite.
*Disease Control and Environmental Epidemiology Division, Colorado Department of Public Health and Environment
22. The Medical Institute Advisory: A Quick Look At The Facts and Their Impact: April 18, 2000 – accessed online 7/23/2003 <http://www.medinstitute.org/medical/advisory/Apri%2018,%202000.htm>
23. Data from public opinion survey conducted by Hickman-Brown Opinion Research for Advocates for Youth and the Sexuality Information and Education Council of the United States (SIECUS) (March 1999); Press Release, Advocates for Youth and SIECUS, Public Support for Sexuality Education Reaches Highest Level: New Poll Reveals Public Health Issues Compel Overwhelming Majority of Americans to Support Sexuality Education That Includes Abstinence and Contraception Information (June 2, 1989) – Article titled: Who Supports Responsible Sex education? Medical Experts, Health

- Leaders, Researchers, and Parents – 3/01/02 Accessed on the NARAL – National Abortion and Reproductive Rights Action League web site: http://www.naral.org/facts/sexed_supporters.cfm or http://www.naral.org/Issues/sexed/sexed_fs.cfm
24. The Henry J. Kaiser Foundation: “Sex Education In America: A Series of National Surveys of Students, Parents, Teachers, and Principals,” Summary of Findings – September 2000
To Access Online: <http://www.kff.org/content/2000/3048/SexED.pdf> OR www.kff.org Go to Search: put in {Sex Education In America September 2000} and it will come up in PDF
 25. Terry, Randall, “Why Do Christians Use Birth Control?” Life Advocate Magazine/Archives Accessed online – <http://www.lifeadvocate.org/arc/terry.htm> and Time Magazine Interview, October, 21, 1991
 26. “Marriage Is No Immunity From Problems with Planning Pregnancies,” The Alan Guttmacher Institute: The Alan Guttmacher Report: Volume 6, Number 2, May 2003
<http://www.guttmacher.org/pubs/journals/gr060210.html>
 27. “The Covert War On Condoms” Marie Cocco, Columnist for Newsday: The Denver Post, November 17, 2002
 28. The Medical Institute: Medical Updates: Frequently Asked Questions Accessed online July 23, 2003
<http://www.medinstitute.org/medical/faz.htm>
 29. The Medical Institute: “The Facts About Chlamydia” – accessed online July 23, 2003
<http://www.medinstitute.org/medical/STD%20overview/Chlamydia.htm>
 30. “The Effectiveness of Male Latex Condoms In Protecting Against Pregnancy and Sexually Transmitted Infections,” The World Health Organization – Fact Sheet No 243 – June, 2000 accessed online:
<http://www.who.int/inf-fs/en/fact243.html>
 31. SIECUS (Sexuality Information and Education Council of the United States) “List of Fear-Based Resources: Safe Sex” Accessed online July 24, 2003
<http://www.siecus.org/advocacy/reviews/revi0005.html>
 32. Stack, S., and Eshleman, J.R., “Marital Status and Happiness: A 17-Nation Study,” (1998) Journal of Marriage and the Family, 60-527-536
 33. Mastekaasa. A. (1992) Marriage and psychological well-being: Some evidence on selection into marriage. Journal of Marriage and the Family, 54, 901-911 *{cited in Stack and Eshleman’s Study}*
 34. Stutzer, Alois and Frey, Bruno S. “Does Marriage Make People Happy, or Do Happy People Get Married,” January 2003, Institute For Empirical Research in Economics, University of Zurich, Working Paper Series, ISSN 1424-0459 – Accessed online:
<http://netec.mcc.ac.uk/WoPEc/datat/Papers/zuriewwp143.html> Click on “Download Main Text on the right.
 35. Lee, Gary R., Karen Seccombe and Constance L. Shehan (1991). “Marital Status and Personal Happiness: An Analysis of Trend Data. Journal of Marriage and Family 53(4): 839-844 (source cited in Stutzer and Frey’s study)