

December 18, 2006

Commissioner Peter McWalters
RI Department of Education
255 Westminister Street
Providence, RI 02903

Dear Commissioner McWalters:

I appreciated the prompt response from Jennifer Wood last month in response to our open records request for information regarding the Heritage of Rhode Island (HRI) abstinence-only sex education program, and for further apprising me of the Department's approval of its revised program. Having reviewed the materials we were provided, though, I am writing to express our organization's deep concerns about RIDE's decision to approve this program.

Although HRI appears to have eliminated the most blatantly illegal aspects of the program that I described in my series of letters to you beginning in September of last year, the curriculum materials still appear to raise numerous and serious problems, which I briefly summarize below. Indeed, we believe the program is in direct conflict with RIDE's own health education standards in a few key respects. In addition, we have been left with grave doubts about the thoroughness of RIDE's review of the "new and improved" HRI curriculum that your Department has now approved for teaching in the public schools. I would therefore greatly appreciate receiving your response to the concerns expressed below at your earliest convenience. At the same time, we strongly urge you to revisit your recent decision allowing this "revised" curriculum to be taught in the state's public schools.

1. Medical Inaccuracies. One of the key components of any approved health education program is its medical accuracy. As your March 15 advisory noted, "abstinence and HIV prevention/sexuality-education programs need to ... contain medically accurate information." However, a quick review of HRI's approved curriculum suggests that it continues to promote medical inaccuracies. I cite just two examples here, which also raise questions about the thoroughness of RIDE's review of the revised curriculum that it has now approved for use.*

* We don't know whether to call it a "medical inaccuracy," but a footnote at the very beginning of HRI's curriculum materials may unintentionally indicate HRI's overall attitudes towards sexual activity. In the first lesson plan ("Abstinence: The New Revolution"), one of the objectives is to have classes answer the question "What is sexual activity" by listing activities categorized as sexual activity, including "vaginal, anal and oral intercourse." The footnote that accompanies this particular definitional answer is a reference to a monograph entitled "*Sexual violence* surveillance: uniform definitions and recommended data elements." (emphasis added) Although the monograph does contain a definition of "sex act," it appears in the context of numerous definitions addressing *violent* sexual acts. It is strange, to say the least, that HRI would rely on this particular document, of all documents, for a definition of "sexual activity." The curriculum's seeming equation of sexual activity with violence, through this citation, should certainly give RIDE pause.

a. The curriculum states that chlamydia and gonorrhea “sneak past” condoms “roughly half the time,” suggesting that condoms are only 50% effective in protecting against these diseases. (Section 4, “My Body - Sexually Transmitted Infections/Diseases,” The Sexual Jeopardy Game). However, according to the Centers for Disease Control and Prevention, “latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.” See CDC, *Male Latex Condoms and Sexually Transmitted Diseases* (Jan. 23, 2003) (available at <http://www.cdc.gov/nchstp/od/condoms.pdf>). Thus, the curriculum’s claim that chlamydia and gonorrhea can “sneak past” a condom is highly misleading. Further, condoms, when used consistently and correctly, significantly decrease the risk of both chlamydia and gonorrhea. See Holmes, K.K., *et al.*, *Effectiveness of condoms in preventing sexually transmitted infections*, Bulletin of the World Health Organization, 2004;82 (6): 454-61; see also Steiner, M.J., *et al.*, *Condoms and Sexually Transmitted Infections*, New Eng. J. Med. 354:25, 2642-43 (2006) (“Although we will never have a precise estimate of effectiveness, strong empirical evidence indicates that condom use considerably reduces the risk of transmission of most sexually transmitted infections.”).

In any event, the study that HRI points to for corroboration of its questionable claim appears to do no such thing, but instead emphasizes *the importance* of condom use. Specifically, to support its “fact” about “sneaky” chlamydia and gonorrhea, the curriculum references a study by Baeten, Nyange, Richardson et al that appeared in *Am J Obstet Gynecol.* 2001; 185:380-385. However, the purpose of that study, which examined 948 *Kenyan prostitutes*, was to examine the relationship between hormonal contraceptive use (not condoms) and STD acquisition. Its only conclusion regarding condom use is that: “Consistent condom use was protective with regards to sexually transmitted disease and should be encouraged for the prevention of sexually transmitted disease and human immunodeficiency virus type 1 among women who use hormonal contraception.” This raises questions as to the accuracy generally of the curriculum’s references, as well as the meticulousness with which they have been reviewed.

b. The curriculum states that a couple relying on condoms for contraceptive purposes has a 15% chance of becoming pregnant within a year. (Section 4, “My Body - Sexually Transmitted Infections/Diseases,” The Sexual Jeopardy Game). However, this figure is also quite misleading. When used imperfectly, *i.e.*, not used every time a couple has sex, or used incorrectly, the World Health Organization has noted that the pregnancy rate is between 10-14%; but, for couples who use condoms consistently and correctly, the pregnancy rate is only 3% within a twelve month period. See World Health Organization, *Effectiveness of male latex condoms in protecting against pregnancy and sexually transmitted infections*, WHO Fact Sheet No. 243 (June 2000) (available at <http://www.who.int/mediacentre/factsheets/fs243/en/print.html>).

2. Use of Heritage in Conjunction with a Broader Health Curriculum. The letter that you sent HRI approving the curriculum noted that the materials could be presented only “as one component of a comprehensive health curriculum consistent with state standards” and that “certified health teachers in the classrooms . . . will place the Heritage RI lesson plans in the

context of the comprehensive state standards and instructional outcomes.” We are concerned about how this will actually take place. First, HRI’s reported five-hour curriculum would appear to take up a significant amount of the class time set aside for discussion of HIV/AIDS, family life and sexuality topics generally. If so, this could leave little time for useful complementary sex education instruction that is clearly missing from this particular program.

More importantly, we are concerned that the HRI curriculum simply is not “one component of a comprehensive health curriculum consistent with state standards.” Instead, it appears to be a component that is, at least in part, *contradictory* to the state’s health curriculum. How teachers are supposed to deal with these seemingly opposing teaching lessons is difficult to comprehend. Under RIDE’s health education standards, for example, students in Grades 11-12 are supposed to be able to demonstrate the ability to understand and analyze how “gays and lesbians can establish fulfilling committed relationships.” (Page 39, §1.1). This is certainly an essential point to impart, but one that seems directly at odds with the many statements in HRI’s curriculum about the critical importance of marriage for meaningful and lasting relationships. (See Point #3, below.) Similarly, ninth and tenth graders are supposed to “demonstrate the ability to practice health-enhancing behaviors and reduce health risks,” including “responsible behaviors such as contraceptive use, condom use, etc.” (Page 38, §§3, 3.1), behaviors which, under any fair reading of the HRI curriculum, are considered *per se* irresponsible. We are puzzled as to how RIDE envisions health education teachers reconciling these conflicts.

3. Discrimination Against Gay and Lesbian Students and Students in Non-Traditional Family Relationships. As I mentioned in my initial letter to you last year, “a program that teaches that ‘sexual activity outside the commitment of marriage could put your future at risk,’ as the Heritage Keepers Abstinence Manual asserts, also raises significant issues for the gay and lesbian student population in our schools. From that perspective alone, the program’s focus is quite troubling.” This concern remains. The new approved curriculum continues to over-emphasize all the purported “benefits” of marriage in a way that necessarily stigmatizes both children living in a non-married family household and students who, because of their sexual orientation, will be unable to marry. We recognize that, to the extent that RIDE is going to authorize the teaching of abstinence-only programs like HRI’s, some references to marriage and the goal of abstaining from sex until then are inevitable. But it is another matter entirely to tell children living with same-sex parents that, for example, “marriage increases the likelihood that fathers and mothers have good relationships with their children.” (Section 8, “Sex is Like Fire,” handout).

In fact, most of the “twenty six conclusions” about “why marriage matters” that are taught in the curriculum – that married couples are generally wealthier, that marriage is associated with better health and lower rates of injury and illness, that married mothers have lower rates of depression, etc. – appear to be a roadmap to instilling depression, if not fear, in gay and lesbian teens who cannot benefit from marriage and in other students who live in non-traditional households. There is some irony that, although “state agencies responsible for educa-

tional programs and activities [for adults in employment] shall take positive steps to insure that all programs are free from either conscious or inadvertent bias [on the basis of, *inter alia*, sexual orientation],” *see* R.I.G.L. §28-5.1-8, students being educated in our public schools are being subjected to a curriculum that actually *promotes* such bias.*

4. Student Survey. One of the specific concerns we raised last year involved HRI’s administration, as part of the curriculum, of a “test” that asked students a series of intimate and personal questions relating to sexual activities. As we pointed out at the time, administration of this “test” appeared to clearly violate state law making it unlawful for “any person, persons, or institution, educational or otherwise, to circulate or permit to be circulated in any school in this state any questionnaire intentionally or unintentionally framed as to ask the pupils of any school intimate questions about themselves and/or their families ... unless the questionnaire has received the approval of the department of elementary and secondary education and the local school committee.” R.I.G.L. §16-38-5. Your March 15, 2006 advisory to school superintendents acknowledged this problem and advised school districts that any use of this survey had to be immediately discontinued.

However, in the recently-approved HRI curriculum materials provided us, the final lesson plan (“Section 11, My Commitments”) refers to an “Assessment” in which “[s]tudents will be asked to give anonymous feedback to the educators in order to measure their attitudes and values and to improve the teaching of the program.” This sounds suspiciously like the survey that HRI had been inappropriately administering in the past. The materials Ms. Wood provided us in response to our open records request do not include a copy of this assessment instrument, and it does not appear that RIDE itself was given the opportunity to review it. If not, we question how RIDE could have authorized this curriculum, especially in light of the controversy that arose over HRI’s previous survey use. By the same token, we question HRI’s commitment to limiting its curriculum solely to RIDE-approved materials in light of the references to use of an assessment tool that was not provided to RIDE. Could you clarify this situation for us?

5. Comprehensive Review of HRI Materials. The possibility that RIDE approved HRI’s curriculum without reviewing a copy of the assessment tool mentioned in Section 11 raises an even broader concern, and that is whether RIDE was given, and reviewed, all of the documents associated with the curriculum – i.e., not just the teacher lesson plans, but any additional handouts, student materials or other documents (including videos or slides) that will be used by HRI to teach or evaluate this program. If not, it once again raises the question as to how RIDE could be certain that the HRI program meets the state’s standards. Could you advise us, and provides us copies, of any formal assurances from HRI that it submitted to RIDE *all* documents relating to its curriculum, and that it would not use any materials other than those formally approved by RIDE? If there is any documentation to this effect, we would appreciate being sent copies pursuant to the Access to Public Records Act, R.I.G.L. §38-2-1 et seq.

*As your March 15 advisory noted, district health education curricula need to comply with Board of Regents policies prohibiting discrimination on the basis of sexual orientation.

Finally, I wanted to let you know that we are interested in obtaining copies of the health curriculum materials that have been submitted by each school district in accordance with your March 15 advisory, and we will be filing a formal APRA request for those documents shortly. Since I realize this may involve a significant amount of copying, I wanted to make you aware in advance of this request. In the meantime, however, if RIDE is aware – either from receipt of those materials or from other means – which school districts have hosted, or are hosting, HRI's program, we would be interested in receiving that specific information at this time.

In conclusion, we hope that the Department can shed some light on these varied but, we believe, very justifiable concerns. In light of these concerns, we also request that RIDE reconsider its decision to approve this curriculum for use in the public schools.

Since we expect that HRI will be moving quickly to bring its curriculum into public high schools around the state in light of the approval granted by your Department, a prompt response would be greatly appreciated. Thank you in advance for your attention to the renewed concerns, comments and questions contained herein.

Sincerely,

Steven Brown
Executive Director

cc: Jennifer Wood
Annie Silvia