

May 4, 2007

Dear [Principal/Superintendent]:

Our organizations represent a wide array of groups and constituencies that have an interest in the quality of sex education taught in our state's public schools. Among others, we are professional medical organizations and providers; advocates for gay, lesbian, bisexual and transgender youth, for children and families and for victims of domestic violence; and agencies working to prevent and reduce the prevalence of teen pregnancy.

We are writing to you because we share a common belief that a private abstinence-only-until-marriage sex education program run by Heritage Rhode Island (HRI), though recently approved (with certain conditions) by the R.I. Department of Education, should not be taught in your schools. In addition to promoting dangerous medical inaccuracies about pregnancy prevention and sexually transmitted diseases, the HRI curriculum sends an inappropriate message to students from non-traditional families as well as gay, lesbian, bisexual and transgender teens.

It is important to emphasize that we do not oppose teaching abstinence to high school students. However, your students deserve information that is medically accurate, and not based on fear or shame or on stigmatizing teenagers who come from non-traditional households. They deserve information that will help them protect themselves from STDs, HIV and unintended pregnancy when they become sexually active. They deserve information that supports, rather than contradicts, the state's own comprehensive health education standards. From our perspective, however, the HRI curriculum fails these basic goals.

HRI's abstinence-only focus is simply incompatible with the crucial objective of providing students the information they need to make informed and healthy decisions about sex and sexuality. Further, allowing this five-hour program into your school will inevitably crowd out the time available for appropriate comprehensive sex education that should be taught by a certified teacher. In fact, just last month, a Congressionally-commissioned report raised serious questions about the efficacy of abstinence-only programs like HRI.

Although an offer to your high school of a free "sex education" curriculum may be tempting, it is a disservice to your students to have them taught by a program that, in too many instances, provides them the wrong lessons. We therefore strongly urge you to reject any use of the HRI curriculum in your school.

Some additional information appears on the enclosed fact sheet, which we would be happy to discuss in more detail with you. Thank you in advance for your attention to this important matter.

Sincerely,

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## Why Heritage Rhode Island is Harmful to Teens' Health

**Because Heritage Rhode Island (HRI) receives its funding through a federal “abstinence-only-until marriage” initiative, it must adhere to stringently defined criteria required by that initiative. Among other things, HRI must teach that sexual activity outside of heterosexual marriage is wrong and harmful to people of any age. Sexuality education programs like HRI are also barred from teaching about contraceptive methods EXCEPT to emphasize failure rates.**

As the statistics below demonstrate, many students in Rhode Island public high schools are already engaging in sexual behaviors, and many more will become sexually active in their late teens and early adulthood. By failing to teach students how to protect themselves from unplanned pregnancy and sexually transmitted diseases, the Heritage Rhode Island curriculum endangers the health and lives of young people.

**Fact:**

A recently-released study commissioned by Congress looked at several federally funded abstinence-only programs and found that teens who participated in these programs were just as likely to have sex as teens who did not participate. (Impacts of Four Title V, Section 510 Abstinence Education Programs, April 2007)

**Fact:**

Numerous studies have demonstrated that sex education programs that *include* information about effective use of condoms either had no effect on initiation of sexual activity or delayed the onset of intercourse. (Centers for Disease Control and Prevention, 1999)

**Fact:**

Among Rhode Island youth in high school, 35% of ninth grade students have had sex, and 63% of twelfth grade students have had sex. These are consistent with national data. (RI Youth Risk Behavior Survey 2005, RI DOH)

**Fact:**

Premarital sex is normal behavior for the vast majority of Americans and has been for decades. An analysis of four cycles of the National Survey of Family Growth data revealed that, by age 44, 99% of respondents had had sex, and 95% had had sex before marriage. Even among women born in the 1940's, nearly 9 of 10 had sex before marriage. (Finer, L. Public Health Reports Jan/Feb 2007)

**Fact:**

When used consistently and correctly, latex condoms are highly effective in preventing the transmission of HIV, the virus that causes AIDS. In addition, correct and consistent use of condoms can greatly reduce the risk of other sexually transmitted diseases, including gonorrhea, chlamydia, and trichomoniasis (Centers for Disease Control and Prevention, 1999) In one of a

number of medically-questionable statements, however, the HRI curriculum wrongly suggests that condoms are only 50% effective in protecting against these diseases.

**Fact:**

When used consistently and correctly, latex condoms are highly effective in preventing pregnancy. In one year, two out of every 100 couples who use condoms correctly and consistently will experience an unintended pregnancy. By comparison, 85 out of 100 couples using no contraception for one year will become pregnant. (Hatcher, R. A. et al. Contraceptive Technology, 2004)

**Fact:**

As of 1990, 6 million to 14 million children in the United States were living with a gay or lesbian parent. (National Adoption Information Clearinghouse, a service of the U.S. Administration for Children and Families.)

**Fact:**

According to RI Kids Count and the RI Task Force for LGBTQ Youth, there are approximately 8,800 gay and lesbian youth living in Rhode Island. (Band-Aids Don't Cut It: A statewide plan to address the needs of lesbian, gay, bisexual, transgender, queer and questioning youth in Rhode Island, August 2006)

The Rhode Island Department of Education's comprehensive health education standards require students to demonstrate the ability to engage in "responsible behaviors such as contraceptive [and] condom use," and to demonstrate an understanding that "gays and lesbians can establish fulfilling committed relationships." Unfortunately, the HRI curriculum teaches students very different lessons.

Perhaps U.S. Supreme Court Justice John Paul Stevens summed it up best in a 1977 Court ruling that ruled unconstitutional a law that forbade states from prohibiting the sale of condoms to minors. Justice Stevens explained that to deny teenagers access to contraception in an effort to impress upon them the evils of underage sex was as irrational as if a state "decided to dramatize its disapproval of motorcycles by forbidding the use of safety helmets." (*Carey v. Population Services International*, 431 U.S. 678, 715 (1977)) Public school use of the HRI curriculum is simply poor public policy.

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