



American College of Pediatricians®
The Best *for* Children

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March 7, 2016

Dear Superintendent Dr. Keith Marty and members of the Board:

My name is Michelle A. Cretella, MD, President of the American College of Pediatricians (the College). By way of introduction, the College is an organization of pediatricians and other pediatric healthcare professionals across the nation who are dedicated to promoting evidence based policy that ensures children's optimal well-being. I write on behalf of Protect Parkway Students to urge you to reject the Healthy Relationships & Sexual Health Curriculum (HRSH) for the following reasons: HRSH is an unproven Comprehensive Sexuality Education (CSE) program, emphasizes condom and contraceptive use over abstinence, informs youth how to obtain contraception without parental knowledge, contains medical inaccuracies, appears to omit several critical medical facts, and will therefore place youth at risk for significant physical and psychological harm if adopted. In lieu of HRSH, I encourage you to review and adopt one of several effective evidence based sexual risk avoidance (SRA) curricula which our representative will present to you.

The leaders of three other national organizations join me today in endorsing the superiority of SRA education over CSE. These include the Medical Institute for Sexual Health which is a medical, educational and research organization, the Christian Medical & Dental Associations, and the Catholic Medical Association. Together we represent over 30,000 healthcare providers and constituents. The purpose of this letter is to establish that HRSH is a CSE program, and then share the common factual reasons our groups oppose CSE and favor SRA education.

Parkway Schools discloses online that HRSH is based upon the k-12 National Sexuality Education Standards (NSES).¹ These in turn are based upon and virtually identical to the guidelines established by the Sexuality Information and Education Council of the United States (SIECUS) which are the foundation of all CSE programs. The NSES guidelines Parkway Schools provides online acknowledges the relationship with SIECUS as well as the contribution of officials from Planned Parenthood.² In addition, all of the lesson plans Parkway has posted come directly from various CSE curricula, most notably, Family Life and Sexual Health (FLASH), which is heavily endorsed by Planned Parenthood. This endorsement is not a coincidence. SIECUS, in cooperation with Planned Parenthood officials, has been responsible for establishing and updating CSE standards since the late 1960's.³ From its inception, SIECUS has shared and continues to share leadership with Planned Parenthood, one of the largest contraceptive providers in the country, and the largest abortion provider in America. Leaders from these two groups produced the original SIECUS guidelines for CSE and are responsible for all updates to these guidelines.⁴ These facts prove that, although Parkway Schools claims otherwise, HRSH is indeed a Comprehensive Sexuality Education (CSE) program heavily influenced by Planned Parenthood. CSE programs, incidentally, are also referred to as abstinence based, abstinence plus and Sexual Risk Reduction (SRR) programs. They differ significantly in quality and effectiveness from Sexual Risk Avoidance (SRA) programs.

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It is curious that Parkway Schools asserts online that HRSH is "evidence based" since it has not yet been implemented let alone independently evaluated. Parkway Schools does cite *Emerging Answers*, a 2007 evaluation of sex education programs by Dr. Douglas Kirby, as evidence of the efficacy of CSE. Parkway's officials are apparently unaware that Dr. Kirby's positive assessment of CSE programs was called into question in a 2010 analysis by Dr. Stan Weed.⁵ Additionally, there is substantial evidence that Sexual Risk Avoidance programs are superior to CSE programs in delaying onset of sexual debut without decreasing condom and contraceptive use when youth do become sexually active.⁶ This research will be provided separately to each member of the School Board.

Troublingly, all CSE promotes the so-called "values neutral" sex education philosophy of SIECUS and Planned Parenthood. These organizations view sex as a "values neutral" pleasurable necessary biological function like eating. This view, however, is rooted in secular belief not scientific fact. Sex often involves at least two people; whether occurring within a hook-up or a long term marriage, it is by definition relational. In addition, some sexual behaviors are objectively unhealthful. For Planned Parenthood and SIECUS to claim that sex education should be taught as "values neutral", they imply and expect us to believe that all sexual behaviors, including sexual abstinence, and the various ways in which people treat each other sexually are in all circumstances equally healthful and ethical. This is a patently false claim that has detrimental consequences in the classroom.

For example, while it is commendable that HRSH includes a middle school homework assignment⁷ instructing students to clarify their own family's sexual values, when these are shared in the classroom the following day no one set of values will be affirmed as more healthful or responsible than another. Those students whose families value sexual abstinence will not be acknowledged as promoting a more sexually healthful set of values than those families who value so called consensual safer sex with condoms and contraceptives. In this way, CSE programs, including HRSH, present "safer sex" alongside abstinence as an equally responsible and healthful choice. To be clear, HRSH like most CSE programs, accurately and repeatedly states that "abstinence is the only thing that is 100% protective against unplanned pregnancy and disease," but spends significantly more class time on condoms, contraception and partner consent. This greater emphasis on condoms, contraception and consent gives kids the message that it is as responsible and healthful to be sexually active with condoms, contraception and a consenting partner, as it is to be sexually abstinent. Were we to apply this philosophy to cigarette smoking a teacher would stand before her class and say "Not smoking cigarettes is the only 100% way to avoid all of the life-threatening diseases caused by smoking. However, those who do choose to smoke should reduce their risk by choosing low tar varieties." No one would provide this double message to children with regard to smoking, yet this is precisely what CSE does with regard to sex.

Neuroscience demonstrates that the adolescent brain is ill equipped to decipher mixed messages.⁸ It has also confirmed what parents have always known: that adolescents have immature brains making them prone to poor judgment and excessive risk taking.⁹ The adolescent is biologically less able to make and execute sound decisions in the midst of passionate emotions than an adult. Biology, not lack of education, largely explains the significantly worst rates of correct and consistent condom usage among youth.¹⁰ Consequently, adolescents need sex education that dedicates a majority of class time to imparting a clear abstinence message repeatedly, as is done with programs that address smoking, drugs, and alcohol use. Placing emphasis on condoms and contraception, as CSE like HRSH does, undermines the abstinence message, suggests to teens that they are expected to have sex, and imparts the false belief that most teens are sexually active.¹¹ This is likely one reason 44% of students report feeling pressured by their federally funded CSE programs to engage in sexual activity.¹²

In its zeal to promote condom use CSE often omits critical and even life-saving information. For example, HRSH lesson plans dealing with prevention of pregnancy, sexually transmitted infections and contraception accurately state that "condoms are highly effective in preventing HIV infection and reduce the risk of pregnancy and a number of sexually transmitted infections (STIs)." However, these curricula and lesson plans do not disclose the limitations of condoms. For example, they do not state that condom efficacy rates with regard to HIV and other STI's have only been established for vaginal sex not anal sex.¹³ This is significant since the risk of transmitting HIV via a single episode of receptive anal sex is thirty times greater than the risk of doing so via a single episode of receptive vaginal sex.¹⁴ Condoms also provide less protection against Herpes and HPV because these are spread by skin-to-skin contact.¹⁵ More significant, however, is the failure to disclose that the risk of STI acquisition, even with perfect condom use, increases with every sex act with an infected partner.¹⁶ For example, a woman who never uses condoms with a sex partner who is infected with gonorrhea has an infection risk of about 100% after 10 exposures. With perfect condom use her risk of infection after 10 exposures is 14% but after 50 exposures, even with perfect condom use, her risk of infection climbs to 53%. If she is a typical teen, however, she will use condoms inconsistently and incorrectly, and will therefore face a 90% risk of infection after 10 exposures and close to 100% risk of infection after 30 exposures.¹⁷

The gravity of this omission is recognized all the more when one realizes that even when gonorrhea and Chlamydia are treated, women may have already been rendered infertile. Another significant medical fact CSE programs omit is that the cervix of adolescent women under the age of 21 is far more prone to STI acquisition due to the T-zone. The T-zone consists of tissue easily penetrated by STI's, most especially HPV, which is the primary cause of cervical cancer. Although we do have effective HPV vaccines, no vaccine is perfect. Moreover, this vulnerable zone of tissue is enlarged by the birth control pill. Clearly, sexual activity for young women in particular, is extremely risky.¹⁸

The good news is that many studies indicate that teens who feel connected to their parents are less likely to engage in sexual activity and fathers seem to have a particularly strong influence. Unfortunately, HRSH undermines this protective factor when it teaches students in the tenth grade how to obtain contraception without parental knowledge or consent. Another concern is that although some of the posted HRSH lesson plans state that sexual activity carries emotional risks it is unclear to what degree these risks are described and how effectively they will be communicated. Most CSE programs like HRSH minimize the profound psychological consequences of sexual activity in adolescence. Early sexual activity, for example, is associated with high rates of dating violence¹⁹, and has been found to cause a 3-7 times increased risk of suicide. Sexually active girls are three times as likely as their abstinent peers to have attempted suicide; sexually active boys are seven times as likely.²⁰ In essence, there is no condom or contraceptive to protect the heart or the mind; nor will there ever be one.

Although Parkway Schools states HRSH will not teach youth about sexual arousal or how to engage in sexually stimulating contact, it also posts that it will provide students with and encourage students to visit sex education websites. This is problematic not only because it circumvents parents, but also because Parkway is relying upon resources endorsed by SIECUS and Advocates for Youth. Many of the so called "educational" websites these groups endorse do provide erotically explicit advice that encourage sexual experimentation.²¹ In addition, HRSH has students anonymously submit written questions in a question box at the end of each class which the teacher is expected to read and answer in front of the entire class. One 7th grade lesson states:

"[Tell the class that] sexual activity is defined as any sexual behavior that can result in pregnancy or STI. The type of sexual behavior that can lead to pregnancy is vaginal intercourse between a man and woman. There are other types of intercourse - anal sex and oral sex - *that people perform for pleasure* [...]."²² (Emphasis added).

How will a teacher respond when one or more students inevitably ask in writing "What is oral sex?" "What is anal sex?" or "How are these pleasurable?" This lesson is also troubling from a medical standpoint in that it fails to explicitly state that oral and anal sex transmit STI's including HIV, and omits the fact that mutual masturbation is another form of sexual activity that can spread herpes and HPV.

In addition, HRSH fails to disclose the full mechanism of action of Emergency Contraception (EC). Even the FDA, which HRSH references as proof that Plan B is not abortifacient, acknowledges that Plan B can in fact prevent implantation of an embryo rather than inhibit ovulation depending upon where a woman is in her menstrual cycle and how long after intercourse she uses it.²³ In other words, if a woman has already ovulated prior to taking EC, it is possible for her to conceive an embryo. However, this new life will not be able to implant in her uterus because EC alters the lining of the uterus, and the embryo will die.²⁴ Many families consider this latter action to be abortifacient and would therefore choose not to use EC. These students and their families have a right to full disclosure.

In addition to this, one HRSH seventh grade lesson plan states that "a homosexual person is no more likely to acquire HIV than a heterosexual person." This is medically inaccurate. The CDC has found the lifetime risk for acquiring HIV among men who have sex with men (MSM) to be exceedingly high. African American MSM have a 50% lifetime risk of becoming infected with HIV; Hispanic MSM have a 25% risk, and white MSM have about a 10% lifetime risk of HIV infection. The average American, in contrast, has a 1 percent lifetime risk and a heterosexual male a miniscule 1 in 473 risk of ever being infected with HIV.²⁵ This is not surprising given the ubiquitous practice of anal sex among MSM and the fact that it is 30 times more likely to result in HIV transmission as compared with vaginal intercourse.²⁶ It is imperative for male students to be aware of this as the CDC also reports that gay, bisexual, and other MSM account for most new HIV infections among youth aged 13 to 24, and this is also the age group experiencing the fastest rise in HIV infection.²⁷

There are other concerning areas of content in HRSH particularly regarding gender ideology. A sixth grade lesson plan entitled *The Human Reproductive System*, for example, directs the teacher to avoid using the words "boys" and "girls" or "men and women" or "male" and "female". Instead, the teacher is to refer to "persons with a vulva" and "persons with a penis" in an effort to make the classroom more "inclusive". The claim that reducing human persons to their genitalia improves the classroom environment is patently ludicrous and has no basis in science. Further comment on the content of HSRH is beyond the scope of this letter. *If there is interest, however, the College can direct the school board and parents to independent experts in sexuality education who will review this program in its entirety and provide an explicit report of its findings.*

With regard to sexual risk avoidance (SRA) programs it is important to clarify three common misconceptions. First, SRA education is not a "just say no" message. It provides a holistic approach that addresses the complex problem of teen sex. This approach includes sharing the potential physical, emotional, and social impacts of such behavior and provides practical skills that empower teens to resist pressure to have sex, develop healthy relationships, avoid dating violence, and set goals for the future. Secondly, SRA education provides medically accurate information on condoms and contraception. The 5 most widely used curricula in the nation share thorough

information on the varieties, methods, effectiveness, and limitations of condoms and contraception, but always in the context of promoting sexual risk avoidance as the best choice. Finally, SRA education does not discriminate against any teen. Programs emphasize that ALL teens can benefit from delaying sex and avoiding risk regardless of their sexual orientation.

In sum, HRSH, like all CSE, undermines the parent child relationship when it encourages children to independently pursue answers to their questions about sex on the internet and teaches children how to obtain birth control without parental consent. HRSH omits critical medical facts and contains medical inaccuracies which promote behavior that increases children's risk for STIs, infertility, cancer, depression and suicide. HRSH promotes sexual risk-taking in persons who have immature brains and are already prone to poor judgment and excessive risk taking. HRSH has not been shown to be safe or effective.

SRA education, in contrast, teaches about human sexuality in the context of transcendent principles inclusive of all youth, and presents contraceptive information in a manner that does not undermine the abstinence message. SRA education aids youth in creating positive relationships such that they achieve their optimal physical, emotional, mental and social health as they grow into adulthood. Parkway parents have the natural authority, legal mandate, and scientific backing to demand their children receive it.

Sincerely,



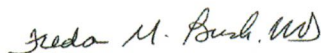
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² <http://www.futureofsexed.org/documents/josh-fose-standards-web.pdf>;
http://www.siecus.org/_data/global/images/guidelines.pdf

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http://www.drjudithreisman.com/archives/2015/10/sex_education_a.html

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⁶ Ibid. See also Abstinence Works 2013 (each school board member to receive a copy).

⁷ **All lesson plans referred to in this letter may be found at the links below. All were accessed by Dr. Cretella on 3.4.16.**

GRADE 6

http://www.parkwayschools.net/dynimg/_OHAAA_/docid/0x438A075EFB316A64/101/HPE6HRSHLesson2-TheHumanReproductiveSystem_19Jan2016.pdf

GRADE 7

http://www.parkwayschools.net/dynimg/_OEAAA_/docid/0x438A075EFB316A64/113/HPE7HRSHLesson8-HIVAIDS_25Jan2016.pdf

http://www.parkwayschools.net/dynimg/_OEAAA_/docid/0x438A075EFB316A64/110/HPE7HRSHLesson5-RiskofSexualActivity-Pregnancy_20Jan2016.pdf

http://www.parkwayschools.net/dynimg/_OEAAA_/docid/0x438A075EFB316A64/112/HPE7HRSHLesson7-SexualHealthRisks-Contraception_20Jan2016.pdf

http://www.parkwayschools.net/dynimg/_OEAAA_/docid/0x438A075EFB316A64/135/HPE7HRSHLesson7-SexuallyTransmittedDiseases_28Feb2016.pdf

http://www.parkwayschools.net/dynimg/_OEAAA_/docid/0x438A075EFB316A64/106/HPE7HRSHLesson2-UnderstandingGender_21Jan2016.pdf

http://www.parkwayschools.net/dynimg/_OEAAA_/docid/0x438A075EFB316A64/105/HPE7HRSHLesson1-StartingOutAnIntrotoHumanSexuality_19Jan2016.pdf

http://www.parkwayschools.net/dynimg/_OEAAA_/docid/0x438A075EFB316A64/105/HPE7HRSHLesson1-StartingOutAnIntrotoHumanSexuality_19Jan2016.pdf

http://www.parkwayschools.net/dynimg/_OEAAA_/docid/0x438A075EFB316A64/136/HPE7HRSHLesson4-AbstinenceSexualHealth_28Feb2016.pdf

http://www.parkwayschools.net/dynimg/_OEAAA_/docid/0x438A075EFB316A64/107/HPE7HRSHLesson3-HumanAnatomyReproduction_19Jan2016.pdf

GRADE 8

http://www.parkwayschools.net/dynimg/_OEAAA_/docid/0x438A075EFB316A64/134/HPE8HRSHLesson-IntimateandDatingRelationships_28Feb2016.pdf

http://www.parkwayschools.net/dynimg/_OEAAA_/docid/0x438A075EFB316A64/115/HPE8HRSHLesson2-SexualOrientationandRelationships_20Jan2016.pdf

http://www.parkwayschools.net/dynimg/_OEAAA_/docid/0x438A075EFB316A64/133/HPE8HRSHLesson3-ResistingSexualPressure_28Feb2016.pdf

http://www.parkwayschools.net/dynimg/_OEAAA_/docid/0x438A075EFB316A64/117/HPE8HRSHLesson4-SextingandOnlineSafety_25Jan2016.pdf

http://www.parkwayschools.net/dynimg/_OEAAA_/docid/0x438A075EFB316A64/127/HPE8HRSHLesson5-SexandMediaInfluences_02Feb2016.pdf

HIGH SCHOOL

http://www.parkwayschools.net/dynimg/_OEAAA_/docid/0x438A075EFB316A64/137/HPE10HRSHLesson5-MethodsOfContraception_28Feb2016.pdf

http://www.parkwayschools.net/dynimg/_OEAAA_/docid/0x438A075EFB316A64/120/HPE10HRSHLesson3-SexuallyTransmittedDiseases_23Jan2016.pdf

http://www.parkwayschools.net/dynimg/_OEAAA_/docid/0x438A075EFB316A64/118/HPE10HRSHLesson1-TheHumanReproductiveSystem_19Jan2016.pdf

http://www.parkwayschools.net/dynimg/_OEAAA_/docid/0x438A075EFB316A64/119/HPE10HRSHLesson2-HIVAIDS_20Jan2016.pdf

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http://www.parkwayschools.net/dynimg/_OEAAA_/docid/0x438A075EFB316A64/121/HPE10HRSHLesson4-Abstinence_19Jan2016.pdf

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¹⁷ Ibid.

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