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COMMUNITY INVOLVEMENT IN PUBLIC SCHOOL EDUCATION

DORIS OBREMSKI*

The updating of the New York City Board of Education's (the "Board") sex education curriculum, affecting thirty-two Community School Districts and almost 1000 schools, should sound a warning for parents and communities across the state and the country. It is time to begin asking questions in local schools about the existing sex education curriculum, and any plans to change either the curriculum or the materials associated with it, if one believes that promiscuous behavior among our young is wrong and unhealthy; that sexual intercourse is best reserved for marriage; that individuals should learn self-control in sexual activity; that birth control distribution and abortion referral is not the job of the public school; that parenthood with marriage is preferable to parenthood without marriage; and, that there does exist a common societal code of right and wrong sexual behavior.

The revamping of this particular curriculum—officially titled *Family Living Including Sex Education* by the New York City Board of Education, Office of Curriculum Development and Support, Division of Curriculum and Instruction—has been, since its debut, the target of much deserved criticism by alarmed parents, educators, and clergy who have not been offered an opportunity for input. While some positive changes have occurred because of the present vocal activity, the program still is lacking in basic, commonly-held values. It does not encourage marital faithfulness, premarital abstinence or individual self-control. Parental involvement in the contraceptive and abortion decisions of children is noticeably absent. In fact, time is allotted in the curriculum to instruct students that parents have no rights in these areas unless a child specifically grants

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them such rights.¹

As bad as the new curriculum is, it would have been worse if the community had not reacted. For instance, forty-six of the recommended reading books which were found to be objectionable by communities have finally been removed from the curriculum. One of those books, which the Board originally recommended for boys and girls to read in conjunction with their classroom learning,² graphically describes methods for them to masturbate alone and then together. It goes on to suggest that, until mothers and fathers are "glad about their children's autoeroticism," the child might "in the meantime, find a safe and protected place like [his] bedroom with the door locked, where [he] can enjoy self-gratification in privacy, safety and with leisure."³ This kind of irresponsible recommendation permeates the book.

By recommending the inclusion of such disturbing information for students, the Board fails to support one of its own supposed reasons for writing this curriculum; namely, that of engendering "the awareness and importance of family religious and moral values in making . . . personal decisions."⁴ It is doubtful that parents in the thirty-two Community School Districts involved would agree that their children should be encouraged to engage in group masturbation. One can only wonder what "family religious and moral values" encourage that sort of activity.

This is a curriculum which ignores the value of self-discipline and which lists by borough the names, addresses, and telephone numbers of ninety-seven family planning clinics and fifty-three abortion clinics, thirty-one of which indicate they have "special services" for adolescents.⁵ Notwithstanding the Board's statement that, "[w]e hope through the effective use of this curriculum we will ultimately improve the family life in our community,"⁶ clinics on the adolescent resource list fail to help improve family life when parents are left out of prescriptive (i.e., birth control) and surgical (i.e., abortion) recommendations for their daughters. However, when physical and/or emotional complications arise from clinic procedures, parents then become responsible.

Who would have known the contents of this recommended portion of methodical instruction for children in kindergarten through high school if parents and educators in the New York City school system had not

¹ See DIVISION OF CURRICULUM & INSTRUCTION, OFFICE OF CURRICULUM DEV. & SUPPORT, NEW YORK CITY Bd. OF EDUC., *FAMILY LIVING INCLUDING SEX EDUCATION* 98 (1985) [hereinafter CURRICULUM].

² See E. HAMILTON, *SEX, WITH LOVE, A GUIDE FOR YOUNG PEOPLE*. This book was recommended in *Family Living Including Sex Education*. See CURRICULUM, *supra* note 1, at 263.

³ E. HAMILTON, *supra* note 2, at 35.

⁴ CURRICULUM, *supra* note 1, at iii.

⁵ See *id.* at 199-229.

⁶ See *id.* at v.

started asking questions? Calls to the New York Archdiocese Office of Christian and Family Development caused Monsignor John Woolsey, Director of that office, and other religious leaders to laboriously read through the curriculum, page-by-page. Fifty-six observations were found which they say "may be considered as illustrative but not exhaustive of [their] critique of the philosophical underpinnings of the [then] proposed curriculum."⁷ As a result of this review, the Coalition of Concerned Clergy (the "Coalition") was formed, and it now comprises more than 200 leaders from Protestant, Jewish, and Catholic communities in New York City. Parents and educators, at least, have begun to have their cries heard.

One or two isolated lessons alone did not provoke the community concern. The curriculum in its entirety has many subtle, as well as many blatant, problems. Through the Coalition's review and recommendations, it was possible to make some changes in problem areas. For example, in a bar graph activity for grades three and four, children are asked to compare how certain groups influence their behavior.⁸ They are asked to compare time spent with, and the influence of, their "parents, grandparents, siblings, school friends, and other friends." This curriculum, which allegedly supports individual religious values, originally excluded from this exercise any suggestion that a person's own religion may influence his behavior. The addition of "church/synagogue" as a possible influence was eventually made, following the Coalition's independent evaluations and subsequent pressure for its inclusion.

In the curriculum's lessons for ten-year-olds, parenthood initially is mentioned without any reference to marriage. This may not be crucial by itself but, in the whole amoral context of the lessons, it can be seen as the subtle laying of groundwork for eventual discussion of sexual activity outside of marriage without negative connotations. After local pressure, lessons for grades five and six now state that one expected outcome of the lessons is "to recognize that marriage and parenthood require maturity and responsibility."⁹ The words "marriage and parenthood" are new additions.

Another subtle, but important, neutral mention of sexual involvement without marriage occurs in a "discuss and evaluate" activity in the high school segment of the curriculum. Originally, it read: "Discuss and evaluate things which may cause teenagers to engage in sexual relations before they are ready." Finally, after objections were raised, the passage was altered to read: "Discuss and evaluate things which may cause teen-

⁷ COALITION OF CONCERNED CLERGY, EVALUATION CRITIQUE OF THE N.Y.C. BD. OF EDUC. *Family Living Including Sex Education*.

⁸ See CURRICULUM, *supra* note 1, at 41 (bar graph exercise).

⁹ *Id.* at 52.

agers to engage in sexual relations before they are ready to assume the responsibility of marriage."¹⁰

Numerous other problem areas become apparent throughout the curriculum, such as a lack of use of the terms "mother" and "father" and a general absence of any overall norm or code of sexual behavior. Certainly, civilized society must have some norms. We recently witnessed a potential presidential candidate withdraw from the campaign following allegations of unfaithfulness to his wife. Yet, the Board's curriculum is written as if any behavior is acceptable in our society. In actuality, widespread opinion recently confirmed society's refusal to accept adulterous acts.

For those who would cry "separation of church and state" as grounds for opposition to some of the preceding comments, it may do them well to consider that the establishment clause of the Constitution only warns against establishing religion.¹¹ In response to allegations that the values of chastity, self-control, self-discipline, and fidelity in marriage cannot be taught because of entanglement with or establishment of a religion, one must ask: "Which religion?" These are values common in our society. If we were to decide that values held by different religions could not be encouraged in our educational system, then should not we also throw out honesty, integrity, respect, obedience, and a whole litany of others?

For many of us, this is common sense. School districts across the country seem to think so as well, as they are opening discussions on common societal values and whether any effort should be made to begin actually writing such values into school curricula. One large city public school system spent several years examining a variety of so-called "value systems" and made the conscious determination that certain values do transcend many faiths and are commonly held; thus, it is important that we recognize and encourage them in our schools.¹²

During the 1987 National School Boards Association Convention, several distinguished Americans addressed the issue of values in the public schools. Dr. Larry Swift, Executive Director of the Washington State School Directors' Association, a Harvard graduate with a law degree from Washington Law School, asked a standing-room-only crowd of 400 school board members from across the nation: "Is the wall between Church and State being used as an excuse to operate 'morally neutral' school systems?" Dr. Swift's conclusion that "[d]emocracy won't work without a

¹⁰ *Id.* at 113 (emphasis added).

¹¹ See U.S. CONST. amend. I. The establishment clause provides, "Congress shall make no law respecting an establishment of religion . . ." *Id.*

¹² See TASK FORCE ON VALUES EDUCATION AND ETHICAL BEHAVIOR OF THE BALTIMORE COUNTY PUBLIC SCHOOLS, 1984 AND BEYOND—A REAFFIRMATION OF VALUES 39 (1986). "A free society cannot survive unless the values upon which it is grounded are fully comprehended and practiced by each succeeding generation." *Id.*

body of principles" was warmly accepted by the audience. To abdicate the responsibility of reaching common values in our schools is the same, he said, "as telling children decision making in our society is no more than selecting what seems right" at the time. He further stated, "[w]e simply can't let that happen" and urged school districts to see that they write specific values into curricula. While many of these values are tied to religion, Dr. Swift emphasized that to teach them in the schools "is not teaching religion."¹³

Earlier in the Convention, Jeane Kirkpatrick, former U.S. Ambassador to the United Nations, emphasized that "society can survive only by transmitting values." Ambassador Kirkpatrick said that one of the first casualties of the 1960's was the purging of real pride in democracy and its value. We made efforts to teach the horror of war, she said, but no effort to communicate that tyrants and despots caused more death than war. She maintained that millions died in war, yet "more millions died at the hands of their own governments."¹⁴

It is time to ask ourselves if we are now teaching children that all sexual behavior is equally good, without teaching them about a common societal code of behavior. Surgeon General Everett Koop closed his riveting address on Acquired Immune Deficiency Syndrome ("AIDS") at the School Boards' Convention with the thought: "Our values are being tested again and our enduring American values will once more be our guide for collective action. We will survive the [AIDS] threat."¹⁵ The question should no longer be "[w]ill teaching values in schools be equated with teaching religion?" Rather, we should recognize the existence of common societal values and that they must return to our classrooms. Parents and community leaders should see that this happens, especially in the area of sex education.

Let the lawyers argue the Church/State issue in court. The rest of us who have to face the reality of the inherent problems of valueless sex education for our children understand that there are good reasons to fear that matters will still get worse if parents do not take up the mantle of responsibility.¹⁶ The issue of School Based Health Clinics is one reason.

¹³ Address by Dr. Larry Swift, Executive Director of the Washington State School Directors' Association, National School Boards Association 47th Annual Convention (Apr. 6, 1987).

¹⁴ Address by Jeane J. Kirkpatrick, Former U.S. Ambassador to the United Nations, National School Boards Association 47th Annual Convention (Apr. 5, 1987).

¹⁵ Address by C. Everett Koop, Surgeon General of the United States, National School Boards Association 47th Annual Convention (Apr. 4, 1987).

¹⁶ See Zelnick & Kanter, *Sexual Activity, Contraceptive Use and Pregnancy Among Metropolitan Area Teenagers: 1971-1979*, 12 FAM. PLAN. PERSP. 230-37 (1980). This study noted that the number of teenage women living in metropolitan areas who have had premarital sex "rose from 30 percent in 1971 to . . . 50 percent in 1979." See *id.* It also found that "more

The institution of these clinics in schools across the country to help keep children healthy seems noble at first glance. Perhaps taxpayers might question the school's role in the health care sector; nonetheless, the intent of keeping children well seems basically good until the subterfuge of blanket parental permission comes to mean birth control prescriptions and devices and abortion referral. This health care step has already been taken in New York City to the outrage of many parents and community members.

School Based Health Clinics, seeking to reduce teenage pregnancy through the use of birth control, do not work. In fact, the incidence of teen pregnancy rises among students using these clinics. While birth rates respecting these teenagers drop, abortions in relation to those in the programs rise¹⁷ and reports claiming the clinics' supposed success are rife with research problems. Some are not even scientifically developed. However, the recently resigned Chancellor of the New York City schools, Nathan Quinones, had been promoting the present School Based Health Clinic program which offers birth control in New York City schools; in fact, Chancellor Quinones was given the approval to expand the number of operating clinics in the 1987-88 school year. In response to the question of whether parents should sign a blanket permission for their children's access to the clinic without opportunity for parents to say they do not want their children given birth control prescriptions, devices, or information, Chancellor Quinones has stated: "No parent has the right to limit health services for the child."¹⁸ His position is one of all or nothing—either you agree to birth control availability and counseling for your child or they get no other health care services. In other words, his stance reflects a sort of moral and health blackmail.

To assist the Board in its decision to expand the clinics, Welfare Research, Inc. ("WRI") was commissioned to review certain facets of the clinics and parental opinions. A 267-page report was prepared, and some

teenagers are using contraceptives and using them more consistently than ever before, yet the rate of premarital adolescent pregnancies continues to rise." *Id.*

¹⁷ See Weed, *Curbing Births Not Pregnancies*, Wall St. J., Oct. 14, 1986, at 32, col. 4 (Director of the Independent Institute for Research & Evaluation in Salt Lake City, Utah).

As the number and proportion of teen-age family-planning clients increased, we observed a corresponding increase in the teen-age pregnancy and abortion rates: 50 to 120 more pregnancies per thousand clients, rather than the 200 to 300 fewer pregnancies as estimated by researchers at the Alan Guttmacher Institute (formerly the research arm of the Planned Parenthood Federation). We did find that greater teen-age participation in such clinics led to lower teen *birthrates*. However, the impact on the abortion and total pregnancy rates was exactly opposite the stated intentions of the program. The original problems appear to have grown worse.

Id. (emphasis in original).

¹⁸ Carmody, *Quinones Urges Birth-Control Clinics*, N.Y. Times, June 4, 1987, at B28, col. 4.

of its findings tend to confirm that, while general health care is promoted as the clinics' *raison d'être*, in reality, promoters of school-based clinics intend to use them specifically for birth control counseling. The basis for this conclusion is the suggestion that in seventy-five percent of the 199 cases reviewed, the staff counseled children on birth control.¹⁹ Frighteningly, WRI also reported, "[a]ttempted suicide was three times greater among sexually active children than among non-sexually active children."²⁰ It is interesting that a *New York Times* article reporting the results of the study neglected to mention the suicide connection; nor did it report that only parents who approved of the clinics distributing contraceptives and supplies were asked if parental consent should be sought. The high percentage of birth control counseling also was ignored by the *Times*' story. Instead, it was reported that "reproductive health care was a small part of the clinics' program."²¹

This slanted coverage of a teen birth control report is not unique. In 1985, the *Times* gave substantial space to published reports from Planned Parenthood's Guttmacher Institute study, *Teenage Pregnancy in Developed Countries: Determinants and Policy Implications*. Conclusions of this report supposedly showed that countries with open sex education discussion and free access to teenage birth control had reduced incidences of teenage pregnancies. Missing from the news coverage, however, were statements within the report itself disclaiming validity of its results and making those conclusions little more than remote possibilities or perhaps even wishful thinking.²² Not surprisingly, other media omitted this disclaimer when reporting on the study, and it became another subtle sowing of seeds in the public's mind that contraceptive sex education solves the teenage pregnancy problem when, in reality, the contraception-teenage connection results in the opposite.

The situation of the School Based Health Clinics coupled with the New York City curriculum is damaging enough to the general population, but where does the New York City sex education philosophy leave Catho-

¹⁹ See COALITION OF THE CONCERNED CLERGY, APPRAISAL OF THE WELFARE RESEARCH, INC. REPORT ON SCHOOL BASED HEALTH CLINICS (June 2, 1987).

²⁰ *Id.*

²¹ See Carmody, *supra* note 18.

²² ALAN GUTTMACHER INSTITUTE, *TEENAGE PREGNANCY IN DEVELOPED COUNTRIES: DETERMINANTS AND POLICY IMPLICATIONS* (Mar. 13, 1985). Examples of "disclaimers" include: "[t]he results of the multivariate analysis presented here *have to be taken as suggestive rather than conclusive*. . . ." *Id.* at 53 (emphasis added). Comments on an illustration regarding levels of sexual activity of teenagers in six countries: "*The data should be interpreted cautiously, however, as there are numerous problems of comparability*." *Id.* at 56 (emphasis added). "In addition, the variables derived from the AGI survey must be regarded as suspect to a considerable margin of error, since they represent informed observation, rather than quantitative fact." *Id.* at 61.

lic parents? In 1983, His Holiness John Paul II, through his Congregation for Catholic Education, gave instruction to the Catholic community regarding sex education in *Educational Guidance in Human Love and Charter of the Rights of the Family*. In comparing this instruction and the course content of the New York City sex education curriculum, it becomes apparent that there are dramatic disagreements between Church teachings and the city's course of study. Some issues at direct odds are abortion, sexual intercourse outside of marriage, and artificial birth control.

His Holiness counsels: "Human life must be respected and protected absolutely from the moment of conception. Abortion is a direct violation of the fundamental right to life of the human being."²³ In direct opposition to that fact, the New York City junior high school curriculum explores the "options when an unintended pregnancy occurs." Children are led to discuss their values and feelings and "list the options including teenage marriage, adoption, single parenthood, foster care, extended family, and abortion."²⁴ A note suggests that teachers be "sensitive to the fact that decisions will be based on personal, cultural and religious beliefs and relationships." They are then referred to the listing of contraceptive and abortion clinics in the curriculum.²⁵

Sixth, seventh, and eighth graders (eleven, twelve, and thirteen-year-olds) are informed they do not have to talk to their parents about an abortion decision and their parents will not be informed.²⁶ In other curriculum discussions of abortion, no additional attitudes are expressed. The real dimension of emotional devastation so often caused by abortion is not addressed; neither is one of the resources of help for women who have had abortions: Women Exploited by Abortion ("WEBA"), an international organization headquartered in New York. None of its excellent printed materials are considered as a resource for this curriculum which lists pages of resource materials. WEBA represents thousands of women who are suffering the long-term emotional and/or physical effects of the decision to abort. They have formed this support group to help one another and educate the public. The possibility of the unborn child having any rights is also omitted from the possible discussion in considering an abortion decision.

On the issue of sexual intercourse outside of marriage, His Holiness' instruction is: "Sexual intercourse, ordained toward procreation, is the

²³ SACRED CONGREGATION FOR CATHOLIC EDUCATION, *EDUCATIONAL GUIDANCE IN HUMAN LOVE AND CHARTER OF THE RIGHTS OF THE FAMILY* 53 (Oct. 22, 1983) [hereinafter *EDUCATIONAL GUIDANCE*].

²⁴ *CURRICULUM*, *supra* note 1, at 92.

²⁵ *Id.*

²⁶ *See id.* at 98.

maximum expression on the physical level of the communion of love of the married. Divorced from this context . . . it loses its significance, exposes the selfishness of the individual, and is a moral disorder."²⁷ The curriculum deals with unmarried, adolescent sexual intercourse neutrally, just as it deals with other sexual activity. In one of the high school lessons, "Forms of Sexual Expressions," abstinence, sexual fantasy, masturbation, nocturnal emissions, sexual intercourse, homosexuality, bisexuality, transvestism, and the transsexual are listed and treated with equal acceptance. The concept of marriage never appears in this lesson.²⁸ And this lesson is typical of the handling of these sexual activities throughout the curriculum. Teacher information for these classes assumes the adolescents are sexually active with no indication that the attempt should be made to alter that premise.²⁹

The Church's position regarding artificial contraception within marriage is certainly undermined when contraception is taken a step further and promoted for adolescents in a Board-sponsored curriculum. As these curriculum lessons draw to a close, high school students are asked to discuss, in small groups, based on what they have learned, "changes needed in society that would help produce more sexually healthy individuals." A suggested list for the students included: "freedom to express affection" and "development of resources providing information on sex and sex-related matters."³⁰ No suggestions such as self-control, abstinence, or faithful marriage are given. Even the good health aspect of abstinent living for the unmarried (i.e., freedom from venereal disease, AIDS, pregnancy) is ignored.

If the situation presented by this new sex education curriculum is so bad, can it possibly improve? We have witnessed that community pressure can begin to make a difference with the objectionable curricula that are in place. A more positive accomplishment, however, would be the insistence of parents and community leaders that their school district look at the many other programs that are morally good, support traditional family values, and emphasize the good health approach of not being sexually involved before marriage. School districts, including those in New York City, should be required to offer alternatives; not just the feeble attempt to placate parents by allowing them to excuse their children from class. All children have the right to information regarding sexuality, but the "don't have sex, but if you do" approach robs children of their right to support and positive reinforcement in leading healthy, chaste lives. There must be an alternative offered for those who choose such lives. Per-

²⁷ EDUCATIONAL GUIDANCE, *supra* note 23, at 6.

²⁸ See CURRICULUM, *supra* note 1, at 39.

²⁹ See *id.* at 138.

³⁰ See *id.* at 180.

haps it is time to test those advocates of choice and see if they really are interested in freedom of choice when it is in disagreement with their own. This is not to suggest that the public school system adopt a curriculum from a Temple or Catholic or Christian school or any other religious denomination.

The programs that parents and the community might want to explore include *Sex Respect, The Option of True Sexual Freedom*, by Colleen Kelly Mast. This is a project of the Committee on the Status of Women and is funded by the Office of Adolescent Pregnancy Programs ("O.A.P.P.") of the Department of Health and Human Services. Three attractive books make up the package: *A Public Health Guide for Parents*, *A Public Health Workbook for Students*, and *A Public Health Manual for Teachers*. This chastity-oriented curriculum is flexible; it can be used for junior or senior high "in personal health class, sex ed, family life education, ethics and values clarification, environmental health, anatomy, biology, sociology, community health, social concerns, or growth and development."³¹

The stated overall objective of the program is: "Realize that true sexual freedom includes the freedom to say 'no' to sex outside of marriage." The *New York Post* headline, "Finally, a Sex Education Course That Supplies the Missing Ingredient—Respect"³² is a welcome note from the media. The writer of this article about the *Sex Respect* curriculum begins, "[o]ut of the garbage heap of how-to sex kits, pornography and contraceptives now being thrust upon school children around the country, something beautiful has grown." He goes on to cite some examples of positive attitudinal changes as a result of being exposed to this curriculum: "Ninth grade boys at Bradley H.S. in Illinois were asked if the sex act is 'all right' for unmarried teens as long as no pregnancy results. The percentage of saying 'no' rose to 62 percent after the course from 30 percent before."³³

A second, even more inclusive curriculum is *Sexuality, Commitment and Family* by Teen-Aid in Spokane, Washington. Dr. Averly H. Nelson writes that the curriculum "is based upon a tradition of moral and value principles. It strongly supports the family and teaches that the deepest meaning of the sexual activity derives from the marriage commitment."³⁴ Grady Memorial Hospital in Atlanta, Georgia has also developed a program to combat teen pregnancy, *Postponing Sexual Involvement*. It is

³¹ C. MAST, *SEX RESPECT, THE OPTION OF TRUE SEXUAL FREEDOM T-1* (1986) (teacher's manual).

³² Fossedal, *Finally, A Sex Education Course That Supplies the Missing Ingredient—Respect*, N.Y. Post, June 1, 1987.

³³ *Id.*

³⁴ TEEN-AID, *SEXUALITY, COMMITMENT AND FAMILY* viii (rev. 2d ed. 1984).

working to change attitudes about premarital sex.³⁵ All of these, and other curricula, are available to educators and parents. Parents, educators, and community leaders should at least review all of the curricula choices available to them before giving up and accepting the "if-you're-going-to-have-sex approach" which has failed miserably (but which comes with pre-planned public relations and an attempt at impressive packaging).

Information on obtaining copies of these curricula for school districts or individuals is available through the Coalition in care of Monsignor John Woolsey, Office of Christian and Family Development, Archdiocese of New York, 1011 First Avenue, New York, N.Y. 10022. These are not Catholic curricula. They preach no religion and are suitable for, and being used by, many public schools.

Schools often introduce contraceptive sex education programs with the excuse that parents are not equipped or fail to teach sex education to children at home. In spite of that myth, we have been doing it since their birth with every touch of love, eye of approval and affection towards them, their siblings and our marital partners. And, according to *Psychology Today*, "[c]hildren whose parents talk openly and often about sex are no more knowledgeable on the subject than those whose parents don't. However, although these parents are unsuccessful in relaying the facts, they do manage to convey their values."³⁶ It seems that we don't need all the technical jargon and knowledge which experts often claim we lack.

We need to care, to let children know we want to be open, and we need to voice our support for those approaches in curricula which uphold our generally accepted values of marital fidelity and of waiting for marriage to be sexually active. The New York City curriculum is not one which supports these values. Should it earn widespread acceptance through the perseverance of its promoters, more than just those children in New York City schools will be affected. What happens in New York will have far-reaching implications. The Superintendent for Boston Public Schools, Dr. Laval Wilson, for instance, recently recommended in a comprehensive report entitled *Superintendent's Recommendations Concerning Adolescent Issues*, that the Boston public schools adopt the updated New York City public school curriculum for elementary and high schools. Also outlined was a plan for School Based Health Clinics in the Boston public schools.

The Boston Archdiocese reacted when the Office of the Family Life Apostolate, directed by the Reverend Peter Casey, drafted an excellent forty-four-page, well-documented report regarding the failure of School

³⁵ See M. HOWARD, POSTPONING SEXUAL INVOLVEMENT, AN EDUCATIONAL SERIES FOR YOUNG PEOPLE.

³⁶ Bozzi, *Crosstalk, Home Sex Ed: Values 1, Facts 0*, PSYCHOLOGY TODAY, May 1987, at 14.

Based Health Clinics which include contraceptives for kids. In their final conclusions, the writers of the report quoted thoughts from the House Select Committee on Children, Youth, and Families: "The time has come to stop blaming the problem of teen pregnancy on the incorrigibility of our children or the ills of society. Our children have only us for guidance, and we are responsible for the condition of our society."³⁷ More recently, the Boston Archdiocesan Task Force wrote a response to Dr. Wilson's *Recommendations* for adolescents in the Boston schools. The comprehensive issue of School Based Health Clinics, parental consent, adolescent contraception and the sex education curriculum of New York City were addressed. A battery of concerns similar to those in New York City are being raised in Boston.³⁸

New York's Coalition is receiving calls from across the country about what has been occurring in schools. To allow the spread of New York City-type sex education curriculum and adolescent birth control clinics around the country would be a grave failure on the part of those of us who believe in our young people and their right to our support in leading healthy, abstinent lives. Someday we will have to answer to them for the false promise of the amoral contraceptive sex education, if we allow our voices to be stilled.³⁹

³⁷ ARCHDIOCESE OF BOSTON TASK FORCE, REPORT ON SCHOOL BASED HEALTH CLINICS 42.

³⁸ ARCHDIOCESE OF BOSTON TASK FORCE, RESPONSE TO SUPERINTENDENT'S RECOMMENDATIONS CONCERNING ADOLESCENT ISSUES 28.

³⁹ Subsequent to the writing of this article, all public and private schools in New York State must now educate students in kindergarten through twelfth grade about the AIDS virus. The New York State Board of Regents (the "Regents") voted on September 18, 1987 to require such instruction and, prior to that time, hastily developed the lengthy *AIDS Instructional Guide, Grades K-12* (the "Guide"). Hours of debate over the *Guide* resulted in a postponement of the *Guide's* approval.

The recommendation to refer to curriculum guidelines in *Family Living Including Sex Education* appears in almost all of the suggested lessons contained in the *Guide*. In addition, it repeatedly recommends that AIDS education not be carried out in a vacuum, but rather as part of a comprehensive, integrated health education program. Inconsistent information is pervasive throughout the *Guide*; abstinence is taught as the best way to avoid contracting the AIDS virus, yet students are told that, if they do have sexual intercourse, they should use condoms. This message is always followed by a footnote, warning about the failure of condoms.

While schools are advised to develop their curricula according to community standards, all schools must now develop sex education in thirteen grades—instead of the typical courses in middle schools and in high schools. Although advisory committees, made up of a variety of people including community representatives, are urged, the manner in which local districts will handle that suggestion remains to be seen. Advisory committees of this nature are often heavily weighted with school-related personnel and only a few independent voices. Community representatives should begin asking questions immediately and citizens should begin volunteering for these advisory committees before they are locked out of the process.