FRIDAY, MARCH 22, 1996

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PROTECTING YOUTH FROM PREDATORS

BY PATRICK BOYLE

The writer is a magazine writer and author of Scout's Honor: Sexual Abuse in America's Most Trusted Institution.

EW YORK — As I stood in a school gym last week watching my 9-year-old daughter play basketball, I suddenly wondered if the coach would ever shoot the children.

A guy like Thomas Hamilton will do that to parents. Hamilton was the coach who walked into a Scottish elementary school last Wednesday and shot to death 16 children, their teacher and himself. The man apparently snapped from the pressure of an investigation into his alleged sexual harassment of boys.

As parents, we shudder at this tragedy but console ourselves in the thought that Hamilton was an aberration. Indeed, his burst of violence set a standard for random carnage. But as a journalist who has studied thousands of cases of sex abuse in American youth organizations, I know that Hamilton's fixation is not so rare: Our youth teams, troops and camps are littered with a disturbing minority of adults who are sexually attracted to the kids.

And we can't count on the teams and camps to keep them out.

The fact is, youth groups attract pedophiles. From 1971 through 1991, the Boy Scouts of America kicked out more than 2,000 leaders for alleged sex abuse. Every youth organization—from Big Brothers/Big Sisters to the YMCA to church-run day camps

In recent years, these organizations have increased their efforts to screen out unfit leaders. But no personality test detects pedophilia. Criminal record checks help, but most molesters don't have records. Many organizations have blacklists of adults whom they've banned for improper behavior, but they rarely share those lists with each other; they're afraid of slander suits.

Besides, starved as they are for help, many groups go light on the background checks for fear of offending and losing volunteers. So,

while joining some youth groups is like getting into the Royal Family, for others the main criterion is a willingness to spend time with other people's kids.

That leaves it to parents to ask the questions. But how do we say, "Thanks for teaching my daughter the jump shot. Are you sick in the head?" Even though I'm an author who has spoken on radio, TV and in bookstores about how parents can fight abuse, I have never taken a certain piece of my own advice: asking about the backgrounds of my daughter's coaches.

In the past three years, Alyssa has been in soccer, gymnastics, Brownies, track and basketball. I have no reason to suspect anything improper. Neither did most parents whose children were molested by youth leaders.

Perhaps this has some volunteers screaming. After all, the vast majority of them are motivated only by altruism. But as the FBI's chief expert on pedophiles told me, "Beware the teacher of the year."

Cynical? Sure. But he's seen too many pedophiles get access to children because parents were just grateful that someone offered to run a

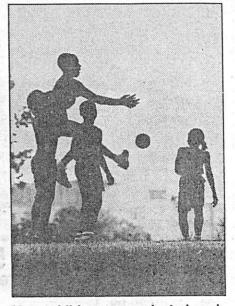
team or theater group.

And pedophiles will get access. Hamilton was kicked out of the British Scout Association in 1974, so he formed his own youth club. In the United States, molesters who've been kicked out of one group, such as Little League, have moved to other groups or formed their own. I know a man who is serving 30 years for molesting boys in a troop that he joined while on probation for molesting boys in another troop. He was also a

teacher and soccer coach.

In this and other abuse cases, parents were unwitting accomplices. Youth leaders routinely complain about parents treating them like baby sitters — dropping off the children and disappearing, even relying on the leaders to bring the kids home. Convicted molesters tell me they were shocked at how often they were left alone with a dozen kids.

Great, parents say. Now we have



Many children are molested each year by aberrant youth leaders.

to watch every minute of every practice? No. We need some presence, and we need to teach our children more than, "If someone touches your private parts, tell me." Children must know that abusers are usually trusted adults, like coaches. Youth organizations, libraries and the National Center for Missing and Exploited Children in Arlington, Va., have literature and videos to help.

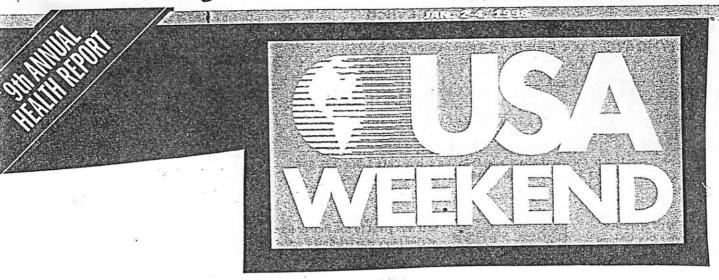
And we have to ask the backgrounds of our children's leaders. Don't accept, "We all know Bob." Seek specifics. Did anyone call other youth groups that the man worked for? Check past employers?

Such questions would not have prevented Hamilton from walking into a school with four guns and firing. But these questions can reduce the more common danger of abusers joining our youth groups. Our youth leaders must suspend any hurt feelings and welcome the questions as good for the children.

Starting this week, I'll ask youth groups about the backgrounds of Alyssa's leaders. I'm sure my daughter's coach won't mind.

Special to Newsday

The Courier-Journal



The death scorecard

These are the top 10 causes of death for women and men in the United States:

WOMEN, all ages

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SOURCE: Centers for Disease Control and Prevention, 1995 (latest data available)



TOP KILLERS OF YOUNG MEN (by age group)

15-24 25-34 35-44					
1.	Accidents	Accidents	HIV		
2.	Homicide	HIV ^₄	Accidents		
3.	Suicide	Suicide	Heart disease		

TOP KILLERS OF YOUNG WOMEN (by age group)

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IT'S NOT REALLY 50-50

At every age, from birth to retirement, more males than females die each year. Here's how the male percentage of the U.S. population dwindles.

	Male	Female
At conception	56%	44%
Under 5	51%	49%
30 and below	51%	49%
50-54	49%	51%
Over 65	41%	59%
Over 85	29%	71%
Over 100	18%	82%
All ages	49%	51%

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The Courier-Journal

WHO'S LEALTHER: Menor Women?

Men live seven years less, but women have more chronic disease. Inside:

- The new men's health movement
- A debate over depression
- Top 10 causes of death for each sex
- Birth control and "menopause" for him

ALSO

Jean Carper's "Eat Smart": Now a weekly feature What drives actress Minnie Driver (right)



WOMEN COMPLAIN: Health research has focused on women as reproductive beings. not productive beings.

Who's healthier

Just when women think they're making progress, the men's health movement demands new money and attention. Is "his vs. her" medicine really necessary?

By Monika Guttman

EARLY AS many men die of prostate cancer as women die of breast cancer. Yet federal spending on breast cancer research is five times greater. Men also live, on average, seven years less than women.

Such dramatic deviations between men's and women's health are the rallying cry for a new men's health movement, and fuel for a growing debate over fair treatment in the vital arena of health care.

The men's health movement dovetails with issues aired at the Million Man March and the national Promise Keepers rally. Signs of interest:

New advocacy groups such as the national Men's Health Network and local efforts such as the Men's Health & Wellbeing Association in Washington state are pushing for more money and attention for men's health issues.

National Men's Health Week (just before Father's Day in June) is growing so quickly it soon may equal Breast Cancer Awareness Month (October), says founder Patrick Taylor.

■ Men's Health magazine, launched 10 years ago with 90,000 subscribers, will reach 1.5 million this year.

For some in the women's health movement, the trend is as welcome as a bad diagnosis.

They agree that some men's health problems need investigating, but they argue that it took almost 30 years to get themselves established with an Office of Research on Women's Health in the National Institutes of Health and that serious study of women's health issues is only now bearing fruit. A competing men's movement presents grave threats: fights over funding in a shrinking funding environment and a

Self-eare; is a key to men's health; says activist Will Courtenay.

Left, scientists and policymakers met in November to recommend women's health research to the National Institutes of Health. Above, activist Patrick Taylor helped co-found

sense that "women have had their turn" when there is still so much to be learned. "The last thing we need," says Marianne Legato, director of the Partnership for Women's Health at Columbia University, "is more squab-

bles between men and women."

Leaders in the men's health movement concede they are following in the footsteps of the women's movement but insist they are not out to take away anything women have won. Still,

Men's Health Week, coming again in June.

men or women?

by characterizing the debate as "her vs. him" funding, the men's movement "can make it seem as if nothing is being done for men," insists Lisa Cox, program and policy director of the National Women's Health Network.

Indeed, in the case of prostate cancer funding vs. breast cancer funding, the figures look damning. And prostatitis, an inflammation of the urethra that the National Center for Health Statistics reports is responsible for a fourth of all male visits to urologists, receives no federal research funding.

But these stats ignore the fact that for decades women were not included in any studies at all, Cox argues. Heart disease, the No. 1 killer of women, was studied for years only in men. "Even today," she says, "most HIV/AIDS research is done on men, and we don't know what a medication's side effects are on women."

The men's health movement flips that argument around, maintaining that men have been regarded slightly above lab rats and guinea pigs in a society that traditionally has protected women, especially in their childbearing years. Besides, they say, much research was conducted in maledominated institutions, such as the military and prisons, only for control purposes. And, as publicity about such studies as the Tuskegee Experiment has shown, men did not always benefit from research attention. Women's reluctance to volunteer for clinical trials persists today, they add, even as women demand more information.

MEN NEGLECT THEMSELVES

Those in the men's health movement say their primary goal is not to generate studies, but to persuade men to put their hearts into their health.

Women are America's health gatekeepers: Between their own bodies and caring for children and parents, they visit doctors two to four times as often as men. One-third of all calls to a national men's health hot line are from women seeking information for the men in their lives.

Men tend to think of "men's health" as dealing with baldness, impotence

or sports injuries. They don't buy the idea that they could prevent as much as 70 percent of their illness by getting regular checkups and tests or eating more healthfully, says men's health activist Will Courtenay, a psychotherapist in Berkeley, Calif. "Men actually use poor health behavior as a way to be men. Saying, 'I haven't been to a doctor in years,' or drinking and driving is a way to prove he can handle it, he's a real man."

Women may be better at seeking and applying the information, but women's advocates note that women are at a disadvantage because information is limited. Aging female baby boomers debating the merits of estrogen replacement therapy find frustratingly few conclusions. "Most women's health research to date has focused on women as reproductive beings and not as productive beings in the workforce," adds Norma Swenson, of the trend-setting Boston Women's Health Collective. "While the majority of

women work, there is little information about how women should cope with the stresses of combining work and home life, and how each impacts the other."

GENDER, THE NOT-SO-FINAL FRONTIER

At a recent conference sponsored by NIH's Office of Research on Women's Health, experts testified that genderbased medicine doesn't — can't — go far enough. The consensus was that ethnicity, culture, income and age are more important influences. Researchers like Nancy Krieger of Harvard's School of Public Health are finding that class predicts better than sex how long people live and how they die.

For now, pessimists worry that a battle between "men's health" and "women's health" will become just another marketing ploy — as in the new men's and women's clinics sprouting up around the nation — while serious benefits of gender-based medicine and research are

Continued on next page

In this special report, you'll find discussions and scorecards

To answer "Who's healthier: Men or women?" is not simple. Yes, men die sooner, but women have many more non-fatal illnesses that disable them and lower their quality of life. The scorecards that appear in this package present some health winners and losers.

Do men lose? They die 7 years sooner

- 9 out of 10 on-the-job fatalities are men.
- 5 out of 7 victims of traffic accidents are men.
- ✓ 4 out of 5 homicide victims are men.
- At least 4 out of 5 suicides are men.
- ✓ 9 out of 10 HIV-related deaths are men. HIV is the No. 1 cause of death among men ages 35-54.

Do women lose? They have more chronic illness

- ✓ Women see a doctor 2 to 4 times more often than men, go to the hospital more often and take more prescription medicine. Women spend 35% more days confined to bed.
- ✓ 1 in 2 women will develop cancer in her lifetime. For men, the rate is 1 in 3.
- Women have more autoimmune disease, strokes, clinical depression.



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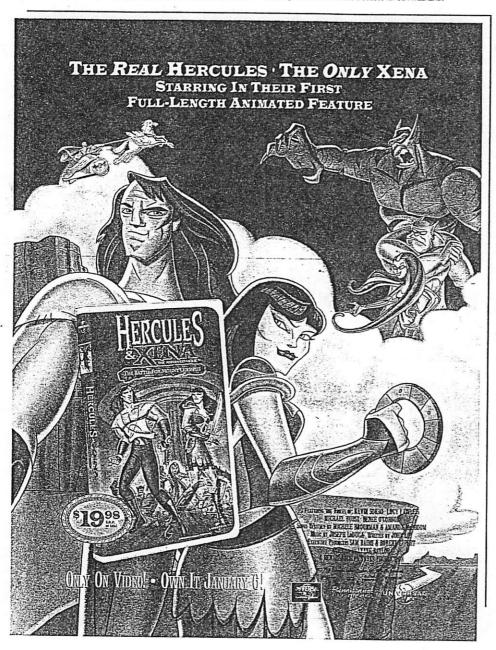
ignored. For example: "When a woman gets diabetes, her risk of heart attack increases four to six times, whereas in men it only doubles," says Legato. "If we study why there is a difference, we learn a lot about diabetes and we may learn how to reduce risk for both genders."

Optimists say women and men eventually will find common ground. Better access to care (for example, lifting insurance companies' restrictions on diagnostic tests like mammograms and prostate screening) and improving doctor-patient communication are important to both sexes.

"There's a lot of unhappiness about health care in general," concludes Klea Bertakis, chair of the Department of Family Medicine at the University of California at Davis. "It would be better if we were able to move together as a group and not on opposite sides of the aisle."

And, in the brave new future envisioned by geneticists, sex may not matter much. Early in the next century, they predict, thanks to incredible progress in the Human Genome Project mapping the estimated 100,000 genes, each baby will be screened at birth for genetic "markers" that predetermine vulnerability to disease. Boys and girls will grow up with a personalized blueprint for building the healthiest lives possible.

Contributing Editor Monika Guttman has written recently about memory loss and infectious diseases for USA WEEKEND.



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