
"LIFETIME WELLNESS CURRICULUM FRAMEWORK"

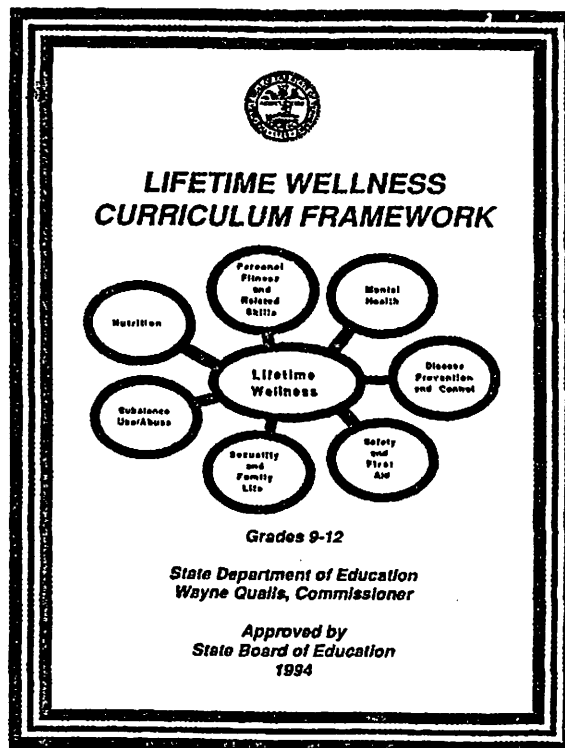
THE TENNESSEE STATE DEPARTMENT OF EDUCATION

"Lifetime Wellness Resource Manual" (LWCFRM)

Draft Critique

by

Judith A. Reisman, Ph.D., President



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DRAFT EXECUTIVE SUMMARY

THE TENNESSEE "FAMILY LIFE INSTRUCTION ACT" OF 1989

The locally derived and implemented program of family life education shall emphasize abstinence from sexual relations outside of marriage, the right and responsibility of a person to refuse to engage in such relations, basic moral values, as well as the obligations and consequences which arise from intimacy. The program shall also include a component which specifically addresses the nature and prevention of AIDS and other sexually transmitted diseases.

Signed into law June 8, 1989 by Governor Ned McWherter

Tennessee's "Family Life Instruction" Act was signed into law June 8, 1989 and from August 1, 1994 to March 1995¹ to fulfill the letter and the spirit of that Act, Tennessee trained 1,600 teachers in current theories of human sexuality with the "*Lifetime Wellness Curriculum Framework, Lifetime Wellness Resource Manual.*" No formal goals or objectives for the Tennessee curriculum were identified in the "Lifetime Wellness Resource Manual" under examination here, a collection of roughly 250 pages of text "compiled" from a myriad of credited and unaccredited sexuality sources. While a cursory study of this training curriculum revealed "marriage" a rare and rarefied word of use, at the end of the unauthenticated, unpaginated and largely uncited document was a copy of Tennessee law mandating that "family life education shall emphasize abstinence from sexual relations outside of marriage." If so, on the evidence, the Tennessee Board of Education's "*Lifetime Wellness Curriculum Framework Lifetime Wellness Resource Manual*" violates Tennessee legislative intent and law.

In contrast to Tennessee's emphasis of marriage requirement, the U.S. "Family Planning Title X" federal law mandates that all men and women instruct and minister "factually accurate" sex information to "unemancipated minors" (children of any age) "*confidentially,*" avoiding their parent's knowledge or approval. The only scientific justification for such federal subversion of parental approval has been a view of juvenile and adult sexuality which had been called, 'The Kinsey Model.' To locate the presence or absence of The Kinsey Model in Tennessee schools, this analyst had three goals for this initial critique of its "*Lifetime Wellness Resource Manual.*"

- 1) To identify what the manual taught in Tennessee schools to school children about Human Sexuality.
- 2) To ask, was the education "factually accurate" and age appropriate as required by Federal Title X mandate?
- 3) To ask, did the information adhere pedagogically to the Tennessee Act signed into law June 8, 1989?

A review these three questions finds the "*Lifetime Wellness Curriculum Framework Resource Manual*" reflects the fraudulent Kinsey Model of human sexuality. Therefore, the sexuality instruction used to train Tennessee teachers and children is both age and gender *inappropriate* and "*factually inaccurate,*" violating both Title X and Tennessee's "Family Life Instruction" Act. Methodologically, an analysis of the Kinsey model would first take up a preliminary review of the ***least versus most common words*** to appear as part of the sexuality training provided by the Tennessee Board of Education "Wellness" manual.

Words Commonly Used in Training Manual (not rank-ordered)

Sex, AIDS, STDs, death, condoms, sexual, feelings, sick, intercourse, drugs, risk, infection, wellness, feel, partner(s), spermicide, disease, "safer sex," abstinence, delaying, body fluids, HIV, prevention, no, needles, game.....

¹ It appears that the sections addressing "Nutrition, Personal Fitness and Related Skills, Mental Health, Safety and First Aid and Substance Use/Abuse" are not part of the current document.

Words Not Commonly Used in Training Manual (not rank ordered)

Girl, boy, pornography, sodomy, children, child, minor, youths, juvenile, youngsters, law, Judeo-Christian ethic, criminal, purity, chastity, dignity, virtue, prudence, esteem, honor, uprightness, decency, innocence, integrity, self-respect, goodness, morality, common sense, judgment, reverence, seemliness, civility, naiveté, principle, the legal authorities, misdeed, felony, misdemeanor, illegal and the like.

Most of the *allowed* words reflect a Kinseyan sexuality view while the *missing* words reflect the Judeo-Christian sexuality views which created the American character that built and maintained this nation. For example, "marriage" appears perhaps 5 times in about 250 pages of sexual discussion, an average of once each 50 pages, while "sex" appears perhaps 500 times in these 250 pages. "Marriage" appears first as part of a sex/death game. In this game children learn to "feel" AIDS, saying they will die in "13 months to 3 years" "How Does it Feel?" "How does it feel to hear your friends talk about the future--next summer? graduation? marriage?," and "How does it feel to be told they don't want you to come to school?" In this context the child first hears the word "marriage" with "parents" inserted as well. Later, the *LWCFRM* teaches children how to lie to their parents to get free contraceptives, recommending Norplant, a toxic contraceptive to girls, saying "an older person, not necessarily your mother" may help you get condoms.

Kinsey's equalization of all forms of "outercourse" (masturbation, mutual and solo, etc.) and "intercourse" (anal, oral, genital, marital, etc.) are present throughout, while the Kinseyan view of 'Juvenile Sexual Entitlement' is seen to dominate the "*Lifetime Wellness Resource Manual*" sex and AIDS Prevention pedagogy. For example, "delaying" sex is seen as form of "abstinence" and sexuality "games" are employed to change sexual attitudes. The manual understates rates of condom failure and use, fraudulently implies a safety level for anal sodomy, hides hard data on abortion, cervical cancer and breast cancer, implies the Kinseyan view that children need and deserve sex, treats marriage as a parenting and economic option and hides the role of pornography toxicity in sexual abuse by and of juveniles and children. Finally, subtle cues to accept homosexuals as "born" that way (inaccurate), victims of bigotry and as living the same love lives as normal heterosexuals, is explicit in the last critical pages on "Sexual Orientation."

As no specific goals are identified for this manual, it differs wholly from all academic education. Citizens might view this eroticization of classrooms as State sponsored Sexual Attitude Restructuring child abuse. Arguably, this is a form of "Prima Nocte," the State sponsored theft of the first night, of the sexual innocence of children. "*Family Life Instruction*" must involve **left-hemisphere**, cognitive learning **not right hemisphere** emotions, triggered in co-educational class discussions of how to subvert ones parents, alongside graphic games about oral and anal sodomy and death from sexual diseases which would stimulate feelings that can only coarsen and depress the children so exposed. These sex-and-AIDS-death oriented **right hemisphere** activities, games, pictures, role-playing, play acting, sexual stories, AIDS speakers and videos drawn from suspicious sources are more likely to be acted out than to be cognitively processed in any meaningful way.

The use of data created by Planned Parenthood and SIECUS, both documented as serving special interests (both serve corporate investors from the pornography industry and/or PPA as direct condom and abortion service providers) suggests further legal and ethical compromises in this sexuality manual. While a blue ribbon panel of Tennessee "experts" allowed the training of 1,600 teachers and some hundreds of thousands of Tennessee children in this unfactual, fraudulent and criminally liable sexuality document, no information appears about *their* "training," writings, sexual orientation or special interest commitments and the like. The current "*Lifetime Wellness Resource Manual*" instruction of Tennessee youths on these intimate life and death issues suggests the powerful influence of the Kinseyan view of 'Juvenile Sexual Entitlement' which currently dominates and controls all of formal sexual and AIDS Prevention pedagogy.

THE STATE OF TENNESSEE LAW, SENATE BILL NO. 1144,

Located At The Conclusion Of The "LIFETIME WELLNESS CURRICULUM FRAMEWORK"

"Lifetime Wellness Resource Manual" (LWCFRM)

Is Placed Here as Frontmatter To Context This Critique

State of Tennessee

PUBLIC CHAPTER NO. 343

SENATE BILL NO. 1144

By Ford, Williams

Substituted for: House Bill No. 821

By DeBerry

AN ACT Relative to family life instruction and to amend Tennessee Code Annotated, Title 49.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 49, Chapter 1, Part 1, is amended by adding the following language as a new, appropriately designated section:

(a) (1) Beginning with the 1991-1992 school year, if the most recent, annual data maintained by the Tennessee Department of Health and Environment, State Center for Health Statistics indicate that pregnancy rates in any county exceeded 19.5 pregnancies per 1,000 females aged fifteen (15) through seventeen (17), then every local education agency within such county shall locally devise, adopt, and implement a program of family life instruction in conformance with the curriculum guidelines established for such programs by the State Board of Education.

(2) The locally devised and implemented program of family life education shall emphasize abstinence from sexual relations outside of marriage, the right and responsibility of a person to refuse to engage in such relations, basic moral values, as well as the obligations and consequences which arise from intimacy. The program shall also include a component which specifically addresses the nature and prevention of AIDS and other sexually transmitted diseases.

The local education agency shall prescribe procedures to provide for the periodic review and evaluation of family life instruction and to provide for periodic public hearings and parental conferences to insure a high level of community and parental input and support for family life instruction.

Upon receipt of a written statement from a student's parent or guardian to the effect that the parent or guardian has personally examined the appropriate grade level instructional materials or has conferred directly with the student's instructor, guidance counselor or principal and that the parent or guardian finds objectionable any or all portions of family life instruction, the student shall be excused from such portion or portions of family life instruction.

A parent or guardian who wishes to excuse a student from all portions of family life instruction shall submit such request in writing to the student's principal, superintendent, and board of education. A student who is excused from all portions of family life instruction shall not be penalized for grading purposes if such student performs alternative health or social studies lessons specifically assigned by the board and if such student performs the alternative lessons in a timely and satisfactory manner.

EB 1144

(3) The locally devised and adopted program of family life instruction shall be implemented during each of the succeeding four (4) school years following the calendar year in which such data is released. If, at any time during such four (4) year period, any local education agency within the county fails to implement a locally devised and adopted program of family life instruction in conformance with the curriculum guidelines established for such programs by the State Board of Education, then the local education agency shall implement the complete plan of family life instruction developed by the state board pursuant to subsection (b) of this section and shall fully participate in the program of technical support and assistance established pursuant to the provisions of Tennessee Code Annotated, Section 49-1-205.

(4) Notwithstanding the provisions of any law to the contrary, failure to comply with the provisions of subdivision (a)(3) of this section shall subject the local education agency to a withholding of state funds by the commissioner of the State Department of Education.

(b) (1) (A) Prior to the 1991-1992 school year, the State Board of Education shall develop a complete plan of family life instruction suitable for implementation by any local education agency which fails to devise, adopt, and implement a local program of family life instruction pursuant to subsection (a).

(B) The plan shall include all procedures and policies necessary for local implementation, administration, evaluation, and supervision of family life instruction. The plan shall emphasize abstinence from sexual relations outside of marriage, the right and responsibility of a person to refuse to engage in such relations, basic moral values, as well as the obligations and consequences which arise from intimacy. The plan shall include a component which specifically addresses the nature and prevention of AIDS and other sexually transmitted diseases. In developing the plan, the state board shall consider such programs and materials as "Sex Respect", "Teen-Aid", and the "3-R Project" of the South Carolina Departments of Education and Health. The plan shall require the local education agency to undertake appropriate and adequate measures to encourage and maintain the highest level of parental and community support for family life instruction in the home, in church, and at school. The plan shall include procedures and policies whereby the local education agency may utilize the services of qualified health care professionals and social workers to assist in family life instruction; however, the plan shall preclude any individual from serving as a family life instructor unless such individual is found by the local education agency to be upright of character and of good public standing.

(2) Prior to implementing the complete plan of family life instruction developed by the State Board of Education, a local education agency shall conduct at least one (1) public hearing at which time the plan shall be explained and at which time members of the public shall have the opportunity to speak and express their opinions and concerns. Additionally, the plan shall require the local education agency to periodically conduct thereafter, ~~but not less frequently than once each~~ ~~September,~~ public meetings for parents to confer with family life instructors, to review resource materials and course content, and to offer comments and suggestions. Furthermore, after implementation of the plan, upon request of the local education agency or upon petition by fifty (50) or more parents or guardians of children enrolled within the local education agency, the Department of Education shall audit the local

SB 1144

education agency for the purpose of evaluating the quality and effectiveness of the plan of family life instruction, as administered by the local education agency, and for the purpose of recommending methods whereby the local education agency may improve such quality and effectiveness and foster a higher level of parental and community support for family life instruction.

Upon receipt of a written statement from a student's parent or guardian to the effect that the parent or guardian has personally examined the appropriate grade level instructional materials or has conferred directly with the student's instructor, guidance counselor or principal and that the parent or guardian finds objectionable any or all portions of family life instruction, the student shall be excused from such portion or portions of family life instruction.

A parent or guardian who wishes to excuse a student from all portions of family life instruction shall submit such request in writing to the student's principal, superintendent, and board of education. A student who is excused from all portions of family life instruction shall not be penalized for grading purposes if such student performs alternative health or social studies lessons specifically assigned by the board and if such student performs the alternative lessons in a timely and satisfactory manner.

SECTION 2. On or before December 31, 1994, the Division of State Audit within the Office of the Comptroller of the Treasury, acting in consultation with the State Board of Education, the Department of Education, the Tennessee Commission on Children and Youth, the Department of Human Services, the Department of Health and Environment, and the Department of Youth Development; shall submit a written report to the Governor and to the General Assembly evaluating the effectiveness of family life instruction as an educational resource for teaching Tennessee children and youth the critical importance of responsible decision making, for preventing sexually transmitted diseases such as AIDS, and for preventing teenage pregnancy.

SECTION 3. If any provision of this act or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of the act which can be given effect without the invalid provision or application, and to that end the provisions of this act are declared to be severable.

SECTION 4. This act shall take effect on July 1, 1989, the public welfare requiring it.

PASSED: _____ May 25, 1989


JOHN S. WILDER,
SPEAKER OF THE SENATE


ED MURRAY, SPEAKER
HOUSE OF REPRESENTATIVES

APPROVED this 8th day of June 1989


NED McWHERTER, GOVERNOR

"LIFETIME WELLNESS CURRICULUM FRAMEWORK"
"Lifetime Wellness Resource Manual" (LWCFRM)

**1,600 TEACHERS TRAINED AUGUST 1994--MARCH 1995
IN THE ATTACHED LWCF SEXUAL WELLNESS RESOURCE MANUAL**

Draft Critique

NOTE: October 29, 1996, following a brief comparison of the attached **LWCFRM** to other national sex education models, I spoke with Mike White at the Tennessee State Department of Education in Nashville. Mr. White's name was listed as contact person on the MEMORANDUM sent to "Lifetime Wellness Teachers" from Tom Cannon, Assistant Commissioner of Curriculum and Instruction, August 1, 1994, regarding the **LWCFRM** herein under study. Mr. White informed me that the manual had been implemented in August 1994 and that by March 1995, 1,600 teachers had been trained using the roughly 250 page **LWCFRM** document as their resource. Mr. White explained that due to financial considerations the training continued at the request of a needy school. He evidenced surprise that I had a copy of this resource since, as he explained, it was handed out only to the teachers being trained in its classroom use.

**DOES THE LWCFRM EROTICIZE TENNESSEE CLASSROOMS
AND IF YES, IS THE LWCFRM LEGAL?**

YES--BASED ON TITLE X: FUNDING FOR SEXUAL SERVICES

DELIVERED TO "UNEMANCIPATED MINORS"

**NO--BASED ON TENNESSEE SENATE BILL NO. 1144: "AN ACT RELATIVE TO
FAMILY LIFE INSTRUCTION"**

**KINSEY'S CONCEPT OF JUVENILE SEXUAL NEED & ENTITLEMENT UNDERLIES THE
LWCF AND THE LWCF RESOURCE MANUAL (LWCFRM)**

Question: Can Tennessee Teachers Legally And Secretly Provide Schoolchildren With Graphic, Provocative Erotic Heterosexual And Homosexual Materials, Films, Videos, Condoms, Demonstrations And Language Which Is Illegal, Child Sexual Abuse Outside The-Schoolroom?

Yes. Post-1970 All States Which Receive Federal Monies Via "Title X--Population Research And Voluntary Family Planning Programs" With A Kinseyan Monopoly Of Teacher Training, May Give "Confidential" Family Planning Services, Sexual Information, Even Abortion Referrals To Interested "Unemancipated Minors"

No. See Discussion of Tennessee Senate Bill 1144 at Close of This Paper

Action Even Without Tennessee Law (Senate Bill No. 1144) Contributing to the Delinquency of Minors, Child Abuse and Receiving Federal Funds For Fraudulent Data Are Still Illegal. Under Title X The Bureaucrats Reviewing Title X Training Materials Must "Review The Content Of The Material To Assure That The Information Is "Factually Correct," Age Appropriate, And The Like. Should Tennessee Eliminate Title X Funding And Charge Those Involved With Disseminating "Factually Incorrect" Information, Child Abuse and the Like, Major Changes Could Follow.

"PUBLIC LAW 91-572--DEC. 24, 1970 [84 State] TITLE X" (EXCERPTS)

"TITLE X—POPULATION RESEARCH AND VOLUNTARY FAMILY PLANNING PROGRAMS

"PROJECT GRANTS AND CONTRACTS FOR FAMILY PLANNING SERVICES

"SEC. 1001. (a) The Secretary is authorized to make grants to and enter into contracts with public or nonprofit private entities to assist in the establishment and operation of voluntary family planning projects.

"(b) In making grants and contracts under this section the Secretary shall take into account the number of patients to be served, the extent to which family planning services are needed locally, the relative need of the applicant, and its capacity to make rapid and effective use of such assistance.

GADE.

(3) Provide services in a manner which protects the dignity of the individual.

42 CFR Ch. I (10-1-95 Edition) -

(4) Provide services without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies, or marital status.

Title X:

For example, unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources.

Title X declares "Unemancipated minors" (above) emancipated for the purpose of sexuality training. Teachers can secretly give all children condoms and obscenity until and unless this usurpation of parental rights is challenged and won back in the courts.

SIECUS & PLANNED PARENTHOOD SHARE BOARDS, ORIGINAL DIRECTORS, ETC., AND THEIR TRAINING AND TRAINERS ARE KEY KINSEYAN SEX EDUCATORS IN THE USA.

SIECUS & PLANNED PARENTHOOD COLLECT BOTH PRIVATE PORNOGRAPHY INDUSTRY FUNDING & PUBLIC FUNDS UNDER TITLE X. HENCE, IN ITS 1995 POSITION STATEMENT, SIECUS

WOULD MARKET ITS INVESTORS' PORNOGRAPHY INTO CLASSROOMS VIA PROGRAMS LIKE LWCFRM

**SIECUS POSITION STATEMENTS
ON SEXUALITY ISSUES
1995**

Sexually Explicit Materials

When sensitively used in a manner appropriate to the viewer's age and developmental level, sexually explicit visual, printed, or on-line materials can be valuable edu-

cational or personal aids, helping to reduce ignorance and confusion and contributing to a wholesome concept of sexuality.

In its 1995 *Position Statements on Sexuality*, when SIECUS writes of "Sexually Explicit Materials" (left), "They mean films and photos of oral, anal, genital copulation and the like. "When sensitively used in a manner appropriate to the viewer's age and development level, sexually explicit visual, printed, or on-line materials can be valuable educational or personal aids, helping to reduce ignorance and confusion and contributing to a wholesome concept of sexuality." SIECUS does not disclose that they market pornography for its investors.

AUTHENTICATION PROBLEMS OF LWCF RESOURCE MANUAL

EXCLUDES PAGINATION, TABLE OF CONTENTS, INDEXES OR CITATIONS

The first observation of the Kinseyan *LWCF Resource Manual (LWCFRM)* is that it excludes standard citation matter necessary for scholarly authentication and analysis: pagination, tables of contents, indexes, endnotes or footnotes are avoided in conformity with other sexuality "wellness" manuals nationwide. Absent such precise reference markers the materials are what could be called "pre-literate" so that proper citation criticism is made very difficult.

Moreover, anyone using this "Wellness" manual can add or subtract pages at will, hardly an acceptable arrangement in sexuality instruction. At first blush critics might view the flawed citation and authentication methods as mere sloppy scholarship, although quite serious since its five compilers are educating almost all of Tennessee's children in sexual conduct.

As Kinsey specifically identified obfuscation as a means toward subverting public criticism of his sex findings, it should not surprise to find similar obfuscation violations of citation protocol common practice in sexuality manuals (see my critique of Georgia's mandated sex education manual "Comfort, Confidence, Confidence in Sexuality Education," 1992).

Critics can conclude that either a) those in the sexuality education field are wholly unfamiliar with proper methods of scholarship hence they are unqualified to educate children, or b) those in the sexuality education field intend to confuse the reader, hence they are unqualified to educate children. *If* pages are neither added nor removed the curriculum below is the Tennessee manual.

THE UNBOUND, UNPAGINATED ~250 PAGE LWCFRM CURRICULUM IS FASTENED BY A LARGE PAPER CLIP,

! HAVE ROUGHED OUT 11 SECTIONS IN THE MANUAL WITH THE ORDER OF MATERIALS FOLLOWED IN THIS CRITIQUE:

1. Cover Letter from Tennessee State Department of Education
2. "Disease Prevention and Control" & five people who "compiled" the section
 3. "Section 1: Key Words" (9 pages of "Glossary")
 4. "Section II: Activities" (6 pages)
5. "Section III: Supplemental Materials" (roughly 97 pages)
 6. "Section IV: Resources" (5 pages)
7. "Sexuality and Family Life" compiled by five persons including Planned Parenthood and Nashville and Tennessee Department of Education and of Health teachers (2 pages)
8. "Section I: Key Words for "Sexuality and Family Life" (4 pages)
 9. "Section II: Activities (48 pages)
10. "Section III: Supplemental Materials" (roughly 13 pages)
 11. "Section IV: Resources" (13 pages)

“DISEASE PREVENTION AND CONTROL”.

HIV/AIDS Education Director, Elizabeth Word, and others “Compiled” this manual of pages taken from various texts and other manuals, with few citations as to the origin of these materials. We have no information regarding who these people are, their own “training,” their biographies of accomplishment, their sexual orientation or commitments and the like. There are no samples of their writings so that we can determine whether these “compilers” are capable of serving as the educators of Tennessee youths on these intimate life and death issues. The knowledge and skills of these five “compilers” is seen in their “Glossary,” which provides no citations as to the source of these definitions, suggesting the definitions are without challenge.

“SECTION 1: KEY WORDS” A GLIMPSE AT LWCFRM’s “GLOSSARY”

“AIDS” DEFINED BY The LWCFRM

AIDS

Acquired Immune Deficiency Syndrome. A viral disease which damages the body's immune system, making the infected person susceptible to a wide range of serious diseases. May also involve neurologic symptoms.

The above LWCFRM AIDS definition dramatically understates the dangerous infectivity of the Tennessee AIDS carrier and is, on the evidence, a nefariously misleading datum on “Disease Prevention and Control.” The LWCFRM is obligated to teach children that AIDS carriers are not merely “susceptible to a wide range of serious diseases,” AIDS carriers generally host “a wide range of serious [and communicable infectious] diseases.” Just one key element of AIDS relevant to children’s lives, for example, would be which of the many highly contagious diseases either host or evolve out of AIDS from pneumonia to tuberculosis. In Tennessee’s LWCFRM Glossary, diabetes, a terrible disease but largely one which is *unrelated to behavioral conduct*, receives greater space than the major STDs, each claiming a much larger victim population. Were the LWCFRM truly concerned with control of children’s disease, they would provide a definition of AIDS at least as accurate as that of the politically correct *Bookshelf 1994*:

AIDS [as above, cont....] The virus is spread through the exchange of body fluids (primarily semen, blood, and blood products) and can persist in the body for a decade or more without any apparent symptoms. The disease weakens the body’s immune system, allowing other diseases... PNEUMONIA, pulmonary tuberculosis, invasive cervical cancer, and encephalitis, to overwhelm the individual Although AIDS has largely affected male homosexuals, drug abusers, prostitutes, and hemophiliacs in the U.S., heterosexually transmitted infection has increased in the U.S. and reached epidemic proportions in several African and Asian nations. (The Concise Columbia Encyclopedia, 1991 by Columbia University Press).

As noted, this politically correct definition (we are hardly seeing the anticipated epidemic among prostitutes and even hemophiliacs, or among heterosexual Americans) at least identifies the infectious diseases commonly associated with AIDS carriers, critical for children learning about contamination.

Chlamydia

A sexually transmitted infection that attacks the male and female reproductive organs and is caused by several different microorganisms that are similar to bacteria, but closer in size to viruses.

As above, the *LWCFRM* definition of Chlamydia *illegally* obfuscates critical data. For, Chlamydia is:

....one of the most frequent STDs in the United States with more than **three million new cases estimated annually**. It is also the leading infectious cause of blindness in the world [and attacks] the urethra, cervix, uterus, fallopian tubes, lymph nodes in the groin and outside of the liver" with babies born blind due to Chlamydia and with roughly 10-18% of college women reported as infected by this organism.¹

As above, the *LWCFRM* Glossary wrongly defines Chlamydia by obscuring its role in permanent female infertility for women who were sexually active young with multiple partners. The *LWCFRM* Glossary wholly ignores cervical cancer, an STD which is devastating young American women who were sexually active young, with multiple partners, condom failure rates are not mentioned nor is the difficulty of proper use by date and condition, etc. The extreme infectivity of Hepatitis, A, B, C and its fatal properties are not even noted.

"INTERCOURSE" A *LWCFRM* DEFINITION

Intercourse

A type of sexual contact involving one of the following: (1) insertion of a man's penis into a woman's vagina, called "vaginal intercourse"; (2) placement of the mouth on the genitals of another person, called "oral intercourse"; or (3) insertion of a man's penis into the anus of another person, called "anal intercourse."

Implying Sodomy To Be Legal in Tennessee. That anal (and recently oral) sodomy is fully identified as the key transmission route for AIDS is completely hidden in the above definition. Now, beyond equalizing conjugal, eye-to-eye, body-to-body coitus with deviant sodomy; beyond the sexual abuse of children's innocence and need-to-know by using graphic "pictorial" word images of sodomy; beyond all this, the *LWCFRM* denies the illegality of same-sex sodomy in Tennessee by eliminating the word sodomy (hence the "crime") altogether. The acts cited above are legally not "intercourse," but "sodomy," wholly illegal, "however slight, of any part of a person's body or any object into".²

"SECTION II: ACTIVITIES" (6 PAGES)

One page of immunization information. Next, teachers are to give the children handouts for AIDS games. These co-educational games are sexually explicit, wholly unacceptable as they violate the Title X mandate to be "factually accurate" and appropriate for ages 13-17 years. The data do not find playing games like "Determine Your Risks" helpful rather than harmful for children. The *LWCFRM* consistently undermines normal, marital coitus by equating it with sexually perverse and disordered conduct. . The *LWCFRM* --a 'la Kinsey--pushes teenage sexual activity by never citing marriage and instead equalizing heterosexual unmarried sex with all acts as AIDS "Prevention Techniques." They say: "Abstinence/condom/clean needle/monogamous with HIV negative person." This definition implies an equality of these activities, chastity, safe drug ingestion, condom use in violation of the *LWCFRM* mandate to provide age appropriate and "factually accurate" sexual information and violating Tennessee's law to empathize abstinence from sexual relations outside of marriage....basic moral values" and the like.

Children are asked to describe "How does it feel" to live with AIDS, and to invite someone with AIDS to "talk to the class." This activity is coarsening, inappropriate and factually inaccurate, dysfunctionally designed to actually encourage AIDS efficient sex, and not a means of creating "WELLNESS."

"SECTION III: SUPPLEMENTAL MATERIALS" (97 PAGES)

The AIDS "Truth or Myth Worksheet" teaches myths the *LWCFRM* defines as "Truth," violating federal and state law which requires factually accurate data, were Tennessee parents aware of the information in this manual, they would surly charge a violation of parental rights. Again, ignoring the fact that AIDS is host to many other similarly dangerous STDs, transmitted through many of the ways the *LWCFRM* calls "myths" the *LWCFRM* falsely claims that chlorine bleach kills the AIDS virus, that you can *never* get AIDS from toilet seats, that no known cases of AIDS have been transmitted through tears or saliva, that neither sweat, sneezing nor kissing can transmit AIDS and so on. The *LWCFRM* claims "safe sex practices" will prevent AIDS but we are not told what those are. None of these claims are proven and data suggest the opposite in many of these cases already. Hence, the *LWCFRM* misleads about AIDS, violating parental trust and federal and state law which requires factually accurate data and advocacy of sex within marriage, exposing some children to a fatal end.

A SERIES OF STUDENT SURVEYS: THESE SURVEYS ARE CONTRAINDICATED BASED ON THE EVIDENCE REGARDING TEENAGE COMPELLING INTEREST IN "AT RISK" CONDUCT

The surveys cited in this Kinseyan *LWCFRM* are not appropriate, rather harmful for children. All occupy critical school time and no proof, no MoP (Measurement of Performance) finds these activities helpful in reducing "risky" or "safe" sexual conduct. The Prevention data are inaccurate hence they do not support the states' compelling interest in Public Health.. Moreover, as those in the teaching profession appear to be at least as statistically dysfunctional as those in any other professional group, sensitive, personal student data do not belong in a school survey but, under parental control, in a medical facility.

LWCFRM SEXUAL GAMES "THE AIDS/STD SHUFFLE"

Right is the "AIDS/STD Shuffle," an AIDS children's game. Teacher has the children casually "meet" others in the room, later defined as people the children have had sex with (*this rehearses multiple homosexual as well as heterosexual sex*), then teacher calls on youngsters who "picked" the AIDS card.

"Each person stands as their name is read" as infected with AIDS. This is cruel and there is no proof these rehearsals reduce sex acts, and on the evidence, increase both homosexual and heterosexual experimentation.

Some critics would call this Kinseyan *LWCFRM* pedagogical child abuse as it misleads about AIDS,

AIDS/STD Shuffle

An individual cannot tell whether it is safe to have sex or share needles with another person by looking for signs of illness or by asking the other person if he or she is healthy. Most infected persons have no symptoms or outward signs of illness, and most do not know that they are infected.

This is an introductory activity that demonstrates how STD's/HIV can spread through a population.

Preparation: Index cards for everyone in class

Mark on two index cards in the upper corner	A
Mark on one index card in the upper corner	M
Mark on one index card in the upper corner	C
Mark on one index card in the upper corner	+
All of the other index cards are plain.	

Implementing the activity:
As students come in the room, hand each one an index card, being sure that the five marked are randomly handed out.

Ask students to have a pencil or pen ready.

When all students are in the room, instruct them to go around the room and meet five people. They write the names of the people on their cards as they meet them. Students are pretending that one person is infected with an STD or HIV. The meeting of people represents sexual exposure. When each person has met five others, have them return to their seats.

Call on the student with the card marked with a + to stand and read the names on his or her card. That person is designated as infected with a virus such as HIV. Each person stands as their name is read. Ask if any have a letter in the corner of their index card. If they have, then they can sit down. They did not get infected because they practiced the following:

A = Abstinence
M = Monogamy
C = Condom

The students who are still standing from the original five then read out their cards and all these people stand. Again anyone that has A, M, or C can sit down as they are not infected. You continue until everyone has read their card or everyone who does not have a marked card is standing.

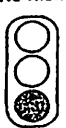
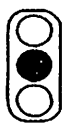

This quickly demonstrates how HIV or any STD can spread through the population. It is important to discuss and clarify with your students the results of this activity.

NOTE: Depending on the group, the leader may want to keep the + card and participate. This will avoid any stigmatization for a student who gets the + card.

encouraging disordered conduct, violating federal and state law which requires factually accurate data.

GAMES: "MAKE THE CONNECTION" AND "RISK BEHAVIORS"

"Make the Connection" also demeans marriage, equalizes condoms with abstinence and monogamy and has different children marked as engaged in different dysfunctional acts (some call "sin"). Since perhaps 25% of the girls and 17% of the boys in a given class carry with them some degree of early sexual trauma, such "games" are likely to trigger further anxiety and acting out, and to interfere with the children's ability to move forward from an already eroticized background into nonerotic academic activities. Noting the increase in "urinary tract infections" among girls, they say this could be avoided were their "partners...treated" yet the manual does not report that potentially fatal bloodstream infections due to urinary tract infections can often be traced to "real rear entry, penis-to-vagina sex," a fact avoided by sex education curricula.³

HIV Risk Behaviors Answer Sheet				
No Risk		Some Risk		Risky
				
Massage	French kissing	Unprotected oral sex >>	Intercourse using an oil-based lubricant and condom	Unprotected vaginal sex
Receiving a blood transfusion today >>	Properly using condoms with nonoxynol-9 or other spermicide	<< Cleaning spilled blood without wearing gloves		Using the same condom twice
Dry kissing	Mutual masturbation	<< Reusing a needle that has been cleaned with bleach		Anal sex
Abstaining from sex		<< Breast-feeding by an infected mother		Sharing needles for anything, including injecting drugs, ear piercing, tattooing, and injecting steroids or vitamins
Fantasizing				Reusing a needle that has been cleaned with water
Masturbation				
Hugging				
Donating blood				
Maintaining a lifetime, mutually monogamous relationship with an uninfected partner who does not use injection drugs				
<< This behavior could move slightly toward the left of the continuum. >> This behavior could move slightly toward the right of the continuum.				
Adapted with permission from <i>Training Educators in HIV Prevention</i> by J. L. Collins and P.O. Britton, 1990. Sanis Cruz, CA: ETR Associates.				

LWCFRM misleads about AIDS, violating federal and state law which requires factually accurate data and encouraging injurious conduct by telling eroticized children that the use of condoms will protect them fully from STDs/AIDS. Increased abortion is an established result of that belief, leading to increased mortality from "safe sex" breast and cervical cancer, as well as a broad spectrum of other emotional and physical disorders.

ETR BRINGS THE SSAR TO SCHOOL

ETR, the producers of these children's "activities," is a Planned Parenthood spin-off. Much of the LWCFRM may arguably be seen as a **State Sexual Attitude Restructuring (SSAR)** for schoolchildren, based on the SARs taught at the Institute for the Advanced Study of Human Sexuality and similar accredited sexuality agents all tied to SIECUS which now demands the right to market their investor's pornography

in the classroom⁴⁵ In discussing the HIV Risk Behaviors reprinted left, ETR tells teachers to help children create new sex acts to add to that list:

"Encourage participants to create additional risk behaviors, to write them down on extra (blank) index cards, and place those along the continuum." LWCFRM teachers can hence, legally, elicit cards describing anal sodomy and other such conduct from the children. The teachers--and students--are taught "Remind participants of the groundrule--no judgments of others" and then to "look at the behaviors and privately consider whether they are doing any of these things. The point of this activity is to develop skill in evaluating relative risk." Yet this would statistically trigger some degree of additional risk-taken by some number of children due their natural view of themselves as invincible. Dr. Everett C. Koop some years ago, as U.S. Surgeon General spoke of the common risk-taking patterns of teenagers.

LWCFRM Objective 3B, Activity #5 discusses "My partner and I" having sex with spermacide, and "I have had anal sex without using a condom" (12). **LWCFRM** Objective 3C and Activity #3 gives children the following "advanced Problem Situation".

Play Act: Carlos has an STD from sex with a "sex partner" but "he doesn't know her name or where she lives." What to do? Children are told how to find the local clinic. Problem solving exercises train children to consider having sex but limiting their sex "to each other only," violating Tennessee law for this program.

The solutions given for all of these highly inappropriate and abusive scenarios is not to wait for sex until you are married but to "go to an STD clinic....for a gonorrhea test" etc. The problem solving is wholly unrealistic, (inaccurate) with Carlos seeking in the streets for his "sex partner" to tell her he has an STD so she can be tested and live happily ever after. This is arguably State Sexual Attitude Restructuring (SAAR). Later, homosexual sex is normalized and those objecting to its harmfulness are demonized. This exercise directly undermines children's faith and trust in parents while it ridicules an old fashioned, fear-based teacher who will not teach condom protection. The notion of homosexual sex is dropped in here as a positive. Then, dismissing their earlier "groundrules" about "not being judgmental," about bad sexual behavior, the **LWCFRM** now has students "rank" parents and others whose "behavior was worst from your point of view."

LWCFRM (SSAR) INSTRUCTS IN SEX, NOT ABSTINENCE, NOT CHASTITY, NOT NON-SEXUAL BOY-GIRL RELATIONS

SITUATION 2:

You are (give the age most common to participants in the class) and you are in a relationship that is moving toward intercourse. Would you:

1. Suggest that both you and your partner have an HIV test before having intercourse.
2. Buy condoms and insist they be used.
3. Abstain from any risky behaviors, i.e. enjoy "outercourse" only.
4. Figure there's not much risk involved so you won't need to practice safer sex.

The excerpt above is illustrative of the SSAR involved in the **LWCFRM**. What is this supposed to teach children? When a friendship is "moving toward intercourse" this means the youngsters are engaging in other forms of sex. Instead of telling the children to become involved in other, nonsexual activities, many are available, the SSAR **LWCFRM** offers four choices, all of which either involve intercourse or *will lead to coitus*. Get an AIDS test first, have sex with condoms, have sex without vaginal penetration, have sex without tests and condoms.

THE LWCFRM PEDAGOGY TEACHES "DELAYING STATEMENTS" NOT MARRIAGE AND NOT ABSTINENCE

Children are told to "write down their feelings" and the class talks about these feelings, etc, wholly inappropriate in this sexualized, "academic" setting. **LWCFRM** teaches repeatedly that sexuality is

Children are told to "write down their feelings" and the class talks about these feelings, etc, wholly inappropriate in this sexualized, "academic" setting. **LWCFRM** teaches repeatedly that sexuality is consistently intertwined with all activities, thoughts, events, studies and the like. This is untrue among healthy persons and creates sexual addicts of others. Parents are described, again, as a source of "pressure" while **sex ed teachers are never described as retrograde or a source of pressure.**

The effort to undermine the authority, love, loyalty and, yes, obedience, of children toward their parents will have its fallout in the last pages in the LWCFRM.

LWCFRM SAYS "DELAY"-- NEVER TEACHES BOYS AND GIRLS TO WAIT FOR AND TO SEEK OUT MARRIAGE

Objective 3D
Activity #10

Delaying Statements

Statements to delay a situation

You could say:

I'm not ready now.
Not yet.
Sorry, I have to go.
We don't have enough time.
It's not the right time.
I'm not in the mood.
Not tonight -- I've got a headache.
I have to call home.

Add your own: _____

Actions to delay a situation

You could do:

Start coughing.
Look confused.
Drop something.
Stop kissing.
Invite someone to come over and talk.
Go to the bathroom.
Pretend you lost something and have to find it.

Add your own: _____

1. What are some of the things I want to do with my life?
2. What could happen to those goals if I have sex?
3. What are the good things about not having sex right now?
4. What makes it hard to say no to sex?

The page on saying "NO" has no script to rehearse. Marriage, modesty, virginity, sin or dignity and such are not mentioned. In all "Role Play" activities abstinence means, she "is not ready for that" yet (similar to most other national sexuality curricula). In "DELAYING STATEMENTS" (above) the **LWCFRM** brainwashes children to "delay" sex for a short time, **not to abstain, for**

any reason!

THE LWCFRM TREATMENT OF "MARRIAGE"

Until I reached the end of this manual where I found the actual law mandating this program (apparently a required component of distribution) I did not know that Tennessee law requires that "family life education shall emphasize abstinence from sexual relations outside of marriage, the right and responsibility of a

The word "marriage" appears perhaps 5 times in about 250 pages of sexual discussion, an average of 1/50 pages, "sex" appears perhaps 500 or more times and AIDS perhaps 250 times. The word "marriage" appears for the first time (twice) in Objective 3E, Activity #1 (about a third into the manual) as part of a death "game." In this "game" where we meet "marriage" for the first time, the children are taught to feel they have AIDS, they will die in "13 months to 3 years" "How Does it Feel?" "How does it feel to hear your friends talk about the future--next summer? after graduation? marriage?" followed by "How does it feel to be told they don't want you to come to school?" This is also one of the early cites for the word, "parents." "How does it feel to tell your parents?" "How do your parents feel?" In fact, "family" appears to be seldom used in this manual, except where there are health surveys about inheritance.

Marriage is scripted then in the context of death, ugliness. Children are told to practice next "THE LOSS ACTIVITY" with more focus on "living with AIDS" subtly encouraging the children to both live with AIDS and to request "a person with AIDS (PWA) to speak. Death and sex and sex as death is the repeated, and repeated message given children in the LWCFRM " games". Such a mantra may easily explain why so many children are having sex. As noted earlier, this is expected behavior in war for having sex and babies is the way to challenge the world by youngsters who see themselves as invincible.

The encounter groups suggested in "CLASSROOM APPLICATION" are all dangerous for normal children much less those already undergoing various trauma. As psychologists are themselves identified as largely incapable of dealing with such group sessions properly, these teachers are not even equipped to recognize signs of massive disorder.

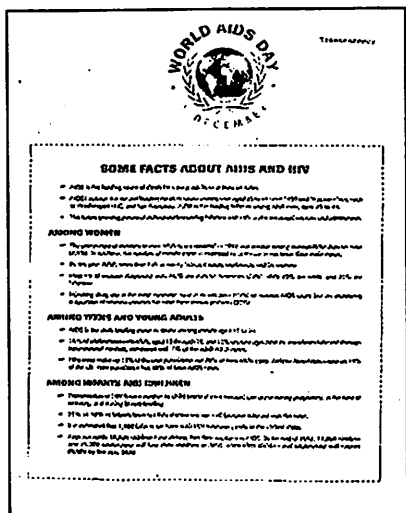
WHAT ARE LWCFRM "HIV RISK BEHAVIORS"?

HIV Risk Behaviors		Transparency
Associated with sexual activity		
Massage	Anal sex	
French kissing	Masturbation	
Mutual masturbation	Flogging	
Unprotected oral sex	Using the same condom twice	
Dry kissing	Maintaining a lifetime, mutually monogamous relationship with an uninfected partner who does not use injection drugs	
Abstaining from sex	Intercourse using an oil-based lubricant and condom	
Unprotected vaginal sex		
Fantasizing		
Properly using condoms with nonoxynol-9 or other spermicide		

After several pages on diabetes, heart disease, cancer, etc. and a useful page on "How to control blood pressure," we are back, not to an "emphasis on marriage" but to "an emphasis" on AIDS and all the things one can talk about if one discusses AIDS. In this co-educational classroom, it is anal sex, mutual maturation, unprotected oral sex and the like. Why "Abstaining from sex" is identified as "Associated with sexual activity" is a question, especially since the word "marriage" is again noticeably absent from this list. Other items cited but not seen in this excerpt, are "Associated with use of needles" and "Associated with other modes of transmission."

but not seen in this excerpt, are "Associated with use of needles" and "Associated with other modes of transmission."

It is very noticeable in the "AMONG TEENS AND YOUNG ADULTS" citation below, that a missing "mode of transmission" is that of child sexual abuse or rape, a highly effective mode of transmission for roughly 59% of AIDS infected boys and some hundreds of girls, at least 7,166 boys dying from adult male sex offenders by October 1991.⁵ Hence, the LWCFRM which follows, (including the only reference outside of childbirth in why be married, to "Infants and Children," found in the World AIDS Day advertisement) is Kinseyan and neither "factually correct" nor age appropriate.



THE WORLD AIDS DAY (left and below excerpt) transparency reports on the rate of AIDS among boys and such, carefully obscuring gay rape of boys as a primary feature of the boys' deaths. By saying 16% and 12% of boys were infected by "heterosexual contact"(below) the teachers aid in hiding an admitted rate of 84% to 88% of boys infected (murdered) by gay men.

"SECTION IV: RESOURCES" (5 PAGES)

AMONG TEENS AND YOUNG ADULTS

- AIDS is the sixth leading cause of death among people aged 15 to 24.
- 16% of adolescents with AIDS, aged 13 through 19, and 12% of those ages 20 to 24, have been infected through heterosexual contact, compared with 7% of the adult AIDS cases.
- Hispanics make up 12% of the teen population but 20% of teen AIDS cases. African Americans make up 15% of the US teen population but 38% of teen AIDS cases.

AT FIRST REVIEW, THE RESOURCES CITED OFFER POLITICALLY CORRECT SUPPORT FOR THE LWCFRM BIAS, INCLUDING PLANNED PARENTHOOD AND HOMOSEXUAL ADVOCATES

"SEXUALITY AND FAMILY LIFE" (2 PAGES)

Compiled by five persons including a Planned Parenthood representative

It could be argued that in as far as there is a writing committee listed and curriculum framework reviewers, and responses cited, and this curriculum resulted, a congressional investigation is long overdue.

"SECTION I: KEY WORDS FOR "SEXUALITY AND FAMILY LIFE"

THE GLOSSARY IS MISLEADING AS IT INCLUDES ONLY BIOLOGICAL, PHYSIOLOGICAL DEFINITIONS NOT "FAMILY LIFE AND SEXUALITY" DEFINITIONS

"Sexuality And Family Life" Course Goals, is misleading, such as "Recognize that having children is best undertaken in marriage" instead of "should only be undertaken in marriage," etc. The Goal never says that sex is best and should be undertaken only in marriage.

The **LWCFRM** bias, a Kinseyan bias toward sex outside of marriage, can be seen below as neither "factually correct" nor age appropriate. **LWCFRM** reasons for not having sex do not even have the same numbers of "reasons" as in the "for" column. Moreover, the same reasons not to have sex apply in many ways, "love," hoping "to keep a boy/girl friend" as well as of course the desire for a happy marriage. Again, the word "marriage" does not even appear here, or at the end of the activity on other reasons.

Next, in "Contraceptive Effectiveness Comparisons" the **LWCFRM** falsely the total safety of condoms, actually advocates for sex with condoms, giving unusually low (not validated) failure rates for various contraceptives, but only for "women" not teenage girls, and only for pregnancy, not STDs/AIDS. "Self Esteem Exercises" are given, while we have enormous data which suggest that these activities increase dysfunction and smug satisfaction with lackluster ineffectiveness, rather than good work. Again the **LWCFRM** appears in this case to be neither "factually correct" nor age appropriate. All of these "self esteem" excersizes are fraught with unfactual use, invalid and contraindicated.

REASONS PEOPLE CHOOSE TO HAVE SEX

On the blackboard, make two headings, "Reasons people choose to have sex" and "Reasons people choose not to have sex." List all reasons the group is able to identify. Answers might include:

Reasons to have sex:

to have a baby
for love
to keep a boy/girl friend
for fun
curiosity
pressure
everyone's doing it
enhance reputation

Reasons not to have sex:

STDs
HIV/AIDS
unwanted pregnancy
reputation
against religion
not ready
fear of being hurt

The SAR is used "Attitudes About Dating, Love, and Sex" (The **LWCFRM** still denies the existence of marriage). These activities are often called Values Clarification and are identified as conditioning and desensitizing children. The **LWCFRM** is assumption is the children have "sex partners." Assumptions here are Kinseyan, that teenagers must be in sexual relationships because they must. This is not sustained by American history. TIMELINES are posted around the room, all these activities eroticizing the classroom, the schoolhouse, the schoolchildren and schoolteachers to each other. In "INTIMACY" the **LWCFRM** implies sexual feelings for a same sex "friendship".

Not until activity 60 does a parent appear as a possible reliable friend. but the activity then degenerates into the family seeking others for direction in sensitive areas of the child's life. The statement "Whenever you have a problem, there are always people and places that can help you and your family" is untrue and dangerous to believe. Often, you and your family can only rely on yourselves and your religious life.

In 61 we find the first "NO" for ways to resist sexual involvement. While much more should be offered to aid children in why sex is wrong, this is the first NO, cited. Another answer "I'm not ready now, suggests you ask her later, and "Don't pressure me" is not a firm No either.

"SOME RISK, ANAL INTERCOURSE USING WATER-BASED LUBRICANT"

Number 63 allows children to use all the four-letter words they know for sex, and these will be written on the school chalk board. This *LWCFRM* is not factually justified and it is toxic, also encouraging graffiti outside, if it is fine to write them and say them in school, why not elsewhere? These are all SAR, Kinsey techniques, desensitizing and brutalizing the children the state engaged in *Prima Nocte*.

64. Explain life saving information on sexually transmitted diseases, including HIV/AIDS

Red Light, Yellow Light, Green Light

In order to identify which behaviors put us at greatest risk for being infected by a sexually transmitted disease, including HIV/AIDS, students will judge from the list of behaviors which ones describe No Risk (green light), Some Risk (yellow light), and Risky (red light).

While there are many ways this activity can be approached, one suggestion is to draw three traffic lights and color each to resemble a red light, yellow light and a green light. These can be posted or taped on a wall with room between them. Each behavior should be written on a large card that students can physically take and place under the appropriate light. Some behaviors fall somewhere between the lights.

The behaviors are listed below in the correct category describing the degree of risk.

No Risk (Green light)

Massage	Dry kissing
Abstaining from sex	Fantasizing
Masturbation	Hugging
Donating blood	
Maintaining a mutually monogamous relationship with an uninfected partner <u>who does not use intravenous injection (IV) drugs</u>	

(In-between No Risk and Some Risk)

French kissing	Mutual masturbation (petting)
----------------	-------------------------------

Some Risk (Yellow light)

- Vaginal Intercourse using condoms
- Anal Intercourse using water-based lubricant
- Oral sex

This *LWCFRM* not only falsifies a broad array of data on harm, it goes further than most other manuals and texts which promote promiscuous sex, claiming children can engage in anal sodomy, with some safety.

In certain quarters this statement could be seen as recommending ways of using sex to get oneself killed. This *LWCFRM*, approved by a blue ribbon collection of Board of Education members, teachers and others, is Kinseyan juvenile sexuality, wholly "factually incorrect," not age appropriate, and surly illegal and prosecutable for a score of violations.

It is followed by a nice "STD Handshake" exercise, irrelevant in the face of such fraudulent data.

"Sexual Harassment" is addressed and again, **nothing continues to be said about pornography and its harm**, its use by children and juveniles. But it could not be mentioned since pornography somewhat is used by Planned Parenthood and marketed by SIECUS investors. "Date Rape" avoids the realities of pornography role in rape of children and teens and makes no mention at all of the need to avoid boys who are users.


At about page 250 a short page of text appears on "Marriage" **but only in reference to the tie between marriage and children**, not as it relates to love and marriage for a woman and a man. This only deals with "parenting" and not with the importance of a monogamous marriage for happiness, health, the lowest rate of suicidal and homicidal activity, etc., its impact on economic advancement, and the like.

68. Recognize that having children is best undertaken in marriage

Marriage Brainstorm

Summary: A brainstorm (all answers accepted, no evaluation) and discussion of marriage and its impact on children.

Have the students brainstorm answers to the following questions, and have someone record them on the board or on newsprint.

- 
- How does society/culture place marriage as the ideal setting for having children? Explain why?
 - Give examples on how marriage is valued in our society, I.e., income tax.
 - What aspects of a marriage (partnership) would make it a good environment for raising a child?
 - In what situations would a marriage cause the child-rearing environment to be difficult?
 - What characteristics would you look for in a mate in order to choose a good parent?

Discussion Points:

Bring out the significance of choosing a well-suited mate as it relates to parenting.

Please note:

Since many students come from single-parent families, it is important that they not be made to feel defensive regarding their own family situations.

This is the beginning and end of "marriage," its purpose and its role in the *LWCFRM*. By reducing the importance of "marriage" to parenting, the *LWCFRM* teaches pre-marital sexual activity as appropriate and as marriage having no relationship to fidelity, monogamy or commitment beyond its utility in providing "the best" reign environment for parenting children. This is anti-marriage and not "factually accurate," it is not age appropriate and it sets the stage for homosexual unions, transitory or no, as appropriate for children. This advocacy should emerge clearly prior to the completion of this manual.

"MATCHING GAME"

More sex survey questions, thinking about sex, looking for sex, etc. and then, children learn about "reproduction" via another game, the, "Matching Game."

MATCHING GAME again desensitizes children, having them match names and drawings of the reproductive organs, including penis, sperm, menstruation, vagina, etc., forcing them to speak about their "function" why the penis becomes erect, the menstrual flow and the like. It is "factually accurate" to claim that this activity will eroticize children to selves and others and wholly short circuit the cognitive, thinking functions

these teachers seem to think they are tapping. These are right hemisphere (emotional) activities and the children are emotionally stressed by all such even sexually criminal activities.

These assignments allege they are teaching "the emotional components of human sexuality" at the same time that they coarsen and brutalize the "emotional components of human sexuality. As the schools eroticize all environments including the classroom, backrubs, holding hands, combing a friend's hair, even child care, as these are stated, all have the potential of decaying into sexual feelings--and activity.

LWCFRM TEACHER TRAINING "OPTIONS IN PREGNANCY"

The *LWCFRM* teachers will "brainstorm" with the children about "OPTIONS" in pregnancy. There is no "shotgun marriage" idea here regarding pregnancy signaling marriage and responsibility, period. There are "options" offered. What they would like regarding abortion, adoption, marriage, single parenting and the like. Since there has been no discussion about the meaning of marriage beyond its parenting utility, children have no idea of the role of marriage in creating western society, and the advantages of their lives as they know them. The *LWCFRM* teachers include thoughts of each person's "religious/moral beliefs" but no absolute regarding what God expects of these children, and so on.

Barriers to Using Contraception

Begin this activity by posing the questions. Allow discussion on each and then share the response.

1. I would like to take birth control pills but I don't know where to go to get them. I can't let my mother know that I'm having sex with my boyfriend.

Most health clinics including the health department offer family planning services to teens. In most cases you don't need your parents' permission to get treatment or birth control pills but this varies from clinic to clinic. Contact your local health department to obtain more information on the services in your area.

2. I don't know what kind of birth control is most effective or how many options there are available to me.

If you believe you are ready to have sex and need accurate information about birth control it is best to speak with someone you can trust. An older person, not necessarily your mother is a good person to talk with. That person can then put you in touch with the resources you need. Your friends may not have the most accurate information so you might want to keep looking until you find the right person to answer your questions.

3. I'm interested in using either the shot method of birth control or the Norplant as a form of birth control. I do not want to put on a lot of weight and I heard that they cause weight gain. Is this true?

One of the side effects of both the Norplant and Depo-Provera (shot) is weight gain. This weight increase can be controlled and is minimal. The benefits of both these methods of contraception is convenience. The Norplant is inserted once every 5 years and can be removed if pregnancy is desired. The shot (Depo-Provera) is administered once every three months and can be stopped if pregnancy is desired. With both these methods there is nothing to remember to take or insert.

4. My partner and I have decided to have sex, but I'm embarrassed to go to the store and purchase condoms.

Making the decision to have sex is a large commitment and part of that is taking the responsibility of protecting yourself and someone else from STDs and unwanted pregnancies. If you are not comfortable ask a person you trust to purchase them for you or contact your local health department or health center for free condoms.

Solicit from class members other barriers like the ones above and a response.

THE PRIOR 250 PAGES LEAD TO THE LWCFRM TEACHERS' GOALS.

LWCFRM trains children to lie to their parents to get contraceptives.

It recommends Norplant, very dangerous, it recommends "an older person, not necessarily your mother" when the data are quite clear that the "older person" is often the adult man having sex with the child. It tells children too "embarrassed" to buy condoms how to get them free.

As condoms, we know, are largely unused by adults and children, the *LWCFRM* teachers dangerously disseminate.

CONTRACEPTIVE EFFECTIVENESS COMPARISON

In this brief, quick overview I have not had the time to enter the condom failure rates and the Norplant fiasco, and so on, but needless to say, the claims in this manual of the higher rate of effectiveness are not supported by the public health data or the data on condoms as disease prevention. Again, the data address women's "accidental pregnancy" and even these are flawed.

PARENTS PANEL

While at first blush this seems like finally a positive exercise, to bring unknown parents in to talk, it has no place in the classroom for there are no guarantees regarding what these "parents" will be saying. Children are not instructed to find only people married successfully for 20 years or more or to find only those who have highly functional children and so on. It is too easy here to get a parent as a role model who tells children that drugs are fine, they've used them or that they had sex many times prior to marriage and their lives are fine. This is not cognitive learning. Getting a license for parenthood is one of the exercises.

"SECTION III: SUPPLEMENTAL MATERIALS" PROGRAM EVALUATION

The problems of *LWCFRM* teachers' bias are clear in this alleged "Program Evaluation." It gives the children (or teachers) three choices about the effect of the program, **none of which are negative**. Did it help you understand yourself better; Did it help you make better decisions; Did it help you communicate with your parents better. The possible answers for *LWCFRM* teachers who are ready to discuss the most private aspects of the children's lives?

They **may not answer** "a little worse, a lot worse.," they can only respond "a little better, a lot better, no difference." And, in the two questions which might have elicited an uncomfortable response about something they did not like or which "made you feel uncomfortable" they ask a simple no or yes, not, "please explain." Later they ask for suggestions or comments. One wonders what the results were on the rating scale (from excellent to very poor).

Program Evaluation	
1. Has this program helped you to understand yourself better?	<input type="checkbox"/> a little better <input type="checkbox"/> a lot better <input type="checkbox"/> no difference
2. Will what you've learned from this program help you to make better decisions in your everyday life?	<input type="checkbox"/> a little better <input type="checkbox"/> a lot better <input type="checkbox"/> no difference
3. Has taking this program helped you to communicate with your parents and/or others better?	<input type="checkbox"/> a little better <input type="checkbox"/> a lot better <input type="checkbox"/> no difference
4. If you had to list one thing you have learned from this unit that will help you in your everyday life, what would it be?	

MYTH OR FACT

This is apparently a review of past materials mixing useful and harmful information and all abusive if co-educational. Answer 6 is harmful, consider earlier warnings to avoid talking to one's mother about getting contraception. Answer 24 is similarly inaccurate, for there are many reasons younger girls become pregnant, including rape, and even desire for a baby. Moreover, this is the first time the manual notes the probability of younger girls getting cervical cancer or other STDs, which they do not specify.

6. ***A teenager does not need parental consent to get birth control from a clinic.***
MYTH and FACT Family planning clinics in most states don't have to tell *anyone* in order to provide birth control to teenagers. However, in California, Utah, and some other states, parents do have to give their consent in order for teenagers to get birth control. Be sure you know what the law is in your state.
24. ***Females who start having sexual intercourse before age 16 are more likely to get pregnant than those who wait until they are 18 or 19 to have sex.***
FACT Younger teenage girls are twice as likely to get pregnant because they don't usually use contraception. When young teenage girls have sex, they are also more likely to get some sexually transmitted diseases (STDs) and certain kinds of cancer.

Claiming that 53% of 15-19 year-olds don't use birth control "every time" is without any form of validation so it is a myth also. It may be so, but is more likely that the percentage of non-use is much higher. Nor do we know really what percentage of all abortions are to teenagers, due to problems of validation. Also the claims of up to 97% safety for condoms is hardly supported by the data, especially if you are talking about the AIDS virus versus semen--in the former condoms are of little or no protection at all, since the spores, or natural breaks in each condom are significantly larger than the AIDS virus.

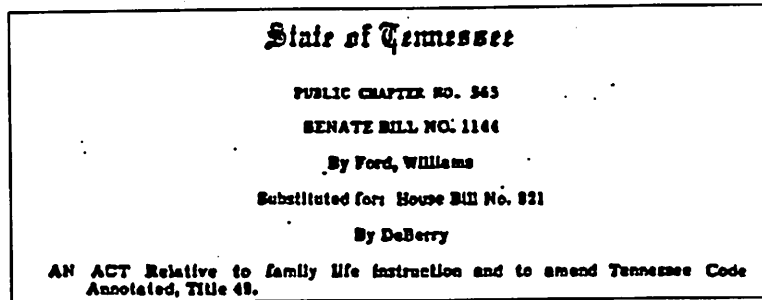
SECTION IV: RESOURCES

The Family Life & Sexuality Resources represent Special Interest agencies whose funders and investors reap profits from sexually disordered conduct, inclusive of early sexual activity. ETR was an offshoot of Planned Parenthood, the major abortion and sex counseling and contraceptive provider; SIECUS has been invested in by *Playboy* Enterprises and its membership has marketed pornographers for some years as expert witnesses in pornography cases, with *Playboy* funding the legalization of child pornography in cases such as *Ferber v. New York* .

Similarly, "The Alan Guttmacher [sic] Institute, Center for Population Options, Planned Parenthood Resource, Child Welfare League of America," etc., are all implicated in the promotion of alternative sexual lifestyles in full opposition of the view of sex belonging to the ideal model of monogamous marital relations, chastity before and fidelity during, and face-to-face, eye to eye, coitus, and the like.

A telling point here is the lack of history for these 18 child sexuality "expert" groups in any other area than that of promoting child sexual activity. That is, none are on record as challenging pornography, not even child pornography, none are on record as battling the lowering of the age of consent, or calling for massive drug and alcohol prevention activities or any of other sexuality-related issues critical to children's health and well being.

STATE OF TENNESSEE SENATE BILL NO. 1144 "FAMILY LIFE INSTRUCTION"



A careful review of the "LIFETIME WELLNESS CURRICULUM FRAMEWORK" finds this manual in complete violation of Tennessee Law, (excerpts left) which stipulates as follows:

The locally derived and implemented program of family life education shall emphasize abstinence from sexual relations outside of marriage, the right and responsibility of a person to refuse to engage in such relations, basic moral values, as well as the obligations and consequences which arise from intimacy. The program shall also include a component which specifically addresses the nature and prevention of AIDS and other sexually transmitted diseases."

(2) The locally devised and implemented program of family life education shall emphasize abstinence from sexual relations outside of marriage, the right and responsibility of a person to refuse to engage in such relations, basic moral values, as well as the obligations and consequences which arise from intimacy. The program shall also include a component which specifically addresses the nature and prevention of AIDS and other sexually transmitted diseases.

Some could argue that there is not one sentence in the LWCF which fulfills the Tennessee mandate while a careful content analysis of the words and phrases would say the LWCF disdains marriage and the notion of restricting sexual conduct to such a union. On the contrary, the program does not have a "component" on AIDS, etc, AIDS and sexuality is the program's emphasis. Further study of the Tennessee language is required, but it appears that other aspects of Tennessee law have also been violated.

STATE OF TENNESSEE DEPARTMENT OF HEALTH FILM STRIP RECOMMENDATIONS

There appear to be 152 videos recommended for children's viewing in the "LIFETIME WELLNESS CURRICULUM FRAMEWORK" (these were not numbered, nor were they listed alphabetically, nor did they cite their publisher or contents etc.). Nonetheless, at least some of these videos are distributed by Focus International, Inc., (below) a video catalogue company which distributes hard-core homosexual and heterosexual pornography, allegedly used "for educational purposes." For example, the "multi-media curriculum for junior high level students" below provides close-ups of oral sodomy between a man and a woman, two men and two women, as well as unprotected anal sodomy between a similar mix of persons.

While **About Your Sexuality** is not cited as one of the 152 videos offered, **His Baby Too** is listed. It would be prudent, even legally required to intelligently examine all of these media for their adherence to the word and spirit of Tennessee law--and to be assured that their contents do not do harm to the children.. For there was nothing in the description below of **About Your Sexuality** which would warn the prudent teacher that she or he would be screening for their young charges, graphic displays of anal and oral homosexual and heterosexual sodomy, with all of the scientific sounding supportive narrative that goes with such productions.

**HIS BABY TOO:
 PROBLEMS OF
 TEENAGE PREGNANCY**

3 filmstrips, 3 cassettes; teacher's guide

Focuses on the often-ignored rights and responsibilities of the young father-to-be as well as his legal and moral obligations.

PART 1 - DAVE'S STORY

Presents an in-depth view of one teenage pregnancy. Underscores the necessity of shared responsibility for birth control. Stresses the need for the teen couple to assess the dimensions of their problem through open and honest discussion.

PART 2 - THE CHOICES

Shows how stereotypes of the teenage father differ from real life. Points out the positive aspects of professional counseling, especially for the young father. Probes the question of abortion and examines the legal and emotional effects of this option on the unwed father.

PART 3 - MAKING THE DECISION

Examines in detail the potential impact of the options of marriage, single parenthood or adoption. Notes the special problems affecting teenage marriages. Looks at the legal rights of fathers regarding adoption, marriage, child support and visitation.

- Recommended by:
 School Library Journal
 The School Counselor
- "...raises considerations that effect the often-overlooked emotional needs of the teen father..."

Booklist

- "...a quality production which will broaden the perception of all those fortunate enough to see it..."

*Media Review*****

Filmstrip Purchase \$165

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SEX EDUCATION

Jr. / Sr. High School

**HUMAN
 SEXUALITY:**

**FILMS
 VIDEOS
 FILMSTRIPS
 SLIDES**

Organized by Subject
 (See Page 3 for Alphabetical Index
 of Titles)

ABOUT YOUR SEXUALITY

by Deryck Calderwood, Ph.D.
 revised 1983
 a multi-media curriculum for
 Junior High level students

This pioneering sex education program, first published in 1971 offers a highly flexible collection of multi-media resources with accompanying leaders' guides. The program is designed to help young people get accurate information...develop their abilities to communicate with each other and with adults about sexuality...build positive and healthy attitudes and values about their own sexuality...make responsible decisions about their sexual lifestyles and behavior. It provides leaders with detailed guidelines and materials for helping co-educational groups of young people achieve these goals.

The intent of the program is to provide young people with the opportunity for building attitudes and values by providing a setting where they can openly and honestly bring their questions and puzzlements and find the resources, both human and material, to feel and think them through. The resource is free of imposed values and any religious bias. The UCA believes, however that this curriculum supports the values listed in the Publisher's Message included in this new edition.

Purchase \$275

14 Oregon Drive
 Huntington Station, New York 11748
 (516) 548-5320

**"SOME OF THE THINGS
 THAT GO ON OUT
 THERE"**

Produced by Peer Education Health Resources
 1981; 30 minutes

The film triggers discussion among youth and adults by "offering permission" and stimulating frank talk about what it means to become an adult in our culture today. It reviews ancient customs; explores the range of parent-youth relationships; identifies current "rites of passage". Examines the process of forming relationships, separating from parents, sexual activity, drug and alcohol use, gaining independence.

The accompanying study guide helps teachers and group leaders plan and initiate discussions about the situations described in the film. A two-hour discussion group format with trigger and follow-up questions grouped by relevant topic is included.

• "One of the best made films for teenagers that I've seen in years, a film that today's teenager will easily relate to. It raises some of the crucial questions that most teenagers identify with."

*Ned Gordon
 Director of Institute
 for Family Research and Education
 University of Syracuse
 Syracuse, NY*

16 mm Purchase \$465
 Video Purchase 395
 Rental 55



I CAN SAY "NO!"

Produced and written by Gloria Baum, M.A., and Terry Baum, M.Ed.
 15 minutes; 133 frames; filmstrip and audiocassette; teacher's guide

Felicia is pressured to steal a sweater.
CAN SHE SAY "NO"?

David is afraid to say "no" to the bully.
CAN HE SAY "NO"?

Julian is afraid he will lose his girlfriend if he says "no" to her offer.
CAN HE SAY "NO"?

Students (disabled and non-disabled) learn how to say "no" without mixed messages and with confidence, even under peer pressure. Three dramatized trigger situations deal with saying "no" to shoplifting; saying "no" to a bully; and saying "no" to smoking marijuana.

Purchase \$40

BUY OR RENT 3 TITLES & GET
 ONE FREE!
 SEE ORDERING INSTRUCTIONS
 ON PAGE 31

**"TEACHER BACKGROUND
 INFORMATION SEXUAL ORIENTATION"**

Finally, the last few pages of the **LIFETIME WELLNESS CURRICULUM FRAMEWORK** could be said to follow the Sexual Attitude Restructuring (SAR) protocol taught for roughly 20 years by The Institute for The Advanced Study of Human Sexuality and subsequently taught in universities and colleges, percolating down into the high schools and now junior high schools. The IASHS's SAR has long taught the technique of introducing the most toxic sexual ideas last, after participants have been fully eroticized and desensitized. Here children have learned to distrust their parents and to trust the sexuality educators as "sexually literate."

In this way the participants have been sufficiently coarsened to prepare them for the next attitude change. (This has been compared by some to the use of a bit of arsenic in a rich chocolate cake. It will make some guests ill, some fatally. While at first it sounds melodramatic, the arsenic in old cake comparison may not be so unreasonable after all.)

These last few pages claim it is fully proven that homosexuality is normal conduct as healthy as that of male-female love and that homosexuals are merely victims of fear and hatred, a form of heterosexual homophobia. This could be said to violate Tennessee law in that, having eroticized the youths thoroughly, such unsubstantiated myths go a long way toward encouraging homosexual experiments. The *LIFETIME WELLNESS CURRICULUM FRAMEWORK* introduction says:

MYTH: "Sexual orientation determines the gender of the person who arouses sexual feelings in an individual."

FACT: One's "sexual orientation" is a new term, reflecting recent control by the homosexual lobby of language for as far as the evidence goes, homosexuality is largely a result of early sexual trauma and/or poor parenting. Children might read this claim also as meaning the source of desire himself or herself is somehow also homosexual, which is wholly untrue.

Teacher Background Information Sexual Orientation

Sexual orientation determines the gender of the person who arouses sexual feelings in an individual. Sexual orientation is a topic that is laden with misconceptions and is guaranteed to elicit a variety of feelings and attitudes. Heterosexuality has been thought by American society to be the only "normal" sexual choice. People often fear what they do not understand or what they perceive as threatening. This is the case with bisexuality and homosexuality. Becoming more informed and confronting the issues may help our society to understand and accept all people, regardless of their sexual orientation.

Mini-Lecture

Individuals who feel sexual attraction toward persons of the opposite sex are called *heterosexuals*; individuals who are attracted to persons of the same sex are called *homosexuals*. Some individuals are attracted to both sexes and are called *bisexuals*. One researcher (Kinsey, 1948, 1953) has illustrated sexual orientation on a seven-point continuum which reflects the fact that no clear-cut line separates homosexuality and heterosexuality. Between 2.5 and 10% of the population are homosexuals, and male homosexuals outnumber female homosexuals (lesbians) by two or three to one. About 23% of men and 14% of women are bisexual and roughly 75% of men and 85% of women are heterosexual.

There are psychosocial and biological theories about why people have a particular sexual orientation. Psychosocial theories focus on: the types of toys given to a child, presence of a domineering mother and passive father, the types of clothing provided and worn by children, and the amount of attention given the child by the opposite sex parent. Biologists have researched hormonal imbalances and genetic factors and have concluded that searching for the "cause" of homosexuality has been as futile as researching the "cause" of heterosexuality. There is no single factor. Studies show that sexual orientation is established early in childhood. Various attempts have been made to change homosexual orientation to heterosexual. Such attempts have been largely unsuccessful.

Aside from their sexual orientation, research has found *no significant lifestyle differences* among heterosexuals, bisexuals, and homosexuals. Homosexuals and bisexuals contribute to all areas of society, for instance as athletes, physicians, artists, teachers, students, and parents. However, many myths and prejudices surround the topic of sexual orientation. One of the most pronounced prejudices is homophobia, the learned fear and hatred of some people toward homosexuals.

Some people have trouble viewing homosexuals as individuals with rights and emotions. Strong homophobic feelings are often linked to myths that obscure the facts. One myth is that homosexuals can be easily identified by their behavior or mannerisms. The fact is that only a small proportion of homosexuals can be identified by their overt behavior, the remainder look and act just like "everyone else."

Another prevalent myth is that gay men have a desire to be women and lesbians have a desire to be men. This is untrue. Most homosexuals are happy with their gender; they just desire relationships with individuals of the same sex.

MYTH: Sexual orientation is a topic that is laden with misconceptions and is guaranteed to elicit a variety of feelings and attitudes. Heterosexuality has been thought by American

society to be the only "normal" sexual choice. People often fear what they do not understand or what they perceive as threatening. This is the case with bisexuality and homosexuality. Becoming more informed and confronting the issues may help our society to understand and accept all people, regardless of their sexual orientation.

FACT: While these sentences begin sounding quite fair, in context, homosexuality is defined as normal and people's "misconceptions" are said to be due to irrational fears of homosexuals, which proper sex educators and their teaching will correct. In fact, much of the belief about homosexuality is based on solid common sense and even well established evidence and not on "misconceptions" or unjustified fear. For example, fear of contact with AIDS carriers quite informed and rational, since while AIDS may be largely passed via sexual contact, the impaired immune systems of AIDS carriers makes the majority a walking collection of varied communicable diseases, nearly as deadly to their victims as is AIDS.

MYTH: . "Mini-Lecture"

Individuals who feel sexual attraction toward persons of the opposite sex are called *heterosexuals*; individuals who are attracted to persons of the same sex are called *homosexuals*. Some individuals are attracted to both sexes and are called *bisexuals*. One researcher (Kinsey, 1948, 1953) has illustrated sexual orientation on a seven-point continuum which reflects the fact that no clear-cut line separates homosexuality and heterosexuality. Between 2.5 and 10% of the population are homosexuals, and male homosexuals outnumber female homosexuals (lesbians) by two or three to one. About 23% of men and 14% of women are bisexual and roughly 75% of men and 85% of women are heterosexual.

FACT: . "One researcher (Kinsey, 1948, 1953) has illustrated sexual orientation on a seven-point continuum which reflects the fact that no clear-cut line separates homosexuality and heterosexuality." As the scholar who exposed the fraud and criminal sexual abuse of children used as Kinsey's scientific protocol, I can safely say that the entire body of scientific data on homosexuality has proven to be compromised by, if not the same degree of Kinsey's violence and crime, than the same degree of bias and political will. Kinsey's data are as false as the following claims of percentages of homosexual versus heterosexual men and women. See my book, *Kinsey, Sex and Fraud* (1990) as well as *RSVP America* (1996) for more details.

MYTH: Biologists have researched hormonal imbalances and genetic factors and have concluded that searching for the "cause" of homosexuality has been as futile as researching the "cause" of heterosexuality. There is no single factor. Studies show that sexual orientation is established early in childhood. Various attempts have been made to change homosexual orientation to heterosexual. Such attempts have been largely unsuccessful.

TRUTH: While it is true that homosexuality is caused by many factors, some of these are indeed known (see *The Journal of Human Sexuality*, 1996 for a recent extensive coverage of all aspects of this claim), and they (like other forms of bad behavior) do commonly include early sexual trauma and neglectful or abusive parents. The data on scientific research in this area also reveal specific statements by leaders in the field to *obscure the cause* of homosexuality in order to better protect homosexual activists and to attain their goals.

MYTH: Aside from their sexual orientation, research has found *no significant lifestyle differences* among heterosexuals, bisexuals and homosexuals. Homosexuals and bisexuals contribute to all areas of society for instance as athletes, physicians, artists, teachers,

students, and parents.....[with] homophobia, the fear and hatred of some people toward homosexuals [a key major problem].

TRUTH: Common sense and a comparative analysis of obituaries and AIDS and other STD rates disproves that claim that all sexual "orientation" is the same. In addition, a review of the best of the homosexual literature, press, journals and the like disproves the claim that there is no difference in lifestyle. While the lifestyle of heterosexual bachelors differs widely from that of the normal married male population, the conduct of heterosexual single males pales in comparison to the lifestyles of homosexual males--as a group (see my the Reisman and Johnson Report (1995). And, as noted, while some people "hate" homosexuals due to ignorance, what is called "homophobia" also reflects the very real attempt to distance oneself and ones loved ones from dysfunctional people who suffer from "heterophobia" and who would undermine healthful laws and conduct.

OTHER MYTHS cited are offered by this *LIFETIME WELLNESS CURRICULUM FRAMEWORK MANUAL*, but time limits addition comments to the following:

Another damaging myth is that homosexuals want to seduce children into a life of homosexuality. This is not true. And, in the case of sexual abuse of children, crimes are more frequently committed by heterosexuals than by homosexuals. Some people believe that homosexuals should not be allowed to enter professions that involve working with children, for example, teaching, because they fear homosexuals may seduce children or encourage them to adopt a particular sexual orientation. The truth is that homosexuals are no more likely to engage in such unprofessional behavior than heterosexuals.

TRUTH: Again, as noted earlier, at a 59% death rate among boys cited to adult homosexual males, all reasonable people would conclude that homosexual males are dangerous to children. And, while the comparative data on heterosexual abuse of girls versus homosexual abuse of boys is detailed in the Reisman and Johnson Report (1995), it is safe to say here that statistically, while 95% of males are responsible for roughly 8 million sexually abused girls, roughly 2% of males are responsible for the roughly 6-7 million sexual abused boys. The conclusion, homosexual males are toxic for children. That homosexuals are in all professions has no more currency than to say that pedophiles or alcoholics are in all professions. One would not want an alcoholic as an employee, especially piloting a plane (which some have, tragically, done) or keeping ones books.

MYTH The final paragraph which is visible, claims that we all engage in "many of the same intimate activities" and so on and claims that while some relationship are brief and impersonal many are committed, etc.

TRUTH: Again, see the Reisman and Johnson Report for discussion of these claims, which are not accurate and which are dangerous to these eroticized and idealistic children. The brief duration of homosexual contacts, even those of lesbians, is well attested to by homosexual researchers themselves, who credit the greater curiosity and desire for freedom of expression of the homosexual. While heterosexuals, introduced to homosexual sex via pornography and homosexual teachings nationwide, have increasingly "tried" acts like anal sodomy, they continue to be aberrations and not the norm. Critics of the homosexual lobby and those in the teaching profession have claimed that these State Sexual Attitude Restructuring courses serve as recruitment activities for children into homosexuality. Especially due to the massive deaths due to AIDS, school recruitment is, they argue, the only means of maintaining the current estimated 2% homosexual population, or, to increase that group to the 10% claimed by homosexual activists.

IT SHOULD BE NOTED THAT THIS PAGE APPEARS TO HAVE BEEN CENSORED, THE ONLY ONE LIKE THIS, IN THE MANUAL. FOLLOWING THE THREE TOP PARAGRAPHS THERE ARE FOUR WHAT SEEM TO BE OTHER PARAGRAPHS WHICH ARE UNREADABLE, ALTHOUGH AT THE BOTTOM ONE CAN CLEARLY READ THE CITATION TO ETR, AND THEIR 800 PHONE NUMBER. A CALL TO ETR FOR THE FULL TEXT FOUND THE PUBLIC SERVICE REPRESENTATIVE UNABLE TO LOCATE THE BOOK ANY LONGER (NOT PROBABLE) AND SEVERAL CALLS TO MR. WHITE AT THE DEPARTMENT OF EDUCATION WERE FUTILE, THEY WERE UNRETURNED.

HOW TO HANDLE SENSITIVE QUESTIONS

The last two pages in the Manual, following the sexual orientation teachers are instructed, as via the Kinseyan methods SAR taught in the established sexology centers, to react "positively" to everything the child says in class. No matter how the teacher feels about the child's question or comments, teachers are instructed to be affirmative, and if they do not "know" or "if direct policy prevents you from answering" the teacher is told to send the child to the person who will answer properly, who will do what the law forbids the teacher to do (e.g., yes, you can go to Planned Parenthood for abortions, etc, "why don't I go with you to ask") and the like.

GUIDE TO SELECTION AND DEVELOPMENT OF INSTRUCTIONAL MATERIALS IN SEXUALITY EDUCATION

The teachers are told the sex materials must be "comprehensive" and it should have "accurate information" and the questions which are asked in this survey (except for the note that the curriculum should be "sensitive tosexual orientation") would generally find this curriculum a failure, based on this critique.

ADDENDUM: CONTEMPORARY TENNESSEE SEX LAWS¹

Felony = can be 1 year or \$1000

Misdemeanor = can be under 1 year or \$1000

Adultery -- No statute any longer (18 states misdemeanor, 5 states felony)

Age of Consent -- Felony, (15 AC) very loose, Penetration required, Kinsey age difference an excuse, 13/14 is age of consent.

AIDS Transmission -- Felony

Bestiality -- No statute

Bigamy -- Misdemeanor

Child pornography -- Felony unclear if age is 14-years or older

Custodial Violation -- Felony to have sexual contact with 14-year-old in ones custody

Fornication -- No statute

Incest -- Felony

Prostitution -- Misdemeanor, if promoting prostitution, a felony

Public Nudity and Indecency--Misdemeanor in strip club etc., nude/semi nude

Rape -- Felony or if victim is under 15-years, statutory rape

Sodomy -- Misdemeanor (any object, nomatter how slight)

Necrophilia -- Felony (sex with dead)

Obscene phone calls -- No statute

Voyeurism -- No statute

¹ *A Guide to America's Sex Laws* (1996) Richard Posner and Katharine Silbaugh, University of Chicago, Chicago, Illinois.

ENDNOTES

¹ David Hager, M.D., Donald Joy, Ph.D., *Women at Risk, The Real Truth About Sexually Transmitted Disease* (1993). Bristol Books, Lexington, KY., (pp. 63-64).

² Richard Posner and Katharine Silbaugh, *A Guide to America's Sex Laws* (1996) University of Chicago Press, Chicago, IL., (p. 70).

³ See admission by Ruth Westheimer in *Dr. Ruth's Guide to Good Sex*, Ruth Westheimer, Warner Books, New York (p. 212).

⁴ See Judith Reisman and Charles Report, *Partner Solicitation Language as a Reflection of Male Sexual Orientation*, (1995), First Principles Press, Louisville, Kentucky (A 11-12).

⁵ See the *RSVP America* document discussion of the SAR.

⁶ *A Guide to America's Sex Laws* (1996) Richard Posner and Katharine Silbaugh, University of Chicago, Chicago, Illinois.