DRAFT

Sex Instruction in the Classroom

Controversial disease and pregnancy prevention behavior modification programs

Compiled by Diana Fessler
Ohio State Board of Education – Third District
January 3, 2000

Table of Contents

NATIONAL PROGRAM 3

GOVERNOR VOINOVICH SPEAKS OUT 4

OBJECTIONABLE MATERIALS 5

BE PROUD! BE RESPONSIBLE! 5

BECOMING A RESPONSIBLE TEEN (B.A.R.T.) 6

REDUCING THE RISK 7

PROGRAM REVIEW PANEL 8

CURRENT OHIO LAW 9

STATEWIDE PLAN 10

YOUTH RISK BEHAVIOR SURVEY 12

HEALTH MODEL 14

FRAMEWORK 14

COMPREHENSIVE HEALTH ADVISORY COMMITTEE 15

CENTERS FOR DISEASE CONTROL CONTRACTS 16

ASSESSING STUDENTS 16

TRAINING TEACHERS 17

CERTIFICATES 19

ADVOCATES PRESS ONWARD 20

EFFECTIVENESS 20

SCHOOL DISTRICT INVOLVEMENT 21

MORALITY AND GOOD GOVERNMENT 23

SOLUTION: STANDARDS OF EXCELLENCE 23

ADDENDUM: THE OHIO DEPARTMENT OF EDUCATION'S POSITION 24

MOST RECENT ACTIONS 25

diana@fessler.com • 7530 Ross Road, New Carlisle, OH 45344 • (937) 845-8428 or FAX (937) 845-3550

by Diana Fessler

Sex Instruction in the Classroom

Controversial disease and pregnancy prevention behavior modification programs

Diana Fessler *is an elected member of the Ohio State Board of Education.*

This report was prepared for members of the Ohio State Board of Education, State Superintendent Susan Zelman, constituents, and other interested parties; it is a work in progress.

Because proponents of "comprehensive health education" are likely to label critics as uninformed or reactionary, and label any disagreement as misunderstanding, supposition, or distortion, this report is heavily footnoted.

Submission of rebuttal or additional information is welcome - providing that supporting documentation from state or federal law, contracts, or other official record is included. All emphases are added unless otherwise noted.

National Program

The Centers for Disease Control (CDC) have identified five programs which "**appear** to be effective in promoting abstinence and responsible health-enhancing behaviors." [1] The programs are known as "Programs-that-Work" (PTW).] [A] They are included in CDC's Division of Adolescent and School Health Research-to-Classroom project for dissemination to schools and communities **throughout the United States**.[2]

The five programs emphasize **abstinence** from sexual activities **until** condoms and contraceptives are available and being used consistently.

The CDC gives federal dollars to **all fifty state education agencies**, local education agencies in **eighteen cities**, and in 1997, to **thirty-four national organizations** to develop and implement a Comprehensive School Health Education program.

Applicants for federal dollars write cooperative agreements stating how the money will be spent if it is received. Once the federal money is received, part of it is used to pay for surveys, public relations campaigns to circumvent dissension, advisory committees, standards, salaries, travel, and expenses. In addition, the money is used by the state or county or regional education service centers or other entities to train people (having them become the student) in preparation for teaching the PTW curricula. To-date, Ohio's Comprehensive School Health Education grant applications have been signed by state superintendents **Dr. Ted Sanders** and **Dr. John Goff**. Ohio's current superintendent, **Dr. Susan Zelman**, demonstrated her support for Programs-that-Work when she signed her name to the FY2000 request for federal funding.

My introduction to questionable sex instruction came in 1995 when I sat in on a meeting of Ohio's Model Health Advisory Committee.

Having pondered the moral problem of teaching human reproduction in a performance-based system, I asked one of the members, "In a performance-based system, where students are required to 'perform' the 'outcome', how will human reproduction be handled?"

I thought that my question would expose the moral dilemma, so I was not expecting the reply: "Oh, that's no problem, Mrs. Fessler. In my classroom, I just assign individual students to represent whole body parts, and in that way, students can have simulated sexual intercourse in the classroom."

"We've come a long way, baby."

[A] There are additional Programs-that-Work (PTW), but **in this report, I am only referring to the CDC's HIV/AIDS and pregnancy prevention programs**.

Governor Voinovich Speaks Out

In the Fall of 1998, questions and concerns about so-called health programs were brought to the attention of then **Governor Voinovich**. As a result, on October 16, 1998, the governor sent a letter to then president of the Ohio State Board of Education, **Jennifer Sheets**. In his letter, the governor raised six significant issues:

- Questionable programs;
- Objectionable materials;
- Centers for Disease Control grants;[B]
- A [health] model curriculum;
- Morality, and
- Abstinence as a standard of premarital behavior.

In that letter, **Governor Voinovich** said: "**I believe the concerns that have been expressed to my office are sincerely held and worthy of response** . . . My office has received serious and documented information that objectionable material of uncertain academic value may be introduced into Ohio classrooms either **by** the intent or implementation of the model program, **or** the acceptance of Centers for Disease Control and Protection (CDC) grants. This material purports to provide instruction on behaviors that while they may be intended to educate students on good physical health, may nonetheless put their health – including their **emotional and moral health – at risk**. These concerns relate specifically to sexual education, which as you know, is not mandated to be taught. Furthermore, there is evidence that the **CDC grants *already*** support activities (including training for trainers) to implement a model that has not yet been adopted; a decision that seems premature to say the least…please address whether any such program of instruction, if it exists, includes paraphernalia of any kind, or addresses abstinence until marriage as the standard of behavior. Finally, please justify constructing a model program when no such program is required by law. . . . **I ask that the State Board of Education conduct its own thorough review** into the Department of Education's activity on the proposed model, **and that no further consideration to the proposed model be given until such a review is concluded**. No one denies the value of good health to our society, or that good health must be learned. It is the... instruction about some of these behaviors – that gives rise to these concerns, and makes dealing with these issues difficult."[3]

The State Board of Education **did NOT "conduct its own thorough review."** Instead, just days after receiving the **Governor's** letter, **Jennifer Sheets**, president of the State Board of Education, and State Superintendent **John Goff** responded to the Governor saying that "CDC data" (not law) compels the department and the Board to press forward.

Current "Ohio-approved" Programs-that-Work (PTW) disease and pregnancy prevention programs, intended for classroom use, include:[4]

- Be Proud! Be Responsible! [5]
- Becoming A Responsible Teen [6]
- Reducing the Risk [7]
- Get Real About AIDS,[8] and
- Focus on Kids [9C]

A "thorough review" of the model, and its association with interrelated projects, would have disclosed that in 1993, sixty people from forty state-level health and education agencies, businesses, communities and universities, met for two-days at Mohican State Park.

The purpose of the meeting was "to develop an action plan that would move forward [their] organizations' shared agenda: the institutionalization of Comprehensive School Health Education (CSHE) in all Ohio schools by the Year 2000."[10]

Comprehensive is a reference, in part, to disease and pregnancy

---

[B] Catalog of Federal Domestic Assistance Number: 93-938. http://gsacentral.gsa.gov. Eligible cities: Atlanta, Baltimore, Boston, Chicago, Dallas, Denver, Detroit, Fort Lauderdale, Houston, Jersey City, Los Angeles, Miami, New Orleans, New York, Newark, Oakland, Orlando, Philadelphia, San Bernardino, San Diego, San Francisco, San Juan, Seattle, Tampa, and West Palm Beach.

To receive copies of federal contracts, contact your state education agency or the Centers for Disease Control in Atlanta, GA. Obtain the following documents: Dept. of Health and Human Services Centers for Disease Control Program Announcements 309 and 805: *School Health Programs to Prevent Serious Health Problems and Improve Educational Outcomes*. Yearly contracts: Part I. **BASIC** – To Prevent Risk Behaviors that Result in HIV Infection, Other Sexually Transmitted Diseases (STDs), and Unintended Pregnancy; Part II A: **EXPANDED** – To Prevent Categorical Health Risk Behaviors and Health Problems, and Part II B: **INFRASTRUCTURE** – To Help Schools Implement Effective School Health Programs; and Part III, Establishing National Training and Demonstration Centers to Improve the Health of Young Persons. To my knowledge, three states, **Maine**, **North Carolina**, and **Ohio** have received INFRASTRUCTURE funding.

Also see: Federal Register: Search for 93-938.

[C] Program Review Panel minutes indicate that as of November 1998 the Ohio Department of Education had not "yet" trained anyone using Focus on Kids.

diana@fessler.com • 7530 Ross Road, New Carlisle, OH 45344 • (937) 845-8428 or FAX (937) 845-3550

prevention programs, i.e., programs that encourage youth to consistently use condoms and contraceptives, i.e., sex education.

For six years, key participants (including Ohio-based, federally-paid Centers for Disease Control agents) have directly, and consistently, been working in a coordinated manner:

- Conducting the Youth Risk Behavior Survey to generate baseline data with which to demonstrate *need* to change student behaviors;
- Pushing for the adoption of a health model;
- Serving as members or consultants on the Model Health Advisory Committee;
- Writing Ohio's contracts/agreements with the Centers for Disease Control;
- Defining their own job descriptions and salaries
- Using federally-funded contracts to institutionalize the "condoms and contraceptives" programs, i.e., "Programs-That-Work" (**PTW**);
- Approving **PTW** materials for use in Ohio schools;
- Training trainers to teach the **PTW** programs;
- Issuing certificates to **PTW** trainers;
- **Evaluating their own work**;
- Conducting seminars, conferences, and workshops;
- Providing local course-of-study writing committees with Technical Assistance; and
- Developing and field testing components of the national health assessment system.

Objectionable Materials

When reading the following PTW summaries, keep in mind that Ohio Department of Education consultants have gone on record saying that these programs are intended to " . . . replace information-targeting textbooks and home-grown lesson plans."[11]

Ohio's contract with the Centers for Disease Control and Prevention **clearly** states that up to **1,600** adults will be trained to deliver these programs to **Ohio's 1.8 million** students.[12]

Be Proud! Be Responsible!

Be Proud! Be Responsible is a disease and pregnancy prevention program based on behavior modification theory. It is intended for youth thirteen through eighteen. Its authors bemoan the fact that:

"Many adolescents find it difficult to obtain condoms and use them correctly – to put them on gracefully without interrupting sexual activity and to take them off correctly."

Accordingly, the "curriculum provides necessary skills by letting participants handle condoms and practice working with condoms using their fingers as props."[13]

"When participants become more comfortable touching condoms and practice using them . . . it increases the likelihood that they will use them . . . and feel proud and responsible in doing it [sic]."[14]

Role Playing is a teaching method. It is an integral part of all Programs-that-Work. Role playing situations suggested for classroom activity include, among other things, girls convincing boys to wear condoms, two females discussing AIDS concerns in a lesbian relationship, and a boy and girl discussing safer-sex with multiple partners.[15] The manual says, "no participant should be excused completely from practicing [role playing] skills. To do so would run counter to the purpose of the group."[16] [Note: Consider the impact of role playing in achieving incremental acceptance.]

Confidentiality - Students make verbal contracts to keep everything that is said or written in the room confidential. Facilitators are instructed that if consensus is not reached, students and instructors should ". . . work through the disagreements until everyone can reach a level of comfort with the rules [and] process participants concerns until all obstacles have been overcome. Rules such as confidentiality are crucial to the success of the program."[17] Students are complimented on creating confidentiality rules.[18] [Note the lack of parental disclosure. "Facilitators" will not have to live with the consequences, yet parents will not be able to deal effectively with the consequences, for they will have no idea of the cause.]

Condom Use - Students are asked to "call out all the types (brands/names) of condoms that they can think of [including] . . . slang terms for condoms." Answers are written on the board and when the list is complete, the teacher highlights "the more unusual or colorful names."[19]

diana@fessler.com • 7530 Ross Road, New Carlisle, OH 45344 • (937) 845-8428 or FAX (937) 845-3550

Teachers give each student, or pair of students, a condom and lubricant. Students are asked to open the package, carefully remove the condom, and unroll it. While they are opening their packages and exploring the condoms, teachers are modeling their comfort with the condoms. [Note, once again, the part that incremental acceptance plays here.] The teacher then opens a package, takes the condom out, puts it on over his hand and pulls it up his arm, showing students how strong it is, and how it can accommodate any sized penis. Teachers are advised to demonstrate using both a hand and a penis model.[20]

Spermicides are displayed and described as useful for birth control and as lubrication.[21] Students practice putting condoms on their fingers and give demonstrations.[22] They are also invited "to brainstorm ways to increase spontaneity . . . store condoms under mattress, eroticize condom use with partner . . . use extra lubricant, use condoms as a method of foreplay, use different colors and types/textures (some have ribs on them), think up a sexual fantasy . . .tell your partner how using a condom can make a man last longer, . . . hide them on your body and ask your partner to find it [sic]… have fun putting them on your partner – pretend you are different people or in different situations," etc.[23] Students are told:

"Once you and a partner agree to use condoms, do something positive and fun. Go to the store together. Buy lots of different brands and colors. Plan a special day when you can experiment. Just talking about how you'll use all of those condoms can be a turn on."[24]

Students are queried what they should do if a man loses his erection after putting on a condom and before intercourse. The answer is to "Continue stimulating one another, relax and enjoy the fun, wait a while and start playing again using the condom as part of the play."[25]

Glossary - The glossary includes explicit definitions including those for: anal sex, bisexual; cunnilingus (oral sex performed on a woman), ejaculate, fellatio (oral sex performed on a man), masturbation, mutual masturbation, and oral sex, among others. Vaginal sex and vaginal intercourse are defined as "Penetration of the vagina by the penis or a sex toy."[26]

Attitudes and Beliefs – Students are told that "When performing oral sex on a woman, you can protect yourself and your partner by placing a dental dam (a flat, square piece of latex) over the vulva (the entire outer region of the vagina, including the clitoris and the vaginal opening). You can make your own dental dam by slitting a condom the long way and opening it up."[27]

The manual, and "all accompanying items have been reviewed and approved by a national panel for use in school and non-school settings."[28]

Be Proud! Be Responsible![29] is authored by a Ph.D. specializing in Human Sexuality Education; two professors of Psychology at Princeton; and a certified sexuality educator who serves on the Board of Directors of the Sex Information Education Council of the United States (SIECUS).[30]

Publication of the Be Proud! Be Responsible curriculum manual was made possible by a grant from the U.S. Centers for Disease Control and Prevision, Division of Adolescent School Health.[31D]

A proposed budget for PTW materials for Ohio indicates the cost of purchasing 400 manuals is $50,000 ($125 each).[32]

Becoming A Responsible Teen (B.A.R.T.)

Becoming a Responsible Teen is a program that can be embedded in the adolescent's social environment: Boys' and Girls' clubs, Young Men's Christian Association programs, shelters, counseling centers, comprehensive health centers, and church groups.[33]

The goal of B.A.R.T. is, in part, to help youth ages 14-18 to "clarify their own values about sexual activity."[34]

Its authors say that the "biggest challenge is not teaching adolescents **what to do to avoid** HIV and AIDS – **it is** helping adolescents acquire the skills and self-confidence that will allow them to carry out safer-sex practices consistently."[35]

Ground rules – Again, students make verbal contracts to keep everything that is said or written in the room confidential.[36]

The materials for Session # 3 include: a "varied and plentiful supply" of lubricants." A "plentiful supply of latex, lambskin, lubricated, non-lubricated, lubricated with spermicide, expired condoms, and novelty condoms such as earrings and key chains and about three or four latex condoms per participant are used for skills practice . . . [and] Acrylic penile models (or standup toothpaste dispensers), one for every two to three participants" are used.[37]

[D] U63/CCU 106174-04

Condoms are spread out on a table and the teacher tells students that "we are going to learn how to use condoms the right way . . . we've got 'em in all shapes and sizes. This one, for example, is called the "Trojan." Anyone know where they got that name? It's right out of early Greek history.[38] [NOTE: Perhaps this is an example of "integrating curricula," i.e., combining history and "health".]

The teacher discusses special features including, "size, texture, color, flavor, packaging, and names" while trying to keep the "session light and maintain a sense of humor."[39] Each student is then given three or four unopened packages to hold while the teacher inflates a condom.

Students are informed that some "grocery store" lubricants are safe to use: grape jelly, maple syrup, and honey, but synthetic whipped cream, marshmallow fluff, butter, Crisco, and mayonnaise are not.[40]

Students are then divided into teams of two or three and asked to spread out into different parts of the room, taking their condom packages with them. Each group is given a penile model, some lubricant, spermicide and paper towels.[41]

The prepared script suggests the teacher say: "One at a time, I want each of you to practice the condom application and removal steps, with or without a lubricant. Your teammates have a task, too – they are going to act like personal trainers. First, they are going to give you a round of applause and praise what you did right. Then they're going to . . . make suggestions about what you could do differently to improve your condom skills."[42]

Refreshments are served in Session #6, while in Session #7, each participant gets a quarter and a condom[43] and reminded to "Daydream safely. Even when you daydream about sex, you can imagine using a latex condom."[44]

Students are told that "Both gay and straight couples engage in anal sex."[45]

"Common" language

Proponents believe that when participants list different words they use or hear others use to talk about sex it can be an important turning point in the group. Open use and acceptance of usually forbidden words is supposed to make it clear to participants that B.A.R.T. will be different than other HIV and AIDS prevention classes and that using sexually explicit language is a way to create a sense of comfort and belonging within the group.[46]

The script goes on to say: "Most of us aren't used to using words like these in a group setting . . . If you feel uncomfortable at first, I hope that you'll bear with me for a while [47] . . . we'll use the words that seem most accepted by the group."[48] The teacher then asks participants to "share with the group different words that they have heard people use to talk about sex." [49] If necessary, the teacher will prompt students by asking for words for specific parts of the body, sexual acts, and birth control. The teacher then repeats each word and writes it on the board, with everyone agreeing on definitions.[50] [Note: in combination with teachers openly playing with condoms, required verbal fantasizing, etc., this common language serves only to further break down inhibitions to the lowest level.]

On February 4, 1998, B.A.R.T. was **formally approved** by the Ohio Department of Education's **Materials Review Panel**.[51] The cost of the textbook is $125.[52]

Reducing the Risk

Reducing the Risk, published by California-based ETR Associates, seeks to influence behavior of students in grades 9 and 10.

In a letter to district superintendents, **John Goff**, former State Superintendent, stated that Programs-That-Work "address abstinence and responsible health-enhancing behaviors."[53]

Well, yes, they do address them, but not in the way that typical parents would:

Abstinence – Students are told that "there are many ways to avoid pregnancy and sexually transmitted disease (STD). You could become a hermit… who never talks to anyone or does anything. Or, you could avoid pregnancy and STD by being so unpleasant that everyone stays clear of you. Or you could never become involved in a romantic relationship."[54] [Note that only the extremes are presented here. Is there any other way to stay abstinent besides being anti-social? Whatever happened to self-control as a virtue?]

Students are encouraged to think about whether those are good ways to avoid pregnancy, HIV, or STD. [Note the use of the term "good" – these programs implicitly teach that abstinence is not a "good" way to avoid pregnancy or STDs.] The teacher then acknowledges that they are not, since many people want: to have a boyfriend or girlfriend; to be liked; to get along with people; or to have a family someday.[55]

Although this program is promoted as teaching students the "skills they can use to abstain or protect" it also claims that, "No judgment is made about which of these responses is best."[56] But after students listen to their teacher equate

abstinence with nerdiness, and being disliked, etc., it is likely that students will conclude that sex with latex is the preferred choice.

Teachers use "gender neutral language when discussing relationships, saying 'boyfriend' or 'girlfriend,' 'partner,' 'people we date,' and 'someone we are attracted to'.

When talking about intercourse, the teacher is to say 'when a couple has sex.' When talking about protection the teacher will say 'when a person removes his penis from the other partner' instead of 'when a man removes his penis from the woman' . . . to avoid reinforcing assumptions that all students are heterosexual."[57] Throughout the text, couples are referred to as Chris and Pat, and Lee and Lee, etc.

The student workbook has a form for students to fill out after shopping for contraceptive products. Students list the name of the store they visited, brand names, prices, and whether the condom is plain, with reservoir, lubricated or not, etc.[58]

Developers of the program cite a visit to a clinic as being perhaps the most important single element in the entire curriculum.[59] All students must complete a "Visit or Call a Clinic Assignment", preferably by visiting a clinic with a boyfriend or girlfriend.[60] In order to prove that the visit was made, students fill out homework sheets describing the route to the clinic, the cost of contraceptive and STD treatment, and reasons why they would recommend that clinic to a friend.[61]

Reducing the Risk has been around for a long time. On April 19, 1993 a regional meeting was held at **Stark County Vocational School** to introduce the Reducing the Risk curriculum to thirty-five local administrators and curriculum directors. [62] Budget projections anticipate a cost of $600 per manual for each trainer.[63]

Program Review Panel

Who determines whether these controversial "Programs-That-Work" are appropriate?

Federal regulations require applicants for comprehensive school health funding to have a Material Review Panel of no less than five people to review and **approve or disapprove** all applicable **programs and materials prior to** their distribution and use in any activities purchased, in any part, with Centers for Disease Control funds, i.e., federal funds.[64]

Panel members are supposed to be representative of "a reasonable cross-section of the general population," **and members are not to be predominately from the intended audience**. [65 E] [Note: This federal directive is clearly not being met.]

The **February 4, 1998** Material Review Panel minutes disclose that "over the next 12 months, 80 Ohio professional Trainers-of-Educators will become competent in the delivery of three programs that work: (1) *Reducing the Risk*, (2) *Be Proud, Be Responsible*, and (3) *Becoming a Responsible Teen*." [66]

Discussion took place regarding soliciting additional people to serve on the panel, saying, "Every religious outlook that we possibly could find – including Jewish, Catholic, Protestant – needs to be "at the table.'"[67] [Note: To aid in marketing PTW?]

Panel members were invited to identify individuals with "assets" who would be willing to become involved in the work of the panel.

Discussion also took place concerning the training pyramid that "would give Ohio about **3,200** trained faculty" for all three Programs-That-Work.

Ohio Department of Education "consultant" **Joyce Brannan**, **Project Coordinator for Ohio's Comprehensive School Health Education grants,** emphasized that "professional educators will make decisions about local and classroom implementation including how and when the delivery of the curriculum becomes personalized to a local target population." [68F]

Panel **member Donna Solovan-Gleason** asked who makes the decision at which age to begin sexuality education. **Joyce Brannan** replied that "principals and health educators usually decide. . ."[69]

[E] Program/Material Review Panel members as of March 19, 1999: **Barb Bungard**, Ohio PTA; **Penny Casey**, Ohio Dept. of Health; **Tom Colvin**, (Perrysburg High School Health Science Teacher); **Cathy Leahy**, (Greater Cincinnati Alliance for Health Promotion, Cincinnati); **Reginald Fennell**, (Miami University); **Mark David Janus** (Child Psychiatrist, Benninger & Associates, Adolescent Counseling); **W. Russell McGlothlin**, (Muskingham Educational Service Center, Zanesville, and former Superintendent of Tuscarawas Valley Local Schools and Garaway Local Schools, Tuscarawas County); **Angie Norton**, Ohio Dept. of Health **Sr. Administrator for the CDC grants**. **Harrison Weed, M.D**. (OSU Hospital); **Marcia Ruhling** (Athens City Schools, Middle school teacher and member of the Model Health and Physical Education Advisory Committee); **Tracy Luster-Welch**, (Ohio Dept. of Health); **and Donna Solovan-Gleason**. [NOTE**: Membership varies from time to time**.]

[F] State-level consultants paid to implement PTW statewide include: **Judy Airhart** Senior Administrator for the Ohio Dept. of Education**; Joyce Brannan**, **Meg Wagner**, **Joe Jolly**, **Pam Bolden**, and **Cheryl Jones-Nelson** (Training Coordinator) among others.

During the meeting, members voted to approve the **CDC-written School Health Profile questionnaire** for 500 middle school and high school principals and lead health teachers. (This instrument is not the same as the Youth Risk Behavior Survey.) The results feed national, and international, (i.e., World Health Organization) projects.[70]

The **May 20, 1998** Program Review Panel minutes record that **Dr. Mark-David Janus** stated "that he works with **six different Bishops** and he felt that they would crucify him if he spoke for them. **He said that he keeps them informed**, that he is responsible for letting them know if it's something they'd have a fit about, if it is offensive. He said that [they] are not in favor of teaching about contraceptives, condoms, etc., but by the same token **they won't say this is horrific** . . .."[71]

Individuals listed as present during the two-hour May 20, 1998 Program/Materials Review Panel: **Harrison Weed**, **Tom Colvin, Mark-David Jannus**, **W. Russ McGlothlin**, **Tracy Luster-Welch**, **Cheryl Nelson**, **Judy Airhart**, **Joyce Brannan**, and **Pam Bolden**.[72]

Minutes of the **November 4, 1998,** Program Review meeting indicate that "potential problem[s] in his [Tom Colvin's] area of **Perrysburg**" concerning opposition to PTW have surfaced, but that "the Board came down in support of the training that was under attack."[73]

According to **Joyce Brannan**, "in **Upper Arlington** a Task Force was established to deal with controversial or sensitive issues. If citizens want to address these issues, they must go to/through the Task Force."[74] [Note: Citizens should take their concerns directly to **elected** officials who represent them, i.e., local school board members, state representative and state senator. Task Force members have no legal authority.]

Panel member **Marcia Ruhling** said, "it is getting hard to implement [PTW] in the classroom when you have 15 that you can teach and 10 who are 'signed out.'"[75]

Minutes from that November 4, 1998 meeting further record that during Phase I training, fifty-five Master Trainers were trained across the state: twenty-one in Columbus, nine in Cincinnati, and twenty-four in Cleveland. "Each Master Trainer received almost $1,100 worth of curricula, supporting videos, and printed materials."[76] **Each "Phase I" Master Trainer signs a contract to train twenty other people.** The original plan called for the training of eighty trainers, however, funding to train the remaining thirty-five trainers won't be available until March 1, 2000. [77] Nonetheless, Phase II training (the original trainers each train twenty) can continue. In addition, contracts have been written to conduct "booster" sessions for the 55 people that have already been trained, in order to "reach as many as 1100 community adults through Phase II training.[78]

The panel adopted a resolution to make "What Works" (a video, presented as a documentary, that compares four of the PTW) available to "teachers, parents, PTA groups, and community groups to make them aware of the existence of Programs-That Work."[79] [Note: Since the stated goal is to make people aware of PTW, this report should be widely distributed.]

Even so, panel member **Tom Colvin** seems to want to control who shows the PTW documentary and who watches it. He is "concerned that this video be shown '**by** responsible and informed people **to** responsible people who can view it and understand." [Emphasis in the original.][80]

The **January 27, 1999** Program Review Panel minutes indicate that **Barb Bungard**, (Ohio PTA Legislative Services Coordinator[81]) is a new member of the panel.[82] The *What Wor*ks video was shown at the PTA's state convention. **Bungard** reported, "We had five people walk out as soon as the discussion opened with the video *What Works*; they said they weren't going to listen to this. On the other hand, we had 55 people come to an 8:30 Saturday morning time slot, which is almost unheard of, and they stayed . . . about half that number requested a Master Trainer come to their community. We were very pleased."[83]

Current Ohio law

Currently, Ohio law[84] makes provision for each city, exempted village and education service center governing boards (county school board with some authority over *local* schools) to prescribe a health instruction curriculum that includes instruction in

- Nutrition;
- the harmful effects of drugs and alcohol;
- instruction about venereal disease;
- personal safety (K-6); and
- assault prevention (K-6).

However, the law provides that a **student can be excused** from venereal disease education and/or personal safety and assault prevention upon the written request of a parent.[85]

[Note: As schools shift to "integrated curricula", opting out will become more problematic as disease prevention instruction could be embedded in science, health, or family and consumer science, and even more problematic if those courses are required for graduation.] Former **Governor Voinovich** raised the point that **sex education is <u>not</u> required by state law** and asked why the State Board of Education is moving forward.

In reply, former state superintendent, **John Goff**, and **Jennifer Sheets**, former president of the State Board of Education, said, in a joint letter: " . . . the bottom line for pursuing this work, Governor, is the need evidenced by the CDC data we have shared in this letter" i.e., the survey of the 2,000 students statewide. [86]

Statewide Plan

The concept of "comprehensive school health education" did not self-generate out of thin air.

In May of **1993**, approximately sixty representatives (four **from Bay Village**) from over 40 state-level health and education agencies, businesses, communities and universities met at Mohican State Park for two days.[87] [G]

Hosted by the **American Cancer Society, Ohio Division, Inc**.,[H] participants met "to develop an action plan that would move forward [their] organizations' **<u>shared agenda: the institutionalization of Comprehensive School Health Education</u>** (CSHE) in all Ohio schools by the Year 2000."[88]

Their shared agenda is summarized in *Working Together for the Future*, Ohio's Action Plan for Comprehensive School Health Education.[I]

Again, *comprehensive* is a reference, in part, to disease and pregnancy prevention programs, i.e., programs that encourage youth to consistently use condoms and contraceptives, i.e., sex education. It is not a reference to sexual intercourse delay/prevention programs for youth.

Participants at the Mohican meeting were divided into the following planning groups: Policy; Awareness; Goals and Objectives; Parent, Family and Community Involvement; Professional Preparation and Practice; and Resources.

[Note: The following section contains important information, but if you find yourself getting bogged down in the details you may want to skip to page 12 and come back to this section later.]

ISSUE # 1 POLICY

The Policy group framed the policy issue, saying, "<u>Schools . . . must provide children with [the] support . . . they need</u> to acquire . . . the <u>skills, knowledge, attitudes, and behaviors</u> that will enable them to lead healthy and productive lives."[89] [Note: This is de facto *in loco parentis*. If parents do not opt their children out of this "policy", they in effect grant that the state is in control and that children can be taught anything that the state deems necessary or expedient.]

Virginia Jacobs, member of the State Board of Education, and **Susan Streitenberger**, along with others, were members of the **Policy Issue** group. **Streitenberger** worked at the Ohio Department of Education in 1993. Currently, she is the Director of School-to-Work in Ohio.

ISSUE # 2: AWARENESS

The **Awareness** plan includes:

- Incorporating "**<u>Sufficient scheduled programming to elicit behavior change</u>**"[90] into the *definition* of comprehensive school health education. [Note: Frankly, I doubt that such a definition would ever pass muster. Nonetheless, the proposed definition leaves no doubt of the intention to elicit behavior change in children via "scheduled programming];

[G] John Aquara, Judy Davis, Karen Evans, **Virginia Jacobs**, Lily Kliot, Charles Kegley, James Price, M. Jane Smith, **Susan Streitenberger**, **Diane Allensworth**, Carolyn Beears, Bill Collins, Nicole Frazee, Carol Gill, Beverly Jobrack, Eloise Mason, Cynthia McClung, Ronna Metzger, John Morrison, **Bob Murray**, Jim Trusso, **Meg Wagner**, **Joyce Brannan**, David Brooks, Don Darby, **Russ McGlothlin**, **Nancy Rini**, Carol Rudicil, Marsha Rubin, **Marsha Ruhling**, Marsha Schinski, **Vickie Bobbitt**, Geneva Connally, **Cathy Gardocki**, Norma Henderson, Bonnie Hunt, Joyce Lee, Gregory Mathews, Teri Matiscik, Patricia Nobili, Katherine Tatterson, Carole Swenson, James Bina, Ellen Capwell, Thomas Carr, Bonnie Hoppel, **Becky Koch**, Margaret Kruckemeyer, Donna Mitchell, **D. Richard Murray**, Andrea Segedi, **Cynthia Symons**, **Susan Telljohann**, Joanne Rand Whitmore, Liz Cabot, Jim Helt, Joanne Higham, Barbara Hoffman, Betty Holton, **Dianne Kerr**, Carol Kuegeler, Michael Marks, Jane Snider.

[H] It would be interesting to know whether the American Cancer Society received Centers for Disease Control funding to sponsor the meeting.

[I] There is a National Action Plan for Comprehensive School Health Education. It was developed by forty national organizations and sponsored by the American Cancer Society in Arizona in 1992.

- Identifying health education programs that work , i.e., Programs-That-Work;
- Developing "marketing tools" for "Train-the-Trainer" courses;
- Identifying the barriers to implementing comprehensive school health education, i.e., the ". . .attitudes of parents and teachers, Conservative Groups . . .[and] Media"; and
- Profiling target groups (parents, students, legislators, religious leaders, and local school boards).[91]

Diane Allensworth, **Dr. Robert Murray**, and **Meg Wagner** were members of the **Awareness** group.

On the roster, **Diane Allensworth** is listed as an Associate Professor at Kent State University and the Associate Executive Director of the American School Health Association.[92] **Allensworth** is also the **national program contact person for Comprehensive School Health grants at the Centers for Disease Control and Prevention**.

In 1993, **Bob Murray** was president-elect of the Central Ohio Pediatric Society; (the Society is a member of the Healthy Ohio Coalition).[J]

In July 1994, **Murray and Hope Taft** co-chaired the Health Model Advisory Committee. Murray now serves as chair.

Attached to Ohio's September 1997 grant application for federal funding for comprehensive school health instruction is a letter from the State Planning Committee for Health Education in Ohio (SPCHEO); it is signed by **Robert D. Murray, M.D**. That letter says that when the health model is finally adopted, SPCHEO "will take the lead in professional development of health educators . . . "[93] [K]

Indeed, according to the November 4, 1998 Panel Review Meeting minutes, **Phil Grover**, Executive Director of SPCHEO will sponsor training to reach 400 urban area teachers.[94]

Another CDC grant states that **Meg Wagner** coordinates training for the Council of Chief State School Officers (CCSSO) State Collaborative for Assessment of Student Standards (SCASS) statewide. [Note: The CCSSO is an association of state superintendents. Their mission is the creation of assessments. **Wagner** trains Ohio school personnel how to use CCSSO's health assessment software.]

Wagner is also responsible for producing Ohio's Youth Risk Behavior Survey report (the document that is used to show supposed *need* for comprehensive "health" instruction in Ohio).

Wagner is on the writing committee for the Ohio Health Model. **Wagner's** name is also listed as a member of the Program/Materials Review Panel, the panel that approves the Programs-that-Work curricula and materials.

According to a BASIC Centers for Disease Control contract, **Wagner's** salary and fringe benefits are approximately $77,000. 100% of her time is to be spent fulfilling Ohio's Comprehensive School Health contract with the CDC.

It is important to note that the same people that generated the "need" for the health curriculum are the same people who are charged with making sure everyone is aware of that "need". They are also

[J] The Healthy Ohio coalition has two immediate goals, one of which is to "support the implementation of a novel school health curriculum." *Ohio Summit for Comprehensive School Health Education Resource Manual.* (Dublin: American Cancer Society, Ohio Division, Inc., 1995). p. 38. The Coalition is comprised of representatives from many groups in the central Ohio area including the Central Ohio Pediatric Society, Children's Hospital, the Ohio State Medical Association, the Ohio chapter of the American Academy of Pediatrics, the American Cancer Society, and Ohio State University.]

[K] The State Planning Committee for Health Education in Ohio, Inc. (SPCHEO) is top-heavy with state agencies and universities. – Membership list from the May 15, 1997 letterhead**: American Academy of Pediatrics, Ohio Chapter; American Cancer Society, Ohio Division, Inc**.; American Heart Association, Ohio Affiliate, Inc.; American Lung Association of Ohio; **American Red Cross, Ohio Division**; American Social Health Association – Midwest Region; Association of Ohio Health Commissioners; **Bowling Green State University**; **Buckeye Association of School Administrators** ; Dairy and Nutrition Council – Mid East; **Federal Food and Drug Administration; Kent State University**; March of Dimes Birth Defects Foundation; **Miami University**; **Ohio Academy of Family Physicians** ; Ohio Association for Health, Physical Education, Recreation and Dance; Ohio Association of School Nurses; **Ohio Congress of Parents and Teachers [PTA]**; Ohio Dental Association; **Ohio Department of Education**; **Ohio Department of Health**; **Ohio Department of Mental Health; Ohio Department of Mental Retardation and Developmental Disabilities** ; Ohio Health Council; Ohio Home Economics Association; **Ohio Nurses Association**; Ohio Nutrition Council; Ohio Osteopathic Association; Ohio Osteopathic Association Auxiliary; **Ohio State Medical Association** ; Ohio State Medical Association Auxiliary**; Ohio State University; Ohio University; University of Cincinnati; University of Toledo**."

developing the state's model and at the same time are charged with eliminating the "barriers" to implementation. This appears to be a conflict of interest.

ISSUE # 3: GOALS AND OBJECTIVES

The **Goals and Objectives** group recommended the following:

- Getting health education recognized as essential;
- Using the Centers for Disease Control's data (the Youth Risk Behavior Survey) as the **baseline to show areas of *need*** and to later use it to demonstrate the effectiveness of comprehensive school health education;
- State proficiency tests items should reflect the state-wide health objectives.[95]

Joyce Brannan, **Marcia Ruhling**, **Russ McGlothlin** and others were members of the **Goals and Objectives** planning group.[96]

Brannan is the Project Coordinator for Ohio's Comprehensive School Health Education grants. Ohio's contract with the CDC states that **100% of her time is to be spent coordinating the day-to-day management and program activities including grant writing,** policy development, curriculum design, and staff development and technical assistance.

An Ohio Department of Education interdepartmental memo states: **Brannan bears major responsibility for the development of Ohio's Model for Competency Based Health and Physical Education**.

For many years, **Marcia Ruhling**, **Athens City Middle School** health teacher and later a member of the Model Health Advisory Committee, **and W. Russell McGlothlin**, former superintendent of **Garaway Local** Schools (now with the **Muskingum Education Service Center)**, have served on the **Program/Materials Review Panel**.

The panel is responsible for approving or disapproving the materials and programs funded in any part with CDC funds. That includes the sexuality Programs-that-Work curricula and materials.

ISSUE # 4: PARENT, FAMILY, AND COMMUNITY INVOLVEMENT

The main thrust of this planning group from the 1993 meeting is public relations. **Vickie Bobbitt**, **Cathy Gardocki-Leahy**, and others focused on Parent, Family, and Community Involvement issues.[97] **Bobbitt** has held various positions at the Department of Education. The roster associated **Gardocki** with the **Ohio PTA**. **Gardocki-Leahy** also shows up as a member of the Program/Materials Review Panel as a reviewer of PTW materials.

ISSUE # 5: PROFESSIONAL PREPARATION AND PRACTICE

Cynthia Symons, Becky Koch, and **Susan Telljohann** joined others in agreeing to have health included in the new Standards for Schools rules.[98]

The roster lists **Symons** as a professor of Health Education at Kent State University. **Symons** has been involved in Ohio's Youth Risk Behavior Survey, the data collection project that is used to demonstrate *need* for comprehensive health education. **Symons** is also listed as a member of the **Health Model** Advisory Committee.

In 1993, **Koch** was an OSU health education lecturer. **Currently Koch is a federally funded** consultant working out of the Ohio Department of Education.

Telljohann is an Associate Professor in the Department of Health Promotion at University of Toledo. In addition, she has served on the expert review panel for the CCSSO/SCASS project (to be explained later).

Youth Risk Behavior Survey

Remember, the shared agenda of the attendees at the Mohican State Park meeting is to "provide children with [the] support... they need to acquire . . . the skills, knowledge, attitudes, and behaviors that will enable them to lead healthy and productive lives."[99] This is to be accomplished through "sufficient scheduled programming to elicit behavior change".[100]

But before the programming of children to elicit behavior change could begin on a large scale, the *need* to change students' knowledge, skills, attitudes, and behaviors had to be demonstrated. In other words, students' behaviors had to be shown to be dangerous to their health and future productive lives.

To generate needed data, the Youth Risk Behavior Survey was conducted. Biennially, students are asked, among other things, if they have ever had physical relations, how old they were the first time, how many people they have had intercourse with, and whether or not they are using condoms, etc.

The answers given by 2,800 students surveyed in 1993 were reportedly representative of students in public and private schools statewide, and those statistics are being used as the *baseline* to demonstrate *need* for Comprehensive School Health Education,[101] i.e., the need for, among other things, disease and pregnancy prevention, i.e., condoms, contraceptives and sexuality instruction.

However, Ohio Department of Education records show that **Luceille Fleming**, Director of Ohio Department of Alcohol & Drug Addiction Services, has conceded that the "**Youth Risk Behavior Survey is a terrible survey. . . Ohio only uses it because we have to in order to get money from Atlanta.**"[102]

For the 1997 survey, approximately 2,200 students in grades nine through twelve were surveyed. Two to four classes were "drawn" per school. Sixty-two schools were "eligible" to participate; eight declined.

Two schools agreed to participate if the sexuality questions were removed. Consequently, a revised questionnaire was printed for them.[103] [Note: It would seem that the use of dual questionnaires would skew the results.] **Barb Bungard**, Program Review Panel member, says, "Our school has participated [in the YRBS] at least two times that it's been done, but I don't think our community is even aware of it."[Note: ODE records list Ms. Bungard's address as **Stow**, OH.][104] Another YRBS survey is scheduled for February-April 1999.[105]

[Note: When I asked the Ohio Department of Education staff for a list of participating schools and administration dates for the 1999 survey, I received the following response: "The Ohio Department of Education and the Centers for Disease Control and Prevention (CDC) guarantee all parents, schools, and students that their *participation* in the Youth Risk Behavior Survey is confidential. No student, school, administrator, or family is ever identified by name; only aggregated data for the entire state of Ohio is reported. All participation – school districts, high schools, parental authorization, and student participation – is voluntary and based upon a statement that participation is anonymous and confidential. . . March and/or April 1999 dates will be selected by each school. . ."[106]

Retired Columbus City School Assistant Superintendent **Jim Furgason** is the contractual consultant ($7,500) for the project.

[Note: It is important to know how the survey was conducted. What is the margin for error? Without knowing something of how it was conducted, a researcher cannot know if statistical biases were eliminated or accounted for. For instance, will some children, boys in particular, lie when it comes to their relating "exploits"? And who were the 2,000 students, and from what social demographic? Since the list of school districts and schools is confidential, we don't know the answers to these questions.]

In reply to my request for a copy of the actual confidentiality agreement between the ODE and the CDC, I received a form letter that says: "Survey administration has been designed by research professionals to protect student and school privacy and guarantee anonymous participation. . . .**No** county, city, school **district**, school, or student **will be identified in any published reports**. The Ohio Department of Education will mail letters introducing the YRBS to parents of each student in the randomly selected classes. These letters invite parents to give **passive permission** for their child to participate." [107] [Note: Informed consent requires full informed knowledge of the issue. Passive permission is not informed consent.]

In March 1999, I requested a copy of the parental notification form. As of October 14, 1999, I have not received it.

The **January 1999** Panel Review meeting minutes indicate that panel member **Tom Colvin** asked if there has been any protest by parents. **Joyce Brannan** replied, "A very small percentage of parents object." **Judy Airhart** added:

> **" . . . if the U. S. Department of Education paid for it [the survey] we would be required to have active parental permission/objection forms, but since these are U. S. Department of Health monies, a passive permission/objection form is sufficient."[108]**

When I inquired why **Mr. Furgason** has access to the list of participating districts and elected members of the State Board of Education do not, I received the following reply: "**Mr. Furgason… possesses competencies essential for conducting this research not otherwise available and accessible through ODE research team** (sic). Specifically, **Furgason** can **read**, **understand**, and (using CDC's random numbers) **draw** the to-be-selected classes off each high school's master schedule. He also can **communicate** with local superintendents and high school

principals using their language and values . . . In a medical setting, **Furgason** would be seen as one of the patient's physicians or on the patient's diagnostic and planning team. Therefore, he (as well as **Dr. Brannan**) must have almost daily access to each of these schools, their local administrators, and the local survey administrators (often the teachers) as well as to **Westat** and CDC. Again, the patient's or institution's **records** in national and state research would not be released (or even requested) by the hospital's Board of Trustees or the university's policy makers."[109]

[Note: This is a false analogy. Schools are not "patients" and hospital trustees are not elected representatives of the people. But even if the medical analogy were true, most parents would find the notion of a "physician" seeking passive permission from them prior to conducting research on their child totally repugnant behavior.]

Health Model

After (passively) establishing *need*, the next step was developing something to *meet that need* - a "framework" or a "model" for Comprehensive School Health Education.[L]

One of the participants at the two-day meeting at Mohican State Park was a member of the Ohio State Board of Education. Not surprisingly, soon thereafter the State Board of Education adopted a resolution calling for the development of a state health model.

A 1995 contractual agreement with the Centers for Disease Control says that CDC funded consultants at ODE, *working at the request of the Ohio Board of Education*, have been writing and educating about "Ohio's Model for Competency Based Health and Physical Education."

What is the significance of the model?

The **model** will enable all Ohio public and non-public schools "to move toward health instruction 'that works' as the **core principles of CDC's 'programs that work' are extended to all** categorical health lessons traditionally taught in comprehensive Pre-K-12 health education."[110]

[Note: As a member of the State Board of Education, I had NO idea that federally-funded consultants were writing the model.]

Framework

A Statewide Planning Team set up the framework for comprehensive school health in Ohio.

What is a framework? Think of it in terms of the footer for new construction. Then imagine concrete being poured, and beams, braces, rafters and roofing for the new building being anchored into place.

After the "frame" is in place, the shape and style of the building is fixed. A buyer can change the paint on the shutters and the front door, but all major planning decisions have already been made; the basic structure is in place. Subsequent minor tweaking will not fundamentally alter the structure or framework of the building.

So it is for school boards when it comes to planning school health education. The framework for Comprehensive School Health Education was developed in 1993. Since then, contracts have been written and carried out, materials have been approved, training has taken place, outcomes developed, assessments piloted, etc.

In practice, city and exempted village boards will be choosing *which* PTW to use and *how to implement* the program, not whether to use one. *Local* boards have even less decision-making authority, since curricular decisions are often made by County Education Service Centers leaving locals only to decide *how to* implement decisions that have already been made.

Currently, Section 3310.60 of the Ohio Revised Code declares that school boards "shall prescribe a curriculum for all schools under their control."

However, **if/when lawmakers adopt the state standards** for schools proposed by the State Board of Education, school boards will lose their authority to make curricular decisions because the proposed standards are so prescriptive. Those standards include a directive to implement "comprehensive" health education for all students, i.e., Section 3301-35-04 (B)(1):

> "The school district shall implement a **comprehensive** . . . curriculum . . . in . . .**health** and physical education; … [and] **family and consumer science…**", the latter also being a carrier for "health" education.

[L] In 1992, the State Board of Education adopted a framework for developing models and revising them. In January 1996, the State Board revoked the framework. Consequently, there seems to be no rational basis for the development of the Health Model. After the "new standards" are adopted by the General Assembly, "a new framework for developing and revising models will be put in place." (Resolution # 7).

diana@fessler.com • 7530 Ross Road, New Carlisle, OH 45344 • (937) 845-8428 or FAX (937) 845-3550

Comprehensive Health Advisory Committee

In July 1994, an **Advisory Committee** was appointed to "think through and advocate for" the model. **Robert Murray**, a Mohican Park meeting participant, and **Hope Taft** chaired the committee.

Meeting minutes show that **from the beginning, it had been decided that the "Model [health] Program will *not* be 'knowledge-based, information-based, or concept-based.'"**[111] [Note: It appears that behavior modification is the only thing left upon which to base instruction.]

In addition, it had already been decided that health and physical education will be integrated across the curriculum rather than presented to students as separate courses which makes opting out impossible.

Approximately a dozen people who were involved in the 1993 Mohican State Park meeting have, as consultants, worked on developing the model.

Dr. Robert D. Murray, chair of the Health Advisory Committee says that the resulting model has "**nothing whatsoever to do with the CDC**, with Reducing the Risk, with the programs of Planned Parenthood, with the Sex Information and Education Council of the U.S. (SIECUS)."[112M]

However, official documents **do not** support that contention. Rather, the CDC contracts clearly make reference to the model, to Reducing the Risk, and a letter of endorsement from Planned Parenthood is attached to one of Ohio's grant application for CDC funding.

An Ohio Department of Education memo indicates **that Meg Wagner**, Health Education Specialist, was, at one time working **150%** on the **model**.[113] But, one of the CDC contracts clearly states that **Ms. Wagner**, whose salary is paid by the CDC, is to be spending **100%** of her time working to **fulfill Ohio's contractual agreement with the CDC**. In the same document, **Wagner** is identified as a member of the Health Model writing committee that **Dr. Murray chairs**.

[Note: Obviously, there is a *direct* connection between the model and the CDC if the people physically writing the model are being paid by the CDC.]

Twice in his October 28, 1998 letter to the editor of the *Cincinnati Enquirer*, **Dr. Murray**, Chairman of the Advisory Committee, says, "It [the model] is not a curriculum" and "it is not a mandate, it is a guide." However, ODE consultant **Frank Schiraldi** refers to the model as a curriculum and then asked members of the Model Health and Physical Education Advisory Committee, in writing, if the *curriculum* allows a reader to see the connections between "what students are expected to know and be able to do" at different grade levels, and if "colleagues in schools [can] be reasonably expected to implement this much material?"[114]

In January 1994, Superintendent **Ted Sanders** issued a directive to the Health Advisory Committee. In it, he said that the standards for Ohio schools "will not define, address, measure or require any values, beliefs, character traits, behaviors, or attitudes for students or schools."

Two years later, (January 24, 1996) the co-chairs of the committee (**Murray & Taft**) wrote a joint letter to then Superintendent **John Goff** seeking release from **Sanders'** directive as it would hamper and stifle their efforts, saying that "affective behavior and **behavior modification** . . . **is the critical point**."[115]

[M] On January 10, 1996**, Monica Rodrigues**, School Health Counselor with the Sexuality Information and Education Council of the United States (SIECUS), wrote to **Joyce Brannan**, Ohio Dept. of Education consultant, saying, "In a political climate that is growing increasing resistant to health education, school leadership has expressed the need for assistance and support in countering attacks on existing and newly proposed programs. Because of SIECUS' mission to advocate for comprehensive HIV/AIDS prevention and sexuality education for youth, we have had our own share of controversy. Therefore, through our cooperative agreement with CDC/DASH, we will be developing a program to assist state and local education and health agencies in successfully moving programs forward." In that same letter, **Brannan** was invited to join fourteen others in learning about "current national trends in comprehensive sexuality education, fear-based sexuality education, and strategies for promoting comprehensive programs."

On February 23, 1996, **Brannan** attended a meeting at the SIECUS office in NY. [NOTE: Dr. Mary S. Calderone, former medical director of the Planned Parenthood Federation of America, chartered SIECUS in 1964. Their original statement of purpose was: "To establish man's sexuality as a health entity." To accomplish this goal their plan was to "expand the scope of sex education to all age levels and groups", and to provide, among other things, "indications as to how constructive attitudes can be developed about such problem areas as sex in the aging, premarital sex and homosexuality." SIECUS publications and writing have supported the following: The use of pornography; premarital sex, homosexuality, dispensing contraceptives to minors without parental consent; sex education for all age levels, and abortion on demand. *Family Research Council Fact Sheet*.]

In a February 26, 1996 letter to **Ms. Renfro** at SIECUS, **Joyce Brannan** says: "the more we can do through churches and extra-school agencies the greater the numbers we can reach with comprehensive education including confirmation of an individual's values and emotions involved."

No wonder ODE documents indicate the need for "A proactive educational *plan* of informing key legislators, board members, and other policy makers about this model. . . *before* a draft or even possible pieces are shared with local and national reviewers."[116]

Centers for Disease Control Contracts

Where does the money come from to pay for comprehensive school health instruction?

In 1987, the CDC established cooperative agreements to help education agencies implement health education programs designed to prevent HIV infection. Subsequently, the Ohio Department of Education entered into a series of contractual agreements for Comprehensive School Health Education with the CDC.

In 1994, the Ohio Department of Education submitted an application for Comprehensive School Health to the CDC. The request was for $347,419 to renew a previous HIV/STD Prevention agreement.

On August 13, 1996, State **Superintendent Goff** signed Ohio's FY 97 Cooperative Agreement requesting $316,445 from the CDC to support Comprehensive School Health Education Promotion for another year. The money was used for the

- Purchase of consultant time;
- Training materials;
- Implementation of "programs that work;"
- Policy development;
- Ohio's 1997 Youth Risk Behavior Survey;
- **Development of Ohio's** Competency-Based **Health** and Physical Education **Model** Program, and for
- **Technical assistance to school districts writing local and county health courses of Study**.[117]

Accordingly, there is a direct link between the ***model*** and the CDC.

The federal government, through the U.S. Department of Health's Center for Disease Control, is funding and directing the development of Ohio's Health Model.

Further evidence of the direct link between the CDC and Ohio's health model curriculum is seen by the number of CDC paid "consultants" working, seemingly, for the Ohio Department of Education. Those connections are woven throughout this report.

For FY98, Ohio received $751,446 for Comprehensive School Health Education, allocating $309,996 for Pregnancy, STD, and HIV Prevention.[118]

A September 18, 1998 ODE memo says that ODE would "responsibly" spend $329,056 before November 30, 1998.

[Note: I have asked the ODE what the department did with $330,000 in a six-week period. To-date, I have not received a reply. I have not given a tremendous amount of time to following the money, but it is evident that the ODE has submitted *at least* three requests for federal money every year for many years for various comprehensive school health programs. The full tally is a subject for another report.]

Assessing Students

In the field of **education what is tested is what is taught**.

Jennifer Sheets, former president of the Ohio State Board of Education said, "Content from the health and physical education 'model' will not be tested on the proficiency tests."[119]

Although the contents of the "model" may not be included in the state proficiency tests, that does not mean that "health" is not being assessed.

Section 3301-35-03 of the proposed Standards for Ohio Schools rules, adopted by the State Board of Education, in principle, says:

A district school board shall grant a diploma to "learners who… achieve **state**-adopted basic level **competencies** verified by **local assessment** in . . . family and consumer science . . . and health…."

What is the source of the so-called "local assessment"? It is the **Council of Chief State School Officers (CCSSO)**, an organization made up of state superintendents. One of their primary activities is the development and implementation of student assessments. Virtually, all states are members of CCSSO; Ohio's annual membership dues are $50,000.[120]

In 1993, the CCSSO initiated the **State Collaborative on Assessment and Student Standards (SCASS)**. Their mission is to develop assessments for elementary through high school students. Various projects among the states exist, including one for art, science, and health. The main goal of SCASS Health Education Project is to produce and distribute health education assessments.

Thirty-two states[N] are participating (paying members);

[N] Participating states in the health project: AK, AR, CA, CO, CT, DE, DC, HI, IL, IA, KS, KY, ME, MA, MI, MN, MS, MO, MT, NM, NY, NC, ND, OH, OR, RI, SC, SD, WA, WV, WI.

Ohio pays $44,000 per year to participate in SCASS.[121] In addition to project participation fees, financial support is provided by the CDC. Member states have been asked to re-commit to the project for an additional three years.

The framework for assessment development is derived from the National Health Education Standards and the risk behaviors identified by CDC/DASH. A **unique scoring system** focusing on the National Health Education Standards has been developed. Pilot tests were conducted during 1995, and in 1996, extensive **field testing of the health assessment** was conducted in participating states.[122]

Between September and November 1999, ODE consultants will *pilot* the collection of student assessment data in selected urban districts.[123]

In addition to the assessments, SCASS has developed a Teacher's Manual on Portfolio Assessments and a CD-ROM titled *HealthHELP*. The CD contains among others things, **assessment items that include Sexuality and HIV Prevention Education**. The *Performance **Event*** and *Performance **Task*** **items** are for use by local teachers and schools. "Plans for FY98 include using federal HIV/AIDS funds to purchase one CD-ROM for each local school district."[124] The CD also contains *Selected Response, Short-Answer Response,* and *Extended Response;* they are secure and unavailable without a password so that states wishing to use them for Proficiency Tests can do so.

An Ohio Department of Education interoffice memo states that "**Meg Wagner** and **Ed Whitfield** have been trained by CCSSO's Health SCASS project to order, use, train Ohio teachers, and disseminate copies of CD-ROM for Health Education Assessments. The CD-ROM can provide Ohio, local school districts, and . . . educators with proficiency examination (secured) questions as well as other valid and reliable assessment items relative to performance tasks, performance events, and short-answer questions on nutrition, sexuality, . . . etc. "[125]

According to a CDC contract, Ohio Department of Education was to "create a plan for statewide annual assessing of student HIV **prevention skills and knowledge"**, . . . "**pilot** the **collection of student assessment data in selected 'Big Eight' districts**" [Note: The eight largest cities in the state.] and "sponsor, plan, and finance four 3-day inservices to equip **local and county curriculum supervisors** and lead teachers of health **to use portfolio assessment techniques in at least one of their classes during Fall 1998**."[126] This objective was postponed until Summer 1999.[127]

The first Portfolio Assessment Training for Ohio middle school health teachers was conducted in August of 1997. During June and August of 1997, teachers attended 4-day workshops and learned how to develop, implement, use, and evaluate/score health education competencies. Central Ohio teachers indicated they would be reaching approximately **1,500 students** with portfolio assessments during the Fall of 1997. In addition, they provided a case study on portfolio training provided for Ohio's **curriculum supervisors** and lead health teachers across the state in Summer 1998.[128]

Between April and October 1999, the ODE will equip local and county curriculum supervisors, and lead teachers of health to use portfolio assessment techniques during Fall 1999 classes.[129]

Bottom line: "Local districts, . . . will be required to conduct and report the results of standardized, district-wide health and physical education assessment after the State Board of Education adopts Ohio's Model Competency-Based Health and Education Program."[130]

Training Teachers

The work of preparing people to teach comprehensive health instruction, including sexuality instruction, has been underway for a long time. **Ohio's goal is to have 1,600 individuals trained on how to implement Programs-that-Work**.[131]

Debra Stanley, PTW faculty member, handles B.A.R.T. training while **Jeff Jones** and **Vickie Bobbitt** conduct Be Proud! Be Responsible! training.[132] [Note: Jones is now the Department of Education's ombudsman responsible for helping members of the public resolve problems with the department.] **Cheryl Nelson**, PTW Training Coordinator is responsible for the use of Trainer Tracker software and database.[133]

In the Fall of 1994, twenty-three Master Trainers received five-days of instruction and experience in implementing the lessons of Reducing the Risk; they will "train other professionals including school teachers."[134]

A CDC review of an Ohio application for funding discloses **that twenty-four "master trainers" had already been trained to implement Reducing the Risk, and regional training had reached more than 500 teachers**.[135]

"**Jeff Jones** presented a day-long workshop on April 30, [1996] for

Family and Consumer Sciences educators on Reducing the Risk."[136]

On June 23, 1997, "**Jeff Jones** conducted a day-long workshop at the **Licking County** Summer Institute on 'Reducing the Risk.'" [137]

In mid-July, 1997, **Jones** presented an HIV-prevention workshop at the **Northeast Regional Professional Development Center**. Attendees included twenty-five people, mostly classroom educators who taught middle school. Reportedly, the workshop was "well received, with many of the participants asking for additional assistance in the future."[138]

In 1998, the ODE began having trainers sign a Letter of Agreement (a contract) with the State in which they agree to train, track, and provide instructional materials to twenty school, faith, or other educators in his or her local community within the following fifteen months.

The agreement requires new trainers to provide the State with pre- and post- evaluations, samples of **marketing** materials and "a complete roster of locally trained educators (including fax, phone and e-mail) so additional technical assistance and future evaluations can be conducted."[139]

The three-day PTW training includes manuals, videos, and other materials for each PTW program and materials for the twenty people that the trainer will be training.

Assistance in marketing, coordinating, evaluating, and "other items germane to successful diffusion of Programs-That-Work" are provided.[140]

Training for twenty-one trainers-of-educators in the diffusion of PTW was held April 28-30, 1998. These Trainers agreed to each teach twenty more (420) others to use all or parts of the three PTW.[141] **Joyce Brannan**, **Jeff Jones, Rick Petosa**, **Cheryl Nelson**, **Vickie Bobbitt**, **Cara Edwards** and Debra Stanley were scheduled as trainers-of-trainers.[142]

During an **April, 1998** PTW training session, the people being trained to teach PTW engaged themselves in making a list of thirty-five "street names" for physical intimacy and thirty-four "street names" for various body parts. [O]

The list was then distributed to participants during the August training session**.** It appears, from a reading of the Program/Materials Review Panel minutes that the panel approved the list. [P][143]

During **August 16-19, 1998**, **Brannan**, **Petosa**, and **Nelson** conducted responsible sexuality Programs-that -Work training for nine more people. [Q] These individuals are also listed on a November 1998 Roster for "Booster & Focus Group" meetings.

As of **August 1998**, Ohio had 30 Trainers-of-Educators **ready to "diffuse** four effective programs **to Ohio school** teachers, **students**, and out-of-school youth."[144] [Fifty-three trainers is a more current figure.]

On **November 6, 1998**, after concerns about PTW had surfaced repeatedly, State Superintendent John Goff issued a letter, saying, "Given the concerns that have been raised with regard to the content of the 'Programs That Work' training, I

[O] **"Sexual Behaviors**: jacking off, fuck, fornicate, screw, ballin', spank the Monkey, bump ugly, tossin' salad, butt fuckin', suck face, lip lock, cum, getting' off, goin' down, diving, muff diving, licking butt, fisting, rimming, water sports, dry humping, getting the Bootee, bustin' a nut, sperming the bitch, hosing, finger fuckin', doin' it, eating out, snatch diving, tit fucking; knockin' boots, sticking & licking, bump & grind, yodeling in the canyon, blowin' the flute." **Sexual Body Parts**: jimmy, jimbrowski, dick, cunt, pussy, boobs, dooky shoot, punnina, bosack, balls, nuts, tittys, ass, pony, hard-on, cudy clit, snatch, penis, vagina, Monkey, glans, poop chute, tool, pink taco, pearl oyster, bootie, cat, wallies, bone, boner, woodie, whoretool, Johnson, pussy juice."

[P] **April Roster**: **David Andrist**, Columbus Health Dept.; **Rita Ball**, Mt. Vernon City Schools; **Della Brown**, Erie County Health Dept.; **Barb Bungard**, Ohio PTA; **Kathleen Dafler**, Brookville Local Schools; Assoc. **Professor Reginald Fennell**, Miami University; **DeNena Foster**, Urban League of Cincinnati; **Kay Gilbert**, Erie County Health Dept.; **Lynn Harmicar-Duffey**, Youngstown Health Dept.; **Sharon Hartley**, Southeast Recovery & Mental Health Care Services, Columbus; **Brad Koogler**, Phoenix Pride Southeast, Inc., Columbus**; Tracy Luster-Welch**, Ohio Dept. of Health; **Jason Reep**, Social Health Education, Inc., Cincinnati; **Nancy Rini**, East High School, Columbus; **Ann Rudrauff**, Planned Parenthood of Central Ohio, Columbus; **Kathy Sellers**, AIDS Taskforce, Columbus; **Corinna Snipes**, Wynford High School, Bucyrus; **Dawn Soldner**, Lucas County Health Dept.; **Jennifer Turner**, Columbus Health Dept.

[Q] **August Roster**: Programs That Work! Training-For Trainers: **Angela Chaney**, Planned Parenthood of Southwest Ohio, Cincinnati; **Carol Freas**, Princeton City Schools; Cincinnati; **Kimberly Harris**, YWCA Middleburg Heights**; Bobbie Herron**, Quilter CCC Camp, Green Springs; **Erica Neuman**, Planned Parenthood of Southwest Ohio, Cincinnati; **Todd Rademaker**, AIDS Volunteers of Cincinnati; **Mary Reese**, Hamilton County General Health District; **Valerie Roth**, Planned Parenthood of Southeast Ohio, Athens; **Kathryn Thompson**, AIDS Volunteers of Cincinnati; **Joyce Brannan**, Ohio Dept. of Education; **Pam Bolden**, Ohio Dept. of Education, Secretary; **Cara Edwards**, Columbus Public Schools; **Cheryl Jones**-Nelson, Programs-That-Work Training Coordinator, Ohio Dept. of Education; **Rick Petosa**, Ohio State University Professor; **Debra Stanley**, AIDS Ministries/AIDS Assistance, South Bend, IN.

want the Department to temporarily cease offering [new] training in this HIV/STD program."[145] [Note: **Temporary cessation did not preclude those already trained from fulfilling their commitment to training twenty others**.]

Proposed options "for appropriately delivering HIV/STD and Pregnancy Prevention training" **included: shifting the responsibility for PTW training to the Department of Health, or subcontracting the training to a university, or some other entity**.[146] [Note: As of August, 1999, the ODE has effectively shifted the responsibility to ODH. Due to impending legislative regulation, the Department of Health has applied directly to the federal Centers for Disease Control for a $2.6 million grant to implement "Programs-That-Work" without the legislative oversight of these programs called for by the education budget bill, HB 282. (See page 22 of this report, *Addendum: The Ohio Department of Education's Position*).]

A CDC contract states that ". . . **schools turn . . . to non-classroom educator** . . . as their 'teachers' of students. School nurses, local, city and county departments of health professionals, and representatives from the Urban League, American Red Cross, and Planned Parenthood are the most common **self-selecting population to be trained by ODE**."[147]

During **February of 1999**, work was underway to prepare programs for licensure of multi-age (3-21) Teachers-of-Health.[148] [Note: Obviously, these programs are different from "typical" health and physical education programs for teachers.]

May 1998 Program Review Panel Minutes state that "In the next year, 80 trainers of educators will be trained. Each trainer will sign a contract stating that they will train 20 other trainer of educators."[149]

"**Tracy Luster-Welch** has agreed to train 28 [people] from the Ohio Department of Health."[150] Ultimately, the goal is to have eighty Trainers-of Educators diffusing PTW, equipping "up to **1600 adults. . . to deliver these . . . programs to Ohio's 1.8 million students as well as out-of-school youth**".[151]

The **May 1998** Program Review Panel Minutes state that, "**Preble County** called expressing an interest in doing a training."[152]

In **July 1998**, **Cheryl Nelson**, PTW Training Coordinator, and **Joyce Brannan**, Project Coordinator, were marketing, planning, and registering individuals for PTW training, meeting with thirty-two people in Cincinnati and thirty-four in Cleveland. Potential Trainers-of-Educators self-identify to register, but they are screened.[153]

During **July 1998**, **Jeff Jones** provided training on Reducing the Risk to forty teachers, school nurses, public health nurses, school psychologists and health commissioners **for Scioto and Pike counties**. The **Portsmouth City** Health Department received a grant to educate local school personnel and health educators on effective programs.

The **November 24, 1998** PTW training roster lists twenty more participants.[R]

[R] **October Roster**: **Betsy Bunner**, Bowling Green State University; **Marco Cardona**, City of Cleveland Health Dept.; **Kim Cole**, The Health Museum of Cleveland; **Judy Didion**, Wood County Health Dept.; **Sheri Dieterich-Colon**, Free Medical Clinic of Cleveland; **Elise M. Ellick**, MetroHealth Medical Center, Cleveland; **Jessica Garascia**, Oberlin College; **Beth Hensler**, Cleveland Dept. of Health; **Michael Hogan**, Cuyahoga County Board of MRDD; **Ervin James III** (audit), Urban League of Cincinnati; **Clarence L. Johnson**, Combined Health District of Montgomery County; **Julie M. Johnson**, Project CARE, Broadview Heights; **Amy Jones**, Wood County Health Dept.; **Elizabeth Juergensen**, Warren City Schools; **Dianne L. Kerr**, Kent State University; **Pat Koharik**, Polaris Career Center; Middleburg Heights; **Aaron Kyle** Urban League of Greater Cincinnati; **Vicki Marie**, NEON Health Services, Inc., Cleveland; **Patty Mason**, Project CARE, Broadview Heights; **H. Paul Schwitzgebel**, AIDS Interfaith Ministries, Canton; **Frances Wright-Thomas**, Combined Health District of Montgomery County; **Mary Wynne-Peaspanen**, Family Planning Assoc. of Northeast Ohio, Inc., Painesville; **Rev. Richard P. Young**, Greene County Combined Health District; Xenia; **Carol Zunic**, Cuyahoga County Board of MR/DD.

Certificates

Individuals that complete **Programs-that-Work Training-for-Trainers** are certified as qualified to instruct others using Be Proud! Be Responsible!; Becoming a Responsible Teen; and Reducing the Risk.

The certificate issued on August 19, 1998 is signed by a representative of the Ohio Department of Education, **Joyce Brannan**, HIV/AIDS Prevention Consultant; and "**faculty**" in conjunction and compliance with the Centers for Disease Prevention and Control. Faculty listed**: Debra Stanley**; **Cheryl Nelson**, PTW Training Coordinator**; Cara Edwards** [**Columbus City Schools**]; and **Rick Petosa**. [Note: Faculty member **Petosa is also a PTW training evaluator**. Accordingly, PTW evaluation is not being conducted by a neutral third-party. One CDC contract indicates that he was paid $12,000 for his work as an evaluator.]

Advocates press onward

During the **December 1998** State Board of Education meeting, board members were presented with six options concerning Training-for-Trainers. Recommendations included returning the funding to CDC, shifting the training to universities, or stopping the training altogether. The board indicated that they did not want the training stopped, but called for a redesign of training, specifically, "no condom demonstrations and no slang words. [154]

Subsequently, **Colvin** asked, "If we give up these two things, what will they want next?" [155]

When relating that information to Program Review Panel Members, **Joyce Brannon said, "the panel could determine** and recommend **that ODE resume training** by a specified date and state the conditions, e.g. on the "woodies" (the condom demonstrations), the panel could recommend a correction such as trainers could talk about, but not demonstrate. On the slang words, the panel could recommend we give up the hard copies [that is, the list of thirty-five "street names" for physical intimacy and thirty-four "street names" for various body parts] or give up the common language activity." Minutes show that **Brannan and Airhart feel that the State Board and Senior Administration were trying to be supportive**.

Barb Bungard commented, "The vocal opposition wants condoms out, period, the word *condom*, too." [156]

Tom Colvin (**Perrysburg**) said, "The **panel is charged with making the decision** on what will be taught." [157] [Note: Before I accept that statement, I will need to see evidence to support it.]

Harrison Weed was not present, but sent a message to the panel, "Demonstrating condoms has been confirmed by research to be a necessary part of effective education to reduce the frequency of unprotected intercourse."

Bungard asked, "If the panel determines that condom demonstration is a necessary part of the training for adults, will we be jeopardizing the whole PTW program?" **Cathy Leahy** asked about Plan B. **Judy Airhart** responded, "**SPCHEO** could be brought in or university people could do trainings." [158]

Panel members then "discussed in detail that if we continue Master Trainers . . . the trainings must be kept intact. Discussion followed **recommending no written record of the slang terms** from the common language activity be distributed. **There was a consensus of support for the Programs-That-Work as originally created**.

Panel members agreed to submit their thoughts to **Weed** for inclusion into recommendation to the State Board of Education. [159]

In a Program Review Panel Position Paper on Ohio's 1999 Training for Sexuality Programs-That-Work, panel member **Weed** states that the PTW sexuality programs should "continue to be presented to adult trainers **intact**, that is, as the programs were designed and studied. This specifically includes condom demonstrations where such demonstrations are an integral part of a program." [160]

[Note: To get the complete picture regarding the work of the Panel, I requested a copy of the minutes from the inception of the Panel. In response, **Judy Airhart** replied, "we have been unable to locate minutes prior to 1998." [161] [Note: Failure to produce the requested documents indicates either an effort to withhold the documents or departmental incompetence.]

Effectiveness

During the last two weeks of April 1997, CDC-funded individuals (**Jeff Jones**, **Joyce Brannan**, **Rick Petosa** and **Richard Sawyer)** [162] conducted focus group interviews with the adults who had received Reducing the Risk training. [163 S]

The overall objective of that CDC-funded focus group was to identify **barriers** to diffusing PTW.

The evaluation report, prepared by Petosa, lists ways to overcome implementation problems -- in order to deliver the curricula to 6th-12th grade students. [164]

To accomplish implementation, it was concluded that "public trust, confidence, and support" must be built, especially in communities where there is opposition to "comprehensive" programs that include "safer sex." [165]

Accordingly, since diffusion of "Programs-that-Work" is the goal -- *and not responsiveness to concerns* -- survey participants were dismissive of criticisms.

Some of the trainers held concerned community members in contempt -- portraying them as

---

[S] **Sawyer** is affiliated with the Academy of Educational Development (AED). Another AED operative, **Ivan Charner**, was one of the individuals willing to oust me from the National School to Work meeting held in Cleveland in June, 1998.]

diana@fessler.com • 7530 Ross Road, New Carlisle, OH 45344 • (937) 845-8428 or FAX (937) 845-3550

nitwits who would have been supportive of disease and pregnancy prevention if they hadn't succumbed to "warnings" about "the negative effects [of] the conspiracy emanating from CDC to impose a national curriculum or sex educators who are attempting to undermine the authority of the family."[166]

Trainers said they faced objections before and during the workshops and suggested the need for a **promotional campaign** at the national or state level to build credibility and reduce teacher concerns. [167]

The evaluation report acknowledges that the teaching Reducing the Risk is a "substantial departure from most current education practice for HIV prevention."[168] Effectiveness of the actual training sessions was said to be reduced due to the considerable amount of time spent on discussing opposition concerns that Reducing the Risk doesn't stress abstinence from sex, and that lessons teach the idea of young people having "safer sex". [169]

Such discussion was said to take time away from skill training (how to use condoms and go to the clinic with your "partner"). The discussions about opposition reinforced the fact that some teachers see Reducing the Risk as being controversial.[170] Some teachers reported being uncomfortable with role-playing, the most important component of Reducing the Risk.[171]

Others raised objections and dropped out due to the controversial content of the curriculum. [172]

During the follow-up interviews, a few of the trainers reported "participant resistance when covering content-oriented lessons associated with contraception, getting contraception and safer sex messages."[173]

A "vocal minority" is supposed to have discouraged some teachers from attending Reducing the Risk workshops and from implementing it. Some teachers did not return to complete the training based on issues raised the first day about the likely controversy over content and approach.[174]

Concerned about their jobs, participants discussed their need for legal protection.

They also mentioned the need for training on how to respond to difficult questions about Reducing the Risk, *i.e.*, sound bites for the media.[175]

Free training and "free" materials were identified as major motivators in **getting people to attend** the training sessions. [Note: It may be free to the recipients, but in reality, government has no money of its own, only taxes collected from its citizens.]

"With CDC-funding 1600 teacher manuals for PTW will be distributed during the trainings."[176]

[Note: This appears to contradict the CDC contracts and a statement made by ODE official, **Dr. Nancy Eberhart**: "When school and community health officials make inquiries about the five programs, they are directly referred to the companies . . . for information, instructional materials and/or training."[177 T]]

"Trainers believed that teachers who arrived at the workshop with reservations about sexuality education content or role playing would need as much as **four or five days of training** to build confidence and comfort levels toward the content and teaching processes of *Reducing the Risk…* "

[Note: Are training sessions building "confidence and comfort levels" with adults the same way they will with the children, by immersing them in obscene language and glorifying debased behaviors for those four or five days?][178]

School district involvement

What gets into the actual classroom depends on the district's Graded Course of Study."[179] And how do the federally-paid consultants influence the development of a school's course of study? They do so by providing "guidance/technical assistance" to local districts: "CDC/DASH [U] funds have provided the delivery of comprehensive school health education services and technical assistance guiding 50 to 75 local districts' 'Course of Study' writing committees toward behavior change, skills-building, performance-based assessments health instruction."[180]

Specifically, Project Coordinator, **Joyce Brannan** and co-workers **Meg Wagner** and **Pat Owens** provide assistance to school districts that are writing Health and Physical Education courses of study.[181]

Program Review Panel minutes record that **Brannan** believes that "Catholic schools do a fantastic job of sexuality, it is a very natural atmosphere. **Brannan** wishes that public school could do the same thing. Her dream is to reach the faith community. She also felt that it

T The CDC awarded Ohio $11,250 to purchase Be Proud, Be Responsible! manuals for FY 96.

U Centers for Disease Control/Division of Adolescent School Health

would be good to train parents, schools, and churches."[182]

ODE interoffice memos report that in 1997 **Jeff Jones**, (HIV Education Consultant, Ohio Department of Education) had a "ground breaking meeting" with **Sharon Fryer**, Executive Director of Project Compassion (based at Vineyard Christian Fellowship in the Columbus area).

Project Compassion is in the planning stages of creating an educational outreach program targeted to the Christian schools. The staff and volunteers will be contacting the Christian schools in the Central Ohio area to offer their services as HIV-prevention educators. . . offering risk reduction information upon request.[183]

Reportedly, the focus would "probably be abstinence-only. . .." [Note: The essence of PTW is, by its very nature, incompatible with genuine abstinence-only sex education.]

A week later, **Jones** reported on his "extremely successful" follow-up meeting with **Fryer**, who is developing a curricular packet that will be available for use by Christian school educators or by volunteers for use in Christian schools.[184]

With CDC funds, the ODE has prepared a three-page marketing piece – targeting churches - to equip the "sales" person with answers to almost any objection to PTW.[185]

Program Review Panel member **Marcia Ruhling** says: "Local courses of study are legal guidelines."[186]

Montgomery County – On August 21, 1998, **Brannan** met with five people with the Montgomery County United Health District to discuss PTW training. A proposal was written concerning how B.A.R.T and Be Proud! Be Responsible! might be diffused in the Greater Dayton area.[187]

Sandusky, Preble and Hamilton counties along with **East Liverpool**, **Wauseon** - During November 1997, each received assistance from **Wagner** and **Brannan** in writing health and/or PE courses of study.[188]

Licking County – On June 23, 1997, **Jones** (HIV Education Consultant, Ohio Department of Education) conducted a day-long workshop at the **Licking County** Summer Institute on Reducing the Risk.[189]

Franklin County – On June 24, 1997, **Jones** met with a representative "from the **Columbus Urban League** to confirm interest in conducting a Be Proud! Be Responsible! training for community-based HIV-Prevention educators, primarily serving the African-American and Hispanic populations of Central Ohio."[190]

Allen County – On June 16, 1997, **Jones** presented a day-long training on Programs-that-Work at the North Central RPDC in **Lima**. Twenty-five educators attended, including 2nd-4th grade teachers, English teachers, special education teachers, health and physical education teachers, coaches and administrators.[191]

Miami County ESC and **Mt. Vernon City Schools** received assistance in writing their health course of study in March, 1998.[192]

During January 1997, **Wooster City**, **Avon Lake**, and the **Columbus Diocesan** were to receive a day of technical COS-writing.

During April 1997, **Brannan** provided technical assistance to **Wooster City**, **Findlay City**, **Delaware-Union EDC**, and **Middletown**.[193]

During July 1997 **Brannan** worked with **Columbus Public School's** COS-writing committee as they reworked the Columbus Health Course of Study.[194]

During January 1998, assistance was provided to **Marion City**, **Berlin-Milan Local**, and **Tiffin City** as they revised their Health Curricula.[195]

During October 1996**, Brannan** provided assistance to **Delaware-Union**, **Greene County**, **Clermont**, **Elyria City,** and **Chardon City Schools**.[196]

Cincinnati Public Schools has a policy that family planning can be discussed in the 7th grade and that "demonstrations of responsible techniques" are approved for 9-12th grades.[197]

As of August 1, 1998, more than thirty schools and sixty community-based agencies have received "technical assistance".[198]

Between December 1998 and November 1999, the ODE intends to assist an additional fifty school districts to integrate HIV prevention skills into their courses of study – approximately one district per week.[199]

Central planners, in laying the groundwork for a statewide comprehensive school health system, ignored our system of representative government, and without legitimate, public input, devised their own plan to institutionalize comprehensive sexuality education statewide. As best I can determine, only one person on the planning group was an elected official, but she was elected to serve on the State Board of Education as a representative of the people in her district, not as a member of a statewide health planning group.

Proponents of the so-called safe-sex program cite statistics from the biennial Youth Risk Behavior Study (YRBS) as proof of the need for "skill-based" health programs. In 1995, Ohio was one of over forty states that participated in the YRBS. However, only about 2,000 students statewide participated in the 1997 survey that is now being used as the basis for setting statewide public policy. [200]

With that background in mind, a reasonable question is: By what authority can state bureaucrats disregard existing state laws and the State Constitution and seek federal money for these not only unhealthy, but destructive programs?

What conflict of interest has resulted from implementing the recommendations?

And, what contracts, consulting fees, or other profit-generating arrangements have been made among those who formulated the plan, advocate for the plan, approve the public funding of the plan, and those who evaluate it? And how much do planners get paid?

Consultants are paid as follows:[201]

Joyce Brannan – Educational Consultant
Salary $60,955
Fringe $17,677
Subtotal $78,632 plus expenses

Meg Wagner – Health Education Specialist
Salary $62,150
Fringe $18,198
Subtotal $80,348 plus expenses

Pam Bolden – Support Staff
Salary $25,500
Fringe $7,395
Subtotal $32,895 plus expenses

Rick Petosa - Consultant $7,500
Cheryl Nelson $11,500
Jim Ferguson (YRBS) $7,500

Senior Level Administrators:

Judy Airhart, Ohio Department of Education (appointed, March, 1999 by **Dr. Nancy Eberhart**). [202]
Salary $68,972
Fringe $20,000
Subtotal $88,972 plus expenses

Angie Norton, Ohio Department of Health, Senior Level Administrator
Salary $56,000
Fringe $16,800
Subtotal $72,800 plus expenses

Morality and good government

In 1787, Congress enacted the Northwest Ordinance, setting forth provisions for statehood in the Northwest Territory, the area bounded by the Ohio River, the Mississippi River, and the Great Lakes.

The Northwest Ordinance **links morality and good government,** declaring: "Religion, **morality**, and knowledge, **being necessary to good government and the happiness of mankind**, schools and the means of education shall forever be encouraged."[203]

Subsequently, when potential states in the region sought admission to the Union, the U.S. Congress passed enabling acts establishing the essence of the Northwest Ordinance as the criteria for drafting a state constitution. Altogether, thirty-one states achieved statehood under the provisions of the Northwest Ordinance, and as a result, each permanently links good government, morality, and education in their State Constitution.[204]

That is why the **Ohio Constitution** says:

> "Religion, **morality**, and knowledge, however, **being essential to good government**, it shall be the duty of the General Assembly to pass suitable laws to protect every religious denomination in the peaceable enjoyment of its own mode of public worship, and to encourage schools and the means of instruction."[205]

For one hundred ninety-seven years, the Constitution of the State of Ohio has acknowledged the necessity of morality to good government, and the role of education in encouraging morality.

Solution: Standards of Excellence

The May 12, 1997 version of the Standards for Schools document, "adopted in principle by the Ohio State Board of Education", requires school "districts" (not elected school boards), to implement a comprehensive curriculum to ensure that all learners achieve competencies in health, family and consumer science, and in other subjects as well. [206]

"The school district shall ensure that the curriculum is guided by Ohio's State-Adopted Model Competency-Based Education Programs, or comparable curricula models, and learning objectives from the state proficiency tests."[207]

In Section 3301-35-03 of the same document, it says that in order for a student to get a diploma, he must meet state-adopted competencies verified by local assessment in various subjects including Health and Family and Consumer Science.[208]

[Side-note: Family and Consumer Science is considered Vocational Education. Therefore, upon adoption of the proposed standards, all students will be required to participate in the Vocational Education program in order to graduate].

diana@fessler.com • 7530 Ross Road, New Carlisle, OH 45344 • (937) 845-8428 or FAX (937) 845-3550

Programs That Work are not designed for excellence. Instead of protecting children from disease and out-of-wedlock pregnancy, programs-that-work titillates the libido of teenagers and teaches them a cavalier and dangerous attitude about sexual activity. Under the guise of "disease and pregnancy prevention," decency, morality, virtue, chastity, and self-control are being expunged from our culture and replaced that which is obscene, vulgar and profane. The very activities that cause pre-marital pregnancy and spread disease are now being encouraged - in the name of prevention.

Sexual role-play, gutter language, and explicit discussions reduce modesty and self-respect to vulgar nonchalance.

Envision, if you can, a generation convinced that using a condom not only removes danger, but also marks one as being proud and responsible.

Instead of teaching our students to debase themselves by profaning that which is wholesome and pure within the context of marriage, we need to truly raise the standards of Ohio's students. We can do this by a concerted effort to protect Ohio's children:

- Parents should be aware of the move toward *integrated* coursework, i.e., health education incorporated into other subject matter. Such a move makes opting out difficult, if not impossible.
- Children should be taught not to make confidentiality agreements which undermine parental authority.
- **Schools should encourage morality** by teaching that *the* **standard** for sexual activity outside of marriage **is abstinence**. House Bill 189 requires that abstinence be emphasized.
- Teaching about sensitive reproductive issues should encourage self-control, uphold abstinence until marriage as the standard, and be confined to:
  - age appropriate, same-sex classes;
  - only with informed, expressed consent of parents;
  - material that presents the subject matter in good taste,
  - students who have obtained the expressed and informed consent of parents; and ideally with mothers or fathers, as appropriate, present and welcome at all times during instruction
  - Material which is comparable in terms of time and depth of instruction to that which is spent on other systems of the human body.
- Parents need to be aware that they can, at least for the present, opt their children out of sex-education classes. **Sex-education is *not* required by state law**.
- Parents should stay abreast of any pending changes in the Ohio Administrative Code regarding comprehensive health education, and new graduation and assessment expectations.
- Parents should know the difference between abstinence-**only** programs abstinence-**based** programs; there is a huge difference.
- Parents should request of a copy of the local health course-of-study. Find out it is "comprehensive" or "coordinated".

Section 127.17 of the Ohio Revised Code states that the controlling board shall take no action which does not carry out the legislative intent of the general assembly regarding program goals as expressed in the prevailing appropriation acts of the general assembly. The General Assembly has not authorized the activities contemplated by the comprehensive school health program and even if they do so, it may not be with informed consent.

Citizens of this great state should demand legislative hearings and seek to have the CSHE monies returned to the federal government. We can't afford it and neither can our children.

Addendum: The Ohio Department of Education's Position

The adage "actions speak louder than words" is true, if trite. Hence, the position of the State Board of Education and the Ohio Department of Education can best be seen by their actions.

In January 1999, I expressed concerns about Programs-That-Work CDC grants. At that time, Board President Martha Wise asked me to present those concerns in writing. Accordingly, this report was developed and the main points were orally presented to the Board at the February meeting.

diana@fessler.com • 7530 Ross Road, New Carlisle, OH 45344 • (937) 845-8428 or FAX (937) 845-3550

On May 11, 1999, I brought enough copies of a draft version of this report to distribute to each of the board members. At that time, **Melanie Bates**, elected member from Cincinnati, passed out a copy of a *pre-printed* resolution that members *not* accept a copy of this report. **Jennifer Sheets**, appointed member from Pomeroy, seconded the motion. Their actions indicated that they did not desire the contents of the report to make it to public debate.

I told the board that I was not asking them to formally "accept" the report, but merely providing it for their information in response to **Mrs. Wise's** request to put my concerns in writing. I told them that, in fact, any board members who were *not* interested in the information contained in this report could give back their copy. *More than half of the board members chose to do so.* The only elected board members who chose to be informed, were **Jack Hunter**, **Charles DeGross**, **Charles Byrne**, **Jo Thatcher**, and **Cyrus Richardson**. DeGross is no longer on the board.

Mrs. Bates withdrew the motion to reject after several board members stated that the motion was unnecessary. Board member **Bill Moore** stated that the submitted research and presentation should never be questioned, and that the motion represented poor boardmanship.

Even so, only **Thatcher has publicly joined me in expressing opposition.** In addition, **Byrne** and **Hunter** question the sex instruction that is overseen by the Ohio Department of Education.

The discussion that took place during the May, 1999 State Board meeting is posted in Real Audio format on the web at www.fessler.com.

Most Recent Actions

In June, 1999, the Ohio general assembly passed House Bill 282, the education budget bill. The bill specified that "Programs-That-Work" could not be funded until it was submitted to public hearings before the legislature and a full vote of the assembly. The hearings and vote are scheduled for January 2000.

Accordingly, the Ohio Department of Education has apparently decided to shift the responsibility to the Ohio Department of Health as they indicated they would in November 1998.[209] In August 1999, the Department of Health applied directly to the federal Centers for Disease Control for a $2.6 million grant to implement the condom curricula in Ohio's schools. This money will also be used to reinstate the teacher training that has been on hold since November, 1998.[210] Apparently the moratorium is over.

If Ohio's Department of Health is successful, legislative oversight will be circumvented, and the ODH will continue to sidestep the stopgap measures in Ohio House Bill 282.

'Of all the dispositions and habits which lead to political prosperity, religion and morality are indispensable supports. In vain would that man claim the tribute of patriotism who should labor to subvert these great pillars of human happiness."[211]

-George Washington, *Farewell Address*, (1796)

---

[1] Goff, Dr. John, and Sheets, Jennifer, *Letter to Governor George Voinovich from State Superintendent and State Board of Education President.* October 23, 1998.

[2] Jemmott, Loretta Sweet, *et al*., BE PROUD! BE RESPONSIBLE!: Strategies to Empower Youth to Reduce Their Risk for HIV Infection. Fifth ed. Curriculum Manual (New York, NY: Select Media, Inc., 1996).

[3] Voinovich, George, *Letter to State Board of Education. Jennifer Sheets, President.* October 16, 1998.

[4] Brannon, Joyce, *Attachment to memo to State Superintendent Goff and Dr. Nancy Eberhart.* October 1, 1998.

[5] Jemmott, Loretta Sweet, *et al*., BE PROUD! BE RESPONSIBLE!: Strategies to Empower Youth to Reduce Their Risk for HIV Infection. Fifth ed. Curriculum Manual (New York, NY: Select Media, Inc., 1996). [Note: This curriculum was developed, pilot-tested, and evaluated in studies funded by the American Foundation of AIDS Research (1988-1989) and the National Institute of Child Health and Human Development (1988-1992) under grant number R01/HD 24921 and the National Institute of Mental Health. Manual publication was made possible by grant number U63/CCU 106174-04 from the U.S. Centers for Disease Control and Prevision, Division of Adolescent School Health].

[6] St. Lawrence, Janet S. Ph.D., Becoming A Responsible Teen: An HIV Risk Reduction Program for Adolescents (Santa Cruz, CA: ETR Associates, 1998).

[7] Barth, Richard P., Reducing the Risk: Building Skills to Prevent Pregnancy STD & HIV Third ed., (Santa Cruz, CA: ETR Associates, 1996).

[8] Get Real About AIDS, (Evanston, IL: Altschul Group Corp. (AGC).

[9] Focus on Kids, (Santa Cruz, CA: ETR Associates).

[10] American Cancer Society, Ohio Division, Inc., *Working Together for the Future: Ohio Action Plan for Comprehensive School Health Education.* May, 1993. p. *i.*

[11] Airhart, Judy, *Ohio Department of Education interoffice memorandum.*

January 30, 1998. p. 3.

[12] Brannan, Joyce, *Ohio Department of Education Interoffice Memorandum.* May 14, 1998.

[13] Jemmott, Loretta Sweet, *et al*., BE PROUD! BE RESPONSIBLE!: Strategies to Empower Youth to Reduce Their Risk for HIV Infection. Fifth ed. Curriculum Manual (New York, NY: Select Media, Inc., 1996). p. 8.

[14] Jemmott, p. 75.

[15] Jemmott, p. 119-123.

[16] Jemmott, p.136.

[17] Jemmott, p. 26.

[18] Jemmott, p. 27.

[19] Jemmott, p. 74.

[20] Jemmott, p. 75.

[21] Jemmott, p. 77.

[22] Jemmott, p. 77.

[23] Jemmott, p. 78-79.

[24] Jemmott, p. 80.

[25] Jemmott, p. 84.

[26] Jemmott, p. 145-148.

[27] Jemmott, p. 69.

[28] Jemmott, p. *ii.*

[29] According to these theories, beliefs about the consequences of behavior and perceptions are the key determinants of effective behavior change. Social Cognitive Theory (Bandura, 1986, 1989); The Theory of Reasoned Action (Fishbein, 1980); and its extension, and The Theory of Planned Behavior (Ajzen, 1985). Reducing the Risk, pp. 5-6.

[30] Jemmott, p. *vii*.

[31] Jemmott, p. *vii*.

[32] FY 96 Proposed Budget for the Re-obligation of U87/CCU509010-01.

[33] St. Lawrence, Janet S., Ph.D., Becoming A Responsible Teen: An HIV Risk Reduction Program for Adolescents (Santa Cruz, CA: ETR Associates, 1998). p. 2.

[34] St. Lawrence, p.1.

[35] St. Lawrence, p. 2.

[36] St. Lawrence, p. 20

[37] St. Lawrence, p. 110.

[38] St. Lawrence, p. 113.

[39] St. Lawrence, p. 113.

[40] St. Lawrence, p. 115.

[41] St. Lawrence, p. 119.

[42] St. Lawrence, p. 119.

[43] St. Lawrence, p.11.

[44] St. Lawrence, p. 181.

[45] St. Lawrence, p. 33.

[46] St. Lawrence, p. 21.

[47] St. Lawrence, p. 21.

[48] St. Lawrence, p. 22.

[49] St. Lawrence, p. 22.

[50] St. Lawrence, p. 22.

[51] Brannan, Joyce, *Memo to Ohio Department of Education staff regarding weekly report.* Columbus, OH. February 5, and Airhart report February 13,1998. p.5.

[52] FY 96 Proposed Budget for the Re-obligation of U87/CCU509010-01.

[53] Goff, Dr. John, *Letter from State Superintendent to district superintendents.* (Columbus: Ohio Department of Education, November 4, 1998)

[54] Barth, Richard P., Reducing the Risk: Building Skills to Prevent Pregnancy STD & HIV Third ed., (Santa Cruz, CA: ETA Associates, 1996). p. 40.

[55] Barth, p. 40-41.

[56] Barth, p. 2.

[57] Barth, p. 221

[58] Barth, Richard P., Reducing the Risk: Building Skills to Prevent Pregnancy STD & HIV. Student Workbook Third ed., (Santa Cruz, CA: ETA Associates, 1996). p. 31.

[59] Barth, Richard P., Reducing the Risk: Building Skills to Prevent Pregnancy STD & HIV Third ed., (Santa Cruz, CA: ETA Associates, 1996). p. 9.

[60] Ibid p. 125.

[61] Barth, Richard P., Reducing the Risk: Building Skills to Prevent Pregnancy STD & HIV. Student Workbook Third ed., (Santa Cruz, CA: ETA Associates, 1996). p. 33-34.

[62] *1993 Annual Progress Report for Ohio's Comprehensive School Health Program to Prevent Important Health Problems and Improvement Educational Outcomes.* p. 1.

[63] FY 96 Proposed Budget for the Re-obligation of U87/CCU509010-01.

[64] *Centers for Disease Control Assurance of Compliance Document as revised June 15, 1992.* 57 Federal Register 26743.

[65] *Ibid*

[66] *Material Review Panel Minutes*. (Ohio Department of Education, February 4, 1998). p. 1.

[67] *Ibid* p. 3.

[68] *Ibid* p. 3.

[69] *Ibid* p. 4.

[70] Brannan, Joyce. *Ohio Department of Education Interoffice Memorandum*. January 30, p.; 5. February 11; and (Airhart, Judy, Feb. 13, 1998).

[71] *Program Review Panel Minutes* (Ohio Department of Education, May 20, 1998). p. 3.

[72] *Ibid* p.1

[73] *Program Review Panel Minutes.* (Ohio Department of Education. November 4, 1998). p. 2.

[74] *Ibid* p. 2.

[75] *Ibid* p. 3.

[76] *Ibid* p.1

[77] *Program Review Panel Minutes.* (Ohio Department of Education. January 27, 1999). p. 7. Program Review Panel's position paper on Ohio's 1999 Training for Sexuality Programs-That-Work.

[78] *Program Review Panel Minutes.* (Ohio Department of Education. November 4, 1998). p.3.

[79] *Ibid* p.6.

[80] *Ibid* p.5.

[81] *The Ohio PTA News*, April, 1999. p. 7.

[82] *Program Review Panel Minutes.* (Ohio Department of Education. January 27, 1999).

[83] *Ibid* p. 4.

[84] Ohio Revised Code Section 3313.60 (5).

[85] Ohio Revised Code Section 3313.60 (a)(5).

[86] Goff, John and Sheets, Jennifer. *Letter to Governor Voinovich* (Columbus: Ohio Department of Education, October 23, 1998)

[87] American Cancer Society, Ohio Division, Inc., *Working Together for the Future: Ohio Action Plan for Comprehensive School Health Education.* May, 1993. p. 27-28.

[88] Ibid. p. *i.*

[89] Ibid. p. 1

[90] Ibid. p. *7.*

[91] Ibid. p. 5-9.

[92] Ibid. p. 27.

[93] Murray, Robert D., *Letter from The State Planning Committee For Health Education In Ohio, Inc.* (August 21, 1997).

[94] *Program Review Panel Minutes*. (Ohio Department of Education. November 4, 1998). p.1

[95] American Cancer Society, Ohio Division, Inc., *Working Together for the Future: Ohio Action Plan for Comprehensive School Health Education*. (May, 1993). p. 11-13.

[96] Ibid. p. 27.

[97] Ibid. p. 28.

[98] Ibid. p. 28.

[99] Ibid. p. 1

[100] Ibid. p. 7.

[101] *1993 Ohio Youth Risk Behavior Survey* (Ohio Departments of Education, Health and Alcohol & Drug Addiction Services, Columbus, OH, 1995). p. 7

[102] Airhart, Judy, *Ohio Department of Education interoffice memorandum.* (December 5, 1996). p. 2.

[103] Airhart, Judy, *Ohio Department of Education interoffice memorandum.* (January 16, 1997). p. 2.

[104] *Program Review Panel Minutes*. (Ohio Department of Education). January 27, 1999. p. 1.

[105] Airhart, Judy, *Ohio Department of Education interoffice memorandum*. Comprehensive Health and HIV Prevention, *ODE Student Development Division Report* (July 13-17, 1998). p. 2.

[106] Ohio Department of Education e-mail. *RE: Confidentiality of Survey Participants.* (March 22, 1999 4:17 p.m.)

[107] VanKeuren, James, Interim Superintendent of Public Instruction, *Letter to participating superintendents.* February 9, 1999.

[108] *Program Review Panel Minutes.* (Ohio Department of Education, January 27, 1999). p. 2.

[109] Trent, Margaret, *Interoffice e-mail to Diana M. Fessler.* (March 27, 1999).

[110] *Grant Application for Federal Assistance for State Comprehensive School Health*, (June 28, 1995). p. 5.

[111] *Model Program in Comprehensive Health and Physical Education Advisory Committee Agenda*, (July 12, 1994). "Starting Points We Have Been Given.

[112] Murray, Robert D., Chairman of the Advisory Committee for the Model Health and Physical Education Program, *Letter to Peter Bronson, Editor of the Cincinnati Enquirer*. (October 28, 1998).

[113] Brannan, Joyce, *Ohio Department of Education interoffice memorandum*. (February 26, 1998).

[114] Schiraldi, Frank, Consultant, *Letter to members of the Health Advisory Committee*. (June 15, 1998).

[115] Murray, Dr. Robert D., and Taft, Hope, *Letter to Dr. John M. Goff, Ohio Superintendent of Public Instruction*. (January 24, 1996).

[116] Brannan, Joyce, *Ohio Department of Education interoffice memorandum*. January 30, 1998.

[117] Airhart, Judy, *Ohio Department of Education Interoffice Memorandum*, (August 15, 1996). p.2.

[118] Airhart, Judy, *Ohio Department of Education interoffice memorandum*. (November 17, 1997). p. 3.

[119] Sheets, Jennifer, *Letter from the President of the Ohio State Board of Education to Nancy Reynolds.* (Columbus, OH: November 19, 1998).

[120] Ohio Department of Education e-mail. *RE: Response to SCASS.* (February 20, 1999. 3:36 p.m.).

[121] Ibid.

[122] Council of Chief State School Officers, *SCASS Health Education Project Notebook*. p. 2

[123] *Grant Application for Federal Assistance for State Comprehensive School Health*, (August 1, 1998). p. 3.

[124] Brannan Joyce, *Ohio Department of Education Interoffice Memorandum*. (February 12, 1997)

[125] Brannan Joyce, *Ohio Department of Education Interoffice Memorandum.* (October 9, 1997 12:05 p.m.)

[126] *Grant Application for Federal Assistance for State Comprehensive School Health* for 1998 BASIC funds. (September 10, 1997). p. 7.

[127] Combined *Grant Application for Federal Assistance for State Comprehensive School Health for BASIC, EXPANDED, and INFRASTRUCTURE funding.* (August 1,1998). p. 1. [Budget period 12.1/98—11/3/99].

[128] Brannan, Joyce, *Ohio Department of Education Interoffice Memorandum*, (August 7, 1997).

[129] *Grant Application for Federal Assistance for State Comprehensive School Health*, (August 1, 1998). p. 3.

[130] Ohio FY'98 application for federal funding. (September 12, 1997). p. 3.

[131] Combined *Grant Application for Federal Assistance for State Comprehensive School Health for BASIC, EXPANEDED, and INSTRUCSTURE funding.* (August 1,1998). p. 1. [Budget period 12/1/98—11/3/99].

[132] *Grant Application for Federal Assistance for State Comprehensive School Health* (Sept. 10, 1997). p. 8.

[133] Airhart, Judy, *Ohio Department of Education Interoffice Memorandum*, (March 12, 1998). p 1.

[134] Rick Petosa, Ph.D., "Appendix to 1995 CDC grant application 93-938," in *Evaluation of the Professional Inservice Education for Trainers Implementing ETR Associates' Reducing the Risk Curriculum in Ohio* (Columbus, OH: Feb. 14, 1995)

[135] *Continuation Application #309: Basic Program. Review Evaluation Form.* Application: U87/CCU/509010. p. 2.

[136] Airhart, Judy, *Ohio Department of Education Interoffice Memorandum*. (May 9, 1996). P. 2.

[137] Airhart, Judy, *Ohio Department of Education Interoffice Memorandum*. (June 26, 1997). p. 2.

[138] Student Development Weekly Reports. (July 14-18, 1997).

[139] *Letter of Agreement.* State of Ohio, Department of Education, Division of Student Development letterhead. Hazel P. Flowers, Director. (August 1998).

[140] *Ibid.*

[141] Brannan, Joyce. *Ohio Department of Education Interoffice Memorandum*. (May 14, 1998). p. 2

[142] Brannan, Joyce. *Ohio Department of Education Interoffice Memorandum*. (March 12, 1998). p. 2.

[143] Programs That Work!! Training For Trainers. Booster & Focus Group November Roster. (Draft November 24, 1998).

[144] Brannan, Joyce, *Ohio Department of Education interoffice memorandum.* (August 24, 1998). p. 1

[145] Goff, John, *Letter to Dr. Nancy Eberhart. Subject: HIV/STD & Prevention Training.* (Columbus: Ohio Department of Education, November 6, 1998).

[146] Ibid.

[147] *Grant Application for Federal Assistance for State Comprehensive School Health*

(September 10, 1997). p. 6.

[148] Airhart, Judy, *Ohio Department of Education Interoffice Memorandum.* (February 13, 1998). p. 3.

[149] *Program Review Panel Minutes* (Ohio Department of Education, May 20, 1998). p. 1.

[150] *Ibid.* p 2,

[151] Brannan, Joyce, *Ohio Department of Education Interoffice Memorandum*. (May 14, 1998).

[152] *Program Review Panel Minutes* (Ohio Department of Education, May 20, 1998)

[153] Airhart, Judy, *Ohio Department of Education interoffice memorandum*. (July 16, 1998). p. 3.

[154] *Program Review Panel Minutes.* (Ohio Department of Education. November 4, 1998). p.3.

[155] *Ibid.* p.5.

[156] *Ibid.* p.3.

[157] *Ibid.* p.4.

[158] *Program Review Panel Minutes.* (Ohio Department of Education. January 27, 1999. p. 5.

[159] *Ibid.* p. 6.

[160] *Ibid.* p. 7. Included with the minutes: Program Review Panel's Position Paper on Ohio's 1999 Training for Sexuality Programs-That-Work. (February 18, 1999).

[161] Airhart, Judy, *Interoffice Memoradum to Margaret Trent and Karen Health*. (April 6, 1999).

[162] Petosa, Rick, *Ohio's Program Evaluation "Reducing the Risk" Trainers of Teachers, Year One Implementation.* Appendix A to BASIC CDC Comprehensive School Health Education grant application. p. A1.

[163] Airhart, Judy, *Interoffice Memorandum*, (Columbus, OH: May 12, 1997). p. 3.

[164] Petosa, p. A2.

[165] Petosa, p. A5.

[166] Petosa, p. A15-16.

[167] Petosa, p. A17.

[168] Petosa, p. A7.

[169] Petosa, p. A10.

[170] Petosa, p. A10.

[171] Petosa, p. A9.

[172] Petosa, p. A6.

[173] Petosa, p. A7.

[174] Petosa, p. A10.

[175] Petosa, p. A13, 18.

[176] *Grant Application for Federal Assistance for State Comprehensive School Health* August 1, 1998. p. 4.

[177] *Letter from Dr. Nancy Eberhart* (Ohio Department of Education, October 2, 1998)

[178] Petosa, p. A6.

[179] *Program Review Panel Minutes.* (Ohio Department of Education. January 27, 1999). p. 5.

[180] *Grant Application for Federal Assistance for State Comprehensive School Health* (September 10, 1997). p. 5.

[181] Airhart, Judy, *Ohio Department of Education interoffice memorandum.* (October 9, 1997). p. 2.

[182] *Program Review Panel Minutes* (Ohio Department of Education, May 20, 1998). p. 3.

[183] Student Development Weekly Reports. (Ohio Department of Education. July 14-18, 1997). p. 3.

[184] Airhart, Judy, *Ohio Department of Education Interoffice Memorandum*. July 31, 1997. p. 2-3.

[185] Ohio Department of Education. PTW Training Materials. (August 17-19, 1998).

[186] *Program Review Panel Minutes* (Ohio Department of Education. November 4, 1998). p.3.

[187] Airhart, Judy, *Ohio Department of Education interoffice memorandum*. (August 27, 1998). p. 4.

[188] Brannan, Joyce, *Ohio Department of Education interoffice memorandum.* (November 20, 1997). p. 2.

[189] Airhart, Judy, *Ohio Department of Education interoffice memorandum.* (June 26, 1997). p.2.

[190] Ibid. p. 2.

[191] Airhart, Judy, *Ohio Department of Education interoffice memorandum.* (June 19, 1997). p. 3.

[192] Airhart, Judy, *Ohio Department of Education Interoffice Memorandum*. (May 14, 1998). p. 2-3.

[193] Brannan, Joyce, *Ohio Department of Education, Interoffice Memorandum*. (April 30, 1997). p. 2.

[194] Airhart, Judy, *Ohio Department of Education Interoffice Memorandum.* (July 31, 1997). p. 3.

[195] Airhart, Judy, *Ohio Department of Education interoffice memorandum.* (January 15, 1998). p. 2.

[196] Airhart, Judy, *Ohio Department of Education interoffice memorandum.* (October 17, 1996).

[197] Brannan, Joyce, *Ohio Department of Education Interoffice Memorandum.* (August 24, 1998). p. 2

[198] *Grant Application for Federal Assistance for State Comprehensive School Health*. (August 1, 1998). p. 2.

[199] *Ibid.* p. 10.

[200] *Ohio Summit for Comprehensive School Health Education Resource Manual* (Dublin: American Cancer Society, Ohio Division, Inc., 1995).

[201] *Grant Application for Federal Assistance for State Comprehensive School Health.* (August 1, 1998). pp. 13, 15, 17, 44, 45.

[202] Zelman, Susan, Superintendent of Public Instruction, *Memo to member of the State Board of Education.* (March 19, 1999). p. 8.

[203] Article III of the Northwest Ordinance of 1787.

[204] As did the Constitutions of Indiana, Illinois, Michigan, and Wisconsin. Later, Congress required the same from the states carved out of the Southern Territory (Mississippi and Alabama); the states carved out of the Missouri Territory (Missouri and Arkansas); and other territories as they were ceded to the Union. Indiana Historical Bureau, Indiana State Library. June 30, 1998. http://www.statelib.lib.in.us/WWW/IHB/nwproc.html

[205] Constitution of the State of Ohio http://www.legislature.state.oh.us/constitution.cfm?Part=1&Section=07

[206] *Standards for Ohio Schools, Rules Edition.* (Columbus: Ohio Department of Education, April 12, 1997). p. 10.

[207] *Ibid.* p. 10.

[208] *Ibid.* p. 10.

[209] Goff, John, *Letter to Dr. Nancy Eberhart. Subject: HIV/STD & Prevention Training.* (Columbus: Ohio Department of Education, November 6, 1998).

[210] Ibid.

[211] Barton, David, Original Intent: The Courts, the Constitution, & Religion, 2nd ed., (Aledo, TX: WallBuilder Press, 1997). p. 319.