

by Andy Humm

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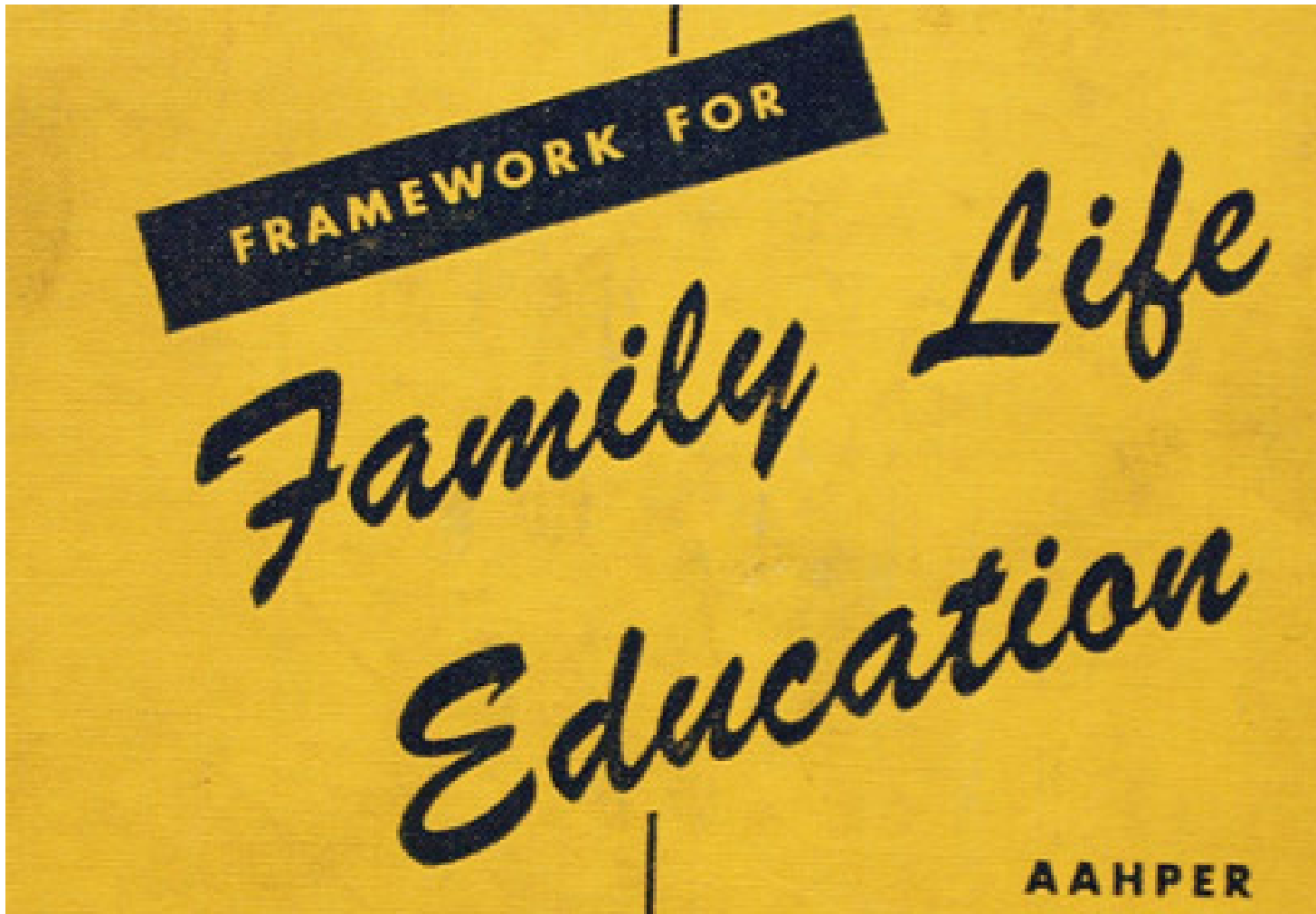


Photo by [Romanna Klee](#)

New York City will once again mandate sex education in public schools starting in the spring semester. It is not a moment too soon.

One of every four girls in the country between the ages of 15 and 19 has had a sexually transmitted infection, and 50 percent of black girls in that age group. In the city, teenagers [account](#)

for one in four of all sexually transmitted infections. And while HIV diagnoses are going down in the city overall, they are going up among young men who have sex with men, especially blacks and Latinos according to

[Monica Sweeney](#)

, assistant commissioner at the New York City

[Department of Health and Mental Hygiene](#)

's Bureau of HIV/AIDS Prevention and Control. The department estimates that 4,000 people a year are becoming infected with HIV in New York.

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The new mandate, [announced](#) this summer by Schools Chancellor Dennis Walcott, is part of the city's \$127 million [Young Men's Initiative](#) targeting black and Latino young males through a combination of city money and private philanthropy, mostly from Mayor Michael Bloomberg himself and George Soros'

[Open Society Foundations](#)

"The chancellor and the mayor should be commended for implementing this new curriculum," said [Michael A. Carrera](#), the dean of U.S. sex educators who began as a teacher in the Bronx in 1959 and has directed the [Adolescent Sexuality and Pregnancy Prevention Programs](#) at the [Children's Aid Society](#) since 1970.

He and other advocates, though, would like to see a program that is more comprehensive than what is being proposed.

While most city groups that work with adolescents fought for the mandate, opposition to it came swiftly from the Catholic Church. Joseph Zwilling, a spokesperson for the Archdiocese of New York, [told](#) the New York Times that the requirement "allows the public school system to substitute its beliefs and values for those of the parents." The Vatican newspaper [fe](#) [atured an editorial](#) condemning "useless, and even harmful, school courses."

Addressing a Need

In putting the new plan in the context of the Young Men's Initiative, the [Department of Education](#) is responding to the fact that 57 percent of new HIV diagnoses in the city in 2009 were among black and Latino men. They also saw that more than 40 percent of teens in East and Central Harlem, Bedford-Stuyvesant, Bushwick, and the South Bronx were sexually active versus a little less than 30 percent in the rest of the city.

While HIV is no longer a death sentence, those infected have to deal with a lifetime of taking medications and coping with their side effects. And sexually transmitted infections "make people who have them more likely to get HIV and more likely to infect others with HIV," Sweeney said.

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While the new mandate made headlines, in the last school year 43 percent of high schools reported that they had already been using the high school version of "HealthSmart" and 38 percent "Reducing the Risk," two well-regarded and field-tested curricula. And in middle schools, 64 percent are using "HealthSmart" geared to those young people.

How We Got Here

It is not as if sex education is anything new in city schools.

A [report](#) prepared by NARAL Pro-Choice New York Foundation and the National Institute for Reproductive Health in November 2010 documents a history that began in the late 1930s. At that time, some Board of Education members, alarmed by high rates of pregnancy and sexually transmitted infections, called for "sex instruction, in the mild form of a study of mammalian reproduction." The proposal was rejected by the board, then endorsed by the United Parents Association in 1939.

It took until 1967 for the school system to offer "Family Living, Including Sex Education." Later that year, the state began requiring health education, including sex education -- though the sex education part was overturned in 1969. By the mid-1980s with the HIV/AIDS epidemic in full swing, sex education was still not reaching all students, so the state mandated AIDS education for middle and high school students in 1987.

In 1991 with AIDS raging out of control, people with AIDS dropping like flies, and no end in sight (this was before the mid-1990s advent of the drug combinations that vastly extended the lifespan of people with HIV), the New York City Board of Education enacted its own AIDS education mandate for all grades and made condoms available in high schools.

As director of education at the [Hetrick-Martin Institute](#) for LGBT youth then, I was -- full disclosure -- part of the AIDS Advisory Council to then Schools Chancellor

[Joseph Fernandez](#)

that wrote the 1991 plan and advocated for it. Fernandez put his chancellorship behind the plan and Mayor David Dinkins, who had two appointed two of the seven members of the board, expended significant political capital getting it passed.

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After Rudy Giuliani became mayor in 1994, he gained influence over a majority of Board of Education members and encouraged them to ban condom lessons in classrooms and to enact a measure letting parents choose to have their kids opt out of the right to pick up condoms in high school resource rooms. Fernandez had resisted the latter as silly since a student barred from picking up a condom himself or herself could easily send a friend to get one.

Fernandez also stood behind multicultural curricula inclusive of sexual orientation issues, an issue that became a tabloid controversy when conservative Community School District 24 in Queens refused to implement such programs. When the board dumped Fernandez in 1993, the mainstream press often cited his role in these culture wars. In fact, his fractious relationship with the politicized board in the days before mayoral control was probably a more decisive factor. Nevertheless, for a decade city leaders were reluctant to stick their necks out on sex.

By 2003, Scott Stringer, then a member of the State Assembly, issued a report giving health education in the city schools a "failing grade." A push by a coalition of advocates got the city AIDS education curricula updated in 2005, revisions that I [reviewed](#) in Gay City News as light on dealing with the isolation of the young people most affected by HIV -- males having sex with males.

The election of a new mayor -- Michael Bloomberg -- with an interest in public health in charge, led in 2007 to the creation of the Office of Fitness and Health Education that recommended two curricula -- "HealthSmart" for middle schools and "Reducing the Risk" for high schools. Until now, these were not mandated, but many principals opted to use them.

A poll sponsored by [Family Planning Advocates](#) in 2009 found that 85 percent of the New York State electorate supported comprehensive sex education in the schools and 77 percent believed -- mistakenly -- that it was already mandated.

A diverse coalition of 30 groups cited that poll and a wealth of evidence on the need for a system-wide program in a [May 2010 letter](#) to then Chancellor Joel Klein. Earlier last year, the New York Civil Liberties Union, a member of the coalition [says](#)

it obtained "a previously unreleased evaluation of a Department of Education-approved, evidence-based sexuality education program that was piloted in 10 South Bronx middle and high schools during the spring semester of the 2007-2008 school year. According to the evaluation ... the pilot program was widely supported by teachers, principals, parents and

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students in the seven schools that completed it."

The New Plan

In introducing the Young Men's Initiative in an Aug. 9 letter to his colleagues, Walcott wrote, "We have students who are having sex before the age of 13; students who have had multiple sexual partners; and students who aren't protecting themselves against sexually transmitted diseases and HIV/AIDS. As a parent and a grandparent -- and as the person responsible for ensuring that all of our public school students receive a high-quality education -- that is very concerning."

All that is being required under the new plan is that schools offer "sex education lessons during one semester in both middle and high school." Teachers and principals have lots of flexibility about how to incorporate those lessons into the health curriculum and in which grade to offer the lessons. As with HIV prevention lessons, a parental opt out is being offered. Health educators will once again be permitted to demonstrate the proper use of a condom -- an exercise that teaches also opens a dialogue around how to negotiate for safer sex.

The city also is working on enhancing lessons relating to sexual orientation and gender identity and expression in the sex education curricula. This comes partly because the federal Centers for Disease Control is now [pushing for such instruction](#) in programs that it funds such as a five-year teen pregnancy reduction program in two Bronx community districts. And after decades of resistance to stepped up [ef](#) [forts to counter bullying](#), the Department of Education is spreading its "Respect for All" program throughout the schools. Under a new state anti-bullying law that soon kicks in, the schools will have to do even more in terms of tracking, addressing and preventing the problem.

The recommended sex education curricula are posted online for anyone to review: <http://schools.nyc.gov/Academics/FitnessandHealth/StandardsCurriculum/default.htm>

The Next Steps

Alison Yager, supervising attorney for HIV Policy at HIV Law Project, is part of the [Sex Education Alliance of New York City](#), a broad coalition that has long pushed for comprehensive sexual health education in New York

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City. She appreciates the city's move but think more needs to be done. She recently wrote [wrote](#) about the key role that HIV-positive women played in advocating for comprehensive sex education in New York City.

"We're thrilled that the city has taken this step," Yager said. "The question is: Will schools implement it, and if so, how? And further, how will the DOE and the public know what's happening in the classrooms?" Yager said that there needs to be "an enforcement mechanism and adequate oversight" of the mandate.

"The tremendous diversity among students in city schools creates another imperative," Yager said. These lessons "need to be sensitive to students from varied cultural backgrounds, to both male and female students, and to be inclusive of LGBT students."

The Department of Education did not provide data on how well the existing mandates on HIV/AIDS lessons were being implemented, their effectiveness, the numbers of condoms distributed in high schools, or the numbers of parents who opt out of prevention lessons, though opt out rates for programs of this type in New York typically are below 2 percent of parents.

Edward Meachem, an attorney for the Catholic Archdiocese of New York, told the Times that he encouraged parents to opt out of any lessons involving contraception and to "inspect the materials to make sure there's nothing really offensive or inaccurate being put in there."

Margie Feinberg, a spokesperson for the Department of Education, said that the schools work with the Department of Health and other city agencies to "gauge how well we're doing" and is trying to pull together answers to the questions posed by Gotham Gazette.

Carrera wants to see more comprehensiveness and more integration in the city program, calling the new mandate "well-intentioned but strategically off."

"The focus of the initiative should not be pregnancy prevention, how to use a condom, HIV -- which are all important public health issues," he said. Instead, he said, classes should offer a

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more complete look at issues related to sexuality.

"The department," Carrera said, "missed an opportunity to comfort parents by telling them that this would be done in a more age- and stage-appropriate fashion that characterizes comprehensive sexuality programs in middle schools beginning with giving people information about puberty, their bodies, the bodies of others, gender roles, communication with parents, and essential messages about abstinence. The absence of that kind of presentation creates anxiety, causing parents to see it as having mainly to do with genital sexual contact."

Sexuality, according to Carrera said, should be taught weekly in middle and high schools. "It is as valuable as any academic subject. We are doing young people in public school a disservice by presenting this as short-term, fragmented exposure," he said. "It needs to be done in a thoughtful way."

Carrera said the experiences of the Children's Aid Society make it clear school can teach sexuality without alarming parents. Over the last five years, he said, the organization's programs have reached 1,500 students in a wide array of city regular public and charter schools, and no parent has opted out. His classes involve parents and provide instruction on sexuality in the context of an integrated program that also helps children get "no-cost medical and dental care in their neighborhood, on-site mental health services, and daily academic support. ... When we talk about comprehensive family living/sex education in that context it makes perfect sense to parents in the overall development of their child."

Carrera put forth his vision for [Family Living Educator](#) in 1993, and it has not changed. "The many fibers which comprise the fabric of an adolescent's sexuality suggest a holistic, dynamic definition of sexuality and sexual expression. If there is to be a new paradigm of adolescent sexual health, let it move from fragmentation to wholeness," he wrote then.

Melissa Goodman, the New York Civil Liberties Union's senior counsel for LGBT and reproductive rights emphasized that the city's Department of Education has to take steps to "ensure accountability and compliance" with the new mandate. "DOE should require regular reporting by schools and then publicly release evaluations of whether schools are complying with the mandate and how," she said. Her group hopes to "meet and work with DOE officials to discuss the new mandate and compliance with the HIV/AIDS education mandate."

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Beyond that, Goodman said, the new program "needs to have explicit and clear requirements that schools teach a comprehensive range of topics that give students the information and skills they need to make healthy decisions throughout their lives" and "should address sexual orientation and gender myths and stereotypes."

Sweeney at the health department echoed the need for "multiple prevention strategies" to combat teen pregnancy and sexually transmitted infections, including HIV. "There is not one answer, one intervention. Parents need to talk about it with their children, religious leaders need to talk about it." Her department is funding peers -- "youth ambassadors" -- who "talk to people in their own age group."

She also said we need to address the "structural issues" in the lives of young people, explaining "Kids who drop out are much more likely to engage" in risky activity. "We need all hands on deck," Sweeney said.

After Hurricane Irene blew through New York, the mayor was able to boast, "We didn't lose a single life." The city mobilized in an unprecedented way, shutting down the subway system for the first time and evacuating low-lying areas. It will take no less of a coordinated, comprehensive effort to bring teen pregnancy and sexually transmitted infection rates below the epidemic levels that they have reached. The quality and length of thousands of young lives are at stake.