

**IF YOU WANT PLANNED PARENTHOOD TO BE IN CHARGE OF THE SEX & SEXUALITY EDUCATION OF YOUR CHILDREN IN SPOKANE, READ NO FURTHER.**

**BUT IF YOU WANT TO KNOW WHAT THEY WILL TEACH & NOT TEACH TO YOUR CHILDREN, READ ON.**

**What Planned Parenthood Get Real curriculum WILL and WILL NOT teach:**

NOTE: The following material notes what the Planned Parenthood material expressly teaches by grade and, where appropriate, important related information that is NOT included. This is a condensed, not exhaustive list of issues in this material. [While some teachings may be mentioned below in the later grades, this summary does not repeat every “what it does not include” statement.] All italics besides curriculum name are added for emphasis. Section and page numbers appear with their grade level first followed by either a dash (-) and the page number (for example 6-33 is 6<sup>th</sup> Grade, page 33) or a dot and the numbered activity/section (such as 6.8-3 indicating 6<sup>th</sup> Grade, lesson 8, section 3).

**6<sup>th</sup> Grade--**

- Students will be taught that “protected sex” has little or no negative consequences for 6<sup>th</sup> graders (p. 6-33).
- That “postponement *and* condom use are healthy behaviors for 6<sup>th</sup> graders” (a “Lesson Goal” for Grade 6, Lesson 8 on Abstinence).
- That family values and morality related to sexual activity are relativistic, merely “personal values,” morally equivalent to deciding how often to clean your room (p. 87; Activity 6.8-3). Other “personal values” listed are “*It’s OK for people in high school to have sex.*” “Universal values can be defined as those that are important to the *majority* of humans,” which is merely an ethical system of morality of the majority. (See also question 7, p. 6-88.) 6<sup>th</sup> Grade students are encouraged to develop their own values. “Part of growing up... is getting the opportunity to make your own decisions. Learning how to make decisions can help young people deal with difficult situations and problems and follow through on their personal goals in ways that match their values,” (Activity 6.8-4, p. 92).
- That “knowing yourself—by becoming more self-aware,” is to be one of the foremost considerations when it comes to teens making decisions about sexual behavior (rather than things such as family values, religious convictions, mental health or medical safety considerations), (p. 6-72).
- 6<sup>th</sup> Grade students are to be tested in groups on their ability to “create a model of the male or female anatomy using art supplies... approximately to *scale*... and explain the *function* that each part plays in reproduction” (p. 6-87)
- Though it has been shown that student attitudes are closely related to what they perceive their peers to be doing, 6<sup>th</sup> grade students will be tested on statistics about high school sexual activity (46%) rather than 6<sup>th</sup> grader statistics (6-8%), (p. 6-88, question 4).
- While students are encourage to recognize the “potential consequences of sexual activity, including pregnancy, STIs and emotional consequences,” these consequences are never fleshed out in the lessons. (p. 6-88, question 3)
- Lesson 6.6—Masturbation: One of “the most important messages to emphasize” is that “the idea of ‘too much’ masturbation is a *myth*.” What they WON’T TELL YOU is that there can be various physical and psychological problems associated with excessive masturbation.
- There is a TOTAL LACK of *any* discussion about pornography and the possible harms of pornography in this material, an issue that is overwhelmingly documented in available literature.

**7<sup>th</sup> Grade**

- Students will be taught that “Scientists have found that homosexuality is *as much a part of* nature as heterosexuality,” (7.3-4)
- Students are constantly told in this material “that when condoms are used correctly *every single time*, they greatly reduce the risk of pregnancy and STIs.” They are told condoms “are 98% effective at

protecting against unplanned pregnancy, and are extremely effective at protecting against STIs,” (p. 7-77). What they WON’T BE TOLD is that the actual pregnancy rates (from the CDC) for teens using condoms is 18%. Neither will they be told that what the CDC says about condom use and STDs:

“Condoms can be expected to provide different levels of protection for various STDs, depending on differences in how the diseases or infections are transmitted. Male condoms may not cover all infected areas or areas that could become infected. Thus, they are likely to provide greater protection against STDs that are transmitted only by genital fluids (STDs such as gonorrhea, chlamydia, trichomoniasis, and HIV infection) than against infections that are transmitted primarily by skin-to-skin contact, which may or may not infect areas covered by a condom (STDs such as genital herpes, human papillomavirus [HPV] infection, syphilis, and chancroid). (<https://www.cdc.gov/condomeffectiveness/brief.html>) (7.5-3; 7-42; Handout 7.7-3)

- Students will be introduced to anal, oral and vaginal sex as “normal and safe” as long as condoms or dental dams are used, (7.5-3). They WILL NOT TELL STUDENTS any of the dangers associated with both anal and oral sex.
- Students will be taught “that in order to make decisions about sexual behaviors, it’s important to understand why people have sex” (7.5-2). However no similar discussion is assigned for why people do *not* have sex.
- Students will be encouraged to “reflect silently on the pros *and* cons of what they have learned from their parents....” (7-41)
- Students will be taught that “...there are many positive things about engaging in sexual behaviors *when a person is mature and ready*....” (7.5-3) Students will NOT BE TAUGHT what “mature and ready” should actually mean as that phrase will never be explored or defined though it is used repeatedly in the material.
- While students are told that “STIs are infections spread through sexual contact that can have serious health effects,” (7-42) these physical and psychological health effects are never taught, illustrated or discussed in other than simple chart form, (Student workbook, 7-31,32).
- Students will be taught that the use of condoms and dental dams in oral, anal or vaginal sex move those sexual activities from “high risk” to “lower-risk”, (7-42).
- Students are told that “*most* seventh graders do not have any form of sexual intercourse,” when the actual numbers are over 85% who don’t (7.5-4).
- Students will be taught that, “People are born as male, female or intersex.” What THEY WON’T BE TAUGHT is that 1 in 1,500-2,000 births (or 2 people in a school of 4,000 students) are “intersex” and the vast majority of them will be completely happy with their assigned sex for the rest of their lives.
- Students will be taught that “Sexuality *changes* and grows throughout a person’s life....” “[Sexuality] also includes: Sexual orientation (heterosexual, homosexual, bisexual),” (7-47).
- Planned Parenthood will be the first and primary “resource” both students and parents are referred to for resources and counsel in virtually every resource list, (p. 7-36, 48)
- Students will be taught that “Dating behaviors” may include “touching a partner under clothes,” “going to an unsupervised party,” and “having sex,” (p. 7-49).
- Students will be told that “abstinence is a healthy choice for teens,” not THE healthiest choice, (7.6).
- This curriculum adopts the definition of abstinence from the Sexuality Information & Education Council of the United States (SIECUS). Abstinence is defined as “voluntarily choosing not to engage in certain sexual behaviors, including any sexual behaviors that can result in pregnancy or sexually transmitted infections (STIs), including HIV.” (Stated in multiple places throughout the curriculum; see p. iii of Middle School Teacher Guide for its first occurrence). BUT that message will be contradicted when the students are taught that “it is important to define abstinence for oneself...” and may include “Touch[ing] someone else’s sexual body parts with clothes on...touch[ing] someone else’s sexual body parts with clothes off...giv[ing] or receiv[ing] oral sex... hav[ing] vaginal sexual intercourse...hav[ing] sexual intercourse if they use a condom” (7-53 & 54; see also p. 7-62). NOTE: SIECUS was founded by a former Planned Parenthood medical director, Mary Calderone.

- In Chapter 7, “Introduction to Sexually Transmitted Infections”, students will be taught the “best ways to *prevent* STI transmission,” is through condom use. But they will not be taught about any of the life-changing and threatening *effects* and consequences of acquiring various STIs when condoms fail (18% pregnancy rate among teens).
- Students will be taught that “while STIs are common, they are also *easily* preventable,” (p. 7-62). They will **NOT BE TOLD** that 10 million 15-24 year olds acquire an STI every year in the U.S. or that over 110 million Americans have an STI (one of our worst present health epidemics in America) or that it costs our country \$16 *billion* a year in medical costs. They will **NOT BE TOLD** that three common STDs (gonorrhea, chlamydia, and syphilis) are becoming untreatable, according to NBC.com.
- Students will be told that “the only way to know for sure whether a sexually active person has an STI, including HIV, is for that person to be tested,” (p. 7-63). While they will be taught that you shouldn’t always “trust partners who claim they don’t have any STI”, what they **WON’T BE TOLD** is that sexual partners will not be given the test results by any health professional and that they will be at the mercy of the integrity or lack of integrity of their partners.
- Students will be taught that, “If there is a chance a person has been exposed to an STI, it’s important to see a doctor or go to a health clinic to get tested.” What they **WON’T BE TOLD** is that anyone who is or has been sexually active with anyone not a virgin has the potential of being exposed to an STI, (Handout 7.7-3, STI Quiz). In fact, the term “virgin” is expressly never used in this material.
- Students will be taught that, “If used properly and consistently, latex and polyurethane condoms are 98% effective at protecting against unplanned pregnancy, and are extremely effective at protecting against STIs” What **THEY WILL NOT BE TAUGHT** is that the CDC material on “Effectiveness of Family Planning Methods” (found at [https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/pdf/Contraceptive\\_methods\\_508.pdf](https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/pdf/Contraceptive_methods_508.pdf)) lists the *practical failure rate* of condoms at 18%, in other words that 18 of every 100 pregnancies a year come from couples using a male condoms.
- While students will be taught that “abstinence is the healthiest choice for middle school students,” the only two reasons consistently given for that will be to “decrease risks of unplanned pregnancy [and] STI transmission,” (7-74) **THEY WILL NOT BE TAUGHT** that premarital sex is one of the leading causes of **depression** among teens or that sexually active girls are 4 times more likely to struggle with depression (25.3% vs. 7.7%) while sexually active boys are 3 times more likely to struggle with depression (8.3% vs. 3.4%). Nor will they be told that sexually active girls will attempt **suicide** at 3 times the rate of sexually inactive girls (14.3% vs. 5.1%) or that sexually active boys are *8-times* more likely to attempt suicide than boys who are not sexually active (0.7% vs. 6.0%). [See [www.heritage.org/research/reports/2003/06/sexually-active-teenagers-are-more-likely-to-be-depressed](http://www.heritage.org/research/reports/2003/06/sexually-active-teenagers-are-more-likely-to-be-depressed).]
- Students will brainstorm in groups and share with the class what are “some positive outcomes of becoming sexually active *when the time is right*,” (p. 7-75, Activity 7.8-2) Again, they will not define what criteria should determine “when the time is right.”
- Students will be taught to ask the following question of themselves before becoming sexually active: “Do I feel ready? Can I talk to my partner about having sex? Am I comfortable seeing my partner without clothes on? Do I have information about and access to methods that can protect me from getting pregnant or getting someone else pregnant?” (p. 7-75) What **THEY WILL NOT BE TAUGHT** is questions like, “Am I ready to live with an STI? How might this change my life? How might this change my relationship with my partner? With my parents? Friends? Am I prepared for the potential emotional and mental health risks associated with teen sex? What will I do if this results in a pregnancy? What may be my legal responsibilities with a pregnancy?”
- 7<sup>th</sup> Grade students will *see* their teacher “demonstrate steps with an actual condom and ask students to explain the importance of each step.” Teachers will “pass around condoms for students to see and handle.” (P. 7-77)
- All role play scenario activities designed to teach children refusal and negotiation skills will involve situations where kids are having sexual intercourse, (Scenarios 7.9-4—In Activity Kit—Role Play—p.

7-93). None of them involve abstinence scenarios or skills needed by the majority of youth *who have chosen abstinence*.

- As a final project, students will be asked to “create a 30-second public service announcement for the radio that tells adolescents how to access sexual health services. Before creating this ad, groups must first research different medical and sexual health services available in their area, finding out location, cost and how to schedule an appointment,” (Grade 7 Assessment—Suggested Final Projects, p. 7-97). What they WON’T BE TOLD is that a Google search of “sexual health services/clinics” will always and sometimes exclusively bring up Planned Parenthood clinics, not pro-life pregnancy clinics. For half the students involved, this will require them to advocate for a clinic and services they oppose, i.e. abortion. (See both 2013-2014 CNN and Gallup polls on Americans’ opposition to abortion, 57/58% saying it should be legal under “few” or “no” circumstances.)
- In the entire chapter on contraceptive methods, NO information will be given regarding the contraception methods that are or may be abortive in nature.

### **8<sup>TH</sup> GRADE CURRICULUM**

NOTE: I did not have time to review the Teachers Manual for this grade, only the Student Workbook. The lack of issues below reflects that.

- Students will be asked to create a brochure for any of the 15 different birth control methods in the “Protective Methods Chart” (8.4-6).
- Students will create a media piece communicating the *Get Real* curriculum they have been learning over the past 3 years directed at their peers, (Handout 8.9-3).

### **9<sup>TH</sup> GRADE CURRICULUM**

- Birth sex and gender will be separated with statements like this under “Differentiate between biological sex and gender”—“*Many* people don’t match *any* of the stereotypical characteristics the class brainstormed,” (9.3-2).
- Students will “discuss fluidity of orientation, gender identity and expression, explaining that these aspects of a person’s identity can change over the course of a lifetime.” (9.4-3ff)
- Teachers will “remind students that *many* teens choose not to have sex,” (9.5-3). What they WILL NOT TELL THEM is that only 1/3<sup>rd</sup> of their high school peers are sexually active in any 6-month period and 59% nationally will *never* have had sex by the time they graduate (2016 CDC survey).
- Students will be required to “locate three sexual health care facilities and contact one of these to gain more information,” such as address, how to get there, hours, protection methods available, cost of STI testing and “student rate available.” (9.5-3; Homework 9.5).
- Students will be required to *demonstrate* the 15 steps given for using a condom and “demonstration tool,” (9.5-4 and 9.5-4 Handout. Note: 8<sup>th</sup> Grade curriculum lists 17 steps, see Handout 8.4-4).
- “Using the steps on the handout,” students will “pair up and take turns putting a condom on a demonstration tool. After a correct demonstration,” teachers will “have students switch *so everyone has a chance to practice these skills*,” (Activity 9.6-4).
- Students will be asked to “practice putting on a condom blindfolded” to simulate the difficulty of doing so when drunk (Activity 9.6-5).
- Students will be taught “that using a lubricant can increase pleasure as well as efficacy of condoms,” (9.5-4).
- Teachers will be instructed to “be sure to include the really important message that all STIs are preventable,” (Activity 9.6-2). What they WON’T BE TOLD are the failure rates of contraceptives for both pregnancy and STIs and that 54% of women who have abortions had used a contraceptive method (usually condom or pill) during the month they became pregnant,” (Guttmacher report; see [www.lifenews.com/2011/01/11/report-shows-contraception-failure-54-used-before-abortion/](http://www.lifenews.com/2011/01/11/report-shows-contraception-failure-54-used-before-abortion/) )

- Students will be taught that “all STIs” are preventable by a variety of means such as “getting tested, using protection, healthy relationships, communication, sequential/monogamous partners, abstinence, etc.” (9.6-2). What won’t be reinforced is that only abstinence is 100% effective at preventing all STIs. Nor will they hear that 10 *million* of their peers will get an STI this year.
- Students will be taught that the following activities have “Low to No Risk”: “touching over clothing, touching under clothing, *mutual* masturbation, masturbation, oral sex with a dental dam or condom....” They will be taught that activities that have “Some Risk” are “Oral sex on a penis without a condom, Oral sex on a vulva without a dental dam, vaginal sex with a condom, and anal sex with a condom.” The only activities listed as “High Risk” are anal sex without a condom, vaginal sex without a condom, and sharing needles. (9.7-2, p. 69)
- Students will be asked, “What are some pleasurable, *low-risk* activities that two people in a relationship could do if they weren’t ready to engage in sexual intercourse?” (Introspective Journaling, question #2 in section 9.7-6)
- Students will be taught that they can lower their personal risk by engaging in a dozen competencies, among them the following:
  1. Talking with friends about what protected sex is.
  2. Finding where the condoms are at the drugstore.
  3. Finding where to get free condoms in my community.
  4. Finding where to access confidential sexual health care in my community.
  5. Waiting “to get involved sexually with someone until I know my partner well enough to be able to talk about it first.”
  6. Learning about the different methods of protection.
  7. Understanding the difference between the protection the pill and other hormonal methods provide and the protection condoms provide.
  8. Waiting “to start a relationship with someone *until I feel ready*.”
  10. Having “thought a lot about making up my own mind about sex and protection.”
  12. Having “thought a lot about and worked on knowing my rights when it comes to my body.” (Handout 9.11-3)

**Other things this Planned Parenthood curriculum will not tell you:**

- According to a recent poll by the National Campaign to Prevent Teen Pregnancy, nearly two-thirds of students who had engaged in sexual intercourse wished they had waited longer before becoming sexually active.
- 54% of Planned Parenthood’s abortions are performed on women who were practicing birth control at the time they got pregnant?
- The majority of Planned Parenthood’s earned income comes from STD testing, contraceptive services and abortion—items only needed when condoms fail.
- That Planned Parenthood will be paid \$90,000 the first year of this curriculum and \$28,000 every year thereafter for teacher guides and student workbooks.
- At the bottom of every right-hand printed page in the Student Workbooks is the statement “Get Real: Comprehensive Sex Education That Works”. The only possible supporting data for this claim comes from *one* study, done by Wellesley Centers for Women in cooperation with Planned Parenthood League of Massachusetts. That study claimed a 15 and 16 percent drop for girls and boys respectively in “adjusted” rates of sexual debut for 8<sup>th</sup> grade students in the Boston area schools that used *Get Real*. However, nationwide, 18 percent of adolescents report having had sex by the eighth grade while those rates in these Boston schools were over 37 percent for girls and 49 percent for boys. This study supplies no information whatsoever about the sex education provided to the control group of 8<sup>th</sup> grade students. Planned Parenthood’s study admits that extensive missing data poses a “critical threat” to its impact evaluation and that “working with a relatively low number [of schools]” is problematic. Efforts to follow the students was largely unsuccessful because of student transience, resulting in large gaps in the data. Interestingly, the schools studied had over 50% African-American populations. At the same time,

among black students nationwide, the proportion who reported they were sexually active has decreased from 59 percent in 1991 to 33 percent in 2015, bringing Boston's students simply within the same range of national averages.

### **What the School Board & Media will not tell you about this process:**

- The Human Growth & Development Curriculum Advisory Committee (HGD CAC), the committee tasked to approve all sex-ed material for Spokane Public Schools, *refused* to take the time needed to review this material on a chapter-by-chapter, grade by grade basis. Most chose to trust Planned Parenthood and the “process” leading up to this committee. They voted 9-3 to end discussion and refer the entire 898 page curriculum to the School Board for approval.
- The HGD CAC also refused to take the time to hear the specific objections of the three dissenting members of the Committee.
- From 4-6 current members of the HGD CAC are either former or present employees of Planned Parenthood or have served or do serve on the Board of Planned Parenthood.
- Planned Parenthood, well-funded and staffed by our tax dollars, has been flooding the Board with emails and public comments over the summer. The Board now believes that the public is largely in favor of this material.

### **POSSIBLE ACTION POINTS**

1. **Write an email** to all members of the Spokane Public Schools Board of Directors (school board) using some of the above information that has not been made available to the public. You may email the entire Board at [Schoolboard@spokaneschools.org](mailto:Schoolboard@spokaneschools.org). If you want to include the School Superintendent, email [SchoolBoardwSuperintendent@spokaneschools.org](mailto:SchoolBoardwSuperintendent@spokaneschools.org). Be courteous, clear and compelling. You need to know that Planned Parenthood, well-funded and staffed with your tax dollars, has already mounted an aggressive campaign this summer to flood the School Board with emails and public comment at regular Board meetings throughout the summer.
2. **Show up at a School Board bi-weekly meeting** from now until the vote (undetermined presently) and **make public comment** on this curriculum. Come prepared to speak for from 2-5 minutes with well-thought out written comments. You may make a comment at any meeting whether or not this is on the agenda. Agendas are published the Friday before the next Wednesday meeting. (See <http://www.boarddocs.com/wa/spokane/Board.nsf/Public>) Board meetings are regularly scheduled for every 2<sup>nd</sup> and 4<sup>th</sup> Wednesdays of the month.
3. **Review the curriculum and Teacher's Guides** yourself. This can only be done in person at the School District headquarters presently (200 N. Bernard).
4. **Consider opting-out your child** from this curriculum, if it is adopted by Spokane Public Schools.