

RUTH M. JACOBS, M.D.

Board Meeting 11-14-06

Board Certified Internal Medicine
Board Certified Allergy and Immunology
Board Certified Infectious Disease

15001 Shady Grove Road, Ste. 110
Rockville, MD 20850
(301) 315-9515

November 14, 2006

The Surgeon General has said, "**Condoms provide some protection, but anal intercourse is simply too dangerous to practice**" The NIH consensus conference reminds us that the highest rate of HIV transmission is through anal intercourse. **Over 200 physicians have signed a petition requesting this information be in the new condom use demonstration lesson.** What kind of physicians would think that it was important for the new lesson to teach that "anal intercourse is simple too dangerous to practice"?

Would this list include pediatricians, family practice, internists, infectious disease specialists, chairs of medicine/pediatrics, and chiefs of staff and many other Montgomery County Physicians?

The answer is yes.

Recently I had a 28 year old patient die from HIV. He came in September and was dead in November. He was in the hospital for most of this time and was his mother's only child. Physicians know this education is vital. They see the sadness and sorrow that most patients with STD's and HIV hide.

In the process of getting these signatures, I have had physicians press me for information about the STD curriculum at Montgomery County public schools. They believe it is very important to present good information to the students. **I have had to tell them the curriculum has not been updated since 1999 despite recommendations by the pediatrician consultants to do so.**

I have told them that it is my conclusion that:

- 1) The risks of multiple partners are not being sufficiently addressed by MCPS
- 2) While the condom use lesson has been substantially improved it still needs to be more explicit about the efficacy and deficiencies of condoms. ie: The lesson needs to include the CDC warning that for diseases such as gonorrhea, chlamydia and herpes "further epidemiologic studies are needed to determine that amount of protection." and should highlight that condom protection is 85% for HIV with vaginal intercourse.
- 3) Neither the risks of oral or anal sex are adequately treated in the curriculum.

Montgomery County physicians are concerned about the upswing in STDs and HIV which they are seeing.

More than 200 physicians signed this petition because they are requesting an agenda of health. The information which is in resources already being used by Montgomery County Public Schools such as a Surgeon General statement that "anal intercourse is simply too dangerous to practice" must be included in the new condom use lesson.

Sincerely,

Ruth M. Jacobs, M.D.

Henrietta Brown - Board Meeting
11-14-06

November 14, 2006

Dr Weast and Members of the BOE

The proposed 10th grade lesson¹ on Sexual Orientation rigorously insists on identifying students as fitting into specific categories or "boxes" of sexual orientation. There is even a "box" for the child suffering from the mental illness, transgenderism.² There are "boxes" for heterosexual, homosexual and bisexual orientation. However, only homosexual orientation is discussed extensively. The "box" for heterosexual orientation is completely ignored.³

Worse still, where are the "boxes" for children questioning their sexual orientation? What about the child that doesn't like a particular "box" and wants to change "boxes"? In the resource material the transgender child is led to believe that he/she can change the "gender box" but there is no mention of the child being able to change his sexual orientation "box" from homosexual to heterosexual.

MCPS is not being viewpoint neutral by only presenting one side of a controversial issue. Where is the concept of free will and "self-determination" as espoused by professional therapists⁴ and integral to many religious beliefs? Where is the discussion of the health risk associated with long term drug use and radical removal of body parts associated with transgenderism?

These lessons also ignore the vast peer reviewed research that says children should not be encouraged to label themselves because sexual orientation can change over time.⁵ A 1994 government survey found that three out of four boys who think they're homosexual at age 16 aren't by 25.⁶

A curriculum that advances such a mandatory, exclusive and early categorizing of sexuality can be very damaging for adolescents, who are in a volatile stage of their physical and emotional development.

Dr. George Rekers,⁷ summarized this point: "No service is done to our children by offering them lifestyle options before they are properly able to make informed choices about them."

Please Rethink and Redo these lessons.

Henrietta Brown

¹ 10th Grade lesson relies on "Respect for Differences" which is a single section from a book by Holt Lifetime Health written for the LA school system.

² American Psychiatric Association DSM-IV Handbook of Mental Disorders

³ 97% of population is heterosexual

⁴ Ethical Principles of Psychologists and the Code of Conduct, Am. Psychological Ass. 1992, Principle D, p 1599) "that psychologists...respect the rights of individuals to privacy, confidentiality, self-determination and autonomy"

⁵ National Health and Social Life Survey (NHSL) 1994, the National Health and Social Life Survey (NHSL), was completed in 1994 by a large research team from the University of Chicago and funded by almost every large government agency and NGO with an interest in the AIDS epidemic. They studied every aspect of sexuality.

⁶ Ibid

⁷ Professor of Neuropsychiatry at the University of South Carolina

MARIA PEÑA-FAUSTINO
Board Meeting
11-14-06

Dear Members of the Montgomery County Board of Education:

I have served as a volunteer for over 20 years in Montgomery County. I was grateful that you placed enough confidence in my judgment to appoint me to the CACFLHD. I did not have any agenda except making sure all of our students are served best. I did not read anything about the lawsuit, the condom video, or try to influence any of you for my appointment.

. At the last CACFLHD meeting, I walked with frustration.

At the meeting, after the committee finished discussing adding the term transgender, the term ex-gays was also offered to be added to the vocabulary. The committee has been tolerant, open and supportive of homosexuals. I was absolutely stunned to see that the other category that of "ex-gay" in the 10th grade dictionary was not allowed to be added.

I lived in New York for 18 years and five of my best friends were gay. Two died of AIDS. Two left the gay life style and married women. One lives in California. The other married in New York and moved to Florida. The other one is still gay. So even though I did not have an agenda, I think the need to support "one more choice" that of "ex-gay" is just and fair. I have seen it with my own eyes.

I did not know anything about anyone on this committee. I initially thought the committee was tolerant, open, and giving. I have been disturbed to find total opposition and bias from the committee. (Votes always 11-3) I feel my vote is a waste of time. I feel responsible to you for the outcome. I don't know if I am going back to the committee.

Respectful,

Maria Peña-Faustino
240-372-7259

Tuesday 11/14/06

Dr. Weast and Board of Education.

I was startled to find that the new 10th Grade curriculum "Respect for Differences in Human Sexuality" was taken from a "home grown" curriculum created solely for the Los Angeles school District and had only one author Judy Chiasson.

Ms Chiasson "appears to have been selected as the author on the basis of her employment of a LGBT advocacy group Project 10. Ms. Chiasson although pursuing a PhD about the "efficacy of LGBT Diversity training had no advanced degree.

A Maryland Licensed Clinical Psychologist Dean Byrd, Ph.D., MBA, MPH clinical psychologist criticizes the new curriculum stating "the authors... advocate one perspective anchored more in activism than in science and health:" and then states:

"There are two great dangers posed by these two health lesson plans. First and perhaps foremost is that the lessons encourage self-labeling. Research is very conclusive in this area: the risk of suicide decreases by 20% for each year that a young person delays homosexual or bisexual self-labeling". (Remafidi et al, 1991).

Dean Byrd concludes that "The second major danger is the stark omission of health risks associated with homosexual practices, particularly during adolescence (*American Journal of Public Health*, June 2003).

The Board of Education and MCPS must reject this biased single author text written by Ms. Chiasson "because of legal liability" and "because of potential harm". These lesson plans must be re-written. MCPS must return to an agenda of health.

Thank you
Steina Walter