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I am Dr. Mark Mozer. I am a clinical psychologist, in private practice in Helena, since 1974, and, more importantly, father of eleven kids.

I would like to review briefly an example of the objectionable content of the proposed Helena sex ed curriculum, in order to illustrate the need for parents to be able to excuse their children from sex ed classes. When the proposal was first made public, a firestorm of controversy erupted. Consequently, the district superintendent revised the proposal.

Page 57 of the revised curriculum indicated that 5<sup>th</sup> grade students would be instructed about the use of "dental dams" to prevent sexually transmitted infections. Most adults don't know what that is (and have lead healthy, well-adjusted lives without that knowledge). This isn't anything for discussion in polite company, but here it is: it's a membrane used for preventing infection during oral-vaginal, and oral-anal contact. Now clearly, to learn about that, 5<sup>th</sup> graders will have to be instructed about such practices. The average kid will be appalled, but a few dysfunctional ones may be intrigued.

The justification for such instruction is that some 5<sup>th</sup> graders are already engaging in oral sex (one rather doubts oral-anal). This is a shotgun approach, geared to the lowest common denominator, which amounts to an assault on the innocence and dignity of the average child.

The fact that a revised document would reflect such monumentally poor judgment illustrates the need for parents to have the right to review, and intervene to protect their children from exposure to whatever form the final curriculum might take. Bluntly stated, the judgment of some school personnel is not to be trusted.

Now, a brief discussion of the "science" behind "comprehensive" sex ed. To continue the example, to investigate the effect—for better or worse—of teaching 5<sup>th</sup> graders about "dental dams," one would have to provide such information to a group of students, withhold it from another group, and observe any differences between the groups, over time. Just who is going to volunteer their kid for such a sick experiment? Rigorous research on this, and just about every other aspect of the proposed curriculum, has never been done, and obviously won't be.

The idea that information about sex will be helpful has a certain common sense appeal, but the truth is that no one really knows just what real impact any sex ed programs have had to date.

To illustrate, some of the early results of the sex ed movement were not promising. The federal government began to fund sex ed in the mid-sixties, and funding rapidly expanded. However, by 1967 the birth rates among teenage girls had actually been declining, for a decade. Prevalence of gonorrhea and syphilis had also declined, through the fifties.<sup>1</sup> By 1968, nearly half of the schools in the U.S. had some form of sex education.<sup>2</sup> The results? The pregnancy rate among girls, ages 15 to 19, *grew* from 68 per 1000 in 1970, to 96 per 1000, in 1980.<sup>3</sup> The percentage of teenage girls who had engaged in sex was higher in 1976, than in 1971.<sup>4</sup> The gonorrhea rate among teenagers tripled, between 1956 and 1975.<sup>5</sup>

These are not impressive results. What do we make of them? Critically speaking, it's hard to say. Divergent interpretations come to mind. (1) Sex ed had an adverse impact. (2) Perhaps pregnancy and infections rose for reasons entirely independent of sex ed, and the programs either had no impact, or perhaps kept things from getting even worse. The latter view, of course, immediately leads to the reasoning that we simply need more money, and more programming, and we'll turn things around. Failed programming can always be thus defended.

Dr. Messinger recently stated on national TV (Fox and Friends, 9/17/10) that more recent research increasingly indicates that comprehensive sex ed is associated with lower pregnancy and STD rates. Let's look at that. The web site for the Sexual Information and Education Council for the United States<sup>6</sup> (a pro-sex ed organization) indicates that young people receiving comprehensive sex ed are less likely to report teen pregnancies than youngsters who received no sex ed. In science, and most other matters, the devil is in the details. That same site also reports that young people receiving no sex ed tend to be Black, in poverty, and from single-parent families, demographics long associated with teen pregnancy. And so the reported lower pregnancy rates can hardly be attributed to sex education. Dr. Messinger is well aware that such results do *not* demonstrate the effectiveness of sex ed. By any rigorous scientific analysis, the effectiveness of sex ed is murky, at best. The objective conclusion is that we simply don't know the impact of sex ed, however appealing the pro-sex-education argument may seem.

So if there really isn't clear "scientific" support for the proposed curriculum, including some of its most outrageous components (again—"dental dams"), just what can we infer about the motives for a curriculum so broadly offensive to the mainstream of Helena?

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<sup>1</sup> Sowell, Thomas, *The Vision of the Anointed*, p. 18.

<sup>2</sup> *Ibid.*, p. 18.

<sup>3</sup> *Ibid.*, p. 18.

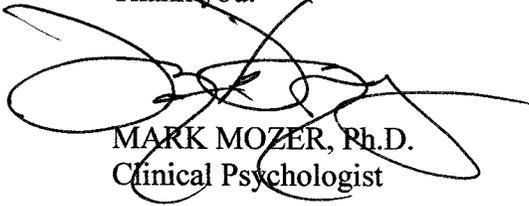
<sup>4</sup> *Ibid.*, p. 18.

<sup>5</sup> *Ibid.*, p. 18.

<sup>6</sup> <http://www.siecus.org/index.cfm?fuseaction=feature.showfeature&featureid=1041&pageid=682&parentid=478>

My conclusion is that it is ideologically driven. The fact that district officials met with the ACLU, the MT Human Rights Network, and NARAL Pro-Choice MT Foundation, before any parental input was allowed, reinforces the impression that the motive is progressive ideology.

Thank you.

A handwritten signature in black ink, appearing to read 'MARK MOZER', is written over the typed name and title. The signature is highly stylized and somewhat illegible due to overlapping loops and lines.

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