



HEART Response to an ACLU Complaint (See “A Legal Analysis of *HEART: Health Education and Relationship Training*”)

Foreword

Sex, in all its variety, is one of the joys of life. It also has consequences (including unintended pregnancies and STIs) that necessarily involve governments. Governments, for example, implement laws to protect children from sexual exploitation and also set standards for school sex education (sex ed). The scope of sex ed has grown over the last century under the watchful eye of concerned parents. In California, the CA Healthy Youth Act (CHYA, or AB 329), effective 2016, expands this scope, requiring school districts to update their middle and high school sex ed curricula.

CHYA follows the Center for Disease Control and Prevention (CDC) doctrine of first advocating *primary prevention* (avoidance of risk by delaying sex until adulthood and a committed relationship, such as marriage), backed up by *secondary prevention* (reduction of risk, or so-called ‘safe sex,’ including condom use) for the sexually active.

The HEART (Health Education and Relationship Training) sex ed curriculum was written as a free public service for school districts to use at their discretion. It is the only available curriculum written after the passage of CHYA and thus wholly based on CHYA requirements.

The ACLU criticism of HEART (“A Legal Analysis of *HEART: Health Education and Relationship Training*”), alleges it does not follow California law. We assert the opposite to be true—that HEART follows the CHYA-modified ed code better than any other curriculum. The ACLU attack on HEART is not actually a legal analysis as claimed, rather it borrows what has been referred to as the “rhetoric of pseudo-science,” as it:

- Wields charges of *bias* against those of differing beliefs from ACLU (19 instances),
- Dismisses time-proven ideas as *stereotypes* (used 9 times),
- Attacks contradicting studies by criticizing methodology (easily done with any study),

- Wields *ad hominin* attacks to discredit the work of qualified, professional opponents,
- Uses enough emotion-laden language to overwhelm a freshman English teacher.

We are open to the idea the HEART curriculum, containing about 100,000 words, can be improved and invite suggestions on how this might be done. For this reason, we thank the ACLU for their work and have carefully parsed the ACLU charges for ways HEART can be made even better. ACLU claims to have worked from a curriculum found on the HEART website. We note that HEART is in the pilot introductory phase, thus HEART has no public website (though supporters have posted HEART material) and some wording quoted by ACLU does not exist in the pilot HEART curriculum.

This report examines five of the six sections of ACLU criticism, providing information that refutes all ACLU claims. The sixth section, an *ad hominin* attack on HEART's well-qualified and distinguished advisory board, is contemptible and not worthy of comment. HEART invites all educators who care about the sexual well-being of their students and the values of their parents to consider HEART for middle and high school use. The HEART teachings associated with ACLU criticisms are presented with sequentially assigned numbering.

Complaint #1: Bias and stereotypes based on gender.

Background: HEART is a relationship-based curriculum. HEART believes that relationships of mutual respect, acceptance and affection build a necessary foundation for healthy romantic relationships. HEART recognizes that public understanding of gender is less clear than in the past but in meeting Ed Code requirements HEART is careful to not “interfere with the pupil’s natural gender development . . . [and] encourages pupil-parent communication.” (See 9th: 6.1 Teacher Introduction.)

HEART Teaching 1: HEART teaches that all people are of value, that they are of inestimable worth, and should be treated with respect. Thus, HEART presents gender-related information that is supportive and respectful of all. As noted above, HEART accepts that “the term gender is less clear than before; it can mean a person’s biological sex, or it can mean what sex someone feels they are inside.”

HEART presents examples of typical boy or girl development as appropriate but takes care to avoid “negative gender stereotypes.” Though ‘stereotypes’ can be useful for dealing with complexity, they are improved by education. HEART understands “negative gender stereotypes” to be “those that reduce the ‘inestimable value’ of people or groups of people.” (See 9th: 6.1 Teacher Introduction.) HEART, in “Lesson 6: Gender Today,” suggests a class discussion of the harm of negative gender stereotypes:

“Discussion note: The teacher, depending on his/her evaluation of negative stereotypes in the class, should at their judgment further discuss the harm done to others by negative stereotypes, which can be taken as threatening. Invite pupils to share examples of how a stereotype of a person or group that might be negative was improved by knowing the person better. The discussion might be guided to include examples of ethnic groups,

religions, students from a school they compete against in sports. Include negative gender or sexual orientation stereotypes, such as gay, lesbian, or transgender people who they got to know better, or who might be a relative. Getting to know people is an antidote to negative stereotypes and a way to make a friend. The habit of showing mutual respect to others is another antidote.” (See 9th: 6.4.4.)

ACLU takes nine HEART phrases out of context to charge HEART of bias and [negative] stereotypes regarding gender. For better context, the ACLU quotes are organized under three categories with links to lessons and supporting evidence:

#1: Pubertal development:

- “Girls may develop close friendships and want to spend more time with friends. At home, they may withdraw to their bedrooms. Boys are less social but do bond with their guy group or team These intense feeling and emotions come in their own time; girls tend to be a step ahead of the boys.” 8th: 2.4.6; 9th: 1.4.5
- “Girls, more than boys, may keep a diary where they record their thoughts, emotions, and reactions to daily life.” 9th: 2.4.7
- “Who do you go to when you have done something wrong? Often, it’s the mom, but on certain topics, like breaking her favorite dish, your dad may be more forgiving than your mom.” 8th: 9.4.4; 9th: 6.4.4

#2: Consequences of adolescent sex acts:

- “Other harms of teen sexual relations . . . affect each person differently, though there is evidence that girls are more affected than boys.” 7th: 3.4.2
- Asks students to listen to and study a song “Boys Like You” and journal about whether “relationships have the same consequences for girls as for boys.” 7th: 1.4.5; 9th: 2.4.6
- “[I]ntimate relations can have big consequences, consequences that can be emotionally difficult, especially for girls who generally experience sex in more varied ways and attach deeper meaning to the act.” 8th: 8.4.8

#3: Committed relationships:

- The “general observation” that “guys lean towards cohabitation [instead of marriage] because of the freedom it offers, while girls usually prefer the greater security of marriage, especially with the possibility of having a child.” 9th: 10.4.5
- “The ability to leave [a relationship], especially for the woman, is complicated by the arrival of children.” 8th: 8.4.8
- “Studies show marriage, for example, is the best protection against poverty, even better than a college education. Marriage, once practiced by all income classes, is becoming a lost dream for many poor women.” 9th: 4.1

Conclusion: The HEART teachings cited above are supported in each section by referenced scientific studies of gender uniqueness. HEART rejects ACLU assertions of bias and inappropriate use of stereotypes regarding gender.

Complaint #2: Promotes bias against and stereotypes about LGBTQ people

HEART Teaching #2: Sexual development can be unique for each person and attractions evolve with maturation. The “Lesson 6: Gender Today” background introduction for teachers notes:

“How someone feels when they are younger may be different when they are an adult. These are feelings, and it is now well established that sexual attraction feelings often shift or change for many adolescents and adults. How sexual attraction develops is unknown, but it is believed that biological factors such as genes can be part of it. There are other influences, such as psychological, social, and cultural factors.

ACLU criticizes this by taking phrases out of context while adding the words “cases” and “resolved” to claim: “that gender identity and sexual orientation are changeable ‘cases’ to be ‘resolved’ are not only inaccurate but dangerous.” HEART rejects this out-of-context distortion of the material presented above as being “inaccurate” or “dangerous.” The following two HEART citations, well supported by references, confirm HEART’s neutral teaching of gender:

The Lesson 6 Teacher Introduction explains in neutral language that:

“ . . . attractions can be uncertain during the puberty and teen years because pupils are still maturing sexually and developing their self-identity. Such romantic feelings are commonly towards the opposite sex, but sometimes the romantic attraction is to one’s same sex, boy-to-boy, or girl-to-girl.”

In Lesson 6 section “6.4.3 Sexual Orientation,” students are taught that:

“The causes of these feelings are unknown, but how someone feels when they are younger may change as they become adults. These are feelings, and it is now well established that sexual attraction feelings often shift or change with maturity. Romantic feelings can also be towards either sex during this time of awakening.

HEART Teaching #3: HEART teaches that romantic attractions, though commonly to the opposite sex, may also include same-sex attractions. It also notes that, though rare, “. . . some may feel that their gender identity is different from their biological sex.” (See Lesson 6: Gender Today,” 8th: 9.4.1 or 9th: 6.4.1.)

ACLU distorts the material charging that HEART says certain people are “not normal,” because it uses the terms “rare” and “commonly.” HEART rejects this charge, did not actually use the term “not normal,” and repeatedly calls for respect towards all people. The use of “commonly” and “rare” simply recognizes (as cited 5/22/21 in Wikipedia under “LGBT demographics of the United States”) that polls show 4.5% of Americans identify as LGBT with 0.6% of that identifying as transgender.

HEART Teaching #4: In the “Lesson 9: To Parent or Not” teacher “Introduction” (see 9th: 9.1), HEART notes the encouraging trend of “kids getting better,” evidenced by a long-term decline in teen pregnancies. The lesson teaches that pregnancies are best planned in a stable union of the parents and that unintended pregnancies are hard on relationships, often leaving the

mother to deal with the pregnancy alone. The lesson cites research that “. . . a stable union of the birth parents is the most important factor for good childhood outcomes.”

ACLU takes the latter statement out of context to falsely accuse HEART of opposing non-biological parents. In fact, the lesson acknowledges other forms of parenting (see 9th: 9.4.5):

“There are other ways to rear children. Single parents do this, often very well, though it is a difficult burden to carry alone. Most would likely agree that for such a challenging task, two heads are better than one. . . Special needs may require that children be reared by grandparents, adoptive parents, legal guardians, or by caretakers. The social science, however, supports the gold standard of children being reared by biological . . . parents.”

HEART Teaching #5: HEART acknowledges the inestimable worth of all people and the value of mutual respect, acceptance and affection especially for those who may seem ‘different.’

“Lesson 4: Liking and Loving” (see 9th: 4.4.2) teaches:

“ . . . beyond the circle of a student’s friends there’s a big world of people, including the other kids at our school. Some will be different in ways pupils may not be accustomed to. These differences may include disabilities, religious beliefs, views on gender, sexual expression, etc. Part of growing up is to become aware of and respectful of such differences. In our democracy people are free to be who they are within the limits of the law. Through mutual respect and affection, we can create a safe and inclusive place for everyone without compromising our beliefs.”

ACLU distorts this section as suggesting that some differences aren’t “normal or healthy.”

HEART rejects this claim as no value judgment was made or implied and notes the section close:

“There is legal support for respecting differences: The California Ed Code bans bias or discrimination against groups of people on the basis of disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sexual orientation, etc. (32500, Article 3, Section 220). Be respectful; appreciate people for their differences—they may be your future friends. You may even grow to love them.”

Complaint #3: STIs and Unintended Pregnancies

Background: The CA Healthy Youth Act (CHYA) follows the CDC model of first advocating Primary Prevention (risk avoidance), followed by encouraging Secondary Prevention (risk reduction) for those who engage in risky sexual acts. HEART, of the sex ed curricula available at this time, is unique for being written after CHYA was enacted and following the CHYA/CDC model. ACLU makes fourteen specific accusations against HEART teachings regarding STIs and unintended pregnancies which we will address in the sequence cited:

HEART Teaching #6: HEART cites embarrassing World Health Organization (WHO) facts that U.S. STI and unintended pregnancy rates are significantly higher than all other developed nations and trending upwards.

ACLU speculates this data could have a “negative effect” on those impacted. HEART believes it is simply facing the truth and notes the information is provided as background to teachers, not students.

HEART Teaching #7: The HEART curriculum is new and available only for a limited pilot program. When the pilot program is completed it will be available for free as a public service for schools to use at their discretion. Therefore, a HEART website has not been created, pending completion of the pilot phase.

ACLU claims to have received a copy of HEART from the “HEART website.” The copy they cite differs from the HEART curriculum. For example, the ACLU charge that HEART contains symbols (the hazard or caution symbols) that create “stigma.” These symbols do not exist in the pilot HEART curriculum.

HEART Teaching #8: HEART follows CDC guidance that hepatitis A is a risk for travelers to countries without safe water.

ACLU claims this is no longer true, but the CDC differs, citing “International travelers” first on their list of “Who is at risk for hepatitis A?” (Accessed May 24, 2021) Though one can get hepatitis A in the U.S., HEART is correct.

HEART Teaching #9: HEART uses the CDC (Center for Disease Control and Prevention) as the primary and authoritative source for medical information.

ACLU charges that HEART cites CDC information that includes a 20-year-old source. HEART accepts CDC sources.

HEART Teaching #10: STIs are a highly complex subject, especially for the 12 to 15-year old student. Too much information can overwhelm students rather than help them protect their sexual health. HEART strives to effectively inform students, meet Ed Code sex ed requirements per CDC guidance, within available class time.

For example, HEART explains the viral STI herpes to students:

“The two common strains of herpes are HSV-1, the oral version that can cause lip sores, and HSV-2, known as genital herpes. More recently there is considerable overlap of where they can occur.”

ACLU claims that HEART confuses oral herpes (HSV-1 or herpes simplex) with the zoster herpes virus (shingles). This confusion is not found in the pilot HEART curriculum.

HEART Teaching #11: The STI syphilis has significantly increased with new cases up 71% from 2014 (2017 CDC data available at the writing of HEART). Syphilis is generally spread by skin contact and is a particular risk for the sexually active (meaning multiple partners), especially those with HIV. Syphilis is a special risk for the newborn of infected mothers. If untreated

serious harm will result. Early symptoms include skin rash, sores, and fever. There is a test and your doctor can prescribe treatment.

ACLU incorrectly claims HEART lists kissing as a primary cause of syphilis. This is not found in HEART.

HEART Teaching #12: HEART follows CDC guidance on the importance of regular testing for the sexually active. This is important because, as noted in “Teaching 5” above, STI’s are a complex subject; students cannot be expected to remember the symptoms and consequences for each disease. Therefore, to help protect the sexually active HEART advises (see 9th: 5.4.10):

“**Test:** Knowledge beats ignorance—if you’re at risk, get tested per CDC recommendations. Your doctor can order an STI panel of tests for ten critical STIs or order other tests as needed. The only thing worse than learning you have an STI is to learn it after you’ve incurred permanent harm. For CDC guidance on when to be screened (tested) for STIs go to the site below. The site also provides local test resources by entering your zip code: <https://www.cdc.gov/std/prevention/screeningreccs.htm>”

ACLU charges that HEART fails to provide critical information about gonorrhea. HEART rejects this charge, noting the limits of what students can retain and the protection offered by regular testing.

HEART Teaching #13: HEART exposes the wide-spread fallacy that condoms enable “safe sex.” Consistent and proper use of condoms significantly reduces the risk of pregnancy and also reduces the risk of STIs, but there is still risk that students should know about. In our review, HEART is the only available sex ed curriculum that provides this information.

ACLU charges that Lesson 9.4.2 “. . . undermines the efficacy of external condoms . . . by stating: ‘while condoms significantly reduce risk of STIs and pregnancy, they don’t reduce it enough.’” HEART stands with the CDC by teaching that while condoms provide significant protection, there is still risk that students should be aware of in personal decision making.

HEART Teaching #14: HEART informs students, as required, that sterilization is a way to avoid pregnancy. Lesson section 9.4.2 says:

“Permanent sterilization, such as a vasectomy for the male, or fallopian tube occlusion for females, are options once you have the children you want.”

ACLU objects to “once you have the children you want” claiming that many are sterilized without having children. HEART finds no error in reminding students they should have the children they desire, even if zero, before being made permanently infertile.

HEART Teaching #15: HEART informs students, as required, about emergency contraception, a.k.a. ECP or “morning after pills” and notes there are “significant side effects.” Listed side effects include nausea and vomiting; CDC feels these are significant enough to provide instruction titled “Prevention and Management of Nausea and Vomiting with ECP Use.” (Link: <https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/emergency.html>)

ACLU objects to the term “significant” regarding side effects. HEART disagrees with ACLU and agrees with CDC—the side effects are significant enough to provide information on prevention and management.

HEART Teaching #16: HEART teaches the exponential increase in risk with multiple sex partners. When you have sex with a person, you are exposed to all the people they have had sex with, and all the people those persons have had sex with, etc. As the risk is hard to conceive, a chart is provided (see 9th: 5.4.11 “Exponential Risk of Multiple Sex Partners”). This is vital information if students are to make wise decisions for protecting their sexual health.

ACLU does not object to the accuracy of the chart, but notes that not everyone on the chart may have an STI (some may have been previously treated). True, but you are still exposed to them. ACLU also speculates having this information “may” cause students to think STIs are inevitable. HEART rejects this speculation and affirms that knowledge enables wise decision making.

HEART Teaching #17: HEART aligns with CDC and the CA Ed Code in teaching primary prevention (risk avoidance, meaning delaying sex) as the first line of defense, beginning in “Lesson 2: Honor Yourself”:

“2.4.7 Intimacy Without Sex

“The primary message of the Ed Code for sex ed is that delaying the start of sex is the only certain protection from unhealthy consequences such as STIs (including HIV) and unintended pregnancy. This is called primary prevention and it’s the easiest and safest way to protect yourself from these adult consequences. For optimum sexual health, this can be extended to say that the ideal number of sexual partners is one—the one you marry.

“Summary: Here is an important point to remember: Young people in love can have all the fun they want without sex. This should be repeated: You can have a great time without the adult complications of sex. In fact, growing in a romantic relationship without the push for sex is proof that real love is involved and not just physical attraction—that feelings are genuine and not counterfeit. Letting the friendship deepen with time in mental, social and emotional dimensions enables people to get to know each other better, learn to care for the other more than for themselves, to trust each other, and depend on each other. The test of real love is if both partners want to continue to grow the relationship when sex isn’t involved (Fowers, 2000).”

ACLU claims that HEART does not define abstinence (HEART uses “delaying sex” which is included in the Ed Code with abstinence). HEART asserts that abstinence had been defined as “delaying the start of sex” in a way understandable to students. “Sex” is a common synonym for the act of sex.

HEART Teaching #18: HEART, more than any available sex ed curriculum, provides knowledge and skills for delaying sex. These lessons build a foundation:

- “Lesson 1 Learning to Love” teaches healthy relationships based on mutual respect and affection.
- “Lesson 2 Honor Yourself” teaches how to have romance without sex and provides instruction on setting and maintaining personal boundaries.
- “Lesson 3 The Decision” invites a thoughtful proactive decision about when to best begin sex by considering how it may impact student’s life goals.
- “Lesson 4 Liking and Loving” teaches how to build a relationship without dependence on sex.
- This is all wrapped up in “Lesson 10: Love That Lasts.”

Even more important, the Parent Interview questions invite parental guidance with each lesson.

ACLU claims “HEART . . . does not provide any meaningful description of how to achieve abstinence anywhere . . .” HEART rejects this claim as patently false.

HEART Teaching #19: HEART provides three layers of support to achieve the Ed Code goal of health protection, each supported by the CDC’s principle of primary protection, and by law:

1. Start by delaying sex at least until it is legal, the age of adulthood, 18 in CA. Age helps; the longer you wait the less the risk and the better your decisions.
2. Build on the benefits of delaying sex by being faithful to a committed partner.
3. Consider marriage as your committed relationship. Marriage is unique due to its legally binding status and has historically been the relationship of highest commitment. No marriage is perfect, but overall the institution offers the best protection of the available options.

ACLU charges conflicting statements by taking sentences out of context; the three steps noted above, taken in context, refute ACLU’s charge. ACLU also questions use of “only certain protection” for the benefit of delaying sex (abstinence) noting that life always has risks. HEART also rejects this charge; HEART is simply following the wording of the CHYA-amended Ed Code: “Present information that abstinence from sexual activity . . . is the **only certain way** to prevent HIV and other sexually transmitted infections . . . and unintended pregnancy. This instruction shall present information about the value of delaying sexual activity . . . (51934.a.3)” (Bold face added.)

Complaint #4: Medically inaccurate and biased information about pregnancy and pregnancy outcomes.

HEART Teaching #20: HEART “Lesson 9: To Parent or Not” provides information about the creation of life (see 9th: 9.4.1) and teaches students that if pregnancy is planned the prospective mother should take measures “to be in the best health when conception occurs” (see 9th: 9.4.7). HEART also teaches the importance of prenatal care (see 9th: 9.4.4).

ACLU objects to the HEART statement that “eggs are formed in the ovaries” noting that women are born with a fixed number of eggs. HEART, on review of the medical literature, found common reference to eggs produced or formed in the ovaries as HEART states. The CDC uses

the phrase “When each new [menstrual] cycle begins, a few new eggs begin to grow in the ovaries.” It’s true the pre-form of these eggs develop during pregnancy and women are born with a fixed number, etc., but the limits of class time demand brevity. We stand by the HEART wording as common usage. CDC link:

<https://www.cdc.gov/niosh/topics/repro/femalereproductivesystem.html>

HEART Teaching #21: HEART teaches a holistic view of sex (using the term “making love”), noting it “is a deeply meaningful event necessary to continuing our species, and that the loving intimacy and pleasure of sex provides a bonding force that is the foundation for the long-lasting mutual commitment between a couple needed to rear children to adulthood . . .” (see 9th: 9.4.1).

ACLU objects to HEART using “making love” as a term for “sexual intercourse” (9th: 9.4.1; 7th: 5.4.1), and that HEART doesn’t acknowledge some sex is non-consensual.

HEART notes that ‘making love’ does include ‘sexual intercourse,’ and believes the term more completely describes the typical experience. We point out also that CHYA doesn’t use “intercourse” and ACLU in the same paragraph used ‘sex’ as a reference to ‘sexual intercourse.’ A principle of health education is to respect the values of the local community—including the use of language—and ‘sexual intercourse’ is not common language. HEART stands by its wording.

HEART does address the sad fact that sex in some instances for some people is non-consensual, covering this in a sensitive way in “Lesson 8: Unhealthy and Illegal” where teachers receive this guidance in 9th: 8.1 Teacher Introduction:

“Because some relationships can become destructive, this lesson may be traumatic for pupils who have been exposed to unhealthy relationships or even illegal acts. Be alert for emotional signs or body language indicative of such trauma. If there is prior knowledge of a problematic situation a school counselor or other resource could assist according to school or district policies. Students come from a variety of backgrounds and have differing ideas of what is normal or acceptable. It is important to present information in a respectful, accepting, and inclusive manner.”

HEART Teaching #22: HEART teaches the topic of abortion in a non-judgmental manner, noting to teachers (see 9th: 9.4.6 “No-Parenting Options): “. . . As the Supreme Court has affirmed, it is the right of the mother to decide the outcome of her pregnancy. The teacher should be non-judgmental on this topic and require students to do the same . . . Explain that pregnant minors have the right to choose between parenting or not parenting; this right is well established by law. (The consent of the father is not required.)” HEART also teaches that abortion has consequences for some.

ACLU: On abortion [HEART] lists potential consequences (higher risk for certain cancers, autoimmune disease, regret and death caused by suicidal ideation and risk-taking behavior) and finishes with the quote: “When [a woman] destroys a pregnancy, she is destroying herself.” The

research from which these consequences have been derived has consistently been found to be methodologically unsound.

HEART defends the teaching of abortion consequences and dismisses the charge “methodologically unsound” as a common practice in pseudo-scientific rhetoric to dismiss unwanted findings. A comprehensive study (287 listed citations) of the psychological effects of abortion hosted at the National Institute of Health concluded that pregnant women suffer significant psychological consequences from abortion (Reardon, 2018). In the study Dr. Julius Fogel, both a psychiatrist, OB-GYN and a pioneer of abortion rights who has performed thousands of abortions testifies to women’s psychological burden from abortion. Dr. Fogel’s testimony:

“Every woman . . . has a trauma at destroying a pregnancy. A level of humanness is touched. This is part of her life. When she destroys a pregnancy, she is destroying herself. There is no way it can be innocuous. One is dealing with a life force . . . A psychological price is paid. Something happens on the deeper levels of a woman’s consciousness when she destroys a pregnancy. I know that as a psychiatrist.”

HEART Teaching #23: HEART teaches the methods of abortion in a non-judgmental way, noting that “abortion is considered a relatively safe medical procedure.” (See 9th: 9.4.6.)

ACLU: Lesson has no information about the safety of abortion or that it has no negative effects on subsequent fertility.

HEART actually did provide information on the safety of abortion procedures, teaching they were “considered a relatively safe medical procedure.” (See 9th: 9.4.6.) Also, HEART judged that comment on any abortion fertility effect was not indicated.

HEART Teaching #24: HEART advocates that for the well-being of the relationship, pregnancies should be planned by both partners where possible (see 9.4.2 Contraception”). Children should be ‘wanted.’ HEART also teaches in “9.4.6 Non-Parenting Options” about adoption as an under-used option as well as the CA Surrender Law, as alternatives to abortion.

ACLU: The best research shows abortion has no higher mental health problems among “adults” who abort than “adults” who finish an unwanted pregnancy. Also, doesn’t note that the “majority” of adults who terminate a pregnancy do not experience mental health problems.

HEART teaches that children conceived should be planned and wanted for best outcomes. In noting the research on consequences of abortion it does not imply that the alternatives for unwanted children had no problems. HEART would incorporate a sound study on the comparative outcomes of all methods of dealing with unwanted pregnancies.

The ACLU suggestion that HEART acknowledge that the “majority” (understood as more than half) of those who choose to abort don’t have mental health problems implies that ACLU understands a lot of people have problematic consequences. HEART defends the teaching of these consequences.

Conclusion: HEART rejects the above accusations and defends its treatment of abortion as neutral and honest.

Complaint #5: Fails to promote healthy relationships or address unhealthy relationships and is biased against family structures other than marriage.

HEART Teaching #25: Minors, for their protection, require instruction not only on healthy relationships but also how to recognize and protect themselves from destructive relationships, as required by the Ed Code.

ACLU: HEART does not provide information about “sexual assault or abuse, adolescent relationship abuse, and intimate partner violence. . . . or signs of trafficking.”

HEART in “Lesson 8: Unhealthy and Illegal” teaches the topics noted below and provides information on how children can protect themselves:

Section “8.4.2 The Consent Law” explains laws designed to protect minors, noting that minors cannot ‘consent’ to sexual acts.

Section “8.4.3 Child Abuse” explains abuse, what can be done, and resources to help.

Section “8.4.4 Laws That Protect Minors” enumerates legal protections from sexual harassment, dating violence, sexual assault, aggravated sexual assault of a child, and intimate partner violence.

Section “8.4.5 Human Trafficking” provides steps to self-protect from strangers and also ways to detect trafficking of others.

HEART rejects the mistaken ACLU claim that information on the topics above is not provided.

HEART Teaching #26: HEART supports the CHYA/CDC emphasis on primary protection, meaning sexual risk avoidance. Because sexual self-restraint is the basis for this risk avoidance, the development of ‘character’ (meaning moral excellence and firmness) is important. Character is mainly formed in the home but is supported by “Lesson 2 Honor Yourself.”

ACLU: “Lesson 2: The New You” in section 2.4.3 fails to normalize puberty and dispel negative feelings about adolescent growth when it says “Puberty is a time of big changes, including sexual development. This can be unsettling, even embarrassing at first.”

HEART response: ACLU distorts a sentence taken out of context. Here is the teacher instruction following the cited sentences:

“Discuss the importance of a ‘healthy attitude about sexual development’ during puberty. Puberty is notable not only for the physical changes—which include the ability to create life—but also for the mental, emotional and social changes. . . . Puberty is a wondrous time that could be compared to the blossoming of a flower. . . . These feelings are normal and will continue to exist in your life in varying degrees.” (See 7th: 2.4.3.)

HEART rejects the ACLU charge this section “fails to normalize puberty and dispel negative feelings” rather the discussion provides a teacher the means to help students adapt to changes they are experiencing.

HEART Teaching #27: HEART encourages students to practice CDC-CHYA recommended primary prevention (sexual risk avoidance) by noting the generally unreported progress youth have made since the low-point in 1990.

ACLU charges that “Lesson 3: The Decision” in section 3.4.3 associates “abstinence with moral superiority” and “sex with “shame.”

HEART: The section in Lesson 3 refers to CDC Youth Risk Behavior Survey information presented in “Lesson 1: Relationships” that reveals surprising improvement since 1990 in three measures of the primary prevention (risk avoidance to reduce STIs and unintended pregnancies) advocated by CDC. The measures are:

- 1) number of high school sex partners,
- 2) percent of students beginning sex in high school, and
- 3) teen pregnancies per thousand.

By these measures, kids are steadily doing better at protecting sexual health, a story the media generally ignore. The HEART intent is to encourage students they can continue this progress in protecting youth sexual health. HEART rejects the charge of associating abstinence with “moral superiority” or “sex with shame” as no such language is found. Rather abstinence (delaying sex at least until the legal age) is associated with protecting youth sexual health—the goal of CHYA.

HEART Teaching #28: HEART notes that the increase in variety and prevalence of STIs during the sexual revolution of the ‘70s and ‘80s are evidence the human body is not designed for multiple sexual partners. The safe and healthy course is to come as close as one is able to a committed relationship with a single sexual partner. Marriage is the most protective relationship, helped by legal recognition and traditions including fidelity, but freedom of choice is recognized. HEART encourages limiting sexual partners for sexual health protection (See 9th: “10.4.6 Value of Committed Relationships”):

“Because of the enormous life consequences of committed relationships, it’s important to discuss and carefully consider the path that will be best for you—cohabitation or marriage. The next section presents benefits to consider for both options.”

ACLU says HEART promotes bias against diverse familial structures of committed relationships outside of marriage.

HEART rejects this claim of bias against “diverse familial structures,” whether real or implied. The HEART curriculum simply enumerates the proven benefits of fidelity and marriage. As noted previously, HEART recognizes that necessity requires many family structures including, increasingly, single parenting but also notes parenting is a big job and two heads are generally better than one.

Complaint #6: HEART's author and leadership are unqualified and biased

Background: We are engaged in a great experiment on CA youth. Historically, sex ed curricula advocate one of two contrasting viewpoints—either “abstinence only” (risk avoidance) or “safe sex” (meaning risk can be reduced by proper use of protections such as condoms). CHYA requires teaching ‘comprehensive’ sex ed, or both viewpoints, following the CDC emphasis on primary protection for those who are able, and secondary protection to help the sexually active reduce their risk.

The sex ed curricula marketed to CA school administrators as CHYA-compliant (notably, *Teen Talk* and *Positive Protection PLUS*) started as ‘safe sex’ curricula and reflect that viewpoint. Some parents consider they “introduce their children to sex” rather than protect sexual health. The strong majority of parents want their children to delay their sexual debut until at least the legal age of 18 (Gallup survey reviewed by this author). To better address parent concerns, an Orange County school district chose to develop their own sex ed curriculum and organized a sex ed advisory committee of diverse parents to guide the process.

This editor (Skip Hellewell) was actively involved in the committee and found the final result to be significantly better than available curricula, but fell short of ideally fulfilling the CHYA-modified Ed Code. The decision was made to organize a Board of Advisors to develop that ideal curriculum as a public service and HEART is the result.

HEART Teaching #29: Education in California is organized at the local level (there are 1037 school districts) and through elected boards that reflect local values and needs. Urban areas tend to be more liberal, suburban and out-lying areas lean more conservative. School boards need curricula choices that respect prevailing local values. HEART provides this choice.

ACLU argues the editor of HEART lacks the “requisite skills” and attacks certain members of the Board of Advisors as biased. HEART responds with two comments:

First, there is no definition of “requisite skills” so the ACLU claim is meaningless. Skip Hellewell, an experienced author, organized and edited HEART using input from the well-qualified board of advisors. We created HEART, an arduous task, because no one else stood up to do it. If a better qualified person(s) were able to write a better curriculum, HEART would welcome such because schools would have better curriculum choices.

Second, the *ad hominin* attacks on certain members of the HEART board of advisors are themselves biased and not worthy of comment. The board of advisors are highly qualified, fully certified in their specialty, and are public-spirited citizens worthy of commendation for their contributions.