SIECUS Report
Vol. 21, No. 1
Oct./Nov. 1992
Sex Information and Education Council of the U.S.

# HIV/AIDS EDUCATION

## SIECUS Study on HIV/AIDS Education for Schools Finds States Make Progress But Work Remains

**Patti O. Britton**
SIECUS Deputy Director
**Diane de Mauro, Ph.D.**
Educational Consultant
**Alan E. Gambrell**
Washington, DC Policy Representative

With the HIV/AIDS epidemic in the doorway of the nation's classrooms, states have made substantial progress in developing the infrastructure necessary to support effective HIV/AIDS education for the nation's schools. However, there are nonetheless marked inadequacies in the content and quality of state curricula/guidelines and in the design of programs, according to findings from a new SIECUS report, *Future Directions: HIV/AIDS Education in the Nation's Schools.*

This hopeful but mixed conclusion is the result of a 1992 national study of state HIV/AIDS education programs for kindergarten through 12th grade students, conducted by SIECUS with the support of the Dyson Foundation. Report findings are from a survey of 52 state education agencies and content analysis of 34 state HIV/AIDS curricula/guidelines submitted to SIECUS for review. The report also makes recommendations for improving state programs, based upon study findings and input from an expert advisory panel convened by SIECUS.

*Future Directions* finds a number of key achievements by the states. All states either require or recommend HIV/AIDS education. Almost every state provides teacher preparation and training, and all states have advisory committees to guide program design and implementation. In addition, all place HIV/AIDS instruction within the logical framework of the health education curriculum. Of particu-

## METHODOLOGY

With funding from the Dyson Foundation, SIECUS initiated in early 1992 an in-depth review of state legislation, policy, curricula and guidelines focusing on the quality, scope and content of state HIV/AIDS education programs for elementary and secondary school-children in each of the states. The two components of this study include:

• **State Survey:** A survey of state HIV/AIDS education programs was administered to each of the state and territorial HIV/AIDS education specialists. Responses were received from the 50 states plus the District of Columbia and the Virgin Islands (n = 52). The survey instrument included information regarding program implementation of state law or policy, state advisory committee composition, the status of teacher preparation and certification, parental options, evaluation criteria, placement of HIV/AIDS education programs within subject areas, and teacher classroom instruction.

• **Content Analysis:** A content analysis of state curricula and guidelines was conducted to evaluate the scope and quality of the state HIV/AIDS education programs; 34 states provided their curricula/guidelines to SIECUS for review. The basis for reviewing the adequacy of curricula/guidelines was *Guidelines for Comprehensive Sexuality Education*, SIECUS, 1991.

**Recommendations:** Recommendations for improving state HIV/AIDS education programs were based upon study findings and input from an expert advisory panel convened by SIECUS on July 13, 1992.

lar note is that parental support for state programs is strong: all states provide parents with the option to excuse their children from HIV/AIDS instruction but few parents actually exercise this choice.

However, many state programs fail to provide children with all the information they need to avoid and reduce the risk of becoming infected with HIV. Inadequacies in the quality and content of state HIV/AIDS education curricula/guidelines include an over-emphasis on abstinence (often resulting in the omission of discussion about safer sex); failure to discuss human sexuality in a positive framework; and material often not presented in a developmentally age-appropriate manner.

The report also finds that instruction is often inadequate on issues dealing with sexual responsibility and decisionmaking, condom use, sexual orientation, and compassion for people with HIV/AIDS.

State program design gaps include a common failure to require teacher training, lack of monitoring of program effectiveness, implementation problems by localities, and a failure to regularly update curricula/guidelines.

**State Achievements: Infrastructure in Place**

State achievements include:

- All of the states either require or recommend HIV/AIDS education by legislation or policy. Over two-thirds (38 states) require HIV/AIDS education through law or policy.
- Four out of five states have developed HIV/AIDS curricula and/or guidelines.
- Almost every state provides for teacher preparation and training, either through written guidelines for teacher preparation (38 states) or in-service training (51 states).
- All of the states have advisory committees to guide program design and implementation.
- Almost all place HIV/AIDS instruction within the logical framework of the health education curriculum.
- All states provide the parental option to excuse their children from HIV/AIDS instruction, yet parents rarely exercise this choice, confirming previous data showing overwhelming parental support for HIV/AIDS instruction.

**Findings Reveal Shortcomings in Curricula/Guidelines and Program Design**

Enthusiasm for state progress must be tempered, however, when examining specific findings from the SIECUS analysis. Many state programs fail to provide children with all the information they need to avoid and reduce the risk of becoming infected with HIV.

Report findings reveal inadequacies in the quality and content of state HIV/AIDS education curricula/guidelines and in the design of HIV/AIDS education programs. State mandates for HIV/AIDS instruction have not translated into comprehensive programs.

Curricula/guidelines weaknesses include:

- over-emphasis on abstinence that often results in omission of discussions about safer sex;
- failure to discuss human sexuality in a positive framework;
- material often not presented in a developmentally age-appropriate manner;


SIECUS Report

Vol 21 No 1
October/November 1992

Sex Information and Education Council of the U.S.

Executive Director, Debra W. Haffner, MPH
Deputy Director, Patti O. Britton
Consulting Editor, Alan E. Gambrell

The *SIECUS Report* is published bimonthly and distributed to SIECUS members, professionals, organizations, government officials, libraries, the media, and the general public.

Annual membership fees: individual, $75; student (with validation), $35; senior citizen, $45; organization, $135 (includes two bimonthly copies of the *SIECUS Report*); and library, $75. *SIECUS Report* subscription alone, $70 a year. Outside the U.S., add $10 per year to these fees (except Canada and Mexico, $5). The *SIECUS Report* is available on microfilm from University Microfilms, 300 North Zeeb Road, Ann Arbor, MI 48106.

All article, review, advertising, and publication inquiries and submissions should be addressed to the editor.

Managing Editor
*SIECUS Report*
SIECUS
130 West 42nd Street, Suite 2500
New York, New York 10036
212/819-9770
fax 212/819-9776





Typography by Ray Noonan, ParaGraphic Artists, NYC





Library of Congress catalog card number 72-627361.
ISSN: 0091-3995

- a lack of instruction about sexual responsibility and decisionmaking;
- inadequate instruction on condom use;
- absence of discussion of issues about sexual orientation; and
- inadequate instruction about compassion for people with HIV/AIDS.

The design of state programs is often hampered by:

- inadequate teacher training;
- failure to monitor program effectiveness;
- limited implementation by localities; and
- failure to regularly update curricula/guidelines.

**Recommendations: States Should Mandate Comprehensive Curricula**

In response to these findings, a panel of health and education specialists was convened by SIECUS in July 1992 to develop recommendations for improving state programs–in many cases drawing upon the current experiences and practices of state HIV/AIDS programs (see panel listing, page 8).

The panel suggested legislative and program design improvements including a call for state legislation requiring developmentally appropriate, sequenced HIV/AIDS education for grades K-12, mandated enforcement at the local level, required teacher training and certification, and improvements in the content of curricula/guidelines to provide children with the information they need to avoid and reduce their risk of HIV infection.

Key program design recommendations include:

- enactment of legislation requiring developmentally appropriate, sequenced HIV/AIDS education for all grades, K-12;
- HIV/AIDS education integrated as part of comprehensive health education that provides direction on program implementation and evaluation, including:
  - curriculum recommendations,
  - required teacher preparation and certification, and
  - evaluation criteria to determine program effectiveness;
- state monitoring to ensure that state mandates are enforced at the local level; and
- inclusion of parents as active participants in all stages of program development and implementation.

Curricula/guidelines recommendation include:

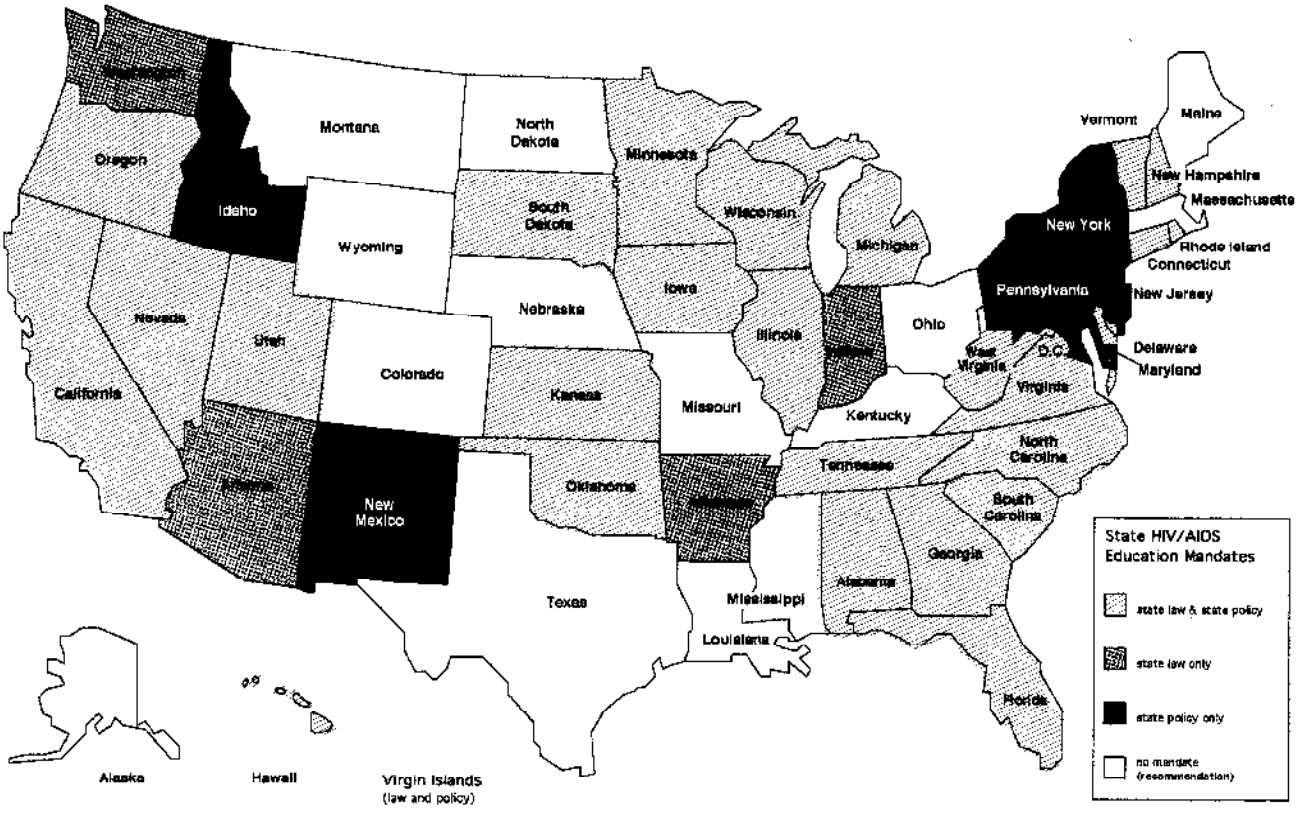
- presentation of balanced messages about sexual abstinence and safer sex practices;
- presentation of HIV/AIDS information within the context of an accepting and positive view of human sexuality;
- thorough coverage of the three learning domains, providing children with the facts, learning opportunities to clarify values and beliefs about HIV/AIDS and sexuality, and skills development for sexual responsibility and decisionmaking;
- practical information on condom use;
- information on low risk noncoital sexual behaviors, with an emphasis on sexual risk assessment and risk reduction;
- accurate definition of sexual orientation and learning opportunities to address issues of sexual orientation; and
- instruction that discusses compassion for persons with HIV/AIDS that reaches beyond sympathy, acknowledging that persons with HIV/AIDS can lead satisfying and productive lives.

**Summary of Findings**

**Curriculum Content**

- **Focus on abstinence often omits information on sexual behaviors:** While all states stress abstinence, only 11 states provided balanced information on safer sex and abstinence. Only seven of these states discussed low risk, noncoital sexual behaviors (Massachusetts, Minnesota, Montana, New Jersey, South Carolina, South Dakota, and Virginia). One state, Utah, has strict prohibitions on providing information on sexual behaviors or on homosexuality.
- **Positive view of human sexuality uncommon:** Only three states—Massachusetts, New Jersey, and South Carolina—present HIV/AIDS information within the context of an accepting and positive view of human sexuality. Only five states acknowledge sexuality as a natural part of life, and include information on the range of sexual activities and behaviors (Massachusetts, Nevada, New Hampshire, South Carolina, and Vermont).
- **Fewer than half provide age-appropriate material for K through 12th grades:** Only 16 states provide an adequate developmental sequence of HIV/AIDS education information for grades K-12, wherein information on transmission and prevention is introduced in early grade levels and presented in an age appropriate manner in subsequent grades.
- **All learning "domains" not equally covered:** Only three state curricula/guidelines (Massachusetts, New Jersey, South Carolina) thoroughly cover the three learning "domains": cognitive (the facts about HIV/AIDS), affective (attitudes about sexuality and HIV/AIDS), and skills (responsibility and decisionmaking about sexuality and drug use).

# School HIV/AIDS Education: State Requirements/Recommendations




- Cognitive: Practically all curricula/guidelines provide information on HIV transmission; it appears that no other disease is as dissected or covered on such an epidemiological basis as is HIV infection.

- Affective: Only five states provide opportunities for students to examine their personal attitudes related to HIV/AIDS and sexuality.

- Skills-building: Although most state curricula stress refusal skills, only five states thoroughly cover the full range of needed skills. Six additional states have a "basic" skills-based approach, but typically omit negotiation and sexual decisionmaking skills. Few states discuss such skills as: evaluating risky behaviors (12 states), problem solving (10 states), and sexual limit-setting and negotiation of limits and condom use (4 states).

- **Instruction on proper condom use inadequate:** Nearly three out of four states (37 states) indicate that they include condom information as a preventive measure. According to survey findings and the content analysis, in 11 states condom information is not included as part of the instruction program (Alabama, Arkansas, Colorado, Florida, Idaho, Illinois, Indiana, Michigan, Maine, New Mexico, Vermont). Only five states provide practical information on condom use (i.e., how to obtain, use, and dispose of condoms) (California, Massachusetts, New Jersey, South Carolina, Washington). Only one state, Massachusetts, encourages condom availability in the state's schools.

- **Most fail to discuss sexual orientation:** Only seven states accurately define sexual orientation (Hawaii, Iowa, Massachusetts, New Jersey, North Carolina, North Dakota, Vermont). No state curricula/guidelines include learning opportunities to address issues of sexual orientation. One state, Utah, has strict prohibitions on providing information on homosexuality.

- **Most provide limited discussion of compassion for those with HIV/AIDS:** Nineteen states acknowledge that HIV-positive persons or those with AIDS need the support of family and friends. However, none of the reviewed state curricula/guidelines acknowledge that people with HIV/AIDS can lead satisfying and productive lives.

## Future Directions: Key Findings About State HIV/AIDS Education Content of Curricula/Guidelines and Program Design

| Found in Curricula/Guidelines | States |
|---|---|
| • balance between abstinence and safer sex (Iowa, Mass, Missouri, Montana, New Jersey, Ohio, South Carolina, South Dakota, Vermont, Virginia, Wisconsin) | 11 |
| • a positive view of human sexuality (Massachusetts, New Jersey and South Carolina) | 3 |
| • sexuality as natural part of life (Massachusetts, Nevada, New Hampshire, South Carolina, Vermont) | 5 |
| • an age-appropriate developmental sequence for grades K-12 | 16 |
| • adequate coverage of all three learning domains: cognitive, affective, skills (Massachusetts, New Jersey, South Carolina) | 3 |
| • adequate instruction: affective domain (New Jersey, Maine, Massachusetts, South Carolina, Wyoming) | 5 |
| • "thorough" instruction: skills domain (sexual responsibility and decisionmaking) (Massachusetts, Michigan, New Hampshire, New Jersey, and South Carolina) | 5 |
| • "basic" (not "thorough") instruction domain: (skills sexual responsibility and decisionmaking) (Connecticut, Iowa, Montana, Ohio, South Dakota, Virginia, Washington, West Virginia, Wisconsin) | 9 |
| • information on low risk, noncoital sexual behaviors (Massachusetts, Minnesota, Montana, New Jersey, South Carolina, South Dakota, Virginia) | 7 |
| • practical information on condom use: how to obtain, use, and dispose of condoms (California, Massachusetts, New Jersey, South Carolina, Washington) | 5 |
| • accurate definition of sexual orientation (Hawaii, Iowa, Massachusetts, New Jersey, North Carolina, North Dakota, Vermont) | 7 |
| • explanation that people with HIV/AIDS can lead satisfying and productive lives | 0 |
| **Characteristics of Program Design** | |
| • developed curricula/guidelines | 43 |
| • annually update curricula/guidelines | 21 |
| • "excellent" teacher training | 11 |
| • "adequate" teacher training | 23 |
| • state advisory committees | 52 |
| • place HIV/AIDS within health education framework | 50 |
| • parental option to excuse children from HIV/AIDS instruction | 47 |
| • states where more than 5% of parents have opted to excuse children from HIV/AIDS instruction | 0 |

# *State Profiles – School HIV/AIDS Education*

| State | State Law/Policy (mandate/recommend) | Curriculum/Guideline evaluation by SIECUS | Condom Use Taught? | Advisory Committee (composition) | Teacher Certification/ Preparation |
|---|---|---|---|---|---|
| **Alabama** | Both (mandates)(5th-12th) | — | no | excellent | no/poor |
| **Alaska** | Both (recommend)(K-12th) | — | yes (9th-12th) | adequate | no/poor |
| **Arizona** | Law (mandate)<br>Policy (recommend) | — | yes (9th) | excellent | no/adequate |
| **Arkansas** | Law (mandate)<br>Policy (recommend) | — | no | poor | no/adequate |
| **California** | Both (mandates)(7th-12th) | — | yes | excellent | no/excellent |
| **Colorado** | Policy (recommend)(K-12th) | — | | excellent | no/poor |
| **Connecticut** | Both (mandates)(K-12th) | less than adequate | yes | excellent | yes/adequate |
| **D.C.** | Both (mandates)(4-12th) | less than adequate | yes (7th) | poor | yes/adequate |
| **Delaware** | Both (mandates)(K-12th) | — | yes (9th) | adequate | no/adequate |
| **Florida** | Both (mandates)(6th-12th) | — | no | excellent | no/poor |
| **Georgia** | Both (mandates)(K-12th) | — | yes | excellent | yes/adequate |
| **Hawaii** | Policy (mandate) | less than adequate | yes (7th) | excellent | yes/excellent |
| **Idaho** | Policy (mandate)(K-12th) | — | | adequate | yes/adequate |
| **Illinois** | Both (mandates)(6th-12th) | — | no | adequate | no/poor |
| **Indiana** | Law (mandates)<br>Policy (recommend) | — | no | excellent | no/poor |
| **Iowa** | Both (mandates)(1st-12th) | adequate | yes (7th) | excellent | yes/poor |
| **Kansas** | Both (mandates)(K-12th) | less than adequate | yes (7th) | excellent | yes/adequate |
| **Kentucky** | Policy (recommend)(K-12th) | less than adequate | yes (6th) | excellent | no/adequate |
| **Louisiana** | Both (recommend)(7th-10th) | adequate | | excellent | yes/adequate |
| **Maine** | Policy (recommend)(K-12th) | adequate | no | excellent | yes/poor |
| **Maryland** | Policy (mandate)(3rd-12th) | — | yes (8th) | excellent | no/excellent |
| **Massachusetts** | Policy (recommend)(K-12th) | exemplary | yes (6th) | excellent | no/excellent |
| **Michigan** | Both (mandates)(K-12th) | adequate | yes (6th) | excellent | no/adequate |
| **Minnesota** | Both (mandates) | adequate | yes | excellent | yes/adequate |
| **Mississippi** | Policy (recommend)(K-12th) | less than adequate | no | excellent | no/adequate |

# State Profiles – School HIV/AIDS Education

| State | State Law/Policy (mandate/recommend) | Curriculum/Guideline evaluation by SIECUS | Condom Use Taught? | Advisory Committee (composition) | Teacher Certification/ Preparation |
|---|---|---|---|---|---|
| **Missouri** | Policy (recommend)(K-12) | less than adequate | no | adequate | no/poor |
| **Montana** | Policy (recommend)(K-12) | adequate | yes (7th) | adequate | no/adequate |
| **Nebraska** | Policy (recommend)(5th-12th) | — | yes (7th) | excellent | no/adequate |
| **Nevada** | Both (mandates)(K-12th) | adequate | yes (8th) | poor | yes/excellent |
| **New Hampshire** | Both (mandates) | adequate | yes (7th) | excellent | no/poor |
| **New Jersey** | Policy (mandate)(K-12th) | exemplary | yes (6th) | excellent | no/adequate |
| **New Mexico** | Policy (mandate)(K-12th) | — | no | excellent | no/poor |
| **New York** | Policy (mandate)(K-12th) | — | yes (9th) | excellent | yes/adequate |
| **North Carolina** | Both (mandates)(7th-12th) | less than adequate | yes | poor | no/poor |
| **North Dakota** | Policy (recommend)(4th-12th) | adequate | no | poor | yes/adequate |
| **Ohio** | Policy (mandate)(7th-12th) | adequate | yes (7th) | adequate | yes/adequate |
| **Oklahoma** | Both (mandates)(7th-12th) | — | yes | excellent | no/adequate |
| **Oregon** | Both (mandates)(K-12th) | — | yes (9th) | excellent | no/poor |
| **Pennsylvania** | Policy (mandate)(5-6, middle, high) | — | yes (7th) | excellent | yes/adequate |
| **Rhode Island** | Both (mandates) | less than adequate | yes (11th) | poor | yes/adequate |
| **South Carolina** | Both (mandates)(6th-12th) | exemplary | yes | excellent | no/adequate |
| **South Dakota** | Both (mandates)(K-12th) | adequate | yes (7th) | poor | excellent |
| **Tennessee** | Both (mandates)(K-12th) | adequate | yes (7th) | excellent | yes/undetermined |
| **Texas** | Policy (recommend)(preK-12th) | — | yes (7th) | excellent | no/excellent |
| **Utah** | Both (mandates)(8th-12th) | less than adequate | no | excellent | no/excellent |
| **Vermont** | Both (mandates)(K-12th) | adequate | yes (7th-12th) | excellent | no/undetermined |
| **Virginia** | Both (mandates)(4th-10th) | adequate | yes (7th) | excellent | no/adequate |
| **Virgin Islands** | Both (mandates)(K-12th) | — | yes (6th) | adequate | no/poor |
| **Washington** | Law (mandate)(5th-12th) | less than adequate | yes (7th) | excellent | no/poor |
| **West Virginia** | Both (mandates)(6th-12th) | adequate | yes (7th) | excellent | no/excellent |
| **Wisconsin** | Both (mandates)(K-12th) | adequate | no | excellent | no/poor |
| **Wyoming** | Policy (recommend)(K-12th) | adequate | yes (high school) | excellent | no/adequate |

**Program Design**

- **Most have teacher training but gaps exist:** Although most states have either conducted in-service training (51 states) or developed written guidelines for teacher preparation (38 states), only 11 states have "excellent" teacher training, defined by SIECUS to include both written guidelines and **required** in-service training. Fewer than half of the states (23 states) have "adequate" teacher training (i.e., both written guidelines on teacher preparation and optional in-service training).

  No state has teacher certification specifically for HIV/AIDS education; only 19 states provide teacher certification in either health or physical education.

- **HIV/AIDS instruction provided by range of teachers:** Teachers from a variety of disciplines teach HIV/AIDS in the schools. Most common are health education teachers (44 states), followed by physical education (35 states), home economics (34 states), biology teachers and school nurses (33 states).

- **Program effectiveness measured by fewer than half of states:** Only 21 states have evaluation criteria for measuring the success of their programs. However, an equal number do not have evaluation criteria. In addition, no states have laws or policies on monitoring programs.

- **Local discretion results in some program weaknesses:** In 23 states, legislation leaves program implementation issues to local discretion, where common program weaknesses are evident, including: absence of program evaluation, inadequate teacher training and certification, and cursory instruction about condom use.

- **Most have guidelines over curricula; guidelines more common, updating not universal:** Most states (43 states) have developed curricula/guidelines. Over half of the states (29 states) have developed their own HIV/AIDS education **curricula** for statewide use. Only 21 states update their curricula/guidelines annually.

- **All states have advisory committees:** All states have a functioning state advisory committee: nearly three out of four (37 states) have committees defined by SIECUS as "excellent."

- **Health education common framework for HIV/AIDS instruction:** HIV/AIDS education is most frequently placed within one or more of a handful of curricula frameworks. All states but two place their HIV/AIDS education program within health education—considered by educators as the most logical framework for developing a comprehensive approach to HIV/AIDS education. In addition, 39 and 37 states, respectively, place it within biology and home economics; 32 states place HIV/AIDS instruction under sexuality education.

- **Integration within curricula hinders comprehensiveness:** Placement of the HIV/AIDS curriculum within a broader context of health behaviors and human sexuality is a logical framework, integrated into comprehensive health or sexuality education programs. Although this is a common practice of the states, the SIECUS content analysis reveals that in many states this integration has resulted in a dilution of the comprehensiveness of the HIV/AIDS component, including inadequate learning opportunities and inadequate coverage of the full range of skills-building.

**Parent Support**

- **Parents rarely remove children from HIV/AIDS education:** While 47 states have the parental option to excuse their children from HIV/AIDS instruction, in 37 states less than three percent of parents actually exercised this option. Given that this high level of parental support is most likely positively correlated with parental involvement in program design, it is revealing that 48 states include parents as members of their state HIV/AIDS advisory committees.

Full copies of *Future Directions: HIV/AIDS Education in the Nation's Schools* are available for $7.50 per copy, prepaid. Contact: SIECUS, Publications, 130 West 42nd Street, Suite 2500, New York, NY 10036.

## SIECUS HIV/AIDS EDUCATION ADVISORY PANEL

Recommendations for improving HIV/AIDS education programs in the nation's schools, contained in *Future Directions: HIV/AIDS Education in the Nation's Schools,* were prepared with the input of the following individuals.

**American Association of School Administrators**
Gwen Ingraham

**American Medical Association**
Missy Fleming

**Gay Men's Health Crisis**
Ernesto Inojos

**Massachusetts Department of Education/Society of Public Health Educators**
Jerry Davoli

**National Association of State Boards of Education**
Kathryn Fraser

**National Council of Churches of Christ/Commission on Family Ministries and Human Sexuality**
John Vogelsang

**National Education Association, Health Information Network**
Jim Williams
Rafael Rivera

**National School Boards Association**
Brenda Greene

**National School Health Education Coalition**
Karen Van Landeghem

**YWCA of the USA**
Inca Mohamed

*affiliations are listed for identification purposes only

*FROM THE EXECUTIVE DIRECTOR*

# HOPE AND TOLERANCE

**Debra Haffner**
SIECUS Executive Director

The election party held at my home last night had a sense of hope and optimism. The President-elect believes in our issues. Twelve years of Administration attacks on sexual rights are over. In the fall issue of *Redbook Magazine*, President-elect Clinton responded to a question on sexuality education this way: "I strongly favor sex education. My health department director, Dr. Jocelyn Elders, is nationally recognized for her outspoken advocacy of health clinics in schools . . . kids should be encouraged to abstain from sex, but I also think they should be told how their bodies work."

Accompanying Clinton to Washington will be a significantly more diverse group of legislators. There will be more women and more people of color than ever before in the U.S. Senate and the U.S. House of Representatives, including the Senate's first African American woman and the first Native American in sixty years. Certainly the Supreme Court and the federal court system will be in better hands.

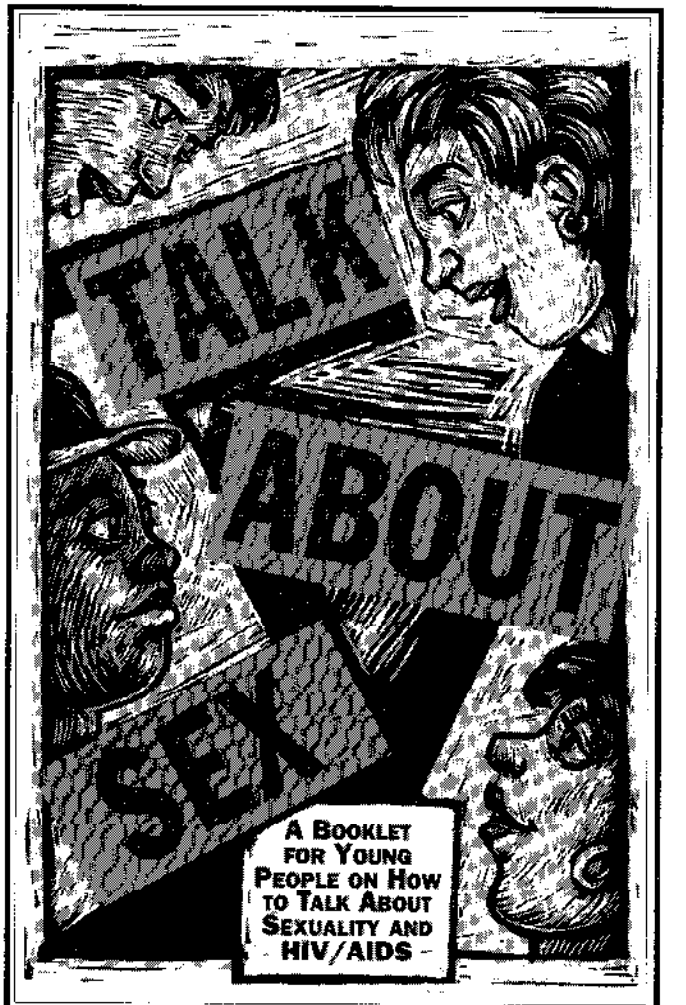
Around the nation, the public voted for tolerance and pluralism. In Arizona and Maryland, voters overwhelmingly supported a women's right to abortion. In Oregon, voters defeated a hateful piece of legislation on discrimination against gay men and lesbians. However, the passage of a similar amendment to Colorado's state constitution indicates that there is still much work to be done.

Public Policy Director Betsy Wacker, Washington, D.C. Representative Alan Gambrell and I began this morning to prepare a transition document for the new Administration. We will print it in the next *SIECUS Report* in its entirety, but I wanted to share with you some of what I now believe is possible.

We call for the end to the Gag Rule. We call for swift passage and enactment of the Freedom of Choice Act guaranteeing the right to abortion services. We call for an end to discrimination against gay men and lesbians in the military and new civil rights legislation that encompasses sexual orientation. We call for major changes in the Adolescent Family Life program so that it focuses on comprehensive sexuality education and stops supporting fear based education. We call for Presidential leadership in the fight against HIV/AIDS and for changes in the policies that limit HIV/AIDS education to meaningless messages. We call for federal support of peer reviewed research on sexual behavior and for removal of restrictions on art with sexual messages. And for the first time in over a decade, we believe that these changes are possible.

We cannot be complacent. Far right organizations have already pledged to redouble their efforts and concentrate on state and local issues. SIECUS public policy staff and I will be working hard to develop a transition document. We hope to hold briefings for the new Congress, the new Secretary of Health and Human Services, the new Secretary of Education, and the new Administration. We will continue to build our efforts in states and local communities which will become the focus of many fights on our issues.

The American people have affirmed their commitment to tolerance and their commitment to diversity. I woke up feeling proud to be an American. I woke up feeling hope and optimism for all of our futures.




***TALK ABOUT SEX***— easy to read, comprehensive, written in a frank manner, 46 pages filled with engaging illustrations. This one-of-a-kind booklet, produced by SIECUS, is designed to help young people communicate successfully about sexuality and HIV/AIDS. Available from SIECUS for $2.00 per copy. Bulk orders available at a discount. Contact SIECUS Publications, 130 West 42nd Street, New York, NY 10036.

# YOUTH STILL AT RISK, YET BARRIERS TO EDUCATION REMAIN

## SIECUS Testimony for the National AIDS Commission

**by Debra Haffner**
SIECUS Executive Director

*Debra Haffner, SIECUS Executive Director, was asked to give testimony before the National Commission on AIDS during a May 19, 1992, hearing on adolescents and HIV/AIDS, held in New Orleans. Following is the testimony prepared for the hearing.*

I am delighted to have the opportunity to speak with you today. I was pleased to testify about adolescents and HIV/AIDS before the President's Commission on the HIV epidemic in 1988. It is useful to consider what has changed since 1988, the progress that has been made, and the barriers that still exist for effective programming.

*The number of young people who have AIDS and the number who are infected with HIV have increased dramatically since 1988.* When I gave my first presentation on AIDS and adolescents in April 1987, there were 127 young people with the disease. In December 1991, there were 789, and AIDS is now the sixth leading cause of death for persons aged 15-24. Over one fifth of all cases of AIDS are to people in their twenties, the vast majority of whom were probably infected as adolescents. The number of teens who have AIDS increased by more than 70% in the past two years (Select Committee, 1992).

### Teens Still Engage in Risky Sex

Despite the hopes of many adults, *the HIV epidemic has not changed American teenagers' sexual behaviors.* In fact, recent studies indicate that teenagers are more likely to be involved in sexual intercourse now than they were a decade ago. *Intercourse is now normative behavior for American high school students.*

- In 1971, less than one third of American high school students had sexual intercourse. According to a recent survey by the Centers for Disease Control, by 1990, 54% of 9th-12th graders, and 72% of high school seniors, had sexual intercourse—a 35% increase since 1982.
- Nineteen percent of young people have had four or more partners (Youth Risk Behavior Survey, 1990).
- Forty-one percent of girls have performed fellatio, 33% of boys have performed cunnilingus. Studies indicate that 8-26% have had anal intercourse (Bigler, 1990).
- There is very little research on gay and lesbian teens. One study suggests that gay young men have high numbers of both male and female sexual partners, with the male partners most likely to be anonymous encounters (Remafedi, 1989). Anecdotal evidence suggests that young lesbians are engaged in both homosexual and heterosexual behaviors.
- It is also important for us to remember that not all adolescent sexual behaviors are voluntary. One in four girls and one in six boys report that they have been sexually assaulted. Recent studies report much higher rates of sexual intercourse among teens who have been abused, including higher rates of pregnancy and multiple partners (Select Committee on Children, Youth, and Families, 1992).

### Condom Use Up But Still Inadequate

*There has been a positive change in condom utilization among young people.* In 1988, less than one in four young people used condoms regularly. Recent studies indicate a significant increase; in 1990, 45% of young people who were sexually involved reported that they or their partner used a condom during last intercourse (Youth Risk Behavior Survey, 1990). Despite these increases, over half of the young people still haven't acted on the message that they must protect themselves. Students who have had four or more sexual partners were significantly less likely to have used a condom at last intercourse than were students with fewer lifetime partners (Youth Risk Behavior Survey, 1990).

### More States Require School HIV/AIDS Education; Not All State Programs Adequate

*There has been a dramatic increase in the number of states mandating or requiring HIV/AIDS education.* In 1988, only 18 states and the District of Columbia required HIV/AIDS education. In 1992, 34 states require teaching about HIV/AIDS and 14 additional states recommend its teaching (Haffner, 1992). [More recent data on state HIV/AIDS education is reported in the recently-released SIECUS report *Future Directions: HIV/AIDS Education in the Nation's Schools.* See page 5 for a review of key findings from the report. Editor.]

However, not all state mandates encourage a positive approach to HIV/AIDS education. For example, Arizona's new law directs that no school may include anything that

"promotes a homosexual lifestyle." New sex education legislation in Alabama requires the state's schools to teach that "abstinence from sexual intercourse outside of lawful marriage is the expected social standard for unmarried school-age persons," that homosexuality is "not a lifestyle acceptable to the general public" and "homosexual conduct is a criminal offense under Alabama law."

SIECUS is currently conducting a review of state curricula and guidelines on HIV/AIDS education. Our preliminary review of the state surveys we have received is 11 states do not include information about condoms, 41 states do not require teacher training, and programs continue to be knowledge-based rather than skills-based and focused on developing preventive behaviors. There is very little monitoring by states of what actually happens at the local level, and even less evaluation of program effectiveness. [See cover story for an overview of the completed SIECUS report on state HIV/AIDS education.]

Programs for youth who are out of school are even scantier. Although several model programs have been developed around the country, there has not been a coordinated national strategy to reach those young people who are no longer in the education system.

**Why Haven't We Acted?**

We have known for at least five years that adolescents would be hard hit by this epidemic, and yet, the national response continues to be too little, too late. The reasons for the hesitancy to address the risks of young people are complex and reflect cultural confusion about sexuality.

1. Adults are often unable to accept that young people are sexual and involved in sexual behaviors. Every state mandate stresses abstinence at the expense of promoting a balanced prevention message. Even those programs that discuss condom use are unlikely to include information about safe, non coital sexual behaviors. In the words of one New York City adolescent, "It seems that the Department of Education is more concerned about us having sex than getting AIDS."

2. The original messages developed for HIV prevention do not apply to the vast majority of adolescents. Although teens should certainly be encouraged to delay the onset of sexual intercourse, the "be abstinent" message is counter to prevailing teen normative behavior. "Be monogamous" often means going steady for three weeks to three months, and I have had teenagers tell me that "of course, I only have sex with one person at a time." Even less meaningful is the advice "Know your partner well." Teenagers perceive that they know their partner well after a few dates, and that they can "tell" if someone is infected with HIV. Further, studies indicate that the majority of teens and adults are willing to lie about their past sexual history in order to have sex with a new partner.

3. Cultural attitudes about sexuality actually discourage preventive behaviors. During my presentations around the country, I ask parent, professional, and student audiences to mentally fill in the statement, "A 16 year old girl who carries condoms in her pocketbook is a _____." The answer that I receive, regardless of the audience, is "slut." We continue to give young people the message that it is better for them to risk disease and pregnancy than to plan for sexual behaviors and risk their reputation.

4. The federal government, because of its erotophobia, homophobia and the ascendancy of the influence of the Far Right, has refused to implement programs that are meaningful to the sexual lives of most American adults and adolescents. The United States Public Health Service National Health Objectives for the Year 2000 include goals for reducing the number of adolescents who are having sexual intercourse and increasing the number of "secondary virgins" (Public Health Service, 1990).

   The federal government has refused to fund peer reviewed and accepted surveys about the sexual behaviors of adolescents and adults. I recently received a letter from Secretary Sullivan, nearly nine months after I wrote him, that said, "My decision to cancel funding for that study was based on my concern that the survey would inadvertently convey a message that would be counterproductive to our efforts to discourage casual sex among teenagers." The federal government has been unwilling to develop programs that recognize that most young people are engaging in sexual intimacy.

5. The Far Right has had a dramatic impact on sexuality and HIV/AIDS education. Rather than simply opposing such education as they did in the past, organized Far Right organizations are now promoting their own brand of sexuality education. SIECUS has labeled these programs "fear based education." These programs teach young people that they must "Just Say No" and withhold information about contraception, HIV/STD prevention, condoms, and decision-making. During the past year, SIECUS has documented over 87 communities that have faced community struggles about comprehensive education and fear based programs. In Shreveport, Louisiana, groups opposed to AIDS education plastered the city with billboards reading "safe sex is killing our kids." In Alabama, the Eagle Forum led an anti-textbook campaign, which eliminated all six approved health textbooks, leaving the state without any approved textbook for HIV/AIDS education.

The Far Right is waging a war against condoms as a preventive measure. James Dobson, President of the $70 million organization Focus on the Family, has launched a major campaign against talking about safe sex and condoms to teens, including full page newspaper ads in USA Today. In his most recent fundraising letter, he writes, "But there is another reason for talking to our kids about abstinence rather than safe sex. It is even more important than the life and death issue cited above. I'm referring to rebellion against God and His promise to punish sin...Spiritual death is infinitely worse than physical disability or death, and our kids deserve to know about

this divine reality from the days of childhood." He then goes on to answer the question "Is AIDS God's plague to punish homosexuals, lesbians, and other promiscuous people?" His answer: "We know (and He knew) with the onset of the sexual revolution back in 1968 that this day of disease and promiscuity would come. It is here...." (Dobson, 1992)

**What Should Be Done?**

I would like to suggest several recommendations to the Commission for improving HIV prevention efforts among young people.

1. HIV/AIDS education must be part of comprehensive sexuality and health education. The facts of HIV/AIDS can be given in a three minute lecture and can be understood by first graders. The facts alone will not change behavior. We need to make a commitment to provide young people, kindergarten through senior year, with the information and skills they need to become sexually healthy adults. We need to help young people accept that they are sexual, motivate them to adopt preventive behaviors, and help them develop the skills to resist pressure for premature involvement in sexual behaviors, negotiate a safe relationship, and access community services. This obviously cannot happen in a one hour lecture on disease in the school auditorium.

2. We must make a commitment to address the needs of all young people. It is not only the in-school heterosexual virgins who deserve our support. Programs must be developed to address gay and lesbian youth, out-of school youth, drug users, runaways, and young people in the military, Job Corps, juvenile justice system and vocational education, etc. We must look at reaching all of the nation's teenagers.

3. We must recognize that HIV/AIDS education is not a one shot lecture. Young people must be offered multiple sessions at multiple ages through multiple mediums. All sectors of the community must become involved: schools, churches, community organizations, media, health providers and governments.

   There is an immediate need for increased training programs to help professionals provide HIV prevention education, including training in human sexuality.

4. We must place HIV/AIDS education is a context that affirms that sexuality is a natural and healthy part of life. We cannot raise a generation of young people to believe that "Sex = AIDS. AIDS = Death." We must instead teach that sexual relationships have always had both negative and positive consequences, and that by practicing preventive behaviors, one can still experience one's sexuality as an enriching part of life. We must be willing to talk to young people about those sexual behaviors that pose no risk of HIV/STD transmission, including masturbation, petting, and "outercourse." We must accept that young people are having sexual relationships, despite adult misgivings, and that they need our support. We must affirm that an individual's sexual orientation is an essential quality of humanness and support the right of each individual to accept, acknowledge, and live in accordance with his/her orientation without discrimination.

5. We must involve the media in our efforts. I believe that the media has become the nation's source of information about sexuality. We must move far beyond occasional watered-down public service announcements and encourage the entertainment media to only show sexual relationships that model communication and preventive safe behaviors. The network ban on contraceptive and condom advertising must be lifted.

6. There must be an aggressive campaign to promote condom use in America. Far too many people, both adults and teens, believe that condoms are not effective in preventing HIV/STDS (National Center for Health Statistics, 1990). The Far Right is engaged in a major effort to discredit condoms, saying that using condoms is like playing Russian Roulette. Condom failure rates are often reported to be close to 50 percent. We must promote the message that condoms are 8-9 times more effective than using nothing, and that if intercourse of any kind is going to occur, a condom must be used. We need to promote and evaluate emerging condom availability programs.

7. There must be more research on adolescent sexual behaviors. We need to put an end to the idea that asking young people questions about sex will encourage them to engage in behaviors. We must support high quality research so that we can effectively plan public health programs.

8. We must demand government leadership on this issue. We must lift the government prohibitions that I have described. Further, we must seek leadership that is willing to deal with the sexual realities of America and will commit itself to ending this epidemic.

I realize that this is a large, complex, and controversial agenda. I ask the Commission to recognize that our cultural inability to deal with sexuality honestly and responsibly is putting our nation at risk. We must all "Just Say No" to those that would teach our children to "just say no or die."

Thank you.

This issue of the SIECUS Report was funded under the Centers for Disease Control cooperative agreement #U62CCU 2011 28-04. SIECUS is grateful to the CDC Review Committee: Antonio Burr, PhD, senior psychologist, St. Mary Hospital Community Mental Health Center; Maureen Corry, deputy director of Community Services, March of Dimes Birth Defects Foundation; Michelle Gittens, acting deputy assistant director of the Youth Outreach Unit, New York City Department of Health; James Holmes, MPH, coordinator of training, Department of Education, Gay Men's Health Crisis; Ronald Moglia, EdD, director of the Human Sexuality Program, New York University; Inca Mohamed, adolescent program specialist, YWCA; and John Vogelsang, PhD, consultant, National Council of Churches.

# CONDOM AVAILABILITY IN A SMALL TOWN
## Lessons From Falmouth, Massachusetts

**Beverly Wright**
Director of Education and Training
Health Care of Southeastern Massachusetts, Inc.

**Kevin Cranston**
AIDS/HIV Program Director
Massachusetts Department of Education

Condom vending machines were installed in high school restrooms in Falmouth, Massachusetts, earlier this year following a contentious debate over a condom availability plan for the town's schools. Under the plan, adopted by a 6-2 vote in October 1991 by the Falmouth School Committee, secondary school students have access to condoms through the machines as well as from school nurses and select staff. Falmouth's seventh and eighth graders can get condoms from school nurses—with mandatory counseling.

Falmouth is one of a small but growing number of communities throughout the nation that have recently taken on the controversial question: should condoms be made available to students in response to increasing numbers of STD cases, rising HIV infection rates, and persistently-high pregnancies among youth?

This article is about the process over adopting a condom availability program in Falmouth—the political controversy, the process followed by school officials in discussing the issue, and key issues debated. Falmouth, a small, suburban community, is unlike most of the other communities—primarily large cities—that have adopted condom availability programs. The town's experiences nonetheless provide insights for other localities on the nature of the condom availability debate. A community of 28,000 located in the state's Cape Cod area, there are fewer than 2,000 middle and high school students in the town's school system. Most condom availability programs adopted to date are in urban areas—from 30-40 jurisdictions, including such cities as Dallas, New York City, and Los Angeles.

### State Recommendation Leads Way

Massachusetts has taken the lead promoting condom availability. To date, 15 cities and towns in the state have adopted condom availability plans, following an August 1991 policy advisory issued by the Massachusetts Education Board urging every local school committee to consider making condoms available to students at the secondary level. Falmouth was the first school committee in Massachusetts to act on the Board of Education's policy recommendation on condom availability.

Troubling statistics compelled the state to adopt its condom availability recommendation. Massachusetts ranks ninth among states in cumulative AIDS cases. The Massachusetts Department of Public Health estimates that over 1,500 adolescents in the state are currently infected with HIV. Between 1987 and 1991, the overall STD rate among adolescents rose 37%. Data from the 1990 Youth Risk Behavior Survey of Massachusetts high school students indicated that while 46% had engaged in sexual intercourse, only 47% of that number had used a condom the last time they had intercourse.

The Massachusetts Board of Education had an earlier policy on HIV/AIDS prevention education, adopted in April 1990, which recommended integration of HIV/AIDS education within a comprehensive health education and human services program and linked with sexuality education at the secondary level. The condom availability recommendation, an August 1991 addendum to this policy, urged every local school committee to consider making condoms available to students at the secondary level. This policy recommendation discussed various routes by which condoms might be made available to students, including through nurses' and counselors' offices as well as through coin-operated vending machines located in school restrooms.

With the strong tradition in Massachusetts of local control over most educational matters, including curriculum and school policy, the Board's policy statements were intended as advisory. Nonetheless, a significant number of school committees (often at the urging of student groups) have voluntarily held public discussions on the condom availability issue. In addition, Governor William Weld and officials from the state Department of Public Health have spoken out strongly in favor of school-based condom availability programs.

The first school district in the state to adopt a condom availability plan was Cambridge. Their plan was adopted a year prior to release of the state directive, in March 1990, following action by a group of peer educators. Cambridge's plan makes condoms available through the school-based Teen Clinic (a satellite clinic of the city hospital). Yet, even though the decision in Cambridge received a great deal of press notice, comments from school staff in other communities indicated that Cambridge was not likely to be a trendsetter for others given its image as a bastion of liberal, academic thought and the source of many progressive public policies. Falmouth, however, is a potential role model for other communities. Its demographics are more typical of most Massachusetts communities—and more closely resemble communities throughout the nation.

## THE HIV/AIDS TRAINING TEAM

In the early months of 1991, prior to release of the Board of Education's policy on condom availability, the Falmouth school system began planning HIV/AIDS staff trainings for the spring and fall of that year. The training team was comprised of staff from Health Care of Southeastern Massachusetts and the Massachusetts Department of Education. School administrators had primary responsibility for planning and coordinating all trainings.

From June to September, 1991, approximately four days of mandatory training were provided to selected faculty and staff in Falmouth while members of the school committee received a single-session presentation on basic AIDS information, student risk behaviors, and relevant laws and policies. Committee members also listened to the experiences of a person living with HIV.

While a "basic" training design existed, it was frequently modified to fit various audiences. Built into every training was a strong affective component, led by Tony Winchester, an "Educator with HIV" (i.e., the title assigned to those persons living with HIV/AIDS who are trained and paid as classroom educators in Health Care of Southeastern Massachusetts' Living with HIV program, now in its fifth year of operation).

There were significant differences in the focus of training for various audiences, as follows:

- **Administrators: Focus on legal liability.** Prior to the condom availability policy, liability issues pertained to HIV+ children and staff in schools, and right versus need to know (HIV status).
- **Nursing and health assistants.** Focus on the importance of educating other staff about universal precautions and responding to the needs of students with questions/concerns about HIV.
- **Support staff.** Focus on skill-building as it relates to individual counseling of students with questions/concerns about HIV.
- **Faculty.** Focus on combination of issues including basic HIV information, universal precautions and general understanding of curriculum and policies relating to teacher work.
- **Non-certified staff (including school bus drivers and drivers' aides).** Focus on universal precautions and general understanding of basic HIV information.
- **School committee.** Three major components—basic HIV overview, a personal perspective from a person with HIV, and a review of state policy recommendations on condom availability along with the results of the 1990 student behavior risk assessment survey. This one-hour in-service was presented at a regularly scheduled school committee meeting in September, 1991 and was the start of the public debate over condom availability in Falmouth's schools.

**Debate Begins**

Condom availability was not the town's first experience dealing with sexuality education. Falmouth's schools already had in place a comprehensive health education program, which included instruction on sexuality issues starting in the upper elementary grades. Currently, the town is reviewing enhancement of this component to cover kindergarten through fourth grade.

Falmouth's debate over condoms started following publication of a newspaper story suggesting that an upcoming school committee meeting was going to consider condom availability. Review of the state policy recommendation on condom availability had been placed on the agenda, along with a range of other HIV/AIDS education items, as part of a general review of these issues.

At this first meeting, held September 1991, school committee members received an HIV/AIDS briefing from the AIDS training consultants (see The HIV/AIDS Training Team, this page) on HIV/AIDS issues and were briefed on condom availability. The consultant team put together an information packet on condom availability and provided committee members with letters supporting and opposing condom availability. In anticipation of greater-than-average public interest in the issue, a "state your opinion" sign-in sheet was made available for individuals to register their position on the condom availability policy recommendation. The school committee decided that, with public hearings scheduled on the issue for the following month, only a limited amount of time would be devoted to public comments during this meeting.

Although many in attendance at this first meeting were in favor of a condom availability policy, opponents outnumbered and overwhelmed supporters. Emotions ran high. For example, representatives from the student council, speaking in favor of the policy, were verbally dismissed by condom plan opponents.

**Plan Approved Over Opposition**

On October 22, at the second school committee meeting, public comments were heard. The majority in attendance opposed condom availability. Nonetheless, the school committee voted in favor of the condom availability policy by a 6-2 vote.

School officials intentionally structured this meeting more tightly than the first given the anticipated amount of public participation. Persons wishing to speak were required to sign in, state their support or opposition, and make comments under a three minute time frame, which was strictly enforced by a loud buzzer. With strong emotions on both sides of the issue, the rigid structure of the meeting provided a fair and open discussion of the proposal. Recommendations for conducting the meeting under a tight format were developed by the HIV/AIDS education training team consultants (see Suggestions for Holding Public Hearings on Condom Availability, p. 17) and provided to the school superintendent, who assisted the school committee in conducting the proceedings under this framework.

The meeting, however, was not without rough spots. Two presenters were called out of order. In one exchange, a student's statement supporting the plan "to reach kids during school hours" was met with a tirade by an opponent of the plan, who pointed the young girl out of the

audience and protested that his tax dollars should not be spent so that she could "get laid in school."

**Information Key Part of Battle**

In the time between the October meeting and the next school committee meeting, the HIV/AIDS education training team consultants worked closely with the superintendent, assistant superintendent, and a school committee member, providing them with information about options for implementing the newly-approved condom availability policy and the experiences of other communities. The information gathered fell into three categories:

- the efficacy of condoms in preventing HIV and STDs;
- the legal liability issues associated with condom availability policies in public schools;
- what had worked/not worked in other school systems with such policies.

While information was readily available on the first and third categories, the liability issue proved to be problematic. Ultimately, in addressing liability, support was received from the Massachusetts Department of Public Health's Deputy General Counsel, and documents from the San Francisco and New York City school districts. In addition, feedback from Commerce City, Colorado (a Denver suburb)—the first city in the nation to adopt a condom availablity plan—was helpful. Commerce City school officials provided written information and perspectives about their own experiences in getting Commerce City's plan adopted.

At the November school committee meeting, the Committee for Concerned Citizens, the primary organizers of the opposition, asked the school committee to take another vote on the condom availability issue after hearing additional public discussion. The board voted unanimously to not reconsider the policy.

At this meeting, the school committee approved an implementation plan to provide condoms (and condom instructions) at the high school level through vending machines installed in men's and women's restrooms and through the school nurse and select staff, with optional counseling. Condoms were to be made available to grades 7-8 through the school nurse with mandatory counseling.

**Implementation**

By January 2, 1992 the plan had gone into effect and all necessary staff had received preliminary training. An intensive three-day training was provided for all staff involved in implementation of the policy (see Condom Availability Staff Training, this page). Attending this three day training were staff from the elementary, middle and high school levels who had volunteered to be HIV/AIDS resource people. Responsibilities of resource personnel ranged from being the gatekeepers of updated HIV/AIDS information/statistics to providing classroom instruction about HIV/AIDS. Some resource staff have since taken on the additional role of community educators, providing free HIV/AIDS workshops to town employees.

## CONDOM AVAILABILITY STAFF TRAINING

1. Daily personal check-in. What have you been hearing from students, colleagues, administration, parents, neighbors, media? How do you feel about the condom availability policy and your role relative to it?
2. Review of draft of school system condom availability policy, student counseling protocol, and data collection procedures.
3. Discussion of issues of confidentiality, legal liability, and parental concerns.
4. Intensive, in-depth AIDS 101 and risk reduction presentation.
5. Demonstration of correct condom use.
6. Overview of current AIDS/health education for grades K-12. Review of sample classroom AIDS 101 outline.
7. Discussion of HIV antibody testing and counseling: technical information, resources and referral guidelines.
8. Particular issues discussion: rape/abuse, suicide, reporting requirements, alcohol and other drug use, race and culture.
9. Components of sexual identity, special issues of gay/lesbian/bisexual students, homophobia in the context of HIV and sexuality education.
10. Facilitated role playing of condom counseling encounter. Feedback from group.
11. Local, regional and national resources.
12. Small group discussion by professional roles (teachers, nurses, counselors).
13. Discussion of likely problems or challenges as well as enthusiasm about this new role in the school.
14. Discussion of need for follow-up training and a mutual support system.

**Controversy Not Over**

Even after the plan had been fully discussed, voted on, and implemented, the condom availability issue continued to have an impact on Falmouth. Opponents mounted a campaign to overturn the vote by fielding a slate of "anti-condom" candidates on the May ballot for school committee seats to replace several of those who voted for the plan. A non-binding referendum on the condom availability plan was also placed on the ballot.

Prior to the May election, condom availability opponents organized a forum to discuss the issue. A panel was subsequently put together by condom availability supporters, organized by a school committee member. It featured the Commissioner of the Massachusetts Department of Public Health as a guest speaker.

All of the "pro-condom" committee members were re-elected and the vote on the referendum narrowly upheld the decision of the school committee. Currently, a group of Falmouth parents, represented by a local attorney and attorneys from the Rutherford Institute in Virginia, has filed suit against the school committee and the superintendent seeking an injunction to stop the condom availability program. Persons speaking publicly in support of the condom availability program have suffered a variety of personal attacks.

**Lessons Learned**

Following are lessons from Falmouth's experiences that other communities exploring condom availability may want to consider:

- **The best processes will take time.** Condom availability consideration may involve multiple, and lengthy, public hearings. A period of behind-the-scenes preparations are recommended to garner support, conduct research, and choose the appropriate venue.

- **Use a highly structured public hearing format.** The strong feelings this issue brings forth need containment and channeling into a fair and constructive discussion. See Suggestions for Holding Public Hearings, next page.

- **Know that your opposition is limited in number.** Anticipate that opponents of condom availability will be well-organized and persistent. Opponents can be quite determined and are often willing to pull out all the stops to block the condom availability plan. They seem to have the time and the motivation to wear down support. Organization and persistence will need to match their determination. Also, it has been repeatedly observed that the extreme tactics and rhetoric of many opponents often serve to alienate school committee members and other community leaders. The opposition can be their own worst enemy.

- **When arguing for condom availability, do it on your terms.** Do not let the opposition set the parameters of the discussion. You risk always being reactive to their contentions and distortions, and thereby lend credence to the fears they often try to raise among parents and community members. Always have a basic message ready and present it clearly, directly and without apology. Make sure facts are accurate and are clearly cited.

- **Do not be afraid to claim the moral high ground.** Condom availability supporters often make statements like "This is not a moral issue, it is an issue of public health." But this misses the opportunity to argue that protecting the public health is itself a moral imperative.

- **Build cohesion among school staff around STD/HIV prevention prior to proceeding with condom availability plans.** An extensive staff training program to address these issues is recommended. Utilize and support health education faculty in this training program. Intensive HIV/AIDS education/training for staff is a predictor of success, especially when conducted with school committee members.

- **Students are your most natural allies.** Students have a unique voice in the debate that is both urgent and credible. Mobilization of student leadership on this issue can mean the difference between success and failure. Behind much of the rhetoric about sexual morality lies the desire to control the behavior of students. Condom availability may be seen as an issue of student rights.

- **This process requires strong leadership.** Due to the controversial nature and intense emotions around this issue, everyone benefits from the leadership of an effective school committee chair, parent, superintendent of schools, or public health official. Such leadership guarantees a fair hearing of opposing positions, minimizes hurtful conduct, and provides a clear focus to the proceedings. Having an influential supporter of condom availability is an added asset. A recognized community leader can contribute moral force to your position, although some leadership is distinctly behind-the-scenes.

- **Someone in the school district needs to take the process on as a work project.** The preparations, information collection, and planning can be a considerable burden, and should be given the staff time they require. Consider a consultant for this work. This person should take the lead from the chief administrator but should also be prepared to offer suggestions.

- **Link up with other communities that have experience with condom availability discussions.** They are likely to have advice and insights that can help you avoid pitfalls and identify hidden resources. Do not underestimate the value of personal support as you go through what may be a lengthy, draining struggle.

- **If you fail, try again.** Public opinion on this issue is changing rapidly. A 1992 Gallup poll reveals that 68% of adults surveyed supported the idea of school-based condom availability. Do not consider a negative vote the final word. As support builds in the community, greater pressure may be brought to bear on leaders. Remember that you are engaged in a process of changing community norms, and therefore you should be utilizing a community intervention model, building a broad base of support for the desired change.

- **Pull together your allies well in advance.** Do not overlook parent groups, local pediatricians, youth workers, clergy, public health officials, and student leaders. State level organizations (Departments of Public Health, Education, Youth Services) may be of

# SUGGESTIONS FOR HOLDING PUBLIC HEARINGS ON CONDOM AVAILABILITY

1. Do not vote on the proposal on the same evening as the public hearing. This provides breathing room for the school committee, allows for written follow-up to verbal testimony and reduces the sense of urgency among audience members.

2. Describe in detail the process the school committee will follow, including who will be moderating, the time limits, and the timetable for making a decision.

3. Designate a realistic period of time for the entire discussion (more than one hearing, if necessary), and stay within this time. Endless hearings are ultimately counter-productive and exclude audience members who planned to leave by the originally-determined end time.

4. Set a fixed time limit for each presenter at the public hearing. Two to three minutes may be enough. This forces presenters to get to the point, and avoids long, polemical harangues. This time limit only works if rigidly enforced by a timekeeper who is up to the task. Often committees use a mechanical timekeeper with a loud buzzer (such as a darkroom timer) to equalize and de-personalize this function.

5. Presenters should introduce themselves according to a standard format, such as name, city/town of residence, organizational memberships and affiliations, and whether or not one has children in the school system.

6. The moderator needs to hold the meeting to its pre-determined structure. Her/his role includes introducing the process, reminding presenters of the time limit and introduction format, and gaveling or responding to inappropriate (abusive, offensive or inflammatory) comments.

7. You may want to set aside time at the public hearing for formal reports from selected specialists such as public health officials, medical staff associated with the school system, and representatives of the school department, parent organizations, faculty groups and/or student groups.

8. Your overall goal should be to provide a safe and equitable environment wherein a maximum number of opinions may be solicited within a reasonable period of time.

help. Capitalize on your successes, whether they are favorable media coverage or influential supporters.

- **National organizations are your allies.** Organizations like SIECUS and the Center for Population Options can provide valuable coordination, information and support documents.

- **Know that wherever condom availability loses, comprehensive health education wins.** Effective and explicit sexuality education, once the chief controversy around which school communities struggled, becomes the compromise position once condom availability is on the table.

- **Use media attention to your benefit.** Given the growing number of individuals who support condom availability, going high profile will often win you backers as opposed to mobilizing the opposition (who are usually already involved at the beginning). Media stories are also an excellent opportunity to do public education around HIV/AIDS, STDs and pregnancy prevention. Direct supportive citizens to write letters to the editor and send copies to the school committee. Keep all parties informed about what each is doing.

- **Be prepared to defend your position against the legal liability issue.** Liability is used as a red herring issue and has not been shown to be a legitimate legal barrier to condom availability programs. When your legal advisors are doing their research, have them contact communities with experience around this issue.

# SIECUS NEWS

**New Board Members**

SIECUS recently welcomed three new members to its Board of Directors: Nina Beattie, Grants Administrator, the Robin Hood Foundation; Brian L. Wilcox, PhD, Director of Public Policy, the American Psychological Association; and Konstance McCaffree, PhD, Human Sexuality Program, University of Pennsylvania.

At their September 1992 meeting, the SIECUS Board elected Peggy Brick (Planned Parenthood of Greater Northern New Jersey) as President Elect and Barbara H. Stanton as Secretary. (See page 20 for complete Board roster.)

SIECUS says THANK YOU to three Board members who retired at the September Board meeting: Clive Davis, PhD (Syracuse University), Ruth Westheimer, EdD, and William Yarber, HSD (Indiana University). We are very grateful for their commitment to SIECUS over the years. They will be missed.

**New SIECUS Public Policy Office**

SIECUS has created a new Public Policy Office. Staff will monitor federal and state legislative, administrative and judicial activity in five issue areas: sexuality education, HIV/AIDS, reproductive rights, sexual orientation, and censorship. In addition, the office will direct the activities of the National Coalition to Support Sexuality Education, coordinate the SIECUS Advocates Network, and provide technical assistance and consultation to communities and organizations interested in implementing comprehensive sexuality and HIV/AIDS education programs.

Program staff include two new staff located at SIECUS headquarters: Betsy Wacker, Director of Public Policy; and Leslie Kantor, Director of Community Advocacy. In addition, the Washington, DC, office—a first for SIECUS—was opened in October, staffed by Alan E. Gambrell, Washington, DC, Representative.

For more information, contact Betsy Wacker at SIECUS headquarters, 212/819-9770 or Alan E. Gambrell at SIECUS-DC, 2700 Connecticut Avenue, Suite 302A, Washington, DC 20008, 202/265-2405 (Phone/FAX).

**New Booklet: Teens Talk Sex**

SIECUS has just published *Talk About Sex: A Booklet for Young People on How to Talk About Sexuality and HIV/AIDS.* At 46 pages, it is designed to help teenagers communicate more openly and effectively about sexuality and HIV/AIDS through clear, straightforward information and instruction.

Messages, provided in direct language, include: sexuality is a part of life; sexual orientation—heterosexual, homosexual, and bisexual—is a "part of being human"; individuals have sexual rights; masturbation "is a perfectly healthy thing"; abstinence is "a GOOD choice and something you may choose at different times throughout your whole life"; and set your parameters for sexual relationships. The booklet challenges teens to think about each concept through a series of "Questions to Ask Myself."

Copies of *Talk About Sex* may be obtained for $2 a copy, with bulk orders available at a discount, from SIECUS, 130 West 42nd Street, Suite 2500, New York, NY 10036; 212/819-9770.

**On the Road**

SIECUS staff are routinely contacted by national and community organizations to present speeches and facilitate trainings and workshops on issues related to sexuality and HIV/AIDS. This summer, staff traveled to Cincinnati, Orlando, Washington, DC, Boston, San Diego, Los Angeles, Philadelphia, Cuernavaca, Mexico, and Guelph, Canada. Highlights include:

- In July, SIECUS Deputy Director Patti Britton addressed comprehensive sexuality and HIV/AIDS education at a national colloquium on condom availability programs, sponsored by the Kaiser Foundation.
- At a national conference on comprehensive school health education, sponsored by the American Cancer Society, Patti spoke on comprehensive sexuality education programs and provided key input on in-service training and professional development and preparation.
- SIECUS Executive Director Debra Haffner was recently selected to serve as a resource person for a gathering of international sexuality educators in Cuernavaca, Mexico, sponsored by the MacArthur Foundation.

**HIV/AIDS Trainings**

As part of its Centers for Disease Control-sponsored HIV/AIDS project, SIECUS provides "Train the Trainer" HIV/AIDS workshops for community based health and mental health professionals, community educators, youth service workers, and school personnel. The workshops are designed to build skill and comfort in discussing, educating and counseling youth about human sexuality as the foundation for effective HIV/AIDS education and counseling.

Upcoming trainings are scheduled for Durham, North Carolina; (November 16-17) and Philadelphia, Pennsylvania (January 7-8, 1993). Recent workshops were held in Syracuse, New York; Portland, Oregon; Seattle, Washington; and St. Paul, Minnesota.

For more information on these trainings and SIECUS HIV/AIDS program activities, contact Carolyn Patierno, Director, SIECUS National AIDS Initiative, 212/819-9770.

**National Coalition to Support Sexuality Education**

In recent months, SIECUS welcomed four new members to NCSSE, the National Coalition to Support Sexuality Education. They are: the National Information Center for Children and Youth with Disabilities, American Library Association, American Orthopsychiatric Association, and the National Association of School Psychologists. The coalition's membership is now up to 62 national organizations.

The Fall 1992 NCSSE meeting was held on October 16 in Washington, DC, and featured a public policy panel discussion on sexuality education and sexual rights, pre-release of SIECUS' new report on the status of state HIV/AIDS programs in the schools, and a review of video messages being presented by proponents of fear-based curricula.

# SIECUS NEWS

The Spring meeting of the Coalition is tentatively scheduled for April 1993 in New York City. For further information about the coalition, contact Betsy Wacker, SIECUS Director of Public Policy, 212/819-9770.

**Congress Briefed on Guidelines**

Congressional staff learned about SIECUS' *Guidelines for Comprehensive Sexuality Education: Kindergarten-12th Grade* during a June 24th briefing hosted on Capitol Hill by Representative Patricia Schroeder. Members of the Guidelines Task Force joined SIECUS Executive Director Debra Haffner in speaking to 35 representatives about the importance of comprehensive sexuality education programs and the role of the Guidelines in helping schools develop sexuality education programs. Briefing co-sponsors included the American Psychological Association, The Alan Guttmacher Institute, Girls, Inc., the National Education Association, the National School Boards Association, and the Society for Adolescent Medicine.

SIECUS continues to promote the *Guidelines* to educators, school boards, organizations, and key policy makers across the country. To date, more than 8,500 copies of the publication have been distributed.

**Fall 1993 Library Hours**

The Mary S. Calderone Library, located at SIECUS headquarters in New York City, will be open this Fall, Tuesdays and Fridays from 12:00 to 5:00, and Wednesdays and Thursdays from 12:00 to 7:00. Library and information services may be provided in person, over the phone, and by mail. We encourage you to take advantage of this unique collection of sexuality and HIV/AIDS resources.

**In the News**

SIECUS continues to be a key source of information and consultation for the media on issues related to sexuality, sexuality education, and HIV/AIDS. In recent months, SIECUS has been featured in more than 25 major newspapers and magazines including the *New York Times, USA Today*, the *Miami Herald*, the *Congressional Record, Parents, Parenting, Omni* and *Playboy* magazine. SIECUS staff have given interviews on several local radio broadcasts and have been called upon to appear on such national television programs as NBC's "A Closer Look" with Faith Daniels and CNN's "Crossfire."

**Job Openings**

SIECUS is seeking to fill two professional positions: Managing Editor and Guidelines Program Associate.

The Managing Editor will oversee all editorial and production activities for *SIECUS Report*. Applicant skills should include writing and editing experience. The Guidelines Program Associate will staff a project assessing utilization of the SIECUS *Guidelines for Comprehensive Sexuality Education* and coordinate two regional training workshops. Qualifications include a B.A., two or more years experience in sexuality education, and excellent verbal and writing skills.

Applicants are asked to send a cover letter, resume, and salary requirements to: Patti Britton, Deputy Director, SIECUS, 130 West 42nd Street, Suite 2500, New York, New York 10036. SIECUS is an equal opportunity employer committed to affirmative action hiring.

**SIECUS Staff 1992**

*Executive Director*
Debra W. Haffner

*Deputy Director*
*Director of Program Services*
Patti O. Britton

*Office Coordinator*
Elliot J. Cohen

*Deputy Director*
*Director of Finance and Administration*
Joseph DiNorcia, Jr.

*Washington, DC Representative*
Alan E. Gambrell

*Library Assistant*
Evan E. Harris

*Membership Assistant*
Daniel Jacobs

*Director of Community Advocacy*
Leslie Kantor

*Program Assistant*
Patricia Kirby

*Director, National AIDS Initiative*
Carolyn Patierno

*Development Associate*
JoAnne Pereira

*Director, Library Services*
James L. Shortridge

*Director of Public Policy*
Betsy Wacker

## CALL FOR SUBMISSIONS!!!

Following is a schedule of upcoming themes for *SIECUS Report*, to be published for the coming year (Volume 21). If you are interested in submitting an article, related book or video review, or a critical analysis of issues, send a draft manuscript, by the dates specified, to SIECUS Editorial Office, 130 West 42nd Street, New York, NY 10036.

SIECUS Report, Dec 1992/Jan 1993
Advocacy for comprehensive sexuality education and the "fear-based" sexuality education movement
*Deadline:* 12/1

SIECUS Report, Feb/Mar 1993
Gender and Sexual Orientation
*Deadline:* 1/1

SIECUS Report, Apr/May 1993
HIV/AIDS Education
*Deadline:* 3/1

SIECUS Report, Jun/Jul 1993
Sexuality and Aging
*Deadline:* 5/1

SIECUS Report, Aug/Sep 1993
Workplace Issues, including sexual harassment, gender roles and HIV/AIDS
*Deadline:* 7/1

# SIECUS BOARD OF DIRECTORS 1992-1993

**Robert Selverstone, Ph.D. (President)**
Psychologist in Private Practice
Sexuality Educator
Westport, Connecticut

**Peggy Brick (President-Elect)**
Planned Parenthood of Greater
Northern New Jersey
Hackensack, New Jersey

**Lorna Sarrel (Vice President)**
Yale University
New Haven, Connecticut

**John C. Robbins (Treasurer)**
Johns Robbins Associates
New York, New York

**Barbara H. Stanton (Secretary)**
New York, New York

**Nina Beattie**
The Robin Hood Foundation
New York, New York

**James W. Bowman**
James Bowman Associates
San Francisco, California

**Alwyn T. Cohall, M.D.**
St. Luke's/Roosevelt Hospital
New York, New York

**Patricia Schreiner-Engel, Ph.D.**
The Mount Sinai Medical Center
New York, New York

**Mary Guess Flamer**
New Jersey Department of Education
Trenton, New Jersey

**Margaret Gates**
Girls, Inc.
New York, New York

**Robert L. Johnson, M.D.**
New Jersey Medical Center
Newark, New Jersey

**Konstance McCaffree, Ph.D.**
University of Pennsylvania
Philadelphia, Pennsylvania

**Steve Rabin**
Porter-Novelli
Washington, DC

**Cory Richards**
The Alan Guttmacher Institute
Washington, DC

**The Rt. Rev. David E. Richards**
Bishop, Episcopal Church
Coral Gables, Florida

**Beverlie Conant Sloane, Ph.D.**
University of Southern California
Anaheim, California

**William R. Stayton, Th.D.**
University of Pennsylvania
Philadelphia, Pennsylvania

**Jeanette Tedesco, Ph.D.**
Western Connecticut State University
Danbury, Connecticut

**Trish Moylan Torruella**
Planned Parenthood Federation of America, Inc.
New York, New York

**Susan E. Vasbinder**
Human Sexuality Education and
Training Consultant
Philadelphia, Pennsylvania

**Ralph Weaver**
Ortho Pharmaceuticals Corporation
Raritan, New Jersey

**Brian Wilcox, PhD.**
The American Psychological Association
Washington, DC

**Pamela M. Wilson**
Sexuality Education Consultant
Oxon Hill, Maryland

CDC
CENTERS FOR DISEASE CONTROL

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service

BUSINESS RESPONDS TO AIDS

# BUSINESS RESPONDS TO AIDS PROGRAM

The CDC Business Responds to AIDS (BRTA) Program is designed to help large and small businesses and labor meet the challenges of HIV infection and AIDS in the workplace and the community. The program provides assistance to businesses in developing workplace-based HIV and AIDS policies and implementing education programs for employees, their families, and the community. The CDC BRTA Program is a cooperative public-private partnership among the Centers for Disease Control, business, labor, and organizations working with business and labor, including trade associations, the American Red Cross, health departments, AIDS service organizations, community-based organizations, and government agencies.

## The CDC Business Responds to AIDS Resource Service

The Business Responds to AIDS Resource Service is a centralized information and referral service that links the business community with resources for developing HIV/AIDS in the workplace programs. The BRTA Resource Service, developed in conjunction with workplace education experts and business and labor leaders, provides targeted materials for businesses and labor. Reference specialists can refer callers to appropriate local, state, and national programs and services and can identify HIV/AIDS educational materials to meet workplace program needs. The BRTA Resource Service can be accessed by calling 1–800–458–5231 (voice) or 1–800–243–7012 (deaf access/TDD) or writing to BRTA Resource Service, P.O. Box 6003, Rockville, MD 20849–6003.

## The BRTA Manager's Kit

The BRTA Manager's Kit, available December 1, 1992, is an integral part of the CDC Business Responds to AIDS Program. The self-help materials in the kit guide managers and union leaders step-by-step through the process of planning, developing, and implementing a comprehensive workplace HIV/AIDS education program. The kit addresses policy development, manager/supervisor training, employee education, education for employees' families, corporate involvement in the community, and volunteerism. The kit includes brochures, resource guides, and publication catalogs for managers and sample brochures, posters, and payroll inserts for use with employees.

## New Resources Available December 1, 1992 for HIV/AIDS Workplace Education

### For Business and Labor, Community Based Organizations, and AIDS Service Organizations

- Information and referral network for workplace programs
- A Business Responds to AIDS Manager's Kit ($25 per kit): Materials on how to implement a workplace program
- Community resources and volunteer opportunities

*For more information, please write to*
*CDC Business Responds to AIDS Resource Service*
*P.O. Box 6003, Rockville, MD 20849-6003*

# HIV/AIDS

## A SIECUS Annotated Bibliography of Available Print Materials

This annotated bibliography profiles HIV/AIDS resources that have been released recently.

Although SIECUS does not distribute any of the materials listed in the bibliography, they are available for use within our reference library.

This bibliography has been prepared by Carolyn Patierno, director of SIECUS's AIDS Initiative, and is funded through a cooperative agreement with the Centers for Disease Control. It can be reproduced, as long as SIECUS is acknowledged (please send a copy to the Publications Department for our records). A single copy can be obtained, free upon request, with a self-addressed, stamped, business envelope by writing to: Publications Department, SIECUS, 130 West 42nd Street, Suite 2500, New York, NY 10036.

### WOMEN

**Treatment Issues: The Gay Men's Health Crisis Newsletter of Experimental AIDS Therapies - Special Edition on Women's Treatment Issues**
*Mary Beth Cashetta and Garance Franke-Ruta*

The most up-to-date and comprehensive resource concerning women and HIV/AIDS. Sections include: HIV Disease in Women; Barriers to Care; Women, Immunity, and Sex Hormones, and others, plus a glossary and resource list. Summer/Fall 1992, 28 pp., free (donation appreciated).

*Gay Men's Health Crisis, 129 West 20th Street, New York, NY 10011; 212/337-1950.*

**Women, AIDS and Communities: A Guide for Action**
*Gerry Pearlberg*

Provides an overview of the HIV epidemic's impact on women in the U.S. and some ways concerned organizations can help women address the issue. Clearly and gently written with practical suggestions. Provides guidelines, not step-by-step plans. Excellent section on testing. 1991, 141 pp., $27.50 cloth, $19.50 paper.

*Scarecrow Press, Inc., P.O. Box 4167, Metuchen, NJ 08840; 800/537-7107.*

**Women at Risk: An Annotated Bibliography**
*Nova Bibliography Research Company*

Covers a wide variety of topics related to the prevention of AIDS among female sexual partners of injection drug users, including background material that is not specifically focused on women. Includes journal articles, books, reports, government documents, and abstracted, unpublished manuscripts. 1992, 143 pp., free.

*NOVA Research Company, 4600 East-West Highway, Suite 700, Bethesda, MD 20814; 301/986-1891.*

### FOR YOUNG PEOPLE AND THOSE WHO CARE FOR THEM

**AIDS-Proofing Your Kids: A Step By Step Guide**
*Loren Acker, PhD; Bram Goldwater, PhD; William Dyson, MD, PhD*

Encourages families to talk with young people about sexuality and HIV/AIDS. Written by behavioral scientists, strategies outlined are based on approval and reward and an approach the authors call "progressive coaching." Very sex-positive with suggestions on how to encourage the delay of sexual involvement, it provides a springboard for families to begin frank discussions. 1992, 170 pp., $8.95.

*Beyond Words Publishing, Inc., 13950 NW Pumpkin Ridge Road, Hillsboro, OR 97123; 800/284-9673 or 503/647-5109.*

**Alex, the Kid with AIDS**
*Linda Walvoord Girard*

For grade school children ages 6-10. Alex is a new student who is living with AIDS. The story tells about his growing friendship with another boy in the class and how this boy comes to understand Alex's illness. Alex tries to get away with as much mischief as he can by playing up the fact that he has AIDS. The story normalizes the life of a child living with AIDS and offers insight into the schoolmate's response. Nicely illustrated. 1991, 35 pp., $13.95.

*Albert Whitman and Co., 6340 Oakton Street, Morton Grove, IL 60053; 708/581-0033.*

**One Hundred Questions and Answers About AIDS: A Guide for Young People**
*Michael Thomas Ford*

Looks at the questions most often asked about HIV/AIDS and gives straightforward, honest answers. Includes compelling interviews with HIV positive teens. 1992, 202 pp., $14.95.

*New Discovery Books, MacMillan Publishing Co., 866 Third Avenue, New York, NY 10022; 212/702-9632.*

**Teens with AIDS Speak Out**
*Mary Kittredge, Julian Messner*

Written for teens, this book seeks to fill a gap by assuming that most kids know the facts about AIDS but very little about living with the disease. Includes a glossary of terms. 1991, 119 PP., $8.95.

*Simon & Schuster, Prentice Hall Bldg., Englewood Cliffs, NJ 07632; 201/592-2000.*

**What You Can Do to Avoid AIDS**
*Earvin "Magic" Johnson*

Likely to be popular with young people. The book begins with a message for parents to talk with their children about HIV/AIDS to help keep them safe from HIV infection. There are several personal stories from young people that make for interesting reading. Very good section on condoms. Wonderful personal, warm tone. 1992, 193 pp., $3.99.

*Times Books, Distributor: The Learning Partnership, Dept. M, P.O. Box 199, Pleasantville, NY 10570; 914/769-0055.*

### SPIRITUAL PERSPECTIVE

**After You Say Goodbye: When Someone You Know Dies of AIDS**
*Paul Kent Froman, PhD*

This book is for anyone who has lost someone to AIDS. It focuses on the special problems and grief that follow an AIDS-related loss. Provides a practical, spiritual, emotional and activist guide for anyone dealing with an AIDS death. 1992, 270 pp., $10.95.

*Chronicle Books, 275 Fifth Street, San Francisco, CA 94103; 415/777-7240.*

**For Those We Love: A Spiritual Perspective on AIDS (2nd Edition)**
*The Archdiocese of St. Paul and Minneapolis*

Written in workbook format, this book offers good, practical and simple suggestions for both PWAs and people who love them. There is a particularly wonderful section by a PWA on talking with young people about AIDS. Includes significant input from PWAs. 1991, 121 pp., $8.95 + $2.50 shipping/handling.

*The Pilgrim Press, 700 Prospect Avenue East, Cleveland, OH 44115-1100; 216/736-3700.*

**Poets for Life: 76 Poets Respond to AIDS**
*Michael Klein*

A collection of poems. In his forward Joesph Papp says it best: "Poetry has always been the source for the most intimate and most tender expressions of human creativity. This is a time for poetry, a time that compels us to reach deep down...poems [are] a prescription to ward off the enemy: despair." 1992, 244 pp., $11.95.

*Persea Books, Inc., 60 Madison Avenue, New York, NY 10010; 212/779-7668.*

## FOR PWAs AND THOSE WHO CARE FOR THEM

**The AIDS Benefits Handbook: Everything You Need to Know to Get Social Security, Welfare, Medicaid, Medicare, Food Stamps, Housing, Drugs and Other Benefits**
*Thomas McCormack*

Discusses programs that are available, in each case cutting through the complexities of the benefits system and summarizing in practical and concise terms what benefits are offered, who is eligible for them, where and how to apply, how to appeal and other key information. 1990, 257 pp., $10.00.

*Yale University Press, 92A Yale Station, New Haven, CT 06520; 203/432-0940.*

**Early Care for HIV Disease: Second Edition**
*Ronald Baker, PhD, Jeffrey Moulton, PhD, John Tighe*

Divided into two parts: Part I Early Medical Care and Part II Your Psychological Well-Being. Written to deliver the message that individuals with HIV infection will benefit greatly from seeking medical care and psychological support as soon as possible after learning their HIV antibody status. 1992, 142 pp., $9.95 + $4.00 shipping/handling.

*Impact AIDS (Distributor), 3692 18th Street, San Francisco, CA 94110; 415/861-3397.*

**Fifty Things You Should Know About the Chronic Fatigue Syndrome Epidemic**
*Neenyah Ostrom*

The accessible format is just what the title promises. Includes a list of facts and provides more background information on each. Covers a wide range of topics: what is chronic fatigue syndrome (CFS); children; pets; pregnancy; depression and symptoms; societal and medical response; and insurance. With CFS beginning to emerge as an issue related to HIV disease, this could be an important introduction. 1992, 83 pp., $6.95.

*TNM, Inc., P.O. Box 1475, Church Street Station, New York, NY 10008; 212/627-2120.*

**HIV Infection and Developmental Disabilities: A Resource for Service Providers**
*Allen Crocker, Herbert Cohen, and Theodore Kastner*

Examines medical, social, legal, and educational issues involved in the effort to provide appropriate services to people with developmental disabilities and HIV infection. This book "aims to ensure that developmental services will be included as needed in the complex of care provided for persons with HIV infection." 1992, 292 pp., $49.95.

*Distributor: National Professional Resources, Inc., P.O. Box 1479, 25 South Regent Street, Port Chester, NY 10573; 914/937-8879.*

**Surviving with AIDS: A Comprehensive Program of Nutritional Co-Therapy**
*C. Wayne Callaway, MD with Catherine Whitney*

Provides a critical missing link in current AIDS therapies. This particular approach is designed as a co-therapy (i.e., to be used along with established medical treatments). The author uses his medical practice experience working with PWAs to help make this nutritional information make sense. Includes very easy recipes and 21-day menus. 1991, 192 pp., $14.95.

*Little, Brown and Co., 34 Beacon Street, Boston, MA 02108; 617/227-0730.*

## WORKING IN AIDS

**AIDS, Drugs and Prostitution**
*Martin Plant*

This book brings together a group of reviews on studies of AIDS risks among sex workers, with a few addressing risks to clients. It focuses on the connection between commercial sex, drug use, and the spread of HIV. Very useful and interesting reading. 1990, 213 pp., $42.50.

*Tavistock/Routledge, 29 West 35th Street, New York, NY 10001; 212/244-3336.*

**The AIDS Agenda: Emerging Issues in Civil Rights**
*Edited by Nan Hunter and William Rubenstein with the AIDS Project of the American Civil Liberties Union*

Examines the legal system's response to AIDS and analyzes the increasingly complicated questions related to AIDS litigation. Attempts to help legislators and others concerned with health care policy chart a more coherent and humane course in the coming years. 1992, 301 pp., $27.95.

*The New Press, 450 West 41st Street, New York, NY 10036; 212/629-8802.*

**Against the Odds: The Story of AIDS Drug Development, Politics and Profits**
*Peter Arno, Daryn Feiden*

A riveting historical perspective. In the introduction the authors write: "In the absence of a tradition of corporate conscience, drug companies felt no obligation to address the needs of a public health catastrophe." "This is...also a tale of lost opportunities and deadly decisions and an account of how AIDS drug development has been enmeshed in a web of politics, profits and business-as-usual bureaucracy. And finally, it is the story of the alliances that were forged to untangle it." 1992, 314 pp., $23.00.

*HarperCollins Publishers, Inc., 10 East 53rd Street, New York, NY 10022; 212/207-7528.*

**Counseling Chemically Dependent People with HIV Illness**
*Michael Shernoff, editor*

This collection on HIV and drug use begins with a story by a man living with AIDS who is a recovering alcoholic and drug user. Articles include: "What Drug Treatment Professionals Need to Know About Medical Aspects of HIV Illness," "Counseling Chemically Dependent HIV Positive Adolescents," and "Effective AIDS Prevention with Active Drug Users: The Harm Reduction Model." 1992, 172 pp., $14.95.

*Harrington Park Press, 10 Alice Street, Binghamton, NY 13904; 800/342-9678.*

**Glossary of HIV/AIDS Terms**
*Victor Cabrera*

Covers treatments, opportunistic infections, organizations, and acronyms. An essential resource for editors and writers. This resource is worth obtaining for the introduction alone. The author, a PWA, writes a very personal and funny account of living with AIDS in which he includes the names he has given to his remaining T-cells. 1992, 87 pp.

*V-tech Consultants, P.O. Box 2764, Fairlawn, NJ 07410. 201/791-9160.*

**Homophobia: How We All Pay the Price**
*Warren Blumenfeld, editor*

Inviting sexual minorities and heterosexuals to become allies in the fight against homophobia, the contributors to this anthology explore how homophobia colludes with sexism by forcing people into rigid gender roles; how homophobia causes unnecessary pain and alienation in family relationships; how it works against health-care policy and arts administration that would benefit all members of society; and how homophobia leaves the promise of religious institutions unfulfilled. Includes a section on how to run an anti-homophobia workshop. 1992, 308 pp., $30.00 cloth, $17.00 paper.

*Beacon Press, 25 Beacon Street, Boston, MA 02108; 617/742-2110.*

**Resisting Racism: An Action Guide**
*Gerald Mallon, editor, The National Association of Black and White Men Together, Inc.*

There are four purposes stated for this guide: 1) provide readers with brief background material on racism; 2) share outlines and activities for use in conducting workshops on racism; 3) offer concrete materials appropriate for use in workshop follow-up; 4) suggest additional resources for use in anti-racist groups. Two types of workshops are put forth—the first to increase personal awareness and the second on institutional racism. Originally written for gay and lesbian communities, it can easily be used in other communities as well. 1991, 157 pp., $20.00.

National Association of Black and White Men Together, Inc., 584 Castro Street, Suite 140, San Francisco, CA 94114; 415/431-1976.

## OBSTACLES FACE PEOPLE WITH AIDS

People with HIV/AIDS face a number of daunting challenges, including a fragmented health care system, economic devastation, prejudice, uninformed bias, and violence, according to a recent report released by the National Association of People With AIDS. *HIV in America: A Profile of the Challenges Facing Americans Living With HIV,* provides a summary of findings from a national survey of people living with HIV/AIDS. Key findings include reports from PWAs facing violence, apparently resulting from their HIV status; poor access to health care; and health care provider discrimination.

To obtain a copy of the report, contact the National Association of People With AIDS, 1413 K Street, NW, Washington, DC 20005, 202/898-0414, Fax: 202/898-0435. Copies are available for $15.00. Bulk purchase rates are also available.

**Teach-A-Bodies** (anatomically-detailed dolls). Teach-A-Bodies, Inc., a leading manufacturer of anatomically-correct dolls, will donate 50 male/female pairs of adult and adolescent dolls (valued from $90-$105 a pair) to groups which affirm sexuality education as as precedent to sexual abuse prevention or HIV/AIDS/STD education. Educators interested in receiving donated dolls must agree to complete a survey in mid-1993 examining responses to the dolls from children, parents and professionals. To apply, contact: Teach-A-Bodies, Attn: Doll Survey, 3509 Acorn Run, Ft. Worth, TX 76109; 817/923-2380.

# *HIV/AIDS Suggested Resources*

**AIDS: Another Way Drugs Can Kill** (1992, information package on HIV/AIDS and drug awareness campaign). In conjunction with the National Institute on Drug Abuse, the Entertainment Industries Council is helping to distribute campaign materials aimed at preventing drug use and HIV/AIDS among teenagers. As part of this campaign, color posters and brochures will be distributed free of charge. Entertainment Industries Council, Inc., 800/783-3421.

**Getting to the Point: HIV, Drug Abuse and Syringe Exchange in the U.S.** (1992, 40 pp., report). Describes the relation of injection drug use to the HIV epidemic and focuses on the issue of syringe exchange as an HIV prevention method. Discusses the increased interest in syringe exhange and explains how it works, what is known about its effectiveness, and how it is evaluated. The controversies and legal issues surrounding implementation of syringe exchange are addressed. National Conference of State Legislatures, Book Order Department, 1560 Broadway, Suite 700, Denver, CO 80202; 303/830-2054. Price: $10.00 plus $3.00 shipping/handling.

**HIV in America: A Profile of the Challenges Facing Americans Living with HIV** (1992, 42 pp., report on needs assessment of people living with HIV/AIDS). Provides detailed information on the problems and issues encountered by those living with HIV disease in the U.S. Targeted to persons with HIV/AIDS, local service providers, policymakers and elected officials, the philanthropic community and corporate executives with the intention of improving the lives of those infected with HIV. National Association of People With AIDS, 1413 K Street, NW, Washington, DC 20005; 202/898-0414. Price: $15.00, bulk orders at a discount.

**It's About Condoms! and I'll Take the Condom!** (1992, photo-tabloid). Targets sexually active teens with the clear message that using condoms can save lives. Easy-to-read photo-tabloid teaches the necessity of communication, negotiation and safer sex practices. Good for distribution in clinics and classrooms, these type of resources reach teens when other methods sometimes miss. ETR Associates, P.O. Box 1830, Santa Cruz, CA 95601; 800/321-4407. Price: 50 for $17.50; 200 for $60.00; 500 for $125.00; 1,000 for $220.

**It Is What It Is** (1992, 60 minutes, video). Three 20 minute segments addressing sexual identity and coming out, homophobia, and a frank presentation of safer sex education. Designed for high school and college audiences and features teen actors, some of whom identify as gay and some of whom identify as HIV-positive. Also includes a discussion guide. Gay Men's Health Crisis, Marketing/Education, 129 W. 20th Street, New York, NY 10011. Price: $50.00 (price includes video, discussion guide and shipping).

**I'm Not Afraid of Me** (1992, video). Tells the true story of a young woman infected with HIV and her daughter Doriann, who is living with AIDS. Deals with the larger issue of how individuals and families react and adjust to the reality of HIV/AIDS. Alaska Native Health Board, 1345 Rudakof Circle, Suite 206, Anchorage, AK 99508; 907/337-0028. Price: $150, includes discussion guide and shipping. Preview copies available.

**Non, Je Ne Regrette Rien (No Regret)** (1992, 38 minutes, video and 16mm). Through music, poetry and chilling self-disclosure, five seropositive black gay men speak of their individual confrontation with HIV/AIDS, illuminating the difficult journey black men throughout America make in coping with the personal and social devastation of the epidemic. Fear of Disclosure, 800/343-5540. Prices: for community based organizations: $25.00, $75.00, or $150.00, depending on organization's budget.

**Respect Yourself - Protect Yourself Safer Sex: Do It Right!** (1992, 22 pp., booklet, also in Spanish). Includes the basics on HIV/AIDS and other STDs, how to use condoms, spermicides, and latex wrap, and information on testing for STDs and HIV. Chicago Women's AIDS Project, 5249 N. Kenmore, Chicago, IL 60640, 312/271-2242. Prices: single copy $1.50, discounts for bulk orders.

**Sex Talk: The College Student's Guide to Sex in the 90s** (1991, 20 pp., booklet). Provides facts on sexuality and HIV/AIDS and also addresses attitudes, beliefs, peer norms and skill development. Includes information and sexuality and alcohol and other drugs. Good Friend Press, 217 E. 82nd Street, Box 22, New York, NY 10028; 212/472-2321. Price: $2.50 for a single copy. Discounts are available for larger orders.

# •NEW BOOKS•NEW BOOKS•NEW BOOKS•

**100 QUESTIONS AND ANSWERS ABOUT AIDS: A GUIDE FOR YOUNG PEOPLE**
Michael Thomas Ford
New York: New Discovery Books/ MacMillan Publishing Company, 1992, 202 pp., $14.95

With recent recognition that the MTV generation is particularly hard hit by the AIDS epidemic, *100 Questions and Answers About AIDS: A Guide for Young People*, joins a recent outpouring of AIDS education pamphlets, rap songs, videos, and books aimed at teenagers.

The slim hardback, by New York-based writer Michael Thomas Ford, is arid but informative, politically astute, and peppers its rigid Q&A format with thoughtful and memorable interviews with four HIV positive youth. The questions are divided into four sections: 1) facts about the virus and disease; 2) common myths; 3) how to keep safe; and 4) testing and miscellany. The book is also garnished with a short annotated list of national youth/AIDS resources, and a somewhat bland, slang-less, glossary.

Safe and sterile pretty much sums up *100 Questions and Answers*. Respectable and thorough, it's a book to share with Mom, which means that most young people probably wouldn't pick it up involuntarily.

While thankfully sex-positive, the book doesn't zing, zap, or tell it like it is in the straight-up language of youth. This is the second decade of the epidemic, and kids don't have time for advice offered in clinical language like "If you have just met someone and are thinking about participating in sexual activity ...[you could say] something like 'I am really attracted to you and I would like to have sex. But I want you to know that I practice safer sex.'"

Graphics would help—anything to attract and hold attention. The sober blue cover and black/white text in *100 Questions* are simply not youth-friendly. It's not that young people demand a candy-coating, but they deserve a book undeniably written for them. Graphics, for example, would have clarified the dense technical language in the otherwise excellent first section, which covers the facts about HIV/AIDS, opportunistic infections and transmission. To its credit, the book did contain drawings on how to put on a condom and clean "works," and included black and white photos of the interviewees.

Since engaging youth is a high priority, Question #1 probably shouldn't have been "What is AIDS?" but "What does AIDS really have to do with me?" Most young people today can break down the acronym A-I-D-S. The challenge now is for youth to personalize risk, not spell it.

Ford has some great material in this book—the interviews with HIV positive youth, for example—but he would have done better to put them up front.

The young storytellers are: Dawn, a white mother who is slowly recovering after her baby died of AIDS; Peter, a gay Cuban man from Florida who has become a national peer educator; Daye, a heterosexual African-American woman from Texas who is rebuilding her life after the virus thwarted her lifelong dream of joining the army; and Justin, a gay white man who survived a decade of living on the streets of Seattle and San Francisco. They are honest, positive, non-exploitive and by far the most valuable section of the book. Ford definitely did his homework in contacting these young people.

Obvious are Ford's political undertones. In response to Question #18 "Why is the CDC definition of AIDS so important?" Ford discusses government benefits, women's opportunistic infections, and mentions ACT-UP's efforts to challenge the narrow definition. However, he overlooked cervical cancer, and failed to discuss young people's lack of access to federal AIDS services. Nonetheless, I applaud any attempt to inform young people about the political reality of AIDS in America and what they can do about it.

Somewhat alarming was the author's problematic pro-testing bias, which is introduced in Section One, and later amplified in Section Four. To a question about the number of young people infected with HIV, Ford replies "until young people start to get tested at an earlier age and more services are provided for homeless people, we will never know for sure how many young people have the AIDS virus."

Section Two, Fact and Fiction, thoroughly debunks myths surrounding the risks of contracting HIV from silverware, dentists, mosquitos, classmates and tattoo parlors. Of note was the answer to Question #38 "Can I get AIDS from my doctor or dentist?" which stated "A doctor or dentist actually has to worry more about contracting HIV from an infected patient than [vice versa]." Ford could also have added a question about the danger of blood brothers or blood sisters (forming social pacts by inflicting and then touching surface wounds), which young people inform me is still a pretty common practice.

Section Three: Keeping Safe was no lush mosaic of straight-up HIV prevention tips for youth, but it was factual and informative. The section covers oral, anal, and vaginal sex, and as elsewhere, includes important statistics, such as an estimated 85% of 13-19 year-old females with AIDS contracted HIV through vaginal sex.

Refreshingly, *100 Questions* does not preach abstinence, which "Just Say No" pundits will surely dislike. But from a youth-serving and public-health standpoint, it's great.

Until the book becomes available in paperback, however, the resource list in the back probably won't do much good for at-risk young people who need hotline numbers. They are more apt to carry the more comprehensive list in the softer, smaller book *AIDS: Trading Fears for Facts* (Hein and DeGeronimo).

*Reviewed by Joyce Lombardi. Formerly with the AIDS and Adolescents Network of New York, Lombardi is now an AIDS educator at The Door, a multi-service center for youth, and a counselor at SafeSpace, a drop-in center for homeless youth.*

**AIDS AND THE CHURCH: The Second Decade**
Earl E. Shelp and Ronald Sunderland
Louisville, Westminster/John Knox Press, 1992, 238 pages.

A friend of mine divides the world into "inchers" and "leapers." The former are people who need to have all the facts first. "Leapers" just jump without having to have much information.

The revised and expanded edition of *AIDS and the Church: The Second Decade* is a book for "inchers." Originally published in 1986, this version reviews, in massive detail, the history of AIDS and lays out a lengthy theological rationale for why the church needs to become more involved in AIDS ministries.

The first three chapters examine basic aspects of the AIDS epidemic: history, epidemiology, psychosocial issues, economic impact, prevention, and prospects for treatment. "Inchers" will love this section, as well as the one at the end of the book on the global impact of AIDS. Both provide an endless wealth of data—more than is needed for those who are interested in AIDS ministries.

The book's real value, however, is in the chapters on the biblical, theological and ecclesiastical arguments for a redemptive interpretation of HIV/AIDS, urging the church to respond compas-

# • NEW BOOKS • NEW BOOKS • NEW BOOKS •

sionately to all people affected by HIV disease. It is a shocking but necessary fact that the church has to be told this basic message.

The authors are very careful not to take a stand on either homosexuality or premarital sex. Nor do they criticize the slowness of the church's response to the AIDS crisis. As the opening chapter slickly justifies: "The disease itself initially was shrouded in mystery. Scientists were not sure whether it [AIDS] might disappear as suddenly as it had appeared. Thus, in this respect the church's slow response may be understandable." This explanation, albeit clumsy, is probably wise, as readers sensitive to criticism of the church might be tempted to put down the book at that point and miss the well-constructed biblical and theological arguments for a compassionate ministry.

The theological sections move slowly and methodically—overly so at points, like the whole chapter devoted to illness in the Christian perspective. The chapter "God and the Poor" builds the case that persons living with AIDS are to be considered poor because "the poor" is "a theological metaphor representing that collection of persons in biblical society who were vulnerable to exploitation or were afforded less than an equal place because of their condition or situation in life." What follows are many biblical references and well-written logical arguments reminding us to be in solidarity with the poor.

For readers asking theological questions about AIDS ministries, this book answers them. We are shown how Jesus, in the language of liberation theology, made an option for the poor. It is at this point the authors address an important aspect of Christianity: "Opting for the poor means to opt for people, acting and living in a way that respects the inherent value of all to God, especially those who are not treated with respect according to prevailing social norms." (Matt. 19:16-22)

The section on AIDS ministries includes a crucial list of prerequisites for ministry: individual and corporate self-examination, stressing the need for courage, comfort with illness and unfamiliar lifestyles, degree of commitment and availability of time. One area mentioned is "one's capacity to separate compassion from condoning the conduct by which a person was infected with the AIDS virus."

The conclusion reiterates the theological discussion—what the authors call the "underlying theme" of this book—that "people living with HIV/AIDS, their family members, and friends have a claim on church and synagogue simply by virtue of their plight."

There is an urgency to the authors' voices, making for compelling reading. It is challenging to wade through the statistics, impersonal tone, and repetitious (though valuable) theological evidence, but a required task for anyone considering an HIV/AIDS ministry.

*Reviewed by Debra Jarvis, an ordained minister in the United Church of Christ who leads AIDS spiritual support groups under the auspices of the Multifaith AIDS Project of Seattle and the Seattle AIDS Support Group. Jarvis currently works for Group Health Hospice as a chaplain and is author of* The Journey Through AIDS, A Guide for Loved Ones and Caregivers *(Lion).*

# • AUDIO-VISUALS • AUDIO-VISUALS • AUDIO-VISUALS •

**TEENS TALK AIDS**
28 minutes, produced by PBS Video, 1320 Braddock Place, Alexandria, VA 22314, 703/739-5380. Available to schools and organizations for $59.95 plus $8.50 shipping and handling.

This video is no hype, no slick cuts—just a group of young people talking about AIDS.

Targeted for high school and college age youth, the action is guided by Jason, a young black male hosting an interracial group of two other males and three females, at his apartment to talk about AIDS. The conversation starts with basic transmission information, each teen accurately adding a bit, progressing on to condoms and latex for oral sex. The conversation is frank and filled with moments of tension-releasing giggles.

Interspersed in the conversation are two dramatizations, both filmed in black and white. One is a young African-American male going into a drug store to buy condoms and the other follows a white male through his HIV antibody testing and counseling sessions. The first humorously runs through the embarrassment a young person feels when going to buy condoms. The second is serious, replaying the anxiety of going through an HIV test.

These two dramatizations complement the conversation going on in Jason's living room, which progresses to the question: "How would you feel about someone with AIDS going to your school?" As the group discusses whether or not you would be able to tell if someone has AIDS, one of the young men, Michael, reveals that he has AIDS. A moment of silence follows, looks of shock and stares of disbelief, followed by an announcement by Christie that she is also HIV positive.

The conversation moves to questions like: How did you get it? How did you find out you have it? Who did you tell? Are you afraid of dying? Michael and Christie take them in stride, answering honestly and without shame, guilt or blame.

The conversation ends when Michael's wristwatch starts beeping. "Time for AZT," he smiles and shrugs. At the end of the video is a dedication to Michael, who died nine months after the taping.

Teens who have seen the video liked it a lot, finding it informative and funny at times. They thought the dramatizations were realistic. It stirred up good discussion, brought out important questions and showed what HIV educators working with youth want to get across: it happens to young people too.

Concerns were the video's failure to explain the difference between confidential and anonymous testing and to adequately explain the seriousness of the decision to get tested for HIV. Also, the video presumed heterosexuality on the part of all participants and omitted the message that anyone can become infected with HIV—gay, straight or bisexual.

*Reviewed by Elena Deutsch, HIV and Health Coordinator for SafeSpace, a day center for homeless and runaway youth in the Times Square area.*

**(IN)VISIBLE WOMEN**
Fear of Disclosure Project, 800 Riverside Drive, Suite 2E, New York, NY 10032. To order: Video Data Bank, 800/634-8544. Prices range according to organization's budget. Call for information.

*(In)Visible Women* tells about faces largely hidden away: Latinas living with HIV/AIDS. The video brings them out of hiding, along with their voices, through a powerful profile of three Latinas living with HIV.

In the first vignette, Jeannie, a married woman and mother living with HIV, tells an amusing story about her family's lies about her diagnosis. She finds humor in her family's more socially acceptable

substitute illnesses created for Jeannie—a brain tumor from her mother, a heart condition from her father. She doesn't know who has been told what in all the confusion.

Jeannie, however, isn't like her parents. She got involved in the AIDS movement after attending an ACT UP demonstration and being inspired by their energy and accomplishments. Now a highly visible figure in the group, she offers hope and a strong determination to help other women in their battle against HIV/AIDS.

Marina, also an ACT UP member, is from the South Bronx—one of the highest HIV incidence areas in the nation. When told she was HIV positive, Maria became an HIV community educator.

An inspirational and highly adored community worker, Marina belongs to the ACT UP Latino caucus and focuses her efforts on women with AIDS.

Irma shares her insight as a woman living with HIV infection, bringing a positive message of hope and confidence that "you can still live and have AIDS." She also touches on the subject of HIV-infected women in prisons and the extent of the crisis in correctional settings.

*(In)Visible Women*—an excellent video offering a message of hope and empowerment—says convincingly that "you are not alone" living with HIV/AIDS. These women's stories may give others the encouragement to break their silence.

Technical production is excellent on this 20 minute video. The script flows comfortably, with short interview segments interspersed with Latin music, dancing, poetry and art. It can serve as a good stimulus for group discussions on many levels and is appropriate for any audience.

*Reviewed by Lisa Reichstein, SIECUS student intern, January 1992.*

---

**LIVING WITH LOSS: CHILDREN WITH HIV**

Information available from the Child Welfare League and Children's Hospital/Children's National Medical Center, 440 First Street, Washington, D.C. 20001. To purchase the video, contact the Child Welfare League of America, c/o CSSC, P.O. Box 7816, 300 Raritan Center Parkway, Edison, NJ 08818, 908/225-1900. The cost is $59.95.

---

This video is for health care providers assisting families grieving from the loss of a child to AIDS. With few resources targeting this issue, it is particularly fortunate that this effort is comprehensive, covering topics such as the emotional process of grief and how and when to approach the family about funeral arrangements.

Featured are three providers, seasoned professionals who consistently exhibit sensitivity and practicality, as well as a number of family members. The most insightful and important information comes from the families. Featured are a mother, father, grandmother, and foster parents—all having lost children to AIDS.

The video takes the viewer from the first phases, news that the child is HIV positive, to death and the ensuing long-term grief process. The ray of light is that "People who are dying—including children, and we forget this—are very much alive! They are totally immersed in living." This is an important element of the grieving process that may provide vital support to families.

The video's main message is the importance of support—finding it and providing it. As is stated by a grandmother in the video, who has lost a son and two grandchildren to AIDS: isolation is deadly. Health care providers are offered tips on how to provide support without being intrusive to clients. One provider emphasizes that the time of death is the family's moment and should never be intruded upon. The video outlines assistance that may be offered, in terms of autopsies and funeral arrangements.

Families also talk about the grief process that begins after the ritual of death concludes. A provider comments that after the funeral, "everybody goes home. Everybody goes back to work and you're expected to be normal. You're expected to stop talking about it." Yet, grief has no time limit.

All of the families were faced with the task of letting their children know that it was okay to let go—to put an end to their suffering. Providers learn how to tell parents to face this hard task.

*Living With Loss* is part of the *Hugs InVited (HIV)* training package, which also includes "Caring for School-Age Children with HIV Infection," "Adolescents: At Risk for HIV Infection," and "Caring For Infants and Toddlers With HIV Infection." These materials represent the collaboration of the Child Welfare League and Children's Hospital/Children's National Medical Center.

The development of these videos was a response to needs expressed by professionals in the child welfare and development fields. Each is accompanied by a Discussion Guide. The "Living With Loss" Guide contains sections on testing, confidentiality and symptoms, "Loss and Grief," "Considerations for Service Agencies," and notes on using the video and "Cues for Discussion."

*Reviewed by Carolyn Patierno, Director, SIECUS AIDS Initiative.*

## "Considering Condoms" Video Available

The National Education Association Health Information Network (HIN) announces the availability of the recently released video "Considering Condoms." In this fast-paced 15-minute video, a diverse group of high school students share their feelings, experiences and choices regarding sexual pressures and activity. Straight, open dialogue allows teens to relate to each other more effectively and improves learning.

Intended for use as part of a larger, comprehensive sexuality education program, the package is designed to provide students with the knowledge, attitudes, and skills necessary for discussing and negotiating either sexual abstinence or consistent and proper use of latex condoms. A free Teacher's Discussion Guide accompanies the video, providing suggested activities to help educate adolescents about the benefits of sexual abstinence and proper and consistent use of latex condoms.

"This video will revolutionize the way in which teachers and students discuss sexual choices," states Mary Sosa, HIN Assistant Executive Director. "The substantive content mixed with MTV style is a winning combination."

Funding for this project was provided by Carter-Wallace, maker of Trojan brand condoms.

To order a copy of "Considering Condoms" and the curriculum guide, send $15 per copy for NEA Video Library, P.O. Box 509, Westhaven, CT 06516. Visa and Mastercard orders are accepted by calling 203/934-2669. Make checks payable to the National Education Association. Please allow three weeks for delivery.