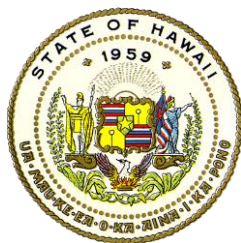


THE McDERMOTT REPORT PART III

The Indoctrination of Our Children (Forced Acceptance of Unhealthy Behaviors)



Bob McDermott
State Representative
Ewa Beach, HI



April 16th, 2015

*"Representative McDermott should be awarded the appreciation of all parents and families—not just those in Hawaii, but in the whole United States of America. His commitment to young people is enormous, passionate, and active. He is **for** them and intent on protecting them, so that they may achieve their potential."*

Joe S. McIlhaney, Jr., M.D.

Obstetrician/Gynecologist; Founder of The Medical Institute for Sexual Health; Former member of the Presidential Advisory Council on HIV/AIDS; Former member of the Advisory Committee to the Director of the Centers for Disease Control and Prevention

Hawaii parents who hold traditional values face an assault on two fronts.

On one front, the Hawaii State Legislature is considering H.B. 459, a bill which mandates that the State offer "Sexuality Education" starting in Kindergarten. The bill makes little sense, since we have no relevant Hawaii State standards in place for Grades K-5. There is **no** curriculum to review. Parents have overwhelmingly testified against the bill.

On the other front, the State of Hawaii's full Board of Education ("BOE") will soon consider a measure that will (1) abandon the BOE's long-standing abstinence-based sex education policy in favor of comprehensive "Sexuality Education" and (2) nullify the Department of Education's ("DOE") newly adopted opt-in regulation (which requires parental permission **before** a child receives sexual education).

Make no mistake about it: The purpose of "Sexuality Education", especially at young ages, is to indoctrinate children with the politically correct view of Planned Parenthood and the LGBT advocacy organizations: That homosexuality, transsexuality, and promiscuity are viable lifestyle choices that are on par with heterosexual monogamy.

So, we are going to introduce such "education" to 5 to 11-year olds in order to reduce STD's and unplanned pregnancy. What am I missing? A predator protection module is all that is needed at these ages: "Good touch, bad touch" and "Stranger danger." Then let the kids finish their ABC's.

The sexologists will tell us that children need information and education in order to develop their skills and tools. They repeat the "Education and Information!" mantra over and over. Well, let me tell you what education and information these folks want to share with our children.

One goal is to teach our children that gender is "fluid", and that it is normal for kids to change orientation and identities. (The one exception, we are told, is that no one can ever, ever, be a former homosexual—even though everything else is possible.¹) Kids will be told that notions of being male and female are myths, and are stereotypes foisted upon the young by a repressive culture. In the politically correct word, one's anatomical structure is irrelevant compared to one's "gender identity".²

Another goal is the removal of the traditional sexual restrictions, inhibitions, morality, and roles that parents try to instill in their children. Such a removal creates a cultural conflict in the home between parents and their children. "Sexuality Education" is not about health; it is about promoting a specific, far-left worldview that is at odds with the principles of risk avoidance and basic human anatomy. In a world where pseudoscience reigns supreme, biology becomes irrelevant. Further, "everything goes", so criticism about dangerous behavior is forbidden. Before children get a chance to grow up and discover sex during marriage (or at least after

1. Jeff Johnston, "The Homosexual Community: Small Number, Powerful Influence," Focus on the Family, <http://www.focusonthefamily.com/socialissues/defending-your-values/how-to-talk-to-your-children-about-homosexuality/the-homosexual-community-small-number-big-influence> (accessed April 13, 2015).

2. Charlotte Tate, "Identity as a Personality Process," in *Gender Identity: Disorders, Developmental Perspectives and Social Implications*, ed. B.L. Miller (Hauppauge, NY: Nova Science, 2014), 17, <http://online.sfsu.edu/ctate2/Tate%202014%28GenderIDasPersonality%29.pdf> (accessed April 13, 2015).

reaching adulthood), the State will step in and enter their heads and their bedrooms with the new State-approved definition of morality.

I support a common-sense health policy. I therefore support sex education in the context of a health course study on human reproduction with an emphasis on biology. Curricula should be medically accurate and age appropriate as determined by a group of qualified child psychiatrists, behavioral specialists, pediatric neurologists, obstetricians, gynecologists, histologists, epidemiologists, and doctors of psychosomatic medicine. Simple pediatrics is not enough.

Unfortunately, the DOE seems to have no appetite for this legitimate approach, as it fought to keep defining the anus as genitalia in *Pono Choices*. Further, the DOE working group that reviewed that curriculum included no child psychiatrists.³ It did include an activist homosexual doctor,⁴ a transgender teacher,⁵ a gym teacher,⁶ and a retired union official.⁷ So much for a serious evaluation of medical accuracy and age appropriateness.

Let's make this clear: This is not the old "sex education" program that taught kids about reproduction, hygiene, and condom use as a matter of public health. This is "**Sexuality Education**", which conditions the young child's mind to accept odd, bizarre, and unhealthy behaviors as normal. Judith Reisman has commented that the purpose of these programs is to "indoctrinate children into an unrestrained, sexually available lifestyle."⁸ Concepts like fidelity, commitment, long-term monogamy, and emotional maturity are minimized or completely missing from these programs. Sexual behavior has no emotional consequences—at least according to Planned Parenthood and the other so-called experts who populate this industry.

The social engineers want our children to champion their beliefs and inculcate kids with their values and shape children's minds as to what is "right"—even though parents do NOT want what the "experts" have to offer. In March of 2015, members of the public overwhelmingly and passionately testified against "sexuality education" for kindergarteners during hearings for H.B. 459.

Conversely, many "Sexuality Education" supporters like the LGBT Caucus of the Democratic Party advance blatantly far-left ideologies. Others, like Planned Parenthood, the Commission on the Status of Women, and Hawaii Youth Services Network feed at the public trough and have a

3. *Stakeholder Panel Review: Pono Choices Curriculum February - May 2014 Final Report* (Hawaii State Department of Education, 2014), 3, <http://www.hawaiipublicschools.org/DOE%20Forms/PonoChoicesPanelReport.pdf> (accessed April 13, 2015).

4. Catherine E. Toth, "Gay and Lesbian Families," *Honolulu Advertiser*, November 18, 2001, <http://the.honoluluadvertiser.com/article/2001/Nov/18/oh/oh01a.html> (accessed April 13, 2015).

5. James Cave, "Hawaii Documentary 'kumu Hina' Profiles Native Hawaiian Mahu Teacher," *Honolulu Magazine*, 2014.04.03, <http://www.honolulumagazine.com/Honolulu-Magazine/April-2014/Hawaii-Documentary-Kumu-Hina-Profiles-Native-Hawaiian-Mahu-Teacher/> (accessed April 13, 2015).

6. *Midweek*, Niketown Honors P.E. Teachers, October 05, 2006, http://archives.midweek.com/content/paina/image_full/4825/ (accessed April 13, 2015).

7. "Our Leaders," Hawaii State Teachers Association, <http://www.hsta.org/who-we-are/leaders/> (accessed April 13, 2015).

8. Judith Reisman, "How They're Hypersexualizing Your Kids," *World Net Daily*, <http://www.wnd.com/2014/03/how-theyre-hypersexualizing-your-kids/> (accessed April 13, 2015).

blatant self-interest. They are NOT medical experts; in fact, Planned Parenthood's own website calls PP a public policy organization.

You know the story: Cowardly politicians caved to the far left under the guise of promoting "information and education."

Planned Parenthood's advocates are willing to teach masturbation to third graders and promote concepts like "sex play." Elementary school children will get to hear stories of characters with "ambiguous genders"—including couples with names like "Pat and Chris."

Moreover, kids will be treated to reading such literary classics as: *My Mommy is a Boy*, *When Kathy is Keith*, *10,000 Dresses*, and *Sometimes the Spoon Runs Away with Another Spoon*. LGBT activists S. Bear Bergman and J. Wallace have listed these and dozens of other titles in a booklist for kids to "break gender stereotypes." Bergman has publicly admitted: "I have come to indoctrinate your children into my LGBTQ agenda."⁹

Yes, they do want to inculcate our kids with their values. Gay activist Daniel Villarreal penned a column in 2011 for Queerty.com, stating that the time had come for the homosexual lobby to admit to "indoctrinating" schoolchildren to accept homosexuality. He asked: "Why would we push anti-bullying programs or social studies classes that teach kids about the historical contributions of famous queers unless we wanted to deliberately educate children to accept queer sexuality as normal?" Villarreal added: "We want educators to teach future generations of children to accept queer sexuality. In fact, our very future depends on it." He bluntly stated: "Recruiting children? You bet we are."¹⁰

As children reach the age of 9 and 10, we can fully expect that they will be desensitized to the aberrant and unusual behaviors that their parents oppose. The extremists no longer value a common moral code; nor do they cherish a belief system that upholds virtue, chastity, and modesty. Dr. Miriam Grossman, an expert in child psychiatry, warns us:

Planned Parenthood tells parents that "the most important lesson we can share with our kids is, 'Being different is normal,'" and their book, *A Family Resource on Sex and Sexuality*, recommended by sex educators at Rutgers, identifies a variety of relationships—monogamous, open, or group sex; long-lasting (months to years) or brief (hours to days).¹¹

Translation: There are no rules, and zero morality. That is what we are going to expose to our children as the "Gold Standard." Shame on us!

9. Pete Balinski, "Gay Activist: Of Course Our Goal is to 'Indoctrinate Children into LGBTQ Agenda'," Life Site News, <https://www.lifesitenews.com/news/gay-activist-our-goal-is-to-indoctrinate-children-into-lgbtq-agenda> (accessed April 13, 2015).

10. David Villarreal "Can We Please Just Start Admitting That We Do Actually Want to Indoctrinate Kids?" Queerty, <http://www.queerty.com/can-we-please-just-start-admitting-that-we-do-actually-want-to-indoctrinate-kids-20110512> (accessed April 13, 2015).

11. Miriam Grossman, M.D., *You're Teaching My Child What? A Physician Exposes the Lies of Sex Education and How They Harm Your Child* (Washington, DC: Regnery Publishing, Inc., 2009), 33.

Exposing children to these anomalous behaviors can be dangerous. Michael Heimbach of the Federal Bureau of Investigation testified before a U.S. Senate committee in 2002, and stated that child pornography [read: sexually explicit material] is used by child molesters to:

- Demonstrate sex acts to children. Offenders commonly use pornography to teach or give instructions to naïve children about how to masturbate, perform oral sex and/or engage in sexual intercourse.
- Lower the sexual inhibitions of children. Some children naturally fear sexual activities. Some offenders show pictures of other children engaging in sexual activities to overcome these fears, indicating to their intended victims that it is all right to have sex with an adult because lots of other boys and girls do the same thing.
- Desensitize children to sex. Offenders commonly show child pornography to their intended victims to expose them to sexual acts before they are naturally curious about such activities.
- Sexually arouse children. Offenders commonly use pornographic images of other children to arouse victims, particularly those in adolescence.¹²

While we as adults know the difference between pornography and sex education, educators should not blur the lines. What if a child, after learning about group sex from Planned Parenthood, is later shown explicit pornography by a sex offender? Will the child think that the molester is simply showing "educational" materials?

Sexuality Education curricula teach about behaviors such as anal sex, yet fail to teach about the astronomically high health risks of these aberrant behaviors. I have yet to see a "progressive" textbook that anal sex carries 1800% of the HIV transmission risk of penile-vaginal sex.¹³ The highest rates of HIV transmission are among homosexual and bisexual men; yet curricula often treat homosexuality as just "another lifestyle." Topics like anal leakage are fully ignored. In an age where conservatives are bashed for waging a non-existent "war on women", leftists see no problem in the inherent misogyny when a woman is pressured into "pleasing" her man through anal sex—an act which can cause her injury.

Sexuality Education likely won't mention that a woman faces a 250% increase in the risk of contracting oral cancer if she performs oral sex with five partners.¹⁴ Many curricula fail to disclose that females who have a persistent infection of HPV-16 have a 40% risk of developing cervical cancer.¹⁵ Girls are misled; they are often NOT told that early sexual activity will most likely give them HPV due to her immature cervix—even if her partners wear a condom.

12. Michael Heimbach "Before the United States Senate, Subcommittee On Crime, Terrorism, and Homeland Security," Federal Bureau of Investigation, <http://www.fbi.gov/news/testimony/supreme-courts-child-pornography-decision> (accessed April 13, 2015).

13. Roger Pebody, "HIV Transmission Risk During Anal Sex 18 Times Higher Than During Vaginal Sex," AIDS Map, <http://www.aidsmap.com/HIV-transmission-risk-during-anal-sex-18-times-higher-than-during-vaginal-sex/page/1446187> (accessed April 16, 2015).

14. Grossman, *You're Teaching My Child What?*, 115.

15. *Ibid.*, 2.

Among homosexual men, the verdict is staggering: 73% of men having sex with men (MSM) have HPV (genital warts). Among MSM who are HIV positive, 93% of them have genital warts.¹⁶ Yikes!

The Centers for Disease Control and Prevention recommends that ALL sexually active women under the age of 25 be treated for chlamydia, since that disease, when left untreated, leaves 10 to 15% of its victims with pelvic inflammatory disease, which can lead to infertility.¹⁷ Think condoms will keep you safe? While consistent condom use can reduce the risk of contracting chlamydia, one report found that 13.3% of "consistent" condom users still contracted the disease.¹⁸ Further, as Dr. Grossman notes: 'Few individuals manage to use condoms 'perfectly'—consistently and correctly. Much more common is 'typical use'—the device is not worn for every act, and when worn it's occasionally used incorrectly.'¹⁹ Perhaps this is why, as Dr. Joe S. McIlhaney, Jr. noted:

[R]esearchers at Johns Hopkins University, upon completing a study of STD prevalence at an adolescent clinic, found re-infection rates of chlamydia in adolescent girls to be so high that they recommended testing every sexually active adolescent girl in the United States every six months for chlamydia infection (regardless of reported condom use).²⁰

Politically correct curricula almost NEVER mention such information. So much for medical accuracy and "information and education." The new sexuality programs often fail to emphasize that the only safe sex is that which is in the context of a long-term, monogamous relationship. In fact, such a view is considered ignorant and unenlightened.

The science of the brain is revealing more and more information to us every day about our children. The neuropsychology, the psychopharmacology and the biochemistry of the youngster's brain are never even considered when the discussion of sexuality and young children takes place. What we do know is that one's brain is not fully developed until the early 20's.²¹ Thus, if social engineers want to assert that children as young as five years old are ready to handle the complexities of sex, I submit that the burden of proof is on them to prove their case.

Dr. Robert McDonald, a medical doctor and retired psychotherapist bluntly stated that "so-called sex-ed for children before puberty is an act of sexual abuse." Dr. Rick Fitzgibbons amplified this

16. Ibid., 143.

17. "CDC Recommends Chlamydia and Gonorrhea Screening of All Sexually Active Women under 25," Centers for Disease Control and Prevention, <http://www.cdc.gov/std/infertility/> (accessed April 14, 2015).

18. L.M. Niccolai et al., "Condom Effectiveness for Prevention of Chlamydia Trachomatis Infection," *Sexually Transmitted Infections* 81, no. 4 (2005): 323-325, <http://sti.bmj.com/content/81/4/323.full.pdf+html> (accessed April 14, 2015).

19. Grossman, *You're Teaching My Child What?*, 85.

20. Joe S. McIlhaney M.D., "Testimony Before Congress On the American Std Epidemic," *Orthodoxy Today*, <http://www.orthodoxytoday.org/articles/McIlhaneyAbstinenceCongress.php> (accessed April 14, 2015).

21. Melinda Beck, "Delayed Development: 20-Somethings Blame the Brain," *Wall Street Journal*, August 23, 2012, <http://www.wsj.com/articles/SB10000872396390443713704577601532208760746> (accessed April 13, 2015).

thought, and related that if health professionals pushed homosexuality or transgenderism on youth without warning them of the risks, "they would be guilty of malpractice."²²

Leftists constantly claim that children need comprehensive "sexuality" education" (CSE) so that they can develop the skills and tools necessary to make good decisions. But does it even work? CSE often goes unchallenged—until people discover what it teaches. In April of 2014, CSE went down "in spectacular defeat in the European Parliament once people discovered what it was going to teach." UN delegates have also rejected CSE and see it an assault on their culture. Why would Hawaii want to implement a program that is being so roundly rejected by others? Consider that "[a] team of experts...found the self-described 'evidence-based' comprehensive sexuality education to be riddled with ideology and opinions masquerading as facts. And outright disrespect for parents."²³

There is no need for the Legislature to mandate "Sexuality Education" for Grades K-5. For Grades 6-12, sex education programs are already available. Furthermore, the push to implement comprehensive "Sexuality Education" to ensure "medical accuracy" is simply unwarranted. State statute already states that these programs must be medically accurate. Enforcement, not a bigger mandate, is the key.

According to a Zogby International Poll, parents overwhelmingly support abstinence education as historically funded by Congress by a margin of 2 to 1. In fact, "9 out of 10 parents agree that being sexually abstinent is best for their child's health and future." A Rasmussen Report says that 80% of adults still say that parents should be teaching their children about sex.²⁴

BOE policy currently states that students are to be instructed in abstinence, because "abstention from sexual intercourse is the surest and most responsible way to prevent unintended pregnancies, sexually transmitted diseases [STDs] such as HIV/AIDS, and consequent emotional distress." The policy further specifies that "programs shall help students remain abstinent, help currently sexually active students become abstinent, and provide youth with information on protective devices for the purposes of "preventing sexually transmitted diseases and pregnancy."²⁵ It is clear that parents want their children to delay, delay, delay any sexual activity. However, CSE's mixed messages dramatically water down this intent.

Is the push for comprehensive "Sexuality Education" based upon the Left's assertion that such school-based programs *are* effective at protecting teens from the problems related to sexual activity while *abstinence* education programs are *not*? What exactly is an effective program? The National Abstinence Education Foundation (NAEF) exists to provide research findings that

22. Steve Weatherbe, "Psychiatrists: Wynne's Early Sex-Ed Program Is 'Sexual Abuse'," Life Site News, <https://www.lifesitenews.com/news/psychiatrists-wynnes-early-sex-ed-program-is-sexual-abuse> (accessed April 13, 2015).

23. Wendy Wright, "New Paper Exposes Hidden Agenda of the Sex Ed Establishment," Life Site News, <https://www.lifesitenews.com/news/new-paper-exposes-hidden-agenda-of-the-sex-ed-establishment> (accessed April 13, 2015).

24. "What Do Parents Want?" Abstinence Works, <http://www.abstinenceworks.org/what-do-parents-want-mainmenu-51-sp-1824311234> (accessed April 13, 2015).

25. "Abstinence-Based Education Policy, No. 2110," Board of Education, State of Hawaii, <http://www.hawaiiboe.net/policies/2100series/Pages/2110.aspx> (accessed April 13, 2015).

support abstinence-centered education. They use criteria developed by the Institute for Research & Evaluation, which suggests that:

After more than 15 years of evaluating school-based sex education programs...effective programs should produce:

Sustained Results—The program's impact on teens' behavior should last for a substantial period of time, at least 12 months following their program participation.

Broad-based Impacts—Claims of significant program impact should be based on the entire group of program participants and not just on subgroups.

Real Protection—The program should impact the teen behaviors that have been proven to be protective: sexual abstinence or consistent condom use (i.e., using a condom every time)."²⁶

CSE is a term that is applied to programs that purport to teach both abstinence and condom use. Although the perception may be that these programs are successful, there is a surprising lack of evidence to support such a claim when the programs are evaluated against the above criteria.

In fact, the content of many of today's CSE programs is decidedly at odds with what most parents want their children to be taught.²⁷ Additionally, these programs contain dangerous distortions of information that center on several harmful and disturbing themes, including:

- Overstated, exaggerated claims of condom usage rates and effectiveness.
- Understated benefits of abstinence, including inaccurate suggestions that "abstinence" and "safe sex" are equally safe and healthy choices.
- Promotion of provocative alternatives to intercourse (i.e. outercourse").
- Ambiguous, inaccurate definitions of "abstinence."
- Presentation of sexually explicit and inappropriate content.
- Undermining the importance and involvement of parents.²⁸

To reiterate, studies confirm that most CSE programs do not work. A US Department of Health and Human Services (HHS) website on several comprehensive programs reveals mediocre or poor results.²⁹

Further, Stan E. Weed and Thomas Lickona noted the following in their report comparing the outcomes of CSE versus abstinence education:

26. "Stats and Facts," Abstinence Works, <http://www.abstinenceworks.org/stats-and-facts-mainmenu-52-sp-447565871> (accessed April 13, 2015).

27. "Uncovering Comprehensive Sex Education," Abstinence Works, <http://www.abstinenceworks.org/uncovering-comprehensive-sex-education-mainmenu-55-sp-473211594> (accessed April 13, 2015).

28. Ibid.

29. Ibid.

In summary, a fairly large body of research shows that CSE (risk reduction) programs in the schools have not been proven to be effective on most of the outcome measures used. There is no evidence that they increase teens' CCU [consistent condom use]. A very few of them have increased the number of teens who use condoms more often (but not consistently), but there is not any evidence that this resulted in lower rates of teen STIs or pregnancies. There have been some CSE studies (9) that increased abstinence but fewer, proportionately, than abstinence interventions.³⁰

There is evidence, however, that school-based abstinence education programs can be effective. Abstinence Education, otherwise known as Sexual Risk Avoidance (SRA) Education, is a win-win for parents and taxpayers. SRA Abstinence Education has been shown to decrease teen sexual activity by approximately 50%. Further, increased abstinence is responsible for at least half of the decrease in teen pregnancy, saving taxpayers over \$1 billion each year.³¹

With levels of teen sexual activity still too high, perhaps Hawaii's DOE could review all of its current programs and eliminate any that have mixed messages. Those programs that give teens a false sense of security with "safe sex" messages are obviously not effective if proponents of CSE are citing high teen pregnancy rates and escalating STD's among teens. The future of sex education for those parents who desire sex education in the classroom is in Sex Risk Avoidance (SRA) Abstinence Education.

Sexual Risk Avoidance (SRA) Abstinence Education realizes that "having sex" can potentially affect teens not only physically (STDs and pregnancy) but also, as research shows, can have emotional, psychological, social, economic, and educational consequences.

That's why topics frequently discussed in an abstinence education of a dangerous, unhealthy, or abusive relationship, developing skills to reach them, understanding and avoiding STDs, information about contraceptives and their effectiveness against advances, and why abstinence until marriage is optimal. So, within an abstinence education program, teens receive all the information they need in order to make healthy choices. The programs typically include lessons about the media's influence as well as the interconnection of other risks behaviors drugs, alcohol, tobacco and youth violence. That's a lot of information and skills packed into an abstinence curriculum. And all of these topics are taught within the context of why abstinence is the best choice.³²

30. Stan E. Weed PhD and Thomas Lickona PhD, *Abstinence Education in Context: History, Evidence, Premises, and Comparison to Comprehensive Sexuality Education*, 18, <http://www2.cortland.edu/dotAsset/d95f1f68-d272-4f8e-a4b9-74b3b5ae5500.pdf> (accessed April 13, 2015).

31. "Federal Funding for Sexual Risk Avoidance (SRA) Abstinence Education," Abstinence Works, <http://www.abstinenceworks.org/a-win-win-for-taxpayers-mainmenu-49-sp-822760860> (accessed April 13, 2015).

32. "What is Sexual Risk Avoidance (SRA) Abstinence Education?" Abstinence Works, <http://www.abstinenceworks.org/what-is-sexual-risk-avoidance-sra-abstinence-education> (accessed April 13, 2015).

As Hawaii struggles to balance its current budget, any *new* program for sex education should be for funding truly abstinence-based education.



This is serious business, and the Left is determined to corrupt our children. Parents are unaware that this social engineering effort is well under way. I remember John F. Kennedy quoted Chesterton as saying something about not taking a fence down until you know the reason why it was put it up. The idea was: If people say they don't understand why something is the way it is, but they want to destroy or change it, don't let them.

Maybe the Left can learn a lesson from the phrase. The Left may say that I am on the wrong side of history. Well, I think I am just watching history repeat itself: I think of ancient Greece and Rome. Rest assured that, as an old Marine, I shall do my very best to assist parents as they try to protect their children.

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