

OHIO LIFE ISSUES CAUCUS UPDATE

Gary Winney, Chairperson

Over the past five years, pro-life delegates have been working diligently to remove the pro-abortion language within OEA documents, most specifically OEA Resolution I-3 paragraph 2 that states:

“The Association supports family planning including the right to reproductive freedom. The Association urges all branches of Federal, state, and local governments to give high priority to making available all methods of family planning to women and men unable to take advantage of private facilities...”

In 1993, OEA Resolution Commission members were questioned as to the definition of “reproductive freedom”. They confirmed that the definition includes abortion. The term is also defined in a pamphlet that was distributed to all OEA presidents: **reproductive freedom** “refers to dual rights – the rights to abortion and to carry a pregnancy to term.” (Deceptions by the Radical Right Against the National Education Association, NEA Human and Civil Rights, 1994, page 9.)

In response to the OEA’s pro-abortion position, members of Ohio Life Issues Caucus have conducted surveys on three different occasions over the past five years; its purpose to measure the opinions of Ohio educators concerning abortion. Last fall, these delegates met to implement the process of conducting a more comprehensive, scientific survey on the position of Professional Education Associations in relation to “reproductive freedom”. The most recent survey (as with all the surveys) was funded, **not** by the OEA or any particular association, but by individual educators who donated to the project.

A cover letter was prepared and signed by eight individuals explaining the purpose of the survey and requesting that this survey be completed by March 15, 1996. This cover letter along with the survey and survey result page was sent to 750 Local Certificated Association Presidents on February 8, 1996. These 750 Locals included OEA, OFT, and Independent associations. A separate letter was simultaneously sent directly to the OEA and OFT presidents sharing with them the survey and its purpose.

Once this survey was mailed, OEA responded! Within a week’s time regional OEA offices sent a memorandum to their local presidents “...requesting that you not distribute nor otherwise take any action regarding this survey until you have received a related letter from Mike Billirakis, OEA President....Please delay your decision on this issue until you have received this communication.” (Memorandum from Ellen Marshall to Local Presidents dated February 16, 1996).

On February 21, 1996, OEA president Mike Billirakis sent out a memorandum to all OEA Local Presidents. (This memorandum is printed in its entirety on page 2.) The letter contains elements that appear to have had the effect of discouraging many local presidents from conducting the survey.

Of the 750 Locals that received the survey, the results as of May 6, 1996, are as follows:

# of Local Associations Responding:	25
# of Local Associations Completing Survey:	17
# of Surveys Distributed:	1342+
# of Individual Educator Respondents:	789
Position #1	78 (10%)
Professional Education Associations should take a position in favor of reproductive freedom.	
Position #2	62 (8%)
Professional Education Associations should take a position against reproductive freedom.	
Position #3	643 (82%)
Professional Education Associations should take NO position concerning reproductive freedom.	

Although the return was only about 1%, the results were consistent with every other survey that has been conducted concerning OEA’s involvement in the abortion issue: The majority of those responding were in favor of Professional Education Associations taking NO position on “reproductive freedom”. The point was made, interestingly, that the OEA RA delegation also reflects about 1% of the total membership.

Criticism of the pro-abortion position of the OEA remains high. Abortion is a very important issue to many dues-paying, conscientious members who are concerned that their dues could be diverted to causes that they feel should be outside the realm of teacher organizations. It has caused members of unions to become more active in seeking clarification and in expressing personal views. Many members have withdrawn from the organization altogether.

If there is a majority who support OEA Resolutions I-3, as OEA claims, then why has there never been survey of a local association showing support for this Resolution? What is the OEA trying to hide?

As educators we are conscientious, caring, and dedicated to “minding the store” while not overstepping the boundaries into the area of life and death – literally – decisions for others. Perhaps those educators who are union members need to get involved by running for a delegate position. Perhaps we need to elect delegates to the representative assemblies who are speaking for the “grassroots” concerns.

Editor’s Note: *Reminder – TSC did NOT conduct this survey, but is only cooperating with Ohio Life Issues Caucus by reporting survey information. Please do not contact TSC regarding the survey. For more information or questions, please contact either Gary Winney at 216-944-4409 or Juanita Sattler at 419-826-7342.*



OHIO EDUCATION ASSOCIATION

Michael Billirakis, President
Gary Allen, Vice President
William Dorsey, Secretary-Treasurer
Bill Sundermeyer, Executive Director

M E M O R A N D U M

To: OEA Local Presidents

From: Mike Billirakis *MB*

Date: February 21, 1996

RE: "Bargaining Unit Survey": Reproductive Freedom

Recently, a group of Ohio educators mailed to the presidents of the OEA's local associations a packet of documents they titled "Bargaining Unit Survey." According to the letter that accompanied that "survey," its purpose was to "allow each person to be recognized and counted" regarding an issue that "is very important to many educators." The issue is *Reproductive Freedom*.

I am concerned about the potentially divisive impact this issue may have on our Association. While we are being attacked on a wide range of fronts -- teacher tenure, vouchers, collective bargaining, political action rights -- we now find our attention being diverted internally by an issue that has been debated time and time again at the OEA's Representative Assembly.

The "survey" also generates for me a concern related to our very survival. During the past 3-4 years, a number of "professional educator" organizations have attempted to gain a foothold in various parts of the country. Here in the midwest, some groups have attempted to gain inroads into our ranks by falsely charging that the OEA and NEA promote abortion. That claim is false. While the OEA defends a person's right to exercise reproductive freedom, it does not expend its resources to promote that objective.

When you receive non-OEA/NEA "social issue surveys," which are designed to gather data related to the demographics of your association's members, I request that you not respond to that portion of the survey. I do not want to provide other groups information about our members.

I want to make certain that, at this critical time, we and our Association are not used as pawns in a social debate that does nothing to promote the welfare of our members. It is time that we cease these diversions.

MB/sfw

cc: Managers
Program Delivery Staff

ALERT! UPDATE: STATE HEALTH MODEL CURRICULUM

Editor's Note: Our first alert was an insert in the April 1996 TSC newsletter (for a copy of the first alert – contact TSC). The following update on the Ohio Comprehensive Health Model was written by Mrs. Judi Hahn who is an educator and a former member of the State Board of Education of Ohio. TSC is keeping Ohio educators updated on this issue because **under the title of Comprehensive School Health, Abortion Access/Clinics may be coming to all Ohio's schools.**

Model Health Curriculum Update

Judi Hahn

Before beginning with an update on the Model, I recently found a copy of a memo dated June 10, 1994, which was sent to Ted Sanders from two Ohio Department of Education (ODE) personnel (Hazel Flowers and Darrell Parks). The memorandum's topic is Teen Pregnancy in Ohio.

The background material contains the same Children's Defense Fund statistics that are used ad infinitum that tell how many teenage pregnancies there are in the U.S. and Ohio, and using that data concludes that teenage pregnancy rates are "staggering". The memo continues by describing the several teenage pregnancy programs offered in Ohio schools to "prevent" 2nd or 3rd pregnancies. No mention is made of preventing the first pregnancy. Nor is there any mention made of how many of the teenage pregnancies are for married women. 18 and 19 year-olds still do marry.

Programs listed are: GRADS (an in-school home economics program for both male and female parenting teens); JOG (a school-to-work transition program for dropout-prone high school seniors which makes NO claim to be a pregnancy prevention program and collects no data on prevention); OWA (a prevention program which focuses on basic skills and employment opportunities for students ages 14 and 15); OWE (a prevention program focusing on employment experiences for dropout-prone students age 16 and over); TSAPP (A teen pregnancy prevention program, state support, focuses on abstinence AND secondary prevention and available to non-pregnant teen parents).

The curriculum recommendation described in this memo is as follows: "Emphasis on decision-making and sexual responsibility, that supports a broader-based family life education vs. only information on venereal disease (current legal requirement in Ohio)."

In 1986/87 Governor Celeste established a task force on Adolescent Sexuality and Pregnancy. That task force recommended requiring sexuality education. The bill that was to implement this recommendation did not pass the legislature. The climate in Ohio at the present time (according to the memo) is such that it is unlikely that such a bill could be supported again.

A family life education program including the teaching of sexual responsibility ALREADY EXISTS in the state's vocational home economics Work and Family Life Program. Also included in this program is a parenting course. This curriculum model ALREADY EXISTS and it emphasizes problem solving and sexual responsibility in the broader-based context of family life education.

The memo further states that participation in this course is limited due to several factors:

- (1) There is a lack of recognition of the value or need for this course for ALL students by parents, counselors, board members and students;
- (2) This is usually an elective course;
- (3) Remediation courses for proficiency tests will reduce the number of students who have room in their schedule for this course;
- (4) There is a common misperception that this is a course for girls only. (Editorial note: Well, who's getting pregnant?)
- (5) Guidance counselors discourage students from pursuing home economics as a career.

Some quotable quotes from this document:

"Development has not yet started on the model comprehensive health curriculum (this was written in 1994). The model curriculum has *the potential* to include a quality sexuality education component. However, *it cannot be assumed* that the model will contain a sexuality education component due to the current political climate."

"The training from Center for Disease Control is promoting Reducing the Risk, a curriculum marketed by ETR, which is a profit making company. This curriculum claims to be research based. This curriculum is based on social learning theory, social inoculation theory and cognitive-behavior theory, and it employs explicit normals against unprotected sexual intercourse."

"The earlier a child is recognized as being at-risk, the earlier **intervention services** can be offered to a family."

"In addition to sexuality education, other components include: parent involvement and active participation in ALL services and program components; healthy services, and access to contraception for sexually active adolescents; education, with individually tailored tutoring programs. All these components could be offered by existing state and local agencies. Schools could act as the "one stop shopping" site...The Governor's Family and Children First Initiative could encompass these teen pregnancy, parenting, and prevention issues."

"Recommendation for effective external coordination: Create a new position to address adolescent pregnancy, housed in the governor's office OR with Family and Children First."

Now to the newer parts of the draft Model Health curriculum. There have been no meetings of the advisory committee since early April. Two portions of the draft Model Health Curriculum were released in April 1996. One portion describes the

outcomes in Alcohol, Tobacco and Other Drug Education, Prevention, and Assistance. The other portion is a synopsis of all outcomes for all portions of the Model distributed to date. Since the ATOD portion is included in the synopsis, what follows is an analysis of the second document.

Noticeably missing from these two documents is the word “parents”. “Trusted adult” or “adult role models” are used instead. Also included as a replacement for parents in these documents is “informed, responsible sources,” implying that parents are not the persons to whom children or teenagers should go with a problem or question in the areas described in the model.

The model has several sections, all of which contain outcomes for the 14 grade levels (pre-K through 12). Those sections are: Nutrition, Alcohol, Tobacco and Other Drug Prevention (ATOD), Growth and Development, Injury and Disease Prevention and Control, Stress and Conflict Management, Total Fitness, Fundamental Motor Skills and Lifetime Sports.

Under Stress and Conflict Management (pre-K) we read: “Given familiar conflict situations, the learner demonstrates and/or describes safe, responsible ways to protect him/herself and resolve the situation.” Question: Is this age appropriate?

In the Injury and Disease Control and Prevention section (K) we read “Given an assortment of age-appropriate and *culture appropriate first aid or disease control situations...*” One has to wonder what is meant by *culture appropriate* disease control. Are some diseases okay to discuss in an all Italian descent class, while some diseases are not permissible for discussion in an all Afro-American class, or vice versa? Since I’m of Italian descent I would like to know what disease control situations would be appropriate for my culture. What diseases do Italians carry and spread that need to be discussed and then become politicized so that they are culturally appropriate?

In first grade the learner will discuss and **demonstrate** (remember that means role play) “safe ways to reduce transmission of *common* communicable diseases.” Does this include STDs and AIDS – in first grade?

Further, the first grader “will *identify whom* they would turn to **for advice** in different situations.” Sounds big brotherish to me.

Under Injury and Disease Control the first grader will “describe reasons for *and comply* with common health screening and medical procedures with the school nurse, other professionals, and parents.” This sets off a red-flag in my mind after reading about the little girls in Pennsylvania who were examined for STDs without parental consent. NOTE: *This category has no outcomes for grades 2, 3, and 4.*

In grade two we read, “The learner will know the difference between appropriate use and misuse of prescription and non-prescription medication and can *identify trusted adults for advice* on the same.” This should be the responsibility of parents and **ONLY** parents should be the advice giver in this matter. Further we read that the “learner will identify to whom they would turn for advice in different situations.” Once more, a move to get children away from and out of the habit of depending on their parents for advice.

A fifth grade outcome is, “The learner will be able to support **the goal** of abstaining from hazardous, disruptive, or dangerous

activities.” Why should abstinence from those activities be a goal? A goal is something to shoot for.

A sixth grade outcome states that “the learner will identify positive male and female role models that they...admire...and support their own healthy choices.” I remember several years ago that both Greg Luganis (Olympic gold medalist) and Magic Johnson (basketball player) would have been positive male role models for many young people. Both those men have AIDS and have admitted to their UNHEALTHY choices.

Once the draft begins talking openly about sexual matters, the following statement appears and this is the only statement (at grade levels 6-8) which appears about sexual activity. “The learner will define abstinence from sexual activity and recognize it is the only sure way to prevent pregnancy and sexually transmitted diseases.” What do they mean by their definition of abstinence and how will it be presented?

At all grade levels in some form, students will be required to keep a journal (notebook) recording his/her fitness, health plans, health-enhancing activities including exercise time spent each day/week. That seems like a time waster to me. Shouldn’t the students be learning reading, writing and ciphering, history, geography, and science. If they are learning and studying those topics, when will they have time for journal writing and keeping track in writing of how much time they spend exercising?

The one thing that struck me about this draft is that parents are either not included at all, or when they are included, they seem to be an add-on, an afterthought. Parents must take back their role and responsibility to teach and train their children in ALL health matters. Yes, the schools can be a place for the physical fitness portion of a child’s health, and the schools can be a place for a child to learn CPR and first aid, but the behaviors associated with good health practices should begin in the home and be taught in the home, and not in the school. Parents have abdicated a lot of their roles because it is easier to let someone else do it. It’s time parents recognize their responsibility and reclaim these roles.

These drafts reflect a model that aggressively allows the school/state to assume important roles which throughout time have been ordained for parents. Parents & teachers need to be involved in the development of the local health curriculum. **Remember: Under the title of Comprehensive School Health, Abortion Access/Clinics may be coming to all Ohio’s schools.**

Your help is needed now:

*Become more informed – Call Melanie Elsey (330-896-2971); or Judi Hahn (513-232-5625) for follow-up information and/or speaking engagements.

*Get involved and find out what is being taught within your school district. Let us all work towards the truly healthy way of educating our children.

*Courteously meet with/write to your State Board of Education members. Call your State Senator and Representative. To find out the name, phone number, and address of your State Board of Education members, your State Senator and/or your State Representative, call Roundtable of Ohio at 1-800-522-VOTE.