

CONDOMS IN CAMBRIDGE:
A STUDY OF CAMBRIDGE RINDGE AND LATIN SCHOOL'S
CONDOM DISTRIBUTION PROGRAM

by

Sallie Ellen Israelit

Submitted to the Department of
Urban Studies and Planning
in Partial Fulfillment of the Requirements
for the Degrees of

Bachelor of Science

and

Master of City Planning

at the

Massachusetts Institute of Technology

May 1992

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ABSTRACT

A study of the implementation of a condom distribution program in Cambridge Rindge and Latin School's Teen Health Center was performed, focusing on the issues of teen sexuality and the conflict between parents and the schools as primary sex educators for children. Seventy-five percent of high school seniors are sexually active, and a quarter of all cases of sexually transmitted diseases are among teens. Although the incidence of AIDS cases among adolescents remains low, the viruses ten year incubation period attributes to the risk of teens being infected with HIV.

In Cambridge a group of AIDS Peer Leaders, students who were concerned that existing education efforts were not providing a fast enough solution to the problems of teens having unprotected sex, began distributing condoms and education materials in the school. These students motivated the Cambridge School Committee to debate the issue of condom distribution in schools. The committee regarded the issue as a medical problem and sought a medical solution. A vote on March 20, 1990, made Cambridge Rindge and Latin the first school in Massachusetts to distribute condoms to students.

Thesis Supervisor: Prof. Robert Fogelson

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Introduction

"Love is not a public policy issue," Brandon explains to Andrea as their high school's school board debates allowing condoms to be distributed on campus. High schools across the country are entering into similar discussions about the appropriateness of condoms in schools. Although Brandon and Andrea are merely characters on FOX TV's hip show, *Beverly Hills, 90210*, the issues presented in this episode are very realistic and relevant. Unfortunately, Brandon, misses the mark with his pithy insight. In the age of AIDS, teenage love and sexuality has become a moral issue, a health issue, a media issue, a family issue, a school issue, a religious issue, and a public policy issue. Sexually transmitted diseases (STDs), pregnancy, and HIV infection rates for teens are high compared to figures for other portions of the population. These figures continue to rise year after year. Many people question how much responsibility our society should take in order to curb the ramifications of teenage sex. Should policies and regulations be put into place, or should teaching children about sex remain a family issue?

In Cambridge, Massachusetts a group of students at Cambridge Rindge and Latin School decided to address this issue of teenage sex. On January 23, 1990, eight Cambridge Rindge and Latin School (CRLS) seniors

presented a petition signed by over three hundred and fifty students and parents to the Cambridge School Committee. The petition requested that condoms be distributed to students by the Teen Health Clinic located on their campus and operated by Cambridge Hospital since 1988. This petition initiated five months worth of hearings, reports, debates, and planning resulting in the first condom distribution program to be established in a Massachusetts high school. Only fourteen other high schools in the nation had condom distribution programs during the 1988 and 1989 school year. The decision to initiate the program in Cambridge has served as a precedent and model for other schools in the state and across the country confronting these same issues. Understanding adolescent sexuality; student interest in condoms; the conflicts between parent rights and the role of schools in sex education; and how to create a program which involves the entire community and meets the needs of students are critical to discussions about condom availability in schools.

Although recommendations by the Massachusetts School Board urge communities to adopt similar programs only one other school in Massachusetts distributes condoms. Studying what happened in Massachusetts helps in understanding the reluctance of communities to initiate discussions about condoms in schools. Much of the Cambridge success can be attributed to the efforts of students. Throughout the proceedings the Peer Leaders were complimented for their professional and informed presentations. The students expressed their interest in condoms in terms of a medical crisis, and their case was readily supported by local health officials. Considering the number of communities which have rejected similar proposals, it is interesting that a group of students

were able to initiate the Cambridge program.

Students exhibited real political finesse. The Cambridge community is ethnically diverse, strongly religious, and harbors both extremely conservative and liberal factions. The community members have a history of actively following political issues, and the debate over condoms in schools was no exception. The fact that such a diverse community could resolve this issue and adopt a condom distribution program reflects the gravity of health issues surrounding teenage sexuality. The program was adopted because it is the fastest way to thwart the threat of pregnancy, STDs, and AIDS among adolescents.

Chapter One

Why Are Teenagers Interested in Condoms?

One unique aspect of Cambridge Rindge and Latin School's (CRLS) condom distribution program is that it grew out of student initiative. A great deal of AIDS education has focused upon encouraging individuals to take responsibility for their own actions--learning the sexual history of their potential partners, determining their personal level of risk, and insisting that they practice safe sex. The fact that the condom distribution program at CRLS resulted from the efforts of teenagers concerned about the health of teenagers nicely reflects the attitudes touted by AIDS educators. Students at CRLS were familiar with the statistics for the incidence of pregnancy, sexually transmitted diseases, and HIV infection among youths. In addition, they had a unique insight into the issues of teenage sexuality. These facts put CRLS students in a powerful position to advocate for a change of the Teen Health Center's condom policy.

Cambridge Rindge and Latin students had a long standing history of peer education. Two student peer leadership groups had been helping students address the issues of alcohol use and dating awareness. Political activism was chic among certain groups at the school. Cambridge Cares About AIDS, a local HIV and AIDS education and prevention program, and the Cambridge AIDS Task Force worked with the high school to develop an education program for teens. Out of their discussions emerged the AIDS Peer Leaders. The goals of this student group were similar to

those of the existing peer leader groups. Students were in an excellent position to judge the need and format of AIDS education among their contemporaries.

The students initially involved were primarily female seniors from an upper-middle class background. Only one minority woman participated. These students underwent twenty hours of training, following a nationally published curriculum for AIDS peer leaders. Their activities included community projects, AIDS education presentations in elementary schools, and sponsoring AIDS awareness week at CRLS. After a few months these peer leaders began to recognize discrepancies between the information students had about AIDS and their actual behavior. "What students were witnessing on weekends was definitely not safe," explains Bill Timmins, the leadership teacher at CRLS. The process to influence changes in behavior was too slow. Students wanted to do something immediately to eliminate the risks their friends were taking.

Peer education efforts are valuable; young adults understand teenage sexuality best. A discrepancy exists between the way society and the adult world want to view teenage sexuality and the actual incidence of teen sex. Even government health agencies have a limited knowledge of adolescent sexuality. However, a few studies of teenage sexuality have been recently completed to aid health administrators form policy and programs. Focused attention upon these issues of sexuality will hopefully curb increasing rates of pregnancy and sexually transmitted diseases among young adults.

In 1990, the Center for Disease Control (CDC) conducted the national school-based Youth Risk Behavior Survey in order to measure risky

sexual behavior among United States teenagers. The students participating in the study represent all fifty states and the District of Columbia, Puerto Rico, and the Virgin Islands. Table One exhibits the percent of teenagers who have ever had sexual intercourse broken down by their year in school. The study also identified that the forty-three percent of male students and thirty-six percent of female students were sexually active¹; in total, thirty-nine percent of high school teens were sexually active.

Table One

Students Who Have Had Sexual Intercourse by Grade²

grade	male	female	total
9th	49%	32%	40%
10th	53%	43%	48%
11th	63%	53%	57%
12th	76%	67%	72%
total	61%	48%	54%

A 1988 study of 1,773 Massachusetts sixteen to nineteen year olds conducted under the direction of Ralph Hingson, Professor and Chief, Social and Behavioral Sciences Section, Boston University School of Public Health revealed that nearly two thirds of the teenagers surveyed were sexually active. Of sexually active teens, the survey found that only thirty-one percent claimed they always used condoms.

The Massachusetts Department of Education surveyed students in grades nine through twelve to determine the statewide sexual activity of teens.³ The 1989 study included forty-one schools and confirmed

¹ Defined in the study as students who had sex in the three months preceding the survey.

² "Sexual Behavior Among High School Students--United States, 1990," *Center for Disease Control, Morbidity and Mortality Weekly Report*, 3 Jan. 1992, vol. 40, Nos 51 & 52.

Hingson's figures for sexual activity and condom use among teenagers. In addition, the Department of Education's study elaborated on Hingson's results. Seventy-five percent of all Massachusetts seniors are sexually active according to that report. Of sexually active teenagers, forty-two percent reported that they were younger than fifteen when they had sexual intercourse for the first time. In addition, nearly two-thirds of sexually active teens reported that they had had sexual intercourse with more than one partner, and about one-third had had intercourse with four or more partners.

Looking solely at the levels of sexual activity among teenagers does not justify the necessity of condom use by adolescents. To acquire a more extensive understanding of the relevance of condom use among teenagers, other sexually related factors need to be reviewed. Nationally, approximately one million adolescent girls become pregnant each year.⁴ In Massachusetts, the birthrate for teenagers was thirty-five per 100,000 teens between the ages of fifteen to nineteen in 1990, the last year for which figures are currently available. In 1990, 7,258 girls in this age range gave birth. 2,630 school aged girls--younger than eighteen--are included in this figure. Additionally, three times as many young women of these ages had abortions during that year.

Regarded over a period of time, the Massachusetts teenage birth rate becomes an even greater concern. Birth rates among teens have continued to increase each year since 1983. Births to young teens, twelve to fifteen year olds, increased by twenty-seven percent in the past decade.

³ Massachusetts Department of Education (n=2,043).

⁴ "Sexual Behavior Among High School Students--United States, 1990."

Increasing birth rate trends take on more significance when supplemented by the knowledge that although the state population of teenagers has decreased by twenty-seven percent, only a one percent decrease in the number of actual births has occurred.⁵

Pregnancy rates are a valuable reference when examining the need for increased condom use among adolescents. The same behavior that can put a teen at risk of becoming pregnant can also put them at risk of contracting a sexually transmitted disease or even the Human Immunodeficiency Virus (HIV), the virus which causes AIDS.

The rates for the incidences of sexually transmitted diseases in teens alone provide enough evidence for the need to encourage condom use among adolescents. Between 1986 and 1990 the number of teenage sexually transmitted disease cases increased steadily at a rate of ten percent each year. The case rate among adolescents for all sexually transmitted diseases is higher than the rate for all ages.⁶ In Massachusetts, adolescents aged fifteen to nineteen account for a quarter of all cases of gonorrhea, syphilis, and chlamydia; and five percent of the state's high school students report that they have had a sexually transmitted disease. The rates for gonorrhea and chlamydia are at least twice as high for ten to nineteen year olds than for the population as a whole. Narrowing the adolescent category to include only people between the ages of fifteen and nineteen further highlights the difference in the STD rates of teens and adults. In 1991, the adolescent rates of Gonorrhea, Syphilis, and Chlamydia are respectively three times, one and a third times, and four times greater than the adult rates for these diseases.

⁵ Massachusetts Department of Public Health, AIDS Bureau.

⁶ See Appendix B.

It is estimated that one in every two hundred people in Massachusetts is infected with the virus which causes AIDS, HIV. However, until an individual infected with HIV develops one of the specific biological symptoms or opportunistic infections which the Center for Disease Control uses to define full blown AIDS, the individual is not considered a person with AIDS. An HIV infected individual can remain asymptomatic for up to ten years. For this reason, figures for HIV infection are vague and it is difficult to get a clear understanding of the impact of the AIDS epidemic on all populations. For example, currently only sixteen people in Massachusetts between the ages of thirteen and nineteen have been diagnosed as having AIDS. This number reflects less than one percent of the state's total AIDS cases. Can it be concluded from this fact that AIDS is not an issue of relevance for teens? No, it cannot, and it must not.

Table Two gives the figures for diagnosed cases of AIDS in Boston, in Massachusetts, and in the United States by age. For all geographic distributions, the number of diagnosed AIDS cases for teenagers are less than one percent. A break down of the statistics by transmission category reveals that the majority of people with AIDS under age nineteen are hemophiliacs or have a coagulation disorder and were infected by contaminated blood products or are children born to mothers with AIDS.⁷

⁷ Center for Disease Control.

Table Two

Cumulative Diagnosed Cases of AIDS by Age as of April 1, 1992

Age	Boston		Massachusetts ⁸		United States ⁹	
	<u>number of cases</u>	<u>percent of cases</u>	<u>number of cases</u>	<u>percent of cases</u>	<u>number of cases</u>	<u>percent of cases</u>
<13	32	2	107	2	3692	2
13-19	1	0	16	0	821	0
20-29	347	19	973	20	42,467	20
30-39	978	52	2,413	49	90,219	43
40-49	386	21	1,015	21	48,889	24
50+	117	6	370	8	22,218	11
total	1,861	100	4,894	100	208,306	100

The incubation period of the virus can take up to ten years. Therefore, discussions of teenagers and AIDS must include AIDS statistics for people in the twenty to twenty-nine age range. The Massachusetts Department of Public Health currently estimates that over half of the people diagnosed with AIDS in their twenties were infected as teenagers.

Although the number of AIDS cases among thirteen to nineteen year olds is low, it would be an error to disregard the severity of the risk among adolescents of contracting and transmitting the Human Immunodeficiency Virus. The rates of sexual activity, pregnancy, and sexually transmitted diseases have all been increasing during the past decade. Since the number of AIDS cases among teens is a poor indicator of teenage infection, it is important to evaluate risk with the aid of pregnancy and STD transmission rates. Both pregnancy and STDs occur as a result of unprotected sexual intercourse. In addition, the high rate of sexually

⁸ Massachusetts Department of Public Health, AIDS Bureau.

⁹ Center for Disease Control.

transmitted diseases among teens indicates an increased threat of HIV infection. Recent studies have shown a link between STDs and HIV infection. Sexually transmitted diseases are now considered an independent risk variable for contracting the virus which causes AIDS. A person with an STD is more likely to become infected with HIV than if they did not have an STD. Genital ulcers and warts resulting from STD infection provide the virus with an easily accessed route into the individual's blood stream. In addition, lymphocytes which are present in increased numbers at the site of an STD infection are highly receptive to the Human Immunodeficiency Virus.

In April 1992, the first congressional report to discuss AIDS and teenagers reveals that the incidence of AIDS is spreading unchecked among adolescents. In the past two years the report claims that the number of teenagers diagnosed with AIDS nationally had increased by nearly eighty percent.¹⁰

Although the actual number of young adults quoted in government reports and by the Center for Disease Control seems low compared to the total number of people who have been diagnosed with AIDS since the identification of the disease ten years ago; underestimating the severity of the disease's impact on adolescents is a gross error. The chair of the committee that prepared the congressional report, "A Decade of Denial: Teens and AIDS in America," Rep. Patricia Schroeder, Democrat of Colorado, believes:

Every day we deny the perils of HIV, the virus gains ground, threatening the loss of another generation.

¹⁰ Dolores Kong, "House Report Says AIDS is Rising Unchecked among Teenagers," *Boston Sunday Globe*, 12 Apr. 1992: 19.

Keeping teens in the dark about the dangers and challenges of risky behavior could be fatal.¹¹

The primary concern about teenagers and AIDS stems from the long incubation period of the disease. After infection an individual can carry the virus for up to ten years without developing any initial symptoms of the disease. Thus, teenagers can be infected and infect others unknowingly for ten years. This fact is emphasized by the high AIDS incidence in the twenty to twenty-nine year age group. Adolescents rarely see their peers ill as a result of AIDS; thus it is difficult for teens to heed warnings about AIDS when they have seldom been confronted by the fatal consequences of risky behavior.

A 1989 survey of Cambridge Rindge and Latin students conforms to state and national studies of teen sexuality. The CRLS survey of 1,330 of its 2,087 students reported that fifty-one percent of the students were sexually active. More than half of the sexually active students said that they had sex for the first time when they were between the ages of ten and fourteen. Less than half of the students reported that they use some form of contraception all the time. Interestingly, about three-quarters of the respondents knew that AIDS transmission can be prevented by abstaining from sex, and less than half knew that AIDS transmission can be prevented by using a condom.¹²

In the United States, Massachusetts is the tenth leading state in reported AIDS cases. As of April 1, 1992, Cambridge has the third highest number of AIDS cases among Massachusetts cities. The city also has the second highest case rate, 149 cases of AIDS per 100,000 people. The case

¹¹ Kong, "House" 19.

¹² The survey was conducted by the Teen Health Center at Cambridge Rindge and Latin School. The results were analysed by the Massachusetts Department of Health.

rate for Boston, the leading city, is 324 per 100,000. Of the AIDS cases in Cambridge, twenty-three percent were infected by heterosexual contact, greatly exceeding the national figure for heterosexual transmission of six percent. About half of the Cambridge AIDS cases were diagnosed when people were in their twenties. This indicates that they were most likely infected as teenagers. Although specific figures for HIV infection are not available, it is estimated that there are between 1,000 and 3,000 people living in Cambridge who are HIV positive.¹³ Statistically, about ten students at Cambridge Rindge and Latin School might be infected with the virus.

These statistics paint a vivid image of teenage sexuality. Adolescents are actively engaging in sexual relationships at young ages. By the time they graduate from high school most teens have not only had sexual intercourse, but have had intercourse with multiple partners. Adolescent pregnancy rates which tower above the rates of other industrialized countries and the morbidity rates of sexually transmitted diseases for teens over-shadowing rates for the population as a whole indicate a crisis among our youth which has the potential to impact an entire generation.¹⁴ Teenagers are practicing unprotected sex and putting themselves at risk of contracting a fatal disease. The staggering nature of these figures makes it easier to understand the motivations of CRLS students who initiated the school's condom distribution program.

The AIDS Peer Leaders had seen these studies and statistics about teen sexuality during their training. More importantly than the knowledge from these studies, these students learned about adolescent sexuality in

¹³ Cambridge Care About AIDS.

¹⁴ Massachusetts Department of Public Health, AIDS Bureau.

the cafeteria, locker rooms, and hallways of their school. They went on dates and to parties on weekends and knew the sexual behavior of their friends. Their school's day care center had a waiting list of students who were trying to get their children enrolled. The Peer Leaders did not need studies and statistics to tell them that a problem existed in their school. However, they did realize that sharing the results of these studies with community members could help them make changes and take steps to resolve these problems.

Chapter Two

The Campaign for Condoms

On January 23, 1990, eight Cambridge Rindge and Latin seniors calling themselves the Student Action Committee presented a petition signed by over 350 students and parents to the Cambridge School Committee requesting, that condoms be made available for students in the Teen Health Center. The seven members of the School Committee voted to form the Sub-committee on Teen Health which would address the issues of condom distribution and AIDS education in the high school. The need for progressive action in response to the AIDS epidemic was an issue that previously had been brought to the School Committee's attention. In addition to the petition, the Cambridge School Committee had received letters from Cambridge parents asking the School Committee to take an aggressive approach to AIDS education. In a letter dated January 2, 1990 signed by several parents--two couples and five single parents--some of these concerns were declared:

We know that the Cambridge school system is making some effort to educate students about AIDS prevention. The Know Your Body program in the 5th and 8th grades is excellent but of only ten weeks in duration at each grade level. The year long health education course in 9th grade appropriately includes AIDS in the broader context of health education. We are also aware of some innovative demonstration programs taking place at both the elementary and secondary level around health education and substance abuse prevention, as well as a peer

leadership program in the high school. These are important efforts which need continued funding and expansion. The assemblies on AIDS which have been held at CRLS are a step, but they are a totally inadequate approach to teaching students the communication and assertiveness skills they need to avoid contracting a deadly disease. . . . We are writing to request that the School Committee hold a public forum on AIDS education within the Cambridge schools, in particular, and on comprehensive health education in general. Are there other educational efforts underway of which we are not aware? Can the existing health and AIDS education efforts be expanded and accelerated? Can a timely framework for implementation be approved?¹⁵

As the letter mentions, AIDS education and awareness was not a new topic in the Cambridge school system when students raised the issue of campus based condom distribution. The faculty and staff of all Cambridge schools are required to attend an HIV Orientation Session of at least an hour in length. The sessions include a self -assessment, a review of AIDS policies and issues, and a video titled "Teen AIDS in Focus." These activities are followed by small group discussions in which faculty can express and explore their personal concerns about AIDS. The Cambridge AIDS Task Force helps the Cambridge Public Schools' Superintendent organize these educational meetings. Presenters include members of Cambridge Cares About AIDS, the AIDS Education Subcommittee, and health professionals from the School Department. All school administrators attended a two hour session in which the School AIDS Policy and universal precautions were discussed along with personal

¹⁵ Letter addressed to the Cambridge School Committee, 2 Jan. 1990, signed by Devon and Mark Davidson Schuster, Judith Johnson, Veda Wright, Tesair Lauve, David Entin, Bill Holshouser and Jean Chandler, and Sarah Wells, Cambridge School Committee archives.

concerns of the administrators.

The Cambridge AIDS Task Force which was established to increase knowledge about AIDS and to support people living with AIDS in Cambridge has sponsored several school based events on both the elementary and secondary school level. In February 1989, the task force helped CRLS sponsor their annual AIDS Awareness Week. The week of activities included panel and classroom discussions about AIDS issues and a presentation by a person living with AIDS. The majority of student questions focused upon routes of transmission. Could the virus be transmitted by sharing silverware or a toothbrush with an infected individual? Is French kissing actually dangerous? What about oral sex? How rapidly is the virus being transmitted among heterosexuals?¹⁶

Health education in high school is minimal. Only a year of health education is required of high school students. Students claim that the mandatory ninth grade health education course does not provide students in depth knowledge of sex education, safe sex, contraception, or AIDS, nor does it promote personal development or self-esteem. Guidelines for the health education curriculum are outlined by the Health Staff Developer, Kim DeAndrede, who cites several problems with the health curriculum. The curriculum lacks consistency. Health teachers are generally physical education teachers who did not have enough classes, or teachers who were transferred to health education because nothing else was available for them to teach. Teachers are not educated to teach health. Thus, DeAndrede claims that the material covered in health courses and the manner in which it is taught is inconsistent among all ninth grade health teachers. The school does not regulate health teachers, insuring that they

¹⁶ "Cambridge Responds to the AIDS Crisis," *Cambridge Chronicle*, 18 May 1989: 11.

follow the health curriculum guidelines. Marjorie Decker, who was a senior at CRLS at the time of the initiation of the condom debate elaborated. "Health classes are not structured to teach sex education." She added, "We're tired of waiting for other people to do something, so we're doing something ourselves."¹⁷

This take action attitude was not new to CRLS students. Marjorie Decker was a member of the AIDS Peer Leadership student group. The Peer Leaders included eight students trained by school health officials to promote AIDS awareness and education in the school. During the week following the presentation of the petition to the School Committee by the Student Action Committee, a separate group of students took action. The eight AIDS Peer Leaders began to distribute condoms clandestinely to students. They passed out plain white envelopes which contained a condom and a two page fact sheet on correct condom use, pregnancy prevention, STDs, and AIDS to students in the cafeteria, hallways, and locker rooms. The Peer Leaders spoke with a civil liberties lawyer and with the Cambridge City Solicitor who assured the students that their actions were within their freedom of speech. The Peer Leaders had a right to distribute condoms to students despite the school administration's official policy that contraceptive devices cannot be distributed by school faculty or staff.

The School Committee held a special meeting on February 6, 1990, in order to discuss the motivations and expectations of the AIDS Peer Leaders who were continuing to distribute condoms. The comments of the students attending the meeting closely mirrored those of their

¹⁷ "Students Want Condoms at School," *Cambridge Chronicle*, 25 Jan. 1990: 1.

contemporaries who had taken the more mainstream approach to change by submitting the petition. Jessica Shattuck, who was a CRLS senior explained, "People are less responsible than you'd think they would be. You need to make it as easy as you can for the students. The more available it is the more effective it is." Many students voiced frustration over the fact that they were repeatedly given knowledge about safer sex but were denied access to the necessary tools to act responsibly. Some students felt saturated with AIDS information; they did not want more sex education courses, they just wanted condoms. One fifteen year old student said that condoms available in high school made sense. "They have all the education. Why not have the protection?"¹⁸

¹⁸ Zachary Gaulkin, "Behind the Headlines, Students Talk Frankly about Sexuality," *Cambridge Chronicle*, 22 Mar. 1990: 1.

Chapter Three

Enter the Cambridge School Committee

Once parents and community members realized that students were distributing condoms at Cambridge Rindge and Latin School, the debate over whether the Teen Health Center should be allowed to distribute condoms to students became more lively. The regularly scheduled School Committee meetings were crowded with students, parents, and community leaders who wanted an opportunity to voice their opinions about condom availability for students. The media began attending these meetings as well, and the Cambridge condom controversy was followed by parents and school officials across the state.

Despite the intense political tension the School Committee was facing, they did not take action on the proposal until after the newly appointed Sub-Committee on Teen Health met on March 13, 1990.¹⁹ This meeting served as a public hearing giving all interested individuals a chance to speak in favor or against the proposed program. Dr. Melvin Chalfen, the Cambridge Commissioner of Health and Hospitals who was invited to attend the meeting spoke in favor of distributing condoms to students. Dr. Chalfen outlined a four part proposal to meet the AIDS education needs of Cambridge students.

The first component involved expanding the current abstinence counseling provided by the Teen Health Clinic. Believing that abstinence

¹⁹ Members of the Sub-Committee on Teen Health included: Henrietta Davis--chair, Frances Cooper, and Albert Fantini.

is the only certain method for preventing pregnancy, HIV, and STDs, and feeling that, "teenagers are not developmentally ready to accept the consequences of sexual activity,"²⁰ Dr. Chalfen encouraged the school community to formulate an education and counseling campaign emphasizing abstinence.

Dr. Chalfen also explained how important it is for the Cambridge schools to develop and implement a comprehensive AIDS education curriculum for grades kindergarten through twelfth. He claimed that such a program would likely be the most effective strategy for preventing HIV infection. He suggested that the School Committee, the School Department, the Department of Health and Hospitals, Cambridge Hospital, local clergy, and other community agencies collaborate to create this program. Such a recommendation emphasized the diversity of the groups who influenced community opinion on this issue.

The third point of his proposal was to include parents in discussions about teenage sexuality. Dr. Chalfen acknowledged the role parents play as primary health and sexuality educators for their children. Fostering communication between adolescents and their parents about sexual issues is crucial to the fight to end this epidemic. He suggested that the school sponsor workshops for students and parents to aid them in developing open and honest sexual communication skills.

In his fourth point, Dr. Chalfen admitted that despite all efforts, teenagers are going to engage in sexual activity. To minimize the risk of teenage sex, latex condoms with the spermicide nonoxynol-9 should be available for students at the Teen Health Center. Along with condom

²⁰ Letter from Dr. Melvin Chalfen, Cambridge Commissioner of Health and Hospitals to the Cambridge School Committee Apr. 18, 1990, Cambridge School Committee archives.

distribution, the Health Center should provide counseling focused on responsible decision making and support for students wishing to abstain from sex.

After Dr. Chalfen's presentation, five other local health officials spoke about AIDS prevention and supported the Commissioner's proposal to distribute condoms in the Teen Health Center.²¹ City Councillor Edward Cyr also supported the distribution of condoms to students. Besides city officials, almost thirty parents, students, and community members addressed the Sub-Committee requesting that the members of the School Committee vote in favor of distributing condoms. Testifying with great emotion, supporters of school based condom distribution cited reasons reminiscent of the issues which had already been raised by the two student groups who had initiated this discussion. Supporters expressed the case simply. The fact is that students are having sex and are putting themselves at risk for contracting a fatal disease. Parents generally did not condone teenage sex; however, they felt that death was too strong a punishment for adolescent sexual exploration. The survey of CRLS students which had been initiated the year before, showed that many high school students were sexually active. The high number of girls who were getting pregnant, and the fact that twenty-five percent of all STD cases were among teenagers, clearly identified a problem which could easily be met by students using condoms.

Fewer than ten people at the hearing--among them clerics, parents, and students--spoke in opposition to the proposal. This minority raised

²¹ The supporters included: Jennifer Burgess-Wolfrum, MEd., Community Health Coordinator; John O'Brien, Administrator, Cambridge Hospital; Paul Epstein, MD., M.P.H., Chairman AIDS Task Force, Cambridge Hospital; Marc Manigat, MD., Cambridge Health Policy Board; and Lynn Schoeff, Coordinator, Teen Health Center.

serious questions about the position schools should take in teaching sex education. Many expressed concerns that the School Committee was usurping parents' roles by providing students access to condoms without requiring parental permission. Opponents to the proposal worried that condom distribution in the school would not only condone sexual activity among teens, but that it would actually promote promiscuity. They were troubled by the notion that students would feel increasing pressures to become sexually active if condoms were in the Teen Health Center. Besides conflicting with the development of family and religious mores, condoms had the potential to give students a false sense of security. Condoms are not one hundred percent effective at preventing pregnancy; their ability to prevent transmission of HIV is likewise limited. Parents opposing the plan were disappointed that the School Committee had not invited members of the medical community to speak against providing students with condoms. Abstinence is the only completely effective method of preventing transmission of the virus. They believed that supplying students with condoms sends mixed signals about the appropriateness of teen sexuality. Other parents felt that having condoms in school was a disservice to students; the real solution is to focus efforts on the development of self-control, standing up to peer pressure, and acquiring self-esteem. Students speaking against the proposal commented on whether students would actually use the service if operated by the Teen Health Center. "For any kid to go up to an adult for a condom, they might be embarrassed. I'd rather get it at a drugstore where I wouldn't know the person and never see them again."²²

²² Gaulkin. "Behind" 1.

Despite the concern that condoms would encourage students to have sex, no studies have yet reported a causal link between condom availability and sexuality. The pervading belief among health care workers is that increased availability of condoms or discussions about safer sex does not lead to a more sexually active student population. Judy Gorbach, from the Department of Public Health cited a recent study of a similar clinic in Baltimore. The study showed that after making condoms available more students sought and received counseling about sexuality. Condoms in the Baltimore school also resulted in a lower teenage pregnancy rate and postponed sexual activity because it was accompanied by counseling.

Throughout the hearing, studies and testimonies of local health officials were discussed. Of particular interest was Ralph Hingson's survey of Massachusetts teenagers examining the relationships between adolescents' perceptions of AIDS and their use of condoms. The study revealed that as the number of sexual partners which an individual has had increases, the likelihood that they will always use a condom decreases. Only seventeen percent of the respondents who had had ten or more partners always use condoms. In contrast, thirty-two percent of the teens who had had four or fewer partners always use condoms. Despite knowledge about the risk of AIDS and the effectiveness of condoms in preventing transmission, the percent of adolescents who always use condoms remained around thirty percent. Of the people who knew someone with AIDS, only sixteen percent always used condoms, while thirty-one percent of those who did not know someone with AIDS always used them.

Hingson's study also found that less than a third of the respondents

who thought condoms were neither difficult nor embarrassing to obtain always used condoms. Therefore, the correlation between condom availability and condom use is suspect. Of the teenagers who thought condoms were difficult and embarrassing to obtain, only a quarter of them always used condoms. Comparing these figures creates doubt about whether condoms in schools are really a solution to the problems of high teenage pregnancy and STD rates. Will condoms on campus really reduce the risk of contracting HIV for Cambridge Rindge and Latin students? Perhaps energy should be focused on creating dynamic education programs instead.

On one point both those opposed and in favor of the proposed plan agreed. Cambridge students needed an innovative health education curriculum and increased counseling on issues of sexuality. The problems arising from low self-esteem and intense peer pressure needed to be addressed pro-actively. Starting in elementary school and continuing throughout high school, students needed to be empowered to make informed decisions about sexuality.

The legality of distributing condoms to students was also questioned. Was the school violating the rights of parents? If a condom acquired at the clinic failed or broke and a student was infected by HIV or became pregnant, could the Cambridge School Committee be held liable? Was condom distribution in violation of the terms of the United Way grant received to open the clinic?

In a letter to the school board, the Cambridge City Solicitor, Russell Higley, discusses whether or not the School Committee would be violating parent rights by allowing condoms to be given to students

without parental consent. In Carey v. Population Services International, 431 US 678 (1977), the Supreme Court rejected a New York law which made it a crime:

(1) for any person to sell or distribute any contraceptive to a minor under 16; (2) for anyone other than a licensed pharmacist to distribute contraceptives to persons 16 or over; and (3) for anyone to advertise or display contraceptives.²³

Writing on behalf of Justices Stewart, Marshall, Blackmun, and himself, Justice Brennan explained that, "the right to privacy in connection with decisions affecting procreation extends to minors as well as to adults."²⁴

Healy also comments that since the Teen Health Center is actually operated by the Cambridge's Department of Health and Hospitals in a building which it leases from the School Committee for a nominal fee of one dollar per year. Therefore, the question was not whether the school had a right to distribute condoms but rather whether the Department of Health and Hospitals had this right. As Commissioner of Health and Hospitals Dr. Chalfen may impose a city regulation under G.L. c.111, s. 31, enabling the Health Center to distribute condoms. Higley recommended that the Commissioner adopt such a regulation in order to formally outline the procedures for counseling and distribution.

The only existing restriction prohibiting condom distribution is the lease agreement between the School Committee and the Department of

²³ Letter from the Cambridge City Solicitor to the Cambridge School Committee, 2 Apr. 1990, Cambridge School Committee archives.

²⁴ Carey v. Population Services International, 431 US at 693 (1977).

Health and Hospitals. The initial version of the lease states, ". . . Further, that the Cambridge Hospital will not dispense contraceptives or provide abortion counseling in the high school health center. . ."25 By changing the terms of the lease, the School Committee would enable Cambridge Hospital to distribute condoms and assume the liability associated with the project. A decision by the School Committee to alter the lease would not mean that condoms would be distributed. The Commissioner of Health and Hospitals would decide the fate of the condom distribution proposal. The School Committee was aware of Dr. Chalfen's opinions about condoms and the Committee realized that condoms would be available as a result of their decision to change the lease agreement.

John O'Brien, the Administrator of Cambridge Hospital explained that nine other clinics which the hospital operates had been distributing condoms for more than ten years with no legal problems. He was confident that if the lease were changed, the School Committee and Department of Health and Hospitals would create a distribution and counselling program which would stress the need for students to make careful decisions about sexuality. Initial confusion over whether the grant received from the United Way to start the facility limited the center's ability to provide contraceptives to students kept School Committee members from initially voicing opinions about the proposal. Al Riley, of the United Way in Boston, clarified this point. The grant did not impose restrictions of this type on the clinic. Furthermore, the funding from the grant ran out in 1988, so any restrictions which might have been in place would no longer be in effect.

²⁵ Memo of Understanding between the Cambridge School Committee and the Cambridge Hospital, 22 April 1988, Cambridge School Committee archives.

The Sub-Committee made offered no opinion about the proposal. Instead, they took the information presented under advisement and promised to report their recommendations at the next regular School Committee meeting. The Cambridge School Committee consisted of seven members, including Alice Wolf, the current Mayor. Of the seven members, Larry Weinstein and James Rafferty have school aged children. Throughout the discussions leading to the School Committee's actual vote on this issue, most of the committee expressed the importance of this debate. Rafferty welcomed the discussion but expressed his personal belief that condoms should not be distributed in the school. Albert Fantini also opposed the idea but encouraged more education efforts. Weinstein had been in favor of condoms in the school since the clinic first opened explaining that the lives of children were at stake. Mayor Wolf shared Weinstein's personal belief that condoms should be available. The remaining School Committee members did not express their views until the vote.

At the March 20, 1990, School Committee meeting, Henrietta Davis chair of the Sub-Committee on Teen Health announced the committee's recommendation to alter the lease agreement so that it would read,

Further, that the Cambridge Hospital will not provide abortion counseling or dispense contraceptives with the exception of condoms and materials necessary to their use which may be dispensed in the context of AIDS prevention and counseling.²⁶

A motion by Davis, seconded by Larry Weinstein to adopt these

²⁶ Minutes of the Cambridge School Committee, 20 Mar. 1990, Cambridge School Committee archives.

changes was amended by Alfred Vellucci. Vellucci moved to strike the words "dispensing condoms" and replace them with:

that the Health Department be authorized to employ a 'voucher system' to enable students to purchase condoms at participating pharmacies in Cambridge.

The amended proposal failed six to one. It was once again moved that the initial change described by Ms. Davis to the Memo of Understanding between the Cambridge School Committee and the Cambridge Hospital be adopted. The motion was approved by four to three.²⁷ The Committee also approved the establishment of a comprehensive Health Education curriculum to address the concerns about teen sexuality which had been examined during the debate of the preceding two months.

In the days following the decision, opponents to the program who had remained reticent condemned the School Committee's decision. Apparently, some community members had felt so certain that the project would never be established that they had not bothered to voice their disapproval. Many desired an opportunity to express their opinions, so at the April 3, 1990, School Committee meeting the public was once again invited to express their ideas about condom distribution in the high school. The Committee revoted and upheld the changes to the initial lease agreement in a four to three vote.

At the April 17, 1990, School Committee meeting, a proposal was presented by Mr. Rafferty to postpone the initiation of the condom distribution program until a revised health curriculum could be put in

²⁷ See Appendix A.

place in the school. Ms. Davis moved that the Superintendent immediately organize and implement educational sessions on sexuality, AIDS prevention, and abstinence. Ms. Davis' proposal was approved and the postponement of condom distribution was denied.

The School Committee considered this as a medical solution to a medical problem. Those supporting the proposal avoided framing the issues within religious and cultural parameters. Instead, they relied on medical facts, statistics, and studies to judge the severity of the situation they were confronting. They relied on these same sources for information about a solution. They even considered whether by not distributing condoms they were placing the clinic at a medical liability. The school's Health Center was the only Cambridge run clinic which did not distribute condoms. Questions were raised about the responsibility of the Center to the student community. In their four to three vote allowing condoms to be distributed on campus, these questions were answered.

Chapter Four

Implementation of the Program

Getting the condom distribution proposal approved was a challenging task. The challenge, however, did not end with the School Committee's decision. The community was now faced with the task of designing and implementing an appropriate program. The challenge confronting them was described in the report, "Adolescents at Risk 1991, Sexually Transmitted Diseases. In its report, the Massachusetts Department of Public Health outlines the steps needed to be taken in order to curb the current epidemic of sexually transmitted diseases among teens. The seven steps of the public health approach include:

- (1) To *inform* adolescents and their community of the magnitude and seriousness of the problem.
- (2) To *educate* the public about the impact of sexually transmitted diseases and their complications.
- (3) To *provide* focused education to address all aspects of sexuality and risk reduction.
- (4) To *empower* adolescents by providing them with the means necessary to protect themselves.
- (5) To *create* a non-judgmental, candid environment to openly discuss sexually transmitted diseases
- (6) To *maintain* clinical services of the highest quality to treat and cure sexually transmitted diseases to stop spread.
- (7) To *address* sexually transmitted diseases in the broader context of a multi-faceted public health crisis.²⁸

²⁸ "Adolescents at Risk, 1991--Sexually Transmitted Diseases," Massachusetts Department of Health, AIDS Bureau, May 1991: 5.

The Sub-Committee on Teen Health met three times during April and May 1990 to wrestle with these ideas. Their meetings were spent addressing the steps outlined above. Since the School Committee approved the proposal to permit condoms to be distributed by the clinic, the Sub-Committee was faced with the challenge of creating an appropriate program. The meetings involved parents, Cambridge health officials, CRLS faculty, and interested community members. Not satisfied with merely establishing guidelines for the Teen Health Center, the Sub-Committee embraced Dr. Chalfen's recommendation for a four-pronged approach to AIDS education. The committee struggled with the issues identified by the Department of Public Health. Small discussion groups aided the committee to identify the health education needs for varying grade levels. The guidelines for the Health Center, a school sponsored forum on communication between teenagers and parents, and a commitment to improving the health education curriculum emerged from these meetings.

The Teen Health Center began distributing condoms in May 1990. Aware that some residents of Cambridge still had reservations about providing students with condoms, the Center did not advertise the program. Instead, news of the condoms spread through the school by word of mouth. The first time a student would visit the Center requesting condoms they would have to participate in an individual counseling session. These sessions could vary in length from twenty minutes to an hour. During the sessions the student would be given basic information about AIDS and other STDs. Proper condom technique would be reviewed and counselors would discuss the student's decision to have sex. In addition, the student would have an opportunity to bring up any issues

or questions they might have regarding sexuality. For a nominal fee of fifty cents students would be given three condoms and could return to the Center for more as often as they needed.

Discrepancies exist between the original vision of the program and its current reality. In the fall of 1990, the Teen Health Center lead orientation sessions with all incoming ninth graders to familiarize them with the Center's services, including the condom distribution program. Currently, the Center is also considering starting an advertisement campaign to promote the use of the facility. Despite projections, only about seventy-five out of the school's more than 2,000 students participate in the condom distribution program. The Center gives out about 500 condoms a month, primarily to repeat visitors. Although only a few students are using the program, the facility's director claims that student awareness has improved and more students are purchasing condoms at local pharmacies.

In an attempt to make the Center more responsive to the needs and desires of students, the Center has made changes in the program. Students no longer participate in counseling sessions. Instead they only receive information on condom use and pregnancy and STD and AIDS prevention. Students still have an opportunity to ask the Center's staff questions about sexuality, but this is no longer a required part of the program. Students considered the one-on-one sessions a barrier and complained that they were grilled by the counselors about their sexual activity. Many teens were embarrassed to discuss issues of sexuality with an adult. The fifty cent fee for condoms is no longer collected either. Condoms continue to be donated by individuals and provided by the Department of Public Health, AIDS Prevention Office.

Kim DeAndrede, Health Staff Developer for Cambridge Schools says that students have taken the program for granted. After an the initial wave of condom awareness which accompanied the School Committee's deliberations, the interest of students in AIDS and STD prevention has declined. DeAndrede ascribes this waning student interest in condoms in the Teen Center to their view that, "They are there if I need them. It's just a service that's available." Although talking with parents about sexuality is encouraged through evening workshops, one major component of the School Committee's approach to AIDS education has not been realized. DeAnrede says that no changes have been made to the health education curriculum despite her efforts over the past years. Students are still only required to take a year of health education as ninth graders. No additional health education courses have been added to the curriculum, nor has a comprehensive education program involving kindergarten through twelfth graders been implemented. "If more courses were developed who would teach them?" DeAndrede queries. Since the current health education teachers are not trained in the subject it would seem an impossible task to find new teachers qualified to teach this subject. It is ironic that the one aspect of combatting the AIDS crisis which proponents and opponents of the condom distribution program had in common was the belief that AIDS education must be introduced in all grade levels; and yet, no headway has been made in this endeavor. DeAndrede was concerned that students entering the school now will not benefit from the AIDS awareness which accompanied the establishment of the condom program in 1990.

Epilogue

The condom distribution program at Cambridge Rindge and Latin School affected more than the local school community. The program serves as a precedent and model for similar programs in Massachusetts and across the country. In the 1988-1989 school year, only fourteen high schools and three middle schools distributed condoms to students in on-site clinics.

Although many schools face the issue of condom distribution, few communities in Massachusetts have adopted programs. However, in August of 1991, the Massachusetts Board of Education voted to urge schools to make condoms available to high school students. Similarly, in December 1991, the Massachusetts Public Health Association recommended that, "In light of the vulnerability of teenagers to sexually transmitted diseases including HIV/AIDS, . . . that condoms be made available in the schools."²⁹

Around Massachusetts, debates about condoms in schools had already started. In January 1991, Brookline High School voted not to distribute condoms. In Reeding, after a long debate the school council rejected a task force recommendation to distribute condoms in the school. In October 1991, Falmouth became the second community in Massachusetts to approve distribution of condoms to students. Despite the urging of the School Board and Public Health Association, Massachusetts communities are reluctant to address so controversial an issues. Many fear that such a

²⁹ "Massachusetts Public Health Association Policy on Condom Distribution in the Schools," Massachusetts Public Health Association, Dec. 1991.

discussion would divide their community; others feel that the only forum in which to discuss these issues is the family and the church.

Communities should not be deterred from the discussion of condoms in schools. It is debatable whether the success of Cambridge Rindge and Latin School's program should be given credit for the establishment of a condom distribution program or for the discussion and awareness which accompanied the decision. Not enough schools have implemented condom programs to enable a national study of their effectiveness in curbing the spread of the Human Immunodeficiency Virus to be conducted. However, regardless of the programs' success, open communication about adolescent sexuality will continue to benefit the young adults of our nation. The debates teach teenagers that it is okay to discuss these issues openly and to work as a community to solve these problems.

Appendix A

WHEREAS the HIV/AIDS epidemic is threatening young people in Cambridge;

and WHEREAS the incidence of AIDS among young people across the country is increasing;

and WHEREAS the Commissioner of Health and Hospitals, the administrator of the Cambridge Hospital, and the Chairman of the AIDS Task Force testified before the School Committee unanimously recommending that to slow the spread of AIDS in our community that we in Cambridge:

- 1) Educate our children about HIV/AIDS
- 2) Support young people who wish to remain abstinent
- 3) Permit condoms to be dispensed in the Teen Health Center

THEREFORE IT IS VOTED that the Cambridge School Committee revise the Memo of Understanding between the Cambridge School Committee and the Cambridge Hospital dated April 22, 1988 which states the following: 'Further that the Cambridge Hospital will not dispense contraceptives or private abortion counseling in the high school health center . . .' so that it NOW READS: 'Further, that the Cambridge Hospital will not provide abortion counseling or dispense contraceptives with the exception of condoms and materials necessary to their use which may be dispensed in the context of AIDS prevention information and counseling.' In addition the Commissioner of Health and Hospitals will inform the School Committee of the procedure they will follow and the services they will offer--such as implementing the change in the agreement:

Mr. Larry Weinstein	yea
Ms. Frances Cooper	yea
Ms. Henrietta Davis	yea
Mr. Albert Fantini	nay
Mr. James Rafferty	nay
Mr. Alfred Vellucci	nay
Mayor Alice Wolf	yea

Appendix B

Massachusetts Sexually Transmitted Disease Rates per 100,000 ³⁰

Year	Gonorrhea		Syphilis		Chlamydia	
	<u>10-19</u>	<u>all ages</u>	<u>10-19</u>	<u>all ages</u>	<u>10-19</u>	<u>all ages</u>
1987	216.1	139.9	4.9	13.8	219.9	93.7
1988	185.7	126.8	6.8	16.4	309.4	125.0
1989	210.8	136.2	10.0	18.3	376.7	172.3
1990	201.6	125.1	12.9	28.3	414.1	203.6

³⁰ Massachusetts Department of Public Health, AIDS Bureau.

Bibliography

- "AIDS in Adolescents and Young Adults." AIDS Newsletter,
Massachusetts Department of Public Health. April 1992, vol. 7 No.4.
- AIDS Surveillance Program. AIDS Surveillance Summary. March 1992.
- Aldrich, Matthew; Bellows, Meredith; Clock, Erik; Kleespies, Ingrid; Peters, Amanda; Schweitzes, Andy; and Shattuck, Jessica. Letter to Cambridge School Committee. Cambridge, 9 January 1990. Cambridge School Committee archives.
- "Anti-Gay Statements Condemned," Cambridge Chronicle, 26 April 1990.
- Brooks, Kenton. "Some Doctors Oppose Condoms," Cambridge Chronicle, 29 March 1990.
- Cambridge Hospital. General Information on the Teen Health Center at Cambridge Rindge and Latin School.
- "Cambridge Responds to the AIDS Crisis," Cambridge Chronicle, 18 May 1989.
- Cambridge School Committee. Cambridge, Massachusetts. Minutes of the Meeting of 23 January 1990. Cambridge School Committee archives.
- Cambridge School Committee. Cambridge, Massachusetts. Minutes of the Meeting of 6 February 1990. Cambridge School Committee archives.
- Cambridge School Committee. Cambridge, Massachusetts. Minutes of the Meeting of 15 February 1990. Cambridge School Committee archives.
- Cambridge School Committee. Cambridge, Massachusetts. Minutes of the Meeting of 20 March 1990. Cambridge School Committee archives.
- Cambridge School Committee. Cambridge, Massachusetts. Minutes of the Meeting of 17 April 1990. Cambridge School Committee archives.

Cambridge School Committee. Cambridge, Massachusetts. Minutes of the Meeting of 1 May 1990. Cambridge School Committee archives.

Cambridge School Committee. Cambridge, Massachusetts. Minutes of the Meeting of 15 May 1990. Cambridge School Committee archives.

Cambridge School Committee. Cambridge, Massachusetts. Minutes of the Meeting of 19 June 1990. Cambridge School Committee archives.

Cambridge School Committee. Order C90-047, 9 January 1990. Cambridge School Committee archives.

Cambridge School Committee. Order C90-082, 23 January 1990. Cambridge School Committee archives.

Cambridge School Committee. Order C90-085, 23 January 1990. Cambridge School Committee archives.

Cambridge School Committee. Order C90-177, 15 February 1990. Cambridge School Committee archives.

Cambridge School Committee. Order C90-201, 6 March 1990. Cambridge School Committee archives.

Cambridge School Committee. Order C90-240, 20 March 1990. Cambridge School Committee archives.

Cambridge School Committee. Order C90-259, 20 March 1990. Cambridge School Committee archives.

Cambridge School Committee. Order C90-298, 3 April 1990. Cambridge School Committee archives.

Cambridge School Committee. Order C90-299, 3 April 1990. Cambridge School Committee archives.

Cambridge School Committee. Order C90-339, 17 April 1990. Cambridge School Committee archives.

Cambridge School Committee. Order C90-352, 17 April 1990. Cambridge School Committee archives.

- Cambridge School Committee. Order C90-393, 1 May 1990. Cambridge School Committee archives.
- Cambridge School Committee. Order C90-425, 15 May 1990. Cambridge School Committee archives.
- Cambridge School Department. Revised AIDS Policy for Students. Cambridge, 6 February 1990. Cambridge School Committee archives.
- Center for Disease Control. HIV/AIDS Surveillance Report, September 1990.
- Center for Disease Control. HIV/AIDS Surveillance Report, August 1991.
- Center for Disease Control. HIV/AIDS Surveillance Report, October 1991.
- Chalfen, Melvin. Cambridge Commissioner of Health and Hospitals. Letter to Cambridge School Committee. Cambridge, 18 April 1990. Cambridge School Committee archives.
- Chandler, Jean; Davidson, Devon; Entin, David; Holshouser, Bill; Johnson, Judith; Lauve, Tesair; Schuster, Mark; Wells, Sarah; and Wright, Veda. Letter to the Cambridge School Committee. Cambridge, 2 January 1990. Cambridge School Committee archives.
- Cole, Caroline L. "Students Run Gantlet to Dispense Condoms," The Boston Globe, 26 May 1991.
- "Common Sense Prevails," Cambridge Chronicle, 22 March 1990.
- "Condoms at Teen Center," The Boston Globe, 20 March 1990.
- Davis, Henrietta. "The Condom Debate," The Boston Globe, 4 September 1991.
- Dezell, Maureen. "Pushing Death: Our Prudish Attitudes are Endangering a Generation," The Boston Phoenix, 13 September 1991.
- Fantini, Alfred B. "Cartoon Made Light of a Serious Issue," Cambridge Chronicle, 29 March 1990.

- "Forum Tuesday on AIDS," Cambridge Chronicle, 30 November 1989.
- Franklin, James L. "Catholic Booklet Faults Condoms," The Boston Globe, 14 February 1992.
- Gaulkin, Zachary. "At Hearing, City Officials Back Plan," Cambridge Chronicle, 15 March 1990.
- Gaulkin, Zachary. "Behind the Headlines, Students Talk Frankly about Sexuality," Cambridge Chronicle, 22 March 1990.
- Gaulkin, Zachary. "Committee Approves Condoms in School Clinic," Cambridge Chronicle, 22 March 1990.
- Gaulkin, Zachary. "Committee to Vote Again on Condoms," Cambridge Chronicle, 29 March 1990.
- Gaulkin, Zachary. "Students Argue for Condoms," Cambridge Chronicle, 1 February 1990.
- Gaulkin, Zachary. "Students Vow to Continue Giving Condoms," Cambridge Chronicle, 8 February 1990.
- Gaulkin, Zachary. "Students Want Condoms at School," Cambridge Chronicle, 25 January 1990.
- Gaulkin, Zachary. "Survey Finds Half of Students Sexually Active," Cambridge Chronicle, 15 March 1990.
- Gaulkin, Zachary. "Vote on Condoms to Stand," Cambridge Chronicle, 5 April 1990.
- Gilroy, Gretchen. "The Answer to Preventing Teen Pregnancy," The Boston Globe, 19 May 1990.
- Graham, Renee. "State to Combat AIDS with Long-Awaited Ads," The Boston Globe, 8 September 1990.
- Harrington, Alice. Letter to Cambridge School Committee. Cambridge, 4 April 1990. Cambridge School Committee archives.
- "Hearing on Condoms," Cambridge Chronicle, 8 March 1990.

- Higgins, Richard. "Catholic Bishops Criticize State's Condom Campaign," The Boston Globe, 5 October 1990.
- Higley, Russell B. Cambridge City Solicitor. Letter to Cambridge School Committee. Cambridge, 2 April 1990. Cambridge School Committee archives.
- Hingson, Ralph W. "Beliefs about AIDS, Use of Alcohol and Drugs, and Unprotected Sex among Massachusetts Adolescents." American Journal of Public Health 80 (March 1990): 295-99.
- Howe, Peter J. "AIDS Activist Hits State's Condom Plan," The Boston Sunday Globe, 6 May 1990.
- "In Defense of CRLS," Cambridge Chronicle, 5 April 1990.
- "In the Spotlight," Cambridge Chronicle, 15 February 1990.
- Kantrowitz, Jeffrey. "Condoms Debated at Brookline High," The Boston Globe, 20 January 1991.
- Knox, Richard A. "State to Push Use of Condoms," The Boston Globe, 5 May 1990.
- Kong, Dolores. "Brookline Mulls School Condom Plan," The Boston Globe, 17 February 1991.
- Kong, Dolores. "House Report Says AIDS is Rising Unchecked Among Teen-Agers," The Boston Sunday Globe, 12 April 1992.
- Kong, Dolores. "Speaker Cancels BC AIDS Talk," The Boston Globe, 19 July 1991.
- Kong, Dolores. "State Likely to Urge Look by Schools at Condom Plan," The Boston Globe, 27 August 1991.
- Lewis, Diane. "Cambridge Board to Rule on Condom Distribution," Cambridge Chronicle, 13 March 1990.
- Lewis, Diane. "Students Dispense Condoms at Rindge and Latin School," The Boston Globe, 3 February 1990.

- Lewis, Diane. "Vote to Dispense Condoms at School Leaves Cambridge Residents Divided," The Boston Sunday Globe, 25 March 1990.
- "Local Priests Oppose School Condom Vote," Cambridge Chronicle, 5 April 1990.
- Longcope, Kay. "Cambridge Starts Program Requiring Condom Machines," The Boston Globe, 17 December 1990.
- Loth, Renee. "Dukakis Said to be Inhibiting AIDS Fight," The Boston Globe, 27 April 1990.
- Loth, Renee. "State Withholds Backing for Ad Campaign to Fight AIDS," The Boston Globe, 11 July 1990.
- Mahoney, Marietta R. "Condoms Policy is a Disservice to Students," Cambridge Chronicle, 12 April 1990.
- Massachusetts Department of Public Health. Adolescents at Risk 1991: Sexually Transmitted Diseases. May 1991.
- Massachusetts Department of Public Health. "Massachusetts Teens: HIV/AIDS, STDs, and Births."
- Massachusetts Public Health Association. "Policy on Condom Distribution in the Schools," December 1991.
- McGrath, Mary Lou. HIV Orientation for Staff. Cambridge, 13 March 1990. Cambridge School Committee archives.
- Muro, Mark. "The Condom Conundrum," The Boston Globe, 2 April 1991.
- Negri, Gloria. "Cambridge Condom Machine Law Kicks In," The Boston Globe, 18 December 1990.
- "No Delay in Condom Distribution," Cambridge Chronicle, 19 April 1990.
- Noonan, David. "A Defeat for Self-Control," Cambridge Chronicle, 29 March 1990.

Petition to the Cambridge School Committee Supporting Condom Distribution in School. Cambridge School Committee archives.

Popkin, Michael H. Active Parenting of Teens. Atlanta, GA: Active Parenting, Inc., 1990.

Rosen, Harriet. "The Underlying Problem is in the Family," Cambridge Chronicle, 29 March 1990.

"Rules do not Restrict Birth Control at School," Cambridge Chronicle, 1 February 1990.

"School Health Panel to Meet Tuesday," Cambridge Chronicle, 3 May 1990.

Sege Irene. "State to Promote Condom Distribution," The Boston Globe, 25 July 1990.

"Stance Explained on Condoms Issue," Cambridge Chronicle, 22 February 1990.

Stroud, Ellen. "Condoms, Condoms, Condoms Were City's Hot Topic," Cambridge Chronicle, 27 December 1990.

Stroud, Ellen. "Graduation Day at Rindge and Latin," Cambridge Chronicle, 7 June 1990.

"Teen Chastity is the Answer," Cambridge Chronicle, 29 March 1990.

"What the Committee Thinks," Cambridge Chronicle, 1 February 1990.

Zitner, Aaron. "Condom Programs Win Little Support from School Officials," The Boston Globe, 24 October 1991.