

POPE PAUL VI — MODERN DAY PROPHET

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A presentation of experiences witnessed by an obstetrician-gynecologist practicing over three decades in a contraceptive culture

PROLOGUE

Humanae Vitae, the prophetic encyclical on human sexuality by Pope Paul VI, celebrated its 27th anniversary on July 25, 1995. In spite of all its critics have offered, it is a very positive document filled with much wisdom. Of particular interest to the author, a retired obstetrician-gynecologist who practiced medicine for 39 years after medical school, were the prognostications envisioned by his Holiness if a contraceptive culture came to flourish. The marketing of the birth control pill (BCP) and intrauterine device (IUD) has produced just such a culture. What did the Pope say on July 25, 1968? What has happened since?

Paul VI's three main predictions are detailed in his encyclical at #17: "Grave Consequences of Methods of Artificial Birth Control."ⁱ 1) "Let them consider, first of all, how wide and easy a road would thus be opened up towards conjugal infidelity and the general lowering of morality." The 50% rate of divorce currently being experienced as well as the cultural acceptance of same-sex genital relations as a viable lifestyle option come to mind. 2) "It is also to be feared that the man, growing used to the employment of anti-conceptive practices, may finally lose respect for the woman and, no longer caring for her physical and psychological equilibrium, may come to the point of considering her as a mere instrument of selfish enjoyment, and no longer as his respected and beloved companion." The "philosophies" of *Playboy* and *Penthouse* magazines are examples of this. 3) "Let it be considered also that a dangerous weapon would thus be placed in the hands of those public authorities who take no

heed of moral exigencies. Who could blame a government for applying to the solution of the problems of the community those means acknowledged to be licit for married couples in the solution of a family problem? Who will stop rulers from favoring, from even imposing upon their peoples, if they were to consider it necessary, the method of contraception which they judge to be most efficacious? In such a way, men wishing to avoid individual, family, or social difficulties encountered in the observance of the divine law, would reach the point of placing at the mercy of the intervention of public authorities the most personal and most reserved sector of conjugal intimacy." The mandatory one-child policy in force in the Republic of China witnesses the accuracy of this prediction. This policy is enforced through required contraception/sterilization, backed up by compulsory induced abortion when these former methods fail.ⁱⁱ What other societal by-product has been witnessed as a result of the advance in contraceptive technology?

In the author's judgment, the marketing of the BCP and IUD undoubtedly fueled the sexual revolution of the 60's, 70's and 80's. This view is supported by the late Robert W. Kistner, M.D., an obstetrician and gynecologist of Harvard Medical School and Boston Hospital for Women.ⁱⁱⁱ Speaking to the 1977 Annual Clinical Congress of the American College of Surgeons, he said: "About ten years ago I declared that the pill would not lead to promiscuity. Well, I was wrong." During his presentation he reported that adolescent promiscuity, abetted by access to oral contraception, may ultimately produce a new generation of infertile females. He added, "Anyone who treats patients for infertility must be alarmed at the marked increase over the last five years in salpingitis, tubal adhesions, and virulent gonorrhea. Class III Pap smears in 17-year old girls who never return to your office are also alarming." Thus Dr. Kistner confirms the fact that the use of the pill has led to an increase in sexually transmitted diseases,

infertility, and cervical intraepithelial neoplasia (CIN) in very young women. The impact of this type of deportment reaches beyond individual patients. It touches all of society.

What has this led to as we view our nation from a cultural perspective in the 1990's? A series of rhetorical questions proposed by Rev. Randall Terry shed some light.^{iv} Rev. Terry celebrated the thirtieth anniversary of his birth in 1990 and was pondering some remarkable changes that have occurred during his lifetime:

Who, in their wildest dreams, would imagine in 1960 that today we would live in a country in which vile corruption, rape and lethal violence would be reported daily by the media? Who would have predicted an epidemic of teenage pregnancy and sexually transmitted diseases? Who would have foreseen an outbreak of child pornography and "snuff" films in which children, after suffering sexual abuse of an animal kind, would be ritualistically murdered? Who would envision a society that annually kills 1.5 million of its preborn children and whose capital records more abortion than live births each year? Who would have dreamed that this same capital would count over one homicide every day? Who could envision that our largest cities would host annual parades featuring gays and lesbians demonstrating for their rights? Who could foresee a time when representatives in the Congress would openly profess their homosexuality and several jurisdictions would consider legislation permitting same-sex marriages? Who would have foretold a roaring drug epidemic affecting all levels of society? That we are living in a moral disaster area is not in doubt. That *Humanae Vitae* predicted the possibility of these calamities is equally true.

INTRODUCTION

In support of the wisdom of Pope Paul, this paper presents the observations of one who has practiced medicine for 39 years. After a rotating internship, a year of active duty as a general medical officer in the Air Force and a one-year medical residency, the author spent approximately four and a half years as a family practitioner. Beginning July 1, 1955, three years were spent as a resident in obstetrics and

gynecology, with the balance of the time consumed in the private practice of the same discipline. The purpose of this paper is to demonstrate that the medical profession, its various organizations and individual physicians have really not thought through the practice of prescribing contraceptives.

This practice has helped to generate three significant medical conditions and a social problem. While it may not be possible to demonstrate a crystal-clear cause-and-effect relationship between contraception and these difficulties, the facts, as they evolve, will be consuming in their witness to that possibility that they will display the connection.

What are the issues to be addressed? The first of the problems to be discussed is the teenage pregnancy epidemic, a reality which seems to be antithetical to prescribing contraception. However, numerous studies have been done during the past two decades demonstrating results that fly in the face of human wisdom. In 1971-73 California started with a very modest four million dollar budget to establish an Office of Family Planning (OFP).^v Spending was increased to 31 million in 1984-85 and subsequently reached a level of 36 million. Data indicated that for each increase of one million dollars spent on contraceptive research, technology and supply, another 200 teenage pregnancies occurred. California has learned its lesson. For FY 1990 they lowered the OFP budget to 12 million dollars.^{vi} The second problem, the sexually transmitted disease epidemic, is a little bit easier to relate to contraception. Thirdly, an alarming rise in CIN, that is, microscopic tumors on the mouth of the womb that are either pre-cancerous (dysplasia) or microscopic cancer (carcinoma in situ) has been demonstrated. These findings are easily related to the sexual revolution. The final question to be discussed is the epidemic rate of divorce in America. The common etiology of all these problems is the sexual revolution of the 60's, 70's, and 80's, aided and abetted by the advance of contraceptive technology. And what is the cure?

The cure is a return to chastity. There is no other cure. Chastity means that a mature and functional emotional relationship between a man and a woman places the sexual act in context, and restores to it the creative and responsible function of sustaining and procreating the family.

TEENAGE PREGNANCY

The first problem to be discussed is the teenage pregnancy epidemic which has been making headlines for over two decades. The figures are deplorable. In 1980 there were a million pregnancies to women under the age of twenty. Some 40% of the girls who are now 14 years old will experience pregnancy at some time before they are 20 years old. One-fifth of them will bear a child. Another 15% will have at least one abortion, and 6% will have at least one stillbirth. In California, adolescent pregnancy is the number one cause of school dropouts among teenage women.^{vii}

Sex education based on contraception has been routinely offered as a solution. Because of the intrinsic corruption of moral norms that this imposes, because it elevates the sexual act to an end in itself, and therefore robs it of its creative and responsible nature, it is bound to fail. Recent history demonstrates this failure. It is well to remember that 23 years have passed since Congress adopted legislation establishing Title X of the Public Health Services Act. Yet after more than \$2.2 billion in expenditures America's teenage pregnancy crisis is not getting better. From 1974 to 1985, the percentage of all females aged 15-19 becoming pregnant each year rose by more than 10%.^{viii} That contraception isn't the answer was articulated by Peggy B. Smith at the 1986 annual meeting of the Texas Medical Association. "In 1970, I thought I knew the answer. If the pill were made available at no cost and the service(s) were confidential and did not involve parents, I thought we would stamp out adolescent pregnancy. We made

this mistake because we considered the facts, the science, but not the art."^{ix}

What has happened to the teenage pregnancy problem during the intervening 23 years since Dr. Smith thought she had the answer? Henshaw and Van Vort of the Alan Guttmacher Institute (AGI) presented an update on teenage abortion, birth, and pregnancy statistics up through 1985.^x The information on births comes from the National Center for Health Statistics (NCHS). Abortion data are the results of an AGI survey of all known abortion providers in the country. The national abortion and birth rates are based on population estimates published by the Census Bureau. The figures are low because the numbers are counted at the time of pregnancy outcome rather than the age at which the pregnancy occurred. For example, most women who gave birth at age 20 conceived while age 19. The authors report that women younger than 20 accounted for 26% of all abortions and 13% of all births. The pregnancy rate by age of outcome rose steadily from 104.6/1000 women aged 15-19 in 1977 to a high of 111.2 in 1980. It experienced only minor fluctuations through 1985, the last year of this study. Calculations from the NCHS data show that at the 1985 rates of abortions and births, 9% of young women will have had at least one abortion and another 9% one or more births by their 18th birthday. By age 20 the figures are 18% and 20%, respectively. The latest figures available from the NCHS indicate no improvement. In fact, the 1989 figures document the sharpest increase in the teenage birth rate in over a decade.^{xi}

Why haven't widely available sex education and contraception stopped this epidemic? In answer to that question, consider the view of Kingsley Davis, professor of sociology at the University of California, Berkeley, whose words are as true today as they were in 1972: "The current belief that illegitimacy will be reduced if teenage girls are given effective contraception is an extension of the same

reasoning that created the problem in the first place. It reflects an unwillingness to face problems of social control and social discipline, while trusting some technological device to extricate society from its difficulties. The irony is that the illegitimacy rise occurred precisely while contraception was becoming more, rather than less, widespread and respectable."^{xii}

SEXUALLY TRANSMITTED DISEASES

The second medical problem area is Sexually Transmitted Diseases (STD's). As far back as 1971, the incidence of gonorrhea in the U.S. was put at two million cases annually.^{xiii}

While the reported incidence has hovered around one million per year in recent years and seems to be leveling off, massive under-reporting is a recognized fact. As startling as this figure is, as of 1989 the rate of chlamydia infections is thought to be 4 million cases per year.^{xiv} This infection is very difficult to diagnose, as the offending bacteria only grows in human cells.

Hugh R. K. Barber, M.D., an obstetrician/gynecologist and editor of the periodical *Female Patient*, wrote an editorial about chlamydia trachomatis infection in the female.^{xv} He was aware of the high rate of infertility that followed this infection secondary to occlusive salpingitis. He said,

Why should we be surprised at these reports? Nature demands a price for everything we do. Just as surgical incision is followed by a scar, sexual promiscuity may be followed by infection. From biblical times, promiscuity has been a self-fulfilling prophecy. The release of our inhibitions and doing one's thing (even in defiance of morality) has been projected as the means to help us become a better adjusted, happier race of free-spirited people. Maybe they have, but we may have paid a high price in physical well-being.

We should recognize that one of the most powerful forces in society, an unbridged revolution, is underway. In the foreseeable future it will not be turned back or controlled. Young, as well as older, people have been

affected by the chlamydia epidemic, resulting from 'modern' behavior.

It is obvious that through the sexual revolution we have released an awesome energy, whose final destructive physical power may not yet be foreseen. I am neither a moralist nor an evangelist, but the lessons learned from Sodom and Gomorrah stand out as revelatory of the consequences of unbridled promiscuity. Since we seem powerless to control this monstrous energy, the medical profession must redouble its efforts to protect the population. It is not for us to reason why but rather to treat and cure.

As guardians of the health of the nation, it is our responsibility and duty to meet this challenge and vanquish the enemy. The accomplishment of wiping out chlamydia may give us pride in our scientific excellence and at the same time serve as consolation for our failure or (at best) mediocrity in moral accomplishments.

The author does not agree with all of Dr. Barber's comments, but his reasoning about the cause of the chlamydia epidemic is sound. Less sound is his statement that the human family cannot learn to control the exhibition of the sexual gifts. To the author it is demeaning to suggest that the control of such human actions is located anteriorly in the midline near where the lower extremities join the body in both the male and female of the species. This does not even take into consideration the powerful assistance available through a leap of faith in Jesus Christ and His Father. His suggestion that unbridled sexual activity might lead to human happiness and fulfillment is also in error.

Is there a connection between the STD epidemic and the advance in contraceptive technology? This is the word from King K. Holmes, M.D., an infectious disease expert.^{xvi} He says the rise in ten sexually transmitted diseases is linked with the oral contraceptive. The diseases he cited are gonorrhoea, genital herpes, cytomegalo virus, chlamydia, T-myco plasma, hepatitis B, syphilis, trichomonoas, crab lice, and genital warts. Sadly, chlamydia trachomatis is common among sexually active adolescent women. It occurs more frequently among sexually active female adolescents who use oral contraceptives according to John J. Fraser, M.D., and

colleagues.^{xvii} Like other investigators, Dr. Fraser found an association between oral contraceptive use and chlamydial infection. Two possible explanations for the association of chlamydia trachomatis, say the investigators, are increased sexual activity in pill users and hormone induced changes in the cervical epithelium conducive to the growth of the organism.

Perhaps the biggest headlines reserved today for STD's concern viral etiology. The first one is genital herpes. This disease is incurable and has great impact on the child-bearing ability of women. Herpes acquired by the newborn is frequently fatal. If there is any history of herpes in the expectant mother, the labia and lower genital tract must be carefully inspected at the onset of labor. If vaginal delivery is planned, there must be no evidence of active disease. If there is any suggestion of active lesions in the genital area, Caesarean section must be performed in the interest of the baby's health.

Is herpes still prevalent? As herpes is not a reportable infectious disease, one can only give an estimated incidence of 500,000 cases per year.^{xviii} The incidence of most sexually transmitted diseases is leveling off, and in some instances in on a decline. This is not because of the discovery of Our Lord Jesus Christ. It is because of herpes and the Acquired Immune Deficiency Syndrome (AIDS), also caused by a virus. Both are sexually transmitted, both incurable, the latter lethal. All the headlines these days seem to be going to AIDS. Medical economists estimate the annual cost of HIV (human immunodeficiency virus) infections would reach 10.4 billion dollars per year by 1994.^{xix}

AIDS has always been thought of as most prevalent in the homosexual community, and indeed it has been. Results from the largest national sexual survey in over forty years were recently published in the journal *Science*.^{xx} But findings suggested that many Americans are ignoring the "safe-sex"

message. The most egregious denial of risk is occurring among heterosexual Americans who are having intercourse with multiple partners without using condoms. Among heterosexual adults with two or more sex partners in the past five years, 31% were at some level of risk for becoming HIV positive. In some metropolitan areas, such as New York and San Francisco, the risk was 41%. Condom use was 17% among those with multiple partners and 13% among those with high risk partners, such as intravenous drug users. This type of social behavior insures the increasing incidence of this lethal disease among heterosexuals and, unfortunately, their innocent offspring.

With regard to their sexual gifts, declining behavioral patterns among today's adolescents has produced one change. The problem of STD's among teenagers in industrialized countries has gotten so mammoth that people interested in sex education indicate that a change in emphasis is needed.^{xxi} In 1975, speaking at the General Assembly of the "Union Against the Venereal Diseases and Treponematoses" held in Attard, Malta, Dr. K. F. Heinz said, "If people would shield themselves against STD's as conscientiously and efficiently as they do to avoid pregnancy, we might have good reason to expect a decline of VD in industrialized countries similar to that of our birth rate." Dr. Hunger cited data that regular contraceptive use during intercourse had increased from 30% to 70% among West German young people during the preceding 15 years. He added that in that same period the incidence of STD's had risen to epidemic proportions. He blames this on the emphasis on pregnancy prevention in the sex education classes. No mention of the need for change in social behavior was made. This message may be a little slow in becoming widely known, but it becomes obvious if one begins to look at the data.

What single agency is most responsible for the disaster that has been seen here? In the author's judgment, Planned

Parenthood. This organization is anti-family, anti-good health and anti-good sense. This organization is supportive of sex education without a value-judgment system, gives contraceptive counsel and provision without parental consent, and urges induced abortion for failed contraception without parental consent or awareness. To anyone who has thought about the problems besetting today's teenagers, the first point of intervention to prevent all of them is before the initiation of sexual activity. There are at least two main courses to be followed. One is premised on strong parental guidance and condemnation of sex outside of marriage. The second casts children as sexual libertarians entitled to absolute freedom in sexual matters and a complete range of rights to deal with the unintended consequences. The Planned Parenthood Federation, which receives approximately \$30 million annually under Title X, has embraced the second alternative. Examples of their approach include the following: Alameda-San Francisco told their clients that it is a "myth" that "[y]oung women who have more than one sexual partner are easy. Some people, both men and women, prefer to relate sexually to more than one person at a time. This is an individual preference."^{xxii}

An almost identical theme appeared in a teen pamphlet prepared for the Planned Parenthood Center of Syracuse: "Many people believe that sex relations are right only when they are married. Others decide to have sex outside of marriage. This is a personal choice."^{xxiii} Eunice Kennedy Shriver pointed out the crossroads at which our society is poised in a 1987 editorial: "Let us listen to parents, teachers, and teenagers themselves before the vastly increased commitment of resources called for by the advocates of contraception and abortion becomes national policy. There needs to be a recognition by public officials at all levels that there are effective approaches to adolescent pregnancy more in keeping with our traditions and values. Without these, we

will only continue to pursue with cold illogic the fantasy of a magic bullet."^{xxiv}

CERVICAL INTRAEPITHELIAL NEOPLASIA

Another STD of viral etiology is genital warts. While this condition is not lethal and is treatable, it is evident today that certain varieties of the human papillomavirus (HPV), the offending organism, are responsible for the third medical problem noted earlier, cervical intraepithelial neoplasia (CIN).

It is no surprise that the first fallout noted from the sexual revolution was a tremendous upsurge in the rate of venereal disease. Now evidence from several medical centers suggests an alarming second wave of fallout; a sharp increase in the incidence of cancerous and pre-cancerous lesions of the cervix among teenagers and young women.^{xxv}

How bad is this problem? An article which appeared in *The Medical Tribune* reporting on a survey of 2,377,000 Pap smears recognized that there is a connection between sexual activity and CIN. The risk factors noted are early onset of intercourse, arbitrarily age 18 or before, and multiple partners, arbitrarily three or more. But the reality is that the woman, who may be monogamous but who marries or has coitus with a partner who has been promiscuous before she had her loving encounter with him, bears the risk of all of his previous contacts. The studies that have been done clearly implicated the risk factors noted. The cytologist and pathologist who conducted this study were from Cancer Screening Services, a private Los Angeles laboratory. Of all the Pap Smears analyzed, 118,081 were abnormal. This overall rate of 20 per 1,000 contrasted sharply with the rate for women under age 20. The incidence of cervical abnormalities among them was 50 per 1,000, a 2.5-fold increase in abnormal Paps in young women. The incidence figures rose steadily over the course of the review, but the sharpest jump was registered in those

under 20. When the study was begun in 1974, carcinoma in situ, microscopic cancer on the mouth of the womb, was occurring at a rate of 2.5%. By 1977, three years later, the rate was 7.5%, a three-fold increase. In each and every twelve-month period there was a constant increase in the yield per 1,000 of abnormal smears in those under age 30. This was accompanied by appropriate increases in tissue diagnoses of cervical intra-epithelial neoplasia. Two other papers from this same laboratory resource re-affirm these findings.^{xxvi} The most recent of these reports on 1,632,847 women from two independent populations. The first is a group of Planned Parenthood patients, which consists of a large population of healthy young women throughout the U.S., and a second a group of private patients, also from throughout the U.S. Condylomatous lesions (HPV infections) were the most frequent cytologic abnormality in women in both the Planned Parenthood and private sector groups (prevalence rates of 18.6 to 19.0 in women between the ages of 15 and 19).

The epidemiology of cervical neoplasia was first studied by Gagnon, who showed that this disease was absent in a population of Canadian nuns.^{xxvii} His study was cited in an editorial entitled, "CIN or Not to Sin" in the *Journal of the American Medical Association*.^{xxviii} The author, C. M. Fenoglio, M.D., writes: "Since this initial study, it is clear that cervical cancer is related to a number of identifiable risk factors, including early sexual activity, multiple pregnancies, multiple sexual partners, early age at first pregnancy or first marriage, promiscuity, and exposure to a 'high-risk' male sexual partner. When all of the epidemiologic risk factors are analysed, one finds that they have in common the degree of sexual activity engaged in by the women with cervical neoplasia or by their sexual partner(s) and that cervical cancer has many of the attributes of a venereally transmitted disease."

Anna-Barbara Moscicki and co-authors have shed additional

light on the causation of this disease.^{xxix} "The epidemiologic risk factors for CIN and STD's have appeared similar, so research has focused on the role of specific sexually transmissible agents in the pathogenesis of cervical neoplasia. Strong evidence indicates that [sic] genital human papillomavirus infection, specifically with type 16, 18, 31, or 33, is a key factor in cervical neoplastic transformation. In addition, STD's, such [as] *Chlamydia trachomatis* or herpes simplex virus infection, cigarette smoking, and oral contraceptive use may increase the vulnerability of the cervical epithelium to HPV infection and neoplasia."

DIVORCE

The final problem to be discussed is social in nature, the epidemic divorce rate in the U.S. A 1981 article in the now defunct *Washington Star* indicated that more American marriages broke up in 1979 than ever before.^{xxx} In that year the number of divorces nearly tripled from what it was twenty years before, according to a Census Bureau report; 1.18 million divorces were granted in 1979, 4.5% more than in 1978. The figure that is most distressing is that more children were involved in broken marriages. The Bureau estimated that 1.18 million children under 18 had parents who were involved in a divorce in 1979. Clearly the family is under attack.

One would think that the decades that recorded widespread cohabitation, "trial marriages" if you will, would improve the outcome of legally sanctioned wedded bliss. This issue was studied in an article from *Medical Aspects of Human Sexuality* that addressed the question, "Is Cohabitation a Good Method of Spouse Evaluation?"^{xxxi} Olday found that cohabitation was not a more effective screening method to make sure one marries a well-suited partner than traditional courtship. This is in contradiction to the widely held belief that this practice improves the mate-selection process. In fact,

a more recent study by researchers from the University of Wisconsin shows that couples who cohabit before marriage are actually more likely to separate and divorce than those who head straight for the altar.^{xxxii}

THE LINCHPIN

As convincing as this data is with regard to demonstrating health and social ills, what leads one to the conclusion that these ills are related to advances in contraception? It is of interest and very educational to study a graph of the annual gonorrhea incidence rate over time. Figure 1 represents this data from 1920 until 1980. The aspects of this curve which deserve particular attention are the spike that occurs in the mid-1940's (World War II) and the dramatic upward turn experienced in the early 1960's. The incidence is relatively level over the first 22 years of the graph. For the mid- and late 1940's this rate doubles. This is undoubtedly related to the separation of families and young lovers caused by World War II. Following the global conflict the rate settles back down to near where it was until the early 1960's. There wasn't any war at this time, except an assault on women in the form of the pill and the IUD, which were marketed during this period. The incidence of gonorrhea rose like a rocket to the moon. This information comes from the Center for Disease Control in Atlanta, Georgia.

Figure 2 presents the divorce rate in the U.S. over the same period. This graph was developed by the U. S. Department of Health and Human Services, Office of Health Research, Statistics and Technology, located in Suitland, Maryland. An analysis of the curve allows the exact same interpretation. While no cause-and-effect relationship can be proven, it would be foolhardy to believe that there is no connection between these results and the marketing of the pill and IUD. Paul Weisner, M.D., sadly summarized what is happening in

our society in an article that appeared in a 1981 issue of *Urban Health*.^{xxxiii} Dr. Weisner was Director of the Venereal Disease Control Division of the CDC in Atlanta when he reported "some relatively astounding statistics." He noted that the reported figures for what he called "social indicators" reached a reported incidence of one million per year for the first time between 1975 and 1979. Among these were divorces, teenage pregnancies, induced abortions, and cases of gonorrhea. Sounds like Sodom and Gomorrah revisited.

THE CURE

On a more positive note, the Medical Director for the Center for Disease Control, William Foege, M.D., made these observations in an October 1985 issue of *JAMA*: "The scientific basis for the influence of lifestyle choices on health continues to grow. Lifestyles are changing and it is probably that these changes are already reducing the role of diseases. In the coming decades, the most important determinants of health and longevity will be the personal choices made by each individual. This is both frightening for those who wish to avoid such responsibility and exciting for those who desire some control over their own destiny."^{xxxiv}

Another pearl of great price was offered by Sam Nixon, M.D., a public health physician visiting Washington, D.C., as a consultant to HELP, a support group for those who suffer from herpes genitalis. He and his wife of 31 years, Elizabeth, were sitting in a coffee shop and being interviewed when he was reported to have said, "I'm just a chicken-eating Methodist, but for me the problems of sexually contagious diseases are very simply handled. The Ten Commandments not only make excellent rules to live by, but they are very good public health laws too." Also impressive was Ted Koppel when he was talking to the 1987 class of Duke graduates which included his daughter. He said, "What

Moses brought down from Mt. Sinai were not the Ten Suggestions... they are Commandments. *Are, not were!*" (emphasis in the original).^{xxxv} Returning to a scientific source, Dr. S. L. Barron, a British gynecologist, states the author's view succinctly: "By offering contraception to girls under 16, doctors are condoning immorality and failing to point out the harmful medical effects of early sexual activity. In this context, early sexual activity should be regarded in the same way as smoking or drinking."^{xxxvi}

There is little doubt that as we get smarter, we sometimes back away from logic. In 1974 the AMA House of Delegates passed a resolution which favored chastity to prevent venereal disease. The AMA developed policy-positions endorsing abstinence for single people and fidelity and continence for married couples as a means of curbing the epidemic increase in the incidence of gonorrhea.^{xxxvii} In 1987 Dr. George D. Lundberg, a *JAMA* editor, got some media interest from *The Washington Post*: "The editor of *JAMA* yesterday called for an end to sexual permissiveness to stop the spread of AIDS, saying that changes in lifestyle now do far more than science to protect against a disease that threatens to be one of the great scourges of history."^{xxxviii}

In 1982 the American College of Obstetricians and Gynecologists came close to this solution, but no action has been seen to date. "In cooperation with a number of national health and educational organizations, the March of Dimes, the National PTA, the American Academy of Pediatrics, The American Academy of Physicians, and the Nurses Association of the American College of Obstetricians and Gynecologists, ACOG, made plans to explore the need for programs focused on the prevention of sexual involvement of early adolescents and its associated health and social consequences."^{xxxix}

Earlier on Dr. Barber spoke about all of this extra-marital intercourse perhaps being a source of comfort and peace and

joy to those who would partake of it. Not so, in the author's judgment. Recent reports indicate that the suicide rate per 100,000 in ages 75-84 was down 75%; in ages 45-54 down 16%; in ages 15-24 up 150%.^{x1} It should be easy to identify which of these age groups is the most sexually active. The gift you only give once is your virginity. "Go for No" when considering intercourse outside of marriage remains good counsel.

SUMMARY

Pope Paul VI predicted several negative societal by-products of living in a contraceptive milieu. His predictions have been experienced as witnessed by a 50% divorce-rate, rigorous enforcement of a one-child family policy by the Chinese government, and exploitation of women as sex objects by many men in society. This reality and freedom from fear of pregnancy on the part of women as a result of the advance of contraceptive technology led to the so-called sexual revolution of the 60's, 70's and 80's. The author points out the synchronous relationship between the marketing of the birth control pill and intrauterine device and the beginning of the epidemic rate of divorce. This same time-line relationship is noted for the rise in the incidence of gonorrhea. Epidemic rates for teenage pregnancies, other STD's, and other medical problems as well are noted. The author maintains that a return to chastity is the only available cure for all the problems presented.^{xli}

NOTES

i. Pope Paul VI, *Humanae Vitae*, July 25, 1968.

ii. Steven M. Mosher, "One Family, One Child: China's Brutal Birth Ban" in *The Washington Post*, Oct. 18, 1987.

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- iii. Robert W. Kistner, M.D., *Ob. Gyn. News* v.12 n.24 (Dec. 15, 1977).
- iv. Rev. Randall Terry, personal communication (tape), Address to a 1990 meeting of Christian ministers.
- v. The Office of Family Planning: Analysis of a Tragic Failure, Executive Report for Governor George Deukmejian and the State Legislature of the State of California, May 1986.
- vi. Washington Memo, Alan Guttmacher Institute, 111 Fifth Avenue, New York, NY, 10003, August 2, 1989.
- vii. See note 5 above.
- viii. Charles A. Donovan, "Teenage Pregnancy, National Policies at the Crossroads" in *Family Policy* (Nov./Dec., 1989).
- ix. Peggy B. Smith, Ph.D., cites "'Terrible' Mistakes in Teenage Pregnancy Prevention Efforts" in *Ob. Gyn. News* v.21 n.16 (Aug. 15-31, 1986). This secondary resource is retained because of the value of the quotation used. Phone conversation verified the fact that Dr. Smith, who is an associate professor of obstetrics and gynecology at the Baylor College of Medicine has essentially the same view today. She sent several other references: 1) Peggy B. Smith et. al., "Social and Affective Factors Associated with Adolescent Pregnancy" in *Journal of School Health* (February 1982) and 2) Peggy B. Smith, Maxine Weinman, "Adolescent Mothers and Fetal Loss, What Is Learned from Experience?" in *Psychological Reports* 55 (1984) 775-78.
- x. S. K. Henshaw and J. Van Vort, "Teenage Abortion, Birth and Pregnancy Statistics: An Update" in *Family Planning Perspectives* v.21 n.2 (March/April 1989) 85-88.
- xi. National Center for Health Statistics, *Advance Report of Final Natality Statistics* v.40 n.8, Supplement (Dec. 12, 1991).

xii. U. S. Commission on Population Growth and the American Future (1972).

xiii. "VD: Gonorrhea Incidence Put at 2 Million Annually in U.S." in *Hospital Practice* (June 1981).

xiv. "Preventing Pregnancy and Protecting Health: A New Look at Birth Control Choices in the United States" - The Alan Guttmacher Institute (1991).

xv. Hugh R. K. Barber, M.D., "Chlamydia: the New Health Menace" in *The Female Patient* 7 (1982).

xvi. King K. Molmes, M.D., "Rise in 10 Sexually Transmitted Diseases Linked with 'OC Era'" in *Ob. Gyn. News* (June 1, 1976) p. 18.

xvii. John J. Fraser, M.D., *Pediatrics* (March 1983) pp. 333 ff.

xviii. Preventing Pregnancy and Protecting Health: a New Look at Birth Control Choices in the United States." The Alan Guttmacher Institute, 1991.

xix. F. J. Hellinger, "Forecasting the Medical Care Costs of the HIV Epidemic: 1991-1994" in *Inquiry* 28 *Fall 1991) 213-25.

xx. J. A. Catania et al., "Prevalence of AIDS-Related Risk Factors and Condom Use in the United States" in *Science* 258 (Nov. 13, 1992) 1101-06.

xxi. "More Emphasis on VD Asked in Sex Education" in *Ob. Gyn. News* v.10 n.18 (Sept. 15, 1975).

xxii. See Charles A. Donovan, "Teenage Pregnancy: National Policies at the Crossroads" in *Family Policy* (Nov/Dec. 1989).

xxiii. *Ibid.*

xxiv. Eunice Kennedy, "Rx for Teen Pregnancy," in *The Washington Post* (March 19, 1987).

xxv. Hara Marano. "Teen Pap Screens Urged as Cervical Cancer Rate Rises Fast" in *Medical Tribune* (Feb. 15, 1978). This secondary resource is retained because of the tremendous volume of clinical material and the remarkable findings it yielded. This article presents details from two separate reports presented at the Pan American Cytology Congress held in Las Vegas in early 1978. A visit to the National Library of Medicine, several phone calls and a round of correspondence with the referenced laboratory failed to locate a printed reference appeared in a scientific journal. But two other papers with similar findings were supplied by S. B. Sadeghi, M.D., Cytopathologist and Medical Director, Cancer Screening Services.

xxvi. S. B. Sadeghi et al, "Prevalence of cervical intraepithelial neoplasia in sexually active teenagers and young adults" in *American Journal of Obstetrics and Gynecology* 148/6 (March 15, 1984) 726-99.
S. B. Sadeghi et al., "Human Papillomavirus Infection" in *Acta Cytologica* 33/3 (May-June 1989) 319-22.

xxvii. F. Gagnon, "Contributions to Study of Etiology and Prevention of Cancer of the Uterus" in *American Journal of Obstetrics and Gynecology* 60 (1950) 516-22.

xxviii. C. M. Fenoglio, "CIN or Not to Sin" in *JAMA* 252/21 (1984) 3012-13.

xxix. A.-B. Moscicki et al., "Differences in Biologic Maturation, Sexual Behavior, and Sexually Transmitted Disease Between Adolescents with and without Cervical Intraepithelial Neoplasia" in *Journal of Pediatrics* 115/3 (Sept. 1989) 487-93.

xxx. "Divorces Set Record, Affect More Children" in *The Washington Star* (June 9, 1981) p.A2.

xxxi. Paul R. Mewcomb and Gerald W. McDonald, "Cohabitation of Young Couples: Answers to Some Common Questions" in *Medical Aspects of Human Sexuality* 15/6 (June 1981).

xxxii. "'Trial Marriage' No Guarantee of Marital Success" in *Medical Aspects of Human Sexuality* (Jan. 1990) 21.

xxxiii. Paul Weisner, M.D., "Future of VD Controls is 'Grim,' 'Uncertain,' but 'Promising'" in *Urban Health* 10/8 (1981) 32.

xxxiv. William H. Foege, M.D., "Public Health and Preventive Medicine" in *JAMA* 254/16 () 2330.

xxxv. Ted Koppel, "Commencement Speech at Duke University on Sunday, May 10, 1987.

xxxvi. S. L. Barron, M.D. "Sexual Activity in Girls Under 16 Years of Age" in *British Journal of Obstetrics and Gynecology* 93 () 787-93.

xxxvii. "AMA Delegates Favor Chastity to Prevent VD" in *Ob. Gyn. News* (Aug. 15, 1974).

xxxviii. Christine Russell, "Change in Life Style Urged to Combat AIDS" in *The Washington Post* (June 21, 1985), A2.

xxxix. ACOG Newsletter (August 1982).

xl. Gail McCrory, *The Washington Post* (1980 data).

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