68-DXE-DJV
~~DHS Letters/Memos~~ State Inst Gen

DEPARTMENT Public Welfare, Medical Division

STATE OF MINNESOTA

Office Memorandum

TO : All Medical Service Division Institutions
Attention: Medical Director
Administrator
Training Coordinator

DATE: December 27, 1968

FROM : David J. Vail, M.D.
Medical Director

SUBJECT: Sex Education

Increasingly we are recognizing the responsibility of our state institutions to prepare patients and residents for life in the community. The area of sex education is one which has been sadly neglected. We have learned that repression--suppression is not effective. To the contrary it very often produces the very type of behavior we seek to avoid. In this field as in others, ignorance is our worst enemy. It should be clear, however, that teaching facts is not the same as condoning inappropriate sexual behavior.

For the many patients who have lived most of their adult life in a state hospital and are now returning to the community, for the less severely retarded residents of our state institutions for whom we are planning community placement, we are doing little or nothing to adequately and appropriately prepare them to handle the normal physiological and emotional experiences related to sexual growth and development.

Today sex education is being demanded and offered in our public schools. Certainly people in our state institutions are entitled to no less. Their need for education in this area is as great, if not greater, although we recognize that what we teach, how we teach it and to whom, will have to vary according to each person's ability to understand and appropriately use this information, and according to his particular needs.

I have asked Mrs. Mirian Karlins, Director, Education and Manpower Development, and Miss Alice Huston, Mental Health Educator, to assume responsibility for developing a program of family life education, sex education, and family planning. Family planning education will be made available to those who are capable of understanding and utilizing such information. Nursing and other appropriate staff will receive special consultation and/or training to assist them in offering counseling and advice on family planning. Obviously the patients or residents will have the right to determine family planning, but the information will be available to them. This is consistent with the memo from Mr. Hursh dated June 19, 1968 which is attached for your information. Since the county welfare departments and state hospitals are two parts of a closely related system and should be providing continuity of services for those individuals seeking help from them, it is apparent that our programs should attempt to provide similar consultation and counseling whenever and wherever possible and appropriate.

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE
CENTENNIAL OFFICE BUILDING
ST. PAUL, MINNESOTA 55101

March 28, 1968

TO: Chairman, County Welfare Board
Attention: Welfare Director

SUBJECT: Questionnaire on Family Planning Policy

The 1967 amendments to the Social Security Act require that effective July 1, 1968, each state have a plan to provide that family planning services will be offered to and made available in all appropriate cases. The statute and the Congressional intent are clear that the acceptance of such services is to be voluntary on the part of any individual and is not to be a requisite for the receipt of assistance or other services. The statute does not make a distinction between married and unmarried individuals, and states may not limit such services only to married persons. Inasmuch as this legislation is intended to reduce the number of children born out of wedlock, the services must also be made available to individuals who have already had a child born out of wedlock or who seem likely to have such a child.

Public Welfare Manual material on family planning services (VII-3158.05) became effective on February 21, 1968. In this Manual statement, as well as in the Commissioner's bulletin issued February 20, 1967, the State Agency "encouraged and urged" county welfare boards to make available to clients such family planning information as the case situation suggests, consistent with the wishes and desires of the individual and family. The Child Welfare Division has been given the responsibility for assessing the current policy and activity of various organizations in Minnesota in family planning and to develop policies, procedures, and guidelines to help county welfare departments in providing family planning services.

Therefore, it seems appropriate to begin by determining whether the county welfare departments have any written policy on family planning; if so, what is the policy; and if not, what the agency thinks about this subject.

We have attached two copies of a questionnaire designed to obtain this information. One copy should be returned to the State Agency by April 17, 1968. The second copy may be retained for your records.

Very truly yours,

Morris Hursh

Morris Hursh
Commissioner

DPW-826

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE
CENTENNIAL OFFICE BUILDING
ST. PAUL, MINNESOTA 55101

June 19, 1968

TO: Chairman, County Welfare Board
Attention: Welfare Director

SUBJECT: Tabulations from the Questionnaire on Family Planning Policy Sent Out March 28, 1968

Attached are the results of the Questionnaire on Family Planning, sent to you last March 28, 1968. Your cooperation in returning this has been most helpful to us in determining the current activities and policies of the county welfare departments in providing family planning services.

Up until 1965, advice on family planning or information on contraceptive methods was prohibited by Minnesota law. The 1965 Legislature rescinded this law. Family planning is, therefore, now recognized as a matter of public health and welfare concern. Since family planning services are considered a part of agency program efforts, costs incidental to the giving of such service are to be considered an appropriate public welfare expenditure.

Not all physicians provide these services, and some frequently lack sufficient time to fully explain contraceptive methods. Social workers need to be given information and taught how to talk to their clients about the availability of family planning information. Clients should have information on methods and reliability. They have the right to choose and obtain whatever method they wish to use in accordance with their conscience and religious beliefs. The acceptance of such service is to be voluntary on the part of the individual. The Federal Government's intent is clear that family planning information must be available; however, the client at all times shall be free from any coercion whatever in the area of family planning, and family planning is not to be a requisite for the receipt of assistance or other services. The client must have the opportunity to use or not use birth control, subject only to individual (family) choice. The client must also be able to obtain treatment for infertility as well as contraception. Suggestions should be made to your staff as to when conditions might warrant the initiation of the discussion of family planning with the client, such as:

1. When a client invites the discussion.

2. When a visit is made following the birth of a child.

3. When the last several children were born at intervals of less than 18 months to two years.

4. When the client appears overburdened (either physically or emotionally) by the care of existing children.

5. When the case history indicates persistent serious physical or emotional disability.

Workers should be encouraged to review their case loads to determine which clients need family planning information.

I have enclosed a packet of material about family planning with which I wish you and your staff to familiarize yourself and keep as reference material. I suggest that you have some discussion with your staff about family planning and the various methods of contraception. The State Agency will be able to furnish a resource person or team to discuss the various aspects of family planning. If you wish our assistance in bringing this information to your staff and in developing appropriate community resources, communicate your needs to your district representative, who in turn will make contact with our resource person here, Mr. Donald Gralnek. Mr. Gralnek will be happy to meet with you individually or with your board, as well as your staff, to discuss and clarify any questions on this subject.

Very truly yours,

Morris Hursh

Morris Hursh
Commissioner

Enclosure

c

Attachment #2.

BASIC PHILOSOPHY RE: SEX EDUCATION FOR THE MENTALLY RETARDED
(Prepared for discussion at our December 30 meeting--by Shirley A. Bengtson)

PREMISE: MENTALLY RETARDED PERSONS SHOULD HAVE SEX EDUCATION, BOTH IN THE INSTITUTIONS AND IN THE COMMUNITY, ACCORDING TO INDIVIDUAL NEEDS AND INDIVIDUAL CAPACITY TO COMPREHEND SUCH INSTRUCTION.

BASES FOR PREMISE:

1. A basic right of individuals in this country is the right to education. An area of education should not be arbitrarily excluded.

2. "The mentally retarded" range from profoundly retarded to borderline and functionally retarded. They range in age from birth to old age. Many may be exposed to a nearly full gamut of life experiences.

3. The basic goals of both community and institution programs for the mentally retarded are to help the individual to function more adequately in the community or in the institution, to help the individual to live as normal a life as possible, and to help the individual to live as happy a life as possible.

4. "The mentally retarded" are human beings, many of whom have the same sex drives and need for sexual satisfaction as human beings of normal mentality.

5. The majority of the mildly mentally retarded have physically normal bodies, and the majority of the mildly retarded will spend most of their lives outside of institutions. Therefore, many may be involved in some degree of sexual contact during their lives. A basic sex education may help these persons handle themselves more appropriately.

6. A percentage of mildly mentally retarded will marry, with or without proper consents and counseling. A basic education in sexual behavior and reproduction may help these individuals to function better as spouses and as parents.

7. Skills in marital counseling, as well as methods of birth control, have improved so that, with the inclusion of sex education, less promiscuity, more stable marriages, and less inappropriate child bearing may be expected.

8. With the moderately retarded, education in sex related behavior may help them to conduct themselves more appropriately, which could lessen exploitation and could lessen community fears of inappropriate sexual behavior.

STATEMENT FOR POSSIBLE ACCEPTANCE BY THE COMMITTEE AS ITS PHILOSOPHY/POLICY

SEX EDUCATION SHALL NOT BE EXCLUDED FROM THE GENERAL EDUCATION FOR MENTALLY RETARDED PERSONS. SEX EDUCATION SHALL BE GIVEN IN ACCORDANCE WITH THE RETARDED PERSON'S NEEDS AND HIS CAPACITY TO COMPREHEND SUCH INSTRUCTION. ENCOURAGEMENT AND ASSISTANCE SHALL BE GIVEN TO INSTRUCTORS OF SEX EDUCATION.