



STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

House Committee on Health

H.B. 0330, Relating to Comprehensive Sexuality Health Education

**Testimony of Chiyome Leinaala Fukino, M.D.
Director of Health**

January 30, 2009

- 1 **Department's Position:** The Department of Health (DOH) opposes this measure as it is unnecessary.
- 2 **Fiscal Implications:** None
- 3 **Purpose and Justification:** The purpose of this bill is to amend Hawai'i Revised Statute's Chapter
- 4 §321, by creating a new section that will require any recipient of state-funded sexual health education
- 5 contracts to provide medically accurate, factual, and age-appropriate information that includes education
- 6 on both abstinence and contraception. Information currently provided by State-funded DOH programs
- 7 regarding sexual health education, family planning, pregnancy counseling, and sexually transmitted
- 8 diseases, including Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome, is
- 9 medically accurate, based on scientific fact, and is age appropriate. This bill is unnecessary because as
- 10 part of the contracting process, program materials are reviewed by DOH on a regular basis, and
- 11 inaccurate information would be corrected at that time.

12 Thank you for the opportunity to testify on this measure.

13

14

Date of Hearing: January 30, 2009

Committee: House Health

Department: Education

Person Testifying: Patricia Hamamoto, Superintendent

Title: H.B. No. 330, Relating to Comprehensive Sexuality Health Education

Purpose: Requires any recipient of state funding to provide medically accurate sexuality education.

Department's Position: The Department of Education (Department) supports the intent of H.B. No. 330, but we have some concerns as it is currently drafted. The Department currently provides comprehensive medically accurate sex education through the Hawaii Content and Performance Standards for Health Education. The Department follows the current Board of Education Policy 2110 – Abstinence-Based Education which states: “In order to help students make decisions that promote healthy behaviors, the Department of Education shall instruct students that abstention from sexual intercourse is the surest and most responsible way to prevent unintended pregnancies, sexually transmitted diseases such as HIV/AIDS, and consequent emotional distress. The abstinence-based education program shall:

- a. support abstention from sexual intercourse and provide skill development to continue abstention;
- b. help youth who have had sexual intercourse to abstain from further sexual intercourse until an appropriate time; and
- c. provide youth with information on and skill development in

the use of protective devices and methods for the purpose of preventing sexually transmitted diseases and pregnancy.”

The Department suggests changing the language in the Bill to reflect “prevent unintended pregnancy” as is found in the Board of Education Policy 2110, rather than the current language “prevention of pregnancy” in Section 2. (a) on page 2.



DEMOCRATIC PARTY OF HAWAII

Hawai'i State Democratic Women's Caucus 1050 Ala Moana Blvd #D-26, Honolulu, HI 96814 Email: hidemocraticwomenscaucus@yahoo.com

January 28, 2009

To: Rep. Ryan Yamane, Chair
Rep. Scott Nishimura, Vice Chair and
Members of the House Committee on Health

From: Jeanne Ohta, Chair of the Legislative Committee, Hawai'i State Democratic Women's Caucus

Re: HB 330 Relating to Comprehensive Sexuality Health Education

Position: **STRONG SUPPORT**

Thank you for allowing me to testify today, in strong support of HB 330 Relating to Comprehensive Sexuality Health Education.

The Hawai'i State Democratic Women's Caucus is a catalyst for progressive, social, economic, and political change through action on critical issues facing Hawai'i's women and girls. It is in keeping with our mission that we support the provision of comprehensive sexuality health education.

We believe that comprehensive, medically-accurate information about reproductive health is good public policy. It provides age appropriate information on abstinence while also teaching about contraception, disease-prevention methods, and a variety of other topics related to sexuality such as sexual development, reproductive health, interpersonal relationships, body image, decision-making, and gender roles. The important thing to know about comprehensive sexuality education is that it works. Research shows that teenagers who receive sexuality education that includes discussion of contraception are more likely than those who receive abstinence only messages to delay sexual activity, to use contraceptives when they do become sexually active, and to have fewer partners. (Kirby, D. (2001) *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*. Washington, D.C.: national Campaign to Prevent Teen Pregnancy, 88)

Major medical, public health and research groups and institutions support more comprehensive forms of sexuality education that includes information about both abstinence and contraception. They include the American Medical Association, the American Academy of Pediatrics, the American Nurses Association, the American College of Obstetricians and Gynecologist, the American Public health Association, the National institutes of Health, and the Institute of Medicine.

It is critical for the State of Hawai'i to set the standard for sexuality education that would give teens the information they need and deserve. We urge this committee to pass HB 330 and thank you for the opportunity to testify.

COMMUNITY ALLIANCE ON PRISONS

76 North King Street, Suite 203, Honolulu, Hawai`i 96817

Phone/E-mail: (808) 533-3454/kat.caphi@gmail.com



COMMITTEE ON HEALTH

Rep. Ryan Yamane, Chair

Rep. Scott Nishimoto, Vice Chair

Friday, January 30, 2009

8:30 AM

Room 329

STRONG SUPPORT of HB 330 - Comprehensive Sex Education

Aloha Chair Yamane, Vice Chair Nishimoto and Members of the Committee!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative working to improve conditions of confinement for our incarcerated individuals, enhance our quality of justice, and promote public safety. We come today to speak for the 6,000+ individuals whose voices have been silenced by incarceration, always mindful that more than 2,000 of those individuals are serving their sentences abroad, thousands of miles from their homes and loved ones.

HB 330 requires any recipient of state funding to provide medically accurate sexuality education.

Community Alliance on Prisons stands in strong support of this measure. Our interest in this bill stems from the fact that many women who are incarcerated have become mothers at very young ages and some end up with five children by the time they are in their mid-twenties. Providing medically accurate sex education might help our youth understand the consequences of their actions and could limit their risky behaviors.

According to a report from the Guttmacher Institute, entitled *Contraception Counts: Hawaii*, (www.guttmacher.org/pubs/state_data/states/hawaii.html) Hawai`i has the highest rate of teen pregnancy in the nation.

An August 15, 2008 Hawai`i Department of Health study, "Case Rate of Reported Cases of Chlamydia, Hawai`i and US, 1986-2004" (<http://hawaii.gov/health/healthy-lifestyles/std-aids/data-statistics/figures/stats-chlamydia.pps>) found that Hawai`i youth aged 15-24 experienced 67% of all Chlamydia infections. Hawai`i has the nation's 6th highest rate of Chlamydia infection.

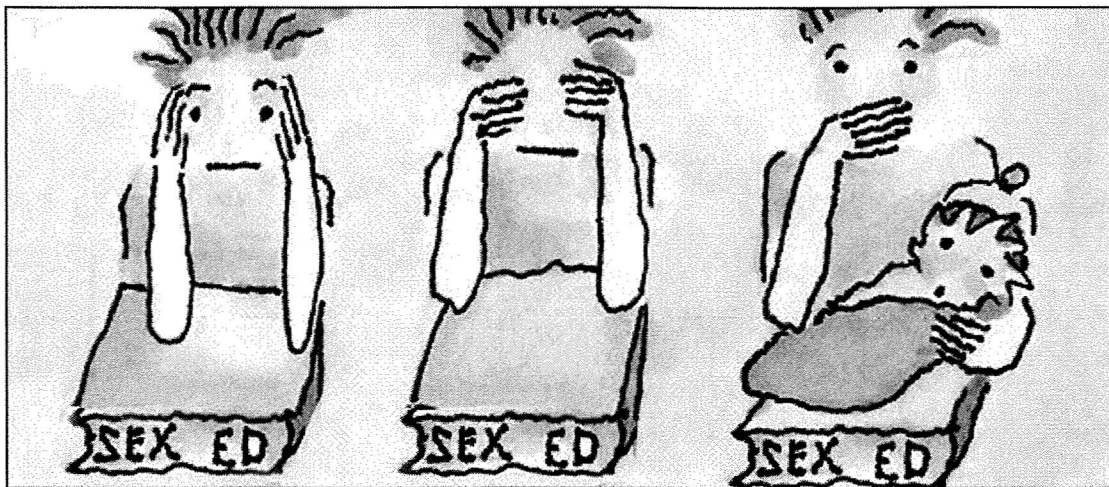
Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs, and values about identify, relationships and intimacy. Young people need a broad base of knowledge about sexuality to establish healthy life-long behaviors. By providing our youth with accurate and factual information on sex, we not only provide them with the skills to become responsible decision-makers, we also reduce the incidents of unwanted pregnancies and the development of sexually transmitted diseases.

82% of the voters in Hawai'i believe that institutions receiving State funds and providing sex education information should be required to provide factual and medically based sex education. Only 16 percent believe that institutions receiving State funds should be allowed to create their own standards for providing sex education. 2 percent were undecided.

Source: Resident Opinion Study, Jan. 2004; Prepared by QMark Research & Polling

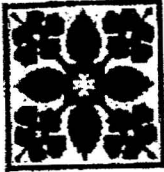
Most parents want to teach their values to their children and want to be their children's main source of information about sex, but parents need help. The vast majority of parents report they want substantial help from schools, community-based organizations, and religious institutions in providing their children with the tools they will need to become sexually healthy adults. Teens need access to accurate information that will enable them to make life-enhancing decisions about their sexuality. Teens need information about the continuum of choices that are available to them, including refusal skills and peer resistance education.

This is an illustration of why we need MEDICALLY ACCURATE SEX EDUCATION NOW:



Our youth today are exposed to much more information than the youth of 20 years ago. Let's respect our youth and give them age appropriate and medically accurate information.

Mahalo for this opportunity to testify in strong support of HB 330.



Hawai'i Women's Political Caucus

P.O. Box 11946
Honolulu, Hawai'i 96828
(808) 732-4987

Faye Kennedy
President

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Vice President

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Director

Alice Tucker
Director

A State Chapter of the
National Women's
Political Caucus

January 29, 2009

TO: Rep. Ryan Yamane, Chair
Rep. Scott Nishimoto, Vice Chair and
Members of the House Committee on Health

FROM: Faye Kennedy, President, Hawai'i Women's Political Caucus

RE: HB 330 Relating to Comprehensive Sexuality Health Education
(Friday, January 30, 2009 at 8:30am in Room 329)

POSITION: STRONG SUPPORT

Good morning, Chair Yamane, Vice Chair Nishimoto and members of the House Committee on Health. I am Faye Kennedy representing the Hawai'i Women's Political Caucus and submitting testimony in strong support of HB 330 which requires any recipient of state funding to provide medically accurate sexuality education.

This bill is a very important step toward ensuring the health, safety and well-being of Hawai'i's youth. Our keiki deserve the best and most effective sex education. Our State has one of the lowest rates of teens reporting sexual intercourse, with only 54% reportedly using condoms. This is lowest rate of condom use – any use of protection for teens actively having sex – in the country.

Instead of not addressing educating our youth accurately and medically about sexuality, they are being preached to abstain and figure out for themselves their own sexuality. Our youth who choose to be sexually active must have the right information to keep themselves healthy, safe and educated to make informed decisions.

The Hawai'i Women's Political Caucus was established in 1981 and is a multi-partisan organization committed to increasing women's participation in the political process and increasing their representation in elected and appointed office. HWPC also supports male candidates committed to its goals. HWPC is dedicated to equality in employment, stopping all violence against women, and improving the health and well-being of women and families. Reproductive freedom is one of our most fundamental issues. The HWPC is a state chapter of the National Women's Political Caucus.

We urge your Committee to pass this important and long overdue measure – it's a "no brainer." Thank you for the opportunity to submit testimony in strong support of this measure.

nishimoto2-Bryce

From: Judith Clark [jclark@hysn.org]
Sent: Wednesday, January 28, 2009 5:00 PM
To: HLTtestimony
Subject: HB 330

January 28, 2009

To: Representative Ryan Yamane, Chair, and members of the Committee on Health

From:

Judith F. Clark
Executive Director
Hawaii Youth Services Network
677 Ala Moana Blvd., Suite 702
Honolulu, HI 96813
jclark@hysn.org

Testimony on HB 330 Relating to Comprehensive Sexuality Education

Hawaii Youth Services Network a statewide coalition of youth-serving organizations, strongly supports the intent of HB 330 Relating to Comprehensive Sexuality Education.

Young people need and deserve to have sexuality education that is medically accurate and includes both abstinence and information on ways that sexually active youth can protect themselves from unplanned pregnancy and sexually transmitted infections.

Hawaii ranks 10th in the rate of teen pregnancies and approximately 3,500 young women become pregnant each year. Half of our high school seniors have been sexually active and 95% of Americans now have sex before marriage. Hawaii ranks 7th in the rate of chlamydia infections.

Abstinence-only until marriage programs do not address the needs of students who may already have engaged in sex and will almost certainly have sexual intercourse before marriage.

Hawaii Youth Services Network is concerned however, that the language in the bill regarding state funding is not clearly stated and could have unexpected consequences. We do not believe that the intent of the bill is to bar agencies that provide abstinence-only education from receiving all types of state funding, only funding for pregnancy and STI prevention. For example, an agency that receives state funds to provide home-based services to frail elderly should not lose its state funding only because it provides an abstinence only program using other sources of funds.

Thank you for this opportunity to testify.

Date/time of hearing: 1/30/09; 8:30 a.m.
Room 329

nishimoto2-Bryce

From: Marcia Wright [marciaw@aloha.net]
Sent: Wednesday, January 28, 2009 11:00 PM
To: HLTtestimony
Subject: Bills HB 329 and HB 330 Keep Title V federal funding for mandated "abstinence-only-until-marriage programs"

To whom it may concern;

Please keep the Title V federal funding for mandated "abstinence-only-until-marriage" ..For the welfare of the precious children and teens of Hawaii they need to have the support of families, the community and the state of Hawaii to do the right thing and abstain from sexual activities before marriage. Our keiki need our help to do what is right. To be able to start out their young adult lives ready to face the world and build good careers and grow up before they become parents themselves. In the long run **abstinence** is the best option for our teenagers and even our intermediate school students. They need our support and the support of the community to do this. . **Wait until you get all the facts before making a decision on this important subject . We owe it to the keiki of these Islands to keep them safe and protect them from harm.**

thank you
Marcia Wright

HOUSE OF REPRESENTATIVES
THE TWENTY-FIFTH LEGISLATURE
REGULAR SESSION OF 2009

COMMITTEE ON HEALTH

DATE: Friday, January 30, 2009
TIME: 8:30 a.m.
PLACE: Conference Room 329

Testimony in Opposition to HB 330

RELATING TO HEALTH

Carol R. White
Honolulu, HI

While purporting to address the subject of comprehensive sexual education, it is actually **an attack on abstinence education**. It is indeed unfortunate that this bill is based on lies regarding the effectiveness of abstinence education. Those falsehoods are easily checked by going to the website of the National Abstinence Education Association.

The several references to “medically accurate and factual information” and “supported by research conducted by recognized medical, psychiatric, psychological, and public health professionals or organizations” is a smoke screen designed to **exclude** some 13 studies that have been done showing the effectiveness of abstinence education.

Line 15 of the bills refers to “the health benefits of condoms and birth control in protecting young people from unwanted pregnancy and sexually transmitted infections, and human immunodeficiency virus.” After some 30 years of such “comprehensive” sex education (with little mention or training regarding abstinence), teen abortion, pregnancies, and sexual diseases only increased dramatically. An acquaintance of mine, a graduate of Pearl City High School several years ago, related that students were told, “oh, yes, and there is abstinence.”

Those years of failure were what brought about the various training programs for abstinence.

It would be exceedingly foolhardy to reject Title V monies for abstinence-only programs. When all the resources of the Departments of Education and Health can provide that “comprehensive” sex education programs, the smart thing to do would be to let both run side-by-side.

Please either hold this bill or refuse to pass it.

nishimoto2-Bryce

From: Lisa Shorba [lisaals@hotmail.com]
Sent: Thursday, January 29, 2009 5:13 AM
To: HLTtestimony
Subject: FW: Testimony Opposing HB330

TESTIMONY IN OPPOSITION OF HB330

Rep. Ryan Yamane, Chair and Rep. Scott Nishimoto, Vice Chair
House Committee on Health

Lisa Shorba
Resident of Honolulu (Kaimuki District)

Hearing: Friday, 01-30-09 8:30am in House conference room 329.

Aloha,

My name is Lisa Shorba, a resident of Honolulu for over 30 years, a former educator and current counselor. **I am testifying against HB330**

(Comprehensive Sexuality Health Education; Women's Caucus), which requires any recipient of state funding to provide medically accurate sexuality education. The language of this bill is deceptive and encourages the use of contraceptives among the youth. Evidence shows that contraceptives are not 100% effective in reducing the numbers of unplanned pregnancies. The use of contraceptives only lead to more promiscuity, unplanned pregnancies and sexually-transmitted infections or diseases (STIs). The Guttmacher Institute (August, 2006) reported that **“the three ways to avoid STIs are to abstain from sex, to be in a long-term, mutually monogamous relationship with a partner who has been tested and does not have an STI, and to use condoms consistently and correctly.”** In addition, they note that “Male latex condoms have been proven effective in preventing the most serious STI (HIV), the most easily transmitted STIs (gonorrhea, chlamydia and HPV) and unplanned pregnancy. **However, no protective method is 100% effective, and condom use cannot guarantee absolute protection against any STI.[23]**” They add, “Access to health care services, including STI screening and treatment, is critical, because **not all STIs can be prevented, even with perfect condom use, and because so many STIs are asymptomatic and can cause long-term health risks if undetected and untreated.**” (You can find this article, “Facts on Sexually Transmitted Infections in the United States” at http://www.guttmacher.org/pubs/fb_sti.html).

There are many variables to be considered in effectively educating our youth on the topic of sex education. Promoting healthy and safe guidelines for teens when dating is critical. However, promoting contraceptives and the notion that abortion is a viable solution, when faced with an unplanned pregnancy, do not teach our youth responsibility or consequences for the choices that are made. When teens are taught to respect themselves and others and to be chaste until marriage, it sends a message that they don't have to be sexually-active now, and that it's best to wait for a committed relationship, which usually is in marriage. When they are given contraceptives and taught how to use them, it sends a “permissive” message to them to be sexually-active. Teens today need guidance and facts that are life-giving. The fact that contraceptives are not 100% guaranteed to protect against sexually-transmitted diseases or pregnancy is saying to our youth (when we encourage them to use contraceptives) that it's ok to risk the chance (which raises the likelihood of

having an unplanned pregnancy which may end in an abortion), and it also shows irresponsibility on our part as educators and leaders who should have 100% of our youth's best interests at heart.

Teens do need to be well-informed and forewarned, and I understand that this is the intent of HB330. However, it's very important that the youth are not deceived with half truths or false facts on these matters. It is also critical that they are aware of their options when faced with an unplanned pregnancy... since eventually, someone will get pregnant. As educators on these issues, it is our responsibility to inform the youth about the abortion procedures (what actually happens, the risks involved, and the side effects/symptoms after abortion), and the options of single-parenting and adoption. When given a complete picture, the youth would be better-informed and able to reconsider their decisions with regards to engaging in sex. It is vital that we consistently teach and explain to teens the reasoning behind choosing chastity. Educators need to be consistent in communicating this message. Has anyone investigated the quality, consistency and intensity of the abstinence lessons that were being taught in the past to measure its effectiveness with the youth? If we want to minimize the promiscuous behavior of our youth we must not send contradicting messages to them on this subject. Teens today are already receiving countless contradicting messages in the media and throughout our society that sex is the thing to do. Ultimately, we need to continue sending healthy messages that solidify and instill respect, virtue and morality among our youth. Telling them that contraceptives are the solution is like telling them it's ok to play Russian roulette with their lives. I believe it is important to continue instilling the abstinence/chastity message with consistency throughout their development and with reasoning behind the message, while shedding light on the realistic consequences for promiscuous behavior/contraceptive use. Teens are intelligent and the majority can make wise choices when given complete information. **Please do not pass HB330**, we will be doing a great disservice to our youth.

Thank you for this opportunity to testify on this important matter.

Mahalo,

Lisa Shorba

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January 29, 2009

To: Representative & Chair Ryan Yamane = repyamane@capitol.hawaii.gov
Representative & Co Chair Scott Nishimoto – repnishimoto@capitol.hawaii.gov
Sgt-at-Arms Fax 586-6501

Re: HB 330

"I Oppose the House Bill 330!"

Dear Chair Yamane & Co-Chair Nishimoto:

I want you to know my opinion on House Bill 330 for which I am opposed and request you to vote "NO!" I am in favor for programs like "Try Wait!" a program that targets school aged kids 12-18 and is provided by Catholic Charities Hawai'i which teaches that abstinence is an acceptable choice that is available to out youth & that it is okay to say "NO" to sex!

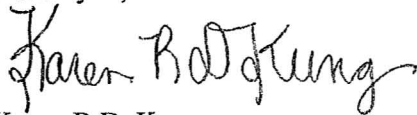
Try Wait! Offers students another alternative instead of the pressures to have sex & to be sexually active which is reinforced by MTV, Movies & Hollywood actors etc.

I myself being a parent of a 18 year old female, who believed and followed the abstinence message. And I am from the schooling that ABSTINENCE is the BEST policy to prevent teen pregnancy & the transmission of STD's (Sexually Transmitted Diseases)

By just pure abstinence is the way to go.

Please consider my opinion to the
Vote "NO!" Against HB 330

Thank you,



Karen R.D. Kung
Concerned Citizen, Registered Voter & Mother
1560 Thurston Avenue #1005
Honolulu, HI 96822

nishimoto2-Bryce

From: Danielle Bass on behalf of Rep. Ryan Yamane
Sent: Thursday, January 29, 2009 8:56 AM
To: HLTtestimony
Subject: FW: HB 329 & HB 330

-----Original Message-----

From: Janice Pechauer [mailto:pechauer@hawaii.rr.com]
Sent: Thursday, January 29, 2009 8:40 AM
To: Rep. Ryan Yamane
Subject: HB 329 & HB 330

Dear Representative Yamane:

I have just learned of these bills and will miss the deadline to submit testimony. My concern is the bills will be pushed through without your committee hearing both sides of the issues the bills address.

I am especially concerned that eliminating abstinence based programs with an emphasis on condoms only will send the wrong message to young people. For example, the premise that condoms offer full protection against SDT's is false. Teaching students they do gives them a false sense of security that may impact their health forever. Check out the statistics on the frightening increase of STDs in teenagers. They are not the result of abstinence!

Thanks you for considering this appeal.

Sincerely,
Janice Pechauer

Testimony to the 2009 State Legislature

Date: Friday, January 30, 2009
Committee: House Committee on Health
Bill: HB329: Relating to Health &
 HB 330: Relating to Comprehensive Sexuality Health Education

Honorable Chair Yamane, Vice Chair Nishimoto, and Members of the House Health Committee:

My name is Nancy Partika, and I am a University of Hawaii faculty member in Public Health, specializing in maternal and child health. I am testifying today as an individual who has worked in public health in Hawaii for almost 3 decades. I appreciate the opportunity to testify on HB329 and HB 330, which propose to require the State to reject all federal funding for abstinence-only programs, and to require all recipients of state funding to provide medically accurate sex education.

As a long-time maternal and child health advocate, I strongly support these two bills, because I believe that, in order to reduce unintended pregnancies in teens, we need to offer them the most accurate and useful information possible in order to provide them with the tools to make responsible health decisions.

Decreasing early adolescent sexual initiation is an important public health objective, but it is scientifically-based sex education programs teaching both abstinence and contraception that is proven to delay sexual initiation and prevent pregnancy, STDs, and risky sexual behavior. In contrast, abstinence-only sex education programs are defined by federal statute as having the "exclusive purpose of teaching the social, psychological, and health gains of abstaining from sexual activity."

There is currently no body of credible scientific evidence that abstinence-only programs have been effective in reducing adolescent sexual risk factors. A recently-released major scientific study on this issue by a Johns Hopkins University researcher found that, five years after their abstinence-only pledge, 82% of abstinence-only pledgers denied having ever pledged. Abstinence-only pledgers and matched non-pledgers did not differ in premarital sex, sexually transmitted diseases, or other sexual risk variables. Abstinence-only pledgers had slightly fewer recent sexual partners but did not differ in the number of lifetime sexual partners and age of first sex. Fewer abstinence-only pledgers than matched non-pledgers used birth control and condoms in the past year and birth control when they last had sex.

The conclusions of this large and scientifically-valid study were that the sexual behavior of virginity pledgers does not differ from that of closely matched non-pledgers. Of great concern is that abstinence-only pledgers are less likely to protect themselves from pregnancy and disease before marriage. Virginity pledges may not affect sexual behavior but appear to decrease the likelihood of taking precautions during sex. The study author concluded that clinicians should provide birth control information to all adolescents, especially virginity pledgers.

Study: Patient Teenagers? A Comparison of the Sexual Behavior of Virginity Pledgers and Matched Non-Pledgers, Janet Elise Rosenbaum, *Journal of Pediatrics*. 2009;123:e110-e120 DOI: 10.1542/peds.2008-0407

Despite the fact that abstinence-only programs have not been proven to work, and may even put youth participants at risk, abstinence-only federal funding increased dramatically, from \$73 million in 2001 to \$204 million in 2008. This exemplifies a morality rather than evidence-based justification for abstinence-only programs that Hawaii, as well as many other states, are now rejecting. States are now asking the new federal administration to instead provide more funding for scientifically-proven sexuality education.

Our adolescents need and deserve the most accurate and factual evidence-based health information available in order to make these important life decisions. Well-designed and scientifically-accurate sex education programs that teach both contraception and abstinence can help to delay sexual initiation, prevent pregnancy, sexually-transmitted diseases, and reduce risky sexual behavior.

Thank you for your thoughtful consideration of these two important public health measures, and thank you for this opportunity to provide this testimony.

Nancy S. Partika, RN, MPH
 MCH/OPHS Faculty-UH

nishimoto2-Bryce

From: Candace Van Buren on behalf of Rep. Scott Nishimoto
Sent: Thursday, January 29, 2009 11:42 AM
To: HLTtestimony
Subject: FW: Health Committee hearing Friday

From: C. White [mailto:crwhite@hawaii.rr.com]
Sent: Thursday, January 29, 2009 8:27 AM
To: Rep. Scott Nishimoto
Subject: Health Committee hearing Friday

Dear Representative Nishimoto,

I oppose **HB 229** and **HB 330** which will be heard in the Health Committee on Friday.

I question the timing of the hearing on Friday so soon after the session started. I believe it is planned so as not to give proponents of abstinence funding adequate time to mount a defense of these programs.

Please do not buy into easily disproved lies about abstinence programs. Hold these bills and take the time to examine unbiased abstinence studies and judge for yourself their effectiveness.

It is indeed unfortunate that these bills are based on lies about abstinence education. Those falsehoods are easily checked by going to the website of the National Abstinence Education Association and looking at the scientific studies.

While HB 330 purports to address the subject of comprehensive sexual education, it is actually **an attack on abstinence education**

According to the Centers for Disease Control, nationwide there has been a 13 percent decrease in the percentage of teens who have ever had sex between 1991 and 2005. Research from Dr. Stan Weed, leading researcher on youth behavior and president of The Institute for Research and Evaluation, shows abstinence education can cut in half the rates of teen sexual activity, and that abstinence education classes do not deter sexually active teens from using condoms.

The several references in HB 330 to “medically accurate and factual information” and “supported by research conducted by recognized medical, psychiatric, psychological, and public health professionals or organizations” is a smoke screen designed to **exclude** some 13 studies that have been done showing the effectiveness of abstinence education.

Line 15 of HB 330 refers to “the health benefits of condoms and birth control in protecting young people from unwanted pregnancy and sexually transmitted infections, and human immunodeficiency virus.” After some 30 years of such “comprehensive” sex education (with little mention or training regarding abstinence), teen abortion, pregnancies, and sexual diseases only increased dramatically. An acquaintance of mine, a graduate of Pearl City High School several years ago, related that students were told, “oh, yes, and there is abstinence.”

Please vote to either hold these two bills or “just say no” and vote them down.

Carol White
1127 Davenport St. #201

nishimoto2-Bryce

From: Arvid [thirr33@gmail.com]
Sent: Thursday, January 29, 2009 1:25 PM
To: HLTtestimony
Subject: Testimony in Support of House Bill 329 & House Bill 330

Rep. Ryan Yamane, Chair
Rep. Scott Nishimoto, Vice Chair
House Health Committee
Hearing to be held on:
Friday, Jan. 30th at 8:30 am in Conference Room 329

Dear Chairman Yamane and Honorable Members of the House Health Committee.

Let me wish you all a belated Happy Chinese Lunar New Year!

I am supplying this brief testimony in support of:

- HB 329 Relating to Health-Requires the State to Reject all Title V federal funding for mandated abstinence-only until marriage programs. With the federal branches occupied in measures to address the recession remedial bailouts, it will be some time before Washington, D.C. could even address the Title V provisions in question. House Bill 329 will be the prudent and most immediate proactive way for the Capitol locally to address this issue which has been the norm for the last eight years. Legislation is supported by a bi-partisan group of 13 House members including Rep. Gil Keith-Agaran.
- HB 330 Relating to Comprehensive Sexuality Health Education. Requires any recipient of state funding to provide medically accurate sexuality education. Too often we have tied the hands of our public schools and permitted religiously affiliated health facilities to be granted exceptions to providing counseling based on science and not only creed. This legislation is supported by a bi-partisan group of 16 House members including Rep. Keith-Agaran, Rep. Bower, & Rep. Nishimoto).

I support these House Women's Caucus bills. Your support and reporting these two measures out to the full House & the House Education Committee is urged .

Sincerely,
/s/

Arvid Tadao Youngquist
Spokesman, The Mestizo Association
P O Box 37542, Honolulu, Hawaii 96837
(808) 540-1910 (unlisted)

TESTIMONY IN STRONG SUPPORT OF HB 330

House Committee on Health

January 30, 2009, 8:30 a.m. | Hawai'i State Legislature House Conference Room 329

Measure Title: RELATING TO COMPREHENSIVE SEXUALITY HEALTH EDUCATION
Report Title: Comprehensive Sexuality Health Education; Women's Caucus
Description: Requires any recipient of state funding to provide medically accurate sexuality education.

To: Honorable Rep. Ryan I. Yamane, Chair and Honorable Rep. Scott Y. Nishimoto, Vice-Chair
Honorable Health Committee Members: Rep. Della Au Belatti, Rep. Joe Bertram, III; Rep. Tom Brower, Rep. Mele Carroll, Rep. Lynn Finnegan, Rep. John M. Mizuno, Rep. Maile S.L. Shimabukuro

From: Amy Agbayani, Ph.D., Private Citizen Charlene Cuaresma, MPH, Private Citizen
3432 B-1 Kalihi St., Honolulu, HI 96734 728 Nunu St., Kailua, HI 96734

My name is Amy Agbayani. I serve as director of the University of Hawai'i Student Equity, Excellence, and Diversity Program. I am a longtime proponent of civil rights and women's equity measures. My name is Charlene Cuaresma. I have worked as a public health educator for over 30 years to address health disparities in underserved populations. I currently serve as community director for the National Cancer Institute's Asian American Network for Cancer Awareness, Research and Training.

As women of color, Filipino community advocates, educators, and private citizens, we strongly support the passage of HB 330 and its companion SB777, which requires sexual health and education programs that are funded by the state of Hawai'i to be medically accurate and include information about contraception, pregnancy prevention, and prevention of sexually transmitted infections, including HIV. This is in keeping with Hawai'i-born President Barack Obama's pledge in his inaugural speech: "We will restore science to its rightful place, and wield technology's wonders to raise health care's quality and lower its cost."

Established scientific findings that have led to lifesaving medical advances are not reaching Hawai'i's vulnerable communities of women of color, resulting in disturbing and uneven reproductive health burdens. Focus groups conducted in the Filipino community indicated that first generation Filipino women from the Philippines lacked access to accurate information about reproductive health. Furthermore, sexual health information was rarely discussed from generation to generation in the home by parents in the Philippines and also in Hawai'i. Siblings and peers were the first source of sexuality education. This bill is critical to providing access to preventive health care to all Hawai'i public school students, and especially to students with parents whose first language is not English.

Research reveals that abstinence-only approaches in sex education is not enough, and simply is not working. Hawai'i has the lowest rate in condom use among sexually active teens. As a result, Hawaii teen pregnancy rates are among the nation's highest. Hawaii ranks sixth highest in the nation for Chlamydia infection. Filipino women have the highest percentage of late stage cervical cancer, in which HPV, human papillomavirus, a sexually transmitted disease, is a significant risk factor. Filipino women also had three times the rate of HIV/AIDS due to heterosexual transmission, when compared with Caucasian women in Hawai'i.

Your leadership to support this bill is needed to address this reproductive justice issue. Comprehensive sexuality health education is an empowering and science-based approach to equip Hawai'i's youth with knowledge *and* values to make healthy choices to determine the kind of life they want for themselves and for their Aloha State.

Respectfully,

Amy Agbayani and Charlene Cuaresma

nishimoto2-Bryce

From: Danielle Bass on behalf of Rep. Ryan Yamane
Sent: Thursday, January 29, 2009 10:37 AM
To: HLTtestimony
Subject: FW: HB 329 Relating to Health & HB 330 Relating to Comprehensive Sexuality Health Education

Testimony below.

From: wbc204 [mailto:wbc204@hawaii.rr.com]
Sent: Thursday, January 29, 2009 9:50 AM
To: Rep. Ryan Yamane
Subject: HB 329 Relating to Health & HB 330 Relating to Comprehensive Sexuality Health Education

Rep. Ryan Yamane.

"MORALITY" are values based on "WHAT IS," which are **disposed** to change for the convenience it offers in one's self-interest and self-indulgence as we now have seen exercised in the management of the choices made by the Governor of Illinois.

However, "ETHICS" are values that are **not** disposed to convenience or self-interest and are based on the intent of "WHAT OUGHT TO BE."

Something to think about. I trust you will consider "WHAT OUGHT TO BE" and do the righteous thing ethically, and avoid voting on moral grounds by letting these bills die...

May you be exercised by God's wisdom in your voice and vote on each of these bill. You have been in my prayers for wisdom as God would ordain.

Alex McAngus

nishimoto2-Bryce

From: Danielle Bass on behalf of Rep. Ryan Yamane
Sent: Thursday, January 29, 2009 10:37 AM
To: HLTtestimony
Subject: FW: BB 329 and 330

Testimony below.

From: Robin Metcalf [mailto:rrmetcalf@hawaiiantel.net]
Sent: Thursday, January 29, 2009 10:18 AM
To: Rep. Ryan Yamane; Rep. Scott Nishimoto; Rep. Della Belatti; Rep. Joe Bertram III; Rep. Tom Brower; Rep. John Mizuno; Rep. Maile Shimabukuro; Rep. Lynn Finnegan
Subject: BB 329 and 330

Dear Representatives,

I understand there are two new bills regarding abstinence based education being introduced. I do hope each of you will consider the incredible value abstinence based education is to our youth. It is the only 100% way youth can avoid physical consequences of sexual activity such as unplanned pregnancy and STD's but it also protects them from possible emotional turmoil. We encourage young people to avoid other harmful activities such as tobacco and drugs by educating them of the ill effects of such behavior. How is sexual activity different? I am not calling for an all out ban on discussing other aspects of sex education but abstinence needs to be given equal time and attention. It is the best choice and don't we want the best for our young people?

Mahalo for your time and consideration.

Sincerely,
Robin Metcalf, RN

To: Representative Ryan Yamane, Chair
Representative Scott Nishimoto, Vice-Chair
House Health Committee Members

From: Danny Morishige, Program Director II
Catholic Charities Hawai'i
Mary Jane Program (Try Wait! Program)



Date: January 30, 2008

Place: Senate Health Committee Hearing
January 30, 2008
Room 329
8:30 a.m.

RE: **Testimony in opposition to HB 330**

My name is Daniel Morishige and I am the Program Director of the Mary Jane Program of Catholic Charities Hawai'i. The Mary Jane Program assists women and teens facing unplanned pregnancies, adoption services, and has a community based abstinence educational program called "Try Wait!". I oppose HB 330.

Our Try Wait! Program is a five-year federal CBAE grant and is currently in our third year. We also had received and completed a three years SPRANS grant. During that time we have presented our abstinence education program to more than 10,000 public and private school students on all six islands. To date we have made presentations to over 20,000 students. Our teams use a nationally used abstinence curriculum with locally made videos (instead of the videos that came with the curriculum), interactive activities, and skits to discuss the abstinence option. Students are given examples on: how to deal with peer pressure to have sex, how to set boundaries, how the media can affect their

views on sexual behavior, teen pregnancy and STDs. In addition the students receive a locally made music CD with songs that promote the abstinence message. Our federal funding prohibits our program from promoting contraception because it would confuse students by sending mixed messages. We do not promote religion and we do not scare students about sex.

Our program has been well received. We are booked for presentations almost a year in advance and have high satisfaction ratings from students, teachers and parents.

The schools teach contraception through their own programs and presentations made by other agencies. Thus we act in concert with the schools and other agencies to teach students about both abstinence and contraception. We present the abstinence portion and the schools or other agencies teach the contraception portion. We feel this is a win-win situation as the students receive the full message about both abstinence and contraception.

H.B. 330 jeopardizes our federal grant. It would require programs receiving state funds to teach **both** abstinence and contraception. Our federal grant prohibits our program from promoting contraception. Our agency currently receives state funding through different state contracts and this bill would force us to violate either the state requirement or the federal requirement. Secondly, H.B. 330 would also stop our efforts to evaluate the Try Wait! Program. Our current contract has a research component. The University of Hawai'i School of Social Work is conducting an evaluation of our program. This bill would

terminate this research. The findings could contribute to the body of scientific evidence supporting the efficacy of abstinence education.

I oppose HB 330 for the following reasons:

- The Department of Education currently has a policy, (Policy 2110) which requires that both abstinence and contraception be taught in schools. Since both abstinence and contraception are being taught, this bill is unnecessary;
- This bill will eliminate federal funding for Try Wait! because the federal grant prohibits us from promoting contraception;
- Our program and the state will lose over \$1.2 million in federal grant money which is especially significant given the State's economic difficulties;
- For the past five years Try Wait! has been teaching abstinence in the public and private schools and students can receive a comprehensive sex education with abstinence and contraception groups working together:
- The federal grant requires Try Wait! to be evaluated, which is now being done through contract with the University of Hawaii School of Social Work. If we lose our federal funding, UH will also lose this grant money;
- Evaluation of the effectiveness of Try Wait! on Hawaii students will not be completed if we lose our federal funding and UH is not able to complete the evaluation;
- Hawaii students will lose a comprehensive abstinence program. If our program is gone who will replace us? This bill makes no provision to carry on this work
- The Catholic principles which our agency is required to follow do not allow us to teach all forms of contraception which would be required by this bill;
- Most experts agree that further scientific evaluation on the effectiveness of abstinence education programs has not yet been completed. There are new studies that have come out that have found support for abstinence education programs.

In developing Policy 2110, the DOE recognized that "abstention from sexual intercourse is the surest and most responsible way to prevent unintended pregnancies, sexually transmitted diseases such as HIV/AIDS and consequent emotional distress". Education about the abstinence option is important given the messages students receive through TV, movies, music, magazines and other sources that promote or glorify sexual activity without any repercussions. Do not end our abstinence education program by passing this bill.

To: Representative Ryan Yamane, Chair
Representative Scott Nishimoto Vice-Chair
House Health Committee Members

From: Criselda Smith, Program Director 1
Catholic Charities Hawai'i
Try Wait! Program

Date: January 30, 2009

Place: Senate Health Committee Hearing
January 30, 2008
Room 329
8:30 a.m.

My name is Criselda Smith program Director for the Try Wait Program of Catholic Charities Hawaii. The Try Wait Program is an Abstinence Education Program that serves the island of Oahu and most recently the island of Molokai.

I am opposed to House Bill 330.

There are several key points from this Bill that I would like to correct. There appears to be several misconceptions to what HB 330 believes Abstinence education programs actually do. Areas of this Bill that could be construed as misleading are the areas that state that contraception's and or alternative methods of disease prevention are not being discussed, that the Mathamatica study that is referenced can be applied generally to all Abstinence programs and that the purpose for which this Act states is being created will provide students with balanced sex education.

Contraception's and alternative methods happen to be subjects that are discussed in great lengths with students that are enrolled in the Try Wait Program. The Try Wait Program provides interactive activities, opens dialog and invites students to present "myths" that they may not be sure of. I take great pride in saying that each of our presenters are Bachelor degreed young adults that find their roles to

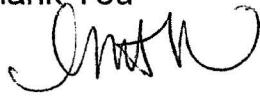
be not only facilitators of truth but also a shoulder that many teens lean on for guidance. We discuss the "limits of contraception's as not to create a cushion for our youth. Our goal is that by stating the limits we can provide a clear picture of what they might be getting themselves into. We want our youth to see that Abstinence is the only 100% way to stay clear of STD's and Teen pregnancy. A statement that even the Center for Disease Control states in their website www.cdc.gov.

This Bill referenced the Mathematica study which if you haven't read already, references only 4 of the earliest abstinence programs. A study that cannot be generalized to represent the efficacy of abstinence programs in general. It is important to mention that the Try Wait program is currently conducting its own study which we started in November. We have partnered up with the University Of Hawaii Department Of Social Work to in fact find out whether or not our program is working here in our state. It is our goal to make sure that if we are going to present something to our youth that we do it in a manner which is responsible and real.

Lastly, this House Bill 330 states that it's purpose is to require any recipient of state funding to provide medically accurate, factual and comprehensive information that is age appropriate and includes education on abstinence and contraception. My question to you would be "what type of balance on this requirement will be required?" As a supporter of Abstinence education I would not want for students to receive a program that would spend little time teaching abstinence or one that they would assume that kids will have sex no matter what, therefore focusing more on promoting contraceptive use. If the belief is that we need to provide all information, do it responsibly, don't assume! I say this because a local study does show that half of our Hawaii youth are not engaging in sex and therefore I have to believe something is working! The Try Wait Program is valued in our Community. We are presently serving two schools at a time and are booked through April. We have also been recently invited to serve in the island of Molokai. As a non-profit program travel funds have been depleted and I would like you to know that that community has been able to provide us with air-fair, lodging and a vehicle, showing true value to what we do!

As a mother of two Adolescents who attend Hawaii High schools, I have vested interest in how and what information is provided when referencing sex education. I am determined to believe in our youth. I believe that when provided the holistic picture of what can occur if our youth choose to engage in sex they can make the right choice. Let's believe in them. Let's continue to provide a true picture addressing every area; emotional consequences, limits of contraception use, boundaries and most importantly self respect.

Thank You

A handwritten signature in black ink, appearing to be 'JMS' or similar, written in a cursive style.

To: Representative Ryan Yamane, Chair
Representative Scott Nishimoto Vice-Chair
House Health Committee Members

From: Christopher Hadden, Classroom Presenter
Catholic Charities Hawai'i
Mary Jane Program (Try Wait! Program)

Date: January 30, 2009

Place: Senate Health Committee Hearing
January 30, 2009
Room 329
8:30 a.m.

RE: **Testimony in opposition to HB 330**

My name is Christopher Hadden and I am a classroom presenter for the Try Wait Program. I oppose HB 330.

In a recent news article, it has been reported that abstinence only education is ineffective. However, I question the validity of this report. There are many factors to take into consideration when concluding a program such as abstinence only education is in fact ineffective. Is this a general study or did it target certain groups (i.e. inner city youths)? What types of pressures are the adolescents facing? Media? Peer pressure? Family influence?

In a society where we, as a people, try to find simple solutions to a critical problem is like trying to put a band aide on a mortal wound. Telling young students that it's ok just to use a condom and not stressing the emotional consequences (e.g. depression, guilt, fear, loss of self respect) resulting from sexual activities is setting our adolescents up for failure. Condom use does not protect young adolescents from being emotional scarred if the relationship does not last.

According to an article written by Dr. Stan Weed, it is stated that, "After 20-plus years of comprehensive sex education in the U.S., adolescent rates of consistent condom use are not high enough to eliminate the STDs for which condom are most preventive, such as HIV, let alone STDs for which condom are least preventive. Adolescents contract one fourth of all new HIV infections."

It's interesting to point out how a recent news article indicated that chlamydia is on the rise in our nation but no one is pointing a finger to any comprehensive sex education group. If chlamydia is on the rise, does that mean comprehensive sex education groups are failing? No, but it does indicated that we as a nation need to address this issue.

While reviewing HB 330, I noticed that not only is this bill flawed but it is also detrimental towards the Try Wait program and to our kids as well. The bill states that as of September 2008, twenty-five states have refused to participate in abstinence only programs. What it failed to mention is that there are still twenty five other states that endorses abstinence education. Why is it bad to present both perspective of sex education? Is the fear of presenting both comprehensive and abstinence education as separate programs but within the public and private schools could be misleading to our adolescents? If that's the case, then we as parents need to get involved with our kids' lives. We as a society need to act now.

It is disheartening and disturbing that the department that provide our children with education is trying to shun the Try Wait program and withhold abstinence education from our students. Studies show that an abstinence curriculum that was taught in addition to an existing comprehensive sex education program decreased sexual initiation by approximately 40% after 20 months for program students versus comparison students in a high-risk population.

The bill also requires any sex education programs to teach both abstinence and contraception. However, what the bill fails to define is to what extent should the organizations teach contraception. Try Wait program do in fact teach about contraception, but not to extent or perspective that our sister agencies desire. Our program talks about the limits of alternate contraceptive in hopes that they too will understand that abstinence is the only 100% way to prevent pregnancy and STDs. As an abstinence education program, our funding does not allow us to teach how to use every contraceptive.

To what extent does comprehensive sex education talk about abstinence? Is that clearly defined in the bill? Since the bill does not clearly define to the extent that abstinence and contraceptives should be taught, I believe it is important that there should be separate programs that teach abstinence and contraception. These programs can serve as check and balances as opposed to a "one shoe fits all" program, especially since not every parent or constituents in your community is comfortable about teaching middle school students how to use a condom. I recently had a concerned parent from Moanalua Middle School ask me if we were teaching her son how to use a condom. She clearly stated she did not want her son to learn this skill.

When considering the outcome of this bill, it is not important to please any groups that are represented here today or which program is the best but to consider what is important for our kids. Abstinence education is not about pledges, religious and moral beliefs, or politics. It is about giving students the knowledge and tools to make the right choices during difficult situations. It's about life skills. More importantly, it is the time for all types of sex education groups to stop fighting and work together to complement each other on the topic of sex. By giving different perspectives of sex education, students will receive an overall education about sex and be able to make the right choices. If this bill is approved, then the kids will be the one who will be suffering today. Think about it.

Thank you for your time and consideration.

With care,

A handwritten signature in black ink, appearing to be 'CH', followed by a long horizontal line extending to the right.

Christopher Hadden

nishimoto2-Bryce

From: PUNA SHORBA [puanani42@yahoo.com]
Sent: Thursday, January 29, 2009 3:58 PM
To: HLTtestimony
Cc: Rep. Scott Nishimoto; Rep. Della Belatti; Rep. Joe Bertram III; Rep. John Mizuno; Rep. Lynn Finnegan; Rep. Maile Shimabukuro; Rep. Tom Brower; Rep. Ryan Yamane
Subject: Fw: HB329 and HB330

Subject: HB329 and HB330

Dear Representatives,

Tomorrow you will be hearing testimony concerning these proposed bills. Like in "Hawaiian" history books, where the information presented had been gathered by missionaries and some other parties not necessarily of Hawaiian ancestry and quite possibly representative of another interest group, these bills don't tell the whole story and probably represent the findings of another interest group, like Planned Parenthood.

Please, allow for complete information to be gathered for your edification and postpone this hearing for a later date. Millions of people, really millions, have suffered because misinformation was acted upon. Please discover the truth.

Respectfully submitted,
Carolyn P. Shorba